**Approved Minutes**

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

**Date: Thursday 10 November 2022 at 13:30hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

Linda Semple Non-Executive Director

**In attendance**

Anne Marie Cavanagh Director of Nursing & AHPs

Gareth Adkins Director of Quality, Innovation and People

Gerard Gardiner Head of Corporate Governance and Board Secretary

Katie Bryant Head of Clinical Governance & Risk

Mark MacGregor Medical Director

Susan Douglas-Scott CBE Board Chair

Theresa Williamson Associate Nurse Director

**Guests**

Stuart Graham Director of Digital & eHealth *(Agenda item 7.4)*

Yvonne Semple Director of Pharmacy *(Agenda item 7.5)*

Dr David Reid Consultant Anaesthetist & DTC Chair *(Agenda item 7.5)*

**Apologies**

Jann Gardner Chief Executive

Helen Mackie Associate Medical Director - NES

**Observer**

Gordon James Incoming Interim Chief Executive

**Minutes**

Alison MacKay Corporate Administrator

**1 Opening Remarks**

* 1. **Chair’s introductory Remarks**

The Chair opened the meeting and thanked everyone for attending.

1. **Well-being Pause**

The Committee welcomed the opportunity for the Well-being Pause.

1. **Apologies**

Apologies were noted as above.

**4 Declarations of interest**

 None noted.

**5 Updates from Meeting 8 September 2022**

**5.1 Unapproved minutes from the meeting 8 September 2022**

The following amendments were made to minutes:

 **Page 2 6.1 Covid Sit rep Update**

***“****Although current sickness absence rates (within Jubilee or nationally?)”* amended to “*Although current sickness absence rates within Jubilee”.*

**Page 3 6.3 Expansion Programme Update**

Remove ***“****This is one of the areas of focus of the State of Readiness meetings which are taking place.”*

The minutes were then approved as an accurate account of the meeting.

**5.2 Action Log**

The Committee reviewed the Action Log, noting those items that featured on the Agenda and those programmed for future meetings of the Committee.

**5.3** **Matters Arising**

There were no matters arising from the previous minute or action log which did not feature on the agenda.

**6 Safe**

**6.1 Covid Sit Rep**

The Committee were provided with an update on the Covid-19 inpatient status.

Mark MacGregor noted that the rates in the community were static with no clear trends or issues of concern within the hospital. Absences relating to Covid within clinical settings were manageable.

The Committee noted the Covid Sit Rep.

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

The Committee were provided with a Significant Adverse Events (SAEs) update report.

Katie Bryant provided assurance that activity was progressing in the right direction and the Clinical Governance Department were managing any backlog.

Since September 2022 Clinical Governance Committee meeting, 7 SAEs were closed at CGRMG.

The Committee received assurance that the Clinical Governance Department were working on processes to lower the number of actions arising from SAEs that were more than 6 months overdue and highlighted the hard work made by the team to date.

The Committee were informed on the recent SAE workshop hosted by Healthcare Improvement Scotland (HIS). The workshop brought a renewed sense of vigour, opportunity to face challenges and emphasised the review and learning of Adverse Events. As a result, investigations would be streamlined with a standardised approach to reviewing events. The Committee noted the HIS support at national level.

The Committee were also informed of a potential rise in overdue actions in the coming months.

The Committee discussed and noted the Significant Adverse Events Update.

**6.3 Expansion Programme Update**

The Committee were provided with an update from Mark MacGregor on the Expansion Programme.

The Committee were advised that work on Level 1 breakthrough was progressing well. The team had used the “stop work plan” escalation model on a couple of occasions and any issues were resolved appropriately with no further escalation required.

The Committee were informed continuous updates around the Level 3 breakthrough would be received at each meeting and assured that robust risk assessments were in high in relation to any high risk patients.

Susan Douglas-Scott, as Chair of the Expansion Programme Board, advised work was progressing within the agreed timescale and within budget.

The Committee noted that Non-Executive Directors had attended the Board Seminar walk round and had been impressed at the standard of work in ensuring patient privacy and dignity within the health and safety culture. Once completed, the building would be equipped with 5 Endoscopy treatment rooms and would be one of the largest units in the country.

Following the Phase 2 visit, the Non-Executive Directors expressed an interest in visiting the Eye Centre. Anne Marie Cavanagh and Mark MacGregor agreed to discuss the practicalities of this visit with an agreement this should take place following the winter months.

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20221110/01** | **6.3 Expansion Programme Update** Anne Marie Cavanagh and Mark MacGregor to discuss the practicalities of a visit to the Eye Centre by the Non-Executive Directors | Anne Marie Cavanagh and Mark MacGregor  | 12/01/2023 |

The Committee noted the Expansion Programme update.

**6.4 Board Risk Register**

 The Committee reviewed the Risk Register and noted the new format was easy to follow.

 Mark MacGregor advised that though the risk relating to Laboratory services had been downgraded from Very High (20) to High (12), this still remained a high risk. A solution was now in place and being progressed.

 Mark MacGregor advised in relation to the National Reporting of CT data, the submission remained paused. The Committee agreed to receive an update indicating the Board’s concern over no formal benchmarking. The resolution was not ideal, however, the situation was not as severe as initially anticipated.

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20221110/02** | **6.4 Board Risk Register** Committee to receive an update indicating concern regarding no formal benchmarking of reporting national cardiac data  | Mark MacGregor  | 12/01/2023 |

 The Committee noted the Board Risk Register.

**6.5 SAE Deep Dive Update**

The Committee were presented with the SAE Deep Dive update.

Katie Bryant advised in the period April 2021–March 2022, 33 SAEs were recorded, an increase of 14% from the previous year. The team were working with the Quality Manager on the actions and improvement on ensuring there was learning across the organisation.

The Committee welcomed the report as a valuable learning tool highlighting the key learning elements and noted that communication themed incidents were discussed at various forums and addressed at the Staff Governance and Person Centred Committee. Katie Bryant agreed to ensure that this cross over was captured within the action plan.

The Committee thanked Mark MacGregor, Anne Marie Cavanagh, Katie Bryant and the Clinical Governance Team for the outstanding work and welcomed the engagement with clinical teams. The Committee were assured of the positive progress to date.

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20221110/03** | **6.5 SAE Deep Dive Update** To ensure communication themed adverse events addressed at SGPCC are captured on the action plan  | Katie Bryant  | 12/01/2023 |

The Committee discussed and noted the SAE Deep Dive update.

**7 Effective**

**7.1 Integrated Performance Report (IPR) September 2022**

The Committee were presented with the Integrated Performance Report for September 2022, including the HAIRT Report (September 2022) which highlighted the following key points of interest to the Committee:

**HAIRT Report**

* *Staphylococcus aureus* bacteraemia – 3 cases reported in September 2022 which was higher than expected. The Head of Prevention and Control of Infection attends a national meeting and noted that all Boards’ are seeing a rise in cases.
* *Clostridioides difficile* infection – 1 case reported patient with complex issues.
* Gram negative/E. coli bacteraemia (ECB) – No cases to report.
* Hand Hygiene – overall compliance of 99%.
* Surgical Site Infections (SSI) – Work has been ongoing following a recent spike in Orthopaedics infection rates. Investigations had found no correlation between theatre, organism or Surgeon. Normal Orthopaedic infection rates were 0.3%; the current rate was 0.6% and the national rate stands at 1%.

The Committee noted although compliance was below national rate it was unusually high for this service and continuously monitored.

* Respiratory pathway and Covid-DL continued with the de-escalation. The Covid pathway had now ceased.

**Clinical Governance**

The following key points from the Clinical Governance section of the report were highlighted:

Complaints

Stage 1: Two reported in September 2022 both responded within timeline.

Stage 2: Four reported in September 2022 zero responded within timeline.

SAER

Two commissioned in September 2022.

Mortality

Nine deaths recorded in September 2022 all within agreed control limits.

Whistleblowing

One Whistleblowing concern was raised in August 2022. Callum Blackburn requested that Whistleblowing information be incorporated as part of the IPR going forward.

The Committee noted the Integrated Performance Report (IPR) September 2022.

**7.2 Clinical Governance & Risk Management Group (CGRMG) Update**

The Committee reviewed the Clinical Governance & Risk Management Group (CGRMG) update and noted that the meeting in November received service updates.

The Committee noted the CGRMG Update.

**7.3 eHealth Update**

The Committee welcomed Stuart Graham, Director of Digital and eHealth, to the meeting to present the eHealth update. Stuart Graham highlighted the huge amount of work the department had achieved over the year and confirmed the eHealth Steering Group would be reconvened early 2023.

The department were working on the replacement of the following clinical systems with good engagement received from clinical colleagues.

1. Replacement system for CATHI with an expected timescale for implementation of 9-12 months.
2. Waiting list management system
3. SCI gateway
4. HEPMA Business case under development

Stuart Graham advised the NIS audit was completed for the 3 year cycle and the report was expected in January 2023 and would be presented to the Audit and Risk Committee meeting in February 2023.

The Committee thanked Stuart Graham and the eHealth department for the important work being progressed with clinical colleagues.

The Committee discussed and noted the eHealth Update.

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

The Committee welcomed Dr Yvonne Semple, Director of Pharmacy and Dr David Reid Consultant Anaesthetist to the meeting to present the Drugs and Therapeutics Committee Annual Report with data from June 2021-August 2022.

Yvonne Semple provided an update on the medicine shortage and noted there was a shortage of approximately 50 drugs. The Committee were given assurance that this matter was being addressed at a national level.

The DTC had recently adopted a hybrid approach to their meetings using MS Teams and NHS Golden Jubilee Boardroom and attendance at the meetings had improved as the medical/clinical membership grew. The DTC had played a crucial role in the Vaccination Programme by assisting the administration of vaccines.

The Committee thanked Dr Yvonne Semple and Dr David Reid for their update. In particular the Committee wanted to recognise Dr Yvonne Semple for her dedication and hard work with the DTC as she leaves the organisation for a new role as Chief Pharmacist with the SMC. Dr David Reid would step into the role as Chair of DTC.

The Committee noted the Drugs and Therapeutics Committee Annual Report.

**8 Person Centred**

**8.1 Claims Bi-Annual Report**

The Committee were presented with the Bi-Annual Claims Report 2022/23.

Katie Bryant advised the report provided an overview of the claims profile and explored trends data, RIDDOR significance and early intervention.

A similar approach, as taken around the deep dive for SAEs, was requested around RIDDOR claims. Mark MacGregor, Anne Marie Cavanagh, Katie Bryant and Morag Brown agreed to discuss outwith the meeting how to take this forward.

Katie Bryant advised that historic claims were more complex and therefore required a longer time to settle.

The Committee asked if CLO could share anonymous data and once Gordon James took up his post as interim Chief Executive, he agreed he would lead on this piece of work.

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| **Action Number** | **Action** | **Lead** | **Due Date** |
| **CGC/20221110/04** | **8.1 Bi-Annual Claims Report** The Committee requested if the CLO could share anonymous data | Gordon James  | 12/01/2023 |

The Committee noted the Bi-Annual Claims Report 2022/23.

**8.2 Patient Story**

The Committee were presented with a video of a patient’s experience documenting their Orthopaedic surgery during the pandemic.

A successful clinical outcome had been achieved for the patient. However, the patient raised the food options suggested and a healthier food option could be offered. The Committee requested that this be explored further noting that it was a fixable request.

Overall the Committee noted the patient story as a positive one that showcased the holistic approach of care given to this patient.

The Committee noted the Patient Story.

**8.3 Annual Feedback Report 2021/22**

The Committee was presented with the Annual Feedback Report 2021/22 at the meeting in July 2022, however there was an omission of volunteer feedback that had now been included within the report.

The report has now been submitted to Scottish Government.

The Committee noted the updated Annual Feedback Report 2021/22.

1. **Issues for Update**

**9.1 Update to the Board**

 **Key Issues for Reporting to NHSGJ Board**

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

* SAE Review
* HAIRT Report
* eHealth Update
* Drugs and Therapeutics Annual Report 2021/22
* Bi-Annual Claims Report 2022/23
* Patient Story

**10 Any Other Competent Business**

The Committee thanked Gerard Gardiner, Board Secretary for his support over the past 14 months as he leaves the organisation for a new role.

**11 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee is Thursday 12 January 2023 at 10:00 via MS Teams.