**Approved Minutes**

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

**Date: Thursday 6 March 2025, 14:00 – 16:00**

**Venue: Microsoft Teams Meeting**

**Members**

Morag Brown Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Jane Christie-FlightEmployee Director

Linda Semple Non-Executive Director

Rob Moore Non-Executive Director

**Core Attendees**

Carolynne O’Connor Director of Operations/Deputy Chief Executive

Mark MacGregor Medical Director

Anne Marie Cavanagh Director of Nursing

**In Attendance**

Carole Anderson Director of Transformation, Strategy, Planning and Performance (Item 3.3.8)

Kevin McMahon Head of Risk & Clinical Governance

Susan Douglas Scott Board Chair

Nicki Hamer Head of Corporate Governance and Board Secretary

**Apologies**

Gordon James Chief Executive

**Minutes**

Liam Hanlon Senior Corporate Administrator

**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.

The Committee welcomed Kevin McMahon in his new role as Head of Risk and Clinical Governance. In addition, Morag Brown wanted to record thanks to Joe Hands who had performed admirably as the Interim Head of Risk and Clinical Governance.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declarations of Interest**

There were no declarations of interest noted.

1. **Consent Agenda Items**

**2.1 Clinical Governance Committee (CGC) Terms of Reference 2025/26**

**2.2 Clinical Governance Committee (CGC) Work Plan 2025/26**

**2.3 Freedom of Information (FOI) Reporting**

The Chair highlighted that the items under the Consent Agenda Item were for approval unless any further discussion was required. Callum Beattie noted that he felt that more detail needed to be included in the FOI’s.

Anne Marie Cavanagh highlighted that the Work Plan should have included the Safe Staffing Updates programme and this will be included after the meeting.

The Committee approved the three Consent Agenda Items.

**3 Updates from last meeting 7 November 2024**

**3.1.1 Unapproved Minutes**

The Minutes of the meeting held on 7 November 2024 were approved as an accurate record.

**3.1.2** **Action Log**

The Chair advised that one action on the Committee action log remained outstanding.

Mark MacGregor provided a general update on the outstanding action advising that active discussions were taking place regarding National Services Division (NSD) funding. There was a drive underway to offer a more transparent service. There had also been discussion that the ownership of some costs may be transferred to local areas.

The Chair requested a more formal update be provided to the next meeting.

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| **Action No.** | **Action** | **Lead**  | **Deadline** |
| CCG250306/01 | **Action Log** – To formally update on the action ‘Consider if NSD service should be placed the strategic risk register’ action at the next meeting. | Mark MacGregor  | 08/05/2025 |

The Committee approved the Action Log.

* + 1. **Matters Arising**

There were no matters arising.

* 1. **Safe**

**3.2.1 Adverse Events/Significant Adverse Event Review (SAER) update**

Mark MacGregor advised that the Clinical Governance Team continued to have some issues and there were still a significant number of actions which remained overdue. The oldest overdue action was from November 2023, although that had recently been closed. The team now had a system in place to support the new process and Mark MacGregor agreed to meet with the Associate Medical Directors to discuss potential solutions. In addition, the new Head of Risk and Clinical Governance may also provide valuable input.

Linda Semple mentioned that in NHS Ayrshire and Arran SAERS were collated into similarly themed actions across several services, which helped to streamline the process and resulted in reduced administration.

Mark MacGregor advised that a similar approach had been undertaken, for example, actions relating to falls were given to the Falls Group.

The Chair observed that the approval process improvements appeared to have slowed again and asked if the process could be accelerated to reduce the current total of 129 SAERs awaiting final approval. Mark MacGregor agreed to discuss this further with Kevin McMahon.

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| **Action No.** | **Action** | **Lead**  | **Deadline** |
| CCG250306/02 | **Adverse Events/Significant Adverse Event Review (SAER) Update** – To discuss potential solutions on accelerating the SAER approval process  | Mark MacGregor  | 08/05/2025 |

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

**3.2.2 Strategic Risk Register**

Mark MacGregor highlighted that there had been no significant change since the previous report. Infection was a key risk and would remain a recurring item in the report. Mark MacGregor highlighted the risk regarding Labs as a concern, although this risk is acknowledged at a national level across several NHS Scotland Health Boards. The Committee noted that work continued with the supplier on providing a solution to the risk relating to blood results.

Linda Semple pointed out that, as outlined in the document, Risk S10 should not be recorded as high.

Callum Blackburn queried that the Appendix list included all actions for all Committees and Nicki Hamer advised that future report Appendices would show only the actions attributed to this Committee.

The Committee approved the Strategic Risk Register subject to the reduced change to Risk S10.

* + 1. **Health Improvement Scotland Quarter 3 Health Care Staffing Programme Report**

Anne Marie Cavanagh summarised the Q3 Health Care Staffing Report and advised that this was due to be submitted to Scottish Government as a holding report, in place of the Annual Report and that this approach was being replicated across other NHS Health Boards. The Committee noted that compliance with the duties would not change.

Anne Marie Cavanagh highlighted the update and summary on compliance within the report which detailed three key themes:

* High cost of agency usage
* Good Board governance
* The Annual Report summary

Anne Marie Cavanagh confirmed the full report would be complete for the 30 April 2025 deadline.

The Committee approved the Health Improvement Scotland Quarter 3 Health Care Staffing Programme Report.

**3.3 Effective**

**3.3.1 Performance Report**

Anne Marie Cavanagh reported that within the Clinical Governance Key Performance Indicators (KPI’s) there were two Stage One complaints and one Stage Two complaint, one of which was responded to on time. There were no SAER’s in January and this has provided some valuable time to progress older SAER’s.

Anne Marie Cavanagh advised that there had been 8 deaths in January 2025, all of which were appropriately processed through the Surgical Morbidity and Mortality process.

Anne Marie Cavanagh advised there had been no Whistleblowing concerns raised.

The Committee noted 99% compliance with hand hygiene across the site and that reporting on hand hygiene had been increased to include data from the whole organisation with a new system of capturing data on SharePoint had been implemented to facilitate this.

Anne Marie Cavanagh provided an overview of the key Healthcare Associated Infections and Surgical Site Infections. One hip arthroplasty had resulted in a deep infection, however, this had been treated appropriately with no resulting issues. The team continued to monitor these closely as best practice.

Anne Marie Cavanagh confirmed that plans to promote staff vaccinations for winter planning were underway and this had been highlighted at the recent staff information session.

Linda Semple highlighted that there had been increasing cases of E.coli reported in NHS Ayrshire and Arran, NHS Borders and NHS Highland areas and of the importance for staff to be aware of an increased risk when admitting patients from these NHS Health Boards. Anne Marie Cavanagh provided assurance that staff were aware and this was being discussed with patients on admission.

Callum Blackburn raise the timings of Committee meetings and the relevant data being presented. Nicki Hamer provided assurance that the new reporting schedule being implemented for 2025/26 would provide the relevant data.

The Committee approved the Performance Report.

**3.3.2 Clinical Governance Risk Management Group Update**

Mark MacGregor highlighted the new report format and invited feedback from the Committee.

Mark MacGregor provided an overview of the report which included reporting of four SAER’s, two of which were opened due to NHS GJ setting a high standard internally. Some learning and improvement had been highlighted from the SAER’s.

Mark MacGregor reported that Scottish Cardiac Audit Programme (SCAP) reports had been expanded to include all cardiac disease including Transcatheter Aortic Valve Implantation (TAVI) and Electrophysiology (EP), amongst others. The service had established a relationship with Public Health Scotland (PHS) to support this work. The 72 hour target on some referrals remained challenging but steps were being taken to mitigate any issues. The Committee noted the unique position of NHS GJ due to the number of referring hospitals across Scotland although this resulted in an increased burden to offset. NHS GJ had shown it could consistently produce positive results.

Mark MacGregor advised of a successful, innovative approach using Botox pre-treatment for complex hernias. This resulted in surgery running smoother and in better outcomes.

Morag Brown referred to Section 2.3 and queried if the number of feeder hospitals had contributed to the number of deaths of patients on a waiting list.

Mark MacGregor explained that not having 7 day clinical cover, impacted on the ability to meet the 72hr target. In addition, although steps had been taken to increase the number of beds, there was a required balance to providing additional beds without causing detriment to the service.

Carolynne O’Connor added that the Executive Team and Cardiologists continued to closely monitor the 72hr target through Confirm and Challenge meetings, with improvements achieved, although it had been noted that bed capacity was likely to remain a challenge for many Heath Boards across Scotland.

Mark MacGregor provided some background to the reported SAER, explaining that complex aortic surgery, a procedure not currently provided by NHS GJ, may have improved the outcome. The medical team were developing a training programme to further upskill surgeons with a view to being able to provide this in future.

 The Committee noted the Clinical Governance Risk Management Group Update.

**3.3.3 Clinical Department Update – Ophthalmology**

Mark MacGregor provided an overview of the Ophthalmology Service Update Report, highlighting that NHS GJ were the second largest provider of Cataract surgery in the UK, despite being provided by a fairly small team.

Mark MacGregor detailed the background and data reported on complications in Cataract surgery, including Pressure-to-Cornea (PCI) Rupture Rates or Capsule Rupture. NHS GJ Ophthalmology Team were comparable to the National level data.

Mark MacGregor reported that eye infection rates were typically 1 in 10,000. Although NHS GJ have examples of infection occurring, the outcomes had always been good and the team received a lot of positive feedback from patients and families.

Mark MacGregor summarised that the Ophthalmology team were a very effective and productive team who produced quality outcomes and could be considered one of the leading examples nationally.

The Chair agreed that the Ophthalmology team were a leading example of a professional and effective service and asked Mark MacGregor to pass the Committee’s compliments on to them.

The Committee noted the Ophthalmology Clinical Department Update.

**3.3.4 Clinical Effectiveness Report**

Mark MacGregor highlighted the high level of innovative work ongoing at NHS GJ which was reflected in the range of work showcased at the staff sessions.

Mark MacGregor reported that the Clinical Effectiveness Team had implemented an online live system for Clinical Policies which was based on recommendations by the National SharePoint Implementation Programme and included the ability for clinicians accessing these on work mobiles. In addition, the team planned to monitor clinical audit completion rates. The Chair complimented the work of the Clinical Effectiveness Team and asked Mark MacGregor to pass on the Committee’s compliments.

The Chair queried if there was an existing system in place to monitor ongoing actions. Mark MacGregor advised there was no system in place currently but this was being considered.

Mark MacGregor advised that HEPMA reconciliation was due to go ahead in April 2025.

Linda Semple noted that data on pressure ulcers was no longer being reported on the Patient Safety Record and asked if there had been any anecdotal evidence of pressure ulcer issues.

Mark MacGregor explained that NHS GJ were less exposed to pressure ulcers.

Anne Marie Cavanagh added that pressure ulcers could be an issue for Interventional Cardiology patients but the team closely monitored patients for this and had interventions in place for such patients.

The Committee noted the Clinical Effectiveness Update.

**3.3.5 Quarter Three Feedback Report**

Anne Marie Cavanagh provided a summary of the Quarter Three Feedback report, highlighting a decrease in Stage One complaints and an increase in Stage Two complaints. The Clinical Governance Team now planned to focus on response times.

Anne Marie Cavanagh reported that identified themes for complaints included waiting times, clinical treatment and communication. There has been an increased number of compliments received, some of which had been provided through Care Opinion. The team were considering ways to promote Care Opinion to patients.

The Committee approved the Quarter 3 Feedback report.

**3.3.6 Whistleblowing Quarter Three Report**

Anne Marie Cavanagh reported that no whistleblowing concerns had been raised and that the survey conducted during Speak Up week had provided valuable data. There had been 130 responses, which was equivalent to 5% of all NHS GJ staff. The rates of staff completing training on the Whistleblowing module on Turas had increased. Speak Up Week had been a good way to raise the profile of Whistleblowing.

Callum Blackburn thanked Nicki Hamer for conducting the survey. As NHS GJ Whistleblowing Champion, Callum Blackburn was due to provide the Cabinet Secretary with a periodical update on Whistleblowing and advised that the regular Whistleblowing meeting was due to take place the following week.

The Committee noted that there was still some work to do on increasing staff confidence regarding Whistleblowing.

The Chair noted there had been some high profile cases of Whistleblowing in the wider political scene that may have impacted the public’s perception, including having the confidence to come forward.

The Committee approved the Whistleblowing Quarter Three Report.

**3.3.7 Resilience Update**

Anne Marie Cavanagh advised that the Resilience Group had met at the end of February 2025 and the bulk of the discussion had been around the recent adverse weather event.

The Committee noted the Resilience Update

**3.3.8 Blueprint for Good Governance Implementation Plan 2024/25**

The Chair welcomed Carole Anderson to the meeting and invited her to present the Blueprint for Good Governance Implementation Plan 2024/25.

Carole Anderson informed the Committee that the end of year report had been provided with a view to closing the Blueprint for Good Governance Implementation Plan 2024/25 actions for the Clinical Governance Committee.

Carole Anderson advised of the following:

* Progress reports would be provided at the end of each year.
* Review of Key Performance Indicators (KPIs) was now a standing item within the Performance Report
* The Debrief agenda item was now fully embedded on all agendas
* Benchmarking was routinely used in Integrated Performance Reports (IPR) and would be part of the Performance Report.

Linda Semple thanked Carole Anderson and Nicki Hamer for this useful work and that closing these actions had resulted in an enhanced governance service.

The Committee approved the Blueprint for Good Corporate Governance Implementation Plan 2024/25 Update.

Carole Anderson left the meeting.

**3.3.9 Patient Story**

Clinical Governance Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving a replacement Aorta and a repair of the Mitral Valve after which they were able to return to normal life. The patient reported this as testament to the treatment they received.

The Committee agreed the video provided a thorough example of good feedback.

Mark MacGregor commented that Colin Berry, Cardiology Consultant, had recently had some published papers which included gender specific advice on cardiac symptoms as experienced by the patient featured in the Patient Story.

Linda Semple suggested highlighting this Patient Story along with some cardiac advice for women on International Women’s Day.

Anne Marie Cavanagh agreed to pass the suggestion on to the Communications team.

The Committee noted the Patient Story.

**4. Consent Agenda Items**

The Committee noted the following Consent Agenda items:

**4.1.1 Research & Development Steering Group Minutes – 11 November 2024**

**4.1.2 Drugs and Therapeutic Committee Minutes – 7 November 2024**

**5. Update to the Board**

The Committee confirmed they had no issues for escalation to the Board.

* The Committee noted the Significant Adverse Events/SAER Update and noted that although there is confidence that newly added risks are being progressed in a timeous manner, there remains an outstanding backlog of older SAERS. The new Head of Risk and Clinical Governance will expedite this.
* The Committee approved the Health Improvement Scotland Quarter 3 Health Care Staffing Programme noting this was an interim report and there was good progress in a number of areas. The Annual Report to Scottish Government will include the final quarter four information.
* The Committee approved the Performance Report and noted the hand hygiene compliance had risen to 99%.
* The Committee noted the decline in Covid and Flu vaccinations and would like to see more focus and promotion on staff vaccinations in preparation of winter planning.
* The Committee received the Clinical Department update from Ophthalmology, noting the service is the second largest provider of Cataract surgery in the UK and have consistently produced outcomes which are higher than the national average.
* The Committee approved the Whistleblowing Quarter 3 Report and noted the detailed work undertaken by a recent survey which had taken place as part of Speak Up week. The Committee thanked all involved for promoting this work.
* The Committee approved the Blueprint for Good Corporate Governance Implementation Plan 2024/25. All actions associated with the report have been completed and this has resulted in streamlined and more effective processes.
* The Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving Cardiac surgery. The Committee wanted to pass on their thanks to the Cardiac Surgical Team for the work they continue to do for NHS GJ patients.

**6. Any Other Competent Business**

No other competent business was discussed.

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

The next Clinical Governance Committee meeting would take place on Thursday 8 May 2025, 14:00-16:00.