

NHS Greater Glasgow and Clyde	Paper No. 26/93
Paper Title	Standing Committee Chairs Board Report
Meeting:	NHSGGC Board Meeting
Date of Meeting:	25 June 2026
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee:	Clinical and Care Governance Committee
Date of Reporting Committee:	4 June 2026
Committee Chairperson:	Ms Cath Cooney, Vice Chair of the Committee

1. Purpose of Paper:

The purpose of this paper is to inform the NHS Board on key items of discussion at the Clinical and Care Governance Committee.

2. Recommendation:

The Board is asked to note the key items of discussion at the recent meeting of the Clinical and Care Governance Committee on Thursday 4 June 2026 as set out below and seek further assurance as required.

3. Key Items of Discussion

3.1 Update from Healthcare Improvement Scotland (HIS) unannounced Safe Delivery of Care Inspections and Mental Welfare Commission (MWC) Inspections

- The Committee received a paper for awareness.
- The Committee were provided with an update regarding actions taken in response to unannounced inspections undertaken by Healthcare Improvement Scotland and the Mental Welfare Commission NHSGGC. This included an update of the unannounced HIS inspection of Maternity Services at the Queen

Elizabeth University Hospital (QEUEH) in January and February 2026; the joint unannounced HIS/MWC inspection at Skye House in August 2025 and the MWC unannounced visit to Claythorn House in February 2026; and an overview on recent unannounced MWC visits across Medium and Low Secure services within the Directorate of Forensic Mental Health and Learning Disabilities in April and May 2026.

- The Committee were assured by the update.

3.2 Fatal Accident Inquiries (FAIs)

- The Committee received an FAI Update for assurance.
- The Committee were provided with an update of all FAIs that NHSGGC was currently participating in and an update on the implementation of actions following recommendations and observations set out in FAI Determinations.
- The Committee noted that determinations from three FAIs had recently been issued by the Glasgow Sheriff Court and there had been no recommendations made.
- The Committee also received a Proposal for Recording FAI Actions for approval.
- This set out a proposed approach to record, track, and provide assurance on actions arising from FAIs NHSGGC ensuring that FAI actions were recorded consistently in a single system; there was a clear audit trail; and, senior governance groups would have routine oversight and assurance on delivery of actions.
- The Committee were assured by the update and approved the proposal.

3.3 Mental Health Governance Update Exception Report

- The Committee received a paper for assurance.
- The Committee were provided with an update on progress and activity within mental health services. This included an update on the MWC End of Year Visit that had taken place in December 2025; information on the establishment of a national monitoring and reporting system for restrictive practices; the ligature reduction agenda across NHSGGC; the national work on neurodevelopmental disorder services; and, the work of the Mental Health Strategy Programme Board.
- The Committee were assured by the update.

3.4 Interface Governance Report

- The Committee received a paper for assurance.
- The Committee were provided with the first annual update on clinical governance arrangements which provided assurance that the Interface Division had established a robust and consistent clinical governance framework aligned to NHSGGC policy, supporting safe, effective and person-centred care across a growing portfolio of services. This included the governance and approval for clinical pathways; shared organisational learning with key partners; and developing the Interface Division Quality Management Framework; as well as a range of staff and patient engagement and communication to shape the development of Interface services.
- The Committee were assured by the update.

3.5 Public Protection Governance Report

- The Committee received a paper for assurance.
- The Committee were provided with an update on governance and activity within public protection including an update on Adult Support and Protection referrals; an update on Implementation of Public Protection Strategy Delivery Plan, an update on Public Protection Service activity; an update on Adult Support and Protection Referrals; an update on Child Protection Supervision arrangements; and Interagency Referral Discussions (IRD).
- The Committee were assured by the update.

3.6 Clinical Governance Biannual Report

- The Committee received a paper for assurance.
- The Committee were presented with the biannual assurance update on clinical governance arrangements within NHSGGC to improve and monitor the safety and quality of clinical care providing assurance that clinical governance systems were operating effectively, with active oversight, structured monitoring, and improvement work across the main governance programmes. A small number of continuing risks were highlighted in relation to clinical guidelines and HSMR statistics in Clyde with ongoing mitigation in place. The Committee discussed whether the data provided sufficient oversight and how this would be reviewed and strengthened in advance of the next report.
- The Committee were assured by the update.

3.7 Patient Experience Report – Quarter 4

- The Committee received a paper for assurance.
- The Committee were advised during the period 1 January to 31 March 2026 a total of 1,718 complaints had been received which was an increase of 9% from the previous quarter; 73% were responded to within target timescales although Stage 2 performance remained an area for improvement.
- The person-centred care initiatives were ongoing with implementation of Digital Clinical Notes and Person-Centred Care Planning improving documentation accuracy and personalised care goals across multiple wards. Testing for the Excellence in Care standard for person-centred care was underway.
- The Committee were assured by the update.

3.8 Healthcare Associated Infection Reporting Template

- The Committee received a paper for assurance.
- The Committee were advised that there were no exceptions to report and performance in NHSGGC was within control limits, noting that the summary of this report had previously been presented to the NHS Board due to the reporting cycle. The presentation of the report had changed to align with the Integrated Performance and Quality Report (IPQR).
- The Committee were assured by the update.

3.9 Significant Adverse Event Reviews (SAER) – Performance, Programmes of Work, and Learning and Improvement

- The Committee received a paper for assurance.
- The Committee were advised that SAER performance across NHS GGC had improved, with a sustained reduction in overdue reviews and potential SAERs, alongside continued oversight of open actions, clear escalation where delays remained and a programme of work to share and embed learning.
- The Committee were assured by the update.

3.10 Controlled Drugs Governance Annual Report

- The Committee received a paper for assurance.
- The Committee received a comprehensive update on the activity of the Controlled Drugs Governance Team from 1 January – 31 December 2025 and were provided with assurance that robust arrangements remained in place across NHS GGC for the safe, legal, and effective governance of controlled drugs. The priorities for 2026 included strengthening data capability, embedding revised policies and training, further developing digital tools and audit processes, and maintaining focused oversight of high-risk services and settings.
- The Committee were assured by the report.

3.11 Leading the Way, Nursing & Midwifery Strategy 2025 - 2029: Year 1 Annual Impact Report (2025/26)

- The Committee received a paper for endorsement.
- The paper summarised progress achieved to date; highlighted key impacts across strategic priorities; and outlined the next steps for delivery in year 2. The Committee were advised of the key highlights and noted that in year one there had been a focus on establishing the governance, programmes of work and infrastructure required to deliver the Strategy. Alongside this, there had been an organisation-wide cultural shift which placed staff voice, distributed leadership and collective ownership at the centre of delivery of the Strategy through the Big Conversation and Champion model to ensure that culture was a core mechanism for sustainable change.
- The Committee were content to endorse the report.

3.12 Extract from the Corporate Risk Register

- The Committee received a paper for approval.
- The Committee were advised that there were two risks assigned to the Committee and work to score all Corporate Risks against the new NHS Scotland Scoring Matrix had now been concluded.
- The Committee were content to approve the register.

3.13 Committee Governance

- The Committee received a paper for approval.
- The Committee were asked to consider the draft 2025-26 Annual Report; draft 2026-27 Terms of Reference Update; and the draft 2026-27 Annual Cycle of Business for the Committee and feedback any comments.

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- The Committee was content to approve the paper subject to any amendments and this would form part of the overall Annual Governance report which would be presented to the NHS Board on 25 June 2026.

4. Issues for referral to other Standing Committees or escalation to the NHS Board

There were no issues for referral to other Standing Committees or escalation to the NHS Board.

5. Date of Next Meeting

The next meeting of the Committee will take place on Thursday 10 September 2026.