

APPROVED



Minutes of a meeting of the **Clinical Governance Committee** held on 18th July 1018 at 2.00pm in the Committee Room, BGH

Present: Stephen Mather (Chair)
Alison Wilson

In Attendance: Elaine Cockburn
Cliff Sharp
Sam Whiting (item 5.1)
Peter Lerpiniere
Diane Keddie (item 7.2)
Michael Murphy (item 8.2)

Jane Davidson
Claire Pearce
Tim Patterson
Erica Reid
Katie Morris (item 7.2)

1. Apologies and Announcements

The Chair noted that apologies had been received from:

Janet Bennison
Vicky Hubner
Annabel Howell

Nicky Berry
Fiona Sandford
Sheila MacDougall

The Chair welcomed Diane Keddie, deputising for Nicky Berry and informed the Committee that Michael Murphy – Scottish Borders Council, will attend (Item 8.2) to talk to the Joint Old People's action plan

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 30th May 2018 were approved as a true record following amendments made:

page 2 item 5.1 all infections change to patients with MRSA
page 7 item 9.1 Diane Keddie to The committee were

4. Matters Arising

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

5. PATIENT SAFETY

5.1.1 Infection Control report

Sam Whiting attended to present the report. Discussion took place regarding the apparent reduction in catheter use in DME following the introduction and use of catheter passport. CAUTI was discussed and noted that it is an element on Scottish Patient Safety Programme (SPSP) so there is data available that may contain pertinent information. There are still Issues in the system. Healthcare Improvement Scotland's requirements are ambiguous so Elaine Cockburn has asked for clarification into what data they actually are looking for. Overall we are looking to reduce CAUTI by 10%. The definition is a challenge as at present we are using catheter days as a proxy measure.

Jane Davidson asked if we are disabling or putting patients at harm buy using catheters unnecessarily. She also stated that SPSP data definition can be adapted for our use. Custom and practice for using catheterisation is to be investigated. Jane also inquired about the graph on page 2 indicating an increase in SABs and asked if we should be drilling down into a narrower time frame to see if that indicates where the spikes are. Are we similar to the rest of Scotland? Sam stated that he keeps an eye on National data but at present we don't have any comparable date.

It was also noted that there had been no SSI's since December 2017 and the teams should be congratulated on this achievement.

5.1.2 Infection Control Annual Report

Report brought to meeting for noting. Stephen Mather did make comment on compliance with catheter passport figures and patient transfer documentation. Sam informed the committee that we are currently in the process of replacing local catheter passports with national ones and rolling out on a ward to ward basis. Improvements have been made on the patient transfer documentation.

The SSI group have not met for a while. Sam stated that they pulling together a paper on cost/impact drivers for decolonisation (page 19) this would be consistent with best practice throughout country and is for further consideration and discussion.

Discussions took place regarding the timeframe of the carry forward items and were we where we would like to be. Sam stated these were prioritised according to risk and also that clinical work is prioritised. It is anticipated that any outstanding issues are be resolved this year. Jane and Stephen will discuss a summary to the Board out with the meeting and feedback to Sam.

The **CLINICAL GOVERNANCE COMMITTEE** noted both reports.

ACTION: Assurance Summary to board – JD & SM will discuss.

14:25 Katie Morris joined the meeting and Sam Whiting left.

5.2 HSMR update

Elaine Cockburn presented the HSMR update. Our report from Q3 was up in comparison to Q2 and slightly higher than average. The report indicated a spike in deaths in December 2017 and after further investigation there were no issues highlighted. We are still below the mean. We will continue to monitor this over the subsequent months.

It was noted that the increased use of surge beds may have had an impact but this is anecdotal. No further spike as been reported. It is often difficult to make comparison with other sites as we are unique here in NHS Borders with the Palliative care Unit which has an impact on our figures.

It has been recognised that this past year has been particularly challenging and we are striving to improve on this for the year coming.

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

6. PERSON CENTRED

6.1 SPSO Report

The committee were asked to note that there were three SPSO cases upheld. Three are awaiting decision. It has been 100 days since the last SPSO referral.

There has been an increase in complaints but this has been balanced by better responses.

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board Update (Borders General Hospital)

Fundamentals of care walkrounds are taking place fortnightly with Senior Charge Nurses taking part and sharing results with staff, these are aligned with OPAH, HAI and Person Centred Care, and walkrounds are also taking place in the community hospitals.

Tissue Viability work is in progress and training/study sessions have been taking place, Nicky Berry is working along side Clinical Nurse Managers and SCNs to ensure consistency.

Falls group are working to review and refresh all policies. There has been an improvement in total of all falls across NHSB.

Nutritional Care training in the use of the MUST tool has been taking place. Night staff are difficult to capture but this is being addressed.

Person Centred Coaching Tool is being used within most inpatients wards. The Senior Charge Nurses are working on the outcome measures.

Adverse events report shows that out of 18 significant adverse events there are 13 overdue. There is a process in place to address the overdue follow up.

There was a discussion around the increase in number of complaints and concern was noted by the committee that there was an increase, particularly in the attitude complaints. The Managers are looking at staffing and themes alongside the SAER issues and will report back to the committee any improvements. There was also noted a significant fall in commendations but this is most likely due to the introduction of Care Opinion which has reported an increase in positive reporting. The committee asked if Care Opinion could be included in the commendations report.

Alison Wilson noted positive work around MUST.

Stephen asked if the dates on page two for the HCSW training were correct, they were not and will be changed.

The lengthy process of SAER reviews is being addressed. List of reviewers, training & capacity issues are also being addressed. The list of reviewers is being revisited and will be updated. There are delays in system that the team are aware of these and this will be addressed. It was noted that there are several major incidents that need to be downgraded.

Jane asked that story line on charts be added, and that we dig a bit deeper into each report to highlight assurance.

Stephen noted that the amount of overdue reviews have improved and the report should reflect this.

Claire & Cliff working on SAER reporting infrastructure/reviewers, details timescales need to be tighter and staff should be released appropriately to investigate. They will meet with Elaine to look into condensing the process.

Tim Patterson agreed with Jane and an annual report on each stream should be compiled.

Cliff Sharp asked that we have a thematic report with indication of any loops closed and actions completed. There are improvement plans available and this could be included in the report.

Diane Laing to remove draft from report.

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

Katie Morris left the meeting at 15:00

7.2 Clinical Board Update (Primary and Community Services)

Erica Reid brought the Primary & Community Services report to the committee. She asked the committee to note that the two complaints received for Primary & Community services are currently under investigation, in line with the complaints process.

There are four ongoing Significant Adverse Event Reviews two of which are overdue, these have been flagged and discussed at the Clinical Governance Group and action plans are being monitored in order to resolve this issue.

It has been recorded that there were 76 falls in the Community/Day hospitals, one with significant harm. These issues are being addressed with support from Diane Keddie.

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

7.3 Clinical Board Update (Mental Health)

Peter Lerpiniere reported that a recent formal complaint and response which was submitted to the Scottish Public Services Ombudsman (SPSO) was upheld. A detailed action plan in response to the SPSO is at an advanced stage of development.

The Mental Welfare Commission for Scotland visited East Brig, the feedback was positive and no immediate actions are required. Peter reports that the new Charge Nurse has made some improvements and these have been beneficial.

Challenges in the Mental Health service have been in meeting the CAMHS targets but action plan has been developed and is underway. Jane Davidson asked that the CAMHS report come to Clinical Governance Committee.

Changes in observation practice at Huntlyburn have had an impact on the reduction of aggression. There was some discussion around the provision of LD beds in Huntlyburn. Peter reported that all efforts are put in place to support patients and staff in all aspects but particularly when dealing with a patient who has Learning Difficulties.

Michael Murphy joined meeting at 15:05

Peter commented that there has been a hiatus in data sharing, but this is improving, the committee felt that inclusion of data would be useful to highlight any trends in the report.

Peter asked that the committee note that following a recent SAER, the conclusion of which concluded that the quick actions of healthcare staff were most likely to have saved the patient's life. Stephen asked if the staff were congratulated, Peter reported that they were.

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

7.3 Clinical Board Update (Learning Disabilities)

Peter Lerpiniere highlighted item 3 in the summary of the report. Recommendations that an investigation into governance and support networks is appropriate and Peter will update us accordingly.

Note of interest was that Alan Lawson Learning Disability Liaison Nurse, won the unsung hero award at the Scottish Learning Disability Nursing Network Conference. Stephen offered the Committee's congratulations to Alan and suggested that this information to be highlighted to the Board.

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

8. ASSURANCE

8.1 Adult Protection Annual Update

Paper not presented – deferred to September meeting.

ACTION: Diane Laing to table Adult Protection Annual Report to September.

8.2 Joint older peoples action plan

Stephen Mather introduced Michael Murphy to the Committee.
Michael noted that he had provided a revised action plan for the Committee.

Michael informed the Committee that there are 60 actions against 13 recommendations. Progress has been made and all Governance frameworks are in place and working.

Items 3.1 and 3.2 have been revised, item 4 actions are in progress but require finalisation.

Erica Reid agreed to discuss district Nurse access with Michael out with the meeting.

Several items were discussed briefly and Michael informed the group that he intends to come back to the Committee with inspection plan following proposal at the Integrated Joint Board.

Diane Keddie left the meeting 15:25

The Committee noted their concern regarding the actions due not being updated. Stephen stated they should press on and sort out the delayed actions, developing a mixed approach on identifying the problems.

The Committee expect to see a conclusive report in 6 months time. Michael agreed to bring back to the January 2019 meeting.

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

ACTION: Diane Laing to table Joint Older People's Service action plan on January 2019 agenda

Michael Murphy left the meeting at 15:35

9. Quality Improvement

9.1 Back to Basics

It was previously agreed that this item would be a verbal high level report at each meeting with a written report to be tabled bi annually, as the details are already reported in the individual board reports. Erica Reid stated that she is supporting each work stream lead. Documentation is being refined and deep dives into pressure points are ongoing. Training and educational needs are being identified and equipment requirements for example for the pressure ulcer work stream have been also identified and short falls are being rectified.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and supports the ongoing work.

10. ITEMS FOR NOTING

- Food Fluid & Nutrition action plan
- Minutes for:
 - Mental Health Clinical Governance
 - BGH Clinical Governance

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

11. Any Other Business

The AMD for Clinical Governance was discussed. Dr Nicola Lowden is acting AMD for Primary Care and Dr Annabel Howell is covering at present for Acute Services. These are expected to be made permanent in the next two months.

12. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday 12th September 2018 at 2pm in BGH Committee Room.

The meeting concluded at 15.46