

Minute

NHS Tayside

Tayside NHS Board

CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 13:30 on **Thursday 10 November 2016** in the Board Room, King's Cross, Dundee.

Present

Professor John Connell	Chair, Tayside NHS Board
Mrs Gillian Costello	Nurse Director, Tayside NHS Board (joined the meeting at Item 8)
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board (Chair)
Professor Andrew Russell	Medical Director, Tayside NHS Board
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board

Apologies

Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Ms Margaret Dunning	Board Secretary, NHS Tayside
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Professor Clare McKenzie	Postgraduate Dean, NHS Education for Scotland
Ms Lesley McLay	Chief Executive, NHS Tayside

In Attendance

Mr Alan Cook	Medical Director - Operational Unit and Consultant, NHS Tayside
Mrs Alison Hodge	Committee Support Officer, NHS Tayside
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside

Mrs Alison Rogers in the Chair

1 APOLOGIES

The apologies were noted as above.

2 WELCOME AND INTRODUCTION

Mrs Rogers welcomed everyone to the meeting.

She extended a welcome to Ms Caroline McLean who was a member of the Clinical Governance and Risk department and Ms Vicky Stewart who would be presenting the Non-Medical Prescribing Policy.

Mrs Rogers proposed the following changes to the agenda:

Item 7.1 Maternity Risk would be discussed in Reserved section of the meeting.

The following items would be taken together:

- Item 7.6 - Section 23 legal Agreement between Tayside Health Board and the Equality and Human Rights Commission
- Item 10.7 - Specific Duties Action Plan 2013-2017
- Item 10.8 - Equality and Diversity Workplan March 2016 – March 2017

The Committee were in agreement.

ACTION

3 MINUTE OF PREVIOUS MEETING

Open Business

3.1 Minute of the Clinical and Care Governance Committee 11 August 2016 Open Business

There were no comments in relation to this minute. The minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 11 August 2016 was approved as an accurate record on the motion of Ms Linda Dunion and Professor John Connell.

The Committee:

- Approved the minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 11 August 2016

3.2 Action Points Update Clinical and Care Governance Committee 10 November 2016 Open Business

The Medical Director provided a verbal update as follows:

1. Update on the implementation of the Safety and Flow Huddle

Noted that this update would come to the next meeting in February 2017.

2. Strategic Risks - Provide a cover report showing the monthly position and trends

Action complete.

3. Out of Hours Service Update

Noted that this update would come to the next meeting in February 2017

4. Duty of Candour

Noted that NHS Tayside had representation on the Duty of Candour Implementation Advisory Group. Locally work has commenced regarding the Implementation Plan for training ahead of 2018.

The Committee:

- Noted the verbal update

3.4 Matters Arising

There were no matters arising.

Reserved Business

3.5 Minute of the Clinical and Care Governance Committee 11 August 2016 Reserved Business

An amendment to the minute was requested as follows:

Page 10, bullet point 3

'Health and Safety Executive (HSE) action plan to be taken forward by **NHS Tayside**.

There were no further comments in relation to this minute. The minute of the Reserved Business of the Clinical and Care Governance Committee held on Thursday 11 August 2016 was approved as an accurate record subject to the amendment described above on the motion of Ms Linda Dunion and Professor John Connell.

The Committee:

- Approved the minute of the Reserved Business of the Clinical and Care Governance Committee held on Thursday 11 August 2016 subject to the amendment above

3.6 Action Points Update Clinical and Care Governance Committee 10 November 2016 Reserved Business

The Medical Director advised that all action points would be discussed during Reserved Business.

The Committee:

- Noted the verbal update

4 Declaration of Interests

There were no declarations of interests.

5 Governance

Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

The Committee had no questions in relation to the Workplan 2016-17.

The Committee:

- Noted the Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

6. Developmental

No items.

7 Assurance

7.1 Summary – Strategic Clinical Risks (CCGC/2016/65)

Ms Napier was in attendance for this report. She advised that the summary report had been requested by the Committee at the last meeting and had been provided today as a 'test of change'.

The Committee noted that the summary report contained information that was reported to the Tayside NHS Board in October 2016.

Mrs Rogers highlighted that information in the summary report differed from the individual risk assurance reports. The Committee noted that the individual risk reports

were dynamic reports and were updated on regular basis by the risk managers.

There was short discussion on Risk Appetite. The Committee agreed that it would be helpful for another Board Development Session to be held on strategic risk and risk management.

There was a discussion on the template which had been approved by the Board for use when providing assurance reports to Committees on strategic risks. It was agreed that the template should include a section where emerging issues could be highlighted.

Ms Napier provided a brief update on each of the strategic clinical risks.

15 Delivering Care for Older People (CCGC/2016/63)

Owner – Gillian Costello
No change to the owner

Yellow Risk
No change to the scoring of this risk

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016.

Comments on the assurance report were noted as:

- There were references to the Improvement and Quality Committee which required to be updated
- The forms of assurances were external and that internal assurances should be sought

It was noted from the report that completion of documentation that demonstrated quality of care was a challenge.

There was a short discussion on the quality of care for older people within the Health and Social Care Partnerships.

Regarding the assurance report the Committee agreed that the complexities of patient discharge had not been captured and detail in relation to re admission rates for older people was also not included.

16 Clinical Governance (CCGC/2016/48)

Owner – Andrew Russell
No change to the owner

Amber Risk
Change to the scoring of this risk

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016.

Regarding gaps in assurance, Ms Napier confirmed that staffing levels had been reduced but there was still resource within the area that could be drawn on.

22 Health Protection of Children and Young People (CCGC/2016/50)

Owner – Gillian Costello
No change to the owner

Yellow Risk
No change to the scoring of this risk.

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016.

The Committee noted that the risk manager was now Ms Joan Wilson following the retirement of Ms Kay Fowlie. Noted that the report at the next meeting would provide more accurate information in relation to this the risk.

121 Person Centredness (CCGC/2016/49)

Owner – Gillian Costello
No change to the owner

Yellow Risk
No change to the scoring of this risk

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016.

There were no comments relating to this assurance report.

144 Maternity Services (CCGC/2016/52)

Owner – Gillian Costello
No change to the owner

Amber Risk
No change to the scoring of this risk

This item was discussed in Reserved Business.

302 PRI Patient Flow (CCGC/2016/70)

Owner – Alan Cook
No change to the owner

Amber Risk
A change to the scoring of this risk

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016.

There was a short discussion on actions taken in PRI regarding the number of delayed discharge patients.

The Committee noted that at any given time there were between 10 - 14 delay discharge patients in the wards in PRI and elective surgery and this did not affect the elective surgery workload.

Recently there has been up to 34 delayed discharge patients in PRI. At this level the PRI hospital site was compromised, the level the patient flow was significantly affected and consideration was given to diverting patients.

There was a discussion on the shortage of Community and Social Care Nursing staff and the following points were noted:

- Within rural settings the Health and Social Care Partnerships were not able to offer these as posts
- Recruitment and retention of social care staff was a challenge despite funding being available
- That in some areas external organisations were being encouraged to provide care in rural areas
- It was acknowledged that providing care in rural areas was more complex.
- Delayed discharge is high on the Health and Social Care Partnership agenda
- It was hoped that the introduction of the living wage would address these concerns

The Medical Director advised that going forward an escalation plan (Plan 'B'), an alternative approach to the winter plan, would be developed and that he would be meeting with the Chief Officers and the Chief Operating Officer for Acute Services to progress this. The Medical Director acknowledged that during periods of unscheduled admissions NHS Tayside has struggled in the past to cope with the increased demand.

This report would come to Tayside NHS Board in the first instance. The Committee agreed that it would be beneficial for the Health and Social Care Partnerships to have input into the development of this plan.

The Medical Director described the actions taken by the Medical Director, Operational Unit when it was not appropriate for delayed discharge patients to remain in acute beds during the recent period of high demand for these beds. Patients were transferred to a more appropriate healthcare setting pending their discharge from PRI.

The Committee noted that there were other issues that could influence delayed discharge e.g. patient's complex needs and delays due to the Guardianship process.

395 Mental Health Services – Sustainability of Safe and Effective Services

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016. The update was provided in Item 13.3 in Reserved Business.

414 Managed/ 2C Practices (CCGC/2016/66)

This risk was discussed by the Clinical Quality Forum (CQF) on 12 September 2016.

The Committee acknowledged the considerable progress and team work to achieve a satisfactory outcome in Brechin.

The Committee discussed new ways of working within GP practices and noted the following:

- There the triage model operating in Blairgowrie
- NHS 24 can also provide a triage service for doctors
- Advanced Nurse Practitioners (ANPs) undertake a number of duties on behalf of GPs
- A considerable amount of money has been invested in the training of Advance Nurse Practitioners however there are retention issues and that significant investment in the form of training and backfill would be required to increase the supply

The Committee:

- Noted the Risk Assurance reports
- Were advised that the risk assurance reports were dynamic reports that were continually updated by managers and the information on these would be differ from the Strategic Risk Summary Profile and the BAF
- Requested Board Development Session on strategic risk and risk appetite
- Requested that consideration be given to updating the report template to include a section on emerging issues

7.2 Clinical Governance and Risk Management Update (CCGC/2016/62)

Ms Arlene Napier was in attendance for this report and introduced Ms Caroline McLean, Clinical Governance and Risk Coordinator who prepared the report.

The report was positively received specifically the section in the report which contained information from the Public Partners.

There was a short discussion on patient feedback and the questions that were being used and asked by NHS Tayside. Regarding the survey concern was raised regarding

the how feedback was being captured in Primary Care. Ms Napier advised that GP practices were required to capture feedback as part of their General Medical Services (GMS) contract.

The Committee agreed it would be beneficial to receive a report on the systems and processes that were being utilised to collect patient feedback across NHS Tayside including Primary Care and the Health and Social Care Partnerships.

A Napier

The Committee:

- Noted the report
- Noted that a report on how patient feedback is collected across NHS Tayside would come to a future meeting

7.4 Better Blood Transfusion NHS Tayside Update Report: April 2015 – March 2015 (CCGC/2016/53)

Ms Eleanor Hazra, Blood Transfusion Practitioner was in attendance for this report.

Ms Hazra advised that during the reporting period the Tayside Transfusion Team (TTT) and the Hospital Transfusion Committee (HTC) have continued to engage in collaborative activities to promote the safe and appropriate use of blood and blood components within NHS Tayside.

Ms Hazra advised that within the 2015-16 indicators the number of rejected samples continued to be a challenge. There was a short discussion on the impact of incorrectly labelled samples. Ms Hazra advised that this was a challenge and currently within NHS Tayside 5.8% of samples were rejected due to incorrect labelling by staff. Ms Hazra advised that the zero tolerance approach by the laboratory teams continued. The Committee noted that rejected samples continued to be a national issue.

Ms Hazra advised that there had been a successful national awareness campaign that took place three years ago. This had resulted in a decrease in rejected samples.

There was a short discussion regarding the benefits to patient safety of using barcoded wristbands and associated technology. It was acknowledged that the Scottish National Blood Transfusion Service had no financial influence to introduce barcodes within NHS Tayside. The Committee noted that barcode wristbands were currently in use within Stracathro and that Ward 7 in Ninewells Hospital were using thermal coated wristbands.

There was a short discussion and it was agreed that barcoded wristbands would greatly improve safety in relation to blood samples and transfusion however; the introduction within NHS Tayside would have considerable financial and IT implications. The introduction of a national system would have to consider that NHS Boards use different IT systems.

The Committee encouraged Ms Hazra to progress a cost benefit analysis in relation to rejected samples and articulate the information within a business case.

The Medical Director advised that the introduction of barcoded technology was not on a prioritised list at present for NHS Tayside.

The Committee:

- Noted the report
- Supported the implementation of a sustainable improvement plan across NHS

Tayside

- Acknowledged that there was a compelling case for the introduction of wristband barcode technology for cost and patient safety reasons
- Noted that there was a compelling case that change is required for cost and patient safety reasons
- Encouraged the development of a business case and cost benefit analysis to support this

7.3 Maternity and Child Quality Improvement Collaborative (MCQIC) (CCGC/2016/51)

The Medical Director spoke to this report.

The Maternity and Child Quality Improvement Collaborative (MCQIC) was launched in March 2013 and encompasses activity of the Scottish Patient Safety Programme's Maternity, Neonatal and Paediatric strands. The overall aim of MCQIC is to improve outcomes and reduce inequalities by providing a safe, high quality care experience for all women, babies and families in Scotland. The original aims of the three programmes were to be met by December 2015 these have been extended for a further three years until March 2019, subject to annual review and the availability of funding.

The report detailed the key objectives and challenges with the Scottish Patient Safety Programme (SPSP) activities in relation to Maternity Care, Neonatal Care and Paediatric Care.

The Medical Director highlighted the graph on page 10 of the report. The graph 'Paediatric Serious Harm Index'. This graph showed a small increase in neonatal fatalities. These were due to recognised medical conditions and that there was an existing structured process to investigate these events.

There was a short discussion on the seconded Patient Safety Champion post which ceased in September 2016. This post had been funded by endowments. The Committee suggested that another application should be made to the Board of Trustees (Tayside Health Fund) for funding for this post. The application should articulate the benefits to patient safety.

The Committee:

- Acknowledged the above progress, achievement and challenges by each of the MCQIC programmes
- Encouraged another application to the Board of Trustees for funding for the seconded Patient Safety Champion post

10.6 Equality and Diversity Steering Group Minute 20 April 2016

The Committee:

- Noted the Equality and Diversity Steering Group Minute 20 April 2016

10.7 Specific Duties Action Plan 2013-2017 CCGC/2016/60

Ms Santosh Chima was in attendance for this report.

The Committee noted that there were nine specific duties that NHS Tayside were required to comply with. In addition to this NHS Tayside is required to ensure that there are systems and processes in place to progress the implementation of the statutory specific duties

The Committee noted that NHS Tayside had achieved the required duties and that there were sections within the Action Plan that represented continuous work.

The Specific Duties Action Plan (2013-2017) was approved by the Improvement and Quality Committee in October 2014.

The Committee:

- Noted the progress with the Statutory Specific Duties Action Plan 2013-2017
- Noted that Tayside Health Board had met its legal obligations in relation to Equality and Diversity

10.8 Equality and Diversity Workplan March 2016 - March 2017 (CCGC/2016/61)

Ms Santosh Chima was in attendance for this report. The Committee noted that the workplan described what work had to be carried out and the reports that were required to ensure that NHS Tayside will meet the required legal obligations and duties as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Ms Chima advised that the NHS Tayside Staff Governance Committee also received assurance regarding employer duties. The Committee had no questions in relation to this report.

The Committee:

- Approved the Equality and Diversity Workplan March 2016 - March 2017

7.6 Section 23 Legal Agreement between Tayside Health Board and the Equality and Human Rights Commission (CCGC/2016/59)

Ms Santosh Chima was in attendance for this report. Ms Chima provided the Committee with a summary of the events which had led to the Equality and Human Rights Commission entering a legal agreement with Tayside NHS Board. This agreement was dated 7 October 2014, was made pursuant to Section 23 of the Equality Act 2006 and was legally binding on both parties.

During the past two years Tayside Health Board has worked closely with the Equality and Human Rights Commission and the two-year piece of work ended on 7 October 2016. Ms Chima advised that the final report presented to the Committee today was for assurance that NHS Tayside had met the requirements of the Section 23 agreement. From the report the Committee noted that these requirements were:

Tayside Health Board will create an Improvement Plan ("the improvement plan"), describing the steps that the Health Board will take to meet the overall aims of The Agreement. The Improvement Plan will clearly identify who will be responsible for each action and will include detailed proposals with a clear timetable to ensure that:

1. All reasonable steps are taken to make all medical staff, managers and other relevant staff aware of their legal requirements under the Equality Act 2010 and responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients within agreed timescales;
2. The obligation of staff to meet the needs of relevant patients as set out under 1 above and consequences for failure to do so are embedded in working practice and staffs' appraisal systems;

3. Tayside Health Board's senior management team provide high-level leadership for this work; approve all reports sent to the Commission; and take note of any lessons learned to identify any further steps required to meet the overall aims of this agreement;
4. Tayside Health Board will carry out a full review of the effectiveness of improvements made for all patients with additional communication requirements, one year after the implementation of the Improvement Plan;
5. Tayside Health Board will provide reports once every three months starting from the date of the Agreement (7 October 2014), to the Equality and Human Rights Commission.

The Commission is working with NHS Tayside to ensure we have met our legal obligations as set out in the Equality Act 2010 and to ensure that NHS Tayside is complying with the General Duty to:

- **Eliminate** discrimination, harassment, victimisation or any other prohibited conduct
- **Advance** equality of opportunity between people who share a relevant protected characteristic and those who do not
- **Foster** good relations between people who share a protected characteristic and those who do not

There was a short discussion on methods of communication for visually impaired patients for outpatient appointments.

Ms Chima advised that work was ongoing to establish the method of communication best suited to the recipient. The Committee noted that often there was reluctance by the individual to advise health services of impairments and that information held by Primary Care Services was not always communicated to Secondary Care. Work was taking place with the Medical Records Team regarding identifying the preferred method of communication for individuals who have visual or hearing impairments.

Ms Napier advised that the NHS Tayside Deaf and Health Action Group had been established and it was anticipated that this group would continue to monitor the achievements of the Interpretation and Translation Section 23 Improvement Plan. The group has been looking at applications at local level and have highlighted that there are challenges as the current telephony system within NHS Tayside is unable to send text messages.

Ms Napier advised that there are plans to attend the GP Sub Group to highlight these and other issues.

The Committee noted that NHS Tayside could not be complacent and that would continue with the improvement work.

The Committee:

- Noted the report and the work that has been progressed by NHS Tayside to meet its legal obligations and compliance with the requirements of the Section 23 Legal Agreement
- Agreed that the report should now be submitted to Tayside NHS Board on 1 December 2016

- Agreed that the Section 23 Agreement Governance and Leadership Team would no longer be required to meet as all obligations had been fulfilled

7.7 Revised Clinical Quality Forum Terms of Reference and Workplan 2016/17 (CCGC/2016/68)

The Medical Director advised that the Clinical Quality Forum Terms of Reference membership had been revised. The business section of the meeting would become more focussed and a participatory learning session will follow the meeting. Clinical Governance Leads will be invited to attend these sessions and the invitation list will be extended to clinicians, nurses etc. depending on the topic.

The first participatory learning session would include a presentation led by a relative of an inpatient who was in the care of NHS Tayside.

The Committee:

- Noted the revised meeting arrangements and the inclusion of a participatory learning session
- Approved the Revised Clinical Quality Forum Terms of Reference and Workplan 2016/17

8 Local and National Reports

8.1 Health Improvement Scotland (HIS) Care of Older People in Acute Care Unannounced Inspection: Improvement Action Plan Update (CCGC/2016/72)

Dr Cesar Rodriguez was in attendance for this report. He advised of the unannounced inspection on the care of older people in acute areas to NHS Tayside 7 – 9 June 2016.

During this inspection, the following wards were visited: Wards 3, 4, 5, 6, 7, Acute Medical Unit (AMU), Wards 17, 18 and 33. Only two of these wards were specialist wards for older people. During the inspection, the inspectors noted that older people were treated with dignity and respect and that there was evidence of good practice.

The Report (published) highlighted seven areas of good practice within Ninewells Hospital and fifteen areas for improvement related to HIS outcomes. The majority of the improvements related to:

- Multi disciplinary documented assessments
- Evaluations of patient safety related care
- Demonstrating a person-centred approach to care planning

The Committee noted that the care was rated as good both in the informal feedback and the formal report.

Following the inspection, a meeting took place on 17 August 2016 which included the Nurse Director and members of the Older People Clinical Board (OPCB) and an Improvement Action Plan was created. This Improvement Action Plan has 15 areas for improvement. Dr Rodriguez advised that these areas were similar to reports from other Health Boards in Scotland.

Further meetings were held with Clinical Directors and Associate Nurse Directors.

Dr Rodriguez discussed the importance of the improvements being owned by the whole clinical team so that all specialties were involved. There would be a tight reporting

mechanism with the clinical teams reporting on improvement through the Heads of Nursing to the Older People Clinical Board.

The Nurse Director informed the Committee that the group have set a target to develop specific documentation for older people. This is being aligned with the Silver Book for older people and NHS Tayside will tailor documentation for older people and work towards the HIS requirements.

There is work on going with the Audit Tool and it is being tested by qualified nurses and has been received positively.

The Committee:

- Noted that this was a positive report
- Noted the progress of the Improvement Action Plan to date
- Considered and agreed the proposed model of scrutiny and improvement at multidisciplinary team level and reporting mechanisms
- Noted that areas identified for improvement were being progressed and that there were good governance arrangements in place

9 Policies and Guidance

9.1 NHS Tayside Child Protection Clinical/ Case Supervision Policy (CCGC/2016/54)

The Committee had no questions in relation to this policy.

The Committee:

- Adopted the NHS Tayside Child Protection Clinical/ Case Supervision Policy

9.2 Review of the Infant Feeding Policy (CCGC/2016/55)

The Committee had no questions in relation to this policy.

The Committee:

- Adopted the Infant Feeding Policy

9.3 Revision of the Non-Medical Prescribing Policy (CCGC/2016/69)

The Nurse Director declared an interest in this item advising that she was the Chair of the Non-Medical Prescribing Leads Group.

The Nurse Director introduced Ms Vicky Stewart, Non-Medical Prescribing Lead for Dundee who provided the Committee with a brief overview of the revised policy.

She advised that there had been a revision of the policy framework and feedback from the Area Clinical Forum (ACF), Professional Advisory Groups and Non-Medical Prescribing Network Leads had been incorporated.

Ms Stewart advised that the principals of the policy were unchanged. The policy had been updated to:

- Incorporate all professional groups that were now non-medical prescribers following recent changes in legislation e.g. optometrists, pharmacists and some Allied Health Professionals
- Refine appendices to make the policy easy to use
- Include an audit tool

The Policy applies to all NHS Tayside Non-Medical Registered Prescribers, potential Non-Medical Prescribers, Designated Medical Practitioners and Managers responsible for services. The Nurse Director outlined the application process which included obtaining sponsorship from the University of Dundee and the identification of a designated medical practitioner to supervise practice through learning. Once qualified most individuals have a peer supervisor or coach. Within the policy there is a requirement for the individual to participate in an audit of practice a minimum of once per year.

Ms Stewart described the review register and that this would be made available to managers to form part of the appraisal process. The Nurse Director added that NMP would feature in future Job Descriptions to evidence fitness to practice.

The Committee:

- Noted the Area Clinical Forum and Area Nursing and Midwifery Advisory Committee have considered the policy content changes and their feedback has been received
- Adopted the Non-Medical Prescribing Policy

7.5 Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside (CCGC2016/67)

The Nurse Director spoke to this report. She advised the Committee that she was chair of the Child Protection Executive Group and this report had been considered by this group.

The Committee noted that the information in the report illustrated performance against each standard for the year ending March 2016. Where the minimum levels had not been achieved actions have been identified by the service area.

The Nurse Director advised that the Child Protection Executive Group had multi professional membership that allowed discussed both NHS and Non-NHS issues.

The Committee requested that the Nurse Director conveyed their thanks to the Child Protection Team and all involved in Child Protection.

One change requested in relation to the reference of a 'named person' in the improvement plan. The Committee requested that this was changed to 'responsible person'.

The Committee:

- Noted the report
- Noted the progress to date with the collation of data
- Noted the performance of each service area against the standards, which are applicable to them
- Note the actions and timescales that service areas have identified to improve performance against the standard
- Noted that there was ongoing work to move towards electronic reporting

10 Items for information and action as required

- 10.1** This Item was removed from the agenda. The Committee were advised that the report would now come to the next meeting on 9 February 2016.

10.2 Health Improvement Scotland - National Care Standards Flash Report July 2016 (CCGC/2016/46)

The Committee had no questions in relation to this report.

The Committee:

- Noted the Health Improvement Scotland - National Care Standards Flash Report July 2016

10.3 NHS Tayside Spiritual Healthcare Committee Minute 15 March 2016

The Committee:

- Noted the NHS Tayside Spiritual Healthcare Committee Minute 15 March 2016

10.4 Spiritual Healthcare Committee Annual Report 2015/16 (CCGC/2016/56)

The Committee had no questions in relation to this report.

The Committee:

- Approved the Spiritual Healthcare Committee Annual Report 2015/16
- Approved the Spiritual Healthcare Committee Terms of Reference
- Approved the Spiritual Healthcare Committee Work plan

10.5 Spiritual Healthcare Department Annual Report 2015/16 (CCGC/2016/57)

The Committee had no questions in relation to this report.

The Committee:

- Approved the Spiritual Healthcare Department Annual Report 2015/16

10.9 Record of Attendance

The Committee:

- Noted the record of attendance

11 Items for internal and external communication

- No Items

12 AOCB

For Governance Reasons, it is proposed that the following items be taken in Reserved Business

In accordance with the Freedom of Information (Scotland) Act 2002 Section 30

13 Items for Discussion

13.1 Chair's Assurance Report for the Clinical Quality Forum (CQF) meeting held on 23 May 2016 (CCGC/2016/64)

The Committee:

- Noted the Chairs Assurance Report for the Clinical Quality Forum (CQF) Action

14.2 Perth Royal Infirmary update on key measures

The Committee:

- Noted the update
- Noted the interim measures that had been put in place as a result of the high numbers of delayed discharges in PRI

13.3 Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice (CCGC/2016/71)

The Committee:

- Thanked Dr Ozden for the comprehensive report
- Noted the report and were content with the level of assurance
- Noted that the risks associated with the Improvement Notices were
 - Being actively mitigated and managed or controlled
 - Agreed that the approach being taken in respect of a longer term, but best option/ minimal risk solution for the en suite shower room doors and bedroom doors is acceptable given that the ongoing risk is not able to be wholly managed
- Noted that a report would go to the Finance and Resources Committee in January 2017 outlining the cost of the replacement windows

In accordance with the Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38

14 Items for Discussion

14.1 Scottish Public Services Ombudsman Reports (CCGC/2016/58)

The Committee:

- Noted the report and the learning outcomes for NHS Tayside
- Noted that the Nurse and Medical Director would progress the report being made available in the Open Business section of the meeting

14.2 Public Health - Performance Review Framework (CCGC/2016/47)

The Committee:

- Noted the report and approved the Public Health – Performance Management Framework

15 Items for information and action as required

- No items

16 AOCB

- There were no items.

17 DATE OF NEXT MEETING

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 9 February 2016 at 1:30pm within the Board Room, Kings Cross.

Subject to any amendments recorded in the Minute of the subsequent meeting of the committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Clinical and Care Governance Committee held on 10 November 2016 and was approved by the Clinical and Care Governance Committee at its meeting held on 9 February 2017.

CHAIR

DATE