**Approved Minutes**

**Meeting: NHS Golden Jubilee Clinical Governance Committee**

**Date: Wednesday 7 July 2021 at 14:00 hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Elaine Cameron Non-Executive Director

Linda Semple Non-Executive Director

Jane Christie-Flight Employee Director

**In attendance**

Anne Marie Cavanagh Executive Nurse & AHP Director

Jann Gardner Chief Executive

Laura Langan Head of Risk & Clinical Governance

Mark MacGregor Executive Medical Director

Nicki Hamer Deputy Head of Corporate Services

Susan Douglas-Scott CBE Board Chair

**Guests**

Helen Mackie Associate Medical Director

Jane Rodman Head of Nursing, National Elective Services

Sandra Wilson Clinical Nurse Manager, Prevention & Control of Infection

**Apologies**

Gareth Adkins Director of Quality, Innovation & People

Theresa Williamson Associate Nurse Director

**Minutes**

Tracey Wark Executive PA

**1 Opening Remarks**

* 1. **Chair’s introductory remarks**

Morag Brown opened the meeting and thanked everyone for their attendance. She highlighted that eHealth is in the process of migrating all staff to Office 365 in the coming weeks.

**2. Apologies**

Apologies noted as above.

**3. Declarations of interest**

 None noted.

**4. Updates from Meeting 13 May 2021**

**4.1 Unapproved minutes from 13 May 2021**

The Committee reviewed and approved the minutes of the last meeting.

**4.2 Action Log**

All outstanding actions have been completed and closed, with the exception of inviting the new Director of eHealth to the attend the September meeting. This will be actioned in August when the new Director is in post.

**5. Safe**

**5.1 Covid Sit Rep**

The Committee recognised the impact of self-isolation on staffing and noted that this continues to be well managed.

The Committee were assured that the Board remains ready to support other NHS Boards should the pandemic situation worsen. Jann Gardner reported that work is ongoing with colleagues and triumvirate regarding service options which can be offered to other Boards.

**5.2 Significant Adverse Events (SAE) Update**

The Committee were provided with a Significant Adverse Events (SAEs) overview report and were updated on key actions and associated timelines. The Committee discussed the SAEs and noted the learning summaries.

The Committee reviewed the SAER Action Plans. The Team continues to review the status of open SAER actions and is progressing these in a timely manner.

The Committee noted the collaboration of departmental Clinical Governance Groups and the Clinical Governance and Risk Management Committee to ensure the Action Plans progress with the appropriate processes in place.

Future reports on SAER Action Plans progress will be presented to this Committee.

The Committee noted an additional report on Radiology which highlighted actions including a Short Life Working Group to review progress.

The Committee praised the Clinical Governance Team for their remarkable contribution over the past year, despite the challenges faced during the pandemic.

The Committee will receive ongoing updated reports.

**5.3 Expansion Programme Update**

 Anne Marie Cavanagh reported there were no clinical governance issues for escalation.

Phase 1 Expansion – The Ophthalmology Centre is now fully operational.

Phase 2 Expansion – Surgical Centre progressing as planned. A review of processes in respect of immuno-suppressant patients has been completed and mitigations have been approved by Microbiology.

As part of our measures to reduce the spread of dust generated during construction of the new Surgical Centre, we have sealed our windows shut. This decision is to protect our patients from possible infection and will remain for the foreseeable future.

The Committee noted the Expansion Programme update.

.

**5.4 Risk Register**

The Committee reviewed the Risk Register noting the proposed changes. The Risk Register will also be submitted to the next Audit & Risk Committee meeting.

The Committee noted the proposed new risk in relation to NICOR reporting and advised to maintain risk S20 at the current level.

The Committee noted the Risk Register.

**6. Effective**

**6.1 Clinical Governance Update (including HAIRT)**

 **Integrated Performance Report June 2021**

The Committee were given an overview on the number of complaintsand the timelines for completion. The Committee noted the delays in concluding some responses but appreciated that the quality of responses need to provide balance between person centeredness and timeliness.

A process is in place where delays are investigated and key actions set to improve coordination and timescales. An SBAR detailing further improvements will be submitted to the Executive Team for approval.

The Committee noted that in balance, the Clinical Governance Team continue to contact the complainants regularly to ensure they are fully updated on progress and advised of any potential breaches to timelines.

An update will be given at the next meeting.

**HAIRT Report**

* *Staphylococcus aureus bacteraemia* – 1 case to report with source unknown.
* *Clostridioides difficile infection* – 0 cases to report..
* *Hand Hygiene* – bi-monthly report from May indicates an overall compliance of 98%. The next report is due July 2021.

The Committee discussed the HAIRT report and commended staff for the continued compliance levels and ongoing improvements.

The Committee noted the Clinical Governance IPR Update.

**6.2 Endopthalmitis Outbreak Report**

The Committee discussed and noted the report from the Problem Assessment Group (PAG) that was commissioned to review two cases of Endopthalmitis within the new Eye Centre. The report outlines the investigation and findings of the PAG. The events did not trigger the legal Duty of Candour but there was full communication with the patients via the clinical team. As with any PAG, all mandatory external reporting has taken place.

The Committee were assured that the incidence of Endopthalmitis remains low and within the guidelines set by the Royal College of Ophthalmologists. Good practice continues to ensure this remains as low as possible.

The Committee noted the content of the Endopthalmitis Outbreak Report.

**6.3 Information Governance Annual Report 2020/21**

The Committee discussed the Information Governance Annual Report noting that one of the requirements for the preparation of the Annual Accounts Governance Statement is that the Annual Reports are produced and approved for each strand of Governance.

The report will be approved virtually by the eHealth Steering Group and any significant changes can be updated at the next Audit and Risk Committee meeting.

The Committee noted and supported the report highlights on current and planned activities over the coming year to maintain and develop the Information Governance structure in place within the Board.

The Committee noted the Information Governance Annual Report 2020/21.

**6.4 Clinical Governance and Risk Management Group (CGRMG) Update**

The Committee were given an overview of the Clinical Governance and Risk Management Group (CGRMG) activity since the last Clinical Governance Committee in May, noting key discussions and decisions.

Three meetings have taken place with one Agile meeting. Two new policies have been approved along with three interventional procedures:

* Electronic Death Registration
* New Interventional Procedures Policy
* Lung Mark
* Rosa Total Knee Replacement
* Da Vinci General Surgery

The CGRMG also endorsed the Duty of Candour Annual Report and the Annual Feedback Report.

The Committee were advised that the revised service structure has been in place for a year now and a workshop is being arranged for Clinical Directors and Clinical Nurse Managers to discuss how the service forums are working and agree a revised reporting structure.

The Committee supported the content of the report and commended the Team for the positive work carried out and for seeking service improvement.

The Committee noted the Clinical Governance and Risk Management Group Update.

**6.5 Clinical Department Update (General Surgery)**

The Committee acknowledged the many changes to service provision as a result of the pandemic. The evolving services include cancer work, colorectal service at planning stage and new medical leadership. Additional triumvirate multidisciplinary meetings are in place with representation from medical, nursing and AHPs teams.

One particular highlight of note was the positive feedback received from colleagues and patients, particularly during such challenging times.

The Committee extended their appreciation to all colleagues for their continued dedication in further developing services offered.

The Committee noted the Clinical Department Update (General Surgery).

**6.6 Duty of Candour Annual Report**

The Committee discussed the Duty of Candour Annual Report noting that there is a legislative requirement to publish this. There has not been detailed guidance from Scottish Government in relation to the template to be used and our Clinical Governance Team have therefore developed one.

The Committee discussed the events that triggered legal Duty of Candour and were assured that, in terms of process, these are integrated into the Significant Adverse Events report. Regardless of legal status, patients and families are informed of a review and their input sought.

The Committee approved the Duty of Candour Annual Report for sharing with the Board prior to publication via the website.

**6.7 Prevention and Control of Infection (PCI) Annual Report**

The Committee were given an overview of the salient points of the Prevention and Control of Infection Report.

The Committee noted the key role the Prevention and Control of Infection Team (PCIT) have delivered through this challenging year. The Team have provided robust and significant advice in response to COVID-19 aligned to national guidance, which was subject to frequent change as more intelligence was gained on the epidemiology of the pandemic.

The Committee commended the PCIT for their hard work and collaboration in delivering new pathways and processes during this unprecedented time.

The Committee were advised that national Surgical Site Infection (SSI) surveillance was paused in March 2020 and remains the current status. Assurance was given that despite this national stand-down the NHS Golden Jubilee PCIT continue to monitor locally and remain visible to clinical colleagues.

No changes to the HEAT target are expected.

The Committee approved the Annual Report and supported the programme for the coming year 2021/22, noting the complexity of their work which is coherently managed whilst remaining vigilant on key themes.

The ICP for 2021/22 was presented to and approved by the Clinical Governance Committee and Board.

**6.8 Organ Donation Annual Report**

The Committee reviewed the Organ Donation Annual Report, noting there were no missed referrals. The Committee commended the teams for their ongoing dedication throughout a very challenging year during the pandemic.

The Committee approved the Organ Donation Annual Report.

**7. Person Centred**

**7.1 Annual Feedback Report 2020/21**

The Committee reviewed the Annual Feedback Report 2020/21 noting the key highlights. During the year there were 72 complaints received (44 Stage 1 and 28 Stage 2). However, this was a 4% decrease from the previous year as expected due to the pandemic.

Compliments were the highest form of feedback with 161 being received.

The Committee were assured that learning from complaints continues to result in improvements to services, training and communication with patients and families.

A final report will be submitted to the Board and Staff Governance Person Centred Committee.

The Committee approved the Annual Feedback Report 2020/21.

**7.2 Patient Story**

The Committee viewed a video of a heart transplant patient’s experience which was extremely positive in regard to the service provided and the care received. One point of note was the benefit of psychological care given during the patient’s journey and consideration will be given on how best to enhance this service to further improve the level of care provided.

The Committee noted the positive patient feedback and commended the teams involved. Patients’ stories will be provided at future Committee and Board meetings.

**8. For Noting**

The Committee were advised that Laura Langan, Head of Clinical Governance is leaving the organisation in August to pursue an opportunity in the private sector. The Committee commended Laura’s dedication and hard work over recent years in developing an effective Clinical Governance service, and wished her well in her future career.

**9. Any Other Competent Business**

 None noted.

**10. Key Issues for Reporting to NHSGJ Board**

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

* Covid Sit Rep
* Significant Adverse Events Update (SAE)
* Risk Register
* Clinical Governance Update
* Duty of Candour Annual Report
* Organ Donation Annual Report
* Prevention and Control of Infection (PCI) Annual
* Clinical Department Update (General Surgery)
* Annual Feedback Report
* Patient Story

The meeting closed at 16:25hrs.

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

The next scheduled meeting of the Clinical Governance Committee is Thursday 9 September 2021 at 14:00 hrs.