****Approved Minutes

**Clinical Governance Committee Meeting**

16 April 2019

**PRESENT:**

**Members**

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

Linda Semple (LS) Non-Executive Director

Phil Cox (PC) Non-Executive Director

Karen Kelly (KK) Non-Executive Director

**In attendance**

Jann Gardner (JG) Chief Executive

Susan Douglas Scott (SDS) Board Chair

Alistair Macfie Interim Medical Director

Anne Marie Cavanagh (AMC) Executive Nurse Director

Laura Langan Riach (LLR) Head of Clinical Governance

Gareth Adkins Director of Quality, Innovation and People

Paul Rocchiccioli (PR) Consultant Cardiologist, RNM –

Clinical Governance Lead

Theresa Williamson (TW) Associate Nurse Director

**Attending from Healthcare Improvement Scotland**

Mahmood Adil (MA) Medical Director, National Services Scotland

Mark Aggleton (MAg) Head of Service Review, HIS

Mirian Morrison(MM) Clinical Governance Devt. Manager,

NHS Highland

Jo Elliot (JE) Project Officer, HIS

**Apologies**

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

Jane Rodman Clinical Leader for Nursing

1. **Welcome and Apologies**

MMacG welcomed everyone to the meeting noting that member of the review team from HIS are in attendance as part of the Quality of Care review visit which is scheduled for discussion later on the agenda.

**1.1 Declarations of Interest**

None noted.

**1.2 Approval of Minutes of January 2019**

Minutes of the previous meeting were approved

**1.3 Review of Actions from January 2019**

(See separate Action Log)

There was discussion around the increase in **SSI and Staphylococcus Areus** infections. The action around benchmarking was discussed with some recent attempt to link via the NCBC network; the standard for England which is 4% was discussed in detail, it was noted that although their definitions were different this was a helpful standard to work to. Work is ongoing in response to the infections with the focus on prevention of deep sternal wound infections and it was agreed to bring a paper back summarising the various improvement actions that are being implemented.

**Action: TW to bring back paper on the Cardiac SSI Improvement work**

1. **SAFE:**

**2.1 Surgical Services Division Update**

Theresa presented an update on clinical governance activity within the Surgical Services Division. Adverse Events showed a normal variance, top areas were Patient Accidents and Falls but no commonalities were noted. Some improvement was noted in device related Pressure Ulcers and the team were continuing to work to improve through education and training.

In discussing SPSP data Karen the VTE data which was briefly discussed and asked if the acronyms could be stated in full. Mark noted the new information on Pg 5of wider CG activity was very helpful and gives a good sense of what is going on in the department. The Committee noted the report.

**2.2 Regional and National Division Update**

Paul presented the Regional and National Division Update.

Adverse Events were relatively low in number as were Serious Adverse Events with some discussion around radiology. SPSP data is showing good progress, work continues on medicines reconciliation. Paul commended the nurses for their good work and Laura noted that the electronic system is being rolled out which will support improvements in discharge letters to GPs.

Paul highlighted a focus on closure of Clinical Audits outwith timescale.

Use of an off licence drug within Cath Lab was discussed Acetecoline; this has been used in research and is going through a formal process to get approval for use outwith research with Colin Berry was leading on this. The Committee noted the report.

**2.3 Closed Events**

Laura updated the Committee on Level 1 investigations closed since the last meeting via the Clinical Governance Risk Management Group.

Two events were discussed (refer to paper) which had both been allocated an Outcome Code of 3. Both cases were discussed in detail by the committee with a focus on the learning identified in each case. One review had been particularly challenging and the link to Spiritual Care in such aces with the possibility of panel involvement was discussed. One case triggered Duty of Candour and it was noted work was ongoing to ensure feedback to the family in a meaningful way.

It was agreed this discussion had been helpful, particularly the learning around ability to communicate to patients in softer language, especially when language barriers exist.

The importance of Clinical Debrief and reporting of any equipment faults as soon as possible was discussed with TW advising work was underway within theatres to support this. The Committee noted the report.

LS commented that the report and subsequent discussion reassured her about the level of review these events are subject to via the review process and also the committee structure.

1. **Effective**

**3.1 HAIRT**

Anne Marie gave an overview of the main points from January 2019 (refer to report detail previously circulated). She noted the February report was currently going through other groups.

* **SAB** – two cases reported in January bringing the total number of cases reported since April 18 to 6
* **CDIF** – nil to report since June 18
* **Hand** **Hygiene** – Compliance rate at 98% in January.
* **Cleaning and Healthcare Environment**: Housekeeping and Estates – 98.71% and 98.93% respectively. Excellent.
* **SSI** – Hip and Knee are within control limits as are Cardiac and CABG, but remain above centre line.
* **Skin Prep** has now been signed off and being implemented. Standardisation of procedures (refer to Pg 4 for SABS detail).

The committee discussed Hand Hygiene noting this was an ongoing area of focus and that Alistair was working with others to address cultural and educational issues.

**3.2 Clinical Governance Annual Report**

Laura presented the draft Annual Report (previously circulated) for review. The committee discussed the report and requested an amendment to the attendance list to include Linda Semple as a member. It was noted that the wok plan for the following year (20169/2020) had not been drafted and this will be discussed further outwith the meeting with Mark as chair. Subject to this amendment the report was approved.

**Action: LLR to update Annual Report and submit to Audit & Risk Committee.**

1. **Person Centred**

**4.1 Claims Report**

Laura explained this was a standing report presented twice yearly and provided an overview of Claims activity with a focus on links to the SAE process and supporting appropriate learning.

Currently, 22 claims are ongoing with 3 new claims received since the last report (refer to paper for detail). Details of claims closed since the last report were noted.

The need to support staff involved in the legal claims process was discussed as often this can come sometime after the event. Robust review at the time via the SAE process helps but the importance of support if a claim is later lodged was acknowledged. The committee noted the report.

* 1. **HIS Quality of Care Review**

**HIS Quality of Care Questions / Answers**

Mark advised that the self-evaluation document had previously been circulated to the committee and invited the visiting team to open discussions with any questions they had for the committee or observations based on the meeting discussions.

MA thanked Mark and the committee and outlined that the Quality of Care approach is an organisational review not inspection and an area HIS are testing in terms of quality assurance. The review team will be meeting with individuals to gain better insight into what happens nut the review team had fund the discussions at the meeting helpful in supporting the process.

There was discussion around the sharing of learning at the various levels of the organisation and also with referring health boards when the need arises. Various tools and processes were discussed formal and informal with acknowledgement it is an area that is continually reviewed. Some wider discussion on themes and communication challenges followed. The role of SPSP and improvement fellows within the organisations was also discussed.

1. **AOB**

**5.1 Maternal Resuscitation**

Alistair discussed this issue with the committee which ad bee raised via the Clinical Governance Risk Management Group.

He noted that over the last 10 years, GJNH have developed a supplementary service for obstetric patients with cardiac problems and hold joint clinics with obstetricians, cardiologists. Patients with cardiology issues are treated here and delivered via C-Section with obstetric and neonatal services in attendance. Whilst there has never been a catastrophic event here there is a risk of collapse prior to delivery and a need to ensure robust processes to support maternal resuscitation. We are currently liaising with Catherine Calderwood (CMO) and her team to ensure we have good governance and meet our requirements as an organisation and employer. A formal paper will follow.

**Action: Maternal resuscitation formal paper to be presented to future meeting.**

**5.2 Safety and Cleanliness**

Anne Marie gave an update on the response submitted to Scottish Government in response to the HEI inspection at NHS Greater Glasgow & Clyde with the GJNH position in relation to the findings and recommendations detailed in the supporting paper. The committee discussed the ambers and position in relation to these and noted the update.

**5.3 Whistleblowing**

GA gave a verbal update on a recent letter received anonymously via GGC relating to a member of our medical staff citing concerns about increased rates of mortality and morbidity with this individual. A review had been completed led by the Medical Director had concluded there were no grounds for concern. This issue has been discussed at the Board and brought to this Committee for noting in relation to the patient safety aspects.

**5.4 DONM**

Laura advised the schedule of meetings was under review with some potential date changes to those planned for the year. This would be circulated to the Committee once confirmed. In the meantime, members were asked to hold the current date of 16 July at 10.00 am in Level 5 Boardroom.