

Approved Minutes

Meeting: NHS Golden Jubilee Clinical Governance Committee
Date: Thursday 12 February 2026, 10:00–12.15
Venue: Microsoft Teams Meeting

Members

Linda Semple	Non-Executive Director (Chair)
Callum Blackburn	Non-Executive Director
Lindsay MacDonald	Non-Executive Director
Rob Moore	Non-Executive Director
Steve Plummer	Non-Executive Director
Stuart Burnside	Employee Director

Core Attendees

Anne Marie Cavanagh	Executive Director of Nursing
Carolynne O'Connor	Chief Executive
Lynne Ayton	Executive Director of Operations
Mark MacGregor	Executive Medical Director

In Attendance

Eleanor Lang	Associate Nurse Director (Education and Professional Development (item 3.2.4))
Kevin McMahon	Head of Risk and Clinical Governance
Nicki Hamer	Head of Corporate Governance and Board Secretary

Minutes

Kirsteen Hendren	Senior Corporate Administrator
------------------	--------------------------------

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.

1.2 Apologies

Apologies were noted as above.

1.3 Declarations of Interest

There were no declarations of interest noted.

2 Consent Agenda Items

2.1 Clinical Governance Committee Terms of Reference 2026/27

Callum Blackburn noted that there was a typo in item 2.3 cover paper which should read “no” instead of “noi” and again at 2.3.5 which should read “place” instead of “pace”.

Clinical Governance Committee approved the Terms of Reference 2026/27 subject to the above amendments.

2.2 Clinical Governance Committee Work Plan 2026/27

Clinical Governance Committee approved the Clinical Governance Workplan 2026/27.

3 Updates from last meeting 11 November 2025

3.1.1 Unapproved Minutes

The minutes were approved for the meeting held on 11 November 2025.

3.1.2 Action Log

Clinical Governance Committee approved and closed the Action Log as the one outstanding action was covered on the agenda.

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 approval. It was noted that there were 7 ongoing Significant Adverse Event Reports (SAER) which were at various stages, three of which were due to be approved in February 2026.

Kevin McMahon highlighted that SAER DW-13322 had a lengthy timescale due to this originally being a complaint that went to the SPSO which resulted in this becoming a SAER.

It was noted that SAERs were being processed and completed more quickly, and that a significant number had been closed in 2025.

Clinical Governance Committee Approved the Adverse Events/SAER Update.

3.2.2 Strategic Risk Register

Kevin McMahon presented the Strategic Risk Register for approval highlighting that the SACCs risks were being reviewed. There had been a risk around endoscopy, which had been escalated as the national reporting system for endoscopy reached end of support and if the system crashed there would be no reporting tool for this vital need.

Mark MacGregor advised that there had been no update on endoscopy and that there were broader IT issues.

Carolynne O'Connor highlighted that Board Chief Executives were pushing for a solution and advised that a meeting had been requested to discuss this matter further.

Discussion took place around the slight increase in levels of Clostridioides Difficile (C'Diff) and the Committee took assurance that that this did not represent a significant risk.

Clinical Governance Committee approved the Strategic Risk Register.

3.2.3 Health and Care Staffing Quarter Three Report

Anne Marie Cavanagh presented the Health and Care Staffing Quarter Three report for awareness.

Anne Marie Cavanagh highlighted the changes from Quarter Two outlined on page two of the report. She advised that the level of assurance was detailed within the Appendix and that senior clinical leaders were being supported to further understand their responsibilities. It was noted that a quarterly questionnaire was being issued to Clinical Leads, with a subsequent report produced. Linda Semple asked whether Artificial Intelligence (AI) support could be used to reduce the reporting burden. It was agreed that this could be explored once the questionnaire process was more established.

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

3.2.4 Health and Care (Staffing) (Act) 2019 NHSGJ Annual Report 2025

The Chair welcomed Eleanor Lang, Associate Nurse Director who presented the Health and Care (Staffing) (Act) Annual Report.

Eleanor Lang advised that NHS Golden Jubilee was required to report on compliance with the duties under the Health and Care (Staffing) (Act) 2019 on a quarterly basis. She noted that each of the quarterly reports, informing the annual report, had been presented to the Clinical Governance Committee. The report outlined progress made to date, highlighted the ongoing challenges in achieving full compliance with all the duties and noted the number of clinical professions submitting returns that demonstrated actions being taken to support compliance.

Clinical Governance Committee noted Health and Care (Staffing) (Act) 2019 NHSGJ Annual Report 2025 and onward submission to NHS GJ Board for approval prior to publication.

3.2.5 Healthcare Improvement Scotland Inspection

Anne Marie Cavanagh presented the Healthcare Improvement Scotland (HIS) Inspection for awareness.

Anne Marie Cavanagh advised that HIS carried out an unannounced return visit in September 2025 to review progress against actions from the previous inspection. Anne Marie Cavanagh advised that good progress had been made in relation to documentation, with the only outstanding action relating to the general maintenance of the wards and ward areas. HIS were content that these works would continue on an ongoing basis.

Clinical Governance Committee noted the Healthcare Improvement Scotland Inspection Update.

3.3 Effective

3.3.1 Performance Report

Anne Marie Cavanagh presented the Performance Report for approval and advised that there were no complaints recorded within the reporting timeline. She noted that a verbal update on the Complaints Improvement Plan would be provided later in the meeting.

Clinical Governance Committee approved the Performance Report.

3.3.2 Health Associated Infection Reporting Template (HAIRT) Report

Anne Marie Cavanagh presented the HAIRT report for approval, highlighting an increase in *Clostridioides Difficile* cases during the reporting period. She advised that no patient-to-patient transmission or commonalities noted.

Continued good hand hygiene by staff, patients and visitors was noted which was key to preventing the spread of infection.

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 for awareness and highlighted that there had been three standard and one Extraordinary Clinical Governance Risk Management Groups in 2025.

Mark MacGregor highlighted that SAER 11930 which was a Complex Abdominal Wall Surgery and was a new service within the Health Board. This had been complex due to a recurring hernia and there had been extensive discussions with the patient. The patient was high risk and had made a conscious decision to go ahead with the procedure.

Lindsay Macdonald asked if a breach of policy had been identified and if the policies therefore required updating. Mark MacGregor provided assurance that if required, updates to policies would be carried out. Kevin McMahon advised that there was a robust process in place for any out of date policies, which included a renewal date.

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

3.3.4 Clinical Department Update - Thoracic

Nicki Hamer advised that due to prior commitments of those scheduled to present an update, there would not be a Clinical Department update provided at the meeting.

3.3.5 Clinical Effectiveness Report

Kevin McMahon presented the Clinical Effectiveness Report for awareness and highlighted that safe mobilisation was being looked at and that a model required to be adapted for the Diabetes pathway and that discussions to this effect were underway with Healthcare Improvement Scotland.

Clinical Governance Committee noted the Clinical Effectiveness Report.

3.4 Person Centred

3.4.1 Whistleblowing Quarter Three Report

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

Anne Marie Cavanagh advised that staff training was ongoing and that modules were available via TURAS.

Callum Blackburn advised that he had attended a recent Whistleblowing Champions meeting and that there had been no changes in guidance.

Nicki Hamer advised that Whistleblowing had recently been part of an All Staff Session to increase staff awareness of the process. There were currently two confidential contacts recruited with recruitment of a third underway.

Clinical Governance Committee approved the Whistleblowing Quarter Three Report.

3.4.2 Feedback Report Quarter Three

Kevin McMahon presented the Quarter Three Feedback Report for approval and advised that the level of progress on responses required further improvement and that training was ongoing with staff around quality and timing for completion of responses.

Callum Blackburn enquired whether any common themes were associated with the increase in complaints. Kevin McMahon advised that there needed to be more analysis carried out on this. Mark MacGregor confirmed that all complaints were reviewed by the Executive Medical Director and the Executive Director of Nursing, with final sign-off by the Chief Executive.

Clinical Governance Committee approved the Feedback Quarter Three report.

3.4.3 Complaints Improvement Plan Update

Anne Marie Cavanagh presented the Complaints Improvement Plan Update for approval and advised that this had been presented to Executive Leadership Team (ELT). The Improvement Plan would look at Stage 1 and Stage 2 complaints with an aim to improve the complaints process.

Carolynne O'Connor advised that ELT were actively monitoring the performance around Stage 2 complaints.

Clinical Governance Committee approved the Complaints Improvement Plan Update.

3.4.4 Resilience Update

Anne Marie Cavanagh presented the Resilience Update for awareness.

Lindsay Macdonald enquired about the recent Scottish Power outage. Kevin McMahon advised that the work had been planned, departments were briefed in advance, risks were identified and appropriate mitigations had been agreed. Temporary power loss occurred as expected.

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 colorectal procedure.

The Committee valued the detailed account of the patient's journey and agreed 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 Drugs and Therapeutic Committee Minutes

5. Update to the Board

Item	Details
Safe	<p>The Committee received the Significant Adverse Events (SAEs) Update and noted continued improvement in the reduction of open actions. A large number of complaints were closed during 2025, although some remain outstanding.</p> <p>The Committee approved the Strategic Risk Register, which included three new strategic clinical risks. Two risks related to the paused SACCS service and one was escalated from the Operational Risk Register regarding the national reporting system for Endoscopy.</p>
Effective	<p>The Committee approved the Performance Report.</p> <p>The Committee approved the HAIRT.</p>
Person Centred	<p>The Committee approved the Whistleblowing Q3 Report.</p> <p>The Committee approved the Feedback Q3 Report.</p> <p>The Committee approved the Complaints Improvement Plan Update.</p> <p>The Committee received a Patient Story highlighting a positive experience of a patient following colorectal surgery.</p>

6. Any Other Competent Business

The Committee noted that although the item below was discussed in the private session, the outcome would be recorded in the public minutes for transparency.

SAER Self Assessment

Kevin McMahon presented the Significant Adverse Events Self Assessment, advising that Healthcare Improvement Scotland had requested a self-evaluation. He explained that sections 7 and 10 focused on improvements relating to staff support and shared learning.

Linda Semple highlighted the importance of ensuring appropriate support for staff depending on their level of involvement in a significant event. Mark MacGregor confirmed that when an unexpected patient death occurs, a formal investigation was undertaken and relevant staff were supported.

Linda Semple advised that future SAER Self Assessment updates should be considered and recorded within the public minutes. The Committee agreed to move this item to the public minutes.

Clinical Governance Committee noted the SAER Self Assessment update.

7. Date and Time of Next Meeting

The next Clinical Governance Committee meeting would take place on 12 May 2026.