APPROVED

Minute of a meeting of the **Clinical Governance Committee** held on 27 March 2019 at 2pm in the Committee Room, BGH

Present

Dr S Mather, Non Executive Director (Chair)
Mrs A Wilson, Non Executive Director

In Attendance

Miss D Laing, Clinical Governance & Quality Project Officer (minute)
Dr C Sharp, Medical Director
Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services
Mr S Whiting, Infection Control Manager
Dr K Allan, Public Health Consultant
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Ms N Mallin, Infection Control Administrator
Mrs F Doig, Public Health (item 7.1)
Ms I Hassing, Infant Feeding Advisor (item 8.1)

1. Apologies and Announcements

The Chair noted that apologies had been received from:

Dr J Bennison, Associate Medical Director (Acute Services)
Dr A Howell, Associate Medical Director (Acute Services/Clinical Governance)
Mrs S MacDougall, Risk & Safety Manager
Mrs E Cockburn, Head of Clinical Governance & Quality
Mrs F Sandford, Non Executive Director
Mrs E Reid, Associate Director of Nursing & AHPs/ Chief Nurse Health & Social Care Partnership
Ms S Horan, Interim Associate Director of Nursing/Head of Midwifery

2. Declarations of Interest

There were no declarations of interest made.

3. Minute of the Previous Meeting

Amendment to item 8.2 paragraph one was made and the minute of the previous meeting held on the 30 January 2019 was approved.

4. Matters Arising & Action Tracker

The Chair reiterated his disappointment that once again key attendees were not present at Committee meeting. There was some discussion in the group about timing and it was agreed that as part of the work planning for the coming year the secretariat would look into what other meetings clash with the timing of Clinical Governance Committee meeting schedule. Stephen reminded everyone present that it is important that Workplan is adhered to and a deputy sent with paper if not available to attend personally.

8.2 Stephen asked Nicky in which locations were the 'Feeling Baby Move' leaflets available. Nicky confirmed that these are available in GP practices and at the Borders General Hospital. There was a discussion regarding availability of the leaflet in the community pharmacies, Alison was not sure if they were and Nicky agreed to share the order details with Kate Warner, PA to Director of Pharmacy so she can send on the community pharmacies. The Committee asked if other areas like the early years centres would also benefit from a supply of the leaflets.

Updates and amendments were made to the action tracker.

The **CLINICAL GOVERNANCE COMMITTEE** noted the Action Tracker.

Fiona Doig joined the meeting.

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting attended to talk to the infection control report. Sam apologised for the numbering and scale being slightly off he will rectify this in his next paper. He updated the Committee that a recent independent audit on hand hygiene compliance in four wards had been conducted, the return was extremely poor with only 27% compliance being recorded. This was raised at the Infection Control Committee and shared with the wards involved. Sam noted that the wards have taken ownership of this issue and will be addressed with Staff. The Committee had a discussion regarding context and asked if the rationale and evidence behind hand hygiene was understood by the Staff. It was agreed that it might be helpful to set up a short working life group to improve hand hygiene. Sam agreed to update the Committee on progress at the next meeting.

Vale of Leven Public Inquiry Recommendations report (November 2014) has been revisited by NHS Borders. Compliance against recommendations is being monitored. NHS Borders are compliant with 63 of the 65 recommendations and work towards compliance is ongoing.

Following media reports on the incidents at the Queen Elizabeth Hospital Glasgow, a Healthcare Environment Inspection was carried out. All NHS Scotland Boards self assessed their own areas against the recommendations. The recommendations and NHS Borders position against these were attached to the infection control report. The next stage is to develop an action plan in line with the recommendations. Sam commented that cleaning the

fabric of NHS Borders buildings is an issue due to the age of the building but this is recorded on the risk register and estates continually monitor the situation.

Stephen asked if there are any concerns regarding any gaps, Sam informed the Committee that the gaps noted are medium risks and he will give the Committee and update on both the Vale of Leven and Queen Elizabeth University Hospital recommendations at the September meeting.

There has been some progress on recruitment within the Infection Control Team with a new nurse appointed and starting in early June. The vacant band 8A post has still to be recruited to. The external support that they have a present comes to an end this month but there is some internal support available in the interim until the gaps are filled.

Stephen enquired about the figures pertaining to contaminated blood samples, Sam stated that it was difficult to link reductions/interventions but a new plotted graph will make it easier to ascertain if there are any issues causing the differences. He assured the Committee that actions will be taken once it is established where the issues are.

Alison asked if there had been anything done differently to improve staphylococcus aureus bacteraemia rates, Sam responded stating variation is not statistically significant so difficult to ascertain why there is a change.

The clostridium difficille infections were discussed, Sam commented that the antibiotic prescription policy is managed by antimicrobial team. This is monitored and discussed at the antimicrobial team meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

ACTIONS: Sam to consider a Short working life group to aid improvement of Hand Hygiene compliance and increase understanding of rationale behind hand hygiene. Will bring update to next meeting

Sam to give Committee an update on both the Vale of Leven and Queen Elizabeth University Hospital recommendations at the September meeting.

Sam Whiting and Natalie Mallin left the meeting
Ida Hassing joined the meeting

As the meeting was running late it was agreed to let Fiona Doig (item 7.1) and Ida Hassing (item 8.2) present their papers first.

7.1 Health Promoting Health Services Annual Report

Fiona Doig attended to discuss this paper. In September a baseline against proforma action plan was suggested by Scottish Government the action plan has score ratings of zero to three (0-3). Zero being no evidence and three fully met. The majority of NHS Borders indicators are rated at one. We have one area rating at zero relating to availability of healthy options in vending machines and pop-up shops. The indicators with the lowest ratings will inform an

action plan. Fiona is meeting with senior colleagues and Cliff next month to prioritise the action plan.

Mental Health issues remain the highest reason for staff absence. Fiona reminded the Committee that public health is a support service available to help improve staff health.

Vicky Hubner, Interim Head of Work and Wellbeing, is looking at identifying problems and what can be done to improve health at work. Health Promoting Health Services are happy to support Vicky with this work.

There was some discussion regarding the success of the recent Wellbeing Wednesdays sessions, it was agreed that the organisation should be promoting wellbeing of staff at all times. It was also agreed that it is important that the organisation should be promoting the supporting whole wellbeing of staff. Keith commented that an Organisational overview can only help. Cliff suggested that it might be time to review the Occupational Health Service and see how it fits into the Organisation. Peter reports that following wellbeing Wednesday's sessions he has been approached by various groups for support and attendance to promote health within these groups. Nicky Berry agreed to meet to discuss linkages with the Grip and Control work stream to support staff wellbeing.

It was agreed that any action plans should be fed through the individual boards with support from Tim Patterson, Executive Lead. It was also suggested that Health Promoting Health Services to be added as a standing item to clinical governance group meetings.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

ACTIONS Nicky Berry to meet with Fiona Doig to discuss linkages with the Grip and Control workstream.

Fiona Doig left the meeting.

8.1 Baby Friendly Initiative update

Ida Hassing, Infant Feeding Advisor attended to present the Baby Friendly Initiative update. The Scottish Government launched a three year programme to improve breast feeding outcomes. An integrated plan was established for all young people. Up to recently NHS Borders rates have remained static but there has been an improvement in showing in drop off rates. The service completed a clinical audit last year which indicated that interruption was a major cause in drop off. Staff training has been considered and cultural reasons for not breast feeding investigated. Ida has applied to re-audit this year the initial findings show improvement.

Key aims of the breast feeding programme are to achieve accreditation in Special Care Baby Unit and the sustainability gold award for maternity and health visiting services. Cliff asked what accreditation involved and Ida reported that this mainly involves interviews with Mums and Staff relating to their experiences with the service.

The Committee thanked Ida for her encouraging report and she agreed to send Cliff Sharp most recent figures and attend again in six months to give a verbal update on progress.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

ACTIONS Ida to send Cliff most recent breast feeding figures
Diane will table verbal update on progress to Committee in six months.

Ida Hassing left the meeting

5.2 Quarterly HMSR Report

Healthcare Improvement Scotland (HIS) wrote to NHS Borders to explore the change in our mortality figures, there does not appear to be an explanation as to why these changes occurred. One observation was that there was also a spike in the number of sepsis cases at the same time although nor correlation was evident and this may be coincidental. On looking at our figures more broadly it appears that NHS Borders still sits within the norm of deviation. There will be a response compiled for HIS. The Committee discussed the anomaly of our Margaret Kerr unit deaths being included in the HMSR report being one possible reason for our figures being skewed.

The Committee agreed that a consistent approach across the board is important and are assured that recorded deaths are reviewed as an obligatory part of the working week.

Diane Laing will ask Annabel Howell, AMD, BGH to give a more comprehensive update at the May meeting if she is able.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

ACTION Diane will ask Annabel Howell to update the Committee on the HIS response at next meeting.

5.3 Patient Safety Programme Report

This update was deferred to future meeting.

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) update

No one was available to talk to this report. It will be picked up at next update in May. There was some discussion regarding the SPSO action plans and the assurance on how the SPSO actions and recommendations are conveyed to staff, if actions are followed up and by whom. Diane will approach Susan Cowe, Complaints Officer and ask for 'action to be followed up by' and 'date completed' to be included in the SPSO report going forward.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

ACTION Diane will ask Susan Cowe to include 'action to be followed up by' and 'date completed' in the SPSO report going forward.

7. CLINICAL EFFECTIVENESS

7.2 Clinical Board Update (Acute Services)

Nicky Berry gave the Committee an update on the activities of the Acute Services. Person Centred Coaching Tool (PCCT) figures show that ward 12 is still out lying but the service is aware and issues are being addressed. Due to staffing shortfalls and changes within the Clinical Governance & Quality Team the PCCT reporting has been sporadic but the audits are still being performed.

Stephen enquired if the tissue viability training, although commendable, was making any difference and if improvement was apparent. Nicky reports that there is improvement and work is on going. He has asked if there is a possibility the figures for grade 2 and above pressure sores could be plotted on a funnel chart with a comparison with other Boards. Nicky will ask Justin Wilson, Clinical Information Coordinator and Erica Reid, Associate Director of Nursing and AHPs/Chief Nurse Health and Social Care Partnership if this is possible.

Maintaining focus on falls work has proved difficult. Although we are unable to prevent falls, the number of falls with harm have decreased.

There are no complaints overdue for the Acute Services section; the Committee would like to congratulation the team for this.

The Committee had a discussion about realist expectations of what we can achieve and provide for the public. Communicating realistic medicine to the public is an issue that needs to be explored further. Keith Alan agreed that promoting realistic medicine through Public Health and other channels is the way forward but how this would be conveyed needs further thought.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

ACTION Nicky will ask Justin Wilson and Erica Reid if it is possible to have the NHS Borders figures for grade 2 and above pressure sores for and other Boards for comparison plotted on a funnel chart.

7.3 Clinical Board update (Primary & Community Services)

There was no one to talk to the Primary & Community Service update. The main comments were regarding the falls figures. There appears to be no change in the amount of falls although it is recognised that zero falls would not be expected in a health care setting. Falls with harm remain low and these are investigated through the Significant Adverse Event process.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.4 Clinical Board Update (Mental Health Services)

Peter Lerpiniere reports that PCCT has been adapted for Mental Health but it is early days and he is not able to provide any meaningful data as yet. This will be reported at a later date once there is more data available. There has been some concern regarding the number of people reported as missing to the police, it appears there are discrepancies between mental health criteria of who is considered missing and that of the police and this may explain the difference.

The Committee noted there were no reported falls with harm in this period.

A discussion took place regarding the figures for aggression and violence, Committee asked if there was a tolerance level in mental health for aggressive behaviour. Peter admits this is difficult to answer, the nature of the patient demographic means aggression and violence may be considered part of the norm in some conditions, but incidence of aggressive behaviour leading to harm remains low. Peter informed the Committee that this would be difficult to delve into further without leading to persons being identified.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.5 Clinical Board update (Learning Disabilities Services)

The Committee commended the learning disabilities service for their positive report. No complaints were lodged in this time period and care opinion feedback has been very positive.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8. ASSURANCE

8.2 Back to Basics Update

Peter Lerpiniere gave a verbal update on behalf of Erica Reid. He asked that Committee note there had been no complaints against any nurses in 80 days. Person Centred Care programme being developed within the wards and enthusiasm along with ownership making a difference in care.

The **CLINICAL GOVERNANCE COMMITTEE** noted the verbal report.

8.3 Medical Education Update

Paper not submitted and no one attended to give update. Paper however has been to the Board. Jane Montgomery will attend future meeting with update as tabled.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.4 Clinical Governance Committee annual report

The report was not discussed the **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.5 Clinical Governance Committee work plan, meeting dates, Terms of Reference, Self Assessment & reporting template review

The meeting was running over so Committee decided to look at Workplan virtually. Diane will send email and collate responses. Terms of reference were briefly looked at and changes discussed will be made before sending to Committee for agreement. There is a slight misalignment with the meeting dates and availability of some reports. Diane Laing will liaise with Peter Lerpiniere regarding this issue. The outcome of above will be confirmed before the next meeting in May.

The reporting template was discussed and agreed that we would adopt the front cover used by the board. The template will be amended by Diane Laing accordingly before the next call for papers.

ACTIONS: Committee to agree Workplan and terms of reference. Diane will email to Committee for responses/agreement and collate before next meeting

Diane will liaise with Peter regarding timings for papers on Workplan

Diane will update meeting template as discussed before next call for papers.

9 ITEMS FOR NOTING

The following minutes were presented for noting:

Adult Protection Committee Minutes
Child Protection Committee Minutes
Public Governance Committee Minutes
P&CS Clinical Governance Minutes
LD Clinical Governance Minutes
Public Health Governance Minutes

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

10. Any Other Business

There was no further competent business.

11. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee will be in May but exact date is yet to be confirmed due to availability of Chair.

The meeting concluded at 16.20