

Approved Minutes
Clinical Governance Committee Meeting
MS Teams

Wednesday 2 September 2020, 2pm

PRESENT:

Members

Morag Brown
Elaine Cameron
Jane Christie-Flight
Linda Semple

Non-Executive Director (**Chair**)
Non-Executive Director
Non-Executive Director (Employee Director)
Non-Executive Director

In attendance

Susan Douglas-Scott CBE
Jann Gardner
Anne Marie Cavanagh

Board Chair
Chief Executive
Executive Director of Nursing and Allied Health
Professionals
Medical Director
Head of Corporate Governance
Head of Clinical Governance
Director of Quality, Innovation and People

Mark MacGregor
Liane McGrath
Laura Langan
Gareth Adkins

Minutes

Alison MacKay

PA to Medical Director

1. Opening Remarks

Morag Brown opened the meeting and thanked everyone for attending.

1.1 Chairs Introductory Remarks

Susan Douglas-Scott thanked colleagues for their ongoing commitment and professionalism at this particularly challenging time and asked that this thanks be passed on to their teams.

2 Apologies

No apologies were noted for this meeting.

3 Declarations of Interest

None noted.

4. Updates from Meeting 1 July 2020

4.1 Unapproved minutes 1 July 2020

The minutes of 1 July 2020 were approved by the Committee as an accurate account of the meeting.

4.2 Action Log

The action log was reviewed with actions closed as appropriate.

5 Safe

5.1 Significant Adverse Events Update

Laura Langan presented the Significant Adverse Events update providing detailed background of the open Level 1 SAER. Two SAE reports are currently in final draft and will be noted in the learning summary of closed SAER and brought to the committee in November.

Laura Langan highlighted any death following heart transplant automatically triggers SAER investigation. It is important to highlight the success of this vital service as heart transplant procedures have continued throughout the pandemic.

The SAE report on the left pneumonectomy has gone through appropriate governance process and approved at CGRMG. The report has been shared with the patient and Comms have been notified. The report received an outcome measure 2. The Committee were advised Human Factors is embedded in all SAER investigations and an outcome measure is agreed as part of the conclusive findings of the investigation. Gareth Adkins noted plans to develop a Human Factors workshop session for the non-Executive Directors, the Committee agreed this would be valuable.

The Committee noted this update.

5.2 Expansion Programme Update

Anne Marie Cavanagh presented the Expansion Programme update.

- Phase 1

Anne Marie Cavanagh noted successful Walkround of Phase 1 took place on 27 August. The building is in good condition with no areas causing concern. Patient flow will be prioritised to ensure physical distancing guidelines are adhered to.

Recruitment process for Phase 1 is underway with the associated risk downgraded on the Expansion Risk Register.

Recent issues associated with the water vent was highlighted to the Board. The issue was actioned and dealt with appropriately.

- Phase 2

Work is progressing well. The hospital was affected by vibrations as a result of the building work. Reassurance was noted with Kier as they responded to the situation immediately.

Committee Members noted the Expansion Programme Update.

5.3 Risk Register

Laura Langan gave a verbal update on the Risk Register.

- Clinical Waste

The new contract is fully implemented and closed off on the Board Risk Register and will be managed operationally.

- Expansion programme

Agreement has been made to lower the risk on the Board Risk Register for Microbiology support. The risk will continue to be monitored on the expansion risk register and will be escalated to the Board if necessary.

October Board workshop will focus on the risk appetite.

Committee members noted the Risk Register.

5.4 Claims Report

Laura Langan presented the Claims Report. Presented at CGRMG new assurance process working well. The table within the report documents ongoing claims.

Committee members noted the Claims Report.

5.5 New and Restart Services

Mark MacGregor presented the updated document for noting.

New guidance will take effect from Monday 7 September.

Committee members noted the New and Restart Services.

6 Effective

6.1 HAIRT Report Integrated Performance Report August 2020

Anne Marie Cavanagh presented the HAIRT report for August 2020 noting the following:

- ***Staphylococcus aureus Bacteraemia*** is a cause for concern with 1 reported in June and 3 July. Overall there has been a spike in cases with 6 cases reported since April 2020. PCI are linking with other Boards.
- The **bimonthly** Hand Hygiene has continued since May to demonstrate an overall compliance of 100% with hand hygiene opportunity and technique in June and July recording 100% compliance.

Anne Marie noted Surgical Site infection (SSI) surveillance continues to be temporarily suspended as per Scottish Government instruction. However, the Prevention and Control of Infection department are continuing to monitor.

Committee members noted this update.

Clinical Governance Update

Integrated Performance Report August 2020, page 13

Anne Marie Cavanagh presented the Clinical Governance update and noted the following key points:

- Four Stage 1 Complaints were reported in July 2020 and was responded to within the threshold timescale. Five Stage 1 Complaints were received, however, one was withdrawn.
- Four Stage 2 Complaints were reported in July 2020.
- No overall trends were identified for Stage 1 and Stage 2 complaints. None of the Stage 2 complaints are linked to Covid-19.
- The HAIRT and SAE updates were covered earlier in the agenda.

Committee members noted the Clinical Governance update.

6.2 Scottish Patient Safety Programme Update

Laura Langan provided the committee with a note of the background of the Scottish Patient Safety Programme (SPSP) when it was established in 2008 to its current status.

The Committee received a presentation capturing an indepth background and overview of the Scottish Patient Safety Program. The Board has an active focus on the Safety Essentials; EWS, Safety Brief and Pause, PVC Bundle and Medicine Reconciliation.

The Clinical Effective team developed an at a glance data collection spreadsheet to assist with the monitoring of the monthly data. The team focuses on the areas where improvement is required or whether the data has shown reliability. The team have established positive engagement in all areas and have close links with the CME.

Falls

All patients are risk assessed for falls. SPSP outlines a strict definition on what constitutes a fall with harm and is recorded on DATIX. Every patient fall is reviewed at the Falls Group.

Safety Brief and Safety Pause

The Safety Brief and Safety Pause has been used in Theatres since 2008. There is no standardised process in place for where and when the Brief and Pause is conducted. Quality of the Brief and Pause is also not monitored. The checklist currently in place has been adopted from a standard template from the WHO. Agreement was noted a review of the checklist is required. The Committee supported proposals for a mandatory debrief to take place at the end of every theatre.

Action CGC/020920/01: Susan Douglas-Scott requested the SPSP presentation is circulated to Committee members and are uploaded to Admin Control.

6.3 CGC Work Plan / CGC Structure

Laura Langan presented the CGC Workplan and CGC structure.

- CGC structure

The Committee supported proposals put forward to integrate patient stories with the deep dive.

- CGC Work plan

Proposals were made to the Committee to streamline the committee structure based on a Gold Silver Bronze model using the agile governance command structure adopted during

Covid-19. The membership for the CGRMG has been revised with enhanced focus on multi-disciplinary involvement. The Committee will receive a summary report of discussions taken place at the CGRMG. The Committee supported the proposals put forward.

The Committee noted the CGC Work plan and CGC Structure.

7 Person Centred

7.1 Annual Feedback Report Q1 Feedback Report

Laura Langan presented the Annual Feedback report.

Prior to Covid-19 challenges had been identified with response timescales and was being addressed. In light of Covid-19 this was paused, however, as services restart the review of response timescales will recommence.

Committee members noted the Annual Feedback report.

8 Issues for update

8.1 Issues to highlight/escalate No escalation issues were noted.

8.2 Update to the Board

The Board agreed to include the following items within the Board update:

- **Person Centred**
Annual Feedback Report

- **Safe**
Expansion Programme Update
New and restart services

- **Effective**
Infection Control Update
SPSP Update
CGC Workplan
CG Structure

9 Any other Competent Business

No other competent business was noted.

10 Date and Time of Next Meeting

4 November 2020, 14:00 via MS Teams