

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Thursday 4 September 2025 at 2.00 pm

#### PRESENT

Dr Paul Ryan (in the Chair)

Ms Cath Cooney	Dr Morven McElroy
Dr Scott Davidson	Cllr Katie Pragnell
Ms Dianne Foy	Dr Lesley Thomson KC
Mr Graham Haddock	Professor Angela Wallace
Ms Margaret Kerr	

#### IN ATTENDANCE

Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs
Ms Libby Cairns	Non Executive Board Member
Ms Chloe Cowan	Senior Research and Innovation Manager
Ms Kim Donald	Corporate Services Manager, Governance
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Judith Godden	Manager/Scientific Officer for Research Ethics
Ms Elaine Hamilton	Lead Nurse, Care Home Collaborative
Dr Claire Harrow	Deputy Medical Director – Acute Services
Ms Katrina Heenan	Chief Risk Officer
Mr Ross Jack	Secretariat Officer
Dr Deirdre McCormick	Chief Nurse, Head of Public Protection Service
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Ms Paula Spaven	Director of Clinical and Care Governance
Dr Stuart Sutton	Deputy Medical Director – Primary and Community Care
Ms Elaine Vanhegan	Director of Corporate Services and Governance

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			<b>ACTION BY</b>
<b>47.</b>	<b>Welcome, Apologies and Introductory Remarks</b>		
	<p>The Committee Chair welcomed those present to the September meeting of the Clinical and Care Governance Committee.</p> <p>The Chair welcomed Dr Morven McElroy as a new member of the Committee. Apologies were noted on behalf of Professor Jann Gardner and Ms Karen Turner.</p> <p><b><u>NOTED</u></b></p>		
<b>48.</b>	<b>Declarations(s) of Interest(s)</b>		
	<p>The Chair invited Committee Members to declare any interests in the items discussed. There were no declarations of interests made.</p> <p><b><u>NOTED</u></b></p>		
<b>49.</b>	<b>Minutes of Previous Meeting</b>		
	<p>The Committee considered the minute of the meeting held on 3 June 2024 [CCCG(M)25/02] and were content to approve the minutes as a full and accurate record of the meeting subject to the following amendment:</p> <p><u>Item 39 – NHSGGC Policy and Procedure for Managing Significant Adverse Events</u></p> <p>This would be amended to reflect that the link to the EQIA would be provided when the policy was re-presented to the Committee.</p> <p><b><u>APPROVED</u></b></p>		
<b>50.</b>	<b>Matters Arising from Minutes</b>		
	<p><b>a) Rolling Action List</b></p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 25/30] presented for approval. The Committee noted that four items were proposed for closure and were provided with an update on the outstanding item:</p>		

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			<b>ACTION BY</b>
	<p><u>Item 32 – HIS Assurance of Infection Prevention and Control Inspection</u></p> <p>Professor Wallace confirmed that this remained ongoing and she would advise when this was ready to be presented to the Committee.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>51.</b>	<b>Urgent Items of Business</b>		
	<p>The Chair invited Committee Members to highlight any urgent items of business. There were no issues raised.</p> <p>Professor Wallace and Dr Davidson asked the Committee to recognise the sad passing of Ms Molly Cuddihy and Committee members recorded their condolences and their thoughts were with the family.</p> <p><b><u>NOTED</u></b></p>		
<b>52.</b>	<b>Overview</b>		
	<p>Dr Ryan invited Dr Scott Davidson, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>53.</b>	<b>Fatal Accident Inquiries Update</b>		
	<p>The Committee considered the Fatal Accident Inquiries Update [Paper 25/31] presented by Dr Scott Davidson, Medical Director.</p> <p>Dr Davidson said that the Inquiries Oversight Sub Committee reviewed the position of Fatal Accident Inquiries (FAIs) monthly and escalated specific FAIs to this Committee for appropriate oversight, learning and governance. Five FAIs had been escalated and Dr Davidson provided a brief overview of these. It was noted that other NHS Boards were also seeing a similar pattern of increase in discretionary FAIs and assurance was provided that there were appropriate systems and processes in place to support this.</p>		

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			<b>ACTION BY</b>
	<p>The Chair advised that FAls would be reported to the Board with the governance of recommendations overseen by this Committee.</p> <p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>54.</b>	<b>Skye House Update</b>		
	<p>The Committee received a presentation on Skye House from Dr Scott Davidson, Medical Director, Professor Angela Wallace, Nurse Director and Mr Derrick Pearce, Chief Officer – East Dunbartonshire HSCP.</p> <p>Mr Pearce set out the timeline since January 2025, providing an overview of the current service status, noting the high acuity of demand and staffing challenges. He outlined the reviews that were underway noting that part two of the invited external review by the Royal College of Psychiatrists was about to commence; the formal report of the June scrutiny and assurance visits by the European Commission of Prevention of Torture was due to be published in January 2026; and the HIS/Mental Welfare Commission Inspection that had taken place in August was due to formally report in December 2026. The Executive Oversight Group was in place chaired by Mr Pearce. Dr Davidson also provided assurance around communication and engagement with young people and their families.</p> <p>Professor Wallace said that work was ongoing with the communications team, stakeholders and other colleagues to ensure that there was communication and assurance on what we know now, where we've improved and additionality. She said that correct staffing was key in terms of numbers and environment, keen to ensure at management level and senior nurse level the supervision is there so we can be confident that the care is consistent at all times.</p> <p>The Committee were assured by the update.</p> <p><b><u>NOTED</u></b></p>		
<b>55.</b>	<b>Acute Services Clinical Governance Update – Exception Report</b>		
	The Committee considered the Acute Services Clinical Governance Update – Exception Report [Paper 25/33] presented by Dr Claire		

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			<b>ACTION BY</b>
	<p>Harrow, Deputy Medical Director, Acute Services</p> <p>Dr Harrow provided assurance on clinical governance across the Acute Division and the work of the Acute Clinical Governance Forum. She highlighted several areas of ongoing work including that Unscheduled Care Plans for North, South and Clyde Sector had been submitted to the recent Acute Clinical Governance Forum; the Inpatient Diabetes Safety Improvement Group; and the ongoing work to respond to the HSMR statistics for Clyde which were within control limits but higher than the national average. She also provided an update on the QA SAER Group and Dr Davidson said that he was assured that there was a robust QA process in place but a review of this had been commissioned and there had also been discussions with other NHS Boards on their models to generate learning from SAERs.</p> <p>Dr Harrow had also included assurance on the updated actions within the improvement action plans submitted to Healthcare Improvement Scotland (HIS) and in response to a query about capital project works at Inverclyde Royal Hospital, Dr Harrow said that she would request an update on this.</p> <p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		Dr Harrow
<b>56.</b>	<b>Primary and Community Care Clinical Governance Update – Full Report</b>		
	<p>The Committee considered the Primary and Community Care Clinical Governance Update – Full Report [Paper 25/34] presented by Dr Stuart Sutton, Deputy Medical Director, Primary and Community Care.</p> <p>Dr Sutton provided assurance on clinical governance across Primary and Community Care and the function of the Primary Care and Community Care Clinical Governance Forum. He highlighted several areas of ongoing work including the Topiramate Pregnancy Prevention Programme and said that there had been positive support for this from pharmacy colleagues and all GP practices had been written to seek assurance that they were aware of the guidelines with the majority of practices having responded to date; NHSGGC was the first NHS Board to launch the new digital dermatology app which had been rolled out across all six HSCPs; the Inverclyde HSCP Care Home 5G Table Project which was looking at the benefits of providing tables to care homes; the</p>		

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			<b>ACTION BY</b>
	<p>Renfrewshire ADRS Fibroscanner Project to identify people at higher risk of liver damage in a community setting. He said that there were concerns around the private supply of weight loss medications which had been discussed at the Board Clinical Governance Forum.</p> <p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>57.</b>	<b>Care Homes Update</b>		
	<p>The Committee considered the Care Homes Update [Paper 25/35] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace invited Ms Elaine Hamilton, Lead Nurse, Care Home Collaborative, to present the paper.</p> <p>Ms Hamilton said that the report described the continued development and delivery of the care home support model across all six HSCPs and the work of the Collaborative Care Home Support Teams (CCHSTs) and the Care Home Collaborative (CHC) in supporting all 178 care homes within NHSGGC. Ms Hamilton said that the key achievements over the year had including the robust governance structures aligned with the national 'My Health, My Care, My Home, Healthcare Framework for adults living in care homes'; the revised Care Home Assurance Tool; and the completion of Care Home Assurance visits to 165 care homes. The CHC had also played a significant role in education and quality improvement delivering training to staff and providing bespoke support red and amber care homes. They had also support initiatives such as Project Milkshake which had improved outcomes and quality of life for residents.</p> <p>In response to a query about realistic medicine, Ms Hamilton said that they were aiming to recruit a pharmacy post into the CHC to review medicine waste and medicine management ensuring that this was a person-centred approach. Professor Wallace provided assurance on leadership and culture as well as examples of good practice, learning and improvement. She said that this had been integrated into the HSCPs with care and support tailored to the local population as well as looking across the system to ensure consistency. She said that the model would continue to develop and be driven strategically with Local Authority and care home partners.</p>		

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			<b>ACTION BY</b>
	<p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>58.</b>	<b>Assurance Information Framework KPIs - Safety and Quality Programmes</b>		
	<p>The Committee considered the Assurance Information Framework KPIs - Safety and Quality Programmes [Paper 25/36] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for assurance.</p> <p>Ms Spaven presented the bi-annual report on the Safety and Quality Programme Key Performance Indicators (KPIs) which were aligned to the Clinical and Care Governance Committee. She said that there were 5 KPIs aligned to the Committee and set out the key highlights. A new mean rate of cardiac arrests had been calculated due to a sustained decrease; there had also been a sustained decrease in the mean rate of Acute inpatient falls and Ms Spaven outlined the ongoing work in relation to this noting that the mean rate of falls with harm had fluctuated but this was normal variation and not above control limits; the mean rate of hospital acquired pressure ulcers remained stable; and the work programme in Clyde to reduce the HSMR rate continued.</p> <p>In response to a query, Ms Spaven said that she would review the tables and charts in advance of the next report to ensure that all the data was clearly marked.</p> <p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		Ms Spaven
<b>59.</b>	<b>Healthcare Associated Infection Reporting Template (HAIRT)</b>		
	<p>The Committee considered the Healthcare Associated Infection Report [Paper 25/37] presented for assurance by Ms Sandra Devine, Director of Infection Prevention and Control, for assurance.</p> <p>Ms Devine said that the updated targets were included, noting that these were subject to change as there was an ongoing surveillance review in NHS Scotland. She also presented the deep dive on C-Difficile and provided reassurance that no trends had been identified and the rate had decreased significantly. Ms Devine would circulate</p>		Ms Devine

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	<p>a copy of the presentation. Ms Devine said that NHSGGC continued to perform well with all main indicators within control limits. She outlined the numerous actions that had been put in place to tackle SAB rates in both the short and longer term. She had included further information in the hand hygiene sector for assurance. She also provided assurance that infection prevention and control was embedded across the Board.</p> <p>In response to a query about local surveillance for SSI, Ms Devine said that this was fed back locally with a report to clinical staff for each category but she could provide further information on this offline if that would be helpful.</p> <p>The Committee were assured by the update.</p> <p><b><u>NOTED</u></b></p>		
<b>60.</b>	<b>Significant Adverse Event Review (SAER) Update</b>		
	<p>The Committee considered the Significant Adverse Event Review (SAER) Update [Paper 25/38] presented Ms Paula Spaven, Director of Clinical and Care Governance, for assurance.</p> <p>Ms Spaven said that this report provided an overview of SAERs performance, actions and improvements. The interim policy and procedure had been approved at the NHS Board in June 2025 which formalised three levels of SAERs in line with the HIS adverse event framework, bringing increased oversight to the commissioning and quality of SAERs. A SAERS Rapid Action Plan had been developed and there had been a significant reduction in outstanding SAERs over the last 6 weeks as a result of this. There was ongoing work to streamline the SAER commissioning and delivery process with escalation points to prevent overdue SAERs going forward. A SAERs KPI dashboard was also being developed that would link to DATIX and provide as much live data as possible.</p> <p>Dr Davidson provided assurance that the quality and thoroughness of the SAERs process had not been compromised by the Rapid Improvement Plan and said that there had been considerable work around streamlining the Quality Assurance process. He also provided assurance that the learning from SAERs was being appropriately fed back.</p> <p>The Committee were assured by the report</p> <p><b><u>ASSURED</u></b></p>		



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			<b>ACTION BY</b>
<b>61.</b>	<b>Patient Experience Report – Quarter 1</b>		
	<p>The Committee considered the Patient Experience Report – Quarter 1 [Paper 25/39] presented for assurance by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs.</p> <p>Ms Crawford reported that there had been 1,588 complaints received during Quarter 1 which was a 2% increase from the previous quarter and represented approximately 0.1% of patient activity. Overall performance was 76% responded to within the required timescales and there had been an improvement in Stage 1 performance over the quarter but Stage 2 required some improvement. NHSGGC had continued to see good engagement through feedback with 781 stories on Care Opinion over the quarter, 80% of which were positive.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>62.</b>	<b>Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/2025</b>		
	<p>The Committee considered the Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/2025 [Paper 25/40] presented by Professor Wallace, Nurse Director, for endorsement.</p> <p>Professor Wallace invited Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs, to provide a brief overview. Ms Crawford reported that there had been a 7% increase in complaints received but the combined performance of Stage 1 and Stage 2 complaints responded to within timescales had been 74%. She said that of the 226 cases referred to the SPSO, 90% of these had not been taken forward. Stage 2 performance and, as noted above, improvement would be taken over the coming year. Ms Crawford said that NHSGGC had become the first NHS Board in Scotland to reach over 3,000 pieces of feedback via Care Opinion with 78% of these being positive. She said that good examples of learning were being taken forward across Acute and Partnerships.</p> <p>The Committee noted that there had been a decrease in complaints regarding attitude and behaviour and Professor Wallace said that there had been positive discussions as part of the culture work on how learning could be embedded across the system to ensure the</p>		

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	experience of the people that used our services was positive and consistent.		
	The Committee were content to endorse the report which would be presented to the NHS Board in October.		
	<b><u>ENDORSED</u></b>		
<b>63.</b>	<b>NHSGGC Clinical Governance Annual Report 2024-25</b>		
	<p>The Committee considered the NHSGGC Clinical Governance Annual Report 2024-25 [Paper 25/41] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for endorsement.</p> <p>Ms Spaven said that the report provided assurance that NHSGGC was meeting its clinical governance obligations and provided an overview of the various programmes of work that had been undertaken this year as well as a look ahead at key objectives and how to improve SAERs performance, quality improvement and capacity.</p> <p>Ms Spaven acknowledged that the recent activity on SAERs was not included as the report was up to March 2025, however, she would review whether some of this could be incorporated before the Board. She also acknowledged that some of the examples of good practice had not aligned with the challenges being faced in IJBs and in future there would be closer liaison with Chief Officers.</p> <p>In response to a query, Ms Spaven advised that there was a DATIX governance group and updates were reported through the Board Clinical Governance Forum. There was significant discussion on DATIX replacement and governance would be through the Finance, Planning and Performance Committee.</p> <p>The Committee were content to endorse the report and this would be presented to the NHS Board in October with the amendments discussed above.</p> <p><b><u>ENDORSED</u></b></p>		
<b>64.</b>	<b>NHSGGC Duty of Candour Annual Report 2024-25</b>		
	The Committee considered the Duty of Candour Annual Report 2024-25 [Paper 25/42] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for endorsement.		

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	<p>Ms Spaven said that the report described how NHSGGC had operated Duty of Candour between 1 April 2024 to 31 March 2025. She reported that at this time 24 incidents had triggered Duty of Candour and there had been good compliance with the regulations. 73 actions had been identified and the report outlined progress with those. Ms Spaven advised that as there were investigations ongoing when the report was produced an addendum would be added later in the year which would include details of any additional Duty of Candour events.</p> <p>The Committee were content to endorse the report which would be presented to the NHS Board in October.</p> <p><b><u>ENDORSED</u></b></p>		
<b>65.</b>	<b>Public Protection Strategy Annual Update</b>		
	<p>The Committee considered the Public Protection Strategy Annual Update [Paper 25/43] presented by Professor Angela Wallace, Nurse Director, for endorsement.</p> <p>Professor Wallace invited Dr Deirdre McCormack, Chief Nurse – Head of Public Protection Service, to provide a short overview of the paper. Dr McCormack said that this was the second public protection annual report following the approval of the Public Protection Strategy “Safeguarding - It Matters to Us” 2023-2026 by the NHS Board in November 2023. Dr McCormack set out the an overview of the service as well as the strategic outcomes and frameworks. She also discussed the workplan progress; workforce development of the service which was specialist and required expertise; the continued work on Inter-Agency Referral Discussions (IRDs); the work underway on digital transformation and data management to improve data integrity, security and integration; and the importance of education and the learning framework. She said that overall the report highlighted significant progress in implementing the Strategy, highlighted the key achievements and the next steps.</p> <p>It was noted that IRDs were now available on SCI Gateway and that the Prevent Programme was now included under the Public Protection Strategy</p> <p>In response to a query about the corporate risk score around child protection, Ms Heenan said that policy changes were being considered by the Audit and Risk Committee in September and any changes to corporate risks would be presented to the respective</p>		

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			<b>ACTION BY</b>
	<p>Committees for approval. Professor Wallace said that child protection arrangements in the Board were well developed and provided assurance that these were constantly reviewed and any concerns would be escalated.</p> <p>The Committee were content to endorse the report which would be presented to the NHS Board in October.</p> <p><b><u>ENDORSED</u></b></p>		
<b>66.</b>	<b>West of Scotland Research Ethics Service Annual Report 2024-2025</b>		
	<p>The Committee considered the West of Scotland Research Ethics Service Annual Report 2024-25 [Paper 25/44] presented by Dr Judith Godden, Manager/Scientific Officer for Research, for assurance.</p> <p>Ms Godden said that there were 4 Committees served by nearly 70 voluntary members with each Committee having a mix of lay and expert members. The Committees met monthly via zoom and had an annual training day face-to-face once a year with the 2024 training day had focused on inclusivity in research. This year 159 projects had been reviewed, all within the recommended 60 day timeline. New clinical trial regulations were due to come into force and there would be new timelines and transparency requirements. A new Integrated Research Application System was also being developed.</p> <p>The Chair thanked Ms Godden for the update and the Committee asked for their thanks to all staff and volunteers involved with this work to be formally recorded. The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>		
<b>67.</b>	<b>Extract from Corporate Risk Register</b>		
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 25/45] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan advised that there were two risks assigned to the Committee and these had been reviewed since the previous meeting with no change to the risk scores proposed during this</p>		

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			<b>ACTION BY</b>
	<p>period. There were seven overdue actions, the full details of which were provided in the report.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>		
<b>68.</b>	<b>Board Infection Control Committee – Minutes of the Meeting held on 23 April 2025</b>		
	<p>The Committee considered the Board Infection Control Committee – Minutes of the Meeting held on 23 April 2025 [Paper 25/46] presented for assurance and were content to note the minutes.</p> <p><b><u>NOTED</u></b></p>		
<b>69.</b>	<b>Boardwide Clinical Governance Forum – Minutes of the Meeting held on 18 April 2025 and 16 June 2025</b>		
	<p>The Committee considered the Board Clinical Governance Forum – Minutes of the Meeting held on 18 April 2025 [BCGF(M) 25/02] and 16 June 2025 [BCGF(M) 25/03] presented for assurance and were content to note the minutes.</p> <p><b><u>NOTED</u></b></p>		
<b>70.</b>	<b>Public Protection Forum – Minute of the Meeting held on 12 February 2025</b>		
	<p>The Committee considered the Public Protection Forum – Minutes of the Meeting held on 12 February 2025 [PPF(M) 25/01] presented for assurance and were content to note the minutes.</p> <p><b><u>NOTED</u></b></p>		
<b>71.</b>	<b>Closing Remarks and Key Messages for the Board</b>		
	<p>The Chair provided an overview of the discussion and advised that a Chair's Report would be prepared for the NHS Board. He thanked the Committee for their attendance and closed the meeting.</p> <p><b><u>NOTED</u></b></p>		

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			<b>ACTION BY</b>
<b>72.</b>	<b>Date of Next Meeting</b>		
	The next meeting would take place on Thursday 4 December 2025 at 2.00 pm.		