**Approved Minutes**

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

**Date: Thursday 7 September 2023 at 14:00hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director and Whistleblowing Champion

Rob Moore Non-Executive Director

Linda Semple Non-Executive Director

Jane Christie-Flight Employee Director

**Core Attendees**

Gordon James Chief Executive

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing and Allied Health Professionals (AHPs)

**In Attendance**

Susan Douglas-Scott CBE Board Chair

Katie Bryant Head of Clinical Governance and Risk

Theresa Williamson Associate Nurse Director, Surgical Specialities Division (SSD)

Mohammed Asif Consultant Thoracic Surgeon, Cardio Thoracic (Item 4.3)

Tony Vassalos Consultant in Cardiothoracic Anaesthesia and Intensive Care Medicine (Item 4.3)

Helen Mackie Associate Medical Director, National Elective Services *(*Item 5.5*)*

Tracey Wark Personal Assistant (PA) to Chief Executive Office (*on* *behalf of Board Secretary*)

**Apologies**

Nicki Hamer Head of Corporate Governance and Board Secretary

Carolynne O’Connor Deputy Chief Executive and Director of Operations

**Minutes**

Denise Cameron Corporate Administrator

**1 Opening Remarks**

* 1. **Chair’s Introductory Remarks and Wellbeing Pause**

The Chair welcomed everyone to the meeting.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declaration of Interest**

There were no declarations of interest.

1. **Updates from Meeting on 6 July 2023**

**2.1 Unapproved Minutes**

The minutes were approved as an accurate record of the meeting held on 6 July 2023.

**2.2 Action Log**

Morag Brown noted that all items on the log were included within the agenda.

Mark MacGregor informed the Committee that the Scottish Adult Congenital Cardiac (SACCS) MRI Waiting List update would be carried forward to the next meeting.

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| **Action Number** | **Action** | **Action Lead** | **Due date** |
| CGC202300907/01 | **CGRMG Update**  An update to be provided on the SACCS MRI Waiting list. | Katie Bryant/ Lynne Ayton | 14 November 2023 |

* 1. **Matters Arising**

Anne Marie Cavanagh advised that work was ongoing to increase the support to diabetic patients and going forward, this would be managed separately.

**3 Safe**

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

Katie Bryant provided the Committee with an update on SAEs.

Since the last Committee meeting on 6 July 2023, 23 SAEs were commissioned and 25 SAEs had been closed. Twenty Six SAEs were between three and 6 months overdue and 11 were reported as being over 6 months overdue. Two hundred and fifty two overdue adverse events were recorded with future reports providing a more detailed trajectory.

Katie Bryant provided assurance to the Committee that the Clinical Governance team were working to progress these and confirmed that additional staff were being recruited into the department to support this piece of work. Anne Marie Cavanagh advised that Extra Ordinary Clinical Governance Risk Management Group (CGRMG) meetings were taking place to support this and improvements were being seen. Mark MacGregor acknowledged the timescale to close SAEs was challenging and advised it was difficult to gather clinicians at the one time, due to clinical commitments. Morag Brown confirmed that the overdue adverse event figure was high but acknowledged the challenges faced by the team and the attempts to close these.

Morag Brown noted the SAE Report to formally develop processes to clinically manage waiting lists was resolved and asked for this to be removed from the list. Katie Bryant confirmed this required final evidence and governance to conclude the action similarly to the Guardrail profile.

The Committee noted the Significant Adverse Events Update.

**3.2 Expansion Programme Update**

Anne Marie Cavanagh provided an update on the Expansion Programme.

It was noted the expansion works had no impact on clinical services. Processes were in place in relation to vibration and noise and the Estates team and Kier Construction were highly responsive when required.

Gordon James highlighted that as part of the Expansion Programme, a new Outpatient Department was being created on the ground floor, which would open once a new water pump was installed.

The Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

Katie Bryant updated the Committee on the Strategic Risk Register.

The Intra-Aortic Balloon Pump had an agreed level of stock and although supply issues were faced nationally, the risk was noted to be in a more secure position due to manufacturing improvements. Although national meetings were downgraded, oversight continued and the pump supply was monitored internally.

Mark MacGregor advised that it had been intended to reduce the COVID risk to reporting through Infection Control but a new variant had emerged and this required monitoring.

The Committee agreed to downgrade the Laboratory risk to four (low).

The Committee approved the Strategic Risk Register.

**4 Effective**

**4.1 Integrated Performance Report (IPR) July 2023**

The Committee was presented with the Integrated Performance Report for July 2023, including the Health Associated Infection Reporting Template (HAIRT) Report, which highlighted the following key points of interest:

**HAIRT Report**

* Staphylococcus Aureus Bacteraemia (SAB) – 2
* Clostridiodes Difficile infection (C.Diff) – 0
* 1 Gram negative/E. coli bacteraemia (ECB) – 0
* Hand Hygiene – 97%
* Surgical Site Infections (SSI)

Zero confirmed Cardiac (SSI) in June and July 2023.

Zero confirmed Orthopaedic (SSI) in June and July 2023.

16 complaints were reported in June 2023.

Stage 1: Eleven reported in June 2023, 64% were responded to within the timeline.

Stage 2: Five reported in June 2023, 60% were responded to within the timeline.

SAER

Four were commissioned in June 2023 and three were commissioned in July 2023.

Mortality

12 deaths were reported in June 2023 and 12 in July 2023.

Whistleblowing

There were no whistleblowing concerns for the period.

Vancomycin-resistant Enterococcus (VRE)

Anne Marie Cavanagh advised that mitigations to manage the VRE outbreak had been stepped down but double cleaning would continue for a few more weeks.

Flu Vaccination Programme

The Flu Vaccination Programme would be delivered from 26/27 September 2023 followed by a Covid vaccination programme. Flu vaccines would be available for all staff and Covid vaccinations would be available to frontline staff only.

The Committee noted the Integrated Performance Report (IPR), July 2023 Update.

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

The Committee received the Clinical Governance and Risk Management Group (CGRMG) Update.

The following key points were highlighted to the Committee in relation to activity from CGRMG meetings.

Four SAERs were received in July 2023.

Katie Bryant advised that a new Clinical Audit Escalation Procedure was being developed internally to progress the outstanding actions and help understand why these were not being concluded within timescales.

A reporting and escalation policy was developed and implemented for orders not received from Pharmacies. This would be monitored and a future update provided to CGRMG.

A Situation, Background, Assessment, Recommendation report (SBAR) was presented to CGRMG to review the Clinical User Group, develop the process and provide quicker access to equipment. The Group agreed that further in-depth discussions were required.

Non-medical referrals to Radiology were under review and an IT solution was required but, this was progressing more positively.

The Scottish National Blood Transfusion Service (SNBTS) provided an Annual Report Update and Callum Blackburn queried the security issue contained within the report. Theresa Williamson confirmed that the Hospital employed one Security Guard at night and this employee carried the Arrest and Major Haemorrhagic pager as part of their remit. Another member of staff was required to carry the pager when the Security Guard took a break.

The two year Healthcare Acquired Infection (HCAI) Strategy was launched on 19 June 2023 to reduce healthcare acquired infections across Scotland.

The Committee noted the Clinical Governance Risk Management Group Update.

**4.3 Clinical Department Update**

**Critical Care (CC)**

Morag Brown welcomed Tony Vassalos to the meeting to present an update on the Critical Care (CC) department.

Tony Vassalos confirmed a change in the process of reporting for CGRMG to a dashboard approach based on the Five Dimensions of Safety Measurement and Monitoring. Mark MacGregor advised this was a positive evolution and questioned how these were chosen. Tony Vassalos confirmed that indicators from the Scottish Intensive Care Society Audit Group (SICSAG) were reviewed along with the team’s own key performance indicators (KPIs).

Tony Vassalos advised that the department received a variation of Adverse Events and Significant Adverse Events. Intensive Care Unit 2 (ICU2) accumulated the most Adverse Events and these were reviewed to address any emerging patterns. The Committee was informed that ICU2 was a tertiary referral centre and cared for patients with the most complex clinical needs. This was in addition to being a national service offering transplantation and mechanical circulatory support to cardiac patients.

Inpatient falls were mainly as a result of patients suffering from delirium but work was progressing to reduce these.

Scottish Critical Care data was received monthly from Ward Watcher provided by SICSAG, which benchmarked against other NHS Health Boards. Data showed that admissions remained lower than pre-pandemic levels and readmission to ICU2, which was deemed a key quality standard for patient recovery, was uncommon.

Occupancy rates in the department were higher than during the Covid-19 pandemic and the department was at approximately 70% capacity. The CC department had an increase in renal replacement therapy, which was indicative of the complex clinical needs of patients as most arrived with organ failure. Gordon James asked the reasons for the trend in renal replacement therapy and Tony Vassalos confirmed that dialysis was not carried out in the department.

The cumulative sum (CUSUM) mortality chart showed that expected mortality rates were within appropriate levels.

Hospital Acquired Pressure related Ulcers (HAPU) remained a challenge for the department and identified the complex clinical needs of patients who were unable to receive routine care.

The Guidelines for Provision of Intensive Care Services (GPICS) were used for a gap analysis, which was carried out over a two to three year period. GPICS set out key standards for quality of care across intensive care and an action log was completed. The majority of standards had been met in the department and this opened up opportunities for development and funding to support the establishment of a 7 day working week. Jane Christie-Flight asked if there were plans to close some of the actions, which had been ongoing for a number of years. Tony Vassalos confirmed there was a GPICS team that regularly reviewed the actions.

There were ongoing complaints at stage 1 and stage 2 but this was in line with other CC units. Night-time and early discharge figures were low. The Risk Register consisted of two items, fire precaution and unplanned downtime for the computer system.

A wide variety of quality inspection work was being carried out to improve the care delivered and this provided opportunities for staff to carry out projects and present these nationally and internationally. The CC department had an active research background with strong links to the University of Glasgow and University of Strathclyde, in addition to ongoing active clinical trials.

Morag Brown thanked Tony Vassalos for the report.

The Committee noted the Critical Care Update.

**Thoracic Update**

Morag Brown welcomed Mohammed Asif to the meeting to provide an update on the Thoracic Surgery Department.

Predicted post-operative mortality in the Thoracic department was predicted using Thorascore, a validated thoracic surgery scoring system and these were recorded next to actual deaths. Over 2021/2022, Thoracic surgeons in NHSGJ completed over 2000 procedures with 11 deaths recorded. This resulted in a mortality rate of 0.5%, lower than the Thorascore predicted deaths. The outcome of individual surgeons would be reviewed if the actual deaths exceeded the Thorascore predicted results and a negative net lives gained figure emerged.

Lobectomy was an indicator procedure in thoracic surgery. Over 2021/2022, 610 procedures were carried out and 518 were minimally invasive evidencing that NHSGJ carried out more minimally invasive surgery than the UK average. Twenty two pneumonectomy procedures were carried out and this represented less than 5% of all lung cancer resections. Seven hundred and fifty four procedures for lung cancer were carried out over the two-year period, this was lower than pre Covid-19 pandemic times but more cases were expected as patients received diagnosis.

The Thoracic Surgery cancellation average was recorded as 8%. Gordon James confirmed that the Board target for cancellations was 4.8% across all specialities.

Robotic Surgery was introduced and lobectomy was carried out using three methods, robotic (RATs), keyhole (VATs) and open surgery (open). Mohammed Asif informed the Committee that the department aimed to carry out more robotic than keyhole surgery but each surgeon only had access to the robot one day per week. Mark MacGregor confirmed that case optimisation would be looked at and if lung cancer screening was introduced, then a business case for an additional robot could be considered if thoracic surgery cases increased. Linda Semple commented that the figures were reassuring but it would be beneficial to receive comparative figures for benchmarking.

Two SAEs were highlighted. SAEs in 2021 identified a need for improved communication within the team and this required two changes to the portal system. The Committee was advised that this had not been carried out but was in the process of being implemented. A second SAE highlighted an update was required to the Chest Drain Policy and this had been completed. Two SAEs had occurred in May 2023 and July 2023 and remained outstanding.

Mohammed Asif provided an overview of the complaints and compliments received noting that more compliments were received than recorded. To acknowledge this, each thank you card was now recorded as a compliment.

Morag Brown thanked Mohammed Asif for the report.

The Committee noted the Thoracic Surgery Update.

**4.4** **Annual Learning Summary**

Katie Bryant provided an overview of the Annual Learning Summary.

The Committee was informed that figures were not available from last year for benchmarking due to significant challenges but the Annual Learning Summary was worthwhile in terms of the learning achieved and the data provided was useful for progression.

A comparison for the month of August from 2019 to 2022 took place in relation to events reported and it was identified that August 2022 consistently had a high number of reports. The Committee was informed that this was attributed to the new cohorts of junior medical staff who took up post in August.

There was an increase in incident reporting of Orthopaedic and Interventional Cardiology Adverse Events, which coincided with an increase in patient flow and the number of occupied beds. The majority of events reported were considered to be at the lower end of severity and 1.5% of cases were deemed extreme or major, a slight increase on last year.

There had been an increase in patient falls but these were compared alongside the increase in number of occupied bed days. The Safe Mobilisation Group (SMG) were working alongside Health Improvement Scotland (HIS) to reduce falls and data was reviewed monthly.

The Laboratory received an increase in pathology samples, impacted by the expansion of services and were proactive in identifying the changes and implementing a flowchart and sample form to manage this. The Committee noted the importance of this for establishing new services.

Staff accidents featured in the top three reported categories of events for 2022/2023 and this included contact with sharps and falls. 42% of these injuries were reported on Datix but work was underway with the Occupational Health team to target areas that were under reported. An additional section was added to the new Datix system including further mandatory questions for incidents where falls were reported. Linda Semple advised that the report was reassuring but raised concerns about the under reporting of sharps injuries, highlighting any reputational damage or legal challenges.

A Short Life Working Group would be established to support implementation and roll out of the new Datix system.

Focused work was being carried out on complaints and six cases were referred to the Scottish Public Services Ombudsman (SPSO) in 2022/2023, in quick concession but these figures were consistent with previous years. Two hundred and 12 compliments had been received, an increase of 32% from the previous year and Katie Bryant acknowledged that staff members continued to receive a number of compliments that were not logged on the system. Two departments were logging the additional compliments and this process would be rolled out to other services across the year.

Morag Brown thanked Katie Bryant for a detailed report and noted the increase in activity throughout the year. Callum Blackburn acknowledged the easy reading of the report. Mark MacGregor noted it would be beneficial to include a chart detailing the volume of activity alongside the number of occupied bed days.

The Committee noted the Annual Learning Summary Update.

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| **Action Number** | **Action** | **Action Lead** | **Due date** |
| CGC202300907/02 | **Annual Learning Summary**  Include figures of Adverse Event in relation to number of occupied bed days in future reports. | Katie Bryant | 14 November 2023 |

**4.5 Corporate Objectives**

Gordon James presented to the Committee the Corporate Objectives.

The Corporate Objectives were discussed in draft form with the Executive Leadership Team and were being presented to all Governance Committees for approval, prior to being presented to the Board in September for final approval.

The Committee approved the Corporate Objectives.

**5 Person Centred**

**5.1 Q1 Feedback Report**

Katie Bryant presented an overview of the Q1 Feedback Report.

The number of formal complaints increased by 82% from the same quarter last year and the data was being reviewed for trends. Monthly reporting was taking place through the Executive Leadership Team to ensure continued oversight.. A new joint approach had been implemented for complaints that were more complex and this involved meetings taking place at the phase 2 stage of the process. Complainants had responded well to this and Katie Bryant thanked Nicki Hamer and the Corporate Governance team for supporting this process by taking notes at the meetings.

Five new SPSO complaints were recorded and no cases had been closed. A high number of compliments continued to be received.

The Committee approved the Q1 Feedback Report.

**5.2 Whistleblowing Q1 Update**

Anne Marie Cavanagh provided the Committee with a Whistleblowing Q1 Update.

No whistleblowing concerns had been raised in Quarter one. The focus was on the National Whistleblowing Standards and work was being carried out with Communications (Comms) to engage staff and raise awareness of the Standards. Callum Blackburn highlighted Speak Up Week, which was taking place between 2-6 October 2023 and confirmed feedback was received from the iMatter questionnaire. iMatter results appeared positive but at this stage, there was no comparison available with other NHS Health Boards.

The Committee approved the Whistleblowing Q1 Update.

**5.3 Resilience Update**

Katie Bryant provided the Committee with a Resilience Update.

Work continued around departmental business continuity plans and the Union Cycliste International (UCI) World Cycling Championships. A review of the Out of Hours Duty Manager rota was taking place.

Jane Christie-Flight noted that plans for the Junior Doctor Session were not in the resilience update and Mark MacGregor informed the Committee that this had been recorded in the minutes of the private session held on 6 July 2023.

The Committee noted the Resilience Update.

**5.4 COVID-19 Inquiries (UK/Scotland) Update**

The Committee received the Covid-19 Inquiries update.

Mark MacGregor advised that both Inquiries were ongoing and Scotland had held the first formal session but it was too soon to report any updates.

The Committee noted the Covid-19 Inquiries Update.

**5.5 Realistic Medicine**

Morag Brown welcomed Helen Mackie to the meeting to provide an overview on Realistic Medicine.

Helen Mackie advised that Realistic Medicine was a key policy for the Chief Medical Officer for Scotland and practice placed patients at the centre of their care. Realistic Medicine at NHSGJ consisted of a small but enthusiastic team, which had been impacted by challenges with staffing and programme management support. Options for recruiting to the Programme Manager vacancy were being explored but funding did not extend to a full time Programme Manager role. Therefore, Realistic Medicine required to be embedded into customary approaches.

Key successes of the Realistic Medicine Group included raising awareness of practice, development of a steering group, establishing governance and reporting processes and the delivery of educational sessions at Continuing Medical Education (CME) days.

Scottish Government planned to visit NHSGJ on 13 October 2023 and an updated action plan was being developed. Mark MacGregor would lead oversight of the Group and look to define the succession planning.

The Committee congratulated Helen Mackie on her new appointment as Deputy Chief Medical Officer for East Kent and acknowledged the robust and compassionate practice she provided during her employment at NHSGJ.

The Committee noted the Realistic Medicine Update.

**5.6 Patient Story**

The Committee received a video of a patient journey and noted with sadness the passing of the patient featured. The Committee expressed gratitude for the patient’s commitment to research and the resulting benefit to others.

The Committee noted the Patient Story.

**6.0 Issues for Update**

**Update to the Board**

* The Committee noted the significant backlog of SAERs and welcomed the Extraordinary CGRMG meetings to support this.
* The Committee acknowledged the challenges faced by staff sustaining input into adverse events and the investments into expanding the Clinical Governance Team.
* The Committee approved the CGC Risk Register and agreed to reduce the Laboratory risk level to four (low).
* The Balloon Pump had an agreed level of stock, which placed the risk in a securer position. National oversight was downgraded but the risk continued to be monitored internally.
* The COVID risk remained unchanged, however, Committee noted that within the next iteration of the Risk Register, further changes would be proposed.
* The Guardrail profile was resolved but required completion of evidence and governance procedures to remove this from the register.
* The Committee approved the Corporate Objectives.
* The Committee recognised the learning in terms of Laboratory Pathology and noted this was useful when setting up new services and protocols.
* The Committee noted a reduction in hand hygiene compliance from the HAIRT report and acknowledged the speedy feedback from observational audit offered opportunities for immediate remediation.
* The outbreak of VRE was stabilised and mitigation procedures had been stepped down.
* Flu vaccination programme would commence from 26/27 September 2023 followed by a COVID drop in vaccination clinic. Flu vaccines would be available to all staff and COVID vaccines to front facing staff.
* The Committee recognised the importance of the Annual Learning Summary and noted the increase in reports that coincided with an increase in activity within NHSGJ. 1.5% of actions reported were extreme cases and this provided the Committee with oversight on the movement of Adverse Events to Significant Adverse Events.
* The Critical Care update was welcomed and provided an insight into the acuity of the service and evolution of the Five Dimensions of Safety. The Committee acknowledged the low rates of readmission, which highlighted the quality and standard of work within the department and the ongoing work to reduce pressure ulcers. The Committee thanked Tony Vassalos for the robust oversight and for sharing the programme on Fire precaution
* The Committee thanked Mohammed Asif for the Thoracic Update, which provided evidence of actual mortality rates continuing to be lower than predicted mortality rates. Minimally invasive surgery was noted to be an increasing area of practice and the Committee were assured in terms of the standards and positive outcomes of procedures carried out by individual Thoracic Surgeons. The Committee acknowledged the request for increased access to robotic equipment for use during surgery, noting opportunities to review this as the service expanded.
* The Committee approved the Q1 Feedback Report.
* The Committee approved the Whistleblowing Q1 Update.
* The Committee received an update on the COVID-19 Inquiries noting a questionnaire had been circulated to all staff, the results of which would be followed up by the Covid Working Group.
* The Committee recognised that Realistic Medicine consisted of a small team and progress had faced challenges but a wider network was being established. The Committee acknowledged that Realistic Medicine required permeating across all services; building upon person centred work and enhancing culture. The Committee congratulated Helen Mackie on her new appointment as Deputy Chief Medical Officer with East Kent and thanked her for all her hardwork over the past years.
* The Committee received a video of a patient journey and were sad to note the passing of the patient concerned. The Committee was grateful for the patient’s commitment to research and benefit to others.

**7 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee was noted as 14 November 2023 at 14:00-16:00hrs.