**Approved Minutes**

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

**Date: Thursday 9 May 2024 at 13:30hrs**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director and Whistleblowing Champion

Linda Semple Non-Executive Director

**Core Attendees**

Gordon James Chief Executive

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing

**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

Amanda Hunter Cardiology Registrar (Item 4.1)

Martin Blair Senior Specialist Clinical Engineer (Item 4.2)

**Apologies**

Rob Moore Non-Executive Director

Jane Christie-Flight Employee Director

Carolynne O’Connor Deputy Chief Executive/Director of Operations

**Minutes**

Lisa Porter Corporate Administrator

**1 Opening Remarks**

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

Morag Brown welcomed everyone to the meeting and took the opportunity for a wellbeing pause.

Morag Brown reminded the Committee that Sunday 12 May is National Nurse’s Day where we recognise and say thank you to NHS Golden Jubilee (NHS GJ) hard working nurse workforce and thanked them for all that they do. Anne Marie Cavanagh advised that there would be items on Social Media regarding the day.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declaration of Interest**

There were no declarations of interest noted.

1. **Updates from Meeting on 7 March 2024**

**2.1 Unapproved Minutes**

The minutes were approved as an accurate record of the meeting held on 7 March 2024.

**2.2 Action Log**

The action log was reviewed noting three actions were closed, the Medication Reconciliation update will be provided to the next meeting and it was proposed that the final action around NSD also be closed.

* 1. **Matters Arising**

There were no matters arising.

**3 Safe**

**3.1 Significant Adverse Event Review (SAERs) Update**

Katie Bryant provided the Committee with a comprehensive update on SAERs.

Katie Bryant confirmed there were 11 open SAERs in progress, with one closed recently in Clinical Governance Risk Management Group (CGRMG) and five due to come through the May meeting cycle. The report showed good movement with good progress made.

Katie Bryant advised that focussed attention had moved from historic SAERs to those which were between 3 and 6 months overdue and the Clinical Governance Team were working closely with the Divisional Management Team (DMT) and actions had been followed up on a weekly basis.

Katie Bryant advised that Healthcare Improvement Scotland (HIS) sessions had been taking place in report writing to standardise these across NHS Golden Jubilee (NHS GJ).

Callum Blackburn thanked Katie Bryant for the update and queried the dates in Appendix 5 as if this was an ongoing process, why were no updates provided since 2023. Katie Bryant advised that a more comprehensive update on progress would be included for the next meeting.

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| **Meeting** | **Action** | **Lead** | **Date for completion** |
| CGC/09052024/01 | More comprehensive update on progress would be included for the next meeting. | Katie Bryant | 9 July 2024 |

Morag Brown welcomed the clarity in the approach to support colleagues to clear the backlog to ensure a quicker distribution of issues in the future.

Mark MacGregor highlighted that the oldest actions could already be completed as some actions were closed. Mark MacGregor suggested when contact individuals for action updates it would be about ascertaining realistic timelines.

Morag Brown asked if there was a way to cleanse the list and then regroup ones which were achievable with realistic timescales and ones with barriers which meant their timescales were longer.

Katie Bryant advised that deadlines had been changed when applicable, to give a more realistic target date. The Clinical Governance Team continued to make sustainable improvements in this area even though there were significant demands on resources.

Morag Brown commended Katie Bryant, the Clinicians involved and the Clinical Governance Team for the good progress made and recognised the increased demand on resources.

Clinical Governance Committee noted the Significant Adverse Events Update.

**3.2 Expansion Programme Update**

Anne Marie Cavanagh provided an update on the Expansion Programme.

Anne Marie Cavanagh advised that there were no matters reported that required to be escalated or affected patient safety.

Clinical Governance Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

Katie Bryant updated the Committee on the Strategic Risk Register.

Katie Bryant advised that it had been agreed at CGRMG, to merge Risk S20-Covid-19 Pandemic with Risk S6 Health Care Associated Infection into one risk, following discussions with the Board. The Committee agreed to merge these risks.

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| **Meeting** | **Action** | **Lead** | **Date for completion** |
| CGC/09052024/02 | Agreed to merge S20-Covid-19 Pandemic Risk and S6 Health Care Associated Infection | Katie Bryant | 9 July 2024 |

Katie Bryant reported that the Risk B001/22 Laboratory Risk remained live and was being monitored.

Linda Semple raised a question around the level of risk in relation to the Laboratory Information Management System (LIMS), currently set at medium and was this the right risk level with the contract coming up for renewal.

Mark MacGregor advised that the risk was still high as NHS GJ was unlikely to transition to a new company, that the current contract would need to be extended and the risk would be around implementation. Mark MacGregor agreed to discuss the concerns raised with Stuart Graham and Katie Bryant with a further update of revisions to come back to the Committee.

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| **Meeting** | **Action** | **Lead** | **Date for completion** |
| CGC/09052024/03 | Mark MacGregor agreed to discuss the Winscribe concerns raised with Stuart Graham and Katie Bryant with a further update of revisions to come back to the Committee. | Mark MacGregor | 9 July 2024 |

Callum Blackburn reflected on the two risks recorded on the Risk Register and asked around the process for the elevation of risks.

Katie Bryant provided assurance that the operational Risk Registers were monitored and scrutinised on a monthly basis with ownership sat within the services. All operational risks were escalated through CGMRG and flagged to this Committee if required.

Clinical Governance Committee approved the Strategic Risk Register.

**3.4 Safe Staffing Update**

Anne Marie Cavanagh reported that the Q3 Report had been submitted on 25 March 2024. Health Improvement Scotland (HIS) had met with Health Boards to go over the Report by way of feedback.

Anne Marie Cavanagh provided assurance on the current position of the 10 actions advising that processes were in place. The ongoing work highlighted areas:

* Revised Site Wide Safety Huddle
* Escalation routes within teams and divisions (pre eRostering and Safe Care)
* Formalised reporting back to clinical staff
* Generic RTS resource/escalation documents
* Ongoing education with a Comms Plan in place
* Ongoing expectation of quarterly reports

Anne Marie Cavanagh presented the governance route for the Safe Staffing Programme Board and advised that focus moving forward would be on consideration of how we adopt the legislation into business as usual and how support to maintain the profile of this work until fully integrated.

Clinical Governance Committee noted the Safe Staffing Update.

**3.5 TAVI Update**

Mark MacGregor advised that a letter had been received from Scottish Government (SG) confirming funding for TAVI procedures for NHS GJ which would support the additional requirements and address the backlog in cases. Mark MacGregor advised this was a big ask for the Team to deliver without having a negative impact on other services. However, this was a good news story and the challenge would be on delivery.

Callum Blackburn remarked that it was a good outcome for NHSGJ and a positive challenge to have.

Mark MacGregor reported it had been a whole Executive Leadership Team (ELT) effort, along with Board support.

Linda Semple advised it had been good to receive a virtual walk through of TAVI at the recent Board Seminar and to note how excited the team were at the prospect of doing this extra work.

Gordon James advised it was a testament to everyone involved in the process but the challenge would be on delivery with further discussion taking place at the next ELT meeting.

Linda Semple requested if an update on the procurement of TAVI consumables could be provided. Gordon James advised that this was currently being undertaken with suppliers to support a better rate for these consumables.

Morag Brown thanked every involved and acknowledged the all-round effort to achieve this positive result.

Clinical Governance Committee noted the TAVI Update.

**4 Effective**

**4.1 Clinical Department Update - Scottish Adult Congenital Cardiology Service (SACCS)**

Morag Brown welcomed Amanda Hunter, Cardiology lead, to the Committee to provide an update on SACCS. Amanda Hunter provided a thorough presentation on the report submitted to the Committee pulling out the main highlights.

Mark MacGregor advised there were ongoing problems with two of the clinical systems:

* Winscribe – it was hoped this would be completed by the end of the year
* Trakcare – the current version was out of date.

In relation to Trakcare, the Committee asked for Stuart Graham to attend the next meeting to advise on how the issues are being addressed.

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| **Meeting** | **Action** | **Lead** | **Date for completion** |
| CGC/09052024/04 | In relation to Trakcare, the Committee asked for Stuart Graham to attend the next meeting to advise on how the issues are being addressed | Stuart Graham | 9 July 2024 |

Mark MacGregor advised there were issues within the surgical team and discussions were taking place with NHS GGC regarding this. Appointing a fourth consultant surgeon was proving difficult as there were not many congenital surgeons. There was middle grade support with three speciality doctors who regularly operated with SACCS Consultant but they were not employed or funded by SACCS. Negotiations were underway with NHS GGC with a view to gain middle level support across the team.

Morag Brown commended the report and noted the fantastic work the SACCs team were undertaking. Morag Brown welcomed discussions with NHS GGC around the potential to improve the contribution of junior doctors.

Clinical Governance Committee noted the SACCS Update

**4.2** **Synchrophi Update**

Morag Brown invited Mark MacGregor to give an overview and welcomed Martin Blair to the meeting

Martin Blair reported that funding to change the way the delivery of early warning scores were delivered using a report template was progressing. The server hardware had been purchased and a demonstration on site was planned, where early warning score would be delivered by Clinical Education department. The project aim was to go live by mid-August 2024 and this would tighten up the process.

There was a financial risk, with an option for bar code scanners but it was felt at the time to be expensive, therefore, cheaper alternatives were being investigated. There was a potential risk with the system regarding certification for wireless connection as current security protocols dictated that the WiFi certification ran for two years and thereafter the system would drop from the wireless network. A project to bring back electronic early warning system was well under way with the platform in place.

Mark MacGregor advised this had been good collaboration with the Medical Physics Team.

Clinical Governance Committee noted the Synchrophi Update.

**4.3 Clinical Governance and Risk Management Group Update**

Katie Bryant reported that a comprehensive update following the improvement project work that had been carried out to review the complaints process within NHS GJ had been received. There was a proposed action plan on how to take forward deliverables, focusing on patient centred experience and staff experience.

Linda Semple thanked the team for the review of the complaints process, recognised it had been a significant piece of work and an important element of triangulation of Board delivery of services. Linda Semple asked if it was possible for the Committee to see this piece of work in more detail to have an understanding of the outcomes and how to improve the complaints performance. Anne Marie Cavanagh agreed to bring up an updated report to the September meeting.

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| **Meeting** | **Action** | **Lead** | **Date for completion** |
| CGC/09052024/05 | CGRMG update to next meeting | Anne Marie Cavanagh | 9 July 2024 |

Clinical Governance Committee noted the Clinical Governance and Risk Management Group update

**4.4 Clinical Governance Committee Annual Governance Report 2023/2024**

Nicki Hamer highlighted the Clinical Governance Committee Annual Governance Report for 2023/24 noting the requirement for all Governance Committees to provide an Annual Governance Report which will support the Annual Accounts.

The Committee welcomed the comprehensive report and noted it was good to reflect on the work done completed throughout the year.

Clinical Governance Committee approved the Committee Annual Report for 2023/24.

**4.5 Integrated Performance Report**

**Clinical Governance**

**HAIRT Report**

Eighteen complaints were reported in January 2024.

Stage 1: Twelve reported in January 2024, 100% were responded to within the timeline.

Stage 2: Six reported in January 2024, 0% were responded to within the timeline.

**SAER**

One was commissioned in February 2024.

**Mortality**

6 deaths were reported in February 2024.

**HAIRT Report**

* Staphylococcus Aureus Bacteraemia (SAB) – 0 in February 2024
* Clostridiodes Difficile Infection (C. diff) – 0 in February 2024
* 1 Gram negative/E. coli bacteraemia (ECB) – 0 in February 2024
* Hand Hygiene – 98%
* Surgical Site Infections (SSI) – 0 in February 2024

Callum Blackburn highlighted that Orthopaedics Hand Hygiene was reported at 80% and asked what the process was when one department was trailing. Anne Marie Cavanagh advised that the score was a result of an audit carried out in real time within all clinical areas and assured the Committee that there were no trends within the data.

Clinical Governance Committee approved the HAIRT report.

**4.6** **Blueprint for Good Governance Improvement Plan 2024/25**

The Chair welcomed Carole Anderson to the meeting to present an update on the Blueprint for Good Governance Improvement Plan actions for 2024/25.

Carole Anderson reflected on the positive outcomes from the Board Workshop held in January 2024 and the current position of the actions for the Committee.

Clinical Governance Committee approved the Blueprint for Good Governance Improvement Plan for 2024/25.

**4.7 Golden Jubilee Research Institute Quarter Four (Q4) Performance Report**

The Chair welcomed Catherine Sinclair to the meeting to present an update on the Golden Jubilee Research Institute (GJRI) Q4 Performance Report.

Catherine Sinclair provided an overview on the number of Commercial, Eligible and Non Eligible Funded (NEF) projects taking place and advised that recruitment was on target. The GJRI Team had carried out 8 Research Project Audits in the last financial year.

Callum Blackburn stated that the report provided a lot of clear detail on research projects and praised the format of the report.

Mark MacGregor reported it was positive that the Deputy Head of Service was now in post as one of the constraints had been the single point for approval of studies. In 2023 the number of funded studies did not include ineligible studies, that the number was now at the highest it had been and it was a positive step. The amount of research active Consultants within NHS GJ was about 22%. There were lots of discussions taking place with the team to understand the funding limits to support more being done.

Clinical Governance Committee approved the Golden Jubilee Research Institute Q4 Performance Report.

**5 Person Centred**

**5.1 Resilience Update**

Anne Marie Cavanagh presented the Resilience update.

There had been one meeting in April since the last Committee with four debriefs being discussed. The Resilience Group were looking at potential learning and actions written up were coming through clinical governance processes.

The Emergency Planning Team in Scottish Government had been working with all Boards to make sure they were able to stand up to any instances. There was a Duty Manager Workshop held in March, which gave staff the opportunity to come together to strengthen this work an improved suggestions were being worked through.

Business Continuity Plans were update and in place across the organisation.

Clinical Governance Committee noted the Resilience Update.

**6.0 Issues for Update**

**6.1 Update to the Board**

The Committee noted the following items to be reported within the Board update

* The Committee welcomed the progress on the sustained improvement in SAERs and noted the actions taken forward in cleansing the list and ensuring that timescales set out are realistic.
* The Committee approved the Strategic Risk Register and noted that Risk S6 would now include Covid requirements and will go forward for a deep dive. It was agreed that consideration be given to the Labs level of risk.
* The Committee thanked everyone involved in the positive news around TAVI, noting it was a great team effort. Particular thanks were given to Gordon James, who had been involved in a number of challenging discussions. The Committee welcomed the additional funding which will provide the opportunity to improve the service for patients across the West of Scotland.
* The Committee approved the HAIRT update.
* The Committee received a detailed governance overview of SACCs service led by Andrea Hunter (Consultant Cardiologist). The Committee noted the eHealth challenges being experienced by the service, welcomed the work on patient flow and noted that the Clinical Director and Clinical lead are discussing with NHS GGC on how we can have more junior surgical staffing. The Committee thanked Andrea Hunter for her presentation and the SACCS team for all their hard work.
* The Committee received an update on Synchrophi, noting the challenges to date being overcome with the implementation plan now well underway. There has been good engagement from clinical teams.
* The Committee noted the review of the complaints work and look forward to receiving a further update at a future meeting.
* The Committee approved the Clinical Governance Committee Annual Governance Report for 2023/2024.
* The Committee discussed the Blueprint for Good Governance Improvement Plan and noted the actions for this Committee.
* The Committee noted the Resilience update and thanked Katie Bryant and the Clinical Governance Team on the Scottish Government Emergency resilience response exercise.

**6.2 Chair Debrief**

The Committee reviewed and discussed the meeting.

**7. Date and Time of Next Meeting**

The next scheduled meeting of the Clinical Governance Committee was noted as Tuesday 16 July 2024, 13:30-16:30.