**Approved Minutes**

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

**Date: Tuesday July 16 2024, 13:30 – 16:30**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director and Whistleblowing Champion

Jane Christie-FlightEmployee 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

**In Attendance**

Carolynne O’Connor Deputy Chief Executive/Director of Operations

Nicki Hamer Head of Corporate Governance and Board Secretary

Joe Hands Deputy Head of Clinical Governance and Risk

Susan Douglas-Scott CBE Board Chair

Rebecca Maxwell Non-Executive Director

**Minutes**

Caitlin Auld Senior Corporate Administrator

**1 Opening Remarks**

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

Morag Brown opened the Committee meeting by welcoming everyone and the Committee participated in a short wellbeing pause.

* 1. **Apologies**

There were no apologies noted for the meeting.

* 1. **Declaration of Interest**

There were no declarations of interest noted.

1. **Updates from Meeting on 9 May 2024**

**2.1 Unapproved Minutes**

The Minutes of the meeting held on 9 May 2024 were approved subject to the following amendment:

Item 4.5 should read “Anne Marie Cavanagh advised that the score was a result of an audit carried out in real time within all clinical areas”.

**2.2 Action Log**

Morag Brown advised that of the six actions within the Action Log, four were on the agenda, one was on hold and the remaining action was not yet due.

 Clinical Committee noted the Action Log.

**2.3 Matters Arising**

There were no matters arising noted.

**3 Safe**

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

Joe Hands introduced the report and advised there were 91 open SAER actions, 13 of these were more than six months overdue and 21 were between three and six months overdue. Current status updates were detailed in Appendix 5. It was noted that in May 2024 there were a further 31 actions closed, 4 of these within the stated timeframe.

To summarise the most recent updates pertaining to the SAER Tracker, Joe Hands cited the practice of Thematic Analysis undertaken in partnership between Clinical Governance and Quality teams. The level of detail that the tracker captured allowed for a holistic overview, which gave a streamlined analysis and allowed for progression to be effectively monitored.

Callum Blackburn raised the progression of actions and if there was a way to create further insight and provide an ongoing narrative of what actions were being taken, why and if the tracker was effective in conveying the urgency of certain changes that needed to happen. Joe Hands and Mark MacGregor advised that should a safety or care critical change be required, this would be dealt with directly in the first instance. Any such circumstance would override the need for administrative sign off and be handled swiftly within the department. In addition to recording updates, greater detail such as the specific instruction could accompany the item.

Mark MacGregor advised that some of the actions within the SAER Tracker would be reviewed and updated and that older, redundant information would be cleansed.

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| **Meeting** | **Action**  | **Lead** | **Date for completion** |
| CGC/16072024/01 | Review and cleanse SAER Tracker  | Mark MacGregor/Anne Marie Cavanagh | 5 September 2024 |

Clinical Governance Committee noted the Adverse Events/ SAER Update

**3.2** **Expansion Programme Update**Anne Marie Cavanagh noted that there were no matters to escalate.

Clinical Governance Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

Joe Hands presented the Strategic Risk Register and raised the issue of balloon pumps that were widely used within Surgical Cardiac Care and the recent communications regarding the safety of the current balloon pump model, which was utilised across multiple NHS Health Boards. Though there was no immediate patient risk, should the recall of devices occur, this could have financial implications for the organisation.

At a procurement level, Mark MacGregor also highlighted that any change of device may lead to supply chain issues due to widespread demand for a new product.

Carolynne O’Connor stated that though there was no immediate risk this was an area where financial funding would be crucial.

The Committee noted the escalation of this risk to the Register and noted the mitigations in place.

Clinical Governance Committee approved the Strategic Risk Register.

**3.4 Directors Letter (DL) Patient Safety Commissioner for Scotland Act 2023, 30 April 2024.**

Mark MacGregor provided an overview of the Directors Letter (DL (2024) 10) advising that there had been limited communication to NHS Health Boards. The initial round of appointments was not successful. The new role would be champion for this area and would look at themes rather than individual cases. The Patient Safety Commissioner could request access to NHS Health Boards’ information.

The Committee noted the Directors Letter Patient Safety Commissioner for Scotland Act 2023

1. **Effective**

**4.1 Integrated Performance Report**

Anne Marie Cavanagh presented the Clinical Governance section of the Integrated Performance Report (IPR). The following headlines were shared by Anne Marie Cavanagh.

In March 2024, a total of 9 complaints were received. Of the 9 complaints, four were Stage one and five were Stage two. All of the four Stage one complaints were investigated and responded to within the five working day timescale, with an average response time of three working days. Forty percent of the five Stage two complaints were investigated and responded to within the 20 working day timescale.

Anne Marie Cavanagh advised that Clinical Governance Risk Management Group (CGRMG) meeting in August would provide a deeper dive into the key findings that would be shared with the Committee thereafter.

Clinical Governance Committee approved the Clinical Governance Section and the HAIRT Report within the IPR.

**4.2 Clinical Governance Risk Management Group Update**

Joe Hands presented the Clinical Governance Risk Management Group Update.

The group received an update on the status of Significant Adverse Event Reviews (SAERs). There were 9 open SAERs (as at 21 June 2024). Further work had been undertaken to address outstanding actions across the services. As at 31 May, there were 91 open SAER actions, 13 of these were more than six months overdue and 21 were between three and six months overdue. It was noted that, in May 2024 there were a further 31 actions closed, four of these within the stated timeframe.

Joe Hands advised the Committee that an Action Plan Update would be provided at the next meeting.

Clinical Governance Committee noted the Clinical Governance Risk Management Group Update.

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

Carole Anderson presented an update on the Blueprint for Good Governance Improvement Plan 2024/25. The key themes within the presentation were discussed.

Carole Anderson advised that a future Key Performance Indicator (KPI) set would be brought to a meeting later in the year that would provide strategic guidance looking ahead to 2025.

The Committee agreed to receive a further update in November 2024.

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

* 1. **Prevention and Control of Infection Committee Annual Update**

Anne Marie Cavanagh presented the Prevention and Control of Infection Committee Annual Update advising the PCI Team coordinate the delivery of an extensive body of work as everyone had prevention and control of infection responsibilities from Board level to Ward level.

This report reflected the Annual HCAI update looking across the organisational performance against existing national HEAT trajectories to support identification of trends/ risks and themes for learning whilst considering this in the context of the annual IC work programme.

Morag Brown welcomed the report and the work continuing within this area.

Callum Blackburn queried if the targets set were achievable and if NHS GJ could reach the levels.

Anne Marie Cavanagh responded that as activity was challenging with more beds opening up then the trajectories needed to be more realistic but the organisation was still working to the set targets.

Mark MacGregor advised that though the number was set to zero, the organisation would strive to reach this but as there were few cases, all could be investigated in depth. However, trends within the data would be difficult to understand.

Morag Brown acknowledged the continuous improvement but recognised the reasons for not meeting targets and the continuous improvement on reducing in areas.

Clinical Governance Committee noted the Prevention and Control of Infection Committee Annual Update.

**5 Person Centred**

**5.1 Whistleblowing Annual Report 2023/2024**

Anne Marie Cavanagh advised that there had been no Whistleblowing concerns raised in 2023/24. However, the main aim was to ensure that staff were aware of the process. There had been uptake on the TURAS training moduleand the process of Whistleblowing remained live.

Nicki Hamer stated that assurance of confidentiality would be a key part of any staff communication.

Callum Blackburn advised that recruitment of additional Confidential Contacts was underway as these had reduced recently. This may require additional communication to ensure staff awareness.

Callum Blackburn added that the report format was taken from the INWO requirements for an Annual Report.

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

**5.2 Annual Feedback Report 2023/2024 and Quarter Four Feedback Report**

Joe Hands presented the Annual Feedback Report 2023/24 and Quarter Four Feedback Report and advised that this report would go to the Comms Team prior to being published.

During the year, 645 formal feedback submissions were received. This was a 24% increase from the previous year. Compliments continued to be the highest category of overall feedback received with 355 formally recorded in the year. This equated to 55% of all feedback received.

During 2023/24 56 concerns were received. This was a 16% decrease on the previous year.

There were 128 complaints received, 77 were Stage One and 51 were Stage Two. This was an overall increase of 9% compared to the previous year, which was expected due to services resuming to a more pre-pandemic level.

Morag Brown enquired about accessibility options and whether a possible “easy read” version could be produced in the future. Joe Hands agreed to look at this.

Jane Christie-Flight noted that formal complaints had seen an increase in comparison to the previous year and questioned if these figure were of significance considering the increase of activity. Anne Marie Cavanagh advised that work underway in relation to this piece of work.

Morag Brown was thoughtful of the workload for clinical colleagues across the governance areas i.e. SAERs, audit, complaints and wanted to ensure they were supported to complete these pieces of work.

 Clinical Governance Committee approved the Annual Feedback Report for 2023/24 and the Quarter Four Feedback Report.

**5.3 Duty of Candour Annual Report**

Mark MacGregor presented the Duty of Candour Annual Report and noted that of 11 events, five remained open. Learning from the SAER process included the same thematic analysis and workshop sessions had been held with other learning still to be implemented around process changes.

The Clinical Governance Committee approved the Duty of Candour Annual Report.

**5.4 Resilience Update**

Anne Marie Cavanagh advised the Committee that an ExtraOrdinary meeting had been held on 19 June 2024 to discuss the UPS power outage and the UPS replacement project. Analysis of the causing factors had taken place as well as steps to mitigate any future occurrence.

The Clinical Governance Committee noted the Resilience Update.

**5.5 Annual Claims Report**

Mark MacGregor presented the Annual Claims Report and asked the Committee to share any feedback, specifically regarding the format and if it had been useful.

Morag Brown asked if there was potential for smaller financial claims to be settled in a timelier manner.

Mark MacGregor advised that if this were the case, it could open up a risk of higher financial cost if it led to increased claims. He provided assurance that the current legal support in place was efficient in advising and reaching effective outcomes.

Clinical Governance Committee noted the Annual Claims Report

* 1. **Patient Story**

Clinical Governance Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving a hip replacement.

Anne Marie Cavanagh added that it was important to remember that changing lives was as fundamental as saving lives and recognised the important work of Orthopaedics.

The Committee wanted to pass on their thanks to the Orthopaedic team for the work they continue to do for NHS GJ patients.

Clinical Governance Committee noted the Patient Story.

**6. Issues for Update**

**6.1 Update to the Board**

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| Safe | * The Committee noted the issues highlighted under the SAER report, the sustained progress and the further work required on cleansing the list.
* The Committee approved the Strategic Risk Register noting the balloon pumps escalation. Though there was no immediate risk to patients, some mitigating actions were being put in place including the risk of any potential cost pressures.
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| Effective | * The Committee approved the HAIRT Update.
* The Committee discussed the Blueprint for Good Governance Improvement Plan actions, noting that this would be discussed again in November.
* The Committee noted the Prevention and Control of Infection Committee Annual Update, the national and local HAI surveillance targets were noted and the focus remained on continuous improvement for 2024/25.
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| Person Centred | * The Committee approved the Whistleblowing Annual Report 2023/24 noting the continuous focus on building trust and maintaining the contribution of the confidential contacts.
* The Committee approved the Annual Feedback Report 2023/24.
* The Committee approved the Duty of Candour Annual Report noting that some learning was still to be implemented around process changes.
* The Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving a hip replacement. The Committee wanted to pass on their thanks to the Orthopaedic team for the work they continue to do for NHS GJ patients.

The Committee were thoughtful of the workload for clinical colleagues across the governance arenas i.e. SAERs, audit, complaints and wanted to ensure they were supported to complete these pieces of work. |

**7. Any Other Competent Business**

No other competent business was discussed.

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

The next Clinical Governance Committee Meeting would take place on Thursday 5 September 2024, 14.00-16.00.