**Approved Minutes**

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

**Date: Thursday 7 March 2024 at 14:00hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director and Whistleblowing Champion

Linda Semple Non-Executive Director

Rob Moore Non-Executive Director

Jane Christie-Flight Employee Director

**Core Attendees**

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing

**In Attendance**

Susan Douglas-Scott CBE Board Chair

Katie Bryant Head of Clinical Governance and Risk

Nicki Hamer Head of Corporate Governance and Board Secretary

Catherine Sinclair Head of Research and Development (Item 4.3)

Emma McColl Clinical Nurse Manager, Cardiothoracic/National Services Division (NSD) Wards, 3 West (Item 4.7)

**Observer**

Sarah Coulter Scottish Clinical Leadership Fellow

**Apologies**

Gordon James Chief Executive

Carolynne O’Connor Deputy Chief Executive/Director of Operations

**Minutes**

Denise Cameron Senior Corporate Administrator

**1 Opening Remarks**

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

Morag Brown welcomed attendees and took the opportunity for a wellbeing pause.

The Committee welcomed the opportunity for the Wellbeing Pause, aimed at helping to maintain connections between colleagues.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declaration of Interest**

There were no declarations of interest noted.

1. **Updates from Meeting on 14 November 2023**

**2.1 Unapproved Minutes**

The minutes were approved as an accurate record of the meeting held on 14 November 2023, subject to one amendment.

3.1 Significant Adverse Events (SAEs) Update (paragraph six, page 2)

Callum Blackburn emphasised the importance of raising the awareness with staff around being able to speak up in response to SAE cases.

**2.2 Action Log**

Morag Brown confirmed there were no outstanding items on the action log.

* 1. **Matters Arising**

There were no matters arising.

**3 Safe**

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

Katie Bryant provided the Committee with an update on SAEs.

Katie Bryant highlighted that there was positive change in terms of progressing Significant Adverse Event Reviews (SAERs). Katie Bryant confirmed there were ten open SAERs in progress. The Clinical Governance team were working closely with the Divisional Management Team (DMT) Triumvirate and processes had been changed in addition to the upskilling of staff to enable actions to be closed on the Datix system. Currently 28 actions had been closed.

Katie Bryant confirmed that future reports would record how many actions had been closed on a cyclical basis.

Katie Bryant advised that a majority of SAERs had breached the three month target for completion.

Morag Brown commended Katie Bryant, the clinicians involved and the Clinical Governance Team for the positive progress made.

Mark MacGregor highlighted that SAER figures were outwith the three month timescale but provided assurance that more SAERs were being closed than opened, therefore avoiding a further backlog.

Callum Blackburn queried information missing from Table 1 on page 4 of the report. Katie Bryant confirmed that there was no meeting in January 2024 therefore this data was not reported and therefore not included within the report.

The Committee noted the Significant Adverse Events Update.

**3.2 Expansion Programme Update**

Anne Marie Cavanagh provided an update on the Expansion Programme.

Anne Marie Cavanagh advised the Expansion Programme had no impact on clinical services and no actions required escalated.

The Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

Katie Bryant updated the Committee on the Strategic Risk Register.

Katie Bryant advised that Risk S20–Covid-19 Pandemic was being closely monitored and ongoing discussions were taking place to deescalate the risk from a strategic risk to an operational risk.

Katie Bryant confirmed that a deep dive into strategic risks would take place and further information would be brought to the next Committee meeting.

Callum Blackburn reflected on the three risks recorded on the Risk Register and noted that more risks were discussed at the Clinical Governance and Risk Management Group (CGRMG). Katie Bryant confirmed that CGRMG discussed more operational risks and the meeting approved any risks for escalation to the Clinical Governance Committee (CGC). Katie Bryant advised that a review of both operational and strategic risks would take place.

Morag Brown suggested Transcatheter Aortic Valve Implantation (TAVI) be considered as a strategic risk. Mark MacGregor agreed that TAVI should be reviewed and considered for escalation.

Morag Brown asked if the Laboratory risk should be raised. Mark MacGregor noted that the risk was opened when the previous Clinisys system was being withdrawn (as no longer supported by the vendor) before a new system was ready to be implemented. That risk was resolved by upgrading to the newer version of Clinisys. The risk would be closed once the upgraded Clinisys system was fully implemented but the current position was not as high a risk as previously.

Linda Semple asked if quality and safety of services should be considered as an overarching strategic risk due to concerns with current funding from NHS Health Boards. Mark MacGregor confirmed if NHS Boards did not refer patients for TAVI procedures due to funding, although this was detrimental to the patient, it would not be considered a clinical risk for this Board but would be held by the referring Board.

Mark MacGregor advised that Transplant and Cardiology Services would be impacted by NHS Board constraints. Linda Semple asked if services should be monitored as this could affect clinical safety due to constraints in funding. Anne Marie Cavanagh advised that all National Service Divisions (NSD) services would be reviewed when further clarification was received from NHS Boards on their commitments for funding.

The Committee approved the Strategic Risk Register but noted that consideration should be given to placing NSD services on the Strategic Risk Register.

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| **Meeting** | **Action** | **Lead** | **Date for completion** |
| CGC/07032024/01 | Consider if NSD service should be placed on Strategic Risk Register due to constraints in funding from NHS Health Boards | Mark MacGregor/Anne Marie Cavanagh | 31 March 2024 |

**4 Effective**

**4.1 Integrated Performance Report (IPR) January 2024**

The Committee was presented with the Integrated Performance Report for January 2024, including the Health Associated Infection Reporting Template (HAIRT) Report, which highlighted the following key points of interest:

**HAIRT Report**

* Staphylococcus Aureus Bacteraemia (SAB) – 2 in December 2023 and 0 in January 2024
* Clostridiodes Difficile Infection (C. diff) – 0
* 1 Gram negative/E. coli bacteraemia (ECB) – 1 in December 2023 and 1 in January 2024
* Hand Hygiene – 98%
* Surgical Site Infections (SSI)

Two superficial confirmed Cardiac (SSI) in December 2023 and one unconfirmed in January 2024

Zero confirmed Orthopaedic (SSI) in December 2023 and January 2024

**Complaints**

Eight complaints were reported in November 2023.

Stage 1: Four reported in November 2023, 75% were responded to within the timeline.

Stage 2: Four reported in November 2023, 25% were responded to within the timeline.

**SAER**

Zero were commissioned in November 2023.

**Mortality**

Five deaths were reported in December 2023.

**Whistleblowing**

There were no whistleblowing concerns for the period. The Whistleblowing Annual report would include lessons learned from the one whistleblowing incident received.

**COVID-19**

At the next review of the Risk Register, Covid-19 would be likely to be absorbed into the overarching Healthcare Associated Infection (HAI) risk.

Anne Marie Cavanagh confirmed that the Healthcare Improvement Scotland (HIS) Hospital Inspection Report had been published on 29 February 2024 and was available on the HIS website. The inspection included a wider remit and extended to Safe Care.

Five areas of good practice were highlighted and HIS inspectors observed a positive staff culture and quality care interactions between staff, patients and families. One recommendation was received and three requirements.

Morag Brown requested the report was presented to the Board.

Morag Brown was pleased to hear about the positive culture at NHS GJ and thanked all staff for achieving this. Morag Brown noted that Safe Staffing would be an increasing feature in the future and was happy that all recommendations were being addressed.

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| **Meeting** | **Action** | **Lead** | **Due Date for Action** |
| CGC/07032024/02 | HIS Report to be presented to NHS GJ Board | Anne Marie Cavanagh | 26 March 2024 |

The Committee approved the Integrated Performance Report (IPR), January 2024 Update.

**4.2 Clinical Governance and Risk Management Group 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 the meetings.

Katie Bryant highlighted that ongoing discussions took place in relation to TAVI, Synchrophi and Diabetes Closed Loop Proposal which had been progressed along the Accelerated National Innovation Adoption (ANIA). Morag Brown requested an update on Synchrophi be presented to the next meeting.

Katie Bryant reported that the Safe Staffing Programme would be added to the work plan for reporting to the Committee.

Katie Bryant confirmed that following activation of the fire alarm in the Critical Care Unit, a Short Life Working Group (SLWG) was established to support management of incidents and identify learning from the event. Linda Semple asked if a fire had occurred and Katie Bryant confirmed that the alarm activated in response to fumes from contactors working onsite. Katie Bryant highlighted that the Senior Nurse on shift had effectively managed the situation. Morag Brown acknowledged it was important for staff mandatory training to be up to date.

Work was ongoing in relation to Learning from Cardiac Arrests and would be presented to CGRMG in April 2024.

An update was provided to Scottish Government following the Countess of Chester incidents which provided assurance on robust Duty of Candour and processes.

Morag Brown thanked Katie Bryant for the insight into the day to day management and extended thanks to the staff and patients involved.

The Committee noted the Clinical Governance Risk Management Group Update.

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| **Meeting** | **Action** | **Lead** | **Due Date for Action** |
| CGC/07032024/03 | Update to be provided on Synchrophi at next Committee meeting. | Steven Friel/Katie Bryant | 9 May 2024 |

**4.3 Golden Jubilee Research Institute Q3 Performance Report**

Morag Brown welcomed Catherine Sinclair to the meeting to present an update on the Golden Jubilee Research Institute Q3 Performance Report.

Catherine Sinclair provided an overview on the number of Commercial, Eligible and Non Eligible Funded (NEF) projects taking place.

Catherine Sinclair confirmed there had been an increase in the number of commercial trials which would generated income. Cardiology trials recruited the least number of participants. The number of participants recruited was 570 against a target of 600.

Catherine Sinclair advised that research income had decreased for 2023/24 and work was being undertaken with the Finance team to understand why funding had decreased.

Catherine Sinclair advised that there were two out of date research policies and the Research Project Indemnity would be reviewed at the Research and Development Steering Group on 14 March 2024.

Mark MacGregor advised that research activity was growing but finance remained a concern. Baseline funding from the Chief Scientist Office (CSO) was similar to funding received in 2019, with no uplift for inflation or pay rises. Catherine Sinclair and Mark MacGregor attended a meeting with the CSO where it was confirmed that no uplift in funding had been received by them, to then pass on to NHS GJ. CSO advised NHS GJ to maximise the number of eligible commercial studies to ensure maximum funding was received from CSO.

Mark MacGregor confirmed that Cardiac Surgery trial recruitment had increased and reflected the investment received.

Catherine Sinclair advised that a new Deputy Head of Research would commence in post on 23 April 2024 and this was funded from an existing post.

The Committee approved the Research Institute Q3 Performance Report.

**4.4** **Blueprint for Good Governance Improvement Plan 2024/25**

Nicki Hamer provided an update on the Blueprint for Good Governance.

Nicki Hamer confirmed that the plan contained 10 actions of which three of these were commitments for the Committee. Morag Brown noted it would be useful to discuss and review the three commitments at the next meeting.

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| **Meeting** | **Action** | **Lead** | **Due Date for Action** |
| CGC/07032024/04 | Review Blueprint for Good Governance Commitments for next meeting. | Gordon James/Nicki Hamer | 9 May 2024 |

The Committee approved Blueprint for Good Governance Improvement Plan 2024/25.

**4.5 Risk Management Policy and Process**

**Clinical Governance Committee Work Plan 2024/25**

Nicki Hamer provided an update on the Clinical Governance Committee Work Plan and confirmed that plans could be revised throughout the year to reflect any changes.

The Committee approved the Clinical Governance Committee work Plan 2024/25.

**4.6 Clinical Governance Committee Terms of Reference Review (2024/25)**

Nicki Hamer provided an update on the Clinical Governance Committee Terms of Reference for 2024/25.

The Terms of Reference had been changed to reflect that Linda Semple, Non-Executive Director had joined as a member of the Committee.

The Committee approved the Clinical Governance Committee Terms of Reference for 2024/25.

**4.7 Clinical Department Update**

**Cardiac Service**

Mark MacGregor introduced Emma McColl and advised that future Clinical Updates would involve both Medical and Nursing Staff.

Emma McColl highlighted gaps in CT middle grade rota but confirmed one new fellow had been recruited. Emma McColl confirmed that the National Organ Retrieval Service (NORS) retrieval team had been placed on the Risk Register due to workforce vulnerabilities. Clinical Perfusion experienced staffing recruitment challenges.

Emma McColl advised that there were 266 patients on the Cardiac Surgery Waiting List. Emma McColl highlighted that the Scottish Adult Congenital Cardiac Service (SACCS) waiting list had increased.

Emma McColl advised that Clinical Governance were asked for further information on the Datix incidents which had been open since 2021 to facilitate concluding these.

Mark MacGregor highlighted the Cumulative Sum Chart (CUSUM) and explained that the Team were achieving better than the predicted scores recorded.

Mark MacGregor highlighted the Aortic Valve Replacement Chart and highlighted a steady downward trend in surgical mortality explaining that non-surgical TAVI procedures (typically used for higher risk patients) also had excellent outcomes, meaning that patients with aortic stenosis were receiving excellent results overall.

Anne Marie Cavanagh confirmed that safe mobilisation was an area of focus and there were ongoing improvemnets to reduce the numbers of cases with harm.

Morag Brown and Susan Douglas Scott thanked Emma McColl for a detailed overview of the report and her leadership.

Mark MacGregor asked about the increase in activity levels and improvement in waiting times. Emma McColl advised that the scheduling department focused on minimising cancellations and were working closely with base hospitals to ensure there were no delays. Emma McColl confirmed that there was a focus on discharge planning and the Cardiac Clinical Department assessed patients for discharge as soon as they were ready.

The Committee noted the Cardiac Clinical Department Update.

**4.8 Clinical Effectiveness Update**

Katie Bryant provided the Clinical Effectiveness Update.

Katie Bryant advised that staff and resources provided to the Clinical Effectiveness Team was reflected in the positive work being carried out.

Callum Blackburn asked about breaches in policy and Katie Bryant advised that guidelines and documents were being aligned with the Once for Scotland approach. When complete and accessible to staff, they would be removed from the breach of policy list.

Callum Blackburn noted a drop in results from the Scottish Patient Safety Programmes (SPSP) charts in relation to Medication Reconciliation. Katie Bryant confirmed that a more in depth analysis could be carried out and would be reported to the next meeting.

The Committee noted the Clinical Effectiveness Update.

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| **Meeting** | **Action** | **Lead** | **Due Date for Action** |
| CGC/07032024/04 | More detailed report on Medication Reconciliation to be provided to the next meeting. | Katie Bryant | 9 July 2024 |

**5 Person Centred**

**5.1 Q3 Feedback Report with Key Performance Indicators (KPIs)**

Katie Bryant presented an overview of the Q3 Feedback Report.

Katie Bryant reported an increase in Stage 1 reports and assured the committee that analysis work was carried out to identify patterns and trends and improve the overall quality and performance of complaints reporting.

Katie Bryant reported that training was identified for staff involved in the complaints process.

Katie Bryant reported that NHS GJ received a high number of compliments but not all of these were recorded.

Katie Bryant advised that a response was expected from Scottish Public Services Ombudsman (SPSO) on a complaint that had been challenged by NHS GJ.

Morag Brown thanked Katie Bryant for a detailed report.

The Committee approved the Q3 Feedback Report with Key Performance Indicators.

**5.2 Review of Excellence in Care**

Eleanor Lang provided the Committee with a Review of Excellence in Care (EiC).

A new resource was relaunched in 2023 and was made available to nurses on TURAS.

Eleanor Lang confirmed that Scottish Government funding details for 2024/25 were expected to be released.

Linda Semple asked if falls and falls with harm could be separated within the report. Eleanor Lang advised that all falls were included in the same category for reporting and this was separated by Clinical Governance and reviewed at the Safe Mobilisation Group but could be separated for future Committee meetings.

Callum Blackburn requested an update on Volunteer walk rounds and Eleanor Lang confirmed this would be implemented again as the feedback was positive.

The Committee noted the Review of Excellence in Care.

**5.3 Whistleblowing Q3 Report**

Anne Marie Cavanagh provided an overview of the Whistleblowing Q3 Report.

Anne Marie Cavanagh advised no concerns were raised and work would continue to raise awareness of Whistleblowing. Anne Marie Cavanagh confirmed that TURAS modules were available for all staff.

Anne Marie Cavanagh advised that interest was noted by NHS GJ to attend the Whistleblowing Practitioner Forum launched by the Independent National Whistleblowing Officer (INWO).

Callum Blackburn confirmed that confidential contact details changed as staff moved jobs or left employment. Refresher training was ongoing to support this and the Whistleblowing Annual Report would be used as an awareness tool.

Nicki Hamer advised that INWO were offering a workshop to understand how the annual report template should be completed for consistency across NHS Boards. Nicki Hamer confirmed that Corporate Governance internal webpages would include a section with links to Whistleblowing reports and confidential contacts.

Anne Marie Cavanagh noted it was important to be aware on how Whistleblowing concerns were shared with the wider organisation whilst maintaining confidentiality.

The Committee approved the Whistleblowing Q3 Report.

**5.4 Resilience Update**

Anne Marie Cavanagh provided the Committee with a Resilience update.

Anne Marie Cavanagh advised that Scottish Government released a test call to ensure resilience contact details were up to date and positive feedback was received from the National Resilience Team.

The Committee approved the Resilience Update.

**5.5 Patient Story**

No patient story was presented at the meeting.

**6.0 Issues for Update**

Update to the Board

* The Committee welcomed the progress on the plans from the Clinical Governance Team that supported the Significant Adverse Events (SAEs) and commended the work of all involved.
* The Committee approved the Strategic Risk Register and noted that consideration be given to placing NSD services on the risk Register due to constraints in funding.
* The Committee approved the Integrated Performance Report and the HAIRT update.
* The Committee approved the Golden Jubilee Research Institute Q3 Performance Report noting that a new Deputy Head of Research would commence in post in April 2024.
* The Committee approved the three commitments within the action plan for the Blueprint for Good Governance Improvement Plan for 2024/25.
* The Committee approved the Work Plan for 2024/25.
* The Committee approved the Terms of Reference for 2024/25
* The Committee received a detailed governance overview of the Cardiac Service and acknowledged challenge in recruiting staff for the NORS Retrieval Team and Clinical Perfusion. The Committee thanked Emma McColl for the update and her leadership.
* The Committee received the Clinical Effectiveness Update and noted a reduction in compliance of the Scottish Patient Safety Programmes (SPSP) charts in relation to Medication Reconciliation, with a more in-depth analysis being provided to the next meeting.
* The Committee approved the Q3 Feedback Report with Key Performance Indicators.

* The Committee approved the Whistleblowing Q3 Report.
* The Committee received a review of Excellence in Care and noted that confirmation of funding was still outstanding.

**7 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee was noted as Thursday 9 May 2024, 13:30-16:30.