APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 30th May 2018 at 2pm in the Committee Room, BGH

Present:	Dr Stephen Mather (Chair) Alison Wilson	Fiona Sandford
In Attendance:	Sam Whiting (item 5.1) Nicky Berry Dr Janet Bennison Sheila MacDougall	Anne Palmer Dr Annabel Howell Dr Keith Allan Erica Reid

1. Apologies and Announcements

The Chair noted apologies received from; Jane Davidson, Elaine Cockburn, Cliff Sharp, Claire Pearce, Allyson McCollam and Peter Lerpiniere

The Chair confirmed the meeting was quorate.

The Chair welcomed everyone to the meeting and introduced Fiona Sandford (Non Executive Director) to the committee.

2. Declaration of Interest

There was no declarations noted

3. Minutes of the Previous Meeting

The minutes of the previous meeting of the Clinical Governance Committee held on the 28th March 2018 were approved as a true record.

4. Matters Arising

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

Reporting Template

Erica, Nicky and Peter met and are developing reporting template for Mental Health & Learning Disability services. Further work will be required but progress is being made. Once finalised, template will be brought to committee for feedback. Reporting will be aligned to Back 2 Basics programme.

Nutritional care

Further deferred to July Meeting. Nicky will bring update to the July Meeting

Joint Older Peoples action plan

Murray Lees and Robert McCulloch-Graham to be invited to the July meeting to present the finalised report to the committee

ACTION: Diane Laing to add Nutritional care report to July Agenda and invite Murray Lees and Robert McCulloch-Graham to July Meeting

5. PATIENT SAFETY

5.1 Infection Control report

Sam Whiting gave the committee an update on the change in approach to improvement related to Staphylococcus aureus. Improvement has previously proved to be challenging, with invasive devices being the main risk. The introduction of Patient Centred Coaching Tool (PCCT) data has allowed for targeting interventions. Infection control team are visiting wards who require support with compliance, and are also working with education department to assist with training. Introduction of a new national urinary catheter passport is taking place and training will be rolled out. Fiona asked for information on the PCCT, Nicky will send this to Fiona and arrange to go through the tool with her.

Stephen commented that if the SAB reporting was removed we are still nowhere near target, and asked it the coaching tool will make a difference. Sam responded although numbers are small the target is possibly not achievable but any improvement will be good.

Stephen asked for clarification on a couple of points on the SAB overview table. Is it is national policy to screen all patients for MRSA, Sam commented that it is not but it is a NHS Borders target.

Sam was asked how drug use is classified as healthcare associated infection. He explained that prior healthcare interventions are investigated and considered when reporting on drug related infections.

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

ACTION: Nicky Berry to send PCCT information to Fiona Sandford

5.2 Annual Patient Safety Programme report **(deferred from March 2018)**

Patient safety report highlighted a spike in number of deaths in December, all cases have been reviewed and there appears to be no specific reasons for this. Tools used are the Lanarkshire Tool and Structured Judgement Review Tool which take a more in depth look at the quality of care to ensure that we are picking up any issues and applying broader realistic medical support to the patients. All such spikes are analysed and reassurance sought when there is a concern. NHS Borders is in line with other NHS Scotland Boards. It is agreed that anticipatory care planning would improve any rises in mortality but it is recognised that it is often difficult due to the nature of the conversation needed with families and healthcare providers. Annabel reports that information about the ReSPECT documentation is being taking to Public Information group. Further information on ReSPECT is contained in Annabel's report.

Keith Allan asked if pressure ulcers issues investigated and was reassured that this is done through our SAER action plan and findings shared with teams and the wider organisation to inform any learning required. Improvement has been seen in pressure ulcer care.

An improvement has been shown in medicines reconciliation reporting period unfortunately the graphs don't actually reflect this, there is differing data in various reports, Stephen asks that we look at a more consistent approach to reporting.

Highlight improvement in falls overall but falls with harm remain variable, although numbers are small.

Comment was made that the Mental Health graphs are unclear and clarification is required.

The crash calls graphs could be clearer with better annotation and indication when the median is temporary.

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

5.3 Adverse Event Overview & Thematic report

There is little change in reporting since last report to committee with slips trips and falls remaining the highest recorded adverse event. Fiona asked for clarification of bar chart 1 as she feels the 1600 events appears high. The committee reassured Fiona that this is not a total of falls with harm but also records near misses and falls without harm. It would be unusual and would indicate a problem if the fall count was low.

Stephen asked that more information on the axis of charts on Pg2 would be useful as would an indication of what stable performance is. There was a discussion regarding differing use and interpretation of run chart rules and clarity of these would be valuable.

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

5.4 Very High Risk Management report

Sheila MacDougall informed the committee that risk movement is positive, there has been a lot of operational focus on risk management, clinical risk being marginally the highest on our risk register.

Some areas are struggling to improve but improvements are being made.

Compliance with risk management remains a concern, issues with keeping up with prioritisation of workload, skills decay and training issues contributing to this.

There has been an increased focus, but still organisation is struggling with knock on effect of winter bed management, having only just stopped using surge beds and risk possibly not being on top of agendas. NHS Borders should be reminding all that risk management is the responsibility of all staff. Sheila commented on that informal risk recognition is most likely something that all staff are aware of and is managed appropriately but more formal risk recognition is probably not.

Stephen asked if it was felt that risk amalgamation is concerning but Sheila assured him that it should not be.

Reporting on Patient Safety clinical risk is showing that we are recognising what is happening in our organisation. Sheila reminded the committee that risk comes with media involvement.

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

5.5 Claims Update

Sheila MacDougall informed the committee that in 2017/18 there had fewer new claims although she is unclear as to why. If there are any questions specific to claims, Sheila is happy to respond out with meeting.

The numbers of claims are small and within national average.

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

5.6 VTE Update

Annabel reports that measuring clinical outcomes is challenging, recent change in drug interventions has meant results have been up and down and a change of project support and the departure of the clinical lead has had an effect on the monitoring and has caused a slight 'hiccup' but measuring is now back on track.

Stephen commented that the responsibility of VTE monitoring sits with all in the organisation and not just with a programme lead and project staff. Annabel informed the committee that there is national commitment to this project; historically this measure was part of Scottish Patient Safety Programme neither the measures nor performance have changed significantly.

It is noted that in medical patients the interventions do not appear to make a significant difference but in surgery and maternity services there is a vast difference in mortality outcomes.

The graphs included in report are not indicative of improvement, data collection and recording is an issue and simplification of the documentation is being considered to improve on this.

ACTION: Annabel Howell will update the committee in 12 months

6. PERSON CENTRED

6.1 Scottish Public Service Ombudsman (SPSO) updates

SPSO activity and indication of risk to organisation is summarised within the report.

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

6.2 Patient Feedback Report

Anne Palmer asked the committee to note that there has been a significant increase in complaints. Last year saw the introduction of a new complaints system. Stage 1 responses are responded to within 5 working days. 2017/18 year end indicated our responses to stage one are at 94.5%. Stage 2 escalated & non escalated complaints response times have improved but there is still room for improvement. Concerns have fallen but this is largely due to change in process and introduction of Stage 1 responses. Since the introduction of Care Opinion there has also been a change in the number of commendations reported on but on the whole NHS Borders sits 15% above the national average for positive responses.

Back to Basics programme has been working on communication, attitudes and behaviour as complaints on these issues have been increasing and Stephen noted that this is concerning. Leadership programmes are working on improving working environments and feelings of support within staff groups. Behavioural changes will always remain a challenge within health care. A deep dive will be done to identify which groups are having which issues and this will inform focus.

Fiona asked how differentiation is made between attitude and behaviour and communication. Anne explained the process to Fiona.

ACTION: Erica Reid to report on Back 2 Basics communications progress to be brought to the committee in 6 months

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

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board Update (BGH)

Nicky Berry reported on the five key areas aligned with Back 2 Basics programme. Nicky has attended a nutritional study day and reports that we are ahead with others in meeting the Nutritional Care Standards and finds this reassuring. Strategies, policies and standard benchmarking have been improved following inspection last year, external support was sought and given. MUST training is ongoing and support for training has improved. Link Nurses have been identified in each area, with Diane Keddie leading in Excellence in Care and liaising with link nurses to identify areas of improvement.

Clear directions have been given on the foci and support given. Although some ambiguity remains with the data received from differing sources and interpretation of the data.

Falls with harm definition seems to show a different position from the SPSO report and Stephen asked if the charts could include annotation to indicate where the data is taken from.

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

Cliff Sharp joined meeting

7.2 Clinical Board Update (Primary & Community Services)

Erica Reid highlighted that a Tissue Viability Nurse has been appointed and has been already identified areas that need focus, her work is aligned with the Back to Basics programme. She is energising teams to be more vigilant and to seek assistance with more complex wound management needs. Study days have been set up for July to assist our TV Nurse with training and awareness. Community hospitals report that there have been 197 days without pressure ulcers.

Community Hospital staff have also been receiving MUST training.

Additional Community hospital beds which were opened during winter period have now been closed.

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

7.3 Clinical Board Update (Mental Health)

As there was no one in attendance to talk to this report, the committee were asked to note the contents.

The committee did discuss Duty of Candour. Stephen Mather commented that we perhaps should be including Duty of Candour in our Board updates, Dr Cliff Sharp suggested that this

something we should be reporting on to this committee and it asked that this be added to the templates for BGH, Community, Mental Health and Learning Disability.

ACTION: Include Duty of Candour in reporting templates

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

7.4 Clinical Board Update (Learning Disabilities)

As there was no one in attendance to talk to this report, the committee were asked to note the contents.

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

8. ASSURANCE

8.1 End of Life Care Report

Annabel Howell talked to the End of Life Care Report informing us that NHS Borders has a challenge around data reported to Scottish Government. The measure reported nationally looks at quality time spent at home or in a homely setting which includes community hospitals but not palliative care units like The Margaret Kerr unit, we are unique in Scotland having this palliative care unit which resulted in the figures indicating that our patients spend less time at home.

In NHS Borders we are in the early stages of engagement and implementation of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process, including focus on anticipatory care planning and effective communication. Provision of care and enhanced community based specialist services are being discussed with the IJB. Annabel reports that the latest data although embargoed does show we are no longer outliers.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and supports this.

9 QUALITY IMPROVEMENT

9.1 Back to Basics update

The committee were informed that after its launch in October 2017 the initial 3 months were spent planning which of the five key work streams noted in the report needed the most focus. NHS Borders have committed to concentrating on Falls, Tissue Viability and Nutritional care. The Back to Basics Steering group will also have oversight of the two further work streams, where each lead will meet monthly to discuss the programme needs. Alongside the Back to Basics programme NHS Borders is running leadership development for the Senior Charge Nurses.

It is hoped that within the next two months the datasets will be agreed and the programme progress can be reported to the committee. The committee agreed that the progress should report verbally at each meeting.

ACTION: Admin to add Back to Basics Programme verbal report to be added as standing item to the agenda.

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

10. ITEMS FOR NOTING

10.1 Minutes

The following minutes for:

• Child Protection Committee	none received
• Adult Protection Committee	none received
• Public Governance Committee	noted
• BGH Clinical Governance	none received
• Primary and Community Services Clinical Governance	none received
• Learning Disabilities Clinical Governance	none received
• Mental Health Clinical Governance	none received
• Public Health Clinical Governance	none received

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

11. Any Other Business

There was not further competent business.

12. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday, 18th July 2018 2-4pm in BGH Committee Room.

The meeting concluded at 15:55