

Approved Minutes
Clinical Governance Committee Meeting
MS Teams

Wednesday 1 July 2020, 2pm

PRESENT:

Members

Morag Brown	Non-Executive Director (Chair)
Elaine Cameron	Non-Executive Director
Jane Christie-Flight	Non-Executive Director (Employee Director)
Linda Semple	Non-Executive Director

In attendance

Susan Douglas-Scott CBE	Board Chair
Anne Marie Cavanagh	Executive Nurse Director and Allied Health Professionals
Jann Gardner	Chief Executive
Mark MacGregor	Medical Director
Liane McGrath	Head of Corporate Governance
Laura Langan	Head of Clinical Governance
Paul Rocchiccioli	Consultant Cardiologist, Interventional Cardiology
Theresa Williamson	Associate Nurse Director

Apologies

Gareth Adkins	Director of Quality, Innovation and People
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Minutes

Alison MacKay	PA to Medical Director
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1. Opening Remarks

1.1 Chairs Introductory Remarks

Morag Brown welcomed everyone to the meeting and formally noted that Elaine Cameron, Non-Executive Director, had joined the Committee membership.

Morag Brown noted the meeting will be the first full Committee meeting since 4 March 2020. An extra ordinary meeting took place on 10 June 2020. Thanks were noted for all staff for their continued work and support throughout this period.

2 Apologies

Apologies were noted from Gareth Adkins, Director of Quality, Innovation and People.

3 Declarations of Interest

None noted.

4. Updates from Meeting 4 March and Extra Ordinary Meeting 10 June

4.1a 4 March 2020

The minutes of 4 March 2020 were approved by the Committee as accurate account of the meeting.

4.1b 10 June 2020

The minutes of 10 June 2020 were approved by the Committee as accurate account of the meeting.

4.2 Action Log

The action log was reviewed with actions closed as appropriate.

4.3 Matters Arising

a. CGC Annual Report

Morag Brown presented the CGC Annual Report noting this was presented and approved at the Extra Ordinary meeting on 10 June 2020 and had subsequently been noted at the Audit and Risk Committee.

The report had also been noted that the Board meeting on 25 June 2020.

The Committee noted this update will be presented with Sub Specialty reporting at future meetings.

5 Safe

5.1 Significant Adverse Events Update

Laura Langan presented the Significant Adverse Events report and advised that the full process to investigate SAEs has recommenced. Laura Langan advised that the majority of open Significant Adverse Events are in the final stages of review and it is anticipated that some of these will be closed prior to the next meeting with a more detailed report of learning presented.

Mark MacGregor gave reassurance around the Root Cause Analysis (RCA) commissioned in relation to patient deaths noting that the RCAs are standard practice within NHS GJ for any transplant deaths and all others automatically trigger a review for learning.

The Committee noted this update.

5.2 Duty of Candour Annual Report

Laura Langan presented the Duty of Candour report and noted this was the second year of data compiled for annual report as required for submission to the Scottish Government.

The report takes the same format as per in the previous two years following agreement across Clinical Governance networks.

During 2019-2020 NHS GJ recorded 44 Significant Adverse Events, 7 of which triggered the Duty of Candour. The performance against timescales is challenging and has been met in the majority of cases. It was stressed that the Board promotes an open culture and patients/families are notified regardless of the legal duty of candour.

Committee Members noted the Duty of Candour Annual Report.

5.3 Expansion Programme Update

Anne Marie Cavanagh gave verbal update to the Committee on the Expansion Programme. An extra ordinary Board meeting will take place on 9 July 2020 to formally endorse the Hospital Expansion Phase Two Full Business Case (FBC) before submission to the Capital Investment Group (CIG).

Committee Members noted the Expansion Programme Update.

5.4 Risk Register

Laura Langan presented the Risk Register report and noted changes to section 3 since last review. A new Covid-19 risk has been included within the Board Risk Register.

The Microbiology risk rating has been reduced in light of the successful recruitment of a Consultant Microbiologist and Microbiology Technical Advisor. The risk will be kept under further review.

Committee members noted plans to implement the revised national contract to support clinical waste following which the risk relating to this will close.

Committee members noted the Risk Register.

5.5 New and Restart Services – Governance Schedule

Mark MacGregor presented the New and Restart Services Governance Schedule paper.

The Schedule details new services that have commenced and services that have resumed as the Board moves into the recovery phase. The process for approving new/restart services was welcomed and the Committee was assured that the process is robust.

The process will be kept under review as the Board moves further into the recovery phase.

Committee Members commended staff for work to date and the progress made in service provision.

Committee members noted the New and Restart Services, Governance Schedule.

5.6 Internal Audit – Patient Pathways

Jann Gardner gave verbal update on the Internal Audit Plan for 2020-2021 which includes an audit of Patient Pathways.

Jann Gardner noted that a different approach was being taken to this year's audits, the audits will focus on fewer areas but will be more detailed and allow a deeper dive into key areas.

The patient pathway audit will review the processes that were implemented to ensure patient flow is safe and effective and adheres to the agreed pathway framework.

Members were assured of the robust Internal Audit Plan for 2020-2021, and agreed that updates from the internal audit will be noted on future agendas.

6 Effective

6.1 HAIRT Report

Integrated Performance Report June 2020, page 15

Anne Marie Cavanagh presented the HAIRT report for May 2020 noting the following:

- 2 ***Staphylococcus aureus* Bacteraemia** and 1 ***Clostridioides difficile* infection** were reported
- A new surveillance requirement, **Gram Negative/E.coli Bacteraemia (ECB) was also noted. No cases were reported.**
- The **bimonthly** Hand Hygiene report from May demonstrated an overall compliance of 100% with hand hygiene opportunity and technique

Anne Marie also noted that, as per Scottish Government instruction, Surgical Site infection (SSI) surveillance continues to be temporarily suspended.

Mark MacGregor advised members that the organisation had expanded the Revision Arthroplasty and Colonoscopy services. Therefore, there is a likelihood that infections rates will increase due to the risks associated with these procedures.

Committee members noted this update.

6.2 Clinical Governance Update

Integrated Performance Report June 2020, page 13

Anne Marie Cavanagh presented the Clinical Governance update and noted the following key points:

- One Stage 1 Complaint was reported in May 2020 and was responded to within the threshold timescale
- No Stage 2 Complaints were reported in May 2020.

- The reduction in activity in light of Covid-19 correlated with the drop in complaints/feedback received. As services resume there is an expectation feedback will return to pre Covid-19 status.
- The HAIRT and SAE updates were covered earlier in the agenda.

Committee members noted the Clinical Governance update.

7 Person Centred

7.1 Patient stories – New Services feedback

Mark MacGregor presented feedback received from NHS Scotland Board colleagues and patients regarding Cancer Services delivered at NHS Golden Jubilee (GJ) to the Committee.

The presentation highlighted the national contribution NHS GJ has made so far within NHS Scotland during the Covid-19 pandemic.

Positive feedback was highlighted from patients and visiting Consultants, commending staff for the high quality care received and focus on safety throughout.

Committee members were advised the new cancer procedures can be very complex and to receive such positive feedback is highly commendable. Committee members discussed this and agreed that the feedback is extremely positive and should be promoted.

Committee members noted the Patient stories presentation.

8 Corporate Governance

8.1 CGC Terms of Reference 2020-2021

Liane McGrath presented the CGC Terms of Reference advising the paper has been refreshed as part of the annual review.

Committee members approved the CGC Terms of Reference 2020-2021.

8.2 CGC Workplan

Laura Langan presented the draft workplan 2020-2021 noting that this draft would be further developed with a final draft presented to the Committee in September 2020.

The Draft CGC Workplan was noted and the Committee recognised that will evolve through the year as required.

9 Issues for update

9.1 Issues to highlight/escalate

No escalation issues were noted.

9.2 Update to the Board

The Board agreed to include the following items within the Board update:

- Patient Stories summary

- SAE update
- Duty of Candour update
- Risk Register update
- New and Restart Service Framework
- Internal Audit
- ToRs and Workplan

10 Any other Competent Business

No other competent business was noted.

11 Date and Time of Next Meeting

2 September 2020, 14:00 via MS Teams