Approved Minutes

CGC-2021-03-4.1

Clinical Governance Committee

Via MS Teams

Wednesday 13 January 2021

**Members**

Morag Brown *(Chair)*  Non-Executive Director

Elaine Cameron Non-Executive Director

Linda Semple Non-Executive Director

Jane Christie-Flight Employee Director

**In attendance**

Susan Douglas-Scott CBE Board Chair

Jann Gardner Chief Executive

Gareth Adkins Director of Quality, People and Innovation

Anne Marie Cavanagh Nurse Director

Laura Langan Head of Risk and Clinical Governance

Mark MacGregor Medical Director

Liane McGrath Head of Corporate Governance

**Minutes**

Cheryl Prentice PA to Chief Executive & Board Chair

**1 Chairs introductory remarks**

Morag Brown opened the meeting and thanked everyone for their attendance and continued support managing meetings in a virtual manner.

**2 Apologies**

Callum Blackburn Non-Executive Director

**3 Declarations of interest**

None noted.

**4 Updates from meeting 4 November**

**4.1 Unapproved minutes**

The minutes of the previous meeting were read and approved for accuracy.

**4.2 Action Log**

All outstanding actions have been completed and closed.

**5 Safe**

**5.1 Covid Sit Rep**

Anne Marie Cavanagh advised that there has been a total of 525 Covid tests conducted via the drive through test site that is based on site, a total of 13 positive test results had been identified to date.

Anne Marie Cavanagh confirmed that she would give further detail on the Vaccine Programme progress under item 6.2.

Committee Members noted this update.

**5.2 Significant Adverse Events update**

The Significant Adverse Events (SAEs) report was presented by Laura Langan who provided the Committee with a detailed overview of the report and the actions taken following the events.

Laura Langan gave assurance that robust review processes are in place to understand any SAEs. The report highlighted the review process for two patient deaths and Laura Langan confirmed that in both cases a full review was conducted via the Mortality & Morbidity Group leading to the implementation of some recommendations. These included a focus on patient monitoring while on the waiting list.

Laura Langan also outlined an incident linked to discharge medication prescription and corresponding discharge information. Immediate action was taken to review the incident and the Director of Pharmacy reviewed discharge processes to ensure a robust management model is in place for all patient discharges. Committee members were reassured with the mitigation steps taken.

Linda Semple asked for assurance that observations and learning from SAEs are communicated across clinical teams. Laura Langan noted that findings are shared with relevant departments to seek improvement and avoid further events.

SAEs across the clinical departments were discussed and Members recognised the national picture in relation to the Covid-19 pandemic and resulting impacts.

Morag Brown asked that all findings be taken forward to ensure organisational learning. Learning and subsequent improvements should also be included within the annual report, Laura Langan confirmed that this information will be incorporated.

The Committee thanked Laura Langan for presenting the Significant Adverse Events report and noted its content.

**5.3 Expansion Programme Update**

**Phase 1**

Anne Marie Cavanagh confirmed that the NHS GJ Eye Centre officially opened in November 2020, progress to date was positive and patient activity across the facility continues to expand.

As part of the routine building handover process, snagging identification is ongoing. This is being robustly processed by the Expansion Team under the management of the Expansion Programme Director.

Feedback from the Ophthalmology Team working within the building has been positive as has patient feedback to date. Volunteers have been assisting with the Electronic Self Check-In process which has generated a number of positive comments from patients and staff.

**Phase 2**

Work continues on the development of the Assurance Process for Phase 2 which is expected to be in the draft approval stage by the end of January 2021.

Anne Marie Cavanagh noted that the Expansion Programme Team continue to monitor any impact to the building works in light of recent pandemic restrictions announced by the Scottish Government. Although impact is not anticipated to be significant at this time, this will be closely reviewed and any delays will be reported to the Committee.

Committee Members noted this update.

**5.4 Risk Register**

Laura Langan noted that the Board Risk Register and Appetite were discussed in full at the Board Seminar in December 2020. Outputs from the Seminar will be incorporated into the Risk Register and a revised version will be developed and brought back to the Committee.

Laura Langan stated that any impact to risks following the recent pandemic restrictions will also be incorporated and reflected in the updated paper.

Committee Members noted this update.

**5.5 Adverse Events report**

Laura Langan presented the Adverse Events Report which detailed activity from April 2020 until September 2020. A piece of work is underway to review activity, reporting levels and themes. It is anticipated that this information will be included into a future report.

Members were given an overview of the top five categories within the report, Trips and Falls generated the highest volume of incidents. Laura Langan advised the Committee that there has been a deep dive review carried out in relation to this. A number of these incidents occurred within the Orthopaedic department and work is ongoing to review the root cause and associated actions to mitigate against future occurrences.

Committee Members discussed the incidents relating to Imaging and recognised the system constraints underpinning these events. Members were reassured that previously reported challenges with the Imaging system had been addressed and that a two-step mitigation process had been implemented to ensure all patient images were available electronically. Assurance was also given to the Committee that no patients were required to be re-scanned as a result of these technical challenges.

Laura Langan highlighted a number of incidents recorded within the ICU department, no specific themes had been identified and discussions regarding learning and support had been undertaken with the team. Incident rates and categories will continue to be regularly monitored and shared with Clinical Teams.

The Committee noted the Adverse Events report.

**6 Effective**

**6.1 Clinical Governance update (including HAIRT) Integrated Performance report October 2020**

Anne Marie Cavanagh presented the Integrated Performance report for November 2020 and highlighted the following key points of interest to the Committee.

* *Staphylococcus aureus* Bacteraemia, 7 cases in total since April 2020.- 1 case to report in November 2020.
* *Clostridioides difficile* infection (previously known as *Clostridium difficile*) - Nil to report.
* Gram Negative/E.coli Bacteraemia (ECB) - No cases to report.
* Cleaning and the Healthcare Environment- Facilities Management Tool: Housekeeping Compliance: 98.58% Estates Compliance: 99.56%

The Committee noted the reported Hand Hygiene compliance figures and discussed the compliance for medical and ancillary staff. Committee Members noted their expectation that all areas ensure the highest rate of hand hygiene and supported the implementation of improvement processes within the areas/departments that are currently recording below target.

Members were advised that this remains a key focus area for Operational Managers and the Medical Director, close monitoring in this area would continue to take place.

Anne Marie Cavanagh took the opportunity to inform the Committee that HAI Inspection programme is still in place and there are no plans at the moment to step this down.

Committee Members noted the Clinical Governance update.

**6.2 Covid Vaccination Programme**

Anne Marie Cavanagh updated Members on progress with the Board’s Covid Vaccination Programme with over 1,400 staff having received their first dose of the vaccine.

Teams were commended for the work undertaken to date especially in light of the logistical challenges the vaccination process presents. Members were assured that the Board had implemented changes to the vaccination process in line with recent changes to the national guidance.

There will be a formal report brought back to a future Clinical Governance Committee that will detail how the vaccine has been rolled out within the Board.

The Committee thanked the team for their hard work and efforts in vaccinating staff.

**6.3 eHealth Sub-Committee update**

This item was unavailable to be presented due to technical issues with remote access, it was agreed that this agenda item will be carried forward to the next meeting of the Committee.

**6.4 Research and Development Sub-Committee update**

Mark MacGregor provided the Committee with a short update on the current Research and Development (R&D) status and forthcoming R&D Strategy.

Mark MacGregor reported to the group that R&D work paused in March 2020 due to the pandemic with the exception of Covid-19 related research.

The restarting of research studies following the initial pandemic response phase was discussed and Mark MacGregor outlined the robust process in place to ensure trials could restart safely. This involved the submission of a restart request to the R&D Committee followed by presentation for formal approval from Gold Command. A virtual first approach was also in place which allows studies to continue if that can be facilitated remotely.

Assurance was given to the Committee that there is an escalation process in place in the event of an urgent study which is overseen at Gold Command.

Mark MacGregor highlighted to Members that the team will be recommencing work on the Research & Development Strategy, this will be shared with the Committee once available. Morag Brown noted this would be an excellent piece of work to review in due course.

A full update on R&D will be provided at the next CGC meeting.

**7 Person Centred**

**7.1 Patient Visiting and Support**

Anne Marie Cavanagh gave an update on Patient Visiting arrangements and support. Members noted the ongoing review and discussed the importance of building on the changes that have been implemented in line with national guidance.

Given the recent changes to national restrictions across Scotland, Members noted the challenges and impact this had on patient visiting. Assurance was given to the Committee that the Board continues to follow national guidelines and ensure patients and families are kept update using other methods of communication where available.

This is an evolving piece of work and the Committee will be updated as this progresses.

In order to ensure a patient centered approach, cases are reviewed individually and support is given to patient relatives and potential visitors. Anne Marie Cavanagh assured the Committee that patient visiting and communication remains a key focus for Clinical Staff. There is a ‘drop off’ space at reception to allow family members to delivery items for patients and to date this is working well.

Communication with families is also being supported in other ways, using technology where appropriate. Mark MacGregor noted that this a learning opportunity for Clinical Staff and that new ways of visiting and the use of technology can be very effective.

Linda Semple enquired if Rob White had been included from an Equalities perspective, it was confirmed that Rob White has been involved and the organisation continues to ensure accessibility is a key focus.

Anne Marie Cavanagh raised that Theresa Williamson is involved in the development of a paper to support Patient Visiting and it is anticipated that this will be brought to the next meeting of the Committee in March 2021.

Committee Members noted this update.

**7.2 Consent**

The Committee welcomed a presentation from Mark MacGregor and Members noted the work being undertaken by both the Medical Director and Associate Medical Director in line with changes to Consent following guidance from the General Medical Council.

Board policies will be updated to reflect and capture relevant changes. Members felt this was a positive approach and builds on the cultural changes across NHS Scotland to be more inclusive of patients within vulnerable categories

As the overarching work is being undertaken at National Level, NHS GJ will continue to develop policy in line with national guidance over the coming months.

Linda Semple noted that this was a very timely piece of work given the pandemic situation and highlighted the importance of conversations about personalisation.

The Committee supported this work and thanked Mark MacGregor for this update.

**7.3 Deep Dive – Orthopaedic Service Restart**

Mr Nick Holloway, Orthopaedic Consultant, joined the meeting to present a Deep Dive into the restart of the Orthopaedic Service following the suspension of services in March 2020 due to the pandemic.

In June 2020 the Orthopaedic Team began to restart clinical services, this involved contacting patients to begin phasing theatre slots and explaining to patients the how this process would operate in line with the restricted criteria. Patients are required to go through a screening process and are not presented for surgery unless they have a negative Covid result.

A significant amount of work had been undertaken to establish ‘green pathways’ for patients to ensure a non-Covid environment was maintained.

At the commencement of the service restart strict patient criteria has been put into place to reduce risk, as the system was further implemented and proven safe these criteria were relaxed to provide equity of access for patients.

Linda Semple noted that it may be helpful to share the outputs of the audit work presented with other Health Boards.

Jann Gardner noted this was an excellent piece of work. Mr. Nick Holloway responded that the success was due to a wide team effort and robust implementation of standardised process. Keeping in touch with patients was critical and ensures pre-admission criteria are followed.

Members commended the stringent measures the team have undertaken to ensure the safety of patients and staff. There were many positive outcomes following the re-start of the service with excellent assurance measures implemented and working well.

Morag Brown thanked Nick Holloway for joining the meeting and asked for the Committee comments to be shared with the wider Orthopaedic Team.

**7.4 Deep Dive – Clinical Outcome Measures**

Mark MacGregor delivered a presentation on Clinical Outcome Measures and noted the importance of using robust outcome data to inform service design and improvement.

An overview of the Target Operating Model was outlined and Mark MacGregor noted how this is could be used to identify current performance and potential improvement opportunities.

Jann Gardner stated that this is a valuable programme of work and will ensure our services remain safe and effective. Members noted their support for this work going forward.

Morag Brown enquired about the process for expanding this work, Mark MacGregor highlighted the importance of engagement from the clinical teams. Although this will be developed it was recognised that current pressures can be challenging.

Gareth Adkins informed the group that discussions have commenced to pilot this piece of work with the initial focus being on Orthopaedic Services. The collation of all improvement work is a key objective and a mapping exercise is underway.

Next steps are to bring an update report to future meeting of the Clinical Governance Committee within the next six months.

Morag Brown thanked Mark MacGregor for his presentation noting that there was good enthusiasm around the development of a Target Operating Model.

**7.5 Quarter Two Feedback Report**

Laura Langan presented the Quarter Two Feedback Report to the Committee.

Members noted its content and endorsed the style of presentation.

Elaine Cameron acknowledged that there were many interesting topics covered within the report. Education and Training was highlighted for discussion and Laura Langan noted that e-Learning options are being reviewed which included the introduction of Video Modules. Elaine Cameron noted recent experience with this type of learning and stated that it had worked well.

Morag Brown enquired about the process and action taken if the Scottish Public Service Ombudsmen uphold a compliant that NHS GJ did not support. Laura Langan confirmed that in these circumstances a review of findings and conclusion is undertaken. On review, the outcome may not change but all feedback is reflected upon and used as learning when reviewing other complaints.

The Committee noted this update.

**8 Issues for Update**

**8.1 Issues to highlight/escalate**

There were no significant concerns to highlight or escalate to the Board.

**8.2 Update to the Board**

The Committee agreed to include the following items within the Board update report;

* Significant Adverse Events update (SAE)
* Infection Control – Hand Hygiene
* Covid Vaccination Programme
* Research and Development
* Patient Visiting and Support
* Consent
* Orthopaedic Deep Dive
* Clinical Outcomes Deep Dive

**9 Any other Competent Business**

There was no other competent business noted.

Morag Brown closed the meeting at 4.27pm and thanked all for their input.

**10 Date and time of next meeting**

Wednesday 3 March 2021, 2pm via MS Teams