**Ref: GJF/2017/09/08**

**APPROVED MINUTE**

**CLINICAL GOVERNANCE COMMITTEE**

**HELD TUESDAY 25 APRIL 2017 @ 10.00 am**

**LEVEL 5 BOARDROOM**

**Present:**

Mark MacGregor (Chair)

Maire Whitehead (Non Executive Director)

Jill Young (Chief Executive)

Anne Marie Cavanagh (Director of Nursing)

Jane Christie Flight (Employee Director)

Laura Langan Riach (Head of Clinical Governance)

Jennifer Hunter (Clinical Specialties Manager)

Paul Rocchiccioli (Consultant Cardiologist / Divisional CG Lead)

Theresa Williamson (Head of Nursing)

Stewart Craig (Consultant Cardiothoracic Surgeon)

**Apologies:**

Mike Higgins (Medical Director)

Alistair Macfie (Associate Medical Director)

Stewart MacKinnon (Interim Chair)

Phil Cox (Non Executive Director)

Alex Seigmeth (Consultant Orthopaedic Surgeon)

**Minutes:**

Lori Cassidy

**MINUTE OF LAST MEETING**

Point 3.2 – Change to clarify this is about Complaints.

**REVIEW OF ACTIONS**

Action Note – Clinical Outcomes Framework: Next meeting is in July

**SAFE**

**2.2 REGIONAL & NATIONAL DIVISION UPDATE**

It was identified at the start of the meeting that the Division update papers had not been circulated to the group. The presenters therefore talked through the papers in more detail as members had not had an opportunity to read in advance.

LLR noted that Dr Paul Rocchiccioli had been appointed as the new Divisional Clinical Governance Lead. He had taken up post in February and this was his first CGC meeting in that capacity. PR provided an update on Clinical Governance activity within the Division for the first quarter (January – March) following the Safe, Effective and Person Centred themes:

**Safe:** It was noted that adverse events in Radiology were higher compared to other departments. These were mainly related to incorrect information on the x-ray request; the body part, the time or incorrect clinical information being recorded. The incidents were low in relation to procedures undertaken. There was ongoing work around falls prevention; JH was working with senior charge nurses to eliminate the risk. There were no trends in terms of adverse events.

Two events were noted. One had been presented to the April CGRM for sign-off whilst the RCA report for the other is underway. Learning has been identified in relation to the deteriorating patient with discussions as to how this links to the hospital wide work; the opportunity of discussing at hospital huddle is under consideration

There has been a significant event similar to a previous RCA around availability of on-call radiologists (noted they are not GJNH radiologists). No harm resulted from these events, but we are now looking at on-call management by ensuring staff are aware who is on that evening so that they can be contacted directly. This has been shared via CGRMG to consider hospital wide learning and process.

There are currently 8 open actions within the Division linked to RCA and Adverse Event reviews; all are progressing within time scales.

The Procurator Fiscal has confirmed their investigation into the historical RCA relating to a patient death following same day discharge has now concluded and the file closed. There will be no further action and the family and staff involved have been informed.

**Effective:** The SPSP report was discussed, with run charts of process and outcome measures which the committee welcomed. The ongoing challenges around medicines reconciliation were noted.

A business case was submitted to the April CGRM for approval to run a pilot for approximately one year to improve the diagnostic accuracy of coronary CT angiography. The case for the Region needs further discussion on how we define patients who would benefit from invasive procedure or target therapy more effectively.

In terms of HAIRT reporting, it was noted that although the number of surgical site infections had risen within cardio-thoracic, no commonalities had been identified. Consequently the team had reinforced standard infection control precautions.

**Person Centred:** PR advised that a proactive approach to family focussed meetings with bereaved relatives is currently being progressed through the End of Life Care Group and will be shared more widely. Datix is being used to track and record these meetings via the Feedback module. The committee welcomed this move and noted the new Spiritual Care Lead appointment which can give support to this.

**2.1 SURGICAL SERVICES UPDATE**

TW provided an update on Clinical Governance activity within the Division for the first quarter (January – March) following the Safe, Effective and Person Centred themes:

**Safe**: Ongoing SAE were noted and recently closed that had been discussed at the committee previously. TW noted that trends for the top five categories remained much the same, with two minor falls with no harm in the last quarter. There were no major trends to highlight.

**Effective:** The SPSP data was noted which includes critical care, theatres and wards.

A new form has been drawn up for cardiac surgery and is being passed to Communications so that more detailed patient information can be incorporated. A procedure is also being developed for Orthopaedic surgery.

**ACTION - LLR will bring new form to the next meeting.**

**Person Centred:** TW advised there had been a total of 5 complaints during the reporting period. AMC noted that 2 of these were attributed to the quality of documentation and not the standard of care received. TW also reported there had been an improvement in our complaint response time within agreed timescales. TW highlighted that the reports now include compliments as well as complaints, the importance of looking at both in areas was noted.

**2.3** **CLOSED EVENTS**

Two Closed Events were discussed in detail relating to Orthopaedic Services with learning outcomes noted. A discussion on the benefits of a whole team approach followed. It was agreed that a more detailed pre-procedure briefing for high risk patients would be of benefit and there are models within Cardiothoracic surgery that could offer some lessons.

**2.4 CLAIMS REPORT**

LLR explained the purpose of this report is to give an overview of the claims profile, focussing on assurance from learning. The Clinical Governance Department (CGD) are reviewing previous investigations to ascertain whether they require further retrospective investigation. For the future, CGD will examine SAEs and complaints using outcome codes to identify the potential for consequential claims. These will be discussed with Finance to establish a budget. MMacG queried how potential legal action would impact on our communication with families. JY stated that this would not stop us apologising, but that it should not be viewed as an admission of guilt. We will continue to use complaints as a learning tool, regardless of legal process.

It was agreed that in future this should be presented to the Committee every six months. However**,** LLR will provide verbal updates for significant closures on an adhoc basis.

**EFFECTIVE**

**3.1 HAIRT REPORT (JANUARY/FEBRUARY)**

AMC presented the HAIRT report to the Committee. She advised the final report for February will go to SMT later this week. The main points were as follows:

* 1 SAB reported in CCU in January and linked to a difficult balloon pump insertion.
* CDIF – Nil to report
* Hand Hygiene – 98% compliance overall, with medical staff increased to 97%. Audit due April 2017.
* Cleaning and Healthcare Environment: Facilities Management Tool Housekeeping compliance 99%; Estates compliance 99%
* SSI – CABG and Ortho rates within control limits

It was noted that Cardiac SSI rates increased above control limits in January. However, no commonality was found between theatre / organism or new practices noted or reported. A group to investigate and consider all elements has been established and the team have reinforced standard infection control precautions.

No SSI reported in Ortho in January or February

**3.2 ANNUAL REPORT**

LLR presented the Annual Report which was reviewed and the plan for the coming year approved. This will go to the Board in June. The Terms of Reference were discussed, and it was agreed that LLR would update for the next meeting; this should include Safia Qureshi’s role. There was discussion on SMacK role as interim chair and member of this group noting that the interim arrangements are ongoing and impact this may have on quorum for the meeting. It was noted that there is shortly to be recruitment of additional Executive Board members and that the Non Executive quorate for al board meetings would be discussed as part of this.

**3.3 SPSP REPORT**

LLR presented the SPSP Report to the Committee. The discussion with run charts of process and outcome measures was welcomed by members. It was noted that pressure ulcers and falls remain challenging; falls had reduced but had risen again last month and pressure ulcers remain static. Tissue Viability are currently working on systems for interpretation of skin bundle compliance. To date, testing is progressing well and work is underway with Coronary Care. The VTE review is ongoing and although no data is currently available, no major concerns have been raised.

**PERSON CENTRED**

**4.1 HIS NATIONAL APPRAISAL REPORT**

LLR advised that this would be presented at PCC later today. Recommendations outlined on Page 12 of the Report were noted and LLR advised that all being progressed and actioned.

**5 AOB**

The Annual Presentation Day on the 30 May was noted in all calendars.

**6 DATE OF NEXT MEETING**

Tuesday 25 July 2017 @ 10.00 am in Level 5 Boardroom.