

APPROVED

Minute of a meeting of the **Clinical Governance Committee** held on 7 November 1018 at 2.00pm 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
 Dr C Sharp, Medical Director
 Mrs C Pearce, 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 N Berry, Associate Director of Nursing/Head of Midwifery
 Mrs E Reid, Associate Director of Nursing and AHPs/Chief Nurse Health and Social Care Partnership
 Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
 Mrs S MacDougall, Risk & Safety Manager
 Dr J Montgomery, Director of Medical Education (item 8.2)

1. Apologies and Announcements

The Chair noted that apologies had been received from:

Dr J Bennison, Associate Medical Director, BGH
 Mrs V Hubner, Head of Work & Wellbeing

The Chair welcomed those present and confirmed the meeting was quorate. The Chair informed the Committee that Dr Jane Montgomery would be attending for item 8.2

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Previous Meeting

The minute of the previous meeting held on 12 September 2018 were approved as a true record.

4. Matters Arising

Page 5 Item 7.4 Learning Disabilities report to outline costs associated with patients who are boarded out. Peter Lerpiniere reports the service is in discussion with Lothian regarding places for boarding patients but Lothian are pushing back and no agreement has been made, the issue is on risk register as a high level risk. Committee assured that this has not been forgotten. Placements are limited across Scotland, resolution could not be guaranteed before 2020. There are 19 extra beds available but this will not fully resolve the issue.

Jane Davidson joined the meeting

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

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting reported that Infection Control Team is running with a vacancy so are under pressure. NHS Glasgow is providing support until the end of January and there are ongoing conversations taking place with Lothian for support. Recruitment is proving difficult; Annabel Howell suggested using social media to encourage recruitment. Sam agreed to look into this option.

Jane Davidson commented that the report was very good. She enquired as to how our processes are progressing in relation to HEI inspections as we have not had one for some time now. Sam reports that we are behind schedule due to the aforementioned staffing issues but things are going well.

Cliff Sharp enquired as to why there appeared to be a spike in compliance on October 16th and if there was a particular reason for this. Sam agreed to investigate if there was a particular event that caused this. There was a discussion about the scale of graphs and how we could alter this to allow for more details. Sam commented that the detail is available and he will bring to the meeting as required.

Alison Wilson asked if the incidence of blood culture contamination is improving. Discussion revealed that there does not seem to be a particular cause for this and the numbers remain very small. Sam also commented that this will not have an effect on HEAT targets.

Discussion took place regarding the new work plan and how it differs from the last. Sam confirmed that the Workplan is updated yearly and this can be brought to the meeting for noting if there is an appetite for this. The only obvious addition to the new Workplan is education in infection control.

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

5.2 Quarterly Hospital Standardised Mortality Ratio update

Fourth quarter report shows NHS Borders coming back into the 'funnel plot', there was a marginal decrease in NHS Scotland. Figures have been embargoed until next week. The results have been reviewed and nothing in particular showing to explain changes. Different techniques have been explored on the use of a mortality tool, but there is a question as to whether there is any better value in reviewing mortality differently. The Committee discussed the importance of acting on information; one suggestion was to seek an external assessor to review to see if we are missing something Elaine Cockburn and Annabel Howell will discuss.

Jane Davidson asked if any harm had been recorded due to over treatment but Annabel stated that this was not the case. There was a discussion regarding the accuracy in reporting in the random sample group where no fault is found, Jane asked if this was accurate and did it feel correct? Copies of the trigger tools are kept and can be reviewed should this be required.

Morbidity and Mortality processes are being reviewed which could mean that teams appraise their own morbidity and mortality statistics; there would then be little benefit from wider morbidity reviews. The development of a team of reviewers from a wider range of disciplines and cross reviewing is being explored. Elaine pointed out that originally there was a large pool of reviewers but this has lessened and engaging with staff has been difficult. Discussions have taken place regarding rostering of the critical care team to take part in reviews. Nicky Berry, Elaine Cockburn and Annabel Howell will discuss.

**ACTION: Elaine Cockburn and Annabel Howell to meet and discuss if there is value in an external review into our mortality process.
Elaine Cockburn, Annabel Howell and Nicky Berry to meet and discuss engaging staff in M&M reviews**

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

5.3 Very High Risk Management Report

The bi annual report shows movement within risk control. Section 1.4 Risks Affecting Corporate Objectives, shows that more risks are being detected in safe & effective care and high quality services. The Committee noted that although the risks are not high there is a need to be aware and keep in focus.

There have been three new risks added to register; one from mental health appears to be a list of wants that requires addressing. The Committee were assured that this will be discussed within the team and refined.

Car parking risk was raised in relation to the 'unofficial car park' at the back of Nursery. Estates are working on a planning case to turn into car park. Risk no 1177 has now been reduced to a medium risk.

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

5.4 Claims Update

There have been eight new claims since the previous report. The Medical claims are predominantly in acute services. The Committee were asked to note that the rise in financial liability was due to an obstetric claim.

Discussion took place regarding consent claim. Work is required on better recording of consent and informed consent. Clinicians need to be more mindful of explaining the risks and interventions, making sure patients fully understand what they are consenting too.

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

6. PERSON CENTRED

6.1 Scottish Public Ombudsman (SPSO) Report

Discussion took place regarding the case highlighting National Early Warning Scores (NEWS) assessment, clinical judgment and reaction to the NEWS scores. This does not seem to be a common theme of complaint and there is a high level of confidence that NEWS scores are not ignored. There is always education and learning from complaints and this case will be no different in that the importance of NEWS and reaction to scores will be highlighted.

If the Committee would like to read about the SPSO cases there is a link to SPSO cases in report.

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

6.2 Patient Feedback Report

There has been a higher than usual number of complaints since the last report, unsure why but this has started to reduce again. Communication with teams has begun to pay off, it is hoped that this will continue. Response time has increased due to staffing issues but this also is improving. Reporting structures have changed so data will be re-aligned to give a truer picture.

It has been agreed at Board that commendations are to be gathered and analysed. This is not done at present as this is difficult to quantify, reporting on the commendations is being considered and the team will look into how this can be assessed.

Claire Pearce joined the meeting

Peter Lerpiniere commented that there were 80% of complaints from four areas and this will be investigated; snap shot reviews are being done in Mental Health. It was suggested that Volunteers could ask particular questions but it is often difficult to get accurate reflection due to the vulnerability of patients undergoing care at the time.

Jane Davidson suggested that the template could be changed to highlight assurance to committee Elaine Cockburn and Diane Laing will discuss.

Fiona Sandford asked how easy it was to give a compliment; discussion took place regarding the various ways of giving a compliment including the Care Opinion which can be accessed on line. Some suggestions on how to gather compliments and analyse them more easily were put forward and Elaine Cockburn agreed to contact Fiona Sandford for more ideas.

ACTION: Elaine Cockburn will circulate complaint handling process report.

Elaine Cockburn and Diane Laing will discuss changing report template

Elaine Cockburn will discuss collation and analysis of compliments with Fiona Sandford.

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board Update (BGH)

Pressure ulcer education has been provided for trained staff, training for the Healthcare Support Workers has been organised, pressure relieving cushions identified and purchased. A Tissue Viability awareness day has taken place launching the 'Zero Hero' Campaign which was well received.

Food Fluid & Nutrition meetings are taking place monthly. There is still work to do although we are in a much better position. The MUST learnpro module will be mandatory.

Falls target appears to be unachievable at present, risk assessments taking place and education delivered. Improvement is slow but we are beginning to see progress.

Patient Centred Coaching Tool (PCCT) compliance is improving, outliers identified and discussions taking place.

Significant Adverse Event Reviews (SAER) will be completed by end of month. Staff training for reviews is being rolled out beginning with a workshop next week.

Staff vacancies remains an issue but not any different from rest of NHS Scotland.

There was a discussion regarding where or if the staffing level issues are recorded, it was confirmed that these are recorded on Datix. The Committee would like to seek assurance that Staffing levels are recorded on Datix and the wards are all safe.

The Committee asks that following changes in structures the reporting reflects these changes.

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

7.2 Clinical Board Update (Primary and Community Services)

Nutritional Care MUST training will take place at Community Hospitals by end of November.

Trial of new cushions and mattresses too place in Kelso Community Hospital following equipment audit. A business case has been developed. Cushions and heel protectors have been ordered.

Mock inspections have been taking place; these are going well with no major issues or concerns raised. An ANP model of care is being tested in the Knoll.

Currently the Hospital at Home service is currently developing a policy around medicines administration. The policy will go through the P&CS Clinical Governance group once completed.

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

7.3 Clinical Board Update (Mental Health)

Patient Centred Coaching Tool (PCCT) is being rolled out across Mental Health with an adaptation for Community services.

There has been an incident of pressure ulcer in Cauldshiels. The team are working closely with Katharine Rolland (Tissue Viability Nurse) and there is a great improvement. Katharine's support throughout Mental Health units has been invaluable.

Unfortunately there has been a high incidence of suicide in summer; the organisation is facing external scrutiny as appropriate. New Suicide Prevention pathway 2014-2019 to be noted at the Committee. This will not change service fundamentally but the scrutiny and learning will change.

There was a discussion regarding Duty of Candour and the Committee have requested a short presentation at the next meeting should the agenda allow.

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

7.3 Clinical Board Update (Learning Disabilities Services)

The only issue highlighted in the report was the injury to a patient whilst in out of area placement. Sheila MacDougall and Peter Lerpiniere will discuss this out with meeting.

ACTION: Sheila MacDougall and Peter Lerpiniere to meet to discuss patient in out of area placement.

7.5 Research Governance Annual Report

There were no main issues to note

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

8. ASSURANCE

8.1 Clear Pathways Guidance Report

No one was present to talk to this report – it will be deferred to a later meeting.

ACTION: Diane Laing will table paper at a later meeting as appropriate.

8.2 Medical Education annual Update

There has been focus and improvement on obstetrics and Gynaecology GP training, Jane Montgomery noted that moving of ward 16 patients to ward 7 may pose a problem in terms of training but Nicky Berry assured her that this is being considered. The training Director of GPs wants to come and visit Jane Montgomery, she will report back if this takes place.

Rota changes remain a challenge; Medical Specialities are overstretched although willingness to train is there. There has been a slight issue with simulation not taking place in Education Centre although this is taking place in situ. Jane Davidson agreed to meet with Jane Montgomery to discuss the issues surrounding simulation. It was suggested that a group could be put together to discuss the issues relating to medical education and update the Committee at the end of the financial year.

IT availability poses a problem and the Library computers are not up to spec to support training. There have also been comments from the trainees that the accommodation for them in the Borders is poor. Fiona Sandford enquired as to whether this can be improved, at present it is not on the financial plan to do this. Several members of the committee have stayed in the accommodation and have not found it to be poor.

Stephen Mather asked if medical education has improved. Jane Montgomery reports in general there are improvements but there are still many challenging issues to be faced. Following a discussion it was agreed that the impact on Medical Education should be put on the risk register. It was also noted that the areas that were under less pressure have had positive feedback from the trainees in terms of their experiences here at NHS Borders.

Jane Montgomery wanted the Committee to acknowledge Bob Salmond for all his hard work. The Committee thanked her for her hard work also.

ACTION: Jane Davidson, Annabel Howell, Cliff Sharp to meet with Jane Montgomery to discuss issues around medical education. Outcome of meeting to be tabled at end of financial year.

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

Jane Montgomery left the meeting

8.3 COPH Care of Older People in Hospital (formerly OPAH) annual update

This report was not discussed due to OPAH inspection taking place at time of meeting. There will be an update to this paper to follow at a later date once the inspection report has been released. There will be opportunity to interrogate the report then.

8.4 Suicide Annual Update

This paper was not discussed due to time restraints and unannounced inspection.

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

9. Quality Improvement

9.1 Back to Basics Quarterly Report

Falls: NHS Borders are working towards reducing falls although we will not meet reduction target by end of year. The falls risk paperwork complex, this is being addressed.

Tissue Viability: The Committee were given assurance that training is taking place; the cushions that were identified as a requirement have now been purchased and distributed. The next step is the mattresses. The training for care homes was well attended training for care homes and the Healthcare Support Workers learning sessions are already making a difference.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

10. ITEMS FOR NOTING

- P&CS Clinical Governance Minutes

The **CLINICAL GOVERNANCE COMMITTEE** noted the above paper.

Claire Pearce, Nicky Berry, and Erica Reid left the meeting

11. Any Other Business

Due to inspection taking place there was no further business discussed

12. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday 30 January 2018 at 2pm in BGH Committee Room.

The meeting concluded at 16:25