

|  |  |  |
| --- | --- | --- |
| Board Meeting: | 31 March 2022 |  |
| Subject: | Clinical Governance Committee (CGC) Update |
| Recommendation: | Board Members are asked to:  |  |  | | --- | --- | | Discuss and Note | ✓ | | Discuss and Approve |  | | Note for Information only |  | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Background**

The Clinical Governance Committee (CGC) was held on 3 March 2022, the following key points were noted at the meeting.

|  |  |
| --- | --- |
| **Item** | **Details** |
| **Safe** | **Covid Sit Rep**  The Committee were provided with an update on the Covid-19 inpatient status.  The new Respiratory pathways had been implemented in February 2022 with positive feedback received from staff.  **Significant Adverse Events (SAEs)**  The Committee were provided with a Significant Adverse Event (SAEs) overview report.  Significant Adverse Events numbers have risen. The Committee heard of measures in place to consider SAEs, and received assurance that, where case numbers exceeded control parameters, there was explanation available relating to complexity of treatment. SAEs will be reviewed as part of deep dive presented at the Committee meeting in May 2022.  **Board Risk Register**  Audit and Risk Committee was requested to consider changes to the Risk Register that would result in visibility of the date of addition of risks to the Board Risk Register and the date of any assurance review of that risk. |
| **Effective** | **Integrated Performance Report (IPR) January 2022**  **HAIRT Report**  The Committee received and noted the IPR for January 2022, including the HAIRT December 2021 data Report.  **Clinical Governance Update**  Assurances were made to the Committee that, in respect of the number of deaths recorded in December 2021 breaching the upper control limit, each death had been reviewed as part of the Mortality and Morbidity process with no concerns raised. The Committee requested a review of the Mortality and Morbidity process, with the Deputy Head of Clinical Governance agreed to carry this forward.  **HAIRT**  SAB’s: None noted during the reporting period.  Hand Hygiene Audit continues at 99%.  SSI: Surveillance has been stepped up. No SSI to report for Orthopaedic and Cardiac surgery. The Committee noted impressive performance and considered the impact from additional precautions that are in place in response to COVID19.  **Clinical Department Update (Thoracic Surgery)**  Mr Alan Kirk, Thoracic Surgeon attended the meeting and gave a presentation on the work of the Thoracic Service.  The unit follows a comprehensive Clinical Governance process. The Governance meetings are well attended and represented.  The Committee welcomed discussion of emerging screening programmes, particularly relating to lung cancer, and noted this was in very early stages of development.  The Committee commended the ongoing work of the staff.  **Pressure Ulcer Group Update**  The Committee welcomed Craig Kingstree, Head of Nursing for Heart and Lung Division to present review of the Pressure Ulcer Improvement Group.  The group was on hold during COVID19 however was re-established in Spring 2021.  The Committee noted the work undertaken in 2021 and the work-plan for 2022.  The Committee welcomed ongoing improvements that have been made and thanked the team for their commitment.  **Clinical Governance Terms of Reference**  The Committee welcomed and approved the Terms of Reference for 2022/2023. |
| **Person Centred** | **Whistleblowing Q2 Update**  No incidents were reported.  The Whistleblowing Champion for the Board will attend a National meeting on 15 March 2022. |

The next meeting is scheduled for Thursday 12 May 2022.

1. **Recommendation**

Board Members are asked to note the Clinical Governance Committee update.

**Morag Brown**

**Chair, Clinical Governance Committee**

**3 March 2022**