**Approved Minutes**

**Clinical Governance Committee**

**Via MS Teams**

**Wednesday 3 March 2021**

**Members**

Morag Brown *(Chair)*  Non-Executive Director

Elaine Cameron Non-Executive Director

Linda Semple Non-Executive Director

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

**In attendance**

Susan Douglas-Scott CBE Board Chair

June Rogers Director of Operations

Anne Marie Cavanagh Executive Director of Nursing and AHP

Laura Langan Head of Risk and Clinical Governance

Mark MacGregor Medical Director

Liane McGrath Head of Corporate Governance

Theresa Williamson Nurse Director

Nicki Hamer Deputy Head of Corporate Services

Paul Rocchiccioli Consultant Cardiologist, Interventional Cardiology

**Apologies**

Gareth Adkins Director of Quality, Innovation and People

**Minutes**

Alison MacKay PA to Medical Director

**1 Chairs introductory remarks**

Morag Brown opened the meeting and thanked everyone for their attendance and continued support managing meetings in a virtual manner. Callum Blackburn, Non-Executive Director, was welcome as the newly appointed Whistleblowing Champion.

**2 Apologies**

Apologies were received from Jann Gardner, Chief Executive Officer who was represented by June Rogers at this meeting.

**3 Declarations of interest**

None noted.

**4 Updates from meeting 13 January 2021**

**4.1 Unapproved minutes**

The minutes of the previous meeting were approved subject to one change noted on Page 4 under agenda item 6.1 Hand Hygiene. This should be recorded for both Medical and Ancillary staff.

**4.2 Action Log**

All outstanding actions have been completed and closed.

**5 Safe**

**5.1 Covid Sit Rep**

Anne Marie Cavanagh confirmed there are no Covid positive patients on site.

The national guidance is clear that all elective surgery patients must present a negative coronavirus swab test 72 hours prior to admission.

The Committee noted the Covid Sit Rep update.

**5.2 Significant Adverse Events Update**

Laura Langan presented the Significant Adverse Events Update.

Discussions focused around SAE learning summary relating to two MCS deaths which form part of a wider audit review. This is a high risk complex intervention with multiple risks associated. The Committee were advised this complexity does not equate to an increase in SAE reviews. The Committee recognised the importance of supporting staff working in these areas and were assured that this is a key focus.

The Committee were also assurance that the Scottish Adult Congenital Cardiac Service (SACCS) now has a full complement of staff following the recent appointment of a fourth Consultant commencing in August 2021. The Committee were reassured the service has sufficient Consultant support in place until August.

The Committee were reassured processes are now in place following the missed diagnostics SAER. The Committee requested a timescale for implementing the change in process and Laura Langan agreed to present a full report on lessons learned will be included in the Annual Learning Summary Report.

**Action CGC/03032021/01: Laura Langan to present a standard report on learnings to include timescales for implementing processes as part of missed diagnostics SAER to the next meeting.**

The Committee noted the Significant Adverse Events Update.

**5.3 Expansion Programme Update**

**Phase 1**

The Eye Centre is now fully open and operational, however, there has been some challenges. The unit has had to manage high level nursing absence which has been managed with additional support from Senior Nursing staff.

Concerns were raised regarding adhering to the 2-meter physical distance which has posed a challenge to patient flow in Outpatient areas. Assurances were provided this has been managed creatively with good collaboration with Andrew Hall, Head of Quality Improvement, and the operational team, medics and nursing staff. Assurances were also noted Theatres are appropriately spaced to allow surgeons to operate within physical distancing guidelines.

**Phase 2**

Work to Phase 2 has continued and with a cautious approach as a changeover of supplier has brought its own complexities. An Action Plan is being put in place to prioritise work in recognition of severity as there is potential disruption to the existing building.

Committee Members noted the Expansion Programme Update.

**5.4 Risk Register Update**

Laura Langan presented the Risk Register update to the Committee. Regular reviews take place through the Silver Command and Executive Directors weekly meetings. The Committee were assured appropriate escalation processes are in place via these channels. The Committee will receive a full update at the meeting in May.

Committee Members noted the Risk Register Update.

**5.5 Claims Report**

Laura Langan presented the bi-annual Claims Report to the Committee.

The Committee noted two ongoing high value claims. Strict processes are in place with the Feedback and Legal Coordinator for the Board in communication with the Executive Directors and Scottish Government.

The Feedback and Legal Coordinator manages all claims including hospital and hotel staff and not exclusively from patients.

Since the last report five new claims have been received. Assurances were given to the Board this level is appropriate however the numbers are increasing which is indicative to societal trends. The Central Legal Office (CLO) are integral to the support of settling claims. The focus on the legal system is quality improvement and learning. The Committee supported the no blame compensation system with the implementation of Duty of Candor as a useful tool of support. The Chair agreed to raise the ‘no blame compensation approach’ if raised at the Chairs meeting.

The Committee noted the Claims Report.

**6 Effective**

**6.1 Clinical Governance update (including HAIRT) Integrated Performance Report January 2021**

Anne Marie Cavanagh presented the Integrated Performance report for January 2020 and highlighted the following key points of interest to the Committee.

* *Staphylococcus aureus* Bacteraemia - No cases to report. This indicator had been a concern over a prolonged period of time not just for NHS GJ but other Health Boards as well.
* *Clostridioides difficile* infection (previously known as *Clostridium difficile*) – 2 reported and assurance provided no cross over of patients and no concern and both had been appropriately investigated. The Committee challenged why there was an increase in numbers as all inpatients have their own single room and Hand Hygiene compliance has improved. The Committee were assured individual cases receive a ‘deep dive’ investigation.
* Gram Negative/E.coli Bacteraemia (ECB) - No cases to report.
* Hand Hygiene – 95%. Previous dips in medical and ancillary staff groups. There was a marked improvement in January with 100% compliance across professional groups.
* Surgical site infections –National reporting is currently paused. The Board are continuing to monitor with in-house surveillance. No changes to 4 Nations guidance.

The Committee welcomed improvements in Hand Hygiene compliance and questioned whether this improvement had sustained. The Committee were advised the Integrated Progress Report (IPR) for February is now available and will be circulated to the Committee following this meeting.

**Action CGC/03032021/02: February IPR to be circulated to Committee members for HAIRT review with the focus on Hand Hygiene compliance**

Committee members noted the HAIRT Report.

Clinical Governance Update

Six complaints were received.

*Stage 1 Complaints*

Two stage 1 complaints were received of which one was responded within the 5-day timeline.

*Stage 2 Complaints*

Four stage 2 complaints were received all were responded within the 20-day timeline.

Two new SAER were commissioned in December.

Committee Members noted the Clinical Governance Update.

**6.2 Covid Vaccination Programme**

Anne Marie Cavanagh updated the Committee on the Covid Vaccination Programme and advised a formal paper will be presented to NHS GJ Board on 18 March 2021.

Vaccination clinics will be running for two days on 2/3 March 2021 for staff to receive their second dose.

76% of patient facing clinical staff have been vaccinated. There is a small percentage of patient facing staff waiting to receive their first dose. Processes are in place to vaccinate new employees which is led by Pharmacy, Booking Office and Occupational Health, however, priority will be given to any existing staff awaiting their first dose. Communication with staff has been maintained and it is NHS GJ’s intention to vaccinate all staff appropriately in accordance with the National Guidance.

The Committee thanked the team for their hard work and efforts in vaccinating staff.

**6.3 eHealth Sub-Committee Update**

Alan Goodman, IT Manager, was welcomed to the Committee to present the eHealth Sub-Committee Update.

The eHealth Steering Group was stepped down in 2020 and will be re-established in May 2021.

The eHealth department faced unprecedented challenges throughout 2020 with business drivers changing including clinical pathway for virtual assessments i.e. ‘Near Me’ application.

Agile working increased significantly during 2020 posing challenges to the department with demand in IT equipment rising, 430 new laptops have been purchased. This has allowed agile working for 600 staff to work remotely with a projected figure of 700 by the end of 2021.

Microsoft Teams has been installed as a new way of conducting meetings. The department have supported the training of this application.

The department developed the application Akamai in conjunction with NHS Forth Valley to support this new method of agile working.

Vaccination programme

The eHealth department supported the National TURAS system and trained admin staff using this system. The hotel staff were also provided with additional laptops. The department successfully implemented the IT infrastructure of the vaccination programme within extreme timelines.

Lateral Flow Device

The department implemented testing and reporting.

Louisa Jordan

The department were approached to facilitate the diagnostics service in conjunction with Greater Glasgow and Clyde Health Board.

Phase 1

The Eye Centre is fully equipped with specific designs and mounted PCs to support the surgeons to carry out intricate procedures.

Project timelines

A new digital platform will be created for NHS Scotland Academy

RIS upgrade PACS expected completion by Quarter 3 in 2021

HEPMA work is currently paused and will recommence by the Summer 2021.

**Focus for next 12-24 months**

Office 365

First phase to migrate from nhs.net and align to NHS GJ system for 120 clinicians

Second stage to migrate to Microsoft system by June 2021

Testing of the existing SharePoint to ensure it is compatible with the upgrade.

Trakcare

Hotel system ongoing.

Windows 10

Staff have received new devices with Windows 10.

Challenges: Ensuring value for money and balancing priorities-v-planning in managing customer expectations.

The Non-Executive Members of the Committee appreciated eHealth commitment to allowing connection while offsite. The Committee agreed to escalate to the Board to ensure adequate funding is available as eHealth underpins the Remobilisation Plan and wider Board Strategy.

The Committee thanked Alan Goodman for attending and acknowledged the continued hard work of the eHealth department.

The Committee noted the eHealth Update.

**6.4 Research and Development Sub-Committee Update**

Dr Catherine Sinclair, Head of Research, attended the meeting and presented the Research and Development Sub-Committee Update. Dr Sinclair provided the Committee with an in-depth overview of the Sub-Committee noting it encompasses research governance.

In response to the pandemic research projects were suspended. However, this excluded projects relating to Covid-19. The department are looking to recommence research projects in May 2021. Assurances were made the process will be appropriately Risk Assessed prior to restarting.

The Committee thanked Dr Sinclair for the update and extended their gratitude to the department for the support and commitment as highlighted, with selected staff members redeployed to support other areas as part of the pandemic response.

The Committee noted the Research and Development Sub-Committee Update.

**6.5 Committee Annual Report**

Ann Marie Cavanagh advised that the Membership had been revised and there had been no major changes to the Terms of Reference. This Report will now be presented to the Audit Committee for final approval.

The Committee noted the Committee Annual Report.

**7 Person Centred**

**7.1 Patient Visiting**

Theresa Williamson presented the Patient Visiting paper highlighting real life patient and family experiences.

The Committee were interested in the timeline capturing the month to month variance how patient visiting has altered. Virtual patient visiting will be continued as the prominent method of visiting inpatients. In many instances the patient and their family manage and arrange visiting themselves using their own devices. Training will be offered to staff to provide the best approach.

The Committee felt assured success stories are happening. However, this is a complex changing piece of work which will support patients and their families through difficult circumstances while ensuring compassionate person centredness is at the heart.

The Hotel staff were also thanked for their continued support.

The Committee noted the Patient Visiting paper.

**7.2 Q3 Feedback Report**

Laura Langan presented the Q3 Feedback Report and advised that complaints were back at the activity levels pre-Covid. The Committee were assured continued efforts are being made to capture improvements to response times. The Committee acknowledged the disappointing delay in Executive sign off, but noted this will be address as part of improvement work.

The Feedback and Legal Coordinator provides a weekly status which is circulated to the Divisions and Executive team. The Clinical Governance Department have good dialogue with the services and meet weekly.

The Committee noted a high number of complaints in relation to waiting times but this was experienced across NHS Scotland as a whole year’s activity had been lost as a result of the pandemic. The national group are dealing with prioritisation which is a difficult problem to solve.

The Committee noted the Q3 Feedback Report.

**8 Issues for Update**

**8.1 Update to the Board**

The Committee agreed to include the following items within the Board update report;

* Significant Adverse Events update (SAE)
* Hospital Expansion Programme
* Infection Control – Hand Hygiene
* eHealth Update
* Research and Development Sub-Committee Update
* Patient Visiting
* Quarter 3 Feedback Report

**9 Any other Competent Business**

The Chair noted there was positive elements mentioned at the meeting today and that the Patient Visiting paper will be circulated via email to the Committee.

There was no other competent business noted.

The meeting closed at 16:30pm.

**10 Date and time of next meeting**

Wednesday 13 May 2021, 2pm via MS Teams