APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 31st January 2018 at 2pm in the BGH Committee Room.

Present:	Dr Stephen Mather (Chair)	David Davidson
	Alison Wilson (arrived 14.50)	Malcolm Dickson
In Attendance:	Claire Pearce	Sam Whiting
	Peter Lerpiniere	Ros Gray
	Sheila Macdougall	Dr Janet Bennison
	Erica Reid	Warwick Shaw (item 8.4)

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Jane Davidson, Dr Cliff Sharp, Dr David Love, Dr Keith Allan and Philip Lunts. The Chair confirmed the meeting was quorate.

The Chair welcomed everyone to the meeting.

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 November 2017 were approved as a true record.

4. MATTERS ARISING

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

5.1 Infection Control Report

Sam Whiting spoke to the Infection Control report and informed the Committee that there were four areas where he was able to provide an update. As part of the review of the SAB cases, a protocol on nephrostomy care in the community has been developed. For colorectal surgical site infections (SSIs), across Scotland surveillance became mandatory from April 2017. The Infection Control team have been reviewing methodology and processes in relation to colorectal SSIs and have identified scope for different interpretation and the team are liaising with Health Protection Scotland around this. Sam was able to provide the

Committee with assurance that in relation to the audits carried out in ward 9 and the eleven outstanding issues, the ward has since been re-audited on these areas and only one issue of minor importance remains. With regard to outbreaks, flu was present within the BGH in January however there are currently no cases. Norovirus is present within the hospital which has resulted in closed bays within wards 4, 9, 16.

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

5.2 Hospital Standard Mortality Rate (HSMR) Update

Ros Gray noted that BGH had reported a spike in crude, unadjusted mortality in November. Immediate management action was to undertake a review of each death and the approach taken and subsequent intelligence gained was reported to Healthcare Improvement Scotland (HIS). Ros explained that crude mortality, while unadjusted for demographics and co-morbidities does tend to mirror HSMR at a higher level, so it acts as a trigger and therefore raised crude mortality is likely to reflect a raised HSMR but some months ahead due to the delay in that adjusted data being released. Ros assured the Committee that feedback from HIS has been supportive and they had been assured by NHS Borders actions and the outcomes. The Board has requested that HSMR is reported to them rather than crude mortality. Ros reported that a spike in data has been repeated twice in the last 2 weeks showing mortality out with our control limits. A review, following the same process for the spike in November, has commenced with Ronnie Dornan looking at each death. So far five reviews have been carried out which shows that all deaths were expected due to the nature of the patient disease. A piece of work with the Associate Medical Directors is required to look at the process of undertaking the reviews.

Claire Pearce asked whether there was a general feeling that every death should be investigated. Janet Bennison added that there could be a degree of duplication with the death reviews but Ronnie's review process may be timelier. Janet also added that there is not standard process for carrying out M&M reviews and that information from these reviews is fed into Clinical Governance group meetings, with each department having its own action tracker. David Davidson felt that if there was a standard system that each area used, then the Committee could be assured that only the things required to be flagged to the Committee are highlighted. Janet explained that the process differs between specialities; for example, anaesthetics will have a different process to reviewing deaths than to Medicine for the Elderly, where there is a higher expectation that patients will die.

David stressed that the Committee must be assured that everything is vetted prior to coming to this committee. It was agreed that Janet, Ros and David Love would meet to consider the process and how it can be can standardised. David added that the Chief Executive and the Director of Finance were in the middle of a review of governance and so this was an opportunity to minimise the amount of time the Committee spends on looking at these areas with the knowledge and comfort that the right things are being brought to the Committee. Malcolm Dickson queried whether the spike in deaths would have been related to the winter pressures experienced within the system. Ros answered that HSMR is only one indicator of quality so it would be difficult to confirm, however she would go into this in more detail at the Board Development session tomorrow.

Malcolm had recently met with Cliff Sharp and David Love to discuss the reporting of deaths to the Procurator Fiscal. He also had a suggestion around communication with bereaved families. Malcolm felt that we need to give families more information other than the current leaflet describing the Fiscals role, so they know how they can get more information or who they can get in touch with should they require additional information. Ros added that this will also be discussed further at the session tomorrow. Peter Lerpiniere is aware that some conversations don't filter through when people are recently bereaved and noted that opportunities to do more effective communication with families are being sought. It was agreed that Janet would discuss the structure of the mortality reviews with Cliff Sharp.

ACTION: Janet Bennison to discuss the structure of mortality reviews with Cliff Sharp

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

5.2 Adverse Event Overview and Thematic Report

Ros Gray informed the Committee that the report is a work in progress and that there have been some updates to the format of the report. Ros noted that it was interesting that over the busier period, reporting of adverse events are stable or lower, but acknowledged that this could be due to events not being reported appropriately and that reporting needs to be encouraged. Ros also pointed out that improvement activity related to falls has started today. David Davidson highlighted the data relating to aggression and violence and added that these incidents could be seen as out with our control unless a more robust security system is introduced. David also noted that the falls data is something he always finds worrying and asked if there were any protocol to prevent patients falling from beds. Claire Pearce confirmed that the 'finding on the floor' incidents are un-witnessed falls. It was noted that there had been minimal improvement around falls in the last 3 years; however the Committee noted that a programme of improvement is beginning today. David added that the Fire Service go out to talk to the community about keeping well in the home and queried this was something we should be thinking about. Claire confirmed her reassurance to the Committee that this is being taken seriously and that message was delivered to the 25 falls champion that were in attendance at the learning event this morning. Peter Lerpiniere also noted that the Adults with Incapacity Act states that the least restrictive options regarding falls must be used. Sheila MacDougall added that she has raw data on falls and is in the process of undertaking yearly comparisons that will be included in the annual report. Sheila also pointed out that the highest number of falls did not occur in the BGH and focus should be on preventing harm if we are unable to completely prevent falls. Malcolm Dickson asked if any work had taken place to find out what has worked well in other Boards and Claire confirmed that this had taken place. Diane Keddie had undertaken a focussed piece of improvement work in the Medical Assessment Unit and for 18 weeks there were no incidents of falls with harm, however when Diane moved her focus to another area, incidents started to occur. This learning will be fed into the improvement work.

Peter added that there was a considerable amount of work that could be done to address the levels of aggression from inpatients and this could be discussed with Sue Keean.

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

8.2 Joint Older People's Inspection Action Plan

Warwick Shaw informed the Committee that the version of the action plan that was circulated was now slightly out of date due to this being a living document. The action plan was developed following the joint inspection that took place from October 2016 to February 2017. Warwick added that work is still underway with the Care Inspectorate and Healthcare Improvement Scotland (HIS) to sign off our action plan. There have been many lessons learned and these types of joint inspections are no longer taking place in the same format. Warwick noted disappointment that the good work undertaken by staff was not highlighted and assertions rather than supportive conclusions were in the report. With regard to the actions not yet complete, Warwick noted that this is due to difficulties with capacity and complex governance arrangements that require liaison and links between different groups. Peter Lerpiniere pointed out that there are further actions that are now complete but not detailed on the action plan that has been circulated. Information on updated actions is communicated back to the Care Inspectorate and Peter felt that another visit to NHS Borders would probably take place within the next 12 months. It was agreed to defer the action to provide the Committee with an update to May 2018.

ACTION: Amie to update the action tracker with the deferred date

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

6.1 SPSO Update

Ros Gray informed that Committee that the new complaints process, which came into effect from April 2017, doesn't allow for reopening of complaints cases therefore the SPSO are expecting to see a rise in cases submitted. As a result of this, we are likely to see more cases go to the SPSO but this doesn't necessarily mean they will be upheld or that our local process has failed. This also means that complainants will get a faster resolution. Malcolm Dickson noted that each of the summary cases has a risk to board reputation level and queried whether this influences the way we respond to the SPSO judgement. It was noted that we always apologise for failings, however we try to make an assessment of the issues raised and learn from the feedback.

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

6.2 Patient Feedback

Ros Gray presented that Patient Feedback report and noted that there is more detail within this update than the Board report. Patient feedback is another indicator of level of activity around the winter period. Ros explained that we are working on a revised process of management of complaints with Cliff Sharp and Claire Pearce signing off the majority of complaints, which has resulted in our response times within 20 days improving significantly. Ros also noted that there have been a few more critical stories posted on Care Opinion recently with a lot of these being related to cancellations. Malcolm Dickson asked whether we should consider communicating the potential pressures to those patients coming in electively in advance for next winter. Claire Pearce agreed that this is a good idea and it would be considered. Janet Bennison added that we usually try to minimise elective cases over the

festive period. The steady increase in complaints related to attitudes and behaviours and clinical treatment was noted and queried. Janet thought that this may be a result of the new complaints process as we are recording more issues as complaints at stage 1 instead of just dealing with concerns without recording them as complaints. Stephen Mather asked if it would be possible to get this information to do a comparison. Ros added that the stage 1 complaints are relatively small in number and we are looking to have 'days since last complaint' information displayed at service level. Malcolm pointed out that most of these are still within the control limits and that staff should be commended for meeting the tight targets. David Davidson thought it was interesting that the peaks are in the June/July holiday season.

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

7.1 Clinical Board Update (BGH)

Ros Gray spoke to the BGH Clinical Board update report. Attempts have been made to bring the clinical board reports together but this remains a work in progress. Stephen Mather noted that 4 years ago there were no reports from clinical boards and by introducing these more information is being reported to the Committee; however Stephen agreed that these reports are still a work in progress. It was acknowledged that the whole being of governance is being reviewed by the Chief Executive and the Director of Finance and as an assurance Committee, facts need to be presented and not opinions. It was noted that the clinical board reports were lacking in facts, however they were moving in the right direction. It was agreed that the basis of the reports should follow the 5 themes plus anything else of interest or requirement to report on. Data should be presented over time so that change can be seen from one month to the next. Malcolm Dickson felt that the reports did not provide the Committee with assurance and noted the lack of data included in the Primary & Community Services report. Alison Wilson added that some of the information provided in the clinical board reports also appears in other papers. Sheila MacDougall felt that the reports should continue to follow the measuring and monitoring safety framework. It was agreed not to review the other clinical board reports individually, unless anyone had any specific questions, with the agreement that Ros, Erica Reid and Peter Lerpiniere to take the action to agree a new template for the next meeting. There were no further questions on the Primary & Community Services, Mental Health or Learning Disability report.

ACTION: Erica Reid, Ros Gray and Peter Lerpiniere to agree a new template for the Clinical Board updates

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

8.3 Food, Fluid and Nutrition Action Plan

Claire Pearce informed the Committee that an updated action plan had been submitted to HIS ahead of the deadline. Claire invited the Inspection team down to the BGH to meet with key staff and felt that this had gone well and they had been impressed with our efforts. HIS agreed to work with NHS Borders with an opportunity to be the exemplars for Food, Fluid and Nutrition.

Claire felt that there had been undue focus on how many people had been trained in the Malnutrition Universal Screening Tool (MUST) and had originally thought that this was the answer to how we achieve an improvement, however now feels that this is not necessarily correct. As a result, Claire and her team have gone back to the quality improvement approach, which involves getting staff together and seeking their views. Stephen Mather queried how we monitor progress. It was noted that the action plan is a work in progress and there are still 3-4 actions not yet completed. Due to the pressures within the hospital and the 18% absence rate in some areas, the priority has not been on the action plan during the past couple of weeks as safety of patients and flow has been our priority. David Davidson noted that what has been achieved by staff on top of the pressures experienced has been a gold star achievement and staff have done a miraculous job getting us through the last 6 weeks. The Committee understands the issues and pressures experienced over the last few weeks. Malcolm Dickson said that it was good to note the continuing relationship and dialogue with HIS.

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

9.1 Back to Basics Update

Claire Pearce provided a verbal update on the Back to Basics programme and informed the Committee that the first learning session is taking place today on falls and Claire is hopeful that positive things will come out of this. Leads have been identified for each of the five work streams. Erica Reid noted that there should be a balance between improvement work and systems to ensure accountability. Claire agreed to provide a further update to the Committee in March.

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

8.1 Clinical Documentation Annual Update

Ros Gray informed the Committee of the struggle with ensuring our clinical policy documents are kept up to date and that this has been raised by internal auditors as a risk. The auditors had noted that the Clinical Governance Strategy has been out of date since 2010. Ros suggested there needs to be a radical rethink of how we need to do the policy review and asked to come back to Committee in May with a new approach. David Davidson queried whether additional support would be required for this task. Ros confirmed that as a significant number of Consultants own policies clinical input is required. Malcolm Dickson felt that ownership of a document shouldn't be a named person but a post holder, however it was explained that in some instances a Consultant has a specific interest or expertise in a topic so it would be person specific.

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

10 ITEMS FOR NOTING

10.1 Minutes and Papers

The following minutes and papers for:

- Child Protection Committee Minutes
- Adult Protection Committee Minutes
- Public Governance Committee Minutes
- BGH Clinical Governance Minutes
- Primary and Community Services Clinical Governance
- LD Clinical Governance Minutes
- Mental Health Clinical Governance Minutes
- Public Health Governance Minutes
- Joint Executive Team Minutes
- NHS Borders Blood Transfusion Letter
- Blood Transfusion Summary Report
- Blood Transfusion Detailed Report
- HSMR Letter
- 2018/19 Meeting Timetable
- Research Governance Committee Minutes

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

11 ANY OTHER BUSINESS

There was no other business noted.

12 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 28th March at 2pm in the Lecture Theatre, within the Education Centre.

The meeting concluded at 16.00