**Approved Minutes**

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

**Date: Thursday 13 May 2021 at 11:00 hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Elaine Cameron Non-Executive Director

Jane Christie-Flight Non-Executive Director

**In attendance**

Anne Marie Cavanagh Executive Nurse & AHP Director

Jann Gardner Chief Executive

Laura Langan Head of Risk & Clinical Governance

Liane McGrath Head of Corporate Governance

Mark MacGregor Executive Medical Director

Nicki Hamer Deputy Head of Corporate Services

Susan Douglas-Scott CBE Board Chair

Theresa Williamson Associate Nurse Director

**Guests**

Kate Robb Clinical Nurse Manager, Cardiology

Martin Dawes Service Manager, Cardiology

Paul Rocchiccioli Consultant Cardiologist, Interventional Cardiology

**Apologies**

Gareth Adkins Director of Quality, Innovation & People

Helen Mackie Associate Medical Director

Linda Semple Non-Executive Director

**Minutes**

Tracey Wark Executive PA

**1 Opening Remarks**

* 1. **Chairs introductory remarks**

Morag Brown opened the meeting and thanked everyone for their attendance. She highlighted International Nurses’ Day which was celebrated this week and commended our nursing team for the dedication and professionalism throughout the pandemic.

**2. Apologies**

Apologies noted as above.

**3 Standing Declarations of interest**

None noted.

**4. Updates from last meeting**

**4.1 Unapproved minutes from 3 March 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 the Significant Adverse Events (SAE) progress update being deferred until July 2021.

**5. Safe**

**5.1 Covid Sit Rep**

Anne Marie Cavanagh confirmed there are no Covid positive patients on site and relevant pathways continue to be followed.

The Committee noted the Covid Sit Report update.

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

The Committee was provided with a SAE progress report. Members were given an update on key actions and associated timelines. The Committee discussed the SAEs and noted the 5 learning summaries for review that have concluded. Laura Langan outlined the details of SAEs being reported on and those under assessment.

The Committee discussed and supported the key learnings noted within the report, including:

* The Consultant on Call operational change.
* Further work is ongoing to develop a standard approach to ensure a level of consistency for reviewing and acting upon radiology reports. The Committee will welcome a further update on this work as it progresses.

The new Director of eHealth has recently been appointed and will be invited to attend the Committee to update on reporting issues and potential solutions.

* Work is being progressed to improve cognitive status assessments. In situations where further investigation of a patient’s cognitive state is required, more in-depth cognitive tests will be used. This work will be carried out with the involvement of the Dementia Nurse.
* Committee Members were assured that learning outcomes from SAEs were being cascaded to ensure improvement across the organisation. Members noted positives of team work and being able to offer assurance to staff when things did not work out as wished, despite the best efforts of the team.

A full report on lessons learned will be included in the Annual Learning Summary Report.

The Committee discussed the Significant Adverse Events Update.

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| **Action No.** | **Action** | **Action by** | **Status** |
| CGC/130521/01 | Invite the new Director of e-Health to attend the Committee to provide an outline of developments of systems. | LL / TWa | New |

**5.3 Annual Learnings Summary**

Laura Langan provided an update on progress against the key areas for discussion/action that were presented at the November 2020 Committee as part of the Annual Learning Summary.

The Committee was assured that monthly service Clinical Governance forums are providing a good opportunity for local discussion and reflection on engagement. There has been an improvement in the overall number of events with progress being made across the areas. Work is ongoing to develop a variety of elements including Mortality and Morbidity and debrief reporting forms on Datix which will support links to SAER where appropriate.

Mark MacGregor commented that the format of the report and data tables are very useful and will assist in the delivery and clear management of events. Anne Marie Cavanagh added that this will also assist in highlighting significant themes.

The Committee noted the content of the Action Learnings Summary and commended the ongoing improvements.

**5.4 Expansion Programme Update**

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

Phase 1 workforce challenges were reported at the previous Committee. Anne Marie Cavanagh gave assurance that the situation is improving and from the perspective of having people in post and investment in a training programme, will reap rewards in the coming weeks.

Assurance was given that adherence to the 2-meter physical distance has been managed creatively with good collaboration with operational, nursing and medical teams.

The Committee noted the Expansion Programme update.

**5.5 Risk Register**

Laura Langan presented the Risk Register noting that the annual review of the Board risk appetite was previously presented to the Committee and was approved by the Board in March 2021. The Members discussed the detail of the report and were assured that the risks are under review by owners ahead of a formal update.

The Committee was asked to advise of any changes to be considered within the Risk Register.

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| **Action No.** | **Action** | **Action by** | **Status** |
| CGC/130521/02 | Advise Laura Langan of any changes to be considered within the Board Risk Register. | ALL | New |

**5.6 Whistleblowing Standards Implementation**

Anne Marie Cavanagh advised the Committee that implementation of National Whistleblowing Standards had been delayed on 31 March 2020 due to the COVID 19 pandemic. The new Standards will now be effective from 1 April 2021.

Jane Christie Flight outlined the salient points of her report advising that a Short Life Working Group (SLWG), chaired by the HR Director and Employee Director, was established to oversee the implementation. An Action Plan was developed with key milestones to support the go live date of 1 April 2021 and was published on the Independent National Whistleblowing Officer (INWO) website.

Our Board has recruited eight new Confidential Contacts from a diverse range of staff; multi-professional, cross gender, age and race. A training programme is underway with good systems in place. This widens the range of staff across the organisation who can support staff who may have issues across Whistleblowing, bullying and harassment and may need advice and support for signposting to help address their issues. A ‘go live’ date and promotional launch will be arranged.

A number of actions have taken place to ensure the organisation is complying with requirements to implement the Whistleblowing Standards by 1 April 2021 and are detailed within the report. A final meeting of the SLWG has been scheduled for 27 April 2021 to close off final actions required to support implementation.

Susan Douglas-Scott confirmed that regular Whistleblowing Updates will be reported at the Clinical Governance Committee and will also form part of the Staff Governance Group agenda.

The Committee noted the Whistleblowing Standards update.

**6. Effective**

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

**Integrated Performance Report March 2021**

Anne Marie Cavanagh presented the Clinical Governance Update (including HAIRT), noting this is based on March data whilst the April report is being collated.

**Clinical Governance Report**

*Stage 1 Complaints*

Five were received but resolved satisfactorily for patients.

*Stage 2 Complaints*

Two stage 2 complaints were received in February for 20 days and one was withdrawn.

Four new SAER were commissioned in March.

Eleven deaths were reported in March.

**HAIRT Report**

* *Staphylococcus aureus Bacteraemia* – no cases to report. 11 cases in total since April 2020. This is an increase in the previous year and reflective of the national increase in year trend.
* *Clostridioides difficile infection* – there have been 7 cases to report this year. Investigation has concluded there were no commonalities between patients.
* *Hand Hygiene* – bi-monthly report for March indicates an overall compliance of 97%, a reduction since January report of 100%. All staff groups with the exception of Other / Ancillary groups were above 95% compliance. Hand hygiene audits will be held in May 2021.

Referring to the KPI report the Committee noted and approved the planned set of Clinical Governance KPIs for the year ahead. The performance against delivery of the NHS Golden Jubilee Remobilisation Plan for the financial year 2021/22 will now form part of the Performance Framework.

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.

The Committee noted the Clinical Governance IPR Update.

**6.2 Patient Pathways Audit Report**

The Committee welcomed the Internal Audit Patient Pathways Audit report. The positive outcomes of this report were commended and noted the excellent work that has been undertaken on patient pathways throughout the pandemic.

**6.3 Clinical Governance and Risk Management Group (GRMG) Update**

The Committee discussed and noted the activity undertaken by the CGRMG since the last update in March 2021.

In March, the Committee received a presentation from Orthopaedics and Clinical Governance showcasing joint work to develop in addition to Orthopaedic clinical KPIs. An overview of the main page was viewed and the Committee approved the development of a dashboard approach to be rolled out to other services.

The Committee discussed and supported the recommendations within the CGRMG report.

**6.4 Clinical Department Update (Cardiology)**

The Committee welcomed a presentation on the work and achievements of the Cardiology Department over the past year. The Committee was assured that the team continued to implement a robust approach to clinical governance throughout the challenging pandemic situation. The highlights included development of:

* robust approach to clinical governance
* quality improvement
* new interventional procedures and clinical guidelines
* enhanced roles around discharge
* triumvirate approach
* human factors; staff support, staff survey, STOP and need for breakout space

The Committee commended the Team for the positive work carried out and noted their collaborative and positive approach to overcoming challenges and seeking service improvement.

**6.5 SBAR NICOR**

The Committee were advised that NHSGJ Interventional Cardiology, Cardiac Surgery and SACCS services input data into a national UK audit programme. The Committee received a report on anticipated changes to this which have been discussed with Scottish Government. The Committee agreed that given the issues raised, this matter will be put on the Risk Register.

A further update on the status of this process will be discussed at the May 2021 Board/ Private Board meeting.

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| **Action No.** | **Action** | **Action by** | **Status** |
| CGC/130521/03 | Issues noted within SBAR NICOR to be added to the Risk Register. | LLa | New |

**6.6 Clinical Governance Committee Annual Report**The Committee discussed and approved the Clinical Governance Report and noted one addition to be added to the Workplan for 2021-22. ‘Complaints Update’ will be changed to read ‘Complaints and Whistleblowing Update’.

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| **Action No.** | **Action** | **Action by** | **Status** |
| CGC/130521/04 | Clinical Governance Report, Workplan for  2021-22 to be updated: ‘Complaints Update’  will be changed to read ‘Complaints and  Whistleblowing Update’. | LMcG | New |

**7. Person Centred**

**7.1 Patient Visiting**

The Committee were advised of positive feedback from patients, visitors and staff regarding patient visiting. The process is being managed using an appointment system. The Committee was assured that careful consideration is given, on a case by case basis, where visiting could pose a significant patient risk. Alternative methods of patient contact continue to be utilised and promoted including the use of mobile devices to connect with visitors.

The Committee noted the successful process for patient visiting and the ethos around it.

**7.2 COVID Vaccination Programme**

Anne Marie Cavanagh updated that the COVID 19 Vaccination Programme has progressed very well and over 1,600 staff have received their second dose. Further clinics have been arranged over the coming week to vaccinate the remaining workforce.

Occupational Health Department have implemented a process for new staff joining the organisation to ensure they are vaccinated in advance.

Discussion will be held in the near future to plan COVID 19 vaccination booster clinics.

The Committee was assured that the COVID Vaccination Programme has progressed well and processes are in place to ensure staff are vaccinated.

**8. Issues for Update**

**8.1 Updates to the Board**

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

* Significant Adverse Events Update (SAE)
* Healthcare Associated Infection Report (HAIRT)
* Patient Pathways Audit Report
* SBAR NICOR
* Clinical Department Update (Cardiology)
* Patient Visiting

**9. Any other Competent Business**

The Chair noted there were positive elements highlighted at the meeting today and commended the Cardiology team for their collaborative and positive approach whilst also realising the importance of organisational values across staff and patient groups.

**10 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee is Wednesday 7 July 2021 at 14:00 hrs.