Approved Minutes

**Clinical Governance Committee**

9 October 2018  ****

**Members**

Mark MacGregor Chair

Phil Cox Non Executive Director

Karen Kelly Non-Executive Director

**In Attendance**

Anne Marie Cavanagh Director of Nursing

Lynn Graham Associate Director of Operations (Surgical)

Laura Langan Riach Head of Clinical Governance

Paul Rocchiccioli Consultant Cardiologist, RNM Clinical Governance Lead

**Apologies**

Jane Christie Flight Employee Director

Mike Higgins Medical Director

Jill Young Chief Executive

**Minutes**

Lori Cassidy PA to Medical Director

**Standing Declarations of Interest**

None

**1. Welcome & Apologies**

Mark MacG welcomed everyone to the meeting and thanked them for their attendance. He noted Lynn G was attending to provide the Surgical Services Division update.

Apologies were noted as above.

* 1. **Review and approval on minutes 31/07/18**
* P3, 5.2 Bullet 4: First and third sentence; Change to ‘another city’
* P3 5.3 Para 6 Amend third sentence

**1.2 Review of actions**

All previous actions were updated and closed, except for the following:

* CGC/101017/02 - PR and LLR advised this is ongoing; work to respond to the recent Cabinet Secretary letter was a helpful overview of the position across the hospital and will be shared virtually with the group with further discussion at the next meeting.
* 091018/02 – Previous meeting date postponed LLR will share future dates with KK

**2. Safe**

**2.1 Surgical Services Divisional Update**

LG presented an update of the Surgical Services Division for the period April – June 2018 and noted there had been no major issues reported during the quarter.

She noted a review involving the transfer of a patient from another city out with our current catchment notinga clear escalation process was now in place in the event of a similar request in future.

The Synchrophi system, for electronic observations has embedded well in 3 west and is now being rolled out; the deteriorating patient structured response tool is linked into this.

Falls and Pressure Ulcers data are on a declining trajectory. The Committee acknowledged this was good news with a reduction in all areas. The committee noted that it would be helpful to see the data presented differently to easier show the length of time between events. LLR advised a T Chart could be used to show the history of time between and will look to revise the report to include this.

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| Action No | Action | Action By | Status |
| 091018/03 | **Outcome Data:** Include T Chart for Outcomes Data in Division Reports | LLR | New |

There had been very few complaints during the period and we were meeting the average response time of 5 days for Stage 1. There were very few Stage 2 complaints, and the majority were complying with the 20 day response time. Those which did not were usually from a complex incident. A pro-active approach has been adopted with the team meeting weekly to discuss.

**2.2 Regional and National Divisional Update**

PR presented the Regional and National Medicine Divisional report for the period April – June. PR noted this was a reassuring report and the two meetings which had taken place in July and August were included in the report.

The highest frequency of events has shifted from diagnostic to therapeutic. On review it was noted that the majority related to patients whose psychological distress screening indicated further review. To explore the possibility of a dedicated psychological service across the Board, John Sharp (Clinical Psychologist AHF) had presented an SBAR to CGRM.

No significant adverse events were reported in first quarter. Those which were investigated relate to the final quarter of last year and one related to an investigation. Most refer to cross divisional patients and learning outcomes have been discussed at both divisional meetings.

With regard to SPSP data it was noted that there had been no falls or pressure ulcers in cardiology since 2016.

The Committee had a general discussion relating to complaints reporting and the challenges in capturing and reporting the learning from these. The importance of compliments and positive feedback was also acknowledged. The committee felt it might be helpful to see the overview of complaints within the appendix to help in identifying any trends within the detail.

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| Action No | Action | Action By | Status |
| 091018/04 | **Complaints:** consider including overview of complaints within appendix to support trend identification | LLR | New |

**2.3 Closed Significant Events**

A report was presented on the SAE investigations which had been closed since the last committee meeting. It was noted that all reports were presented and discussed at CGRM. Four Level 1 investigations were reported and these were discussed in detail by the Committee. Defects in communication were a consistent theme across the SAEs. It was noted that work is progressing around implementing recommendations of all the SAEs.

**2.4 Claims**

LLR gave an update on the Claims Report and highlighted the following points.

It was noted that our claims profile has increased with a lot of activity recently. There was discussion about the relationship between claim investigations and RCAs. It was noted that RCAs are for improvement learning and not carried out from a legal stance. The committee discussed the report and noted the revised process in place to support learning from legal claims. KK queried the detail of one claim where no investigation took place; LLR agreed to confirm details of this outwith.

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| **Action No** | **Action** | **Action By** | **Status** |
| 091018/05 | Confirm detail of query for claim | Laura Langan Riach | New |

**3. Effective**

**3.1 HAIRT (July)**

AMC gave an overview of the July HAIRT Report and highlighted the following points:

* There were no SABs to report during this quarter. Excellent for all teams involved in clinical areas. This has followed a focussed effort around improvement work.
* Hand Hygiene is 96% across the Board, but medical staff compliance has dropped from 96% to 91%. The issue mainly relates to dress code (bare below the elbow). A review around the escalation process is underway and will be taken forward by divisional management team.
* Cleaning and Healthcare Environment: Housekeeping – 98.67%; Estates – 99.14%.
* SSI: Continuing monitoring of trend in cardiac surgery; whilst remaining within control limits,7 reported over July. There is a working group looking at this SSI trend within the division. No significant underlying causes have been identified. It was noted that all except one of the infections identified were superficial. Orthopaedics remain within control limits

**3.2 Infection Control Annual Report**

AMC explained the current report was still in draft format and asked if the Committee were comfortable to accept circulation for today. It will be presented for final approval at CGRM in November and any comments could be discussed thereafter. She confirmed that all data contained in the report is seen on a monthly basis. The committee agreed to approve virtually the final draft once CGRMG have approved.

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| **Action No** | **Action** | **Action By** | **Status** |
| 091018/06 | **Annual Report:** Circulate for virtual approval | LC |  |

**3.3**  **SPSP Overview**

LLR gave a presentation on the SPSP report explaining how data is generated and presented. On reflection and discussed it was agreed to revise the SPSP Report template for the committee to better provide assurance of the work ongoing. Links to the Quality Framework development were noted and the committee were happy for this to evolve as the QF develops.

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| **Action No** | **Action** | **Action By** | **Status** |
| 0910/18/07 | Review SPSP report | LLR | New |

**4. Person Centred**

**4.1 Consent Update**

LLR gave an update on the work ongoing in relation to consent. This will be informed by new information coming out from GMC and by the principles of Realistic Medicine. This prompted a general discussion by the committee which included the challenges of how to present information to patients and how to understand and incorporate the patient perspective in designing materials and processes.

MMacG suggested it would be helpful for a presentation of the consent journey from a clinician to highlight the information given to patients at different stages particularly for complex cardiac procedure. This will be added to the agenda for the next meeting with additional time added to allow discussion.

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| **Action No** | **Action** | **Action By** | **Status** |
| 091018/08 | Co-ordinate a consent presentation at extended January meeting | Laura Langan Riach | New |

**5. AOCB**

There being no other competent business, the meeting closed.

**6. Date and Time of Next Meeting**

Tuesday 29 January 2019 at 10.00 am in Level 5 Boardroom.