**Approved Minutes**

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

**Date: Thursday 8 September 2022 at 13:30hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

**In attendance**

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

Gareth Adkins Director of Quality, Innovation and People

**Guests**

Findlay Welsh Consultant Orthopaedic Surgeon *(For agenda item 7.3)*

**Apologies**

Jann Gardner Chief Executive

Helen Mackie Associate Medical Director - NES

Susan Douglas-Scott CBE Board Chair

Anne Marie Cavanagh Director of Nursing & AHPs

Linda Semple Non-Executive Director

**Minutes**

Alison MacKay Corporate Administrator

**1 Opening Remarks**

* 1. **Chair’s introductory Remarks**

The Chair opened the meeting and thanked everyone for attending.

1. **Well-being Pause**

The Committee welcomed the opportunity for the Well-being Pause.

1. **Apologies**

Apologies were noted as above.

**4 Declarations of interest**

 None noted.

**5 Updates from Meeting 29 June 2022**

**5.1 Unapproved minutes from the meeting 29 June 2022**

The minutes 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.

National hospital admission rates of COVID patients has plateaued. Although current sickness absence rates within Jubilee are high, it is considered that rates of absence are manageable.

Vaccinations commenced from Monday 5 September 2022 for eligible NHSGJ staff members.

All testing will now be carried out using LFT kits. PCR testing will be available only for eligible groups.

National guidance is to the effect that Boards should expect a spike in cases of COVID-19 infection approximately every 12 weeks.

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 presented to Committee had been presented to the CGRMG Meeting on 18 August 2022. Katie Bryant presented the following key points from the paper:

* Nine SAER are scheduled to be presented at CGRMG and Agile CGRMG meetings in September 2022. Gareth Adkins requested the terminology “Agile CGRMG” be avoided and be replaced by “Additional Extra Ordinary CGRMG”.
* Working to develop a structured approach to review actions as part of the governance group. Focus is to deliver significant improvement in future SAER reports.
* The department have accessed the re-deployment pool for support on working through the SAER actions. This resource has been in place for one week and will be supporting the department for a further 3 month period.
* The table showcasing the current status of SAER actions highlights the significant work that has been carried out to achieve reduction in outstanding actions. The Committee welcomed completion of the sole remaining SAER which was >6 months overdue, noting its appreciation for progress in this area, with which the committee had expressed previous concern.

The Committee requested an additional column headed “Incident date” be added to Appendix 2 – SAER Overview and Planned Completion Dates – HLD and therefore in-line with Appendix 1 for the NES Division.

The Committee thanked Mark MacGregor, Katie Bryant and the Clinical Governance department for presenting more structured process providing greater assurance.

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20220908/01** | **6.2 Significant Adverse Events (SAEs) Update** An additional column headed “Incident date” be added to Appendix 2 – SAER Overview and Planned Completion Dates | Katie Bryant | 10/11/2022 |

The Committee discussed and noted the Significant Adverse Events Update.

**6.3 Expansion Programme Update**

Mark MacGregor presented the Expansion Programme Update and advised there were no Clinical Governance issues for escalation.

Construction work on Phase 2 continues in line with programmes.

Mark MacGregor highlighted challenges which were anticipated with regard to recruitment of staff to facilitate full opening of Phase 2 in June 2023.

Mark MacGregor also highlighted the efforts aimed at ensuring that the breakthroughs, particularly in clinical areas, are undertaken in such a way as minimises disruption to clinical activity.

The Board Seminar on 25 August discussed the complex programme schedule. Committee members recalled that discussion had taken place at the Board seminar on the governance structures in place to ensure that the Hospital is in a state of readiness for opening of Phase 2, including in regard to staffing.

The Committee noted the Expansion Programme update.

**7 Effective**

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

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

**HAIRT Report**

* *Staphylococcus aureus* bacteraemia – 1 case to report. 5 cases reported since April 2022. There were no correlation of devices or location. The Head of Infection Control noted there is a current peak in infection rates across Scotland.
* *Clostridioides difficile* infection – Zero cases to report. Zero cases reported since March 2021.
* Gram negative/E. coli bacteraemia (ECB) – 2 cases to report and remains low rate below national average.
* Hand Hygiene – overall compliance of 99%.
* Surgical Site Infections (SSI) –3 TKR infections to report within Orthopaedic service. SSI rates are small, however, this was above the upper control limit. Infections to the joints can be serious. No obvious linkage to surgeon and Theatre. However, there has been change anti-biotic prophylaxis which may have had an impact.

**Clinical Governance**

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

Complaints

Stage 1: 2 reported in June 2022 1 responded within timeline

Stage 2: 5 reported in June 2022 2 responded within timeline.

SAER

0 commissioned in June 2022.

Mortality

12 deaths recorded all within agreed control limits

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

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

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

 Katie Bryant presented the CGRMG Update and noted the following key points:

* + 2 SAER concluded at the CGRMG meeting on 18 August 2022.
	+ The department are leading on sample set review of learning samples from the last 3 year period.
	+ The department are working on measures to ensure reporters of all adverse events receive appropriate feedback from clinical governance staff.
	+ Team has resumed to full capacity after a period of sustained absences. Focus on priorities to get back on track.
	+ The service updates received at CGRMG were noted.

The Committee noted the CGRMG Update.

**7.3 Clinical Department Update – Orthopaedics**

The Committee welcomed Mr Findlay Welsh to present the Orthopaedic Department update and highlighted the following key points:

* The service has been fully established for 20 years in the Golden Jubilee, initially conducting knee and hip replacements. The service has since evolved and carrying out additional procedures, such as soft tissue procedures.
* Monthly MDT Clinical Governance meetings take place and are well attended.
* SAE baseline increased mid 2020 this threshold not lowered to pre Pandemic levels. Orthopaedic mortality is low.
* The service noted concerns regarding the recent spike with infection rates. The service explored the cause of this spike with the findings confirming no cross contamination within Theatres, appropriate Theatre pathways was followed and no issues arising from laminar flow. The spike in infection rates may be in correlation with normal seasonal Spring/Summer peaks. The service is continuing to monitor infection rates.
* Hand Hygiene: compliance is within appropriate guideline measures.
* Safety Brief: Fully embedded as standard Orthopaedic practice and conducted in Theatre before all operations.
* The service have now relocated which has had an impact to office space, meeting room arrangements and MDT meetings. Assurances were made the service is managing, however, the challenges were outlined with Orthopaedic wards now on level 4, the rehab gym on level 2 and Orthopaedic secretaries on level 5 there is a lack of cohesion. Department about to double in size couple of years office accommodation is tricky efficiency is key.
* Increase frailness and delays recognised.
* Radiology order comms down to software. Mark MacGregor agreed to connect with Radiology for further update.
* 17 beds on Level 4 causing significant pressure on the service.
* 5 Theatres up and running

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20220908/02** | **7.3 Clinical Department Update – Orthopaedics** Mark MacGregor agreed to connect with Radiology with regards to order comms | Mark MacGregor | 10/11/2022 |

The Committee thanked Mr Welsh and the Orthopaedic Department for their continued dedication to this important service.

**7.4 Annual Learning Summary**

Katie Bryant gave a verbal update to the Committee on the Annual Learning Summary.

* Additional value collating information. No outcomes identified develop sample audit set.
* Test of change effective audit process. New Clinical Governance will receive support and learning. Katie Bryant outlined the benefits of learning from historical SAERs.
* The audit results will be presented at the CGRMG meeting in October followed by the CGC meeting November 2022.

The Committee noted the Annual Learning Summary.

**7.5 SAER Deep-Dive Part 2 Update**

Katie Bryant gave a verbal update to the Committee on the SAER Deep-Dive Part 2.

A combination of staffing pressures and volume SAER investigation resulted in the Committee receiving a verbal update on this action. The Committee were assured a full update and report will be presented by the earliest in 2 months at the Committee meeting in November with the latest date January 2023. The Committee requested this remains on the live action tracker.

Katie Bryant assured the Committee this is a focused piece of work for the department and are continuing to improve the process by moving away from a person dependant process by building a stronger organisational response.

The Committee noted the SAER Deep-Dive Part 2 Update.

**8 Person Centred**

**8.1 Whistleblowing Quarter 1 Financial Year 2022/23**

Gerard Gardiner presented the Whistleblowing Quarter 1 Financial Year 2022/23 and confirmed no events were recorded in this quarter.

 New template for the first quarter was presented to the Board in July 2022 in conjunction with Corporate Governance Group standards. The Committee will receive quarterly reports followed by a final annual report.

 The report will be presented at national forums by Gerard Gardiner at the Board Secretaries meeting and Callum Blackburn at the Whistleblowing group. Gerard Gardiner will provide assurance to the Committee on feedback received from the INWO.

The Committee noted the Whistleblowing Quarter 1 Financial Year 2022/23.

**8.2 Feedback Report – Quarter 1 Financial Year 2022/23**

 Katie Bryant presented the Feedback Report – Quarter 1 Financial Year 2022/23 and noted the following key points:

* The department are organising Complaints Symposium scheduled to take place on 15 September 2022. There will be a keynote speaker attending virtually to present “The Power of Apology”. The flyer for this event will be circulated to Committee members following this meeting.
* The department are working with Spiritual Care Team to establish value based practice for tackling complaints feedback
* Short Life Working Group established in a bid to reduce number of complaints and provide a faster and consistent response to waiting times specifically
* Working with Boards for shared complaints to establish improved service
* High number complaints logged
* 1 Ombudsman complaint not upheld
* Waiting time theme
* The Committee discussed the high number of complaints relating to “Waiting Times”.
* Delays to procedures can result in patients behaviour becoming angry and aggressive towards staff.
* Gareth Adkins noted discussions have taken place at past meetings of the Health and Safety Committee and suggested this is revisited as wider scale piece of work for escalation at the Staff Governance and Person Centred Committee.
* Theresa Williamson advised online Violence and Aggression training is available to all staff and the Violence and Aggression group is being re-established.
* The focus is on Elective patients who are on the waiting list for longer periods than Heart and Lung patients.
* Accident and Emergency have a Zero Tolerance approach in place with the emphasis on understanding and de-escalation of the situation.

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20220908/03** | **8.2 Feedback Report – Quarter 1 Financial Year 2022/23** The flyer for the Complaints Symposium scheduled to take place on 15 September 2022 to be circulated to Committee members following this meeting | Gerard Gardiner | 10/11/2022 |
| **CGC/20220908/04**  | **8.2 Feedback Report – Quarter 1 Financial Year 2022/23** Violence and Aggression to go on the agenda for discussion at the Health and Safety Committee as wider scale piece of work for escalation at the SGPCC | Gareth Adkins  | 10/11/2022 |

The Committee noted the Feedback Report – Quarter 1 Financial Year 2022/23 report.

1. **Issues for Update**
	1. **Risk Register**
* Update on LIMS situation

Mark MacGregor noted the backround around this sensitive matter. The Committee were provided with assurance the Board extensively explored all options and will extend contract with provider.

* + NICCOR

Public Health Scotland will monitor data with the service feedback any issues.

* + Cyber Security

The Committee requested clarity in its role of monitoring Cyber Security as the Board receives direct updates. The Committee have an oversight on Cyber Security as assurance. Gerard Gardiner agreed to discuss the responsibilities of the Committee with the Director of Digital & eHealth.

**Action CGC/20220908/05: Gerard Gardiner to discuss the Committees responsibilities around Cyber Security with the Director of Digital & eHealth**

* + NHSSA and CfSD

The Committee noted generic summary is not reflective of the changes within the NHSSA and CfSD.

The Committee noted the Risk Register Report.

**9.2 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 (SAEs)
* Expansion Programme Update
* Integrated Performance Report (IPR) July 2022
* Clinical Governance & Risk Management Group (CGRMG) Update
* Clinical Department Update (Orthopaedics)
* Annual Learning Summary
* SAER Deep Dive Part 2
* Whistleblowing Quarter 1 Financial Year 2022/23
* Feedback Report – Quarter 1 Financial Year 2022/23
* Risk Register

**10 Any Other Competent Business**

 No other competent business was noted.

**11 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee is Thursday 10 November 2022 at 13:30 hrs via MS Team