**Approved Minutes**

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

**Date: Thursday 11 May 2023 at 13:30hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Linda Semple Non-Executive Director

Rob Moore Non-Executive Director

**Core Attendees**

Gordon James Chief Executive

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing and AHPs

**In Attendance**

Katie Bryant Head of Clinical Governance and Risk

Nicki Hamer Head of Corporate Governance and Board Secretary

Helen Mackie Associate Medical Director, National Elective Service

Theresa Williamson Associate Nurse Director, Surgical Specialities Division

Susan Douglas-Scott CBE Board Chair

Katie Cuthbertson National Director, Centre for Sustainable Delivery

Juliette Murray National Associate Clinical Director, Centre for Sustainable Delivery

**Apologies**

Jane Christie-Flight Employee Director

**Minutes**

Denise Cameron Corporate Administrator

**1 Opening Remarks**

* 1. **Chair’s Introductory Remarks and Wellbeing Pause**

The Chair welcomed everyone to the meeting and in particular, Rob Moore, as the newest member of the Clinical Governance Committee.

The Chair advised that Friday 12 May 2023 was International Nurses’ Day and the theme was “The difference I Make.” The Committee expressed gratitude to all Nurses and the service they provided.

The Chair noted the Wellbeing Pause.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declaration of Interest**

 There were no declarations of interest.

1. **Updates from Meeting on 16 March 2023**

**2.1 Unapproved Minutes**

The minutes were approved as an accurate record of the meeting.

**2.2 Action Log**

The Committee reviewed the Action Log, noting all items were completed.

* 1. **Matters Arising**

The Chair advised that Agenda items 3.5, 3.6, 3.7 and 6.1 would be brought forward and presented at the start of the meeting.

**3 Safe**

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

Katie Bryant provided the Committee with an update on SAEs.

Since January 2023 meeting of the Committee, six SAEs were closed, 16 were between three and 6 months overdue and 10 were reported as being over 6 months overdue.

Although the large volume of SAEs was challenging, the Committee received assurance that there had been attempts to reduce these along with improving the process, to reassure staff and families involved in the events. Extraordinary Clinical Governance Risk Management Group (CGRMG) meetings had taken place to assist this.

Katie Bryant reported that analysis work had been carried out with the SAER process focus group. The intention was for panel members to be better informed of their role and ensure smoother outcomes. The focus group highlighted that the same individuals were being used to form the panels that took place from January 2022 to March 2023. Therefore this was adjusted to avoid burdening individuals.

The Committee requested an update on resources for the Clinical Governance team. Katie Bryant reported that recruitment was progressing and the first interviews were taking place on 25 May 2023.

An update was requested on the Guardrail medication system for potassium delivery, which would reflect the method in Critical Care. Katie Bryant stated that this was planned for during the maintenance cycle and a profile would be created. The Committee was informed that there had been a lot of feedback from clinical groups and collation of this feedback was currently being implemented.

The Committee thanked Katie Bryant, noting that the reports were complex but provided a clear explanation in a useful format.

The Committee noted the Significant Adverse Events Update.

**3.2 Expansion Programme Update**

Anne Marie Cavanagh provided the Committee with an update on the Expansion Programme and advised there had been no matters arising in terms of Clinical Escalation.

Expansion progress updates had been provided to Committees and work task orders were being carried out. There had been some occasions when work was stopped due to the noise levels but there had not been any impact on patient safety or outcomes.

 The Committee noted the Expansion Programme Update.

**3.3 Clinical Governance Committee (CGC) Risk Register**

Katie Bryant updated the Committee on the CGC Risk Register which reported 54 open risks within the Datix Risk Register across both the Heart, Lung and Diagnostic Division (HLD) and the National Elective Service Division (NES).

The Committee was informed that the Datix system was being reviewed. The Clinical Governance team had looked at how risk was managed in its entirety and noted miscommunication in fields within the Datix system which were not a true representation. These were being worked through to ensure all information was comprehensive.

The Committee noted a system upgrade would be installed during 2023/2024, including a move towards a cloud based system focusing on adverse events, complaints and feedback. Robust processes would be implemented with regular reviews and interlinked data that aligned with adverse events.

The Committee raised the subject of the call bell on the Outpatients toilets and it was confirmed that this would be addressed as part of the refurbishment in the new Orthopaedic Outpatient area.

The Committee approved the CGC Risk Register

**3.4 Adverse Event Policy**

 Katie Bryant provided an update on the Adverse Event Policy which was due for review in August 2022.

The Committee noted that work at a National level was ongoing as part of a review of the “Learning from Adverse Events” Framework with outcomes being reflected in the policy. One session remained outstanding, therefore, an interim update was provided to reflect the required governance for the approval of SAEs.

The Committee was informed that the Health and Safety Committee was jointly chaired by Katie Bryant and John Scott, Director of Facilities and Capital Projects. Incidents underwent the same process as clinical adverse events therefore, concerns would be picked up and reviewed under the same process.

The Committee noted, that in view of national work on SAE policy, further development may become necessary.

The Committee approved the Adverse Event Policy.

**3.5 National Cardiac Data Update**

Mark MacGregor provided the Committee with the National Cardiac Update.

The Scottish Government switched National auditing of Cardiovascular disease from the UK National Institute for Cardiovascular Outcomes Research (NICOR) audits to Public Health Scotland (PHS). Following unresolved legal issues, funding to NICOR ceased from 31 March 2021 and the last data published by NICOR covered 2019/20. This left a gap for 2020/21due to being unable to validate the data. PHS produced its first full Scottish Cardiac Audit Programme (SCAP) report on 14 March 2023 covering 2021/22.

Benchmarking with data from the remainder of the United Kingdom (UK) had not been achieved due to the unsuccessful engagement with NICOR and this was noted as a concern. PHS reports were timelier and contained more complex analysis with data linkage to other PHS datasets. The Transcatheter Aortic Valve Insertion (TAVI) was linked with the National Registers of Scotland (NRS), register of deaths and this highlighted survival rates of patients after TAVI.

The Committee were assured of ongoing interactions between PHS and clinicians with the possibilities of a joint NICOR, PHS and SCAP conference, to bring clinical teams together. The Committee were informed of four SCAP reports currently in the Clinical Governance structure. The reports would be presented to the next Committee meeting and would include comments on outliers and what was being done to address these.

Concerns had been raised regarding the CaTHi clinical system for Cardiothoracic surgery and Cardiology, due to system outages. The Executive Leadership Team (ELT) had agreed the capital and revenue investment for a new system, which would be prioritised and implemented by the Digital and eHealth Team. Stuart Graham, Director of Digital and eHealth, indicated this would be implemented for the end of 2023 but it was more likely that implementation would be the end of March 2024. The Committee expressed concern around the implementation date noting that this was critical for the safe and high quality running of significant services at NHS GJ. The Committee noted that CaTHi had been placed on the Board Risk Register and confirmed it was happy to receive any further updates through the Committee Risk Register.

The Committee thanked Mark MacGregor for his update and noted the National Cardiac Data Update.

**3.6 Cardiac Arrests**

Mark MacGregor provided an update on Cardiac Arrests and informed the Committee that regular reporting was carried out to improve the processes of identifying and learning from cardiac arrests within the organisation. This work was being led by Calum Cassidy, Resuscitation Officer.

The report included a Cardiac Arrest Action Plan as well as taking into account staff wellbeing following stressful incidents. Spiritual Care support would be offered to staff involved in a SAER which was deemed important as many of these involved Junior Doctors, on a day to day basis.

The Committee noted the timescales on actions which had been raised at a recent CGRMG meeting, highlighting the importance of not over promising and under delivering. The target for embedding the report was September 2023 and an update would be provided at that time.

The Committee noted the Cardiac Arrest update.

**3.7 Update on TAVI**

Mark MacGregor provided an update on waiting times for TAVI which was requested at the last Committee meeting. A SAER was received showing concerns around patients on the waiting list for TAVI procedure which now exceeded acceptable levels.

The Committee was informed that a mismatch occurred between estimated realistic demand growth and the commissioned supply for TAVI procedure. This led to a growing waiting list which added to the backlog from previous years. A recent agreement to increase funding allowed NHS GJ to recruit additional staff but would not meet demands based on the number of referrals that arose from the West of Scotland (WoS). NHS GJ had proposed more realistic numbers which were being discussed.

The Committee was informed that this was a challenging situation as the PHS audit showed excellent performance from the TAVI team of three clinical operators but, if necessary, a fourth would be appointed.

Mark MacGregor reported that patients were funded on a case by case basis by each Board and at a recent meeting of the WoS Medical Directors, two Medical Directors confirmed they had not declined funding for TAVI, but acknowledged that financial modelling plans were necessary for future budgets, which required to be written at Board level. Further work would be carried out to understand these trajectories, led by Neil Ferguson, Head of Planning, NHS Greater Glasgow & Clyde (NHS GGC).

The Committee noted positives from the report. NHS GJ carried out the highest number of TAVI procedures for patients living in rank one of the Scottish Index for Multiple Deprivation (SIMD), than other Boards in Scotland. NHS GJ were statistically lowest for patients requiring a pacemaker, which was a common occurrence after a TAVI procedure.

The Committee was informed that NHS GJ were attempting to implement cost effective measures. These included a Nurse led team for lower risk patients and consideration of cheaper valves manufactured in China, but needed the same outcomes to be cost effective. A test would be implemented for the valve, which would be costly but necessary.

To support the waiting list and offer security, the Committee expressed the importance of funding coming with a patient, in order for procedures to be completed but would wait for further information on a more robust solution. The Committee was informed of ongoing discussions between Michael Breen, Director of Finance and Carolynne O’Connor, Deputy Chief Executive and Director of Operations, to discuss approaches with the West of Scotland.

The Committee noted the TAVI Update.

**3.8 National Clinical Pathways**

Katie Cuthbertson and Juliette Murray joined the Committee to provide an overview of the Pathways sign off process, developed by the National Centre for Sustainable Delivery.

The Committee was presented with the standardised and consistent framework for the design, development and sign off for new national clinical pathways. This would ensure the necessary assurance and quality controls were in place. The Committee was informed that the pathways programme aimed to promote a national, Once For Scotland approach, reducing unwanted variation and providing the relevant governance route. Speciality Delivery Groups (SDGs) would oversee and lead on the initiation and development of the pathways, which would be monitored for success.

The Committee thanked Katie Cuthbertson and Juliette Murray for their input and approved the National Clinical Pathways.

**3.9 Whistleblowing Annual Report**

Anne Marie Cavanagh provided an update on the Whistleblowing Annual Report.

The subject of themes was considered but it was not possible to show this at the time as only one whistleblowing concern had been received and investigated during 2022/23.

This was recognised as a learning opportunity for the organisation and the Committee was informed that awareness of Whistleblowing would continue to be highlighted to new staff as part of their Corporate Induction, as well as encouraging managers to complete the training modules.

The Committee approved the Whistleblowing Annual Report.

**4 Effective**

**4.1 Integrated Performance Report (IPR) March 2023**

The Committee was presented with the Integrated Performance Report for March 2023, including the Health Associated Infection Reporting Template (HAIRT) Report which highlighted the following key points of interest to the Committee:

**HAIRT Report**

* Staphylococcus Aureus Bacteraemia (SAB) – 2

Year to date - 11

* Clostridiodes Difficile infection (C.Diff) – 0

Year to date – 1

* Gram negative/E. coli bacteraemia (ECB) – 2

Year to date - 11

* Hand Hygiene – 98%

Year to date - 97%

* Surgical Site Infections (SSI)

One confirmed Cardiac (SSI) in March 2023 – Superficial Sternal wound.

No reported infections within Orthopaedic surgery for the period.

The Committee was updated on the Vancomycin Resistant Enterococcus (VRE) outbreak. Sporadic cases were present in January 2023 but there had been no further cases to March 2023. Anne Marie Cavanagh expressed her thanks to the Teams involved.

The Committee was informed that there would no longer be a requirement for face masks to be worn in non-clinical areas. Clinical areas would base decisions on standard infection control procedures and policies but would be dependent upon patient needs. Some areas or procedures would still require a mask to be worn. If staff members felt concerned, there was a risk assessment which could be completed. For visitors, this would be an individual choice but also patient led.

The Committee acknowledged the benefits in terms of staff wellbeing, the importance of hand hygiene and continued respect for vulnerable patients.

Complaints

Ten complaints were reported in February 2023.

Stage 1: Five reported in February 2023, 60% were responded to within the timeline.

Stage 2: Five reported in February 2023, 0% were responded to within the timeline.

SAER

One was commissioned in March 2023.

Mortality

Seven deaths were reported in March 2023. Ten deaths were reported in February 2023. All were within control limits.

The Committee noted the IPR Update.

**4.2 Clinical Governance and Risk Management Group (CGRMG) Update**

The Committee reviewed the Clinical Governance and Risk Management Group (CGRMG) update.

The Committee was advised that the following policies and interventional procedures had been approved:

* New interventional Procedures Policy
* Adverse Event Policy
* Orthopaedic Foot and Ankle Interventional Procedure
* Wire Localisation of Pulmonary Nodule Interventional Procedure

Aims set by the Pressure Ulcer Improvement and Review Group 2023/24 were outlined, as well as an update provided on the New Interventional Procedures (NIP) Policy. An overview was provided from the Falls Minimisation Group for 2021/2022 and the Committee was informed of a reduction in falls, with escalation taking place for in-depth inquiries.

The Committee was provided with an update on SynchroPhi, the system to help nurses carry out observations at the right time and respond accordingly. This was well supported initially but hardware and system issues had raised funding concerns. Medical Physics were requested to lead the process, which now required embedded and roll out across the hospital. Funding required was sourced but the amount was less than originally perceived.

An outline of the working model for the Out of Hours service for the Surgical Service Expansion was shared at CGRMG and the Committee was advised that a good service update report was received from Radiology.

The Committee noted the CGRMG Update.

**4.3 Clinical Effectiveness Report**

 Katie Bryant provided an update on the Clinical Effectiveness Report.

Variances of note - A positive update was received from the Safe Mobilisation Group, formerly the Falls Minimisation Group.

The outcome data for Hospital Acquired Pressure Ulcers (HAPU) showed an overall improvement. PVC (Polyvinyl Chloride) bundle replacement remained variable but additional resources within the team would help progress this.

All inpatient deaths would be reviewed at the CGRMG in May 2023 to identify learning and would be actively monitored.

Clinical Audit – A new process and a meeting with the Clinical Audit Lead was taking place with a tracking process implemented, as some activity was overdue by a year.

Clinical improvement – This was being undertaken by the Nurse Managers as a priority. It was viewed as a positive piece of work that would realign to priorities to ensure that we maximise patient safety.

The Committee noted the Clinical Effectiveness Report Update.

**4.4** **CGC Annual Report 2022/23**

Nicki Hamer advised that all Governance Committees were required to produce an annual report to give assurance to the Board on their activities and to demonstrate to the Board that their duties had been fulfilled in line with the approved Terms of Reference. Throughout 2022/23, the Committee reviewed and monitored the Board’s clinical governance position and performance against key targets and indicators with the primary focus to ensure appropriate governance arrangements were in place to direct the most effective use of all Board resources and deliver the Board ambition of “*putting people first to achieve and sustain excellence – in care, performance, quality, innovation and values”.*

The Committee acknowledged the progress made and thanked Nicki Hamer for the report.

The Committee approved the CGC Annual Report 2022/23.

**4.5 Terms of Reference Update**

Nicki Hamer presented the updated Terms of Reference for the Committee. This was a final version and had been aligned to the Blueprint for Good Governance - Second Edition.

The Committee approved the Terms of Reference Update.

**5 Person Centred**

**5.1 Patient Story**

The Committee viewed a patient story outlining the experience of a hip replacement patient.

 The Committee noted there were lessons to be learned in terms of communication with patients around delays and waiting lists. It was acknowledged that waiting lists were improving and progress on the digital strategy would further support this. NHS Inform had waiting times data for all Boards across NHS Scotland and this was published on their website. Statistics were also available on the PHS website.

The Committee thanked the Communications Team for the video and acknowledged that it was good to hear stories, even when everything was not right, to allow improvements to be made to the service.

 The Committee noted the Patient Story.

**6 For Information**

**6.1 New Interventional Procedure Policy**

Mark MacGregor provided an overview of the New Interventional Procedure Policy (NIP) which set out the approach to be taken over new interventional procedures. The Policy was designed to support clinicians, protect patients and reduce risk within a robust governance framework.

The Committee noted the New Interventional Procedure Policy.

**7.1 Update to the Board**

 **Key Issues for Reporting to NHSGJ Board**

* The Committee approved the Risk Register.
* The Committee approved the Adverse Event Policy, noting it would return for further review.
* The Committee approved the National Clinical Pathways from CfSD.
* The Committee noted the update in relation to NICOR and the concerns over lack of benchmarking.
* The Committee noted positives with the new PHS system and linkages with other PHS data sets.
* Continuing oversight was needed in ensuring CaTHi implementation and financial security.
* There was continued challenging dialogue with Scotland on TAVI and colleagues, in terms of securing a robust, evidenced solution.
* Healthcare Associated Infections remained well within national rates and figures but this was also going to be challenging for NHS GJ in terms of the high bar that was set, given historic high quality performance.
* The Committee approved the Clinical Governance Committee Annual Report 2022/23.
* The Committee approved the Whistleblowing Annual Report 2022/23.
* The Committee approved the Terms of Reference Update.
* There had been no cases of VRE since March 2023.
* The Committee noted national issues for HAI including recruitment and workforce issues across the sector. Launch of a HAI strategy in June 2023.
* The Committee thanked the Communications Team for the welcome and positive insight into a patient’s experience, noting the challenges it raised.

**10 Any Other Competent Business**

There was no other competent business raised.

**11 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee was noted as 6 July 2023 at 14:00hrs.