**Ref: GJF/2017/02/07**

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**Approved Minutes**

**Clinical Governance Meeting**

**Tuesday 22 November 2016, 2pm**

**Level 5 Boardroom**

**Members:**

Mark McGregor (Chair) MMcG Non Executive Director

Marie Whitehead MW Non Executive Director

Phil Cox PC Non Executive Director

**In Attendance:**

Jill Young JY Chief Executive

Stewart McKinnon SMcK Interim Board Chair

Jane Christie-Flight JCF Employee Director

Alistair MacFie AMacF Associate Medical Director

Teresa Williamson TW Head of Nursing

Laura Langan Riach LLR Head of Clinical Governance

Rhona Seigmeth RS Consultant Anaesthetist

Jennifer Hunter JH Clinical Specialties Manager -

Interventional Cardiology

**Minutes**

Lori Cassidy PA to Medical Director

**Apologies:**

Mike Higgins Medical Director

Anne Marie Cavanagh Nurse Director

**1 Chair’s Introductory Remarks**

The Chair welcomed everyone to the meeting and thanked them for their attendance. Apologies were noted.

**1.1 Review and Approval of Minutes of 23 August 2016**

It was noted that John Payne should be added to the attendees and LLR would amend item 2.2 referring to RCA. Otherwise, the minutes were approved as accurate.

**1.2** **Review of Actions from 23 August**

Action log was reviewed and the following actions were agreed:

MH will provide updated report on Clinical Outcomes Framework in 2017.; schedule of reports to reflect this for 2017 once agreed.

**2. SAFE**

* 1. **Surgical Services Division Update (Presentation and Report)**

RS presented the SS update, supplemented by a report,. This is a new report format and style of update which was well received by the Committee. The presentation highlighted examples of good governance, the challenges, key objectives and made reference to the expansion planning and importance of governance links within this. This provoked discussion on incidents and complaints; highlighted the importance of good communication within teams and with patients.

The findings from a recent RCA investigation recommended introduction of a ‘Procedural Pause’. This is defined as a temporary stop in proceedings when unexpected events happen in theatre. It was agreed an all inclusive team approach, with good surgical team briefs and de-briefs would engender better team working and help bring about a culture where team members could voice concerns or questions. At the moment, although this happened in some areas, there is significant variation. Orthopaedics is piloting the Procedure Pause element in theatres as a test though the links to the wider work were acknowledged.

It was also highlighted that everyone needs to understand the importance of Duty of Candour and what it is; information issues and current practice in Scotland and the gap between them.

**2.2 Regional and National Division Update**

There was no RNM update as the Divisional CG has not met since the last update was provided; Surgical Services had been scheduled to present this time with RNM due to update formally at the next meeting in January.

**2.3 Claims**

LLR presented the claims report which is a new report for the committee; the main focus is to update on the claims profile and links to any learning from adverse events/ complaints. At the moment we do not have any formal report coming through the governance structure so it is proposed this is distributed 6 monthly via CGRMG and this committee.

MMcG commented that claims are generally around procedures and a failure by clinicians to inform patients. Taking account of the time taken by the legal system to resolve some claims, there was comment that the corporate memory would be diminished on closure of the claim. LLR advised that the claims policy has recently been revised with strict timelines for review of claims for this reason. The links to complaints and adverse events are key as ideally we should be aware of any issues via these systems and have learned from them before a claim is received. Committee welcomed the report and the intent to further develop the learning aspects within.

**2.4 Closed Events**

LLR presented this paper noting that the first two events had been previously discussed in the Surgical Services update. The third involved a situation that arose over a weekend when a post surgical patient required a scan and there were issues in contacting the on-call team resulting in a delay. This identified some good learning points in relation to scheduling and communication.

**EFFECTIVE**

**3.1 HAIRT Report (September)**

TW provided a brief summary of the report. She advised the meeting that there had been an incidence of Pseudomonas recently. The source was identified as the plastic tubing in the new electronic taps. These have now been removed and sent for deep cleaning. Disposable sinks have been installed as an interim measure and a PAG group established to take this forward. There has been no harm to patients as a result of this.

**SABS:**

One detected in 3E (arterial line) making four altogether. SABS are within trajectory and lower than the previous year.

**Hand Hygiene:**

Bimonthly report from July indicates 98% compliance. Noted medical staff

compliance has decreased to 92%. It was agreed we must ensure training is

undertaken to resolve this.

**Cleaning & Healthcare Environment:** **Facilities Management Tool**

Housekeeping: 98.13%

Estates: 98.62%

Both are satisfactory.

**3.2 Draft National Health & Social Care Consultation**

LLR advised the consultation for this has opened and members are encouraged

to participate. An organisation response will be submitted; links to the questions will

be shared with members.

**3.3 Schedule of Reports**

LLR advised there were no major changes. A meeting has been scheduled for

January, when the programme for 2017/2018 will be agreed. It was noted that the

Clinical Governance Committee dates for next year had been issued. The extra-

ordinary meeting due to take place at the end of March was questioned. JY will

clarify the purpose of this with Sandie Scott and report back to the next meeting.

**PERSON CENTRED**

**4.0 Complaints**

Although there was nothing specific to highlight, it was agreed our focus should be

communication and learning outcomes. MMcG commented that although

we had a couple of complaints which were now time barred in terms of the

legal/formal procedure, we would still endeavour to answer and achieve a resolution.

LLR stated that there would be a change in the complaints process as from 1 April

2017. This change introduced an additional five days to resolve locally. Otherwise, it

would remain a twenty day response period.

MMcG asked whether the plan was to revise the Complaints Policy, and if so, whether it would come through the Clinical Governance Committee. JY confirmed it would be revised and would be approved via the CGRMG and Senior Management Team.

**4.1 AOCB**

There being no further business, the meeting closed.

MH/LEC, 6 December 2016