APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 29th March 2017 at 2pm in the Committee Room, BGH

Present:	Dr Stephen Mather (Chair)	David Davidson
	Alison Wilson	Doreen Steele
In Attendance:	Sheila MacDougall	Dr David Love
	Ros Gray	Peter Lerpiniere
	Sam Whiting	Dr Cliff Sharp
	Nicky Berry	Christine Proudfoot

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Evelyn Rodger, Simon Burt, Phillip Lunts, Dr Tim Patterson and Jane Davidson.

The Chair confirmed the meeting was quorate.

The Chair advised that this is Doreen Steele's last meeting and the Committee thanked her for her service.

2. DECLARATIONS OF INTEREST

The **CLINICAL GOVERNANCE COMMITTEE** noted there were none.

3. Minutes of the Previous Meeting

The minutes of the previous meeting of the Clinical Governance Committee held on the 27th January 2017 were approved.

4. MATTERS ARISING

Peter Lerpiniere advised that the Adult Protection paper is going to be late in relation to the Work Plan as the paper has to go to the Council first and due to the elections this has been delayed. ***ACTION: to be added to June/July's agenda.***

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting advised that in relation to the multi resistance E-Coli there have been lab results which show there are 6 strains the same and 4 of these were around the same time on the same ward. He has had a meeting with public health this week and the analysis of the cases out with the ward which shows there is no commonality with those cases. There is more work to do as 50% of the cases highlighted that the patients had urinary catheters.

Dr Cliff Sharp asked whether nasal swabs are done on staff members. Sam Whiting advised that they are not, there is a policy with Occupational Health and this is related to outbreaks that staff would be tested.

David Davidson asked about regular visitors to long term patients being tested. Stephen Mather advised this is a legal minefield due to human rights legislation.

David Davidson asked about accommodation for patients who should be isolated and whether the Scottish Government has been made aware. Dr Cliff Sharp advised that the re-provision plan of the hospital will include this. Sam Whiting advised that every month 30/50% of patients are not isolated/or not isolated as quickly as would wish as NHS Borders are now seeing patients with multi-organism resistance. Sam Whiting advised that there is a risk assessment and this includes access to sinks for hand hygiene. ***ACTION: Sam Whiting to add to the risk register.***

Sheila MacDougall advised that single occupancy rooms have other patients that need these rooms, for example, patients who require 1:1 care. A balance is required as to the requirement of these rooms.

Alison Wilson asked how many issues have been identified – Sam Whiting advised that it is not always apparent. Infection Control actively look into these.

David Davidson asked if all laboratory work is done ourselves – Sam Whiting advised that typing samples are sent to a reference lab.

Ros Gray wanted to highlight that cleaning compliance has improved.

Stephen Mather asked about Surgical Site Infections (SSI's) and ***Sam will provide some further detail within the next report.***

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

5.2 Quarterly Hospital Standardised Mortality Report (HSMR)

Dr David Love advised that there have been conversations with Healthcare Improvement Scotland (HIS) in relation to the Hospital Standardised Mortality. NHS Borders trend has been consistent but we have not been improving at the same rate as other Boards. Staff from NHS Borders met with HIS in December and the outcome of that meeting was HIS giving us some

strategies. This report at the Committee today highlights these strategies. There is a need for accurate coding and the impact of the rise of palliative patients which might negatively impact the HSMR. Clinical Governance & Quality Team have looked at palliative care and there are a significant number of palliative patients and that might have an effect on the HSMR. Dr David Love also noted that the readmission rates need to be considered. Stephen Mather asked whether or not reviewing these cases would affect the data and how lessons learned would be applied in the future.

Cliff Sharp advised that a lot of palliative patients are being cared for within the community and the HSMR include patients who die 30 days after discharge from hospital and these patients may be included.

David Davidson wondered what other Boards do with the coding issues regarding palliative cases. Dr David Love confirmed that these issues would be considered.

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

5.3 Annual Patient Safety Programme Report

Christine Proudfoot advised that the workstreams are going to be made into programmes and will be expanding. Specifically, leadership walkrounds are being refreshed and will be more user friendly. In relation to hand hygiene a Project Initiation Document (PID) has been sent to IM&T to request a new system as the current system for collating data is not fit for purpose.

David Davidson noted that falls had shown little change over the last 3 years, Christine Proudfoot advised that there is work ongoing to reduce the risk of continued falls and there are specific pieces of work to look at the bundles. Nicky Berry noted there are discrepancies and potential duplication in recording therefore, a deep dive is going to be required. She wants to know whether there is a pattern with falls, whether fall bundles are being put in place and whether the loop is being completed. Sheila MacDougall advised that for falls there is data being undertaken by Kim Smith and Nicky Berry should discuss with her.

In respect to the rise in Pressure Ulcers Nicky Berry advised that upon analysing DATIX data there are a number of duplications and she is looking to do a deep dive in relation to this as well.

Doreen Steele asked about prioritising communications of transition of care. Christine Proudfoot advised this is a large area of work and she is waiting on the measurement template. Ros Gray noted that there are issues and solutions for patients that NHS Borders have a control over is challenging. Stephen Mather believes this is a National concern. Peter Lerpiniere added that there is ongoing work in relation to patient passports. NHS Borders are getting better, for example using ‘Getting to Know Me’ and these are improvements but they rely on people to fill them in, read them and there are efforts to make this work.

ACTION: Chair to write to HIS, NHS Education for Scotland (NES) and National Services Scotland (NSS) and advise them of the difficulty of developing the patient documentation throughout the health system and whether they can advise of good examples.

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

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Ros Gray spoke to the report in the absence of Phillip Lunts. She is proposing to pull the learning from a number of documents and that learning feeds NHS Borders improvement programme.

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

7. EFFECTIVENESS

7.1 Clinical Board Update (BGH, Primary & Community Services)

Nicky Berry advised this is her first Clinical Board Update and that she would like to take time to review the paper as there is duplication within this.

She advised that at the Safety Brief allows a moment to look back and review the feedback. OPAH Audit is undertaken twice a week and this has shown that Ward 12 has not deteriorated and the information pertained within the Audit is cascaded to the rest of the hospital to allow improvement work.

David Davidson asked about page 6 of the report about the agency/bank staff and suggested that this should be escalated to Strategy and Performance (S&P) meeting. Nicky Berry advised this is reviewed with the Joint Executive Team (JET). Nicky Berry noted that there is inconsistency with the data as it also covers the surge beds. Dr Cliff Sharp commented that the Chief Executive is clear that patient safety is the most important thing. Nicky commented that forward planning is required as there is a rolling rota and some people can be anticipated as being off (for example, maternity leave, long term sickness, etc).

ACTION: Cliff Sharp, Stephen Mather and June Smyth to have a meeting to discuss agency/bank usage to be included in the S&P Report.

Nicky Berry advised that the vacancies are lower than they were. A lot of agency use is due to short notice sickness absence, but Nurse Bank is also being used inappropriately to cover maternity leave, long term sick leave and educational absence. Therefore it needs to be improved to forward plan for absences.

Dr David Love asked why the Nurse Bank is not open over the weekend and should the Nurse Bank come to the Safety Brief every morning. Nicky Berry will feed this back to the Nurse Bank. Dr Cliff Sharp has asked for a drill down into staff calling in last minute for sickness over the weekend.

Sheila MacDougall advised that AHP's and medics are not included in this report. Nicky Berry noted this and will include them in the next report.

Stephen Mather asked about Adverse Events and the number that are overdue. Nicky Berry noted this and will feed this back to JET.

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

7.2 Clinical Board Update (Mental Health)

Peter Lerpiniere advised that NHS Fife is not able to offer expert support for pressure ulcers as previously expected. The new Director of Nursing is raising this point at the Scottish Executive Nurse Directors (SEND) meeting on Friday.

Sheila MacDougall noted that risk is not included in this report and it should be. Mental Health are active with logging risks the Risk Register.

ACTION: Each Board update should include an item about risk.

ACTION: Bring the Mental Health newsletter to this Committee.

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

7.3 Clinical Board Update (Learning Disabilities (LD) Services)

Peter Lerpiniere highlighted the issue around sudden/unexpected deaths following Southern Healthcare. Simon Burt met with Ros Gray and information is being gathered, but it is still early days. Dr David Love is going to look at whether all deaths can be kept and included in one area.

David Davidson asked about increasing Social Work capacity and this should be taken through Elaine Torrance and the Integrated Joint Board (IJB). Peter Lerpiniere advised the LD service is an integrated service and Simon Burt is working in relation to this.

ACTION: Dr David Love to meet with Dr Cliff Sharp, Amanda Cotton and Peter Lerpiniere.

ACTION: The Clinical Board Update to be fed back to all in Mental Health

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

8 ASSURANCE

8.1 Clinical Governance Work Plan

Ros Gray advised this is a dynamic, living document.

She noted that Complaints should be heard twice a year at this Committee with a short update in between so that they are heard before the Public Board meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the work plan.

8.2 Clinical Governance Annual Report (Draft)

There are no comments and the Chair has signed this document.

The **CLINICAL GOVERNANCE COMMITTEE** approved the Annual Report.

8.3 Clinical Governance Committee Terms of Reference and Self Assessment

Ros Gray noted that the Terms of Reference may require updating in respect of the attendees. Doreen Steele wondered whether a member of the Council should attend this Committee. Erica Reid in her role of Director for Hospital Care should be included as an attendee to this meeting if her post continues past the interim role. The Terms of Reference should also be updated to show that the vice Chair is chosen by the Chair of the Board.

Stephen Mather noted that there are some amendments required to the Self Assessment. This will be fed back directly to Ros Gray.

ACTION: Terms of Reference to be sent to Iris Bishop for including the Code of Governance.

The **CLINICAL GOVERNANCE COMMITTEE**

9. ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee – *no minutes available*
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance
- Mental Health Clinical Governance
- Public Health Clinical Governance – *no minutes available*

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

10. ANY OTHER BUSINESS

10.1 Job Planning for Consultants

Dr Cliff Sharp wanted to assure the Committee that he has had discussions with Head of Services and they are responsible for this. Assurances have been given by most already and the rest will be done shortly.

Alison Wilson asked whether Consultants were declaring their work with Pharmaceutical companies. Dr Cliff Sharp advised that he will ask consultants to update the online register.

The **CLINICAL GOVERNANCE COMMITTEE**

11. DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 24th May 2017 at 2pm in the Board Room, Newstead

The meeting concluded at 16.14