

**APPROVED**



Minutes of a meeting of the **Clinical Governance Committee** held on 25 January 2017 at 10am in the Lecture Theatre, Education Centre, BGH

**Present:**

Dr Stephen Mather (The Chair)	
Mrs Ros Gray	Dr Doreen Steele
Mrs Alison Wilson	Mr David Davidson
Mrs Evelyn Rodger	Dr Tim Patterson
Mr Simon Burt	Mrs Sheila MacDougall
Mr Charlie Sinclair	Dr David Love
Ms Diane Laing (minute)	

**In attendance:**

- Mr Sam Whiting (5.1)
- Mrs Caroline Wylie (5.2)
- Mrs Sue Kean (5.3)
- Mr Phillip Lunts (6.1)
- Mrs Dawn Moss (7.4)

## **1. APOLOGIES AND ANNOUNCEMENTS**

The Chair noted that apologies had been received from, Mrs Jane Davidson, Dr Annabel Howell, Dr Andrew Murray, Mrs Nicky Berry and Mr Peter Lerpiniere

The Chair confirmed the meeting was quorate

## **2. DECLARATIONS OF INTEREST**

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

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 12 December 2016 were amended and are now approved.

## **4. MATTERS ARISING**

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

## **5. PATIENT SAFETY**

### **5.1 Infection Control Report**

Mr Sam Whiting highlighted some specific items in the report - There are still two areas to submit hand hygiene figures for the report, this has been escalated and an update will come to next committee meeting.

Following a series of spot checks there were maintenance issues identified, some of the showers were not up to standard this has been raised with estates.

Mr Whiting gave assurance that the advice given to staff on Patient Placement during times when patient with alert organisms was being followed.

A draft report has been received following the unannounced inspection; this has been embargoed until 8th February so Mr Whiting cannot release content at present but he assured the committee that on the whole the report was positive. Good news has been fed back to staff.

Mr Stephen Mather remarked that the funnel charts on the report were a great improvement.

#### **ACTIONS:**

**Dumfries and Galloway (D&G) doing well on SABs, Mr Whiting will have dialogue with D&G to see where we could improve**

**Mr Whiting will find out when the Surgical Site Infection (SSI) group are next meeting**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and actions outlined.

### **5.2 Adverse Events Report**

Mrs Caroline Wylie was in attendance to discuss paper. The committee were asked to feedback on the new style of reporting. On the whole the committee found the report helpful. There was one comment regarding style and that the report should adhere to the risk matrix colours. Criteria regarding delayed discharges for adverse event reviews are to be added and pressure damage care.

Feedback to clinical boards in similar format was recommended.

Mrs Ros Gray asked the committee to be mindful that the report pertains to real people and these are not just numbers.

There appears to be issue around completing reviews within the policy 12 week timescale. Mr Stephen Mather agreed to write to clinical governance leads and managers to remind them of this. He will also encourage them to feedback to Clinical Governance Committee for help should this be required.

## **ACTION**

**Report should go to Clinical Governance groups and Boards for comment first, Mr Sinclair will pick up and ensure this is done. Mr Sinclair to ensure exception reporting comes to Clinical Governance Committee.**

**Mr Stephen Mather and Mrs Ros Gray will send letter to leads of groups and managers to remind them of 12 week feedback timescale.**

**Mrs Wylie will add criteria regarding delayed discharge and pressure damage care for adverse event review report.**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

### **5.3 Thematic Report Prevention and Management of Aggression and Violence (PMAV)**

Mrs Sue Kean was in attendance to discuss the paper. Attendance at training and reporting of PMAV incidents has declined. Mrs Kean reported that attendance at training has improved after adjustments made to training schedule. PMAV were working on improving this further. The committee asked if the learn pro booking system helped. Mrs Keenan reported that this had but that further education was required on appropriateness courses for different members of staff.

Reporting however is still declining and Mrs Kean asked the committee for support and assistance to encourage reporting of all violence and aggression incidents no matter how small.

Risk assessments to be agreed and added to the risk register.

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

## **6. PERSON CENTRED**

### **6.1 Scottish Public Service Ombudsman (SPSO) Update**

Mr Phillip Lunts was in attendance to discuss the paper. Improvement plans are mostly completed, and have highlighted sustained improvement. There are outstanding actions that are being addressed. The committee requires assurance that learning is leading to improvement and sustainable change.

Mr Lunts assured the committee that SPSO recommendations are included in weekly reporting.

## **ACTION**

## **Mr Phillip Lunts and Mrs Ros Gray to look into producing thematic SPSO reporting**

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

### **7. EFFECTIVENESS**

The report was discussed and the Clinical Governance Committee is asked to note the report and was given assurance that robust governance systems are in place across Primary, Community and Acute Services.

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

#### **7.2 Clinical Board update (Mental Health) (deferred to March 2017)**

The **CLINICAL GOVERNANCE COMMITTEE** agreed the deferral to March 2017 of this report due to MH Board timetable changes.

#### **7.3 Clinical Board update Learning Disabilities Services**

Update on report was that the recommendations made are being addressed. Social Work waiting list pressures have improved but staffing resources to meet strategy needs remain a risk and are on the risk register.

Redevelopment of inpatient unit is at the mercy of NHS Lothian but considered a managed risk.

Procurement commissioning strategy is in progress with identified pressures and actions.

### **ACTION**

**Write to Integrated Joint Board and ask them to look at provision of services for future for LD**

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

#### **7.4 Children and Young People's Services Joint Inspection Report**

Mrs Dawn Moss was in attendance to discuss report, the Committee were reminded that this is not an up to date paper due to late submission and most actions have now been addressed. It was noted that although things are working well not all improvement identified was taking place. Updated figures are available. Mrs Evelyn Rodger assured the committee that child health needs are being met it is the systems that need to be improved

**ACTION: Ms Diane Laing to send update to committee**

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

## **8 ASSURANCE**

### **8.1 Adult Protection annual update**

This report was not available at the time of the meeting. There was some confusion as to where to source the report. Item ordinarily on agenda for noting only, will be tabled this way in future.

**ACTION: Ms Diane Laing will circulate once received**

### **8.2 Care of Older People (OPAH) update**

Following the OPAH Healthcare Improvement Scotland inspection, they recommended twelve actions for NHS Borders, ten of which are complete. The 2 outstanding actions are almost complete and a plan in place.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

### **8.3 Blood transfusion relating to quality and clinical governance**

Report is a late submission and the committee was assured that improvements are now being made. The Committee thanked Mrs Susan Cottrell and Dr Imogen Hayward for the report. The next annual report is due to be published in May and the CGC workplan will be updated to reflect this timescale. High level risks highlighted on register are still in process of being managed.

**ACTION:**

**Dr Imogen Hayward to be invited to give verbal update at next meeting.**

The **CLINICAL GOVERNANCE COMMITTEE** to read report and any questions on may be submitted to Dr Cliff Sharp once committee had time to digest report.

## **9. ITEMS FOR NOTING**

### **9.1 Minutes**

The following minutes for:

- Child Protection Committee
- Adult Protection Committee
- Public Governance Committee
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance
- Mental Health Clinical Governance
- Public Health Clinical Governance

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

## **10. ANY OTHER BUSINESS**

Mrs Evelyn Rodger asked the Committee to note details of provision of Midwifery supervision for NHS Borders. There will be two Midwifery supervising officers for Scotland. Supervision will be managed in line with other nursing discipline registrations and continue in a different format.

There was no further competent business for discussion.

The Chair asked Committee to note that this meeting is the last for both Mr Charlie Sinclair and Mrs Evelyn Rodger. The committee thanked them both for their commitment and hard work for the organisation and wished Charlie well for his new post in NHS Fife and Evelyn for her retirement.

## **11. DATE AND TIME OF NEXT MEETING**

The next Clinical Governance Meeting will be held on the 29<sup>th</sup> March at 2pm in the Committee Room, BGH.

*The meeting concluded at 16:35*