

Approved Minutes

Meeting: NHS Golden Jubilee Clinical Governance Committee
Date: Tuesday 11 November 2025, 10:00–12.15
Venue: Microsoft Teams Meeting

Members

Linda Semple	Non-Executive Director (Chair)
Jane Christie-Flight	Employee Director
Lindsay MacDonald	Non-Executive 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

Colette Dryden	Depute Head of Risk and Clinical Governance
Kevin McMahon	Head of Risk and Clinical Governance
Mohammed Asif	Consultant Thoracic Surgeon (Item 3.3.4)
Nicki Hamer	Head of Corporate Governance and Board Secretary
Stuart Burnside	Incoming Employee Director

Apologies

Callum Blackburn	Non-Executive Director
Lynne Ayton	Executive Director of Operations
Susan Douglas Scott	Board Chair

Observer

Mhairi Wylie	Aspiring Chairs Programme
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Minutes

Kirsteen Hendren	Senior Corporate Administrator
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1 Opening Remarks

1.1 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 this was her first meeting as the new Chair of Clinical Governance Committee and wanted to record her thanks and praise to Morag Brown, whose contributions over the past years had advanced the Committee's maturity and effectiveness.

Linda Semple welcomed Lindsay MacDonald to his first meeting and highlighted the importance of having the Chair of Audit and Risk Committee involved for better triangulation of discussions.

Linda Semple reminded the Committee about the significance of Remembrance Day and the organisation's support for veterans, proposing a minute of silence at 11am.

1.2 Apologies

Apologies were noted as above.

1.3 Declarations of Interest

There were no declarations of interest noted.

2 Consent Agenda Items

There were no consent agenda items to approve.

3 Updates from last meeting 14 August 2025

3.1.1 Unapproved Minutes

The minutes were approved for the meeting held on 14 August 2025.

3.1.2 Action Log

Clinical Governance Committee approved the Action Log.

3.1.3 Matters Arising

There were no matters arising.

3.2 Safe

3.2.1 Adverse Events/Significant Adverse Event Report (SAER) Update

Kevin McMahon presented the Adverse Events/SAER update for awareness, noting a reduction in open actions and emphasised the importance of balancing compliance with improving patient safety and experience.

Linda Semple acknowledged the significant progress made in reducing open actions from 132 to 98 but expressed ongoing concerns regarding DW-13322 from 2021 and DW-13598 from 2023.

Mark MacGregor advised that DW-13322 had been managed appropriately and had only become a Significant Adverse Event following a Scottish Public Services

Ombudsman (SPSO) enquiry in April 2025. With regard to DW-13598, Mark MacGregor noted unfamiliarity with the case and advised that he would investigate this further.

Carolynne O'Connor emphasised that questions regarding SAER's should remain a central focus for this Committee and if any significant issues arose, they would be addressed through the Clinical Governance Committee.

Clinical Governance Committee noted the Adverse Events/SAER Update

Action No.	Action	Lead	Deadline
111125/1	Provide a specific update on the two outstanding SAERs (DW-13598 and DW-13322), ensuring no patient identifiable information was included.	Mark MacGregor	12 February 2026

3.2.2 Strategic Risk Register

Kevin McMahon presented the Strategic Risk Register for approval highlighting the importance of clear escalation and de-escalation processes and the need to distinguish between clinical strategic risks and operational risks.

Linda Semple was assured in the management of both the clinical strategic risks and operational risks but requested assurance on how the strategic risks were defined. Kevin McMahon advised that Clinical Governance Risk Management Group were reviewing how strategic risks were integrated into the Committee's work and that the Clinical Governance Framework was currently being revised. Linda Semple also emphasised the importance of the Non-Executive Members in providing assurance to the Board regarding clinical risks.

Clinical Governance Committee noted the Strategic Risk Register.

3.2.3 Health and Care Staffing Quarter Two Report

Anne Marie Cavanagh presented the Health and Care Staffing Quarter Two report for approval and highlighted page 2 of the paper that described the changes achieved since Quarter One and it had been noted that Pharmacy had appointed two senior staff to manage monthly and daily rotas and that senior staff monitored and logged any issues raised by staff. It was noted that Cardiac Surgical Care Practitioners had established a new system for recording escalations of risk.

Anne Marie Cavanagh advised that once the Report had been approved by Committee, it would be submitted to Healthcare Improvement Scotland (HIS).

Clinical Governance Committee approved the Health and Care Staffing Quarter Two Report.

3.3 Effective

3.3.1 Performance Report

Anne Marie Cavanagh presented the Performance Report and advised that 100% was being achieved for Stage 1 Complaint responses but Stage 2 Complaints response rates required ongoing efforts to improve.

Clinical Governance Committee approved the Performance Report.

3.3.2 Health Associated Infection Reporting Template (HAIRT) Report

Anne Marie Cavanagh presented the HAIRT report and highlighted that the Communications Team would be doing some work around highlighting hand hygiene. The winter vaccination programme was well under way and currently over 300 staff had been vaccinated.

On 2 September 2025 there had been an unannounced follow up visit to the Safe Delivery of Care Acute Inspection, which had been very positive and no subsequent environmental or infection control actions had been raised. The report and action plan would be published on the HIS website on Wednesday 5 November 2025.

Linda Semple raised that in relation to Clostridium Difficile Infection (CDiff) and how the organisation received patients into the hospital, should there be concern around the rise in CDiff cases. Anne Marie Cavanagh advised that for each case of CDiff, forensic investigation took place and as there had been no transmission between patients to date, antibiotic history was being looked at.

Mark MacGregor advised that there had been rises in cases in other Health Boards and that it was thought that there had been a change in organism and that as a Microbiologist was now in post, this would provide good insight into why this was happening.

Clinical Governance Committee approved the Health Associated Infection Reporting Template Report.

3.3.3 Clinical Governance Risk Management Group Update

Kevin McMahon presented the Clinical Governance Risk Management Group update and highlighted on significant adverse event raised at the meeting in relation to the death of a transplant patient.

There has been a focus on improvement in relation to Significant Adverse Event Review actions and it was noted that no themes had been identified.

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

3.3.4 Clinical Department Update - Thoracic

The Chair welcomed Mohammed Asif, Consultant Thoracic Surgeon, to the meeting to provide an overview of the Thoracic Department.

Mohammed Asif highlighted that there have been 474 lung dissections carried out and that outcomes had been good.

Mohammed Asif also highlighted that there had been no Stage One or Stage Two complaints received in the department for the year to date, that there had been no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA), CDiff or Escherichia coli (e-coli) and no pressure ulcers for over a year.

Mohammed Asif highlighted areas around NHS Green Healthcare Scotland, digital dermatology and Artificial Intelligence (AI) Assisted Endoscopy

The Committee thanked Mohammed Asif for his presentation and acknowledged the success of the unit and the potential impact of lung cancer screening.

Clinical Governance Committee noted the Clinical Department Update for the Thoracic Service.

3.3.5 Golden Jubilee Research Institute Mid-Year Report

Mark MacGregor presented an update on the Golden Jubilee Research Institute (GJRI) Mid-Year Report, noting the strong financial performance with a slight drop in patient recruitment but that this reflective the type of trials being carried out. Mark McGregor advised that Andy Steel, a Lay Member was very active within GJRI who was currently developing an AI-generated synthetic patient.

The Report highlighted low sickness/absence rates within GJRI and high Mandatory Training compliance.

Clinical Governance Committee approved the Golden Jubilee Research Institute Mid-Year Report.

3.4 Person Centred

3.4.1 Whistleblowing Quarter Two Report

Anne Marie Cavanagh presented the Whistleblowing Quarter Two report and advised that there had been no Whistleblowing concerns reported during the reported period.

NHS GJ recently took part in Speak Up Week and the object of this was to increase staff awareness of the Whistleblowing process and the TURAS training modules available to staff and managers.

Nicki Hamer advised that the next quarter report would highlight the outcome of the staff survey undertaken during Speak Up Week.

Carolynne O'Connor stated that Whistleblowing linked in well with Kindness Matters and iMatter and advised that she would speak with Laura Smith outwith the meeting to see the best way to triangulate these.

Clinical Governance Committee approved the Whistleblowing Quarter Two Report.

3.4.2 Feedback Report Quarter Two

Kevin McMahon presented the Quarter Two Feedback Report and advised that there had been 16 Stage 1 Complaints and 9 Stage 2 Complaints. It was noted that timelines for responses continued to remain challenging in terms of completing investigation findings, particularly for more complex cases.

It was noted that there continued to be a high number of compliments received with 49 compliments logged during this period.

Kevin McMahon provided the following updates in relation to the Scottish Public Services Ombudsman (SPSO) complaints highlighted in the report:

- ID3517 - this was in relation to a Significant Adverse Event
- ID 3806 - information had been requested by SPSO and it had been confirmed that they were happy with the information provided.
- ID 3437 - Clinical Governance Team were still engaging with the SPSO regarding this complaint

Clinical Governance Committee approved the Feedback Quarter Two report.

3.4.3 Resilience Update

Anne Marie Cavanagh presented the Resilience Update noting that the Business Continuity Plan template would be enhanced to include key suppliers, stakeholders and incorporating lessons learned from recent incidents.

It was noted that funding has been approved for Incident Management Training.

Anne Marie Cavanagh advised that in response to the recent disruptive events affecting eHealth, a new framework would be introduced which would build on previous change management initiatives and would be aligned with existing frameworks.

The Committee was assured of the organisation's preparedness for incident management.

Clinical Governance Committee noted the Resilience Update.

3.4.5 Patient Story

The Committee welcomed the Patient Story which showcased a positive patient experience from a patient who underwent a knee replacement.

The Committee valued the detailed account of the patient's journey and the video served as an excellent example of constructive feedback from a patient who had received care outside their local Health Board.

Clinical Governance Committee noted the Patient Story.

4. Consent Agenda Items

The Committee noted the following Consent Agenda items:

4.1 Organ Donation Annual Report

- Organ Donation Summary Report
- Organ Donation Letter

5. Update to the Board

Item	Details
Safe	<p>The Committee approved the Strategic Risk Register noting the ongoing focus on aligning strategic and operational risks.</p> <p>The Committee received the Significant Adverse Events (SAEs) Update that highlighted a reduction in open actions and emphasized the importance of balancing compliance with patient safety improvements. The Committee asked for a further update on two long outstanding SAEs at the next meeting.</p> <p>The Committee approved the Health and Care Staffing Quarter 2 Report.</p>
Effective	<p>The Committee approved the Performance Report.</p> <p>The Committee approved the Healthcare Acquired Infection Report update.</p> <p>The Committee welcomed a comprehensive presentation from Mo Asif, Consultant Thoracic Surgeon, on the service provision for Thoracic care. The Committee received detailed insights on how patients were assessed and treated. The Committee commended the DOSA rates, the results received with robotic surgeries and the proactive handling of HDU utilisation through the operational route.</p> <p>The Committee approved the Research Institute Mid-Year Performance Report and welcomed the progress update, commending the volume of projects and income generated to date.</p>

Item	Details
Person Centred	<p>The Committee approved the Whistleblowing Quarter 2 Report.</p> <p>The Committee approved the Feedback Quarter 2 Report.</p> <p>The Committee welcomed the Patient Story. This was a positive patient experience with the patient receiving a Total Knee Replacement.</p>

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 12 February 2026.