Approved Minutes

**Clinical Governance Committee Meeting**

29 January 2019

**PRESENT:**

**Members**

Jane Christie-Flight (JCF) Non-Executive Director (Employee Director)

Linda Semple (LS) Non-Executive Director

Mark MacGregor (MMacG) Non-Executive Director (**Chair**)

**In attendance**

Mike Higgins (MH) Medical Director

Anne Marie Cavanagh (AMC) Executive Nurse Director

Laura Langan Riach (LLR) Head of Clinical Governance

Paul Rocchiccioli (PR) Consultant Cardiologist, RNM – Clinical Governance Lead

Theresa Williamson (TW) Associate Nurse Director

**Minutes**

Tracey Wark (TWa) PA to Executive Nurse Director

**APOLOGIES:**

Jann Gardner (JG) Chief Executive

Karen Kelly (KK) Non-Executive Director

Phil Cox (PC) Non-Executive Director

1. **Welcome and Apologies**

Mark welcomed everyone to the first meeting of the new year and thanked them for attending. Apologies were noted as above and accepted.

* 1. **Declarations of Interest**

There were no Declarations of Interest.

* 1. **Review and Approval of Minutes of 9 October 2018**

The minutes of the previous minutes were approved as accurate.

* 1. **Review of Actions from 9 October 2018**

All previous actions were updated and closed where appropriate (refer action log for finer detail).

1. **Safe**
	1. **Surgical Services Division Update**
	Theresa presented an update on the clinical governance activity within the Surgical Services Division.

There was discussion around the **adverse event activity** for this period noting the fluctuation in levels and that this is being monitored. There was a spike in medication events and Clinical Governance continue to work with the Wards to raise awareness of medication errors and opportunities for improvements have been identified by the staff who took part in the awareness sessions. Good learning has been gained and a Clinical Educator is focussing on this as a project for her ScIL programme.

The **significant adverse events** have been reviewed and there are no issues to escalate at present. She noted an event linked to Delirium; Jane advised that following discussion at Partnership Forum, it has been agreed that HR will arrange training sessions around violence and aggression against staff to support them in their work around patient /clinical issues including delirium. There was discussion around the need for clarity with regard to the difference between managing agitated, delirious patients and managing socially inappropriate and aggressive behaviour from members of the public or patients.

The occurrence of **pressure ulcers** reduced below the median for the period to September 2018.

Mark commented that the charts and data tables within this report are very helpful.

Theresa highlighted the **SSR data** noted on the **‘At a Glance’ report** and explained that the data comes from Synchrophi and is generating improved process and also the “days between” any occurrence of **CVC outcome and IAP/VAP outcome** is very good.

**Clinical Audit** – the report was noted.

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| **Action No.** | **Action** | **Action by** | **Status** |
| 290119/01 | **Clinical Audit Report** - provide reasons for ‘Closed – Abandoned’ items in future reports. | LLR | New |

* 1. **Regional and National Division Update**

Paul presented the Regional and National Division report and noted this was a reassuring report and that two well attended divisional meetings had taken place since the previous Clinical Governance Committee.

The main category of **adverse events** reported in Q2 was Diagnostic Processes / Procedures but none of these resulted in significant harm. He commended the local processes in place within radiology to review and respond to incidents.

The ‘**At a Glance Report’** gave very encouraging results overall. Compliance with medicines reconciliation within Cardiology has dropped in recent months and will is under discussion with the Cardiology ANP group. The test of CAUTI insertion and management bundles in CCU continues to go well.

There was one **fall** in the period and no **pressure ulcers**.

The **Clinical Audit report** was discussed with Paul noting these are discussed at the monthly DMT meeting to ensure progress on outcomes and to assess any potential risk.

**2.3** **Closed Significant Events**

A report was presented on significant adverse events investigations which had been closed via the Clinical Governance Risk Management Group (CGRMG) since the last CGC.

Two level one investigations were reported and these were discussed in detail. It was noted that following one of the investigations a decision was made at CGRMG that a short-life working group be set up to oversee the development and implementation of a standardised pathway and clear guidelines for the peri-operative management of anti-platelet and anti-coagulant therapy. The Duty of Candour process was triggered for one of the investigations.

One involved a death post transplant which allows an opportunity to fully explore the patient journey; the conclusion reached was that appropriate and effective decision making was made. The good practice from this supported ongoing development of the End of Life Pathway documentation.

Recommendations will be monitored via Divisions.

1. **Effective**
	1. **HAIRT Report (November 2018)**

AMC gave an overview of the salient points (refer report for finer detail) from the November HAIRT report, with additional updates from December:

* The increase in Hand Hygiene compliance for medical staff to 95% against a compliance rate of 98% was noted.
* Surgical Site Infections are within control limits and the Group will liaise with other Scottish Cardiac Centres to discuss SSI rates and ensure continued learning and best practice. There were two cases of SABS from cardiac wounds; totalling 4 cases since April 2018.
* No CDI’s to report since June 2018.

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| **Action No.** | **Action** | **Action by** | **Status** |
| 290119/02 | **Surgical Site Infection (SSI)** – agreement to contact other Scottish cardiac centres to discuss SSI rates and explore at NCBC conference. | AMC / MH / TW | New |

1. **Person Centred**
	1. **Complaints Report**
	The Feedback Report was received and reviewed. Laura outlined the complaints and feedback as noted on the report. The main themes related to clinical treatment with Orthopaedic and Interventional Cardiology receiving the highest number of complaints. Work continues to develop the report content and use of data over time, with some information included in the appendix with plans to build into the main reporting template in future.

It was noted as an area of Board good practice, that this is scrutinised by both the Clinical Governance Committee and the Person Centred Committee.

Additionally, the committee noted that some complaints become compliments due to good governance and feedback; consideration will be given on how best to evaluate and report this in future.

* 1. **Duty of Candour**

Laura presented the Duty of Candour 6 monthly report noting progress made on implementation. The group welcomed the update and found it helpful to see both events that had and had not triggered the Duty. It was agreed this will be supplemented by quarterly reports to the cross-divisional forum to support ongoing scrutiny of the process and learning. An annual report will be prepared as required

by legislation and brought to the committee in due course.

* 1. **Review of Procedural Consent**
	Mark highlighted that the GMC are analysing responses to the consultation and will present their proposals for redrafting the guidance ready for publication towards the end of this year. They are also developing learning materials including decision tools and case studies, to help doctors apply it to everyday practice.

Paul R gave a slide presentation outlining the consent process within Interventional Cardiology as a case example. He emphasised the need to ask the right questions so patients can make the right decisions about their care and the various streams of work ongoing to support this process. The committee were grateful for the overview and noted the challenges within this process and work underway.

1. **AOCB**

**5.1 Clinical Waste**

Anne Marie advised that a report on the current situation for clinical waste was submitted to last week’s Senior Management Team (SMT). Work has been underway nationally to appoint a new national contract for clinical waste from April 2019. Following a major incident meeting we developed and agreed contingency plans. Thereafter, a national contingency plan has been implemented with Scottish Government. An SBAR has been presented to the CGRM group to give assurance of the position and will receive regular updates. The teams continue to work collaboratively to ensure minimal impact for patients and services users.

**5.2 Quality of Care Review**

Anne Marie confirmed that we have been selected by Health Improvement Scotland (HIS) to be the next Board to undergo a Quality of Care Review. It is anticipated that this will take place by the end of March.

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

The next meeting is scheduled to take place at 10am on 16 April 2019.

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