APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 28th March 2018 at 2pm in the Education Centre Committee Room.

Present:	Dr Stephen Mather (Chair)	David Davidson
	Alison Wilson	
In Attendance	Sam Whiting	Dr Cliff Sharp
	Peter Lerpiniere	Ros Gray
	Nicky Berry	Dr Annabel Howell
	Laura Jones	Dr Jane Montgomery (item 4)
	Dr Imogen Hayward (item 4)	Fiona Doig
	Elaine Cockburn	Pippa Walls (item 8.5)

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Jane Davidson, Dr David Love, Dr Keith Allan, Dr Janet Bennison, Claire Pearce, Malcolm Dickson, Erica Reid, Irene Bonnar and Sheila MacDougall

The Chair confirmed the meeting was quorate.

The Chair welcomed everyone to the meeting and announced that it would be the last meeting for David Davidson, Ros Gray and Amie Blackaby. The Chair welcomed Elaine Cockburn, who will be taking over the role of Head of Quality and Clinical Governance to the Committee. It was also noted that Annabel Howell will be taking on the Associate Medical Director for Clinical Governance role for a 3 month interim period.

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.

Blood Transfusion update

Imogen was pleased to report some good news to the Committee, which included handing over Chairmanship of the Blood Transfusion Committee to Dr John Bonnar who has significant experience in managing haemorrhage. Imogen also highlighted progress regarding nursing training which is now sitting at 77% and noted that Jamie Thomson, Clinical Nurse Manager, had been very proactive in helping to achieve this. Medical training requires more work as this is currently sitting at 72%; however the new Clinical Directors are receiving information around training on a monthly basis. Imogen also noted that the new electronic blood ordering system is making excellent progress and IM&T have this factored into their programme to commence in May. The new system will reduce lab resource and improve blood traceability. There will be a reduction in transfusion practitioner support; however we are hoping to ensure one day per week at BGH instead of having an on demand system with Lothian and Fife. This is still out for consultation at the moment, but Imogen is reassured that the picture is more positive than first thought and contingency plans are in place. Imogen thanked the committee for their support and the Chair returned his thanks to Imogen for all her hard work around blood transfusion.

Medical Education update

Jane Montgomery noted that she had been reflecting over her 3 years in post and felt that greater support was required for this agenda moving forward. Jane informed the group that she had met with the senior management team and finance this week and some positive actions have been agreed to help move this year's prioritises forward. Jane discussed 4 keys areas of priority including simulation training, GPST training, ACT monies and succession planning for medical leadership for education. There is a new anaesthetist in post with experience in simulation training and the potential for funding to remodel classroom 2 is being explored. Jane noted that there are 3 areas of concern around GPST training in orthopaedics, obstetrics and gynaecology and medicine, however with the work undertaken to develop clinical development fellow posts in medicine in the last 2 years significant improvements have been made noted by the follow up deanery visit. There have also been revisions to the orthopaedic GPST training which has made improvements and there is some further work to be done in this area to release GPSTs from ward based work into clinics across orthopaedics and other aligned specialities to enhance their training. Some concerns remain around obstetrics and gynaecology and a deanery visit is taking place on the BGH site today. Jane highlighted that the main area of concern here is that the gynaecology ward accommodates a significant number of medical boarding patients particularly at times of increased demand in the hospital and this means that the trainees have less time directly with gynaecology patients. Laura highlighted that in November we trialled a new model of working across surgery and gynaecology to develop a surgical assessment function and feedback from the GPSTs was very positive, they were able to cover surgical/gynaecology assessment in the morning and attend clinic in the afternoon. This is the model that is planned for the future and it is hoped this will take steps to improving the ward based aspect of their role and training. Following feedback from today's deanery visit a plan will be developed further.

Jane also highlighted to the Committee that as funds in the ACT budget have historically been delegated to individual departmental budgets to support the training contribution they each make with a proportion of the budget held in a central budget. It is therefore difficult to track

this specifically. Jane highlighted a future risk with this in that GPST training will be transferring to GPs and funding will be required to transfer. Jane indicated she had discussed this at her meeting earlier this week and this could become a cost pressure for the organisation as funds are now built into medical sessions within consultant posts and other associated roles in nursing and pharmacy that support medical training. David Davidson queried whether the internal audit report on medical education picked up this issue as it had not been highlighted to the Audit Committee. Laura added that before we had Jane in post, funding for education was devolved out into medical budgets to support training, rigorous job planning is now in place across all specialities and this give a clear view on the contribution each area makes to medical education and Laura suggested this is complied to demonstrate how funding is distrusted and the return on this to medical education. Alison added that she would be keen for Pharmacy to be included in these plans.

Jane highlighted that anaesthetics budget currently supports increased hours for the Director of Medical Education, without these increased hours Jane would be unable to represent NHS Borders at critical meetings which could have an impact on our ability to get trainees in the future. Cliff agreed to look at this with Jane to ensure time was committed from medical education funds to plan for her retirement from this role. Cliff also highlighted that Jane is working to develop others as a succession plan for her role.

Stephen Mather suggested an update be brought back in 6 months against these key priority areas. The Committee agreed that NHS Borders mustn't lose the positive reputation it has as an excellent place to work and asked that Jane prepare a report for the committee on these areas in 6 months time.

ACTION: Jane Montgomery to provide a Medical Education report to the Committee and come back in 6 months to report on progress

5.1 Infection Control report

Sam Whiting informed the Committee of the escalation process within the programme of audits that allows for immediate feedback to be given to the areas and a follow up action plan devised. It was recently agreed to involve the General Managers at the escalation stage and since then significant improvements have been seen with regard to the action plans. David Davidson asked for an update on the concerns surrounding the temporary reduction in team capacity. Sam confirmed that interviews for a Senior Infection Control Nurse are taking place on the 30th April. There are currently 1.8wte nurses covering with BGH and the community hospital but after the Senior Infection Control Nurse post has been recruited to this will increase to 2.8wte. Sam added that the support staff establishment remains unchanged however they are looking at how resources can be better utilised. Sam noted that from 1st April there has been a move from full surveillance to light surveillance in surgical site infections for arthroplasties and the team now only collects the in-depth data in specific cases.

Alison Wilson queried the learning points on page 4; not sure if these are learning points and wanted to know what happened as a result. Sam confirmed that reviews are led by Ed James, who then liaises with clinicians and the learning goes to each governance group so the learning can be shared. Sam agreed to have a conversation with Ed regarding closing

the loop to ensure any learning is disseminated to the right people. Stephen Mather noted that we never seem to get where we want to be regarding SABs and it would be helpful with reassuring the Committee to include in the narrative the cases that are out with our control. Laura Jones noted that it would be useful to look at the data along with the increased pressure on activity and extra beds being open as this demonstrates the pressure on the system. Sam also noted that the team have gone back to look at compliance with pvc bundles and are reviewing systems and processes to ensure these are being followed.

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

5.2 Hospital Standard Mortality Rate (HSMR) update

Ros Gray suggested HSMR is picked up during the BGH Clinical Board paper as there is reference to crude mortality in this paper.

6.1 SPSO update

Ros Gray reminded the Committee that the complaints process has changed with the aim to stop the back and forth between complainants and Boards and this has meant an increase in referrals to SPSO. It is taking the SPSO longer to deal with these cases and this is the experience of other boards in Scotland. Cliff added that there has been some activity around the Duty of Candour Act although no health board is ready for this. Work is underway to update Datix reporting, review the SAER policy and awareness raising around the organisation, not just the BGH. Cliff was able to update the Committee on the case highlighted under new cases, which has not been upheld and is now closed. David asked whether patients are given clear notice that they are only allowed one interaction with NHS Borders for their complaint. Ros replied that they were however we try to be a little more generous.

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

7.1 Clinical Board update (BGH)

Nicky Berry highlighted the new style of reporting and that this was still a work in progress. Nicky felt that there was too much detail on complaints within this report and thought that future reports may focus on one area. Ros informed the Committee that our crude mortality is at a higher level. A review has commenced and so far no unexpected deaths have been identified and we are still under the Scottish national rate. We have since had another spike, Ronnie Dornan will be undertaking a review but no intelligence around this has been gained yet. Ros assured the Committee that our process to responding to these triggers is rapid, however the delay in obtaining the case notes remains the biggest challenge.

David Davidson didn't agree that there was too much info, he liked the new style of the report and felt they were easy to read. David queried the 11 overdue SAERs and asked what the issue was. Nicky replied that identifying who is going to lead the review remains a challenge and as this now being discussed at JET, this also causes a slight delay. Reviews are due to

be completed within 3 months but it some cases it can be nearer 6 months. Cliff Sharp added that the SAER policy is being reviewed along with looking at how we close the loop, and timescales and mechanisms for ensuring the learning points have been actioned as these are learning points for the entire organisation. David asked whether there was an IT solution available to ensure loops are closed. Cliff felt that the Datix system was not good enough for this. Ros added that NHS Lanarkshire had developed Lanquip and NHS Borders adopted this to collect QI data. Lanarkshire are now on version 31 and we are still on version 6. Negotiations are taking place at the moment to secure this updated system as it has immense potential as well as being good value for money.

Stephen Mather asked whether any patterns had been identified in the increase in complaints. Nicky said the specific themes were the usual ones we would expect. Stephen felt charts were required for each section, including a run chart to show the difference over time as the Committee would like to see the changes. Stephen also asked Nicky how nutritional care was going to be measured on an ongoing basis. Nicky was pleased to report that there are only 4 members of day shift staff left to train in BGH and 43 nurses to train on night duty. Dieticians have been supporting in the community and have extended this support for a further month. Nicky is confident that by the middle of April all staff will be training in MUST. Nicky highlighted ongoing concerns in the quality of nursing within the BGH, after a recent SAER provided us with negative information. Documentation has been extremely poor as well as delivery of care. The person centred coaching tool has been implemented in every ward in the BGH and Nicky has sight of this every week. Inspections are taking place once a fortnight with the Infection Control team, General Managers and Clinical Nurse Managers. Any action plans created as a result of an inspection are expected back within a week. Themes highlighted have been the same, poor documentation and lack of attention to detail with risk assessments. Some focussed pieces of work, are underway with the involvement of Partnership.

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

7.2 Clinical Board update (Primary & Community Services)

In the absence of Erica Reid, Ros Gray mentioned that all Clinical Board reports follow the same format across all areas. It was noted from the pressure damage chart that one patient had acquired a pressure ulcer and an investigation is underway to look at this data point. David Davidson thought it would be helpful to know where the 2 that were inherited came from.

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

7.3 Clinical Board update (Mental Health)

Peter Lerpiniere noted a correction on his report, the 2nd bullet point, should read May, not April. With regard to the new report format, Peter will factor in the issues around falls etc however patient safety and patient harm are more significant to Mental Health. Peter informed the Committee that the service is trialling a management review on drug related

deaths where learning would be fed back to drug death review group. Discussion took place surrounding the SAER in Mental Health that is currently underway. David Davidson asked whether NHS Borders had a protocol on patient transport. Laura Jones stated that there was a review carried out by the Scottish Ambulance Service after a previous SAER but she was unsure whether the acute service has a policy. Peter felt that we needed to develop a policy and ensure that each patient should have a risk assessment carried out prior to transportation. Peter also added that a patient transport SOP has been drafted by Mental Health.

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

7.4 Clinical Board Update (Learning Disabilities)

David Davidson asked Peter Lerpiniere for some assurance around Streets Ahead. Peter confirmed that the specific problems had been resolved. Stephen Mather recognised that the new report format is not an exact fit for Mental Health and Learning Disabilities and asked that the reports be as near as possible to the format. Stephen also suggested that a section around challenges faced in each Clinical Board be reported to the Committee and asked that Nicky, Peter and Erica meet to see how this could be developed.

ACTION: Erica Reid, Nicky Berry and Peter Lerpiniere to meet to develop the report template

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

8.1 Clinical Governance Committee work plan, annual report, terms of reference and self assessment

The annual statements are now required to be prepared and submitted. Cliff Sharp noted that he was happy with the work plan, which will continue to evolve. Stephen Mather asked for one amendment to be made to the terms of reference, that the Chair of NHS Borders Board should appoint the Vice Chair, not the Chair of the Clinical Governance Committee. David Davidson added that none of the Committees have a formally appointed Vice Chair and this has been raised with the Chairman. Stephen offered to raise this again. David also offered to raise this at the next meeting of the Code of Corporate Governance Steering Group. Stephen can now sign the documents and Amie can submit the papers to the Audit Committee.

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

8.4 Maternity Services update

Nicky Berry noted that the annual update includes figures since 2012-2017 and noted that the MBRRACE-UK report data is always 2 years behind. Nicky felt it was important to note that there had been 462 days without a stillbirth, however there had been 5 stillbirths in 2017. The data shows a similar pattern but there is nothing we can pinpoint. Every stillbirth is reviewed

and a perinatal multi disciplinary group had been implemented. Nicky is waiting on advice from Scottish Government as to what triggers an SAER. There had been one neonatal death in 2017 and an external review into this was held which noted that care delivery did not contribute to the outcome. Stephen Mather queried whether any theme had been identified with regard to the stillbirths and Nicky felt that reduced foetal movement was the only theme that could be drawn. An information leaflet from NHS Tayside focussing on reduced foetal movement is being adapted for use in NHS Borders. Cliff Sharp asked whether we were still below the national average to which Nicky replied that we were. It was agreed that Nicky would include the national funnel plot chart on her next report so the Committee can see where we sit within the rest of Scotland.

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

8.5 Health Promoting Health Service (HPHS) update

Fiona Doig and Pippa Walls brought back a short report to give the Committee an update on progress made since September. The HPHS report was submitted in September 2017; however feedback was only received this year. Recommendations for improvement are based around monitoring the difference the programme is making. Pippa's involvement in the Back to Basics programme has been a positive step in gaining further knowledge to support the programme. The next draft report should be ready by the end of July. Fiona added that they can only include information that is available to Public Health and some of the information discussed today would be useful to include. David Davidson felt that there was a lot of work going on within the Health Board and staff need to feel supported, Fiona added that they were not asking staff to do anything extra. It was agreed to add Fiona and Pippa to the distribution list for the Committee and for Fiona to liaise with Elaine Cockburn as interim Head of Clinical Governance.

ACTION: Amie to add Pippa and Fiona to the distribution list

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

8.6 BFI update

Nicky Berry informed the Committee that there was a new Infant Feeding Lead now in post. It was note that a chart would be helpful in this report. There has been improvement from previous years and the new maternity electronic record which provides lots of data. David Davidson asked whether it was known how many women are still smoking in their pregnancy. Nicky said that she would be able to get this data and added that we have a Midwife who supports smoking cessation.

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

10 ITEMS FOR NOTING

10.1 Minutes and Papers

The following minutes and papers were noted:

- 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
- Internal Audit Report
- Public Health Screening Report

Stephen Mather queried the internal audit report action plan. Cliff Sharp noted that some of the actions relatively straightforward and these are underway. Historically clinical policies were able to be uploaded on to the intranet with no process for approval. There is now a process on place to ensure all policies are approved first.

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 30th May at 2pm in the BGH Committee Room

The meeting concluded at 16.00