**Approved Minutes**

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

**Date: Thursday 14 November 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

Jane Christie-Flight Employee Director

**Core Attendees**

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

Nicki Hamer Head of Corporate Governance and Board Secretary

Catherine Sinclair Head of Research, Research and Development (item 4.3)

Laura Fulton Head of Pharmacy (item 4.6)

Emma MacLaren NHS Scotland Management Trainee

**Apologies**

Linda Semple Non-Executive Director

Gordon James Chief Executive

**Minutes**

Denise Cameron Corporate Administrator

**1 Opening Remarks**

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

The Chair welcomed everyone to the meeting and introduced Emma MacLaren to the Committee. Morag Brown noted it was *Operating Room Nurse Day* and thanked all colleagues employed in operating theatres.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declaration of Interest**

There were no declarations of interest.

1. **Updates from Meeting on 7 September 2023.**

**2.1 Unapproved Minutes**

The minutes were approved as an accurate record of the meeting held on 7 September 2023.

**2.2 Action Log**

Morag Brown advised the following item from the action log was on the Agenda.

* Update on the Scottish Adult Congenital Cardiac Surgery (SACCS) MRI Waiting List.
  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.

Since the last Committee meeting on 7 September 2023, 3 SAEs were commissioned and 5 SAEs had been closed. Katie Bryant reported that colleagues were working across the organisation to close the overdue SAE reports. Meetings were scheduled for 21 November 2023 and 11 December 2023, to conclude the open actions before the end of 2023.

Katie Bryant advised overdue adverse events proved challenging but updates were made to monitor the progress, provide better reporting and improve support to the team, in an attempt to close the events. Morag Brown asked for a Gantt chart to be created to show projected dates for completing the backlog of SAE’s.

The Guardrail profile was closed and evidence had been uploaded.

Morag Brown requested an update on the position with the Clinical Governance staffing and Katie Bryant confirmed this was progressing well with two posts still to be recruited to. It is hoped that the full complement of staff would be achieved by Q1 in 2024.

Callum Blackburn emphasised the importance of staff being able to speak up in response to a SAE case that was highlighted. Katie Bryant agreed to link with Callum Blackburn to focus on Whistleblowing and raising awareness of speaking up.

Morag Brown confirmed it would take time to address the ongoing issues and looked forward to seeing resolutions in the near future.

Susan Douglas Scott passed on her thanks to Katie Bryant for the progress made.

The Committee noted the Significant Adverse Events Update.

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| --- | --- | --- | --- |
| **Meeting** | **Action** | **Lead** | **Due date** |
| CGC14112023/01 | Gantt Chart showing projected dates for completing SAEs. | Katie Bryant | 7 March 2023 |

**3.2 Expansion Programme Update**

Anne Marie Cavanagh provided an update on the Expansion Programme.

There were no matters reported that required to be escalated or affected patient safety. The new Orthopaedic Outpatient Department was scheduled to open on 20 November 2023. Anne Marie Cavanagh confirmed that the water commissioning work for Phase 2 of the expansion would be discussed over the coming weeks.

The Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

Katie Bryant updated the Committee on the Strategic Risk Register.

No risks were identified for closure. The Strategic Portfolio Governance Committee would have oversight of risk S10, Cyber Security. Risk S20, Covid-19 was discussed at the Clinical Governance Committee meeting on 7 September 2023 and was reduced from medium risk to low risk, with continued monitoring ongoing. Risk B01/22, Lab Services was reduced from high risk to medium risk and would remain in the category until the go live date in 2024.

The Committee approved the Strategic Risk Register.

**4 Effective**

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

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

**HAIRT Report**

* Staphylococcus aureus Bacteraemia (SAB) – 0 in September and 1 in August
* Clostridiodes Difficile Infection (C. diff) – 0
* 1 Gram negative/E. coli bacteraemia (ECB) – 1
* Hand Hygiene – 97%
* Surgical Site Infections (SSI)

One confirmed Cardiac (SSI) in August and one unconfirmed in September

Zero confirmed Orthopaedic (SSI) in August and September

Two complaints were reported in August 2023.

Stage 1: One reported in August 2023, 0% were responded to within the timeline.

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

SAER

Three were commissioned in September 2023 and zero were commissioned in August 2023.

Mortality

8 deaths were reported in September 2023 and 13 in August 2023, which is within the expected range.

Whistleblowing

There were no whistleblowing concerns for the period.

Flu & Covid Vaccination Programmes

The vaccination programmes are underway with staff being encouraged to participate.

COVID-19

A small number of patients were reported to have tested positive for COVID-19. Anne Marie Cavanagh confirmed that community rates and transmissions were being closely monitored.

The Committee approved the Integrated Performance Report (IPR), September 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.

* A more detailed report on SAERs was provided in section 2.3.
* 17 open claims were received.
* Work was ongoing to minimise patient falls and a reduction was recorded to two falls, with zero with harms.
* Two device related pressure ulcers were noted but improvements were shown.
* 45% of audits were overdue and an audit escalation process was introduced.
* 102 open SAER actions with a 37% reduction in overdue actions since June 2023.
* 26% of policies and guidelines had been breached with the total at 806.
* Clinical risk was the highest category on the operational risk register.

Katie Bryant provided an update on the SACCS MRI backlog. At the end of quarter Q2, 278 procedures were delivered against a pro rata target of 325. There was reduced activity in July 2023 due to annual leave and a changeover of medical staff. However, the team were noted to be in a stronger position and activity increased over August and September 2023.

Morag Brown thanked Katie Bryant for the update and was reassured that action plans had been developed.

The Committee noted the Clinical Governance Risk Management Group Update.

**4.3 Golden Jubilee Research Institute Q2 Performance Report**

Morag Brown welcomed Catherine Sinclair to the meeting to present an update on the Golden Jubilee Research Institute Q2 Performance Report.

The following key points were of interest to the Committee.

* 8 projects were approved in Q2 against a target of 10, with 18 projects in 2023-24 to date against a target of 20.
* 200 participants were recruited for Q2, which was on target.
* The number of research project audits was in line with targets.
* Research policy updates were being worked through to maintain research quality assurance.
* Staff governance figures were provided and staff had been asked to prioritise expired TURAS appraisals.

Catherine Sinclair highlighted three projects of interest to the Committee. Invest CTO was a collaboration between NHS Golden Jubilee (NHS GJ) and Haukeland University, Norway noting that NHS GJ would monitor this to ensure targets were achieved on time.

Go DCM project would be supported by the Scottish Pulmonary Vascular Team and aimed to recruit one participant with Pulmonary Hypertension associated with Interstitial Lung Disease (PH-ILD) and investigate the use of Treprostinil Palmitil Inhalation powder (TPIP).

The Patient reported outcomes, post perioperative pain and pain relief after day case surgery (POPPY) study would highlight how a heart patient responded to future surgery.

Mark MacGregor advised funding was a concern for research sustainability. The process for Chief Scientist Office (CSO) allocations to Boards was not well understood. A meeting was arranged to discuss the finances but had been postponed.

The Committee approved the Research Institute Q2 Performance Report.

**4.4** **Clinical Department Update**

**Orthopaedics**

Morag Brown welcomed Findlay Welsh to the committee to provide an Orthopaedic department update.

Findlay Welsh confirmed that the overall data reported in the Orthopaedic Department Update, was positive.

Adverse event rates had slightly increased during the post Covid-19 recovery period. Ward 4 East housed patients with more complex clinical needs therefore adverse events were more severe.

Theatres were affected by problems due to the supply of equipment, COVID-19 and issues related to the UK Border changes for goods. Morag Brown requested clarification of the issues and Findlay Welsh confirmed that Stryker equipment was manufactured in France and was affected by shortages in international supplies of steel.

Orthopaedic Fall Charts were presented to the Committee and showed a variability in rates across the reported period.

Work was commencing on the Venous Thromboembolism (VTE) policy and this would be reviewed and completed over the next year.

Findlay Welsh highlighted the software issue within the Radiology department relating to X-ray ordering and confirmed this would now be taken up by the Service manager for Radiology and Labs, who had commenced in post. Mark MacGregor advised that the system did not allow for a two-way communication process and there was no quick solution to this but would be discussed at the Radiation Safety Meeting on 21 November 2023. Morag Brown asked if this could be addressed via the Digital Strategy and Mark MacGregor confirmed that this required to be confirmed.

Findlay Welsh advised that there was a small spike in infection rates but investigations showed no patterns emerging. A change of antibiotics took place in April 2022 and there was slight increase in infection rates subsequently which has subsequently resolved. Mark MacGregor noted that the department would have sufficient data for each period to do a pre and post cohort analysis and suggested a review took place in due course.

Orthopaedic feedback was noted to be positive. Many compliments were received and there was a reduction in outstanding SAERs. Two Scottish Public Services Ombudsman (SPSO) complaints were returned and treatment received by the patient at NHS GJ, had been validated.

Morag Brown thanked Findlay Welsh for a comprehensive overview of the Clinical Governance in Orthopaedics.

The Committee noted the Orthopaedic Clinical Department Update.

**4.5 Risk Management Policy and Process**

Katie Bryant provided an overview of the interim Risk Management Policy and Process, which was submitted to the Committee for approval.

Katie Bryant confirmed that there was positive engagement and the policy was used to support decision-making.

The Committee approved the Risk Management Policy and Process.

**4.6 Drugs and Therapeutics Committee (DTC) Annual Report**

Morag Brown welcomed Laura Fulton to the Committee to provide an overview of the Drugs and Therapeutics Committee (DTC) Annual Report.

Laura Fulton thanked all colleagues who attended the Drugs and Therapeutic Committee throughout the year and advised that the Committee was chaired by David Reid, Consultant Anaesthetist, co-chaired by Laura Fulton and supported by Geraldine Sale, Clinical Pharmacist. Eight meetings were held between June 2022 and September 2023.

Laura Fulton presented the following objectives to the Committee.

* Guidelines and processes were being reviewed.
* Support implementation of Hospital Electronic Prescribing and Medicine Administration (HEPMA).
* Review processes for submissions to the DTC.
* Raise awareness and operationalise the Safe and Secure Handling of Medicine Policy.
* Review the process for Transplant Unit Unlicensed Medicine Requests.
* Identify Corporate Administration support to DTC.

Callum Blackburn enquired about the medication supply issues and Laura Fulton reassured the Committee that although the situation was unlikely to change, the department was aware and tried to source support through national procurement networks or working with neighbouring NHS Boards.

Mark MacGregor informed the Committee that over-centralisation of global supply chains had a negative impact on supply, particularly during the pandemic but also prior to that. Increasingly companies were now decentralising supply chains.

The Committee approved the Drugs and Therapeutics Committee Annual Report.

**5 Person Centred**

**5.1 Q2 Feedback Report with Key Performance Indicators (KPI)**

Katie Bryant presented an overview of the Q2 Feedback Report.

Katie Bryant informed the Committee of challenges completing investigations and closing complaints within the timescale. The Clinical Governance team were working with colleagues in the Confirm and Challenge Meetings and the Executive Leadership Team in relation to responses. Training would be implemented for investigators and the language being used in response to complainants was under review.

Katie Bryant advised that when the team had a full complement of staff, themes would be reviewed and suggestions made to improve outcomes. Jane Christie-Flight enquired on SPSO response times and Katie Bryant confirmed timescales were different therefore this could take up to one year. Anne Marie Cavanagh confirmed the team were in regular contact with SPSO.

Morag Brown thanked Katie Bryant for a detailed report.

The Committee approved the Q2 Feedback Report with Key Performance Indicators.

**5.2 Whistleblowing Q2 Report Update**

Anne Marie Cavanagh provided the Committee with a Whistleblowing Q2 Update.

There were no whistleblowing concerns raised and awareness was focused on the whistleblowing standards and encouraging staff to speak up.

Callum Blackburn thanked Anne Marie Cavanagh and Nicki Hamer for their contribution to the Whistleblowing Report.

The Committee approved the Whistleblowing Q2 Update.

**5.3 Corporate Governance Meeting Dates 2024/25**

Nicki Hamer presented the Committee with the Corporate Governance Meeting dates 2024/25.

Nicki Hamer advised the Committee meeting dates would be presented to the Board for approval on 14 December 2023.

The Committee approved the Corporate Governance Meeting Dates 2024/25.

**5.4 Patient Story**

The Committee received a video of a patient journey during lung surgery treatment.

The Committee agreed that the story was positive and raised the challenges of receiving care away from home. The Committee thanked the Communications department for ascertaining the interviews.

The Committee noted the Patient Story.

**6.0 Issues for Update**

Update to the Board

* The Committee approved the Strategic Risk Register and agreed the movement of one risk to the Strategic Portfolio Governance Committee and to reduce the risk levels for two other risks.
* The Committee approved the Integrated Performance Report.
* The Committee approved the Golden Jubilee Research Institute Q2 Performance Report.
* The Committee approved the Risk Management Policy and Process.
* The Committee welcomed the progress on the plans from the Clinical Governance Team that supported closing Significant Adverse Events (SAEs).
* The Committee requested projected targets for completing the backlog of SAEs to be presented to the next meeting but acknowledged the progress achieved to date, staff commitment at a time of limited resources and the new additional resources coming into post.
* The Committee noted the improved services for patients on the Scottish Adult Congenital Cardiac Service (SACCS) MRI Waiting List and was pleased to see the increased productivity.
* The Committee received a detailed governance review of Orthopaedics which evidenced a reduction in falls, reported infection rates below national averages and confirmed changes in antibiotics contributed towards a reduction in acute kidney injury rates.
* The Committee noted the X-Ray issues required to be addressed but was assured that discussions would be taken forward although solutions were unlikely to be provided in the near future.
* The Committee thanked Findlay Welsh for the update on Orthopaedics and welcomed the reduction in falls.
* The Committee approved the Q2 Feedback Report.
* The Committee approved the Whistleblowing Q2 Report.
* The Committee approved the Corporate Governance Meeting Dates 2024/25.
* The Committee received a video of a patient journey that highlighted the challenges presented to patients when receiving surgery away from home. The Committee welcomed the understanding NHS Golden Jubilee had in supporting these patients.

**7 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee was noted as 7 March 2024 at 13:30-17:00hrs.