**Approved Minutes**

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

**Date: Wednesday 29 June 2022 at 13:30hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Linda Semple Non-Executive Director

Jane Christie-Flight Employee Director

**In attendance**

Susan Douglas-Scott CBE Board Chair

Anne Marie Cavanagh Director of Nursing & AHPs

Katie Bryant Head of Clinical Governance & Risk

Gerard Gardiner Head of Corporate Governance and Board Secretary

Mark MacGregor Medical Director

Theresa Williamson Associate Nurse Director

Jann Gardner Chief Executive

Helen Mackie Associate Medical Director - NES

**Guests**

Stewart Craig Consultant Cardiothoracic Surgeon *(For agenda item 7.3)*

Amanda Forbes Interim Deputy Director HLD *(For agenda Item 7.3)*

Martin Dawes Clinical Service Manager Cardiology & National Services

*(For agenda item 7.7)*

**Apologies**

No Apologies were noted

**Minutes**

Alison MacKay Corporate Administrator

**1 Opening Remarks**

* 1. **Chair’s introductory Remarks**

The Chair opened the meeting and thanked everyone for attending. The Committee welcomed Katie Bryant as the newly appointed Head of Clinical Governance.

1. **Well-being Pause**

Jane Christie-Flight presented the Well-being Pause and advised this initiative came from the Health & Wellbeing Committee is to establish connections in the workplace while working remotely. Each Committee will have the opportunity for a general five minute informal “check-in”.

The Committee welcomed the introduction of a Well-being pause as a standard agenda item.

1. **Apologies**

Apologies were noted as above.

**4 Declarations of interest**

None noted.

**5 Updates from Meeting 12 May 2022**

**5.1a Unapproved minutes from Public Meeting 12 May 2022**

The minutes from the Public Meeting were read as an accurate account of the meeting and were approved.

**5.1b Unapproved minutes from Private Meeting 12 May 2022**

The minutes from the Private session of the Committee were read as an accurate account of the meeting and were approved.

**5.2 Action Log**

The Committee reviewed the Action Log, noting those items that featured on the Agenda, and those programmed for future meetings of the Committee.

**5.3** **Matters Arising**

There were no matters arising from the previous minute or action log.

**6 Safe**

**6.1 Covid Sit Rep**

The Committee were provided with an update on the Covid-19 in-patient status.

There has been slight increase in numbers, however, this has not presented a challenge as the Covid pathway is embedded. A challenge remains in the management of smaller teams when there are staff absences. The Covid status is reported on a weekly basis at the Performance Update Meeting. The Covid situation remains an evolving picture. The current focus is progressing with de-escalation of infection control protocols in line with national guidance.

The Committee noted the Covid Sit Rep.

**6.2 Significant Adverse Events (SAEs) Update**

The Committee were provided with a Significant Adverse Events (SAEs) update.

The paper had been presented to the CGRMG Meeting on 23 June 2022.

Ninety-eight actions are currently open, with the department working closely with the Divisions to address each action. Agile meetings are scheduled for August/September 2022 to progress outstanding actions.

The Committee discussed and noted the Significant Adverse Events Update.

**6.3 Risk Register**

The Committee reviewed the Risk Register and noted there were no changes to those risks under the supervision of the Committee.

The Risk Register has been reconfigured for each governance Committee of the Board.

Members reviewed the report and were familiar with the Risks associated with the Clinical Governance Committee.

* O21 – National Reporting of CT Data

There is no additional update regarding NICCOR.

* B001/22 – Ability to provide full Lab Services

This was noted as a new risk. Mark MacGregor noted the background to this risk and stressed the seriousness and implications of the possible withdrawal of Laboratory software services at conclusion of the Board’s contract with its current provider. This would have a major impact on Cardiac service, among others. The availability of blood products for blood transfusions to surgery was emphasised. Assurances were provided that the issue is receiving attention at a national level, with discussions taking place with NSS and the CLO. The Committee will continue to receive updates at future meetings.

The Committee noted the Risk Register.

**6.4 Expansion Programme Update**

Anne Marie Cavanagh presented the Expansion Programme Update and advised there were no Clinical Governance issues for escalation.

The project is ready for point of breakthrough on Level 3. Extensive pre-planning has taken place, particularly regarding infection control.

The Committee noted the Expansion Programme update.

**6.5 Deep Dives**

**6.5a SLWG on Radiology Processes**

Helen Mackie presented the SLWG on Radiology Processes and noted the background.

A Short Life Working Group was established following SAER that investigated missed Cancer diagnoses and missed swabs following Radiological investigations. This is a complicated process with the report identifying 3 recommendations, which were reported to the committee as follows:

* In the absence of an electronic alert system to indicate results are waiting to be viewed, clinical teams have a responsibility in being proactive in monitoring results.
* All clinical staff to be aware of this risk.
* Admin processes can assist
* Portal Worklists
* Clinical sign off
* Radiology SOP for Urgent and Unexpected results.

The transfer from paper to digital format is not as simple as first anticipated, given the number of embedded systems involved.

The Committee acknowledged education is required to fully implement before a full audit is undertaken. The Committee will then receive a further update on progress made in 9 months.

The Committee thanked staff involved in the Short Life Working Group.

The Committee noted the update on SLWG on Radiology Process.

**6.5b SAER**

Katie Bryant presented the SAER Deep Dive Update. This item was discussed at the CGRMG meeting on 23 June 2022 with the following points noted.

* Action plan implemented to drive forward learning.
* The department have been involved in assisting divisions write reports

Benchmarking against other Boards with the expectation to see higher numbers of SAER reporting. Linda Semple expressed caution when comparing this data directly with other Health Boards, as the exposure of boards to clinical risk varies depending on the nature of their activities.

* There are initial signs SAER rate has improved and within 4-6 months the expectation is for the actions to be closed.

The Committee noted the update on SAER.

**6.6 Board performance – Organ Donation and transplantation**

Mark MacGregor presented the Board performance – Organ Donation and transplantation. This report is produced annually measuring performance on Organ Donation with the performance noted within this report as expected.

The Committee noted the Board performance – Organ Donation and transplantation.

**7 Effective**

**7.1 Integrated Performance Report (IPR) April 2022**

The Committee were presented with the Integrated Performance Report for April 2022, including the HAIRT Report (March 2022) which highlighted the following key points of interest to the Committee:

**HAIRT Report**

* *Staphylococcus aureus* bacteraemia – 1 cases to report. 1 case reported since November 2021.
* *Clostridioides difficile* infection – 0 cases to report. Zero cases reported since March 2021.
* Gram negative/E. coli bacteraemia (ECB) – No cases to report since September 2021.
* Hand Hygiene – overall compliance of 99%.

All Covid pathways are fully embedded all staff remain vigilant to community transmission rates and Covid 19 status.

**Clinical Governance**

The following key points from the Clinical Governance section of the report were highlighted:

Complaints

Stage 1: 2 reported in March 2022 0 responded within timeline

Stage 2: 5 reported in March 2022 1 responded within timeline

SAER

2 commissioned in April 2022.

Mortality

10 deaths recorded all within agreed control limits

Improvement plan implemented for response time reporting weekly at EDG KPI developed.

The Committee noted the Integrated Performance Report (IPR) April 2022.

**7.2 Clinical Governance & Risk Management Group (CGRMG) Update**

The Committee reviewed the Clinical Governance & Risk Management Group (CGRMG) update.

Ongoing improvement is taking place with regards to Complaints timescales with weekly meetings taking place with Clinical Governance and Corporate team.

Clinical audit has recommenced and remains a focus.

The department support the Safety Brief process.

The Committee noted the CGRMG Update.

**7.3 Clinical Department Update – Cardiac Surgery Department**

The Committee welcomed Mr Stewart Craig to present the Cardiac Surgery Department update and highlighted the following key points:

* There has been no formal agreement regarding re-starting NICCOR. There was a dip at the beginning of the pandemic, however, this was roughly on par with the rest of the UK.
* The service acknowledged waiting time for Cardiac Surgery is longer than agreed timeframes. Assurances were made to the Committee this remains a priority for the service with the following mitigations put in place:
* Urgent and elective priority will be placed at the top of the waiting list
* Continuous Theatre efficiency work

# The service has noticed a rise in PCI Percutaneous Coronary Intervention (PCI) procedures, which has resulted in a reduction of Cardiac Surgery procedures.

* Stewart Craig highlighted the Clinical Audit process continued throughout the pandemic, which the Committee welcomed.
* Cancelation levels for the service are currently at 17%. Assurances were made cancelations are a high priority for the service and have developed an SOP. The service anticipates the implementation of the SOP will have a positive improvement in cancelation rate.
* All deaths are peer reviewed at the Cardiac M&M. Deaths that require investigation are escalated to Significant Adverse Event Review and is escalated through appropriate Governance process forming part of the SAER report for discussion at the Clinical Governance and Risk Management Group.

The Committee thanked Mr Craig and the Cardiac Surgery Department for their continued dedication to this important service.

**7.4 Duty of Candour Annual Report FY 2021/22**

The Committee were presented with the Duty of Candour Annual Report for financial year 2021/22.

The department offered to meet with patients and patient relatives to discuss the incident, however, this offer was refused.

Twenty two events triggered Duty of Candour, there are currently twelve SAER that remain open.

The Committee thanked Anne Marie Cavanagh for her report. The Committee requested a glossary be included to support the acronyms described within the report, prior to publication, in order to assist public understanding.

The Committee noted the Duty of Candour Annual Report for financial year 2021/22.

**7.5 Prevention and Control of Infection Committee Annual Update Financial Year 2021/22**

The Committee were presented with the Prevention and Control of Infection Committee Annual Update for Financial Year 2021/22.

The report outlined key objectives. The main challenge faced by the organisation was around Covid performance by clinical and non-clinical teams. The report highlights Infection Control is the responsibility of everyone in the organisation.

The Committee noted the Prevention and Control of Infection Committee Annual Update for Financial Year 2021/22.

**7.6 Clinical Effectiveness Report**

The Committee were presented with the Clinical Effectiveness Report. The report highlights falls improvement work. The department welcomed a recent visit from HIS colleagues and welcomed the opportunity to share learning.

Improvement work has been undertaken to reduce the number of device related Pressure Ulcers in Critical Care.

The Committee noted the Clinical Effectiveness Report.

**7.7 SACCS Strategy**

Martin Dawes attended the meeting to present the SACCS Strategy. This presentation is on the Agenda for all Committees in the June/July Committee cycle and on the agenda for the Board meeting on 28 July 2022.

The strategy was recently developed for planned and unplanned care to oversee and review the service’s 7 priorities.

The Committee noted the report which highlighted challenges and priorities for the service. The timing of this strategy coincides with the Scottish Government’s work on equality of access across the Healthcare system. The Committee thanked Martin Dawes for attending the meeting and approved the strategy, noting it would be further considered at the meeting of the Board of NHS Golden Jubilee at its meeting of 28 July 2022.

**8 Person Centred**

**8.1 Annual Feedback Report for Financial Year 2021/22 & Q4 Feedback Report**

Katie Bryant presented the Annual Feedback Report for Financial Year 2021/22 & Q4 Feedback Report and noted the following key points from the report:

* Complaints

- Rose from previous year

- Assurances were made that compliance with timescales and quality of response are priority issues for the department.

* Compliments
* Also increased from the previous year

The Committee noted the Annual Feedback Report for Financial Year 2021/22 & Q4 Feedback Report.

**8.2 Whistleblowing Annual Report Financial Year 2021/22**

The Committee were presented with the Whistleblowing Annual Report for Financial Year 2021/22 and noted no incidents were raised during this period.

The role of the Whistleblowing Champion was created in 2020. Further work is ongoing to raise awareness of the standards as referenced in the report. Work to date has involved wholesale redesign of Staff-net with a dedicated link to Whistleblowing and dedicated QR posters to readily available onto smart devices.

There has been the appointment of a range of confidential contact roles. The Clinical Governance Committee Terms of Reference were amended to incorporate the role role of the Whistleblowing Champion.

The report will be presented to the Board meeting on 28 July 2022. Callum Blackburn and Gerard Gardiner will work on a covering statement for the Whistleblowing Champion prior to that meeting.

The Committee supported the report.

**8.3 Patient Story**

The Committee viewed patient story outlining her experience of the Transplant during the Pandemic.

The video captured the enormity of this procedure and how the patient felt over-whelmed following this life changing operation. Helen Mackie highlighted from a Realistic Medicine point of view further work is required to help support patients during the period surrounding transplant procedures.

Due to technical difficulties, the Committee were unable to watch the full video, but agreement was made to circulate following the meeting.

**9 Issues for Update**

**9.1 Update to the Board**

**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)
* Expansion Programme Update
* Board Risk Register
* Deep Dives
* SLWG on Radiology Process
* SAER
* Integrated Performance Report (IPR) April 2022 including Clinical Governance Update and HAIRT Report
* Clinical Governance & Risk Management (CGRMG) Update
* Clinical Department Update (Cardiac Surgery)
* SACCS Strategy
* Patient Story
* Corporate Objectives

**10 Any Other Competent Business**

**10.1 Corporate Objectives**

Jann Gardner presented the Corporate Objectives for noting, in common with the approach at all governance committee meetings in the June/July Committee cycle. A formal paper will be brought to the Board meeting on 28 July 2022 for Approval.

The Committee noted the Corporate Objectives

**11 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee is Thursday 8 September 2022 at 13:30 hrs via MS Team