**Approved Minutes**

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

**Date: Thursday 6 July 2023 at 14:00hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

**In Attendance**

Susan Douglas-Scott CBE Board Chair

Katie Bryant Head of Clinical Governance and Risk

Nicki Hamer Head of Corporate Governance and Board Secretary

Helen Mackie Associate Medical Director, National Elective Services *(On behalf of Mark MacGregor)*

Theresa Williamson Associate Nurse Director, Surgical Specialities Division

 *(On behalf of Anne Marie Cavanagh)*

Heather Gourlay Senior Manager, Prevention and Control of Infection, Infection Control (Item 4.4)

**Apologies**

Linda Semple Non-Executive Director

Rob Moore Non-Executive Director

Gordon James Chief Executive

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing and AHPs

**Minutes**

Denise Cameron Corporate Administrator

**1 Opening Remarks**

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

The Chair welcomed everyone to the meeting and extended thanks to Helen Mackie who was deputising for Mark MacGregor and Theresa Williamson who was deputising for Anne Marie Cavanagh.

The Chair noted the Wellbeing Pause and expressed a belated 75th Happy Birthday to the NHS.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declaration of Interest**

 There were no declarations of interest.

1. **Updates from Meeting on 11 May 2023**

**2.1 Unapproved Minutes**

The minutes were approved as an accurate record of the meeting held on 11 May 2023.

**2.2 Action Log**

There were no live actions on the Action Log for review.

* 1. **Matters Arising**

There was no matters arising.

**3 Safe**

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

Katie Bryant provided the Committee with an update on SAEs.

Since the last Committee meeting on 11 May 2023, 19 SAEs were closed, 6 were between three and 6 months overdue and 8 were reported as being over 6 months overdue.

Focus work was being carried out and support had been provided to key individuals to achieve the 19 closed actions. There were challenges coordinating diaries for the scheduling of Service Governance meetings but the process was resolved and dates had been aligned for these meetings.

Theresa Williamson confirmed that the Guardrail profile, (ID 676 in Appendix 5), was closed. Medical Physics engineers were updating the pumps and this was scheduled to be completed by 9 July 2023.

Helen Mackie provided an update on the support for Diabetic patients, (ID 827 in Appendix 5). Due to the number of Diabetic patients, interventions were carried out at multiple stages, resulting in delays closing the event but it was hoped that a positive progress update could be provided at the next Committee.

The Chair referred to the expansion of the Clinical Governance Team noting that further improvements would be acknowledged in future meetings.

The Committee noted the Significant Adverse Events Update.

**3.2 Expansion Programme Update**

Helen Mackie provided an update on the Expansion Programme.

The expansion works were on target for the handover scheduled on 7 September 2023. The first patient was expected to attend on 1 December 2023. Level three was complete with the exception of the ceiling tiles and work was scheduled to be carried out in Theatres, in addition to the development of the bed area in the Post Anaesthesia Care Unit (PACU). There had been no clinical issues escalated. Communications (Comms) would provide an update to confirm when the windows could be opened.

Susan Douglas-Scott advised that Board Members would be taken on a tour of Phase 2 after the Board meeting in July 2023.

 The Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

Katie Bryant updated the Committee on the Strategic Risk Register.

The Risk Register showed no reduction in risk. No risks were closed and no emerging risks were identified in the review period.

The Committee was provided with an update on the Laboratory risk. A new national IT system had been purchased and this was expected to go live towards the end of 2023. A Situation Background Assessment Recommendation report (SBAR) was submitted to NHS Golden Jubilee (NHS GJ) Board and collaboration work was taking place with CliniSys software provider, to ensure that the system was supported. The Committee was reassured that no clinical risks were identified and an update would be provided at the next Committee.

The Committee approved the Strategic Risk Register.

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| **Action Number**  | **Action** | **Lead** |
| CGC20230706/01 | Laboratory risk update to be provided to the September Committee. | Katie Bryant |

**4 Effective**

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

The Committee was presented with the Integrated Performance Report for April 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) – 1
* Clostridiodes Difficile infection (C.Diff) – 1
* 1Gram negative/E. coli bacteraemia (ECB) – 1
* Hand Hygiene – 98%

The Committee noted the Integrated Performance Report (IPR), April 2023 Update.

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

The Committee received the Clinical Governance and Risk Management Group (CGRMG) Update.

Katie Bryant picked out key points in relation to activity from CGRMG meetings.

* Four SAER were closed.
* Eight in-patient deaths were reported.
* There were no new interventional policies.
* There was a reduction in the number of patient related adverse events.
* Falls with harm increased from zero in the previous month to two.
* There was increased improvement in the management of pressure ulcers.

Katie Bryant advised that the Scottish Adult Congenital Cardiac Service (SACCS) Magnetic Resonance Imaging (MRI) waiting list, exceeded service capacity and was 30% short on the target. A Full Business Case had been submitted to the National Services Division (NSD) in June 2023 and this was waiting an outcome. An update on the SACCS service was requested for the next Committee.

The Claims Management Policy was presented and approved at CGRMG on 23 May 2023. Information received from the Central Legal Office brought the policy in line with other NHS Board policies and the revision date was three years.

The Committee was informed that use of the Intra-Aortic Balloon Pump was an ongoing challenge as the device had been recalled, due to a safety aspect. However, continued use was permitted provided a robust risk assessment was in place and this was being monitored weekly. An update on the Intra-Aortic Balloon Pump was requested for the next Committee.

Katie Bryant advised that BBC Studios were filming in NHS Golden Jubilee Heart and Lung Division Service and this was scheduled to be aired in Autumn 2023.

The Orthopaedic Clinical Audit team held regular meetings focused on clinical audits. An escalation process was being trialled and it was hoped that improvements would be seen that supported the conversion of audits.

The Committee noted the Clinical Governance Risk Management Group Update.

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| **Action Number**  | **Action** | **Lead** |
| CGC20230706/02 | An update to be provided on the SACCS MRI Waiting list to the September Committee. An update to be provided on the Intra-aortic Balloon Pump to the September Committee. | Katie Bryant |

**4.3 Clinical Department Update**

 **Critical Care**

The Critical Care update was deferred to the September Committee.

**4.4** **End of Year Overview 2022/23 HAIRT report**

Morag Brown welcomed Heather Gourlay to the meeting to receive an update on the end of year overview 2022/23 HAIRT report.

Heather Gourlay reported that it had been a busy but productive year in terms of infection control with emphasis on Phase 2 Scribe works and the associated refurbishment, which had taken place. Meetings were held to ensure that infection control was considered within the expansion environment.

**Staphylococcus Aureus Bacteremia (SAB)**

30% Orthopaedic SSI (Ortho SSI) linked to previous spike

11 in Total

3 Ortho SSI

5 line related (Peripherally Inserted Central Catheter (PICC)/Intra-aortic Balloon Pump (IABP)/ [Peripheral Venous Cannula (PVC)/Vascath](https://www.dbth.nhs.uk/wp-content/uploads/2017/07/PAT-T-45-v-3-Peripheral-Venous-Cannula-Management-Guidelines-final.pdf)

2 unknown

1 excoriated skin

Identified Locations as follows:

4 East- Orthopaedic long stay, Critical Care Unit (CCU) / 3 West / 3 East and NSD.

**Methicillin-resistant Staphylococcus Aureus (MRSA)**

A plus or minus 24 hour grace period was added to allow capture of screenings. Level 3 East was identified against all other areas for omissions on admission, 10 day and 7 day screenings. The Clinical Nurse Manager (CNM) and Senior Charge Nurse (SCN) were aware.

**Clostridium Difficile Infection (CDI)**

One case was recorded in 2022/23.

**Escherichia Coli Bacteraemia (ECB)**

National Recognition Boards had difficulty in achieving the target so this was to be noted as a 25% reduction on the previous 2022/23 figure.

**Hand Hygiene**

There was a reduction in Bare Below Elbows compliance in Intensive Care Unit 2 (ICU2) and Board figures fell to 89%, in January 2023. This had increased in subsequent reports.

**Orthopaedic Surgical Site Infection (Ortho SSI)**

An increase in Ortho SSI was recorded in Spring/Summer 2022, which had now returned to background levels. A number of requirements had been identified and were being taken forward by the Associate Medical Director and Clinical Team.

**Cardiac SSI**

Superficial SSI had been recorded between August and November 2022 but were not significant in terms of requiring an alert, remaining at background level.

The Committee noted the End of Year Overview 2022/23 HAIRT report.

**4.5 Duty of Candour Annual report 2022/23**

Katie Bryant presented an update on the Duty of Candour Annual Report 2022/23.

This was the fifth year of publication of the report, which reported how the Duty of Candour was implemented within NHSGJ. The report was presented through Microsoft Word for the Committee but this would be updated through Comms and published for public presentation.

Four events had been triggered but NHSGJ had a lower number of incidents in relation to other NHS Boards’. However, timescales proved challenging and there were impacts on the 90 day timescale for completion of the Duty of Candour review.

Callum Blackburn commented that it was good to see numbers were low in comparison to figures from the previous year but queried how the process was assessed, in terms of comparing the figures. Katie Bryant confirmed that analysis figures were based on like for like.

Katie Bryant informed the Committee that an ongoing ethos of learning was embedded from the events which triggered a Duty of Candour review. Processes were being developed internally, with more focus on recording events, to ensure the process was robust.

The Committee approved the Duty of Candour Annual Report 2022/23.

**4.6 CGC Committee Meetings 2023/24**

Nicki Hamer presented the CGC Committee meetings proposal for 2023/24.

As part of the Corporate Governance Update presented to the Board on 30 March 2023, a timetable for NHS GJ Board and Governance Committee meeting dates was presented and approved for the financial year 2023/24. Following a review of Governance Committees, it was recommended that the Committee meetings were reduced by one cycle per year.

Therefore, to facilitate this cycle change, the Committee was asked to consider and approve the proposal to remove the meeting on Thursday 11 January 2024 and change Thursday 2 November 2023 to Thursday 14 November 2023.

The Committee discussed the proposal and agreed the change to the governance cycle, subject to any final amendments.

 The Committee approved the CGC Committee Meetings 2023/24.

**5 Person Centred**

**5.1 Annual Feedback Report 2022/23 and Q4 Feedback Report**

Katie Bryant presented an overview of the Annual Feedback Report 2022/23 and Q4 Feedback Report.

The report captured feedback from Clinical Governance as well as from patients. The report was presented through Microsoft Word for the Committee but this would be updated through Comms and published for public presentation.

The importance of staff self-care was highlighted following the Covid pandemic. This would be a focus for staff training and the programme in self-care would be relaunched and rolled out to staff.

Positive progress had been made with Volunteers following a pause of the service during the pandemic and a recruitment drive was currently underway. The Patient Peer Support Volunteer returned to NSD and two other Patient Peer Support Volunteers were in the process of being trained.

A total of 521 cases of feedback were recorded which had increased from last year, with compliments being the highest recorded feedback. However, it was noted that cards and words of gratitude were not captured in the figures as effectively as could be but, improvements were being made to capture all feedback received. The update to the Datix system was scheduled for the end of 2023 and this would allow feedback to be obtained more readily and easily.

Thirty four care opinion feedback stories were received in 2022/23, an increase from 2021/22. Sixty seven concerns were received in 2022/23, which was an increase on the previous year. Analysis work had been carried out to highlight particular trends and to enhance communication with patients.

An update was received from the Comms Team focusing on the positive engagement scoring across social media, emails and media coverage. The positive engagement scoring in 2022/23, was 99.86%

One hundred and fourteen complaints were received in 2022/23 with 58 complaints at Stage One and 68 at Stage Two. The Scottish Public Services Ombudsman (SPSO) numbers remained low due to the quality and robustness of the complaint response. However, there still needs to be a focus on concluding complaints within the relevant timescale.

Helen Mackie referred to the Radio One show called “Get it On with Bryan Burnett”. Two patients who had spent time in NHS GJ had shared stories with the public. Feedback was centred on the small acts of kindnesses received, such as being shown directions in the corridor.

The Committee welcomed the information on feedback.

The Committee thanked Katie Bryant and discussed the importance of using a supportive approach to feedback. The Committee noted it was important to understand the hospital day as a whole, rather than be reflective of one particular event and were keen that NHS GJ promoted a positive, warm and caring culture, which encouraged compliments and was reflective of the good job that staff carried out.

 The Committee noted the Annual Feedback Report 2022/23 and Q4 Feedback Report.

**5.2 Resilience Update**

Katie Bryant provided the Committee with an overview on the Resilience Update.

The Committee was informed that the Union Cycliste Internationale (UCI) Championships were taking place in August 2023 and work was ongoing in preparation for the biggest cycling event to be held in Glasgow. The Clinical Governance Team were working closely with colleagues at NHS Greater Glasgow and Clyde (NHS GGC), in relation to the Risk Register and development of Department Business Continuity Plans.

Focus work was being carried out on the Out of Hours Review and a workshop had taken place in April 2023, with a Short Life Working Group (SLWG) established to consider how activity was managed out of hours. A further meeting was scheduled in June 2023 and an update would be provided at the next CGRMG in July 2023.

 The Committee noted the Resilience Update.

**5.3 Annual Claims Report**

 Katie Bryant provided an overview of the Annual Claims Report.

Eight new claims were received, 13 claims were closed and three potential claims were identified within the report. There were no obvious trends in term of the types of events identified.

The Committee was reassured that work was underway to improve the management of investigations shown in the Appendix. This included close working with Health and Safety, to provide a more robust investigation and reduced financial impact, maintain reputation and recognise learning to prevent reoccurrences. The team were working closely with Central Legal Office for progressing the claims.

The Committee was advised that a benchmarking Appendix was included as a separate report.

The Committee noted the Annual Claims Report.

**5.4 Realistic Medicine**

The Committee was provided with an update on Realistic Medicine.

Helen Mackie advised that a Steering Group had been established for Realistic Medicine and would report into CGRMG. A revised action plan would be created this year. The Committee requested a written report as an update to the September Committee.

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| **Action Number**  | **Action** | **Lead** |
| CGC/20230706/04 | A written report update to be presented on Realistic Medicine at the September Committee. | Helen Mackie  |

**5.5 Patient Story**

The Committee was shown a video of a Patient Story.

This was a positive patient experience with the patient receiving an Angiogram at NHS GJ. The video showcased the holistic approach of care given to this patient. The Committee welcomed the Patient Story and noted that it was positive to hear from a patient who had not yet completed their journey with NHSGJ.

The Committee noted the Patient Story.

**6.0 Issues for Update**

**Update to the Board**

* The Committee noted the ongoing, focused work to resolve Significant Adverse Events (SAEs) and recognised the complexities involved. The Committee welcomed conclusion of the Guardrail risk and acknowledged the work that was required to resolve this.
* The Committee approved the Strategic Risk Register and noted that risk B001/22 remained high with the ability to provide full Laboratory services on site due to system provider withdrawal. The Committee requested assurance that there would be no clinical risk and was informed a further update would be provided at the next meeting.
* The Committee approved the Integrated Performance Report.
* The Committee noted the Clinical Governance Risk Management Group Update and requested further updates on Scottish Adult Congenital Cardiac Service (SACCS) and the Intra-aortic Balloon Pumps at the next meeting.
* The Committee approved the Duty of Candour Annual Report 2022/23.
* The Committee approved the request to reduce the Committee meetings by one governance cycle in 2023/24 and approved the revised Work Plan.
* The Committee approved the Annual Feedback Report 2022/23 including Q4 Feedback Report.
* The Committee approved the Annual Claims Report.
* The Committee received a verbal update from Helen Mackie, Associate Medical Director, on Realistic Medicine and requested a more detailed report be presented at the next meeting.
* The Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving an Angiogram. The video showcased the holistic approach of care given to this patient.

**7 Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee was noted as 7 September 2023 at 14:00-16:00hrs.