Borders NHS Board

Meeting Date: 24 June 2021

Approved by:	Iris Bishop, Board Secretary
Author:	Iris Bishop, Board Secretary

CLINICAL GOVERNANCE COMMITTEE MINUTES 17.03.2021

Purpose of Report:

The purpose of this report is to share the approved minutes of the Clinical Governance Committee with the Board.

Recommendations:

The Board is asked to **note** the minutes.

Approval Pathways:

This report has been prepared specifically for the Board.

Executive Summary:

The minutes are presented to the Board as per the Clinical Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

Impact of item/issues on:

Strategic Context	As per the Clinical Governance Committee Terms of Reference. As per Freedom of Information requirements compliance.
Patient Safety/Clinical Impact	As may be identified within the minutes.
Staffing/Workforce	As may be identified within the minutes.
Finance/Resources	As may be identified within the minutes.
Risk Implications	As may be identified within the minutes.
Equality and Diversity	Not Applicable.
Consultation	Not Applicable.
Glossary	-

APPROVED

Minute of a meeting of the **Clinical Governance Committee** held on Wednesday 17 March 2021 at 10am via Teams

Present

Mrs F Sandford, Non Executive Director (Chair)
Mrs A Wilson, Non Executive Director
Mrs S Lam, Non Executive Director

In Attendance

Miss D Laing, Clinical Governance & Quality (Minute)
Mrs L Jones, Head of Clinical Governance & Quality
Mr R Roberts, Chief Executive
Dr L McCallum, Medical Director
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance
Mrs N Berry, Director of Nursing, Midwifery and Acute Services
Mrs S Horan, Associate Director of Nursing/Head of Midwifery
Mr P Lerpiniere, Associate Director of Nursing Mental Health/Learning Disability
Mrs E Dickson, Clinical Nurse Manager
Mrs L Pringle, Risk Manager
Mrs S Flower, Associate Director of Nursing, Primary & Community Services
Dr T Patterson, Joint Director of Public Health
Mrs P Walls, Wellbeing Service Lead/Health Improvement Lead
Mrs J Brennan, Board Screening Coordinator

1. Announcements & Apologies

The Chair addressed the issue of late submission of papers to the Committee as has increasingly become an issue. Late submission means that Committee Members are not able to fully scrutinise the content and it was agreed that if papers arrive after deadline they will not be included in the meeting. The Chair invited any comments regarding this strategy to be directed to her outside the meeting.

The Chair noted that apologies had been received from:

Mr J McLaren, Non Executive Director
Dr J Bennison, Associate Medical Director, Acute Services

Dr N Lowdon, Associate Medical Director, Primary & Community Services

The Chair Welcomed:

Dr K Kilner who was attending to observe at the request of Dr T Patterson
Ms K Williamson (item 8.1)
Ms F Doig & Ms S Elliot (item 8.3)
Ms K Guthrie (item 8.6)
Ms V Hubner (item for noting)

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on the 25 November 2020 were approved.

4. Matters Arising

There were no matters arising not already on the action tracker. Action tracker updated accordingly.

The **CLINICAL GOVERNANCE COMMITTEE** noted the Action Tracker.

5. Patient Safety

5.1 Infection Control Update

Sam attended to present paper. He firstly covered questions which had been posed before the meeting

1. CAUTI Group had been suspended during COVID, they have had their first meeting now and will hopefully get a better control over e-coli infections going forward now that this group has recommenced. Sam assured the Committee that although the pandemic had an impact on some of the infection control work this was now resuming and recovering. There is focus again on the action plan and the programme of work this generates.
2. IV therapy group was cancelled last week and new meeting date being arranged. The SABs related to IV drug infusions have been investigated by Dr E James and an association identified. Work and further surveillance is ongoing to address this and further discussion on an improvement plan will take place.
3. Learning review meetings regarding the Covid outbreaks will take place this afternoon, Sam will feedback to the committee at next opportunity.

4. Update on the hiring and review in relation to infection control team capacity, band 7 infection control nurse post had been approved and will go to advert. A Service review will take place and planning for this underway.

Sam asked the committee to note the improvement in MAU following ongoing spot checks. ICN Elaine Sykes did a thorough check on 3 bed spaces and found them to be spotless. A full SIPS audit will be conducted next week.

Monthly domestic monitoring data on cleanliness and the lack of assurance that areas of concern are rectified are troubling; Sam will take up with domestic supervisor and discuss an action plan to meet national standards.

SAB cases reported in paper set to achieve the Scottish Government target however, update as of yesterday shows that we may actually miss the target, this is due to acute occupied bed days numbers, Sam will have update for next meeting.

Lynn stated that she is keen to explore the work taking place on Covid outbreaks as this is an important piece of work to get a broader understanding to aid organisational learning going forward and asked that Sam keep her informed. Sam explained the process and cited the difficulties they had been having due to multiple outbreaks and agreed to keep Lynn and Laura informed.

Sonya commented that she feels assured with Infection Control systems and processes but would seek further assurance on optimising the best outcomes for patients' safety. There followed a discussion on the Government Targets and making sure that we get things right at all stages of the patient journey. The committee recognised that there have been capacity issues and this has a bearing on the ability to reach targets. Sam agreed that it was difficult to provide assurance in totality but felt this was being addressed and improvements have been noted.

Alison enquired about the capacity and staffing issues and discussion took place about the difficulties in recruiting as the Infection Control Nurse role is very specialised. Sarah added that although there is an issue the committee can be assured that they are looking at ways on working in the team differently to meet the demands of the organisation.

The **CLINICAL GOVERNANCE COMMITTEE** is assured by the systems and processes but looking to see the loops closed to get assurance on all outcomes.

5.2 Care Home Clinical & Care Governance

Susie present report submitted by new lead nurse for Care Homes. Following the paper published on Care Home earlier this year further visits have taken place in the 26 care homes. She reports an extensive amount of work is underway which is on target to finish by end of March. The action plans are jointly decided by the Care Home Managers and the Visiting nurses creating a shared approach.

There will be further follow up visits to provide assurance that actions plans are being followed and to provide support where needed. Those assurances will come up through the Primary and Community Services Clinical Governance Group and will also go through the Operational and Strategic Groups for Care Home Oversight and the intention would be to bring to Committee as necessary.

The Committee acknowledged the work that Susie and her team have done in relation to taking the Care Home Governance on board.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

5.3 Patient Safety Programme Annual Report

Laura talked to the annual report on the work of patient safety program. The programme relies heavily on external funding to do some proactive quality improvement and safety work. Expectations were tempered during due to need to release a lot of staff to support Covid response who would normally be concentrating on the programme. Priorities were adjusted accordingly to focus on Covid safety priorities and enhanced monitoring. The deteriorating patient workstream has continued and tailored to needs of managing Covid patients. A new unitary record was developed and as part of ongoing issues with documentation the programme will concentrate on this and education on care planning as a key priority. Learning from all cardiac arrests, all COVID deaths, and 20% of non Covid deaths which has taken up a large resource, but reflects the priorities outlined at the end of the paper for the coming year.
One further issue was the tissue viability group which Susie updated the Committee on their plan.
Sonya enquired about evidence to demonstrate that harm has been reduced and safety improved. Laura commented that there is evidence in several areas to show this for example the significant reduction of cardiac arrests which has been a direct result of constant focus and the introduction of NEWS charts and additional related education. The reduction in falls with harm which we were maintaining has deteriorated slightly so a deep dive into this will show why this has happened. There is evidence that progress has been made overtime against the key deliverables of the safety program.
Discussion took place following further question from Sonya regarding alignment with performance objectives and the focus on reducing harm, length of stay, delayed discharges and whole system flow and how these relate to the work of the patient safety programme which aims to reduce harm and reduce waste leading to a much more efficient system. There was comment from Sarah, Nicky and Lynn about the increased and differing pressures presented by the pandemic which has had an effect on the work of the patient safety programme which will be taken into consideration post COVID.

5.4 Adverse Event Overview

Reduction in adverse events seen directly correlates with the reduction that we had in overall attendances, admissions and consultations during the COVID period. Ongoing SAE reviews remain behind schedule, which again is directly related to the knock on effects of the pandemic. Patients and families have been advised and any additional capacity will be used to clear these as soon as practicable with actions and any learning feedback to the service.

Included in the paper is a learning summary related to the potential to develop COVID-19 in the workplace. Improvement plan was put in place and is being led by acute service. Laura reports a number of the actions have already been concluded with the longer term actions being monitored.

Fiona asked if the infection control cases include hospital acquired Covid, Laura commented that these are monitored by infection control and reported to Health Protection Scotland against the definition. A report on this will be brought back at a later date once National discussions have taken place and clearer guidance is received from the Scottish Government. Further discussion took place on the complexity of this issue.

Sonya asked if level of satisfaction of outcomes achieved was measured. Laura explained that measuring feedback is provided but not level of satisfaction in terms of the outcome. She highlighted that there is a piece of work ongoing which looks at where feedback appears not to have been provided possibly because it has not been recorded on the DATIX system and how this can be feedback loop can be addressed.

5.5 Quarterly HMSR

Our figures remain within the normal limits. As expected there was an increase following the second wave Olive has lead the mortality reviews of every Covid death in 20% of our non Covid deaths reviewed to identify themes and any learning to inform our safety priorities for the year.

The **CLINICAL GOVERNANCE COMMITTEE** noted the above reports acknowledging the challenges over the last year and is assured that processes are in place and there is a commitment to refocus priorities from any learning over the past year.

6. Person Centred

6.1 Claims Annual Update

Laura explained there are 35 active claims with 68 % of these sitting with the Acute service. Clinical Governance function takes learning from any themes that emerge which are then channelled into the patient safely programme. Laura noted that there are not a lot of themes but what they do see is the claims are aligned with SAERs and complaints so the team are more often aware of them prior to progressing to a claim suggesting that our systems and processes are working as intended.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

7. Clinical Effectiveness

7.1 Clinical Board Update (Primary and Community Services)

Primary & Community Clinical Governance group continues to meet on a monthly basis with good attendance and positive feedback from attendees. They continue to progress from a

remobilization point of within the limited workforce available. Pressure points identified around waiting times for physiotherapy. District Nursing is also under pressure particularly whilst supporting the vaccination programme and supporting the care homes dealing with outbreaks.

Adverse events have been highlighted in Laura's report as have falls. Sensors have been provided within the Community Hospitals to assist in reducing number of falls.

There has been a spike in complaints but most of these have been relating to Covid vaccinations which come under primary and community services. HIS unannounced visit took place in March at Haylodge Hospital, the report and recommendations are attached to the divisional report for information. Progress has been made with the action plan which is also being used to guide improvements through all four community hospitals. Developments are discussed fortnightly and action plans updated and feed back to the clinical governance group.

Peter asked that he be cited on the improvements from a Care of Older People in hospital point of view, Susie agreed to do this.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

7.2 Clinical Board update (LD Services)

Out of area placements remain a challenge due to resources all patients are visited face to face where appropriate and this has been maintained throughout COVID. Concerns are noted in the paper when this has not been possible due to the pandemic.

In relation to a specific individual for whom we have particular concerns there is an adult protection meeting and a future placement meeting arranged and response to concerns have begun to be addressed. LD clients will get vaccines through normal process, nurses working with vaccinators to support this where necessary.

Work around learning disability standards is looking promising supported by a very proactive team who look for innovative ways of working. Some of the work has been put on hold but it is hoped to continue later this year.

7.3 Clinical Board Update (Mental Health Services)

As Laura identified they are behind slightly with the adverse event reviews compounded by Huntlyburn ward being particularly busy finding time to address these reviews was challenging. Peter reports that these are being addressed now and they are making headway. Peter commended the work that has taken place in East Brigg to support patients during lockdown. Work is ongoing in relation to CAHMS working closely with Scottish Government to address waiting times and deliver the new standards.

Sonya enquired about the LD death reviews and why Scotland hasn't adopted a system for review. Peter is unsure why this is but assures the Committee that NHS Borders do review and deaths. Peter cites that it is often difficult to carry out reviews due to previous lack of

engagement with health services and being sensitive to the rights to make decisions about their health and ability to make decisions about their health versus our responsibility to support them.

Nicky asked Peter to look at the outside placement issue from a contracting and commissioning point of view and feed back to the Committee at a future meeting on how this will be addressed.

The **CLINICAL GOVERNANCE COMMITTEE** noted it is not fully assured with the content of the LD report but are assured the issues are being addressed.

The Committee is assured by the content of the Mental Health Report.

7.4 Clinical Board update (Acute Services)

Acute governance meetings now back up and running with a higher attendance noted since the move to teams. Services have started to remobilise with Covid cases reducing and plans to release staff back to substantive posts. Staffing will continue to be a pressure. Clinical Governance have been supporting the wards with monthly auditing and reports it is anticipated this will be handed to ward teams who will develop specific action plans for their areas going forward.

As with other areas falls, adverse events and pressure damage have increased but it is hope this will be addressed when staff start returning back to their usual posts.

Significant improvements have been seen in infection control in MAU with wider learning for the rest of the acute services with support from Sam and the Infection Control team.

Sonya enquired how the ongoing work is impacting on the key performance targets. There followed a discussion on safety and focusing reporting on safe systems of working and key performance issues with a move away from the report just being taken from a nursing perspective. It is planned that contributions to the report will be both from ADoN and AMD to give a better view on how the patient safety work impacts on the key performance targets. There was agreement that there needs to be a broader discussion on how the organisation approaches clinical governance.

Laura commented that she has asked Gareth Clinkscale to provide a paper on the four hour access and elective waiting times at a future meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report but is not assured and has asked that a review on how the paper is written and by whom takes place

ACTION: Discussion on content and contributors to the Acute Clinical Governance paper, NB LM and LJ

8. Assurance

8.1 Children's Services Annual Update 1hr 27

Senior staff have left the organisation in the last 12 months which has meant a reorganisation of staff to take up these gaps plus the impact of Covid on the service. Not contained in the report is the number of children on the Child protection register which has increased during the pandemic this is in line with what has been seen in other boards. Following a change in legislation there will be changes on how the report is written and would like some guidance on the structure and where the report should be taken so that they can ensure fair and honest reporting and robust reporting of children services. Laura offered to take this up with Karen.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

ACTION: Laura to liaise with Karen on how the report is written and bring back update to Committee

8.2 Suicide Annual Report

Peter noted that the paper historically sits with Mental Health but he recognises that much of the suicide prevention work and learning from suicide sits with Public Health; Pippa Walls from Public Health joined him to present the paper. The figures in report are from 2019, due to a delay in release of figures nationally. Work in response to the National Suicide Prevention Action Plan has begun, one notable piece of work is the request from the Scottish Government to review every death by suicide. This is done internally at present on people who are known to Mental Health Services who commit suicide. Peter reports around 60% of deaths by suicide are people who are not known to Mental Health Services. There will be collaboration with other groups on their mortality reviews which gives the opportunity to view live data around which services might have been involved creating a learning opportunity to see at what point suicide could have been prevented.

Sonya enquired if there was more to be done that just observing the apparent anomaly and if there is anything in particular to be done to address this. Peter commented that numbers are small so any deviation can make a big impact on the figures but he hopes that the multiagency reviews and access to live data will be of benefit.

Peter commended the work done by the suicide prevention officers in public health. Discussion followed on the ripple effect of suicide and the support put in place for those bereaved by suicide.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

8.3 Drug Deaths Report

Susan and Fiona attended to present the report for the first time to the Committee, she took the Committee through the process and the work undertaken to prevent drug deaths. Figures

are reported annually. Due to Covid and national delay in receiving toxicology results there has been a delay in the report being published.

The Drug Death Review Group members include representation from justice, police, health, social work, homeless and the drug and alcohol services, and other agencies where appropriate. Reviews of drug deaths are done to see if there is learning from these deaths and to contribute the Drugs Death database hosted by Public Health Scotland. If person has been in contact with mental health services within 12 months of the death Peter is notified and Datix completed. The service are looking at national pilot in Dundee, where they meet on a daily basis to review non fatal overdoses with a multi agency partnership and propose to consider how this can be adapted in a rural setting with the support of Police Scotland.

Laura asked for clarity on the rate per thousand population and why NHS Borders appears to be different than the national, further discussion on the reasons for this took place relating mainly to the small numbers involved in NHS Borders add that estimated prevalence is based on lots of proxy indicators.

Lynn commented that she was keen to look at ways of getting this information out to a wider audience in terms of prevention.

Further discussion took place regarding Navigators but as our numbers are small this would not be appropriate but there is a chance to look at different way to engage, NHS Borders are expecting funding for the drug prevention agenda which will give opportunity to engaging with ways of improving support.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured that processes are in place.

8.4 Medical Education Annual update (including GMC Survey Results)

Olive attended to give update on medical education. She reported that the GMC survey did not take place during Covid so the results were not available.

There has been positive feedback from the development of the accommodation. That's still a work in progress. Work continues with Eildon Housing to further update facilities. The Wi-Fi has continued to be an issue this is board wide but the residencies have not been included in IM&T programme for this year the University are supplying dongles to try. Rotas have continued to be an issue as has induction but these are being addressed.

There have been commendations from medicine for undergraduate teaching and also from obstetrics and gynae.

Lynn expressed she was immensely proud of both of the teams who received commendations particularly after the year we have had. The Committee echoed that sentiment.
Discussion then took place regarding problems with recruitment of medical staff and the importance of creating a good teaching experience which will encourage medics to come back to the Borders.

This year NHS Borders have also taken on three physician assistants who have commenced a two year postgraduate training program which creates a more stable workforce for the organisation.

Sarah commented that it would be useful to look at how this was achieved within the medical workforce to replicate in nursing and AHP cohort.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

8.5 Public Health Screening Position update

Tim reports that this has been a very challenging year for screening service because of the pandemic screening programmes have been affected as has detailed reporting.

Remobilisation has continued throughout the 2nd wave. Issues detailed in the SBAR and the impact this has had on screening. Julieann Brennan joined Tim in presenting SBAR commenting that there is potential for fallout from the delays in waiting times with potential impact on early diagnosis and other diagnostic services.

Discussion followed regarding equality and diversity issues in terms of the impact Covid has had here in NHS Borders. The issue of access to screening is on the national agenda and will be further explored once full remobilisation takes place.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its content.

8.6 MBRRACE Annual Report

Kirsteen attended to go over the report. There had been four reported still births in 202 which have been discussed at MDT and shared with staff. These are being discussed through SAER process and learning will be shared with families and staff. There has been an increase in section and induction rates nationally and NHS Borders is no different.

COVID had positive impact on services with labour, delivery, recovery and post natal care taking place in the labour ward which has facilitated early discharge where clinical appropriate and continuity of care. Technology has played a part in moving service forward with near me consultations and home BP monitoring. The biggest achievement this past year has been to achieve the Baby Friendly Initiative sustainability gold award, being the third board in Scotland to achieve this.

The committee congratulated the team on their achievement.

Fiona asked that the findings of the SAER cases be shared with the Committee; Kirsteen confirmed they are working with Clinical Governance to do this.

Sarah commented that they will also come back to the Committee with more detail on morbidity.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and looks forward to more information to provide assurance at a future meeting.

ACTION: Further information and learning from SAERs to be brought to the Committee at a future meeting.

9. The following items were presented for noting:

Occupational Health Annual report (deferred from July 2020) – Chair asked that as this was presented late there was no time to give proper scrutiny and Vikki Hubner was asked to bring back to Committee in May 2021.

Clinical Governance Committee Terms of Reference
Clinical Governance Committee Draft Annual Report
Clinical Governance Committee Annual Workplan

Learning Disabilities Clinical Governance Group Minute
Acute Services Clinical Governance Board Minute
Scottish Borders Public Protection Committee Minute

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

10. Any Other Business

There was no further competent business

11. Date and Time of next Meeting

The Chair confirmed the next meeting of the Clinical Governance Committee is **19 May 2021 at 10am via teams call**

The meeting concluded at 12:28