

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the Clinical and Care Governance Committee  
Held via Microsoft Teams  
on Tuesday, 3 December 2024 at 2.00 pm**

**PRESENT**

Dr Paul Ryan (in the Chair)

Cath Cooney	Dr Scott Davidson
Mrs Jane Grant	Ms Dianne Foy
Ms Dianne Foy	Professor Angela Wallace

**IN ATTENDANCE**

Ms Gail Caldwell	Director of Pharmacy
Ms Chloe Cowan	Interim Acting R&I Director
Ms Mandy Crawford	Corporate Services Manager – Complaints
Dr Mary Ross-Davie	Director of Midwifery
Ms Sandra Devine	Director Infection Prevention and Control, Infection Prevention & Control
Dr David Dodds	Chief of Medicine – Regional Services
Ms Kim Donald	Board Secretary, Corporate (Minutes)
Ms Morag Gardner	Deputy Director of Nursing
Ms Judith Godden	Manager of WoS Research Ethics
Dr Una Graham	Deputy Medical Director – MH and LD
Ms Katrina Heenan	Chief Risk Officer
Dr Deirdre McCormack	Chief Nurse – Public Protection
Mr Jamie Redfern	Director of Women and Children’s Services
Ms Paula Spaven	Director of Clinical and Care Governance

			<b>ACTION BY</b>
<b>56.</b>	<b>Welcome, Apologies and Introductory Remarks</b>		
	The Chair welcomed those present to the September meeting of the Clinical and Care Governance Committee.		
	Apologies were noted on behalf of Prof Iain McInnes, Cllr Katie Pragnell,		

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	<p>Dr Lesley Rousselet and Dr Lesley Thomson KC.</p> <p>The Chair noted that this would be Mrs Grant's last meeting before she retired at the end of January 2025 and the Committee thanked Mrs Grant for her support of the Committee.</p> <p>Dr Davidson added that this would also be Ms Gail Caldwell's last attendance at the Committee before she retired and thanked her for her work across several NHS Boards.</p> <p><b><u>NOTED</u></b></p>	
<b>57.</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 declaration of interests made.</p> <p><b><u>NOTED</u></b></p>	
<b>58.</b>	<b>Minutes of Previous Meeting</b>	
	<p>The Committee considered the minute of the meeting held on 3 September 2024 [CCCG(M)24/02] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><b><u>APPROVED</u></b></p>	
<b>59.</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 24/38] and received the following update.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>	
<b>60.</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>It was agreed that the updated SAER process would be tested and brought</p>	Ms Spaven

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		<b>ACTION BY</b>
	<p>back to the March meeting with a view to consideration by the Board in April.</p> <p>The Committee were content to note the overview.</p> <p><b><u>NOTED</u></b></p>	
	<p><b>61. Maternity and Neonatal Strategy 2024-29</b></p>	
	<p>Dr Mary Ross-Davie, Director of Midwifery, and Mr Jamie Redfern, Director of Women and Children’s Services, presented the Maternity and Neonatal Strategy 2024-29 [Paper 24/40] for approval.</p> <p>Dr Ross-Davie explained that the strategy followed the direction set from the Best Start review published in 2017. Most of the reporting of Best Start comes to an end in 2024 with no national strategy in place to replace it. As a Board we recognised the importance of ensuring continued momentum with the 2024-29 strategy being co-designed with key groups and specialties, along with extensive engagement with key stakeholders.</p> <p>In response to a query regarding training, Dr Ross-Davie said that support would be available for staff to attend training and focus on areas of need. With regards to resourcing, Mr Redfern highlighted the HCSSA work which supports safe staffing across the Board and the reporting of this to the Scottish Government. Dr Ross-Davie also noted the importance of sustainability and that a data review was underway to ensure resources were available to support service delivery.</p> <p>In response to a question regarding translation services, Dr Ross-Davie said that an audit had taken place in 2023 which highlighted issues with quality. This data was shared with the relevant management team and a further audit was taken from March-May 2024 which saw a significant improvement.</p> <p>Continuity of care was an action raised within Best Start and to address this the Board recruited 3 x Project Midwives to ensure robust and sustainable continuity of care for women. This included the lengthening of appointments, case load modelling and access to clinical space. With regards to Alongside Midwifery Units (AMU), Dr Ross-Davie noted that the QEUH and Princess Royal Maternity Hospital repurposed 2 labour rooms to support AMU.</p> <p>The Committee were content to approve the strategy.</p> <p><b><u>APPROVED</u></b></p>	

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		ACTION BY
62.	<b>Mental Health Clinical Governance Update</b>	
	<p>The Committee considered the Mental Health Clinical Governance Updates [Paper 24/40] presented by Dr Una Graham, Deputy Medical Director – Mental Health, for assurance.</p> <p>Dr Graham highlighted the ongoing pressures across both inpatient and community settings due to staff vacancies and increased acuity of presentations. There are equal challenges with maintaining adult admission bed capacity with a consistent almost 100% bed occupancy. The situation is compounded by issues with social care and housing leading to delayed hospital discharges.</p> <p>She highlighted that medical staffing pressures are currently particularly prevalent in Older People’s Mental Health Services especially in non-Glasgow City areas and in older adult liaison services. This is reflective of a national trend, . She highlighted mitigations in place, noting the use of bank as opposed to agency, ongoing junior doctors training with regards to patient detention, multidisciplinary community teams and the recruitment of 6 doctors who will progress through to consultant posts within 3 years. Dr Graham said that there were daily huddles across the receiving sites to improve discharge coordination.</p> <p>She said the demand on neurodiverse services was not sustainable</p> <p>Dr Graham noted the completion of the Mental Health Strategy following extensive engagement with the public and staff. Work was underway to discuss preferred options from the recommendations within the strategy and was due to conclude early 2025.</p> <p>Dr Graham assured the Committee that several of the recommendations from the Mental Welfare Commission (MWC) visits had been embedded. Actions plans had been created and there was ongoing communication with the MWC regarding outstanding actions.</p> <p>Dr Graham highlighted the work around ligature reduction and training, with cables now being removed from the wards. She also said that the suicide risk group meets regularly to ensure safe environments for our patients, noting work underway on our high-risk wards. An updated risk assessment had been shared with the MWC who were satisfied.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	

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		<b>ACTION BY</b>
<b>63.</b>	<b>Clinical Risk Report January – June 2024</b>	
	<p>Ms Paula Spaven, Director of Clinical and Care Governance, provided an update on the Clinical Risk Report [Paper 24410] presented for assurance.</p> <p>Ms Spaven said that there had been a change to how the SAER timeline is being measured to align with the HIS Framework, which outlines SAERs should be concluded within 140 working days from the date it was reported. This process is being monitored through divisional clinical governance fora. She highlighted that work is ongoing to build a shared learning system, and that thematic analysis/ deep dives could be undertaken into common contributory factors or incidents.</p> <p>Ms Spaven reported 73 cases of Duty of Candour had been closed with good compliance with the requirements set out in the legislation. She highlighted that 506 staff had completed the NES Duty of Candour LearnPro module since April 2018, with 857 staff completing SAER investigator training.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>64.</b>	<b>Hospital Standardised Mortality Ratio (HSMR) Update Report</b>	
	<p>The Committee considered the Hospital Standardised Mortality Ratio (HSMR) Update Report [Paper 24/42] presented for assurance by Ms Paula Spaven.</p> <p>Ms Spaven assured the Committee that for HSMR, all NHSGGC sites were within the control limits and the data appeared to be stable. She noted that 2 sites remain above the Scottish average, with the QEUH sitting below the warning limit. For crude mortality all sites are within control limits, although both RAH/VoL and IRH have a crude mortality rate above the Scottish rate. NHSGGC is generally mirroring crude mortality rates for NHS Scotland</p> <p>She said that there was improvement work ongoing within Clyde with well-established meeting schedules and work plans in place to respond to mortality statistics. No red flags or areas of concern have been identified in the work to date, with assurance of quality of care being provided.</p> <p>Ms Spaven referenced the national work by Public Health Scotland regarding the review of the HSMR model, and further updates would be shared with the Committee when available.</p>	

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		<b>ACTION BY</b>
	<p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
<p><b>65.</b></p>	<p><b>Healthcare Improvement Scotland (HIS) – Unannounced Safe Delivery of Care Inspections</b></p>	
	<p>The Committee considered the Healthcare Improvement Scotland (HIS) – Unannounced Safe Delivery of Care Inspections [Paper 24/43] presented for assurance by Ms Morag Gardner, Deputy Director of Nursing.</p> <p>Ms Gardner advised that there had been 3 unannounced HIS inspections at the QEUH Emergency Department, GRI Emergency Department and RAH Emergency Department.</p> <p>During the visit to the GRI there were concerns raised regarding designated care spaces and infection prevention and control; Ms Gardner assured the Committee that immediate corrective actions were implemented, and by the June follow-up inspection, significant improvements were noted. She highlighted that action plans were developed and are being monitored for each site, with the majority of requirements completed and the remainder on track. Public Partner involvement in action planning has been introduced, with positive feedback received.</p> <p>Within the reports there were areas of good practice recorded, including hand hygiene and safe storage of medicines. Strong leadership and focus on patient care was also noted, along with determination around patient flow and reducing waiting times.</p> <p>Ms Gardner highlighted that a thematic analysis of HIS inspection reports from July 2023 to April 2024 is ongoing, which aims to identify common themes, challenges, and areas for improvement (benchmarking against GG&amp;C as well as assurance mapping) and will be presented to governance forums in due course.</p> <p>She said that the Emergency Department reviews remain ongoing within NHSGCC and that there were 2 oversight groups in place to monitor actions.</p> <p>It was agreed that a further update would be provided at the March meeting.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	<p>Ms Gardner</p>

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		ACTION BY
<b>66.</b>	<b>Public Protection Strategy Annual Report and Delivery Plan</b>	
	<p>The Committee considered the Public Protection Strategy Annual Report and Delivery Plan [Paper 24/43] presented for assurance by Dr Deirdre McCormick, Chief Nurse – Public Protection.</p> <p>Dr McCormick updated the Committee on the work with eHealth regarding the build of an accountability dashboard to support measure reporting. She said that, following an internal audit, all improvement recommendations and actions had been addressed and a deep dive into the risk saw the risk score decrease.</p> <p>Dr McCormick reinforced the importance of all staff being responsible for safeguarding and the delivery plan would be monitored through the divisional clinical governance fora.</p> <p>In response to a query regarding rates of domestic violence, Dr McCormick noted the work of the Public Protection Chief Exec’s group and the ongoing work with national data to ensure this information was captured. She also reflected on the importance of collaborative working with the HSCPs and the third sector in this regard.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
<b>67.</b>	<b>Patient Experience Report – Quarter 2</b>	
	<p>The Committee considered the Patient Experience Report – Quarter 2 [Paper 24/45] presented for assurance by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs.</p> <p>Ms Crawford noted that there had been a decrease in the number of complaints received within the quarter. She said that performance within Stage 1 remained above target at 92% but Stage 2 performance was challenging at 55%. Ms Crawford said that was recognised nationally that there was increasing complexity in cases received. She highlighted the focus of Board-wide learning, and the weekly updates sent to the Chief Executive for ongoing monitoring and review of sector performance.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	

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		<b>ACTION BY</b>
<b>68.</b>	<b>Healthcare Associated Infection Report</b>	
	<p>The Committee considered the Healthcare Associated Infection Report [Paper 24/34] presented for assurance by Ms Sandra Devine, Director of Infection Prevention and Control.</p> <p>The Committee noted an update on Scottish Government Standards on Healthcare Associated Infections for SAB, CDI and ECB. There were 33 reported SAB in July and 29 in August against the target of 23 or less per month. There were 53 healthcare associated ECB in August, the aim was 38 or less per month. CDI: 23 cases in August, aim was 17 or less. SAB, ECB and CDI rates remained within the control limits as indicated by provided funnel plots.</p> <p>Ms Devine highlighted a national increase in CDI. She advised that there had been local investigations with only 1 confirmed link. Ms Devine said that the November CDI rates were decreasing, and there was no known reason for the overall increase, but close monitoring remained ongoing.</p> <p>Ms Devine provided a short presentation to the Committee providing information on HAIRT and how this is monitored and reported.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>69.</b>	<b>Annual Scottish National Audit Programme (SNAP) Update</b>	
	<p>The Committee considered the Annual Scottish National Audit Programme (SNAP) Update [Paper 24/47] presented for assurance by Ms Paula Spaven.</p> <p>Ms Spaven assured the Committee that there was a robust process in place to respond to SNAP, with excellent clinical engagement</p> <p>She reported that in 2024 there had been 83 indicators, of which 7 were positive, 4 were negative, and 11 required action/response. She highlighted that each outlier has been reviewed and responded to as required, and outlined that for the outliers requiring investigative or clinical review, either no quality of care issues have been identified, or work is ongoing to address the outlier</p> <p>Ms Spaven noted ongoing monitoring through the clinical governance structures across the Board.</p>	

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		<b>ACTION BY</b>
	The Committee were content to note the report.	
	<b><u>NOTED</u></b>	
<b>70.</b>	<b>West of Scotland Cancer QPI Report</b>	
	<p>The Committee considered the West of Scotland Cancer QPI Report [Paper 24/48] presented for assurance by Dr David Dodds, Chief of Medicine – Regional Services.</p> <p>Dr Dodds explained that the regional audit and governance processes are well established within the West of Scotland, aligned to the national Quality Performance Indicator (QPI) governance and reporting framework. He said that the main function of the networks was to improve survival and experience while reducing variation of care across Health Boards. He reinforced the importance and focus of patient centred care which was central to the development and reporting against the QPIs.</p> <p>Dr Dodds said nine QPI reports were published in period March 2024 to August 2024, two had no actions for NHS GGC, three action plans has been submitted to WoSCAN and four action plans are in development. He highlighted areas of opportunity for improvement within NHSGGC including multidisciplinary discussions, seizure management and radical treatment of bladder cancer.</p> <p>The Committee were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>	
<b>71.</b>	<b>Moving Pharmacy Forward Progress Report</b>	
	<p>The Committee considered the Moving Pharmacy Forward Progress Report [Paper 24/49] presented for assurance by Ms Gail Caldwell, Director of Pharmacy.</p> <p>Ms Caldwell provided a summary of the work undertaken within the first 3 years of the launch approved by the CMT in 2021. She highlighted the focus on community pharmacy, and the national negotiations that were underway in this regard. She reflected on the community pharmacy role and the positive impact this could have on unscheduled care.</p> <p>Ms Caldwell noted the workforce development work underway to prepare for the 2026 qualified pharmacists who would all qualify as independent prescribers. She said it was important to ensure that they offer the maximum value and contribution, and that by extending their scope of</p>	

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	<p>practice this would have a positive effect on healthcare capacity.</p> <p>Ms Caldwell also highlighted the work done with eHealth colleagues in digitising prescribing across the organisation.</p> <p>The Committee were assured by the report.</p> <p><b><u>NOTED</u></b></p>	
<b>72.</b>	<b>Safe and Effective Use of Medicines in NHSGGC</b>	
	<p>Ms Caldwell presented the Safe and Effective Use of Medicines in NHSGGC [Paper 24/50] for assurance.</p> <p>Ms Caldwell said that there was continued focus on improvement of medication safety across the organisation with the action linked to the risk register. She reported that medication was now the most frequent intervention in healthcare, with many patients on multiple medications. She advised that the Medicines Governance Framework was central to the policies and procedures developed, and the Adult Therapeutic Handbook was now being used across other Health Boards. Ms Caldwell said work was underway regarding education and training for incoming junior doctors and nurses. She also said there was an opportunity with the use of HEPMA to gather dashboard data of medication prescribing and use.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>73.</b>	<b>Quality Strategy Implementation Plan Proposal</b>	
	<p>Prof Wallace presented the Quality Strategy Implementation Plan Proposal [Paper 24/51] for approval.</p> <p>She explained that the paper was seeking to establish the top lines of the first-year implementation of the Quality Strategy. The team were taking a systematic approach and would be outlining year 1 impact based on the priorities agreed.</p> <p>It was noted that the plan would be presented to the Board via a Board Briefing on 17<sup>th</sup> December.</p> <p>The Committee were content to approve the approach.</p> <p><b><u>APPROVED</u></b></p>	

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		<b>ACTION BY</b>
<b>74.</b>	<b>West of Scotland Research Ethics Service Annual Report</b>	
	<p>The Committee considered the West of Scotland Research Ethics Service Annual Report [Paper 24/52] presented by Ms Judith Godden, Manager of the WoS Research Ethics Service.</p> <p>Ms Godden reported on the activity across the UK, noting that there were 4 NHSGGC Committees with 60-70 volunteers including staff and lay members. She said that there were tight timelines for approval and NHSGGC had 100% compliance in this regard.</p> <p>The Committee were content to note the update and expressed their thanks to members of the Ethics Committee for their work.</p> <p><b><u>NOTED</u></b></p>	
<b>75.</b>	<b>Extract from Corporate Risk Register</b>	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 24/35] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan explained that KPI reporting had been introduced and 100% risks had been reviewed since the last meeting. She also noted the appended report which monitored actions.</p> <p>The Committee were content to approve the register.</p> <p><b><u>APPROVED</u></b></p>	
<b>76.</b>	<b>Items for Noting</b>	
	<p><b>a) Public Protection Forum – Minutes of the Meeting held on 4 September 2024</b></p> <p>The Committee were content to note the update</p>	
	<p><b>b) Board Infection Control Committee – Minutes of the Meeting held on 20 August 2024</b></p> <p>The Committee were content to note the update</p>	
	<p><b>c) Board Clinical Governance Forum – Minutes of the Meeting held on 5 August and 23 September 2024</b></p> <p>The Committee were content to note the update</p>	

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			<b>ACTION BY</b>
<b>77.</b>	<b>Date of Next Meeting</b>		
	The next meeting would take place on Tuesday 4 March 2025 at 2.00 pm, hybrid at JB Russell House and via Microsoft Teams.		