

Approved Minutes

Meeting: NHS Golden Jubilee Clinical Governance Committee

Date: Thursday 12 January 2023 at 10:00hrs

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

Gordon James	Chief Executive
Mark MacGregor	Medical Director
Anne Marie Cavanagh	Director of Nursing and AHPs
Gareth Adkins	Director of Quality, Innovation and People
Katie Bryant	Head of Clinical Governance and Risk
Susan Douglas-Scott CBE	Board Chair
Nicki Hamer	Head of Corporate Governance and Board Secretary
Theresa Williamson	Associate Nurse Director

Guests

Paul Rocchiccioli	Consultant Cardiologist (<i>Agenda item 7.3</i>)
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Apologies

Helen Mackie	Associate Medical Director - NES
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Minutes

Tracey Wark	PA to Chief Executive Office
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1 Opening Remarks

1.1 Chair's introductory Remarks

The Chair opened the meeting and welcomed Gordon James, Chief Executive to the Committee.

2 Well-being Pause

The Committee welcomed the opportunity for the Wellbeing Pause.

3 Apologies

Apologies were noted as above.

4 Declarations of interest

There were no declarations of interest noted.

5 Updates from Meeting 10 November 2022

5.1 Unapproved Minutes

The minutes were approved as an accurate record 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 was provided with an update on the Covid-19 inpatient status.

Mark MacGregor assured the Committee the Covid-19 situation was being managed effectively and the organisation sought to offer best assistance to territorial colleagues whilst being mindful of the significant challenges faced.

The Committee noted the Covid Sit Rep.

6.2 Significant Adverse Events (SAEs) Update

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

Katie Bryant provided assurance that activity continued to progress in the right direction and the Clinical Governance Department were managing any backlog.

Since the November meeting of the Clinical Governance Committee, one SAE was closed and three were reported as being over 6 months overdue.

The Committee was advised that support mechanisms and reporting had been reinforced to ensure that learning was a focus of the outcome of the reviews.

The Committee received assurance that the Clinical Governance Department was working on processes to lower the number of actions arising from SAEs that were

more than 6 months overdue and highlighted the hard work completed by the team to date.

The Committee was also informed that funding had been provided for the resource requirement to progress work and would be submitted to the Executive Leadership Team for approval.

The Committee discussed and noted the Significant Adverse Events Update.

6.3 Expansion Programme Update

The Committee was provided with an update from Anne Marie Cavanagh on the Expansion Programme.

The Committee was advised a deep dive on Phase 2 State of Readiness had been undertaken recently.

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

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

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 a new risk relating to International Recruitment had been added to the Risk Register. Once embedded this would move into the Risk W7 – Workforce Capacity and Capability.

The Committee noted the Covid-19 risk would be reviewed in February. However, the HAI risk was expected to remain at medium.

The Committee noted the Board Risk Register.

7 Effective

7.1 Integrated Performance Report (IPR) December 2022

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

HAIRT Report

- Staphylococcus aureus bacteraemia – 1 case reported in November 2022 which was an improvement on previous reporting.
- Clostridioides difficile infection – 0 cases reported.
- Gram negative/E. coli bacteraemia (ECB) – 1 case reported.
- Hand Hygiene – overall compliance of 99%.
- Surgical Site Infections (SSI) – Surveillance recommenced mid July 2021. Problem Assessment Group reconvened to review risk factors and sources of an increase in Orthopaedic SSI following identification of a further two SSI cases and four SSI related SAB between May and August 2022. No SSI had been identified in November 2022.

A Short Life Working Group (SLWG) had been established and would be chaired by the Associate Medical Director to take forward the requirements from PAG1-5 which would inform the initial work of the SLWG.

The Committee noted although compliance was below the national rate, it was unusually high for this service and continuously monitored. The Committee noted the good work undertaken and that the investigation identified no common source.

- Respiratory pathway and Covid-DL continued with the de-escalation. The Covid pathway had now ceased.
- The HAIRT report highlighted an improvement in Complaints and the ability to clarify actions with a continued focus on improvement.

Clinical Governance

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

Complaints

Stage 1: Four reported in November 2022, 50% were responded to within timeline.

Stage 2: Eight reported in November 2022, 12.5% were responded to within timeline.

SAER

Three were commissioned in November 2022.

Mortality

Reported outwith control limits with fifteen deaths recorded in November 2022. All inpatient deaths were considered for review as part of the relevant service Measurement and Monitoring (M&M) process and any learning identified from individual cases would be captured within the relevant service level Clinical Governance meetings as well as the M&M process itself.

Whistleblowing

One Whistleblowing concern was raised during Quarter 2 with the outcome progressed through the appropriate governance groups.

The Committee discussed and noted the Integrated Performance Report (IPR) December 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 December 2022 received service updates.

The Committee noted the ongoing supply issues in particular the balloon pump safety issue and acknowledged there was a process in place to manage this.

The Committee discussed and noted the CGRMG Update.

7.3 Clinical Department Update - Cardiology

The Committee welcomed Paul Rocchiccioli, Consultant Cardiologist, to the meeting to present the Clinical Department Update for Cardiology.

The Committee received an excellent presentation from the Cardiology Team. It was noted that NHS Golden Jubilee had the largest Cardiology unit in the UK and that there was good coordination across all areas with strong collaboration and effective clinical governance arrangements in place, including team based quality reviews. A test of change process was being planned based on the 5 Dimensions of Safety Measurement and Monitoring.

The Committee noted concerns around patients presenting late for procedures and noted the waiting lists for TAVI and EP patients had been placed on the team Risk Register. The highlight on DATIX and support for staff with a focus on radiation safety was noted as an area to be secured. The Committee discussed the acuity and volume of demands of the service and noted training had been undertaken.

The Committee received an overview of the work on patient reported outcomes and the potential for development of a digital application.

The Committee noted the Clinical Department Update for Cardiology and commended the team for their achievements.

7.4 Clinical Effectiveness Report

Katie Bryant provided the Committee with a detailed overview of the broad reach of the Clinical Effectiveness Team supported across key workstreams.

The Committee commended the Clinical Effectiveness Team for their focus and achievement and welcomed future updates on the resources to enrich the department further.

The Committee noted the Clinical Effectiveness Report.

8 Person Centred

8.1 Patient Story

The Committee was presented with a video of a patient's experience and feedback.

This was a positive patient outcome/overall experience. However, in one important aspect valuable comments and insights were given. These were appreciated and would be used for further learning across services. The video showcased the holistic approach of care given to the patient.

The Committee noted the Patient Story.

8.2 Whistleblowing Q2 Update

Anne Marie Cavanagh updated the Committee on a recent Whistleblowing investigation and highlighted the Turas module that was helpful for staff to utilise. A further report highlighting learning would be presented to a future meeting.

The Committee thanked Anne Marie Cavanagh, Nicki Hamer and Callum Blackburn for their efforts to resolve and close the investigation.

The Committee discussed and noted the Whistleblowing Q2 Update.

8.3 Q2 Feedback Report

The Committee was presented with the Q2 Feedback Report for Quarter 2 2022/23.

The report provided an overview of the Quarter 1 activity (April – June 2022) which included nine Key Performance Indicators (KPIs) which were introduced with revised guidance. Feedback of activity for the period 1 July 2022 to 30 September 2022 was also reported.

The Committee noted the increase in complaints for waiting times and acknowledged the improvement process in place.

The Committee noted the Q2 Feedback Report.

9 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:

- National Cardiac Data Update
- Covid-19 Update
- SAE Update
- HAIRT Report
- CGRM Update
- Clinical Department Update - Cardiology
- Clinical Effectiveness Report
- Patient Story
- Whistleblowing Q2 Update
- Q2 Feedback Report

10 Any Other Competent Business

10.1 Resilience/Industrial Action

The Committee was advised that weekly resilience meetings continued to be held in preparation of industrial action taking place.

Anne Marie Cavanagh advised that derogation plans were in place and communications continued with unions to mitigate any potential risks to service.

The Committee was advised that Agenda for Change staff would receive their monthly salary uplift in January and back pay for 2022/23 in February.

The Committee discussed and noted the Resilience/Industrial Action Update.

11 Date and Time of Next Meeting

The next scheduled meeting of the Clinical Governance Committee is Thursday 16 March 2023 at 10:00 via MS Teams.