**Approved Minutes**

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

**Date: Thursday 14 August 2025, 10:00– 12.15**

**Venue: Microsoft Teams Meeting**

**Members**

Linda Semple Non-Executive Director (Chair)

Callum Blackburn Non-Executive Director

Jane Christie-FlightEmployee Director

Rob Moore Non-Executive Director

**Core Attendees**

Anne Marie Cavanagh Executive Director of Nursing

Carolynne O’Connor Chief Executive

Mark MacGregor Executive Medical Director

**In Attendance**

Carole Anderson Executive Director of Transformation, Strategy, Planning and Performance (Item 3.3.6)

Catherine Sinclair Head of Research & Development (Item 3.3.5)

Jonny Gamble Executive Director of Finance (Item 3.2.3 and 3.4.4)

Kelly Aitken Clinical Effectiveness Manager (Item 3.3.4)

Martin Johnson Director of Scottish Pulmonary Vascular Unit (Item 3.3.3)

Nicki Hamer Head of Corporate Governance and Board Secretary

Sharon Stott Head of Digital Governance (Items 3.2.3 and 3.4.4)

Susan Douglas Scott Board Chair

**Apologies**

Morag Brown Non-Executive Director

**Minutes**

Kirsteen Hendren Senior Corporate Administrator

**1 Opening Remarks**

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

Linda Semple opened the Committee meeting by welcoming everyone and all participated in a short wellbeing pause. Linda Semple advised that due to Morag Brown being unable to attend today, she had stepped in as Chair of the Committee.

* 1. **Apologies**

Apologies were noted as above.

* 1. **Declarations of Interest**

There were no declarations of interest noted.

1. **Consent Agenda Items**

None.

**3 Updates from last meeting 8 May 2025**

**3.1.1 Unapproved Minutes**

The minutes were approved for the meeting held on 8 May 2025, although Linda Semple advised that these would need to be hypothecated at the next meeting due to there not being enough members of the Committee present at this meeting, who had been present at the meeting held on 8 May 2025.

**3.1.2** **Action Log**

Clinical Governance Committee approved the Action Log.

Action CGC/250508/03 was closed.

Action CGC2505/3.4.2 Appendix 2 of Annual Claims report to be amended to detail Received Date prior to Incident date within the Claims Report. Mark MacGregor to arrange a discussion with Kevin McMahon, prior to the next meeting.

* + 1. **Matters Arising**

There were no matters arising.

* 1. **Safe**

**3.2.1 Framework Review**

Mark MacGregor advised that a requirement to review clinical governance processes had been identified to improve timelines, processes and reporting with further information on the approach being taken being reported to the Board in October 2025.

Linda Semple commended this work and asked if there had been any improvements identified which would be implemented immediately. Mark MacGregor responded that there were ongoing improvements currently, in part arising from the complaints review discussed below.

Susan Douglas-Scott asked if this should be a national piece of work and Mark MacGregor advised that it was not ready to be shared externally, although this was a possibility in the future.

Clinical Governance Committee noted the Framework Review.

**3.2.2 Strategic Risk Register**

Mark MacGregor presented the Strategic Risk Register and advised that the only change was that the Scottish Adult Congenital Cardiology Service (SACCS) risk had been lowered as NHS GJ was only currently treating low risk patients.

Mark MacGregor advised that the SACCS External Review was expected on 22 August 2025, and that the Report was due by early October 2025.

Linda Semple stated that any changes to the Strategic Risk Register seemed acceptable if a comprehensive narrative was provided.

Callum Blackburn advised that there was a target risk but no detail of the background to the issue becoming a Risk and stated this would be helpful.

Mark MacGregor agreed to discuss this addition with Kevin McMahon.

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| **Action No.** | **Action** | **Lead** | **Deadline** |
| 14082025/1 | Discuss with Kevin McMahon the addition of narrative to explain the level of risk and some background to the issue becoming classed as a risk. | Mark MacGregor | 11 November 2025 |

Clinical Governance Committee approved the Strategic Risk Register.

3.2.3 **Public Records (Scotland) Act 2011 Progress Update Review Report**

The Chair welcomed Jonny Gamble Executive Director of Finance and Sharon Stott Head of Digital Governance to the meeting to present the Public Records (Scotland) Act 2011 Progress Update Review Report.

Sharon Stott advised that under the Public Records (Scotland) Act 2011, NHS Golden Jubilee (GJ) were required to produce a Records Management Plan every five years and provide evidence to reflect this.

The Records Management Plan had 14 elements, which were listed within the paper, 13 of which reported current compliance.

Sharon Stott advised that Element Four, Business Classification was rated as amber, due to the position of on-site storage for MS365. Sharon Stott advised that the next Five Year Plan would require to be submitted either later in 2025 or during 2026 and members would be kept up to date with this.

Clinical Governance Committee noted the Public Records (Scotland) Act 2011 Progress Update Review Report.

3.2.4 **Healthcare Staffing Report**

Anne Marie Cavanagh presented the Healthcare Staffing Report, highlighting a number of items rated green, which indicated good compliance around the duties.

Anne Marie Cavanagh advised that Duty 121H within the Report Appendix was graded as yellow and classified as a reasonable risk. This was in relation to time to manage clinical staffing resources, ensuring the right conditions, and that clinical leaders were not caught up solely in hands on service delivery, but were receiving appropriate time to manage staffing.

Linda Semple asked if senior clinical staff were being asked to carry out more non clinical duties. Anne Marie Cavanagh advised that this was incorporated into non clinical time and was challenging at times and the Safe Staffing Legislation was relative to 13 of our Professions.

Clinical Governance Committee approved the Healthcare Staffing Report.

3.2.5 **Complaints Handling Improvement Project**

Anne Marie Cavanagh presented the Complaints Handling improvement Project update, stating that there had been a low percentage of complaints that had been investigated and answered within the required timescales of 20 days around Stage Two complaints. Following analysis of the present complaints management process, it had been proposed that a new process was written up as per the recommendations in the Report and once this had been approved, it would be included in the Framework discussed earlier in the meeting. There would be more engagement with staff around Complaints and for each complaint, a primary investigator would be identified to take the complaint forward to conclusion.

Anne Marie Cavanagh advised that an external training provider was being contracted to provide education and training for staff around complaints.

Clinical Governance Committee noted the Complaints Handling Improvement Project.

**3.3 Effective**

**3.3.1 Integrated Performance Report- Clinical Governance**

Anne Marie Cavanagh advised that Key Performance Indicator (KPI) update slides within the Report showed the Indicators across both Stage One and Stage Two complaints. It was expected that by next year there would be a marked improvement, in line with the changes being implemented via the Complaints Handling Project.

Mark MacGregor advised that the figures were based around the response timings and not the quality of the response. Linda Semple advised that it would be helpful to have a narrative around this added to the Report.

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| **Action No.** | **Action** | **Lead** | **Deadline** |
| 14082025/2 | Discuss with Kevin McMahon to include narrative within the Complaints Report stating that the KPI’s are reported on the timeline of how long it takes to respond to complaints and not the quality of the responses. | Mark MacGregor | 11 November 2025 |

Clinical Governance Committee approved the Integrated Performance Report-Clinical Governance.

**3.3.2 Clinical Governance Risk Management Group Update**

Mark MacGregor presented the update from the Clinical Governance Risk Management Group (CGRMG) and highlighted an issue within the Significant Adverse Event Reporting (SAER) report that had occurred when the Transplant Team had been unable to retrieve a heart. This had been attributed to a lack of doctors being available due to sickness, vacancies and one doctor that had been up all night carrying out a retrieval. With this in mind, the Team had taken the decision to turn down the heart, due to both organ quality and time factors.

Mark MacGregor provided assurance that the patient who would have received this heart had now had a transplant and was doing well. Mark MacGregor advised that a Retrieval Specialist had been appointed and was currently training doctors and that two further Doctors would be recruited to expand the current team of Specialist Doctors.

Mark MacGregor advised that management had not been made aware of the situation around the heart and confirmed that processes were now in place to ensure if a similar situation arises in the future, this would be escalated appropriately.

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

**3.3.3 Clinical Department Update – Scottish Pulmonary Vascular Unit**

The Chair welcomed Martin Johnson, Director of Scottish Pulmonary Vascular Unit to the meeting to provide an overview of the Scottish Pulmonary Vascular Unit. Martin Johnson presented the update to the Committee and explained that survival rates were improving, although there was still room for improvement around waiting times for this service.

The Committee acknowledged that this was a less well known service and that it was good to see that the number of referrals were increasing, although there remained challenges around General Practitioners being able to diagnose and refer through the Service.

The Committee thanked Martin Johnson for providing the update.

Clinical Governance Committee noted the Clinical Department Update on Scottish Pulmonary Vascular Unit.

**3.3.4 Clinical Effectiveness Report**

The Chair welcomed Kelly Aitken, Clinical Effectiveness Manager to the meeting to present the Clinical Effectiveness Report.

Kelly Aitken advised that the paper referred to new medicine development by Health Improvement Scotland and advised that this was now moving to the next phase to discuss medications and areas of focus for the new programme.

It was noted that falls were now lower that the National rates and that work around pressure ulcers and targeted improvement work was ongoing.

Kelly Aitken advised that mortality rates were now two data points above the expected rate and advised that there was a review of elective deaths being carried out with the aim that this would be presented to CGRMG in August 2025 and thereafter presented to Clinical Governance Committee for approval.

Linda Semple asked if the increase in pressures ulcers was due to late presentation, with patients being admitted later. The Committee noted that there had been a higher number of frailer patients being admitted to NHS GJ which was contributing to the rise in pressure ulcers. Kelly Aitken advised that a Group had been established who were looking at whether pressure ulcers were unavoidable.

Clinical Governance Committee noted the Clinical Effectiveness Report.

**3.3.5 Golden Jubilee Research Institute Work Plan Update**

The Chair welcomed Catherine Sinclair, Head of Research and Development to the meeting to present the Golden Jubilee Research Institute (GJRI) Work Plan Update.

Catherine Sinclair advised that the Biorepository Project was to establish a flow through biorepository to support research by collecting and using biological samples. Catherine Sinclair advised that there was currently no funding in place and although this was classed as a risk, meetings were taking place to rectify this.

Mark MacGregor advised that University of Glasgow was interested in potentially partnering on this and this avenue was being explored with them.

The Committee noted that a charging mechanism needed to be developed and it was hoped that the Project would be self-funding.

Callum Blackburn asked where this project would be housed. Catherine Sinclair advised that there was no current infrastructure but this was being discussed.

Clinical Governance Committee noted the Golden Jubilee Research Institute Work Plan Update.

**3.3.6 Corporate Objectives 2025/26**

The Chair welcomed Carole Anderson, Executive Director of Transformation, Strategy, Planning and Performance to the meeting. Carole Anderson advised that the new Corporate Objectives had been developed around four areas which were consistent with those across a range of NHS Health Boards. The Corporate Objectives would have NHS GJ mission and values embedded in them. Carole Anderson advised that the Objectives would be very specific across all departments and would align with Key Performance Indicators (KPI’s) within the Assurance Framework.

Susan Douglas-Scott passed on her thanks to the Team for the work in producing a very clear set of objectives.

Clinical Governance Committee approved the Corporate Objectives 2025/26.

**3.4 Person Centred**

**3.3.1 Whistleblowing Quarter One Report**

Anne Marie Cavanagh presented the Whistleblowing Quarter One Report and advised that there had been no Whistleblowing Concerns to report. It was noted that information would be circulated for ‘Speak Up’ week being held in September 2025. Callum Blackburn advised that he had met with the Cabinet Secretary and that the feedback received from the recent submission did not highlight any actions not already being carried out.

Clinical Governance Committee approved the Whistleblowing Quarter One Report.

**3.4.2 Feedback Report Quarter One**

Anne Marie Cavanagh presented the Feedback Report for Quarter One, advising that the numbers around themes had remained consistent. Some improvement work had been carried out with patients to ensure a better understanding of the waiting list procedure.

Anne Marie Cavanagh advised that some work was planned around complaints about staff attitudes.

Anne Marie highlighted that there had been a high number of compliments from both patients and families.

Susan Douglas-Scott advised that the appreciation of staff was made evident during walkrounds and acknowledged this fitted well with the Kindness Matters Programme.

Clinical Governance Committee approved the Feedback report Quarter One.

**3.4.3 Annual Learning Summary**

Anne Marie Cavanagh presented the Annual Learning Summary and advised adverse events had increased throughout the learning period. It was noted that a Gantt chart was being introduced to track progress. As described earlier in the meeting, this work would be included in the new Framework to allow a refresh of the system with emphasis on education and training.

Clinical Governance Committee noted the Annual Learning Summary.

**3.4.4 Digital Governance Annual Update 2024/25**

The Chair welcomed Sharon Stott to the meeting to present the Digital Governance Annual Update for 2024/25.

Sharon Stott advised that there had been a total of 43 Datix incidents reported during 2024/25 but none of these had been categorised as high. These had been dealt with on a case by case basis and discussed with all relevant managers.

Sharon Stott highlighted that the number of Freedom of Information requests had impacted responses and processes were currently being reviewed to support a reduction in the process. It was noted that there had been a positive increase in the number of responses meeting the timeline.

Sharon Stott advised that NHS GJ continued to be a strongly performing Board with an overall compliance of 91% with an aim to further improve this figure.

Clinical Governance Committee noted the Digital Governance Annual Update 2024/25.

**3.4.5 Patient Story**

The Chair welcomed the Patient Story which was a positive patient experience with the Patient receiving a Valve Replacement.

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

Clinical Governance Committee noted the Patient Story.

**4. Consent Agenda Items**

The Committee noted the following Consent Agenda items:

**4.1 Organ Donation Committee Minutes – May 2025**

**4.2 Drugs and Therapeutics Committee Minutes – June 2025**

**4.3 Research and Development Steering Group Minutes – April 2025**

**4.4 Resilience Update**

**5. Update to the Board**

* The Committee approved the Strategic Risk Register.
* The Committee received a clear and comprehensive item around the Clinical Governance Framework Review which contained information on investing in staff learning and improving some of our processes.
* The Committee received the Public Records (Scotland) Act 2011 Progress Update and advised that the organisation was currently compliant with 13 out of the 14 assessment elements.
* The Committee approved the Healthcare Staffing Quarter 1 Report.
* The Committee noted the proposed new approach to the Complaints Handling process and welcomed the improvement plans being put in place.
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* The Committee approved the Integrated Performance Report.
* The Committee received a comprehensive presentation from Martin Johnson, Director of Scottish Pulmonary Vascular Unit, on the Service provision and how patients were assessed and treated.
* The Committee approved the Corporate Objectives for 2025/26.
* The Committee approved the Whistleblowing Quarter 1 Report.
* The Committee approved the Feedback Quarter 1 Report.
* The Committee received the Digital Governance Annual Update for 2024/25 and was advised that Key Performance Indicators for Digital Governance were sitting at 91%. The Committee noted that this was a very positive update from the Digital Governance Team.
* The Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving a Valve Replacement.

**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 Tuesday 11 November 2025, 10:00-12.00.