**Ref: GJF/2017/05/09**

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**Approved Minute of Clinical Governance Committee**

**Tuesday 24 January 2017**

**10.00 am in Level 5 Boardroom**

**Members:**

Mark McGregor (Chair) MMcG Non Executive Director

Maire Whitehead MW Non Executive Director

Phil Cox PC Non Executive Director

**In Attendance:**

Mike Higgins MH Medical Director

Jill Young JY Chief Executive

Anne Marie Cavanagh AMC Nurse Director

Jane Christie Flight JCF Employee Director

Laura Langan Riach LLR Head of Clinical Governance

Jennifer Hunter JH Clinical Specialties Manager -

Interventional Cardiology

Jane Rodman JR Clinical Nurse Manager (NSD)

**Minutes**

Lori Cassidy PA to Medical Director

**Apologies:**

Alistair Macfie AMacF Associate Medical Director

Stewart Craig SC Consultant Cardiothoracic Surgeon

Alex Seigmeth AS Consultant Orthopaedic Surgeon

Patrick Campbell PC Clinical Perfusion Manager

**1. Chair’s Introductory Remarks**

MMcG welcomed everyone to the first meeting of 2017. Apologies were noted.

**1.1 Review and Approval of Minutes of 22 November 2017**

The minutes of the previous meeting were reviewed and approved as accurate.

**1.2**  **Actions**

The action log sheet was reviewed as follows:

**Schedule of Reports:** This will be available for the next meeting in April.

**Procedural Pause:** LLR advised the next step will be discussion at the SPSP Leadership meeting.

**Health & Social Care:** LLR stated we had not yet received comments back, can update at next meeting.

**SAFE**

**2.1 Surgical Services Report (for information):**

This was included for information. There were no comments.

**2.2 R&N Division Presentation:**

The Regional and National Division presentation was given by JH and JR. This was well received by the Committee with the following points highlighted:

Medicines Reconciliation was discussed with a view to awareness of the challenges presented and proposed improvements.

Two recently closed RCAs were discussed including a Never Event which prompted general discussion in relation to continued learning and improvement with the Procedural Pause and other checks and balances being considered in this context.

The appointment of a new medical Clinical Governance Lead was welcomed.

Process for cross divisional issues was discussed. It was agreed that cross divisional issues should go to CGRM and then CGC so that both groups are aware of current and potential issues.

There was general discussion of the culture around incident reporting. It was felt that we were making progress to a culture where this is not viewed as a blame tool. However, we are not there yet. This should continue to change with time and experience of using the procedures.

The importance of correlating information from various sources was discussed in the context of clinical governance assurance.

**2.3 CLOSED EVENTS**

There were two closed events. These were discussed in terms of learning identified.

This led onto an interesting discussion around the importance of organisational memory with regard to learning from adverse events and how this would be supported by the Annual Thematic Report. LLR stated this year would be our first year of full data.

**EFFECTIVE**

**3.1 HAIRT REPORT**

AMC presented a brief overview of the Prevention and Control of Infection Annual Report 2015/16. This was well received and approved.

She continued with the HAIRT Report and the continued excellent performance with SABS and Surgical Wound Infections was noted.

**SABS:**

None in December and overall only four in the previous year.

**Hand Hygiene:**

99% compliance.

**Cleaning and Healthcare Environment:**

98.5% compliance.

**Facilities Management and Estates:**

98.7% compliance.

**Surgical Site Infections:**

CABG, Cardiac and Ortho SSI rates within control limits.

**Pseudomonas aeruginosa:**

The replacement tap programme is almost complete.

**Mycobacterium chimaera:**

National response continues to be led by Health Protection Scotland. We are currently managing the operational risk.

**3.2 SCHEDULE OF REPORTS**

**LLR will circulate following meeting.**

JY gave assurances that learning came from detailed complaint reports which were discussed in detail by Person Centred Committee. After discussion, it was agreed that in future, reports will come to the Clinical Governance Committee also**. In addition, LLR will circulate the Annual Report.**

**3.3 SPSP DASHBOARD**

LLR presented a short overview of the SPSP indicators available via the Quality Framework using the live Dashboard. The Safe Home screen presents care bundle compliance for the key improvement areas of falls, CVC, PVC and pressure ulcers with outcomes for falls and pressure ulcers also presented. The ward views allow areas to explore their own data further to query linkages between process and outcome and other indicators that may be affecting this i.e. activity.

LLR noted that with phase two there will be a further 100 indicators made available which include additional SPSP measure relating to deteriorating patient.

**PERSON CENTRED**

**4.1 ANNUAL LEARNING REPORT**

LLR gave a brief summary of this report which was well received. She stated this was the second report and detailed all adverse and significant events, including complaints, to share learning across the board.

The report indicated the top five locations and events which had remained reassuringly stable and that pressure ulcers had dropped out of the top 5. This was partly attributable to shorter hospital stays, but relies on reliable and high quality patient care to achieve. A revision of the Fall Strategy had seen falls come down in the top 5. It was also noted that there was correlation around top five locations and events.

There was also an increase in the number of complaints we were upholding but no clear indicators why this was the case. The work which is being undertaken around Human Factors and Communication should help staff understand behaviours and communication around events and complaints fed down through divisional groups and teams should increase awareness of cause and outcomes.

Overall it was agreed the Annual Learning Summary was a good, clean, crisp report. It was hoped it would move to an annual report, as opposed to six monthly, which would go to the Board. This was an evolving ongoing process with the next one due in June 2017.

**5. AOB**

There being no further business, the meeting drew to a close.

**5.1 DONM**

Tuesday 25 April at 10.00 pm in Level 5 Boardroom