APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 12 September 2018 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, (minute)	
	Dr C Sharp, Medical Director	
	Dr N Lowdon, Associate Medical Director, P&CS	
	Mr P Lerpiniere, Associate Director of Nursing for MH, LD & Older People	
	Mrs E Reid, Lead Nurse for Community	
	Ms C Wylie, Clinical Risk Facilitator	(item 5.2)
	Dr E James, Consultant Microbiologist	(item 5.1) phone
	Ms S Finch, Clinical Manager, Women & Children	(item 7.1)
	Ms P Walls, Programme & Communications Manager	(item 7.5)
	Ms V Hubner, Acting Head of Work & Wellbeing	(item 8.2)
	Dr V Dobie, Associate Specialist	(item 8.4)
	Dr Imogen Hayward, Consultant Anaesthetist	(item 8.5)

1. Apologies and Announcements

The Chair noted that apologies had been received from:

Mrs J Davidson, Chief Executive
Mrs C Pearce, Director of Nursing, Midwifery & Acute Services
Mr S Whiting, Infection Control Manager
Mrs E Cockburn, Head of Clinical Governance & Quality
Mrs N Berry, Associate Director of Nursing & Midwifery
Dr A Howell, Associate Medical Director, BGH
Dr J Bennison, Associate Medical Director, BGH
Mrs S MacDougall, Risk & Safety Manager

The Chair welcomed those present; Dr James will be calling it for item 5.1 when available.

The Chair noted the meeting was quorate.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 18th July 2018 were approved as a true record following amendments made to grammar on:
page 4 item 7.1
page 7 item 9.1

4. Matters Arising

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

5. Patient Safety

5.1 Dr James will call in to the meeting when available.

5.2 Adverse Event Overview & Thematic report

There is little change in reporting since last report to committee. Slips trips and falls remain the highest, there has also been an increase in infection control and absconding/self harming events. Drug related deaths in Mental Health have increased and appear disproportionate, however this is being reported nationally, Peter Lerpiniere informed the Committee that there is a new method of reviewing these events which may explain the increase.

There are a large number of overdue events still to be agreed and allocated on the system. A review into how Significant Adverse Event Reviews (SAERs) are being carried out is taking place with a view to handing back responsibility to the service for review. Caroline Wylie is compiling an outcome report and will share with Committee once completed.

The Committee asked that reporting should state the monthly time period covered rather than quarters, this will make the data more readable.

Stephen Mather commented that the run charts show no shift and questioned if stability is an acceptable position. He asked how we communicate to organisation that we are looking for change. It is hoped that the focus on reduction of falls may well decrease the number falls reported. Cliff Sharp reported that there has been some evidence that pressure ulcer and falls reporting are decreasing and we will see evidence of this in subsequent reports. The Committee agree that SAER report comparisons on run charts rather than the bar chart would be more useful to inform the Committee.

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

Dr James telephoned in to the meeting.

5.1 Infection Control Report

Dr James reported that there is a new member of the team so data was missing from this month's report but this issue is now sorted out and data will be included in next report.

Discussion took place regarding the issue of winter planning. The worry going forward is the provision for isolation during winter illnesses, NHS Borders facilities are inadequate and there are real concerns regarding sharing of toilet facilities within existing bays particularly in the Borders General Hospital. Report from integrated board indicates there is a planned increase in beds but it is not clear if this will mitigate concerns.

Stephen Mather highlighted the Staphylococcus aureus bacteremia (AB) chest drain insertion incident on page 5 of the report and asked what actions are being taken. The chest drain insertion & management policy is out of date and despite reminders at Governance Group meetings this remains an issue. It was recognised that there needs to be a policy/protocol developed at nursing level for care of chest drains. Dr James agreed to discuss this with Sam Whiting and inform the Committee of out come.

Dr James left the meeting.

ACTION: Dr James will discuss chest drain management policy with Sam Whiting and feedback to Committee.

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

6 Person Centred

6.1 Scottish Public Service Ombudsman (SPSO) update

No one was available to speak to SPSO paper. This will be picked up at November's Clinical Governance Committee meeting

7 Effectiveness

7.1 Clinical Board update (Borders General Hospital)

Fundamentals of care inspections continue they have introduced Senior Charge Nurse into team and this is proving to be helpful. Patient feedback has been positive, addressing issues at time and feedback daily. Reporting to Senior Charge Nurse to support this.

Tissue Viability Learning session on 5th July went well. There are gaps in learning for Healthcare Support Workers and a half day session is being organised to cover this. Stephen Mather inquired into the mindset of prevention of pressure ulcers and a discussion took place regarding NHS Borders zero tolerance approach and their commitment to prevention, awareness sessions are being arranged for the future. As an organisation we are outlying compared to national figures, the introduction of the new Tissue Viability Nurse has made a big difference but is still a work in progress as she is covering the whole of NHS Borders and training is on going. Each area now must be able to demonstrate that there are measures in place to prevent pressure damage. The Back to Basics update in November will show how this is progressing.

Culture shifts are taking place in some areas and the focus is to spread this. In particular Kelso Community Hospital and Mental Health areas. Mental Health has identified a need to take a more holistic approach and look at wider health issues and not just focus on the mental health. A move away from a presumption that certain groups are not susceptible and an acceptance that anyone could be vulnerable to pressure damage.

Pippa Walls joined the meeting

Malnutrition Universal Screening Tool (MUST) training is complete in BGH, and the Community and Mental Health areas are due to be complete soon. Food Fluid and Nutrition policy & strategies are available, benchmarking being delivered by Jane Gordon. Feedback to staff is taking place following walkrounds which is invaluable. Falls working groups & strategy meetings are taking place including a Friday drop in session, there is also a learning session planned for 24 October. Person Centred Coaching Tool (PCCT) improvements are being reported in some areas. Maternity and Paediatric units have developed tools for use in their areas, these tools are still in early stages but working well.
Complaints continue to come in but the teams are working hard to address the issues. Care opinion feedback tends to be positive and the wards report that they appreciate this feedback.

Stephen Mather commented that improvements on PCCT are slow and would like this fed back to those who are undertaking this piece of work.

Shona Finch left the meeting

7.2 Clinical Board update (Primary & Community Services)

The P&CS report is predominantly nurse specific, this will evolve over time to include AHP reporting to give a better overall picture. There is an error in the percentage of staff trained on use of MUST and Erica Reid will correct this and update the report.

The falls with significant harm reported are all being investigated through the SAER process. The overdue SAER is being addressed and P&CS are liaising with Scottish Ambulance Service to address this incident.

There are routine unannounced mock inspections taking place in the Community Hospitals which is providing peer review learning opportunities.

Stephen Mather asked if there is improvement or not. Erica Reid commented that things are not getting worse and there are small pockets of improvement. Discussion took place regarding sustaining not always being a good thing but Nicola Lowden commented that sustaining against the tide can be seen as a positive.

ACTION: Erica Reid will update the report with correct figures

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

Vikki Hubner joined the meeting

7.3 Clinical Board – Mental Health report

The issues highlighted in the above report are the MUST training, this will be rolled out at the end of September. There has been some slack due to staff sickness but this is improving. The increase in falls is a concern and requires greater scrutiny, Peter will take this up and report back to the Committee.

Stephen Mather commented that this is a good clear iteration of report. There was discussion about the narrative that was absent from the SAERs but it was agreed that the specifics could lead to identifiable information and it was agreed that this detail should be omitted. Peter asked that the Committee be assured that the appropriate investigations, actions and learning have been taken.

The workload graph indicated that there has been an increase in staff sickness in some areas and measures are being taken to support staff back to work.

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

7.4 Clinical Board – Learning Disabilities report

Peter Lerpiniere asked the Committee to note that LD report does not fit with standard reporting, the Committee accepted this. Peter also gave a background explanation regarding the Adult Protection Garvald investigation and agreed to keep the Committee informed of the outcome.

The Committee discussed the possibility of investment into the service to enable patients to be treated closer to home. This is always something that is looked at and Borders are in ongoing discussions with Lothian although to date these discussions have not been fruitful. Peter will discuss this issue with Simon Burt and report back to Committee. There was also some concern about our patients who are boarded out with the area being forgotten, Peter assured the Committee that this is not the case and that we still keep regular contact with our patients no matter where they are.

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

7.5 Health Promoting Health Services (HPHS)

Pippa Walls reported that although they report annually to the Committee, this report has combined the last 3 years of the programme to enable them to tidy up existing framework before moving into a new framework. There has been good improvement and engagement over all. There has been improvement in Mental Health but the challenges remain the same.

Recommendations in the report ask that the Clinical Governance Committee agree to participate in developing baseline for embedding HPHS approach into Clinical Strategy. Stephen reminded Pippa that the Committee are an assurance group and that this request should be taken to CEOPS. Pippa agreed to do this and amend the wording in the recommendations for the purpose of this Committee.

Impressive work gone into report and the Committee thanked Pippa Walls and her team for this.

There was some discussion in the group regarding various health improvement initiatives.

ACTION: Pippa Walls will update the report with correct wording of recommendations.

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

8 ASSURANCE

8.1 Adult protection Annual update

Adult Protection update for the Committee is slightly out of sync with the Annual Report, the full Adult Protection Annual report has not yet been published.

Referrals have increased by 25% in particular referrals from NHS Borders staff have increased from the previous year. There will be a move to Public Protection Unit (PPU) within the next year, this will enable consolidation of expertise. The Unit will sit within the council offices, it currently is based in Langlee. Public Protection agenda more in focus than has been previously, the development of Public Protection model over next year will bring both challenges and opportunities. Erica Reid added that integration has helped support the move toward PPU.

Stephen Mather asked if safeguarding for adults is improving, Peter Lerpiniere reports that it is, although difficult to quantify but increasing number of people reporting that they feel safer. Peter Lerpiniere agreed he will supply bi-annual reports for noting to the Committee.

ACTION: Diane Laing will include Adult Protection updates for noting on subsequent agendas.

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

8.2 Occupational Health Annual update

There are similarities to last year with a 4% increase in activity. The year has proved to be challenging due to changes in staffing levels. Staff movements are not always being highlighted to Occupational Health. All staff should have Occupational Health checks before commencing employment, regardless if they are new to organisation or changing posts. The issue needs to be addressed, the Committee discussed how this can be avoided and highlighted to the Executive Team. Cliff Sharp asked Vikki Hubner to discuss with HR and put together a communication to staff regarding the movement of staff and inclusion/ importance of Occupational Health checks.

Moving & handling training will move to Training & Professional Development so the stats on staff trained will not be reported by Occupational Health going forward. A paper is being

prepared for Clinical Executive Operational Group (CEOP) regarding support and counselling for anxiety/stress disorders. Managing Mental Wellbeing at work and preventing stress and promoting resilience will also be highlighted.

NHS Borders are going use a new approach to the flu vaccinations this year, by trialling the model being used in England which has shown an increase in uptake there. The use of peer vaccinators has been suggested again and after discussion it was agreed that support for staff concerns should be included rather than a blanket you will be vaccinated or else approach.

The only other highlight on the update are the needle stick injuries, these remain the same despite the introduction of needle safe equipment. Support for staff and re-education and training taking place to minimise risks.

Needle stick injuries – still remains the same despite introduction of needle safe – re-education taking place, support for staff to minimise risks.

ACTION: Vikki Hubner to discuss putting together a communication to staff regarding notifying Occupation Health when changing employment

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

8.3 Pharmacy Annual update

There were no particular areas of concern except medication incidents but these are all reported on DATIX (incident reporting tool) and to the relevant Pharmacy Clinical Governance Committee, actions are noted and shared with staff. All are included within current discussions

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

Imogen Hayward joined the meeting

8.4 Medical Appraisal Annual update

All doctors are required to revalidate every five years in order to maintain their licence to practice. The responsibility for appraisal of NHS Borders Primary Care Doctors is taken by the Primary Care Appraisal Lead in Lothian, and primary care appraisals are administered by the NHS Lothian Primary Care Contractors Organisation. Appraisal for Secondary Care doctors working in NHS Borders is the responsibility of the Secondary Care Appraisal Lead and is administered by the Medical Director's PA.

In April 2018 NHS Borders introduced Dental Appraisal for all Dental Practitioners using the same online system, Scottish Online Appraisal Resource (SOAR), as doctors which is supported by a dedicated dental administrator.

Previous slippage in appraisals had been reported this has now been addressed.

There have been challenges particularly in secondary care, administration resources have not been adequate, it is hoped that this will improve in the current year. There are not enough appraisers to cover secondary care, recruitment of appraisers is an ongoing process. Medical Director is aware and differing strategies are being approached.

Appraisal is now provided for locum doctors who work in the Borders for over three months and for doctors in non-training posts such as Clinical Development Fellows, this has required additional appraisal resource.

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

Vicky Hubner left meeting

Vee Dobie left the meeting

8.5 Blood Transfusion update

The Better Blood Transfusion (BBT) review was done some time ago; due to other commitments the report for the Committee had been deferred. Committee is asked to note the annual report and the update of 4 September 2018.

The hospital transfusion team have been struggling to meet regularly. A new chair has been appointed and engagement has improved.

Wrong blood events and platelet loss incidents have decreased, specimen rejection remains the same. Training has increased from 63% to 71% aiming for a target of 93%, areas of concern are being targeted. Overall units transfused have decreased. Performance and sustainability has continued to prove challenging, resourcing remains an issue. The outcome of the Better Blood Transfusion workforce review will impact on key deliverables locally.

Cliff Sharp commented that changes in national service would lead to reduction in support and asks how we address this and to ensure we keep support we have.

Stephen Mather noted that the report is more positive than previously and we need to use our current resources effectively. It is important that we keep the issues in focus. How can the Clinical Governance Committee do to move this forward?

Blood Transfusion update should go to CEOPS to highlight issues with a request for funding should this be required. Elaine Cockburn and Anne-Marie Carr will meet to discuss and identify risks which at present remain unacceptable.

ACTION: Elaine Cockburn and Anne-Marie Carr to meet regarding BBT risks

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and subsequent update.

Dr Hayward left the meeting

9 Quality Improvement

9.1 Back to Basics report (verbal)

Senior Inspector from Healthcare Improvement Scotland (HIS) visited to undertake a scrutiny peer review. They reported that there was nothing obviously being overlooked. Scottish Patient Safety Fellow is working with Erica Reid on a Quality Improvement approach to Back to Basics Programme, with a particular focus on developing a quality management position to support Food Fluid and Nutrition which remains a concern.

10 Items for Noting

10.1 The following minutes and papers were noted:

- Learning Disability Clinical Governance Minute
- Child Protection Committee Minute
- Adult Protection Committee Minute

11 Any other Business

Peter Lerpiniere: Older People in Acute Hospital (OPAH) paper was presented at the Board, Peter proposed that the a Care of Old People report should be added to items for noting on a bi monthly basis at the Clinical Governance Committee. Group agreed.

ACTION: Diane Laing will add this to the agenda going forward and approach Peter Lerpiniere for the report as appropriate.

12 Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 7th November 2018 at 2pm in BGH Committee Room.

There was no further competent business and the meeting concluded at 16:20