**Approved Minutes**

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

**Date: Thursday 5 September 2024, 14:00 – 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

**In Attendance**

Christine Nelson Deputy Head of Corporate Governance

Elaine Kettings Associate Nurse Director

Joe Hands Deputy Head of Risk and Clinical Governance

Isma Quasim Consultant Anaesthetist (from 14:55)

Catherine Sinclair Head of Research (from 15:15)

Laura Fulton Director of Pharmacy (from 15:25)

Eleanor Lang Associate Nurse Director (from 16:05)

**Apologies**

Carolynne O’Connor Director of Operations / Deputy Chief Executive

Anne Marie Cavanagh Director of Nursing

**Minutes**

Claire Hendren 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**

The apologies were noted as above.

* 1. **Declaration of Interest**

There were no declarations of interest noted.

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

**2.1 Unapproved Minutes**

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

Item 4.4 should read “Callum Blackburn queried if the targets set were achievable and if NHS GJ could reach the levels”.

**2.2 Action Log**

Morag Brown advised that of the three actions within the Action Log, one was on the agenda and the remaining two actions were not yet due.

The Committee noted the Action Log.

**2.3 Matters Arising**

There were no matters arising noted.

**3 Safe**

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

Joe Hands introduced the report and advised there were ten ongoing Significant Adverse Event Reviews (SAER) at various stages of the process which had all breached the three-month target for completion. The Committee noted that this was due to various factors such as competing priorities and complex cases however the main areas of concern were around the time taken from the commissioning to the panel meeting and the time between the Chair and panel receiving the draft report to the presentation of the final report.

The Committee was advised that a thematical analysis had been carried out on the outstanding actions to establish emerging themes which would benefit from a collaborative approach from Clinical Governance and Quality Improvement. Examples of the themes included checklists, development of Standard Operating Procedures, training, education, digital and documentation.

Joe Hands reported that there were 98 open SAER actions, 20 of these were more than six months overdue and 21 were between three and six months overdue. It was noted that in June 2024 there were 16 actions closed and in July 2024 a further 5 actions were closed.

Elaine Kettings advised the Committee that although there had been significant improvement on the SAER overdue actions there was still considerable work to be undertaken around timescales. The importance of ensuring that all actions were SMART was highlighted as this would help to reduce the number of actions which could not be closed due to lengthy timelines in areas which were not easily achievable. Elaine Kettings further noted that the team were looking at forming the panels and setting the questions in advance to reduce the time between the stages.

The Committee discussed the idea of dividing the actions into recommendations and suggestions for improvement with the recommendation closed once the key learning had been established. The suggestion for improvements could thereafter be added to a central ‘improvements pot’ for further consideration within a different set of timescales. Joe Hands noted that the mapping process was also underway which looked at each stage allowing the identification of bottlenecks and the targeting of individual areas. Gordon James noted that it might be worth seeking advice from Stuart Graham and his team on alternative ways of using applications to log and follow-up on actions.

The Committee noted the Adverse Events/Significant Adverse Event Review (SAERs) Update.

**3.2** **Expansion Programme Update**The Committee was advised that two of the level 3 theatres of the new Surgical Centre had opened safely and effectively on 21 August 2024. This had been closely followed by the opening of SARU on 26 August 2024 and level 2 Endoscopy on 2 September 2024. Elaine Kettings noted the teams were delighted with the new areas and commended the Senior Charge Nurses on their leadership.

Callum Blackburn noted any opportunity for a further walkaround of the new areas would be welcomed. Gordon James confirmed that Sandie Scott was leading on arrangements for this and communications would be issued in the near future.

The Committee noted the Expansion Programme Update.

**3.3 Strategic Risk Register**

The Committee was advised that no substantial changes had been reflected in the Strategic Risk Register since the previous meeting. Mark MacGregor noted that mitigations were in place around the Intra-Aortic Balloon Pumps risk and it was anticipated this would be reduced as the issue neared resolution.

The Committee approved the Strategic Risk Register.

1. **Effective**

**4.1 Integrated Performance Report**

Elaine Kettings presented the Clinical Governance section of the Integrated Performance Report (IPR) and highlighted the following headlines.

In April 2024 a total of 25 complaints were received with 22 as Stage one and 3 as Stage two. All of the Stage one complaints were investigated and responded to within the five working day timescale and 40% of the Stage two complaints were responded to within the twenty day timescale. The feedback improvement report was due to be presented in September 2024. There had been a total of 10 deaths in May 2024 which were followed up in detail by the team using the risk matrix. No whistleblowing concerns had been reported for the period.

The Committee was presented with the Health Associated Infection Reporting Template (HAIRT) Report. Elaine Kettings noted that there had been two Gram Negative/E.coli Bacteraemia (ECB) within the 2024-25 period and a deep dive would be undertaken to ensure due diligence. There would also be a deep dive around the four surgical site infections reported within Cardiac surgery.

The Committee approved the Clinical Governance Section and the HAIRT Report within the Integrated Performance Report.

**4.2 Clinical Governance Risk Management Group Update**

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

The following key points were highlighted to the Committee in relation to activity from CGRMG meetings:

* The group had met on 24 July 2024 (extra-ordinary) and 22 August 2024
* The Food, Fluid and Nutrition policy was approved and the Operational Policy (Surgical Admission Unit) had been reviewed and updated
* A New Interventional Procedure pertaining to Percutaneous Cannulation of the Pulmonary Artery for Mechanical Circulatory Support was approved
* 3 SAER reports were taken and approved with the outcome code of 3
* Work was ongoing to clear the backlog of overdue SAER actions

The Committee noted the Clinical Governance Risk Management Group Update.

**4.3 Clinical Department Update**

**SNAHFS and Anaesthesia HLD**

Morag Brown welcomed Isma Quasim to the meeting to provide an update on the Scottish National Advanced Heart Failure Service (SNAHFS) and Anaesthesia HLD Service.

Isma Quasim provided the Committee with an overview of the Scottish National Advanced Heart Failure Service (SNAHFS) and Anaesthesia HLD Service demonstrated via the dashboard approach based on the five dimensions of safety.

The Committee was advised that the heart transplant numbers over recent years were a testament to the team and the outcomes reported were exemplary. The majority of cases had shifted to the very urgent/urgent patient group with the mechanical circulatory support producing good results. Isma Quasim noted that this allowed the team to help patients who otherwise might not have survived including some who were 25 years of age and younger.

Isma Quasim noted the learning from SAERs particularly in relation to transplant deaths which were discussed with the teams in great detail to ensure that the level of service was maintained.

The Committee discussed the update on the Anaesthesia HLD Service and what Key Performance Indicators could be identified to look at improvements. Isma Quasim noted work in progress around dental trauma and workload and welcomed suggestions moving forward. Gordon James noted that the role of anaesthesia in Orthopaedics around Day of Surgery Admission (DOSA) and early mobilisation of patients might be an area for further exploration. Isma Quasim thanked the Committee for the valuable input.

The Committee commended Isma Quasim and the team for the incredible work undertaken and for the concise report.

The Committee noted the Clinical Department Update.

* 1. **Golden Jubilee Research Institute Q1 Performance Report**

Morag Brown welcomed Catherine Sinclair to the meeting to present an update on the Golden Jubilee Research Institute Q1 Performance Report.

The following key points were of interest to the Committee.

* 10 projects were approved against a target of 10 in Q1 and an overall target of 40 for 2024-25
* 378 participants were recruited for Q1 against a target of 200
* The number of research project audits was in line with targets
* Key challenges were noted around the governance of Gene Therapy trials with the team working on PROTECT, Genephit and Xylocor in early set up. Staffing Gene Therapy trials were essentially very complex drug trials and appropriately skilled staff in place (by staff capacity) was a concern

The Committee discussed the challenges in relation to the Gene Therapy trials noting concerns around the requirement for skilled staff. Catherine Sinclair confirmed that clear controls and processes were in place to manage the projects and although deemed business as usual the detail was required to be extremely explicit. Mark MacGregor noted the importance of the Gene Therapy trials which were crucial in making advancements and often transformative for patients.

The Committee approved the Golden Jubilee Q1 Performance Report.

**4.5 Annual Learning Summary**

Joe Hands advised the Committee on the Annual Learning Summary which looked at adverse events and complaints across the organisation to support identification of themes for learning. The report indicated increased incidents in relation to medical devices, equipment and supplies with patient falls and accidents remaining the second highest category.

The Committee noted that although there had been a variety of learning points generated from Significant Adverse Event Reviews the main themes had been in relation to communication and documentation. Joe Hands noted improvements in this area included communication with relatives and patients in decision making, clearer handovers between clinical teams on transferring patients and clear documentation of any communication in relation to patient care.

The Committee noted the Annual Learning Summary.

**4.6 Drugs and Therapeutics Committee Annual Report**

Morag Brown welcomed Laura Fulton to the Committee to provide an overview of the Drugs and Therapeutics Committee (DTC) Annual Report.

Laura Fulton presented an update highlighting the following salient points:

* Four meetings had been held over the year and core functions had been delivered with the support of the sub groups
* Challenges around the meetings included complex agendas, quality of submissions, attendance and gaps in key areas
* Next steps had been agreed in six tangible objectives with a desire to review and reform and prioritisation in relation to wider board priorities and crossover with other groups

The Committee noted the update and commended the desire to review and reform processes together with improved communication and engagement.

The Committee discussed the benefits around the introduction of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system which was was due to be rolled out in the coming weeks noting it would be welcomed across the organisation.

The Committee noted the Drugs and Therapeutics Committee Annual Report.

**4.7 Corporate Objectives**

Gordon James provided an update to the Committee on the 2024/25 Corporate Objectives which would be presented to the Board in September 2024 for final approval.

The Committee noted the addition of the development and adoption of a set of Anti- Racism objectives.

The Committee approved the Corporate Objectives for 2024/25.

**5 Person Centred**

**5.1 Whistleblowing Q1 Report**

Elaine Kettings advised the Committee that there had been no Whistleblowing concerns raised during the period 1 April to 30 June 2024 (Q1).

Callum Blackburn noted the welcome introduction of a wider group to review the Whistleblowing arrangements and to ensure that the relevant structure and processes were in place moving forwards.

The Committee noted that communications around the forthcoming Speak Up week would be circulated across the organisation.

The Committee approved the Whistleblowing Q1 Report.

**5.2 Feedback Report Q1**

Joe Hands provided an update on the Quarter one Feedback Report.

The number of formal complaints increased by 40% from the same quarter the previous year and the data was under review for trends. During this quarter of the complaints that had been closed there were 19 not upheld, 12 fully upheld, 13 partially upheld, 4 withdrawn and 3 consent not obtained. One complaint was progressed via the Significant Adverse Event process and was ongoing.

The main themes and outcomes of complaints had been identified as waiting lists, communication, clinical treatment, cancellation of surgery/procedure and staff attitude.

Five new SPSO complaints were recorded and no cases had been closed. A high number of compliments continued to be received.

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.

The Committee approved the Annual Feedback Report for Quarter 1.

**5.3 Complaints Handling Improvement Project Update**

Joe Hands provided the Committee with an update on the Complaints Handling Improvement Project and noted that the work would be extended beyond the initial completion date of Autumn 2024 reflecting the desire for continuous improvement.

The Committee was advised on the improvement themes which included understanding the complainant experience, the requirement for relevant supportive training and the need for understanding around the processes and systems.

Joe Hands noted that the plan was underway with several actions completed, others in progress and regular updates would be presented to the Committee.

The Committed welcomed the good progress on the Complaints Handling Improvement Project.

The Committee noted the Complaints Handling Improvement Project Update.

**5.4 Safe Staffing Q1 Update**

Morag Brown welcomed Eleanor Lang to the Committee to provide an update on Safe Staffing Quarter one.

Eleanor Lang advised the Committee that The Health and Care (Staffing)(Scotland) Act 2019 came into effect on 1 April 2024 and sought to facilitate high quality care and improved outcomes by helping to ensure appropriate staffing.

The Committee noted that the Healthcare Staffing Programme Board had been formed during 2023 and met regularly to include a range of professional groups included under the scope of the legislation. Following Q3 feedback from Scottish Government the internal Q1 report had been developed and Q1 clinical agency report completed.

Eleanor Lang provided a summary of the Board’s current position and an update on the ongoing workstreams which included continued communications, Clinical Agency usage report improvements and spread of escalation documents.

The Committee was pleased to receive the positive Safe Staffing update and acknowledged the ongoing challenges.

The Committee noted the Staff Staffing Q1 Update.

**5.5 Resilience Group Update**

Elaine Kettings advised the Committee that the Resilience Group had met in July 2024 to discuss routine business including the Site Resilience Update and the Expansion update.

The Committee was advised that the Duty Manager Rota workshop had taken place and the existing structure would remain in place with an updated rota circulated in the near future. Work had commenced in relation to action cards as part of Business Continuity Plans.

The Committee noted the Resilience Group Update.

**6. Issues for Update**

**6.1 Update to the Board**

* The Committee noted the Significant Adverse Event Review Update and welcomed the ongoing work on the overdue actions whilst acknowledging the challenges around volume and timescales. The Committee was pleased to note the thematical analysis of the overdue actions which included process mapping and advice around ensuring the actions were SMART.
* The Committee approved the Strategic Risk Register noting that mitigations were in place around the Intra-Aortic Balloon Pumps risk which was likely to be reduced as the issue was resolved.
* The Committee approved the Clinical Governance and HAIRT Report within the Integrated Performance Report.
* The Committee welcomed the Clinical Department Update around Scottish National Advanced Heart Failure Service (SNAHFS) and Anaesthesia HLD and commended Isma Quasim and the team for the outstanding report.
* The Committee approved the NHS Golden Jubilee Research Institute Quarter 1 Performance Report and welcomed the update on the Gene Therapy trials recognising the complexities involved.
* The Committee noted the Drugs and Therapeutics Committee Annual Report and welcomed the aspiration to review and reform the processes. The Hospital Electronic Prescribing and Medicines Administration (HEPMA) system was due to be rolled out in the coming weeks and would be welcomed across the organisation.
* The Committee approved the Corporate Objectives for 2024/25.
* The Committee approved the Whistleblowing report on organisational activity for Quarter 1 and noted that communication around the forthcoming Speak Up Week would be circulated.
* The Committee approved the Feedback Report for Quarter 1 2024-25.
* The Committee noted the Complaints Handling Improvement Project Update and commended Joe Hands and the Clinical Governance team for the ongoing work around this project.
* The Committee was pleased to note the positive update on Safe Staffing acknowledging the challenges around the workstreams.

**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 7 November 2024, 14.00-16.00.