**Approved Minutes**

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

**Date: Thursday 7 November 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

Carolynne O’Connor Director of Operations/Deputy Chief Executive

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing

**In Attendance**

Christine Nelson Deputy Head of Corporate Governance

Joe Hands Interim Head of Risk and Clinical Governance

Carole Anderson Director of Transformation, Strategy, Planning and Performance (Items 4.2 and 4.7)

Catherine Sinclair Head of Research (Item 4.6)

Findlay Welsh Consultant Orthopaedic Surgeon (Item 4.4)

Sharon Stott Head of Digital Governance and Data Protection Officer

 (Item 5.3)

**Minutes**

Tracey Wark PA to Chief Executive Office

**1 Opening Remarks**

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

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

* 1. **Apologies**

There were no apologies noted.

* 1. **Declaration of Interest**

There were no declarations of interest noted.

1. **Updates from Meeting on 5 September 2024**

**2.1 Unapproved Minutes**

The Minutes of the meeting held on 5 September 2024 were approved as an accurate record.

**2.2 Action Log**

Morag Brown advised that one action continued to be developed with a timeline of March 2025 and the other had been closed.

 The Committee approved the Action Log.

**2.3 Matters Arising**

There were no matters arising.

**3 Safe**

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

Joe Hands introduced the Adverse Events/Significant Adverse Events (SAER) Update and advised there were eleven ongoing Significant Adverse Events. The Committee noted that this was slightly above the level of capacity within the system and was advised that this was due to various factors such as competing priorities and complex cases. However the two main areas of concern were around the time taken from the SAER being commissioned to the panel meeting and the time between the Chair and panel receiving the draft report to the presentation of the final report.

Joe Hands reported there were three events under assessment for Significant Adverse Events and an additional reporting column had been included to note the total of new SAERs opened during the reporting month.

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 90 open SAER actions, 26 of these were more than six months overdue and 8 were between three and six months overdue. It was noted that in September 2024 there were 14 actions closed and an additional 10 were added.

The Committee received an overview of the escalation process for longer term SAER actions and noted a framework was being developed to further streamline the process.

The Committee welcomed the ongoing work on the overdue actions whilst acknowledging that eight digital risks would be closed. The Committee was pleased to note the work identified to reduce delays and improve commissioning of SAERS and looked forward to receiving the new formatted report at the next Committee cycle.

Anne Marie Cavanagh advised that the progress of SAERs was regularly reviewed by Executive Leadership Team and provided assurance that both triumvirate Divisions continued to be involved.

The Committee commended the Clinical Governance and Clinical teams involved for their direct approach in communications, engagement and ensuring an improved process.

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

**3.2** **Strategic Risk Register**

The Committee reviewed and approved the updated Strategic Risk Register and was assured by the deep dive undertaken regarding Healthcare Associated Infection (HAI) including risks and controls, foreseeable risks and additional controls. The Committee noted the deep dive assessment tool and the mitigations in place. Agreement was made that there would be benefit to incorporating reference to Covid within the infection control and respiratory section of the report.

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| **Action No.** | **Action** | **Lead**  | **Deadline** |
| CCG241107/01 | **Strategic Risk Register** – include reference to Covid within the infection control and respiratory section of the report.  | Mark MacGregor/ Anne Marie Cavanagh | 06/03/2024 |

The Committee approved the Strategic Risk Register.

**3.3 Safe Staffing – Six Monthly Update**

The Committee noted the Safe Staffing Six Monthly Update and celebrated the work undertaken to progress the duties for the Health and Care (Staffing) (Scotland) Act which came into effect on 1 April 2024 and would become business as usual by April 2025.

The Committee recognised the very tight timescales for the Annual Report 2024/25 to be collated and submitted to Scottish Government by 30 April 2025 and noted the challenges with the Duty to ensure adequate time was given to clinical leads; the NHS Golden Jubilee positon for which was limited to 45%.

Mark MacGregor updated that engagement was ongoing with NHS Health Improvement Scotland to consider a redesign of the reporting template to enable easier and less timeous completion.

The Committee thanked colleagues for the work undertaken to date to facilitate and support safe staffing.

The Committee noted the Safe Staffing – Six Monthly Update.

1. **Effective**

**4.1 Integrated Performance Report**

Anne Marie Cavanagh presented the Clinical Governance section of the Integrated Performance Report (IPR) highlighting the salient points.

In July 2024 a total of 10 complaints were reported with six at Stage One and four at Stage Two. With the exception of one, the Stage One complaints were investigated and responded to within the five working day timescale. 25% of the Stage Two complaints were responded to within the twenty day timescale.

The Committee was advised there were no new Significant Adverse Events Reviews commissioned in August 2024. There had been a total of 12 deaths in August 2024 and nine in July 2024. No Whistleblowing Concerns had been reported during the period.

The Committee received the Health Associated Infection Reporting Template (HAIRT) Report and noted there had been no activity in the reporting period. There was one Surgical Site Infection reported in August (unconfirmed) in Cardiac Surgery with no incidence in Orthopaedic surgery in August or July 2024.

The Staff Vaccination programme for Flu and Covid was underway.

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

**4.2 Revised Key Performance Indicators for Clinical Governance Committee**

Carole Anderson presented the Revised Key Performance Indicators for Clinical Governance Committee.

Although presented for awareness, a suite of detailed KPIs was approved for submission to future Clinical Governance Committee meetings with a summarised suite for Board to provide assurance that the KPIs would be contained within the core Clinical Governance agenda to ensure continued effective due diligence.

The Committee approved the Revised Key Performance Indicators for Clinical Governance Committee.

**4.3 Clinical Governance Risk Management Group Update**

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

The key points of note related to activity from CGRMG meetings included five policies and guidelines and two Significant Adverse Events Reports had been approved.

Joe Hands advised the following reports were received at CGRMG and would be presented to Clinical Governance Committee as individual agenda items: Service Reports, Projects, Risk and Resilience, Effectiveness and Other.

The Committee noted the Clinical Governance and Risk Management Group Terms of Reference were under review.

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

**4.4 Clinical Department Update**

**Orthopaedic**

The Committee welcomed the Clinical Department: Orthopaedic Update presented by Findlay Welsh, Consultant Orthopaedic Surgeon and recognised the significant growth of the department and vigilance in maintaining an effective service whilst embedding in a new workforce. The Committee commended the reduced stays, benefits of using recliner chairs and the increased Physiotherapy service provision from 8am to 8pm. The Committee discussed the issues being experienced by the department and recognised the challenging eHealth environment whilst longer term solutions were being developed.

The Committee noted that work would be undertaken to resolve operational challenges within X-Ray Department to ensure improvements for patients recognising the challenges placed on Radiology and clinical colleagues for short stay patients.

The Committee noted the large expansion of the Orthopaedic department and commended the work on maintaining infection vigilance, increased patient satisfaction and shorter stays.

The Committee noted the Clinical Department Update.

**4.5 Medication Reconciliation**

Mark MacGregor provided an update on Medication Reconciliation work across NHS Golden Jubilee and highlighted the progress on the programme of work and next steps.

The Committee noted that Medication Reconciliation was defined as a process that a healthcare team undertook to ensure that the list of medication, both prescribed and over the counter, that a patient was taking was exactly the same as the list the healthcare team had.

Mark MacGregor explained that Medication Reconciliation had a combination of four processes including: accurate drug history taken from two different sources, one of which must always be the patient; patients have a safe and accurate transcription of clinical appropriate medicines on an in-patient prescription chart; there was a documented medicines plan for each medicine and a medicines reconciliation form must be signed.

Medication Reconciliation was captured on the Scottish Patient Safety Programme spreadsheets and data collection measures had improved with identified staff collecting data within ward and clinical areas.

The Committee was assured of the improvement plans for data collection whilst recognising the challenges for the work.

The Committee noted the Medicines Reconciliation.

**4.6 NHS 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 Q2 Performance Report.

The Committee was advised eight projects were approved in the period against a target of ten and noted the key highlights of each.

The Committee discussed the clear controls and processes in place to manage each project and commended the volume of projects and income generated to date.

The Committee approved the NHS Golden Jubilee Research Institute Quarter Two Performance Report

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

Carole Anderson presented the Blueprint for Good Governance Improvement Plan 2024/25.

The Committee was advised a review of Key Performance Indicators for each Governance Committee had been undertaken with Executive Leads and was submitted for discussion at the October Board Seminar. The review was progressing well and would be completed within the next reporting period.

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

**5 Person Centred**

**5.1 Whistleblowing Q2 Report**

 Anne Marie Cavanagh informed the Committee that there had been no Whistleblowing Concerns raised during the period 1 July to 30 September 2024 (Quarter Two).

The Committee were advised the first Whistleblowing Oversight Group recently held their first meeting and welcomed the level of interest generated from staff during the recent Speak Up Week. Callum Blackburn explained that staff had completed a survey on their knowledge of Whistleblowing. The results of this survey would be published within the Quarter 3 Report.

Morag Brown praised the support provided to raise the Whistleblowing profile across the organisation.

 The Committee approved the Whistleblowing Q2 Report.

**5.2 Feedback Report Quarter 2**

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

The number of formal complaints had increased 52% from the same quarter the previous year, and there had been a 37.5% decrease from the previous quarter. During Quarter Two 10 complaints were not upheld, six complaints were upheld, two were partially upheld, two had no consent obtained and one was time barred.

The Committee noted the timelines for responses remained challenging in terms of completing investigations for Executive level sign off as multiple queries were raised on draft responses. A recent workshop focussed on three key areas for improvement with an action plan developed to take forward recommendations. The key areas of focus for the workshop included gap identification related to Model Complaints Handling Process; review of Suggested Investigation template and Investigation Follow Up and Opportunities to Learn.

The Committee welcomed the high number of compliments received from patients and noted 81 were received during Quarter Two and shared with the relevant clinical teams. There had been an 8% reduction in waiting list complaints.

Morag Brown commended Joe Hands and the Clinical Governance Team for the ongoing work and improvements around this project.

The Committee approved the Feedback Report for Quarter Two.

**5.3 Information Governance Group Annual Update**

Morag Brown welcomed Sharon Stott, Head of Digital Governance and Data Protection Officer, to provide the Information Governance Group Annual Update.

Sharon Stott outlined the salient points of the report which were discussed in detail.

The Committee were advised the Board had entered its second three year audit cycle of the National Intelligence Service (NIS) Directive. Satisfactory compliance levels were required against all 427 controls within the audit framework. A compliance level of 77% was gained in 2023/24 against a baseline requirement of 60%.

Sharon Stott updated that the Public Records (Scotland) Act 2011 required to be reviewed, renewed and submitted to the Keeper of Records of Scotland every five years. However there had been a delay due to resource constraints within the Keeper’s assessment team.

The Committee was informed that the mandatory Safe Information Handling training module had an overall compliance rate from 2023/24 of 80.3% against at target of 90%. Sharon Stott advised that work continued with departments to encourage training compliance and highlighted that she was involved in the development of a Once for Scotland Cyber training module in collaboration with other NHS Health Boards, NHS National Services Scotland and NHS Education for Scotland.

Sharon Stott updated that NHS Golden Jubilee had fully adopted the available national security tools and was a pathfinder site for the adoption of OneDrive with service workshops and pilot deployments in place.

The Committee welcomed the reporting of Freedom of Information (FOI) requests and noted the themes were mainly business or political related. It was noted that digital reporting would be presented by exception at a private session of the Committee. However discussions would be held to determine the frequency of future reporting for FOI requests.

Gordon James commended Sharon Stott for her support on national information governance developments for outward focussed services such as National Elective Centre Unit and Centre for Sustainable Delivery.

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| **Action No.** | **Action** | **Lead**  | **Deadline** |
| CCG241107/02 | **Freedom of Information (FOI) Reporting**Discuss the frequency of future FOI reporting to Clinical Governance Committee  | Nicki Hamer Christine NelsonSharon Stott | 20/12/24 |

The Committee noted the Informational Governance Group Annual Report.

**5.4 Patient Story**

Clinical Governance Committee welcomed the Patient Story. This was a positive patient experience with a patient who had received lung surgery.

The Committee welcomed the patient’s feedback that having a single patient room enabled meaningful time with the family which assisted recovery and wellbeing.

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 the Heart and Lung Division.

The Committee noted their thanks to Alan Kirk, the Thoracic team and Heart, Lung and Diagnostics team for the work they continued to do for NHS Golden Jubilee patients.

Clinical Governance Committee noted the Patient Story.

**6. Issues for Update**

**6.1 Update to the Board**

* The Committee noted the Significant Adverse Events/SAER Update and welcomed the ongoing work on the overdue actions. The Committee noted the work identified to reduce delays and improve commissioning of SAERS.
* The Committee approved the Strategic Risk Register and were assured by the deep dives undertaken regarding Healthcare Associated Infection (HAI) including risks and controls, foreseeable risks and additional controls.
* The Committee noted the Safe Staffing Six Monthly Update and reflected positively on the work undertaken to progress the duties for the Health and Care (Staffing) (Scotland) Act which came into effect on 1 April 2024 and would become business as usual by April 2025.
* The Committee approved the Integrated Performance Report: Clinical Governance and HAIRT.
* The Committee approved the Revised Key Performance Indicators (KPIs) as part of the Integrated Performance Review.
* The Committee welcomed the Clinical Department: Orthopaedic Update presented by Findlay Welsh, Consultant Orthopaedic Surgeon and recognised the significant growth of the department and vigilance in maintaining an effective service whilst embedding in a new workforce. The Committee commended the reduced length of stays, benefits of using recliner chairs and the increased Physiotherapy service provision, all having a positive impact for patients.
* The Committee approved the Research Institute Quarter Two Performance Report and welcomed the progress update, commending the volume of projects and income generated to date.
* The Committee approved the Blueprint for Good Governance Improvement Plan for 2024/25.
* The Committee approved the Whistleblowing Report on organisational activity for Quarter Two and noted the level of staff interest generated during the recent Speak Up Week.
* The Committee approved the Feedback Report for Quarter Two.
* 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.

**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 6 March 2025, 14.00-16.00.