APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 14th June 2017 at 2pm in the Lecture Theatre, Education Centre.

Present:	Dr Stephen Mather (Chair)	David Davidson
	Alison Wilson (arrived 14.15)	
In Attendance:	Ros Gray	Dr David Love
	Robin Brydon (left 15.00)	Caroline Wylie (left 14.25)
	Sam Whiting (left 14.20)	Dr Cliff Sharp (arrived 14.25)
	Peter Lerpiniere (arrived 14.25)	Dr Janet Bennison (arrived 14.25)

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Jane Davidson, Claire Pearce, Sheila MacDougall, Phillip Lunts, Irene Bonnar, Laura Jones and Dr Tim Patterson.

The Chair welcomed Caroline Wylie who was in attendance to speak to item 5.2 and also Robin Brydon who is deputising for Sheila MacDougall.

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 29th March 2017 were amended at:

- Page 2 (third paragraph) add “legislation” after Human Rights.

After that the minutes were approved.

4. MATTERS ARISING

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting informed the Committee that since the paper written the Surgical Site Infection (SSI) Group met and reviewed in detail the Orthopaedic cases in 2016. The outcome was specific improvement work and targeting:

1. Weight management;
2. Patient dressing; and
3. Key wounds following surgery

In terms of cases this year, since January there have been 2 orthopaedic SSI's, 3 Colorectal SSI's and no Caesarean section SSI's.

David Davidson asked about the *Staphylococcus aureus* Bacteraemias (SAB) Health Efficiency Access and Treatment (HEAT) targets and concerned over Community figures. Sam Whiting advised that the definition of Community is a person coming from no healthcare provider, this is a National definition. Treatment Rooms are included in Healthcare associate figures.

ACTION: Sam Whiting to provide drilled down figures for SAB HEAT targets and include learning.

Sam Whiting advised that they are looking at different ways of intervention, for example, drug users discharge themselves from hospital before the 14 day IV antibiotics finish.

The Chair asked about page 3 about the reviews of deaths. Sam Whiting advised that the reviews are still underway. There is a meeting scheduled next week.

ACTION: Sam Whiting to update the Committee regarding the death reviews.

Sam Whiting advised that there was a deep dive in SSI's and this will be ongoing.

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

5.2 Adverse Event Overview & Thematic Report

Caroline Wylie advised that the wrong report was circulated to the Committee.

ACTION: The updated Adverse Events Overview and Thematic Report be brought to the next meeting (July).

David Davidson was concerned over falls and pressure damage and looking for more clarity within the report.

ACTION: Food, Fluid & Nutrition will be included as an item on the next meeting (July).

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

5.3 Very High Risk Management Report

Robin Brydon advised the Committee that since the last report there have been no new very high risks identified. Two are out with the risk appetite and actions are being undertaken to resolve this.

There are currently over 100 risks in waiting and this will change as Clinical Executive Operational Group (CE Ops) have asked that the gaps in risk assessments are addressed.

There are KPI's in place and these are reviewed in Performance Reviews and during these KPI's that are not being met are raised and managed. The Chair commented that the due dates are not being updated. The Service Managers and General Managers are responsible for these.

There has been agreement from CE Ops that the Risk and Safety Team are to review OH&S risk assessments and if they do not meet legal requirements, the risk will be pushed back into the holding area for further review.

ACTION: To remind General Manager's for assurance that these risks are being addressed.

ACTION: To include the action plans with the next report for the very high risks.

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

5.4 Claims Update

Robin Brydon highlighted there is a new legal protocol around safety claims and it sets out a new timetable. For non-clinical claims we are given three weeks to acknowledge the claim and then three months to investigate. This protocol also includes different timescales in clinical claims below £50,000. This will have an implication on the resources and will require support from clinical colleagues.

Last year there were more claims than expected and currently there is a claims policy in development but due to the new protocols these will need to be amended. This included lessons learned.

David Davidson asked why the protocols changed and Robin Brydon confirmed it came from the Scottish Government and the aim was to remove lengthy claims and provide an easier route to allow both parties to mediate without going to court.

The Chair asked about page 3, last year there were no clinical procedure claims and this year there are 5. Dr Janet Bennison advised there is not a theme to these.

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

5.5 Hospital Standard Mortality Rate (HSMR) Update

Dr David Love advised that in relation to the HSMR trend work had been done with HIS to remove the palliative care in-patients from the statistics. This produced a reduction in HMSR from 0.92 (all BGH patients) to 0.78 (against a Scotland HSMR of 0.94). NHS Borders is relatively unique in that our palliative care in-patients fall within the acute service in-patient population and therefore will influence HSMR more than in other Boards. Our palliative care team also provides a significant outreach service within BGH wards. However it is also noted that, although removing palliative care patients from the cohort used for HSMR calculation reduces our HSMR significantly, our HSMR trend remains relatively flat. Dr David Love confirmed he was unable to advise whether Healthcare Improvement Scotland (HIS) can provide this adjusted figure on an ongoing basis.

Dr David Love has asked George Ironside to do some work in relation to coding. This is key in recording an accurate HSMR.

HIS recently produced figures showing that NHS Borders has been an outlier with respect to recording in-patient venous thromboembolic diagnostic codes from 2012 – 2016.However from 2016 onwards an ambulatory care facility has been introduced for these patients, similar to that used by other Boards and it is expected that subsequent data for these codes will show a reduction.

David Davidson asked about re-admission rates on page 2 of the report and what assurances are in place to reduce this. Ros Gray advised that Joint Executive Team (JET) review data on a weekly basis. It is linked with doing more improvement work rather than auditing work.

Ros Gray spoke to a Data Analyst at HIS and he could not suggest anything else to assist in reducing the HSMR figure. David Davidson advised that the Borders has a larger proportion of older people who live here compared to other areas.

David Davidson advised that we are hearing more and more about falls and not being told what is being done to address them. Peter Lerpiniere has advised that there is a lot of work ongoing regarding falls, e.g. Baywatch modelling in Ward 12, development of Person Centred Falls bundle, enhanced engagement work with Christine Proudfoot and psychological interventions post-falls.

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

5.6 Venous Thromboembolism (VTE) Improvement Project Final Report

Ros Gray advised this project has now been terminated and it has used classic methodology. The results on two pilot wards achieved the project objective and are being kept going. We need to embed this successful work into procedure and rolled out to other wards.

ACTION: Bring updated VTE paper in 6 months time.

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

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) Update

Ros Gray advised that there are not many SPSO's ongoing at the moment. There is tracking system in place so that these provide lessons which can be learnt.

Dr Cliff Sharp wondered if SPSO summaries could be sent to Heads of Services, Associate Directors of Nursing and those involved in Leadership Walkrounds (including SPSO reports from other Boards).

ACTION: Ros Gray agreed to circulate the summary SPSO reports on a routinely basis to those mentioned.

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

6.2 Feedback & Complaints Annual Report 2016/17

The Chair asked about the leadership walkrounds that have been cancelled at late notice. Ros Gray confirmed this was an error specifically related to Non Executive Board Members engagement and that this has been highlighted and rectified.

Dr Cliff Sharp reminded the Clinical Governance Committee that there is a new National complaints procedure. Track 1 is a new step and aimed at calling the complainant early in the process in an attempt to capture issues before they escalate and if it still cannot be resolved then to move to Track 2 by investigating and following the traditional route to responses.

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

7. EFFECTIVENESS

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

Dr Janet Bennison was available for comments. David Davidson advised on page 2 there is are lot of actions awaiting review and asked what can be done to move these forward. Dr Janet Bennison advised that the Operational Managers check on a daily basis and the number that are overdue are being reduced.

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

7.2 Clinical Board Update (Mental Health)

Peter Lerpiniere included the mental health strategy as they will have a large influence on Clinical Governance.

The Chair asked about DNA rates and whether people could be telephoned in addition to being sent a text message. Dr Cliff Sharp advised that the text service is an automated system which is not time consuming to staff. These DNA rates are lower than in other Boards.

The Chair asked about waiting times of Psychological Services and what could be done to improve the situation. Peter Lerpiniere advised that the Head of Psychological Services has retired, but they are working with the service to improve the waiting times.

David Davidson feels that we are not on top of safe administration of medication across the whole organisation and how are we going to be ensure medication in the community are administered correctly. Alison Wilson advised we have received funding to fund a pharmacy technician and a project manager to screen medicine issues and highlight this back to the GP surgeries.

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

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

Peter Lerpiniere is asking to integrate both the Mental Health and Learning Disabilities Clinical Board Update. The members of the Committee agreed to this course of action.

ACTION: To amalgamate Mental Health & Learning Disabilities Clinical Board Update.

There has been the publication Duty of Candour which is out to consultation and will be a key item.

The Chair asked about the ongoing issue of Learning Disability patients being homed out with the Borders. Peter advised there is no further movement and there are further ongoing negotiations with NHS Lothian.

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

7.4 Suicide Annual Update

Peter Lerpiniere advised that suicide is a significant risk and we have made progress within training. The updated Scottish National Prevention Strategy has been postponed to next year. We try and promote resilience as an organisation.

HIS will no longer accept suicide reports from across Scotland nor will they disseminate the learning points. Peter Lerpiniere has engaged in discussions with Dumfries and Galloway to share learning and review each other's cases, but will establish grounds for such a relationship through the Mental Health Clinical Governance Group.

David Davidson wanted to know how we engage with the Council. Peter Lerpiniere confirmed the Local Mental Health Strategy support working with the Council to highlight suicide prevention.

The Committee want to know how to progress this report and that Public Health should also be involved. Peter Lerpiniere noted that Allyson McCollam, Associate Director of Public Health, leads on suicide prevention.

ACTION: Dr Cliff Sharp to provide a verbal update on Suicide Prevention at the next meeting.

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

7.5 End of Life Care

ACTION: This is to be moved to the next meeting and Dr Annabel Howell to be invited.

8 ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance
- Mental Health Clinical Governance
- Public Health Clinical Governance

David Davidson wants clarification about staffing levels and dietician support over the weekend and whether these risks are to be clarified.

Dr Janet Bennison clarified that there is work ongoing on staffing levels and nursing support for ward rounds. The professional tools are being used. There is a process is in place.

David Davidson asked about the Community palliative staffing levels that Dr Annabel Howell was going to discuss with Evelyn Rodger.

ACTION: To bring the two documents (BGH & PACS Clinical Governance papers) to next meeting to clarify.

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

9 ANY OTHER BUSINESS

No any other business.

10 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 19th July 2017 at 2pm in the BGH Committee Room.

ACTION: To increase the next Clinical Governance Committee from 2 hours to 3 hours due to the amount of agenda items.

The meeting concluded at 16.21