APPROVED

Minute of a meeting of the **Clinical Governance Committee** held on 30 January 2019 at 2pm in the Committee Room, BGH

Present:

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

In Attendance:

Miss D Laing, Clinical Governance & Quality Project Officer (minute)
Mrs J Davidson, Chief Executive
Mrs Nicky Berry, Interim Director of Nursing, Midwifery & Acute Services
Mr S Whiting, Infection Control Manager
Mrs E Cockburn, Head of Clinical Governance & Quality
Dr A Howell, Associate Medical Director (Acute Services/Clinical Governance)
Mrs S MacDougall, Risk & Safety Manager
Mrs Katie Morris, General Manager Planned Care & Commissioning (item 7.1)
Dr Keith Allan, Public Health Consultant

1. Announcements & Apologies

The Chair noted that apologies had been received from:
Dr C Sharp, Medical Director
Dr Tim Patterson, Director of Public Health
Dr Janet Bennison, Associate Medical Director (Acute Services)
Ms Sarah Horan, Interim Associate Director of Nursing/Head of Midwifery
Peter Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Vicky Hubner, Head of Work & Wellbeing

Stephen would like to have noted that he is very disappointed with lack of engagement with the Committee and the attendance at the meetings.

2. Declaration of Interest

There were no declarations of interest.

3. Minute of the Previous Meeting

The minute of the previous meeting held on the 7 November 2018 were approved.

4. Matters Arising

Action tracker was discussed

Hospital Standardised Mortality Ratio Update

Annabel and Elaine have arranged meeting regarding external review into hospital mortality process. Clinical staff to be engaged in process although how this will happen is unclear.

There is a National document which is also being considered.

Sam Whiting joined the meeting
Annabel Howell joined the meeting - removed from apologies

There was a discussion as to why the clinical teams don't do their own reviews, this will be considered. As will including morbidity and mortality reviews during medical education afternoons. It was agreed that if we tighten up our local process it may well be that an external review is not required.

Further discussion to be tabled at a future meeting.

Jane Davidson joined the meeting

There was a request that we change the heading for the Clinical Board update for BGH to update for Acute Services. Diane will alter future papers as appropriate.

COPH Annual update
This paper has been included for noting.

The **CLINICAL GOVERNANCE COMMITTEE** updated and noted the Action Tracker accordingly.

5. PATIENT SAFETY

5.1 Infection control report

Report to include comparable data with other boards. The Audit at Briggs mentioned on P18 is showing as over due but this is due for completion tomorrow. There was some discussion regarding the reports regarding deaths due to Pigeons, NHS Borders are looking at own facilities to double check that this is not an issue here.

SSI group is being reinvigorated; this will be chaired by Martin Berlansky and will take place in the next couple of weeks. Norovirus testing is happening now, as is cleanliness monitoring

with NHS Borders being above the national average. The committee asked if we can be assured that the monitoring is in both clinical and non clinical areas. Sam stated that everything is being done to ensure that all vermin prone areas are checked and issue arising are dealt with. We are on high level reporting at present with NHS Borders monitoring being successful.

Discussion took place regarding catheter associated infections and if there is a differentiation between self catheterisation and others, Sam assured the committee that when there is a reported issue the cause is investigated.

The two vacancies in the infection control team have been advertised and there has been interest in both.

NHS Borders have breached their HEAT target for SAB infections between April and December last year. Sam will keep us updated on the progress of addressing this issue. The committee commented that the mean on the SABs data chart has remained static since 2015, does this need to be revisited and adjusted? Sam will look into this and adjust accordingly.

The case in the Knoll was discussed regarding the appropriateness of antibiotic prescribed. Sam will check if this was the correct antibiotic and report back to committee. Annabel is happy for this to be feedback at local level.

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

ACTION: Sam Whiting will revisit the mean on the SABs data chart and adjust accordingly.
Sam Whiting to check appropriateness of antibiotic prescribed to patient in Knoll and report back to committee

5.2 Adverse Event Overview and Thematic Report

Overall there has been a downward trend in events; we appear to be back to baseline now. Staffing levels remain an issue. Sheila MacDougall commented that we should check the Q2 dates with Caroline Wylie as they don't appear to be correct. Analysis on staffing and duty of candour would be useful. Keith Allan asked what was driving the figures, are there themes? Elaine will discuss the wording of section of report on page 5 with Caroline Wylie at the request of Sheila.

SAER policy is being reviewed and Stephen suggested a Board development session on the policy. Stephen will discuss with Iris Bishop.

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

ACTION: Elaine Cockburn will discuss wording in report with Caroline Wylie
Stephen Mather will discuss SAER development session at Board with Iris Bishop.

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Discussion took place regarding the report. The committee was assured that action plans are in place. Alison Wilson asked if it felt like there were more SPSO cases than normal. Elaine Cockburn stated that this was difficult to say as the numbers are always variable and no rationale as to clusters.

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board Update (Acute Services)

Katie Morris attended to talk to the Acute Service report. She reports that tissue viability continues to show a significant decrease in tissue viability issues. This has been helped by the introduction of appropriate pressure relieving care and better engagement from the staff. Falls reduction didn't achieve target but there is a lot of work ongoing and improvement in this area is still progressing.

Lead in Excellence and Care for NHS Borders is supporting the introduction of Senior Charge Nurses buddy inspections of clinical areas to further enhance their ownership of the fundamentals of care and the PCCTs. The outcomes will be fed back to SCNs on the ward for them to discuss within their teams this will provide an opportunity for learning and better engagement from staff.

Fiona commented that ward 12 appeared to be an outlier and asked if there was a reason for this. Katie agreed to check and feedback to the committee.

Sheila queried falls with harm figures as it is unclear what level these falls were reported at and what the outcomes were, numbers and breakdown would be useful.

Jane commented that it was a well set out report and shows how much hard work is taking place. Duty of candour should be reflected in the report.

There was a request to have a look at the Board paper template for use as cover paper for reports at the committee. Diane will contact Iris Bishop for a copy of this and will be discussed at the March meeting. Again the measures in helping reduce pressure ulcers were discussed, the proof will be over time but initial findings are good.

Discussion around quantifying improvement took place and it was agreed that evidence on progress and improvement would be useful. There is good evidence in OPAH report but work could be done on how we can show consequential impact.

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

ACTION **Katie Morris agreed to check why ward 12 appears to be outlying in figures and feedback to the committee**
Diane Laing will contact Irish Bishop for Board report template.

Katie Morris left the meeting

7.2 Clinical Board Update (Primary & Community Services)

There was no one available to talk to this report, however there was discussion that reporting over time would be more useful and some narrative on staffing.

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

7.3 Clinical Board Update (Mental Health)

There was no one available to talk to this report. There was discussion however about the reference to duty of candour within the report and that it would be good to have this included in all the clinical board updates for the committee.

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

7.4 Clinical Board Update (Learning Disabilities)

There was no one available to talk to this report.

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

8. ASSURANCE

8.1 Clear Pathways (deferred from Nov 2018)

The report was only briefly discussed. Committee asked that can be assured that there is the same level of scrutiny around recruitment of volunteers through organisations affiliated to NHS Borders as there is within the organisation. Report to be sent to staff governance committee.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

8.2 MBRRACE (Mother and Babies Reducing Risk through Audits and Confidential Enquiries across the UK)

Report was discussed, the committee were asked to note that there is a slight amount of lag time in the reporting. The perinatal review tool has been developed and NHS Borders are the first Board to be involved. Keith asked if all perinatal periods are covered, Nicky acknowledged that this is the case.

Committee asked for assurance that Feeling Baby Move Leaflet could be available to all, Nicky discuss this with Sarah Horan.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

8.3 Internal Audit Report of Complaint Handling

Pricewaterhouse Coopers (PwC) found several areas of good practice with only one area of low risk for improvement within their audit. They commented on the audit being one of the best they had undertaken. We always welcome an external view of our systems and processes. Our complaint handling was reviewed extensively in recent years and this report demonstrates the improvements made which benefit patients, families and staff.

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

9. Quality Improvement

9.1 Back to Basics

There was no one available to give a verbal report at the meeting.

10. ITEMS FOR NOTING

10 care actions/COPH - annual report
P&CS Clinical Governance Minutes
Public Health Governance Minutes
LD Clinical Governance Minutes

11. Any Other Business

The OPAH report today highlighted four areas of good practice and nine areas of concern. This is an improvement from the last inspection with good engagement from the organisation and learning from feedback. This will be shared with the organisation and review and action plan will come to a future committee meeting.

12. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee will be held on Wednesday, 27 March at 2pm in BGH Committee Room.

The meeting concluded at 15:39