**Ref: GJF/2017/10/08**

# GJF LogoMINUTE OF CLINICAL GOVERNANCE COMMITTEE

**TUESDAY 25 JULY 2017 @ 10.00 am**

**LEVEL 5 BOARDROOM**

**Present:**

Mark MacGregor (Chair)

Maire Whitehead (Non Executive Director)

Phil Cox (Non Executive Director)

Jill Young (Chief Executive)

Anne Marie Cavanagh (Director of Nursing)

Mike Higgins (Medical Director)

Jane Christie Flight (Employee Director)

Lynn Heatley (Risk Manager)

Jane Rodman (Clinical Specialties Manager)

Stewart Craig (Consultant Cardiothoracic Surgeon)

Alistair Macfie (Associate Medical Director)

**Apologies:**

Stewart MacKinnon (Interim Chair)

Laura Langan Riach (Head of Clinical Governance)

Paul Rocchiccioli (Consultant Cardiologist / Divisional CG Lead)

Theresa Williamson (Head of Nursing)

**Minutes:**

Alison MacKay (Risk Officer)

**MINUTE OF LAST MEETING**

The group approved the minutes from 25 April with the following changes made:

Pages 2 & 4 under effective “……infection control cautions” changed to “……infection control precautions”

**REVIEW OF ACTIONS**

The actions were updated accordingly on progress sheet.

**6 SAFE**

**6.1 Surgical Services Division Update**

AMacf presented the Surgical Services Division report. The group were provided with a detailed update on the status of the Divisions current ongoing RCAs as follows:

* RCA

DW-1650: the group noted two retained swabs incidents have occurred in recent months and were advised of the continuous work with Clinical Governance and Theatres to ensure all policies are being adhered to.

DW-1848: the draft report is with the group for comment.

## DW-1956: the RCA is completed and will be presented at the CGRMG meeting in August. The group were advised surgical Emphysema can be a complication of Laparoscopic cholecystectomy surgery. Clear failures were identified throughout the report; however good learning was also identified.

* SPSP

The table shows improvements are continually being made as highlighted by the sporadic numbers of red non compliance data. The group discussed the improvements necessary to lower the numbers of red non compliance data.

* Complaints

The group noted the complaints.

The group requested amendments to the Person Centred Complaints Activity table with the addition of an extra column noting the status of each complaint at a glance being either closed/upheld/open

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| --- | --- | --- | --- |
| **Action reference** | **Detail** | **Owner** | **Status** |
| **CGC/250717/01** | Amendments to the complaints table to include the outcome – apply this to both Division reports | LLR | New |

**6.2 REGIONAL & NATIONAL DIVISION UPDATE**

JR attended the meeting and presented the Regional and National Division update and noted the following:

* Incidents

Falls incidents are no longer listed within the top 5 category. JR noted this is the outcome of continued improvement work. JR identified issues with inherited Pressure Ulcers and noted communication improvements are required with the referring hospital.

* RCA

DW-1307: to be discussed at the extra ordinary cross divisional meeting on Thursday 27 July.

DW-1658: the actions were discussed at the SACCS Clinical Governance meeting and will be discussed at the Regional National Medicine Division Clinical Governance Group. The family will receive feedback.

DW-2100: the RCA investigation is currently on hold until the HR process is complete.

DW-2018: the RCA was originally scheduled to take place at the end of June, this is now scheduled for the beginning of August.

DW-2045: this event was originally raised as a complaint from the family. Complaint currently on hold as RCA investigation is taking place. RCA panel held on 29 June and report is due to be presented to the CGRMG on 23 August. The family are aware the RCA has been conducted and will receive a copy of the final report.

* SPSP

VTE: NSD is the current pilot area for this work.

Medicine Reconciliation: Ongoing KARDEX work is required within interventional Cardiology for the transfer of GGC patients to the Golden Jubilee.

CVC Maintenance bundle: Small numbers of non compliance noted in CCU and NSD. JR confirmed that ongoing improvement work will address this issue.

The group noted the importance of understanding the background of the red non compliance data shown on the SPSP table; this is fully discussed at Divisional and SPSP Leadership and any relevant points noted in the narrative.

* Complaints

DC-390 Closed no actions were raised

DC-399 linked to the RCA (DW-2045)

JR advised the group Steven Friel, Head of Medical Physics has accepted role as co-Chair of the Regional and National Division Clinical Governance Group.

* M&M Process

Discussion took place around the M&M process. Paul Rocchiccioli, Cardiology Consultant is currently leading a review of the M&M process and will be visiting the Brompton to experience their M&M methodology. The Board has a robust RCA and M&M process in place. The group were advised M&Ms take place for all specialties and in line with national guidelines are viewed as a safe place for discussions. MH was asked to link in with PR to produce a paper for the group.

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| **Action reference** | **Detail** | **Owner** | **Status** |
| **CGC/250717/02** | MH was asked to link in with Paul Rocchiccioli to produce M&M paper for the group | MH | New |

**6.3 CLOSED SIGNIFICANT EVENTS**

(i) DW-1307

This involved deterioration of an inpatient awaiting surgery. The group discussed the work ongoing via SPSP in relation to deteriorating patients noting that work has spread to cardiology on the Scottish Structured Response (SSR) and an event is planned for September to review the work.

(iii) DW-1655

This related to a retained surgical swab; policy learning points were noted and discussion ongoing with Comms over the production of a training video.

**6.4** **ANNUAL LEARNING REPORT**

The report was well received by the group. The group requested the report is distributed and shared for information with the divisional groups.

The group were advised the Complaints DATIX module went live on 1 April 2017 and has been well received by staff. LH advised the group improvements have been made with regards to the response time and will be noted in the next couple of months. JY noted the importance of quality over quantity, by ensuring letters are accurate, even if this results in a breach.

The group looked into the report and discussed in greater lengths the following:

1. GJNH top Adverse Events

The data shows no surprises in the top adverse events. The group noted continued improvement work with the top 3 categories.

The report notes a decrease in falls with harm. The group were advised the patients that suffered a fall with harm resulted in bruising with only 1 severe injury within the previous 18 months.

1. Significant adverse events in year

During the year 10 RCA panels took place with the majority in Surgical Services Division.

**7 EFFECTIVE**

**7.1 HAIRT**

AMC presented the HAIRT report for June and noted the following:

Compliance with HCE is sustained.

SABs: none reported in June

Hand Hygiene: improvement shown across the Board

MRSA: 1 area missed work showing improvement. No compliance re sustainability.

SSI: 2 superficial reported. Orthopaedics is showing continued sustainability and will champion this success throughout the hospital.

**8 PERSON CENTRED**

**8.1 COMPLAINTS – ANNUAL FEEDBACK REPORT**

The report was received and noted.

**9 AOB**

The group noted this was MW last meeting as a member of the CGC and offered their thanks for her valued contribution over the years.

**10 DATE OF NEXT MEETING**

Tuesday 10 October 2017 @ 10.00am, Level 5 Boardroom