

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday 4 March 2025 at 2.00 pm**

PRESENT

Dr Paul Ryan (in the Chair)

Ms Cath Cooney	Dr Lesley Rousselet
Dr Scott Davidson	Professor Angela Wallace

IN ATTENDANCE

Ms Leanne Connell	Chief Nurse, East Dunbartonshire (for Item 10)
Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs
Professor Jesse Dawson	Director of Research and Innovation
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Kim Donald	Corporate Services Manager, Governance
Ms Morag Gardner	Deputy Director of Nursing
Dr Claire Harrow	Deputy Medical Director, Acute Services
Ms Katrina Heenan	Chief Risk Officer
Ms Rhoda Macleod	Head of Adult Services (Sexual Health, Police Custody and Prison Healthcare)
Ms Paula Spaven	Director of Clinical and Care Governance
Ms Elaine Vanhegan	Director of Corporate Services and Governance

			ACTION BY
1.	Welcome, Apologies and Introductory Remarks		
	The Chair welcomed those present to the March meeting of the Clinical and Care Governance Committee.		
	Apologies were noted on behalf of Ms Dianne Foy, Professor Jann Gardner and Dr Lesley Thomson KC.		
	<u>NOTED</u>		

BOARD OFFICIAL

			ACTION BY
2.	Declarations(s) of Interest(s)		
	<p>The Chair invited Committee Members to declare any interests in the items discussed. There were no declaration of interests made.</p> <p><u>NOTED</u></p>		
3.	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the meeting held on 3 December 2024 [CCCG(M)24/04] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>		
4.	Matters Arising from Minutes		
	<p>a) Rolling Action List</p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 25/01] and noted that both items on the Rolling Action List were on the agenda for this meeting and could now be closed and the Committee were therefore content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
5.	Urgent Items of Business		
	<p>The Chair invited Committee Members to highlight any urgent items of business. There were no issues raised.</p> <p><u>NOTED</u></p>		
6.	Overview		
	<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>Dr Davidson and Professor Wallace provided short updates on current issues and the Committee were content to note the overview.</p> <p><u>NOTED</u></p>		

BOARD OFFICIAL

			ACTION BY
7.	Acute Services Clinical Governance Update		
	<p>The Committee considered the Acute Services Clinical Governance Update [Paper 25/02] presented by Dr Claire Harrow, Depute Medical Director, Acute Services for assurance</p> <p>Dr Harrow provided assurance on the scope and breadth of the workplan in place across the Acute Division and highlighted several areas of ongoing work. She said that there continued to be a large number of SAERs and work was ongoing to ensure these were commissioned and reached conclusion. There had also been a quality of care review across emergency departments to ensure commitment to looking after patients in front door areas. She said that in terms of DATIX reports, while there was a difference in the number of reports in each department, themes and severity remained similar across sites. Complaints themes and feedback were also similar across sites.</p> <p>She said that the positives over the last year included work on fentanyl safety and in response to several incidents a short life working group had been commissioned with actions taken to mitigate the risk. NHSGGC had also been commended for its improvement work on falls.</p> <p>In terms of risks, staffing levels continued to be reviewed. Capacity and flow continued to be an area of concern despite the work around redirection, particularly at the Vale of Leven Hospital site. Following a query on redirection, Dr Harrow said that there had been considerable communications work, including with the Hospital Watch group and specific work promoting the Vale of Leven Hospital and the services that were available.</p> <p>In response to a query on diabetes care, particularly in relation to FAIs in Clyde, Dr Harrow said that had been a significant improvement had been made including perioperative diabetes guidelines that had been developed by diabetes specialists and anaesthetists.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
8.	Primary Care Clinical Governance Update		
	<p>The Committee considered the Primary Care Clinical Governance Update [Paper 25/03] presented by Dr Scott Davidson, Medical</p>		

BOARD OFFICIAL

			ACTION BY
	<p>Director, for assurance</p> <p>Dr Davidson said there had been a slight decrease in the number of SAERs and the number of potential SAERS had also reduced. He said that there was updated guidance on Topiramate prescribing with an SBAR being worked through the Primary Care Clinical Advisory Group. The Children at Risk of Harm report for Renfrewshire had been published on 22 October 2024 with services commended along with two services recognised as good areas of practice - Street Stuff and the Council's Unaccompanied Asylum Seeker Team.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
9.	Young Persons' Gender Service Status Update		
	<p>The Committee considered the Young Persons' Gender Service Status Update [Paper 25/04] presented by Ms Rhoda MacLeod, Head of Sexual Health Services, for assurance.</p> <p>Ms MacLeod provided an update on the national work underway following the Scottish Government's acceptance of the findings in the Cass Report in July 2024 including actions and next steps regarding service management, governance and development. She said that the service would continue to support this work, and the governance would be through existing NHSGGC structures.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
10.	"Leading the Way" – NHSGGC Nursing and Midwifery Strategy 2024-29		
	<p>The Committee considered "Leading the Way" – NHSGGC Nursing and Midwifery Strategy 2024-29 [Paper 25/05] presented by Professor Angela Wallace, Nurse Director, for approval.</p> <p>Professor Wallace said that the Strategy aimed to provide a clear vision and identity for nurses and midwives, recognising their role as strong professionals who played into multidisciplinary and multiagency teams.</p>		

BOARD OFFICIAL

			ACTION BY
	<p>Ms Connell highlighted the collaborative and inclusive approach taken in developing the strategy including the “Big Conversation” initiative which involved over 100 champions who proactively engaged with staff to gather feedback which was used to develop the key themes. The Strategy set out a framework for leadership, professional practice, assurance and care, with the plan on a page capturing key actions against each priority.</p> <p>Ms Gardner said that the strategy would provide an understanding of the value added by nurses and midwives across the board and the impact of their contribution. In response to a query, Ms Gardner said that the plan on a page would be used by individual job families to own their contribution, deciding what was important for them to deliver high quality compassionate care and allowing for customisation and ownership which would make a tangible difference.</p> <p>The Committee were assured by the Strategy and recognised its potential to make a difference and improve the overall nursing and midwifery practice.</p> <p>Professor Wallace provided assurance the the EQIA was in place and the Committee were content to approve the Strategy which would now be presented to the NHS Board in April 2025.</p> <p><u>APPROVED</u></p>		
11.	Assurance Information Framework KPIs - Safety and Quality Programmes		
	<p>The Committee considered the Assurance Information Framework KPIs - Safety and Quality Programmes paper [Paper 25/06] 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 the key highlights were that there had been a sustained decrease in acute inpatient falls which was now reporting a rate of 6.9 per 1,000 occupied bed days compared to the previous 7.7. The rate of falls with harm showed normal variation and the rate of hospital acquired pressure ulcers remained stable. There was a re-energised work programme for HSMR in Clyde and one of the areas being looked at was whether there were issues with the data. There had also been a shift</p>		

BOARD OFFICIAL

			ACTION BY
	<p>in the mean rate of cardiac arrest and there was a new process to increase the reliability of cardiac arrest data.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
12.	Patient Experience Report – Quarter 3		
	<p>The Committee considered the Patient Experience Report – Quarter 2 [Paper 25/07] presented for assurance by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs.</p> <p>Ms Crawford noted that there had been a slight increase in the number of complaints received within the quarter. She said that performance within Stage 1 had seen a slight drop to 82% and Stage 2 performance had increased slightly to 59%. She said that there had been a trend of more complex complaints received during the period. Ms Crawford said that there was work underway with the Acute Services Complaints Team to ensure complainants were fully aware of what could be achieved in 20 working days and there was work underway with Partnerships and prison healthcare to ensure Stage 1 complaints were escalated to Stage 2 after 10 working days. She said that 3 SPSO decisions had been received and there was a draft public report, and more detail would be provided on this at Quarter 4. The majority of upheld complaints referred to attitude, behaviours and oral communication and work had commenced with the Realistic Medicine Team.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
13.	Healthcare Associated Infection Report		
	<p>The Committee considered the Healthcare Associated Infection Report [Paper 25/08] presented for assurance by Ms Sandra Devine, Director of Infection Prevention and Control.</p> <p>Ms Devine said that it had been a busy year in managing influenza and norovirus with frontline teams managing multiples of patients being admitted. She said that NHSGGC continued to perform well in SAB, CDI and ECB. She said that the number of CDI cases was returning to normal levels following an increase nationally and this continued to be closely monitored. The Infection Control and Prevention Quality Network remained a key priority for NHSGGC.</p>		

BOARD OFFICIAL

			ACTION BY
	<p>She said that there had been a C-Diff increase worldwide and NHSGGC had also seen this in September/October 2024. She provided assurance that when an increase was seen the ICDs would send the whole cohort for typing and an in depth analysis had been completed that would be presented to the next round of IPC Committees and she would include that in the next set of Committee papers.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		Ms Devine
14.	Proposal for an Updated Approach to Managing Significant Adverse Events (SAEs) in NHSGGC		
	<p>The Committee considered the Proposal for an Updated Approach to Managing Significant Adverse Events (SAEs) in NHSGGC [Paper 25/09] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for approval.</p> <p>Ms Spaven said that a piece of work had been commissioned last year to review the SAERs process in NHSGGC and was currently in period of testing. She said that feedback and response to date had been positive and asked the Committee to consider and endorse the updated approach and advised that an updated policy was being developed and would be presented to the NHS Board for approval in June 2025.</p> <p>Dr Davidson added that this was in keeping with the national position and HIS recommendations and Ms Spaven said that HIS had updated the adverse event framework and started to formalise this in Boards. She said that the policy would require an EQIA to be developed and there would be a focus on testing and developing guidance around different criteria, templates and processes. She said that this would be an iterative process that would continue to learn and develop as people used the tools.</p> <p>The Committee were content to approve the proposed approach.</p> <p><u>APPROVED</u></p>		
15.	Healthcare Improvement Scotland (HIS) – Update on Unannounced Safe Delivery of Care Inspections		
	The Committee considered the Healthcare Improvement Scotland (HIS) – Update on Unannounced Safe Delivery of Care Inspections		

BOARD OFFICIAL

			ACTION BY
	<p>[Paper 25/10] presented by Ms Morag Gardner, Deputy Nurse Director, Acute, for assurance.</p> <p>Ms Gardner said that the paper provided a comprehensive review of three unannounced inspections by Healthcare Improvement Scotland at the at Queen Elizabeth University Hospital (QEUH), Royal Alexandra Hospital (RAH), and Glasgow Royal Infirmary (GRI). She provided assurance on the positive aspects of care that had been noted as well as the recommendations and requirements that had been identified. Action plans had been developed, and the majority of the requirements had been completed with the remainder on track. She said that recommendations and requirements continued to be addressed, and any remaining outstanding actions would be tracked to completion and reported through the Acute Clinical Governance Forum.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
16.	Department of Research and Innovation Annual Report 2024		
	<p>The Committee considered the Department of Research and Innovation Annual Report 2024 [Paper 25/11] presented by Professor Jesse Dawson, Director of Research and Innovation, for awareness.</p> <p>Professor Dawson said that NHSGGC was one of the biggest research active NHS Boards in the UK and although there had been a drop in total enrolment to studies compared to the previous year, this had been offset by the proportion of people enrolled to commercial clinical trials. He said that the new VPAG programme brought a new funding opportunity to build research infrastructure. He also reported that a new commercial research delivery centre had been established at the Teaching and Learning Centre and key opportunities this year included expanding NHSGGC's role locally and nationally and strengthening innovative digital capability. Biobank accreditation was also a significant step forward.</p> <p>In response to a query about inclusivity, Professor Dawson said that this was a key component of research work and said that would be one of the key components of VPAG around hub and spoke models as well as learning from other areas in the UK.</p>		

BOARD OFFICIAL

			ACTION BY
	<p>Dr Davidson welcomed Professor Dawson to the role of Director of Research and Innovation and said that NHSGGC was working with the Chief Scientists Office and the Universities to ensure that NHSGGC had external visibility to ensure NHSGGC was at the forefront of research.</p> <p>The Committee were content to note the Annual Report.</p> <p>NOTED</p>		
17.	Infection Prevention and Control Annual Report 2023/24		
	<p>The Committee considered the Infection Prevention and Control Annual Report 2023/24 [Paper 25/12] presented for assurance by Ms Sandra Devine, Director of Infection Prevention and Control for assurance.</p> <p>Ms Devine advised that this was the second annual report which covered the period from 1 April 2023 to 31 March 2024 and demonstrated the scope and function of Infection Prevention and Control as well as performance data. She said that NHSGGC's performance against Scottish Government standards continued to improve and NHSGGC would continue to work to achieve that. She said that over the year the Team had 34,000 patient referrals and had managed 272 ward closures. A key target for this year was the development of the three year Infection Prevention and Control Strategy which was in its final draft. She also advised that the Team would be exploring opportunities to participate in research and quality. Professor Wallace thanked the Committee for their support around this adding that they had taken an "everybody's business" approach which would strengthen the response to infection prevention and control.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>		
18.	Acute Services Committee Governance Approach		
	<p>The Committee considered the Acute Services Committee Governance Approach paper [Paper 25/13] presented by Ms Kim Donald, Corporate Services Manager, Governance, for approval.</p> <p>Ms Donald said that, as part of the Board's self-assessment, additional focus around Equalities, Diversity and Inclusion (EDI) had</p>		

BOARD OFFICIAL

			ACTION BY
	<p>been identified as an area requiring development and it was proposed to disband the Acute Services Committee migrating its responsibilities to other Committees, including the Clinical and Care Governance Committee. This proposal had been considered and approved by the Acute Services Committee and the other Committees affected by this change were being asked to consider the proposal prior to approval by the NHS Board in June 2025. Ms Vanhegan added that the Terms of Reference and membership for the new EDI Committee were being developed and would be presented to the NHS Board in April with the first meeting of the new Committee anticipated to take place in May 2024.</p> <p>The Committee were content to approve the proposal.</p> <p><u>APPROVED</u></p>		
19.	Extract from Corporate Risk Register		
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 25/14] 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 100% of these risks had been reviewed since the previous meeting. She said that there had been one detailed review completed on Safe and Effective Use of Medicines, and it was proposed to reduce the score from 9 to 8 with one new action identified. In terms of action status, Ms Heenan advised that there had been three actions completed since the previous meeting and full details including progress on overdue actions were contained in the paper.</p> <p>The Committee were content to approve the register.</p> <p><u>APPROVED</u></p>		
20.	Annual Cycle of Business 2025/26		
	<p>The Committee considered the Annual Cycle of Business 2025/26 [Paper 25/15] presented by Ms Kim Donald, Corporate Services Manager, Governance, for approval.</p> <p>Ms Donald presented the paper which set out the topics of discussion that were aligned to the Committee across the 2025/26 meeting schedule ensuring that a forward planning process was in place. She noted that this was a dynamic document and any</p>		

BOARD OFFICIAL

			ACTION BY
	changes would be advised to the Committee.		
	The Committee were content to approve the Annual Cycle of Business.		
	<u>APPROVED</u>		
21.	Public Protection Forum – Minutes of the Meeting held on 26 November 2024		
	The Committee considered the Public Protection Forum – Minutes of the Meeting held on 26 November 2024 [PPF(M)24/05] presented for assurance and were content to note the minutes.		
	<u>NOTED</u>		
22.	Board Infection Control Committee – Minutes of the Meeting held on 11 December 2024		
	The Committee considered the Board Infection Control Committee – Minutes of the Meeting held on 11 December 2024 [Paper 25/16] presented for assurance and were content to note the minutes.		
	<u>NOTED</u>		
23.	Board Clinical Governance Forum – Minutes of the Meeting held on 18 November 2024		
	The Committee considered the Board Clinical Governance Forum – Minutes of the Meeting held on 18 November 2024 [BCGF(M) 24/06] presented for assurance and were content to note the minutes.		
	<u>NOTED</u>		
24.	Closing Remarks and Key Messages for the Board		
	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.		
	<u>NOTED</u>		

BOARD OFFICIAL

			ACTION BY
25.	Date of Next Meeting		
	The next meeting would take place on Tuesday 3 June 2025 at 2.00 pm, hybrid at JB Russell House and via Microsoft Teams.		