Approved Minutes

Meeting: NHS Golden Jubilee Clinical Governance Committee
Date: Thursday 12 May 2026, 10.00am –12.30pm
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

Catherine Sinclair	Head of Research and Development (Item 3.3.5)
George Holland	Orthopaedic Consultant (Item 3.3.4)
Jill Swan	Director of Pharmacy (Item 3.3.7)
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.

The Committee paused to reflect on the recent death of Morag Brown, former Chair of the Clinical Governance Committee. Members acknowledged her significant contribution to NHS Golden Jubilee, her leadership in clinical governance, and her enduring commitment to social justice and reducing health inequalities.

1.2 Apologies

No apologies were noted.

1.3 Declarations of Interest

There were no declarations of interest noted.

2 Consent Agenda Items

2.1 Clinical Governance Committee Terms of Reference 2026/2027

Clinical Governance Committee approved the Terms of Reference 2026/2027.

3 Updates from last meeting 11 November 2025

3.1.1 Unapproved Minutes

Callum Blackburn noted an amendment on page 5, item 3.3.4 where it should read 'no change in guidance' and not 'no change in legislation'. It was also noted that the year of the meeting to be changed from 2025 to 2026.

Clinical Governance Committee approved the minutes subject to the amendments noted above.

3.1.2 Action Log

Clinical Governance Committee noted that there were no live actions.

3.1.3 Matters Arising

There were no matters arising.

3.2 Safe

3.2.1 Clinical Governance Quality Dashboard

The Committee received the new Clinical Governance Quality Dashboard, presented in a revised format aligned to the five dimensions of safety. Kevin McMahon noted that complaints performance and the number of policies and guidelines beyond review date, remained areas requiring improvement.

Kevin McMahon advised that in relation to adverse events there had been a spike in these at the end of 2025 and that most of these were relating to Orthopaedics and advised that this had been reviewed by the Clinical Governance Team.

Kevin McMahon explained that there had been several policies that had breached their renewal dates and that improvement of the process for monitoring on a monthly basis had been put in place. The Committee challenged why policy breaches were occurring and sought assurance on the significance of the risk, whether they related to policy content, implementation processes, or practice.

The Committee requested a one-off deep dive report on overdue policies and guidelines, including risk significance, whether there were any common themes, and triangulation with adverse events or complaints. To provide assurance on this a date would be identified by Mark MacGregor and Kevin McMahon on the timescale.

Action No.	Action	Lead	Deadline
12062025/1	A one-off deep dive report on policy and guidelines performance including risk significance, themes and triangulation with complaints and adverse events be presented to a future meeting.	Mark MacGregor/ Kevin McMahon	Date to be advised

Clinical Governance Committee approved the Clinical Governance Quality Dashboard.

3.2.2 Strategic Risk Register

The Committee were presented with the Strategic Risk Register.

Kevin McMahon highlighted that the there were no new clinical risks. One risk for SACCS had been de-escalated and would be managed through the appropriate service.

Mark MacGregor advised that the Endoscopy Reporting System risk related primarily to contractual and performance matters and had been identified as a wider national concern.

The Committee emphasised the importance of clear governance routes for risk escalation and de-escalation, including approval through the Audit and Risk Committee, and agreed a clearer, rolling programme of deep dives into its allocated risks would strengthen strategic oversight.

Clinical Governance Committee approved the Strategic Risk Register.

3.2.3 Scottish Adult Congenital Cardiology Service Update (SACCS)

The Committee received an update on the SACCS Review, noting the good progress against the improvement plan and that a number of actions had been closed.

Mark MacGregor advised that a meeting with the external reviewers had been arranged for 25 May 2026 with the SACCS team, and it was envisaged that the next steps of the re-mobilisation and route to recovery would be implemented.

The Committee acknowledged this issue has now moved into the public sessions as the focus shifts from sensitive matters to assurance and oversight.

Clinical Governance Committee noted the SACCS Review.

3.2.4 DL(2026)05 Security and Governance of NHS Mortuaries

The Committee received an update on the DL(2026)05 Security and Governance of NHS Mortuaries.

Anne Marie Cavanagh advised the paper had been prepared in response to national guidance following Fuller Inquiry.

The Committee noted that NHS Golden Jubilee was largely compliant, with further improvements in progress, including enhanced access controls.

Anne Marie Cavanagh advise that as part of the recommendations, an annual report on mortuary security would be presented to the Committee and Board, with the first report planned for the end of 2026/2027.

Clinical Governance Committee noted the DL(2026)05 Security and Governance of NHS Mortuaries Report.

3.3 Effective

3.3.1 Performance Report

The Committee received an update on the Performance Report.

Anne Marie Cavanagh advised that there had been continued improvements in complaints handling performance with a number of responses being provided within the required timescales.

The Committee noted the Healthcare Associated Infection KPI performance.

Clinical Governance Committee approved the Performance Report.

3.3.2 End of Year Overview Health Associated Infection Report 2025/2026

The Committee received the End of Year Overview Healthcare Associated Infection Report 2025/2026.

Anne Marie Cavanagh advised that the information contained within the report was for the period to 31 March 2026 and that the paper provided detail around the various surveillance and audits which had taken place and the scrutiny carried out.

Cases of Clostridioides Difficile (C'Diff) had breached target for the year. The Committee were advised each episode had been investigated and that no evidence of commonality or patient-to-patient spread had been identified.

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

3.3.3 Clinical Governance Risk Management Group Update

The Committee received an update on the Clinical Governance Risk Management Group.

Kevin McMahon highlighted there had been a number of significant adverse events reported and outlined the progress being carried out around the Complaints Improvement Plan.

Callum Blackburn enquired, in relation to the many IT risks, if the Committee could be appropriately assured around these. Mark MacGregor advised that significant progress had been made around the digital environment although dependencies on national systems continued to represent a growing risk.

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

3.3.4 Clinical Department Update – Orthopaedic 5 Dimensions

The Committee welcomed George Holland, Orthopaedic Consultant to the meeting and received a comprehensive service update of the Orthopaedic Department, which included an overview of the Orthopaedic Dashboard.

The Committee noted the growth in activity alongside stable adverse event and complications rates, that there was strong performance in safety metrics and the ongoing challenges within the department.

The Committee commended the Orthopaedic Service for its performance, innovation and research leadership and thanked George Holland for providing the update.

Clinical Governance Committee noted the Clinical Department Update on Orthopaedic 5 Dimensions.

3.3.5 Golden Jubilee Research Institute Annual Performance Report 2025/2026

The Committee received the Annual Performance Report and welcomed Catherine Sinclair, Head of Research, to the meeting.

Catherine Sinclair noted that there had been strong financial performance with increased research income, noting the complexity of studies. Catherine Sinclair advised that recruitment to studies was currently below target and that this had mainly been due to the number of projects that had been approved. There had been continued growth in publication output.

Clinical Governance Committee approved Golden Jubilee Research Institute Annual Performance Report 2025/2026.

3.3.6 Annual Learning Summary 2025/2026

The Committee were presented with the Annual Learning Summary for 2025/2026.

Kevin McMahon noted that there had been an increase in reported adverse events alongside a reduction in significant adverse events. There had been one extreme event noted, which resulted in a significant adverse event.

Kevin McMahon advised there had been consistent learning themes, including communication, documentation and handover and these had been reported through the Clinical Governance Risk Management Group and reviewed regularly by the Senior Management Team.

The Committee was assured that learning was being embedded through governance, audit and quality improvement activity.

The Committee noted the Annual Learning Summary 2025/2026

3.3.7 Drugs and Therapeutics Committee Annual Report 2025/2026

The Committee received the Drugs and Therapeutics Committee Annual Report 2025/2026 and welcomed Jill Swan, Director of Pharmacy, to the meeting.

Jill Swan advised it had been a productive year with strengthened medicines governance and responding effectively to national challenges, particularly around medicine shortages and patient safety alerts. Jill Swan advised that the key functions of the Committee were to promote best practice and develop co-ordinated policies and treatment guidelines around safe use of medicines and introduction of new medicines.

The Drugs and Therapeutic Committee had met 6 times and 21 guidelines had been approved in relation to medicines used, along with a number of national patient safety alerts and medicine shortage responses, ensuring that the NHS GJ response had been co-ordinated and compliant with national standards. It was noted that the objectives for the coming year had been agreed.

The Committee approved the Drugs and Therapeutics Committee Annual Report 2025/2026

3.3.8 Clinical Governance Committee Report 2025/2026

The Committee received the Clinical Governance Committee Report 2025/2026.

Nicki Hamer advised that the annual report provided assurance on high quality care and governance. Nicki Hamer highlighted that assurance had been strengthened through clinical presentations and patient stories as well as scrutiny of the strategic risk process. Nicki Hamer advised that the Committee had fulfilled its remit and would continue focussing on learning from feedback systems and monitoring of the key strategic clinical risks.

The Committee approved the Clinical Governance Committee Report 2025/2026.

3.4 Person Centred

3.4.1 Whistleblowing Annual Report 2025/2026 including Quarter 4

The Committee was presented the Whistleblowing Annual Report 2025/2026 including Quarter 4.

Anne Marie Cavanagh advised that there had been no whistleblowing concerns raised during 2025/2026 and that the main focus had been continued emphasis on staff confidence, awareness and alternative routes for raising concerns.

Clinical Governance Committee approved the Whistleblowing Quarter Annual Report 2025/2026 Report, including Quarter 4.

3.4.2 Annual Feedback Report 2025/2026 including Quarter 4

The Committee received a verbal update on the Annual Feedback Report 2025/2026, including Quarter 4 acknowledging that it would be presented to the August Committee meeting. This was due to the date of the closed off incidents which had not allowed significant time to be reported at this meeting.

The Committee noted the volume of feedback, compliments and complaints received during the period and took assurance from continued compliance with the Stage 2 response timescale, with performance remaining above target.

Clinical Governance Committee noted the Annual Feedback Report 2025/2026 including Quarter 4 update.

3.4.3 Duty of Candour Annual Report 2025/26

The Committee received the Duty of Candour Annual Report 2025/2026.

Kevin McMahon advised that, although there had been nothing significant to note, Appendix 2 would not be a published document as it contained patient information. Kevin McMahon advised that there were 3 ongoing incidents which had been classed as significant adverse events and that these had all been approved.

Clinical Governance Committee approved the Duty of Candour Annual Report 2025/2026 report.

3.4.4 Annual Claims Report 2025/2026

The Committee was presented with the Annual Claims Report 2025/26.

Kevin McMahon noted the active management of claims in partnership with CLO, and the ongoing staff education and support relating to claims processes.

Clinical Governance Committee approved the Annual Claims Report 2025/2026.

3.4.5 Patient Story

The Committee welcomed the Patient Story, which showcased a positive experience from a patient who underwent a cardiac intervention.

The Committee recognised value of patient stories in highlighting the impact of care from the patient perspective and in informing learning and continuous improvement.

Clinical Governance Committee noted the Patient Story.

4. Consent Agenda Items

The Committee noted the following Consent Agenda items:

4.1.1 Health Care Staffing Report Quarter 4
4.1.2 Resilience Update
4.1.3 Organ Donation Committee Minutes
4.1.4 Research and Development Steering Group Minutes

5. Update to the Board

Item	Details
Safe	The Committee approved the Clinical Governance Quality Dashboard Update in a revised format, aligned to the five dimensions of safety. It noted that some clinical policies and guidelines were past their review dates and agreed a detailed report will be completed, and findings will be brought to the next meeting. The Committee approved the Strategic Risk Register. It emphasised the need for clear routes to escalate and de-escalate risks, and a structured programme of deep dives for the risks allocated to the Committee. The Committee received an update on progress against the SACCS Improvement Plan. The Committee received DL(2026)05 Security and Governance of NHS Mortuaries and noted that an annual report will be brought to the Committee.
Effective	The Committee approved the Performance Report. The Committee approved the End of Year Overview for the HAIRT Report 2025/2026.

Item	Details
	The Committee received a detailed service update from George Holland, Consultant Orthopaedic Surgeon, and praised the Orthopaedic service for its performance, innovation and research leadership. The Committee approved the Golden Jubilee Research Institute Annual Report 2025/2026 and commended the significant work that had been undertaken over the year. The Committee approved the Annual Learning Summary 2025/2026. The Committee approved the Drugs and Therapeutics Committee Annual Report 2025/2026. The Committee approved Clinical Governance Committee Annual Report for 2025/2026.
Person Centred	The Committee approved the Whistleblowing Annual Report 2025/26 including Quarter 4. The Committee received an update on Quarter 4 Feedback with the Annual Report being presented at the next meeting. The Committee approved the Duty of Candour Annual Report for 2025/2026. The Committee was assured that learning and support arrangements for staff are well embedded. The Committee approved the Annual Claims Report 2025/2026. The Committee heard a Patient Story about a positive experience following a cardiac intervention.

6. Any Other Competent Business

There was no other competent business.

7. Date and Time of Next Meeting

The next Clinical Governance Committee meeting would take place on 11 August 2026, 10am.