

NHS Greater Glasgow and Clyde	Paper No. 26/149
Paper Title	Standing Committee Chairs Board Report
Meeting:	NHSGGC Board Meeting
Date of Meeting:	29 October 2026
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee:	Clinical and Care Governance Committee
Date of Reporting Committee:	10 September 2026
Committee Chairperson:	Mr David Gould, 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 10 September 2026 as set out below and seek further assurance as required.

3. Key Items of Discussion

3.1 Update on Healthcare Improvement Scotland (HIS) 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. This included inspection activity, outstanding actions and revised tracking arrangements. The Committee were advised that work was underway to bring together action plans and trackers

through thematic analysis and embed learning into quality improvement processes.

- The Committee were assured by the update.

3.2 Fatal Accident Inquiries (FAIs) Update

- 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 the increase to 11 FAIs and discussed the learning system that was being developed to identify themes and support improvement.
- The Committee were assured by the update.

3.3 Acute Services Clinical Governance Update - Exception Report

- The Committee received a paper for assurance.
- The Committee were provided with an update on progress and activity within Acute Services. This included improved SAER performance, Duty of Candour documentation and inpatient diabetes safety reporting.
- The Committee were assured by the update.

3.4 Primary Care and Community Care Clinical Governance Update – Full Report

- The Committee received a paper for assurance.
- The Committee were provided with an update on progress and activity in Primary Care and Community Care. This included medicines governance and supply, GP IT migration, interpreting services and access to weighing equipment
- The Committee were assured by the update.

3.5 NHSGGC Care Home Support Annual Report 2025-26

- The Committee received a paper for assurance.
- The Committee were provided with the Annual Report and noted the reach and impact of the Care Home Support Model in bringing together collaborative support teams to work alongside care home staff supporting high-quality care, continuous improvement and wellbeing outcomes for residents, care homes teams and the wider workforce, including workforce engagement, improvement activity and training support.
- The Committee were assured by the update.

3.6 Annual Clinical Governance Report for Prison Healthcare Services 2025

- The Committee received a paper for assurance.
- The Committee were provided with an overview of the report for 2025 and raised concerns including GP leadership, dental services, transport, FAIs and mental health support.
- The Committee were not fully assured around certain aspects of the paper and sought further assurance at the next Committee meeting.

3.7 Assurance Information Framework KPIs – Safety and Quality Programmes

- The paper was presented to the Committee for assurance.
- The Committee received an update on the Safety and Quality Programme Key Performance Indicators (KPIs) aligned to the Committee presented data up to June 2026, with the exception of HSMR data which reported to March 2026. The Committee noted further work on the HSMR data to consider this measure in the context of the Boards Integrated Performance and Quality Report (IPQR).
- The Committee were assured by the update.

3.8 Significant Adverse Event Reviews (SAER) – Update

- The paper was presented to the Committee for assurance.
- The Committee noted improved SAER performance and the strengthened oversight of overdue reviews, breaches and potential SAERs.
- The Committee were assured by the update.

3.9 Healthcare Associated Infection Reporting Template (HAIRT) – May and June 2026

- The Committee received a paper for assurance.
- The Committee were advised that during May and June 2026 there were no exceptions to report and performance in NHSGGC was within control limits.
- There continued to be a strong focus on E. coli and SAB. The Committee were advised that an issue had been identified with the MRSA screening risk due to the move to digital records and was ongoing to address the issue. A deep dive on handwashing would be presented at the October Board meeting.
- The Committee were assured by the update.

3.10 NHSGGC Person-Centred Care Standard and Measurement Framework and the Quality Strategy Year 2 Impact Report

- These papers were presented to the Committee for approval and endorsement.
- The Committee were advised that the person-centred care measures reinforced quality as a key deliverable and aimed to address the significant variation in how person-centred care was currently measured and evidenced and noted that the launch would be supported by a comprehensive communications plan. The Committee also considered the Quality Strategy Year 2 Impact Report noting progress on implementation and organisational learning.
- The Committee approved the Person-Centred Care Standard. The Committee also endorsed the Quality Strategy Year 2 Impact report to be presented to the October NHS Board.

3.11 NHSGGC Palliative Care and Care Around Dying Strategy 2026-2030

- The paper was presented to the Committee for approval.
- The Committee were advised that the Strategy set out a whole-system vision to ensure that people of all ages with life-shortening conditions, and those important to them, received high quality, compassionate, person-centred care wherever and whenever it was needed and noted the importance of future care planning and improvements to accessibility of palliative care.

- The Committee approved the Strategy to be presented to the October NHS Board.

3.12 NHSGGC Same Sex Accommodation Policy

- The paper was presented to the Committee for approval.
- The Committee noted the focus on safeguarding, dignity and staff support and noted that a communications programme was being developed alongside practical support.
- The Committee approved the policy to progress through the agreed governance route alongside an accompanying workforce facilities policy.

3.13 Pharmacy Services Governance Report - Chief Pharmacist Standards

- The paper was presented to the Committee for assurance.
- The Committee received assurance of NHSGGC's compliance with the General Pharmaceutical Council of Great Britain (GPhC) Chief Pharmacist Standards 2025 which was the regulatory body for pharmacies, pharmacists and pharmacy technicians.
- The Committee were assured by the update.

3.14 Patient Experience Report Quarter 1

- The Committee received a paper for assurance.
- The Committee were advised that during the quarter there had been a 4% decrease in the number of complaints received and overall, 70% of complaints were responded to within agreed timescales, however, performance for Stage 2 complaints had dipped to 55%. The report identified the top three complaint themes which reflected trends across the Board and noted good progress in relation to person-centred care programmes, digital clinical notes, and person-centred care planning.
- The Committee were assured by the update.

3.15 Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2025/26

- The Committee received a paper for endorsement.
- The Committee were advised that despite a 6% increase in complaints over the year, performance had been maintained at 73% with Stage 1 performance at 84%. The Committee discussed the Care Opinion Bear initiative at the Royal Hospital for Children which had generated a significant amount of feedback and reinforced the message to children and young people that their voice mattered.
- The Committee endorsed the Annual Report which would now be presented to the October NHS Board.

3.16 NHSGGC Clinical Governance Annual Report 2025-26

- The paper was presented to the Committee for endorsement.
- The Committee noted the key work and activity undertaken during the year to support the delivery of high-quality, safe and effective care and were provided with assurance on clinical governance arrangements, highlighted improvements

and good practice. The Committee were advised that the clinical governance review would examine the complexity of current governance arrangements to identify any gaps or duplication.

- The Committee endorsed the Annual Report which would now be presented to the October NHS Board.

3.17 NHSGGC Duty of Candour Annual Report 2025-26

- The paper was presented to the Committee for assurance.
- The Committee noted compliance with Duty of Candour requirements, learning, training, staff support and plans for further system improvements.
- The Committee endorsed the Annual Report which would now be presented to the October NHS Board.

3.18 Public Protection Strategy “Safeguarding - It Matters To Us” (2023-2026) - Annual Report 2025-2026

- The paper was presented to the Committee for endorsement.
- The Committee noted significant progress against the Delivery Plan and Assurance Framework as the service continued to deliver a broad range of activity across public protection priorities. The Committee agreed to have a deep dive on domestic violence at its next meeting.
- The Committee endorsed the Annual Report which would now be presented to the October NHS Board.

3.19 West of Scotland Research Ethics Service Annual Report 2025-26

- The paper was presented to the Committee for assurance.
- The Committee noted that the service had up to 70 voluntary members serving across four Committees and that over the past year the Committees had reviewed 186 research applications from across the UK meeting all required timelines. The Committee also noted the changes arising from the new Clinical Trials Regulations.
- The Committee were assured by the update.

3.20 Commissioned Review of Clinical Governance Arrangements and Review of HIS Standards for Clinical Governance

- These papers were presented to the Committee for assurance.
- The Committee noted the independent review findings, including established governance arrangements, opportunities to improve consistency and the need for clearer escalation and ongoing oversight.
- The Committee were assured by the update.

3.21 Corporate Risk Register – July 2026

- The Committee received a paper for approval.
- The Committee were advised that there were two risks assigned to the Committee and there were no new or closed risks and ongoing work to progress overdue actions.
- The Committee were content to approve the register.

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 3 December 2026.

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Thursday 4 June 2026 at 2.00 pm hybrid in the Board Room, JB Russell House, and via Microsoft Teams

PRESENT

Ms Cath Cooney (in the Chair)

Mr Giovanni D'Alessio	Ms Margaret Kerr
Dr Scott Davidson	Dr Morven McElroy
Ms Dianne Foy	Ms Karen Turner
Mr Graham Haddock OBE	Professor Angela Wallace

IN ATTENDANCE

Ms Leanne Connell	Chief Nurse, Interface Division
Ms Lorraine Cowie	Director of Interface
Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs (for Item 14)
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Natalia Hedo	IPC Surveillance Operations Manager
Dr Una Graham	Deputy Medical Director, Mental Health and Addictions
Ms Katrina Heenan	Chief Risk Officer
Mr David Lamont	Interim Chief Nurse, Nursing and Midwifery
Ms Leanne Law	Senior Business Manager, Corporate Governance
Dr Deirdre McCormick	Chief Nurse/Head of Service, Public Protection
Mr Iain Paterson	Corporate Services Manager, Compliance
Ms Paula Spaven	Director of Clinical and Care Governance
Ms Janice Watt	Interim Director of Pharmacy

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24.	Welcome, Apologies and Introductory Remarks		
	The Committee Vice Chair, Ms Cath Cooney, welcomed those present to the June meeting of the Clinical and Care Governance		

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	Committee. Ms Cooney advised that she would be chairing today's meeting on behalf of Dr Paul Ryan who was on leave. Ms Cooney also advised that Ms Karen Turner would be joining the meeting later due to another commitment and had requested that Items 7 and 9 on the agenda be taken later in the meeting to enable Ms Turner to be present for the discussion. Apologies were noted on behalf of Professor Jann Gardner, Professor Colin McKay, Dr Paul Ryan and Dr Lesley Thomson KC. <u>NOTED</u>		
25.	Declarations(s) of Interest(s)		
	The Committee Vice Chair, Ms Cath Cooney, invited Committee Members to declare any interests in the items discussed. There were no interests noted. <u>NOTED</u>		
26.	Minutes of Previous Meeting		
	The Committee considered the minute of the meeting held on 5 March 2026 [CCCG(M)26/01] and were content to approve the minutes as a full and accurate record of the meeting. <u>APPROVED</u>		
27.	Matters Arising from Minutes		
	a) Rolling Action List The Committee considered the items detailed on the Rolling Action List [Paper 26/18] presented by Ms Leanne Law, Senior Business Manager, for approval. The Committee were advised that there were 2 items proposed for closure and 2 items remained ongoing. The Committee were content to approve the Rolling Action List. <u>APPROVED</u>		

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28.	Urgent Items of Business		
	The Committee Vice Chair invited members to raise any urgent items of business that were not on the agenda. There were no items raised. <u>NOTED</u>		
29.	Overview		
	The Committee Vice Chair invited Dr Scott Davidson, Medical Director, and Professor Angela Wallace, Executive Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. The Committee were content to note the update. <u>NOTED</u>		
30.	Update from Healthcare Improvement Scotland (HIS) unannounced Safe Delivery of Care inspections and Mental Welfare Commission (MWC) inspections		
	The Committee considered the Update from Healthcare Improvement Scotland (HIS) unannounced Safe Delivery of Care inspections and Mental Welfare Commission (MWC) inspections [Paper 26/19] presented by Professor Angela Wallace, Executive Nurse Director, for awareness. Professor Wallace advised that the paper provided oversight on the requirements and actions from the HIS and MWC inspections. This was a new and developing approach to ensure visibility and feedback on the report's format and content which was welcomed. It was noted that the HIS Unannounced Inspection Report – Maternity Services Delivery of Care Inspection and completed Action Plan had been published today (4 June 2026). Professor Wallace also reported that in the last few days, 8-week improvement plan updates had been received in relation to the Gartnavel General and Skye House HIS inspections and these would be updated for the next report. Following a discussion on Skye House, Professor Wallace noted that there had been a detailed Board Member briefing provided by Mr Derrick Pearce, Chief Officer East Dunbartonshire HSCP, which outlined the journey and progress and had offered Board Members		

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	the opportunity to raise any queries or concerns. Professor Wallace also provided assurance that, along with Mr Pearce and Dr Davidson, she continued to have oversight of Skye House and they were continually monitoring and supporting the progress being made. Dr Una Graham, Deputy Medical Director, Mental Health and Addictions reported that there were now two Activity Coordinators in post who worked weekend and evenings. Dr Graham acknowledged that there were complexities around schooling due to the different educational authorities as well as the needs of the young people and this would require to be explored in more detail. In response to a query regarding the use of restraint, Dr Graham emphasised that there was significant work underway on this noting that the MWC had been tasked with establishing a national monitoring and reporting system for restrictive practices. Local data on the current use of restrictive practices was due to be submitted by all NHS Boards by 19 June 2026 with national reporting expected to begin in April 2027. Consideration would also need to be given to the pending Supreme Court judgement. In response to a query around governance, Dr Davidson explained that there was a Mental Health Clinical Governance Forum which reported into the Boardwide Clinical Governance Forum. Dr Davidson committed to working with Professor Wallace to review the governance to ensure that the flow between these and the Committee were appropriate and provide the right assurance for the next meeting of the Committee. The Committee were assured by the update. <u>ASSURED</u>		Dr Davidson/ Professor Wallace
31.	Fatal Accident Inquiries		
	a) FAI Update		
	The Committee considered the FAI Update [Paper 26/20] presented by Dr Scott Davidson, Medical Director, for assurance. Dr Davidson advised that the paper provided a status update on all FAIs across NHSGGC and invited Mr Iain Paterson, Corporate Service Manager, Compliance, to provide a short overview. Mr Paterson reported that since the previous update to the Committee determinations had been issued by Glasgow Sheriff Court in respect of three FAIs, however, no recommendations had been made, and the determinations would be presented to the NHS Board on 25		

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	June 2026. Mr Paterson added that there continued to be constructive engagement with Crown Office Business Managers to support more effective joint working and there was now a single point of contact to arrange access to witnesses for statements and requests for other information. Dr Davidson provided assurance that when actions had been completed and FAIs were no longer on the tracker, these would still be monitored to ensure that a thematic collection of information and learning was being built up. It was important to note that this process was not just about tracking and completing actions, it was also about implementing and demonstrating the learning from FAIs, including where no formal recommendations had been made. Ms Spaven advised that this was part of the learning system work and added that Mr Paterson was part of the working group that was developing the learning system and developing a standardised template to consistently capture learning across the system from FAIs, SAERs, complaints and other forms of feedback including The Care Opinion website. The Committee were assured by the update. ASSURED		
	b) Proposal for Recording FAI Actions		
	The Committee considered the Proposal for Recording FAI Actions [Paper 26/21] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for approval. Ms Spaven outlined the proposed approach to record, track, and provide assurance on actions arising from FAIs across NHSGGC. This would ensure that FAI actions were recorded consistently in a single system, that there was a clear audit trail and that senior governance groups would have routine oversight and assurance on delivery of actions. Ms Spaven noted that the current NHSGGC Incident Management System DATIX was an already established system, which would involve minimal additional requirement to record actions, and therefore had been identified as a viable option and was a relatively straightforward process to implement. Ms Spaven acknowledged that there was limited information on whether DATIX was appropriate for this purpose, however advised that there had been significant work in the background and DATIX would enable		

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	oversight and status of actions to be achieved in the short-term. The aim was to ensure the Committee had enhanced oversight of any outstanding actions and that a system was in place to monitor and flag any that were overdue. Ms Spaven acknowledged the Committee's comments in relation to testing the system and providing additional assurance that DATIX was indeed the best option. Ms Spaven advised that this could be actioned quickly as most of the processes were already in place and she could provide a refined paper to the next meeting of the Committee which would include further details on the testing of the approach. Consideration would also be given to whether this Committee was the proper governance route to approve this proposal The Committee noted the proposal taking account of the discussion above. <u>ONGOING</u>		
32.	Mental Health Governance Update – Exception Report		
	The Committee considered the Mental Health Governance Update – Exception Report [Paper 26/22] presented by Dr Una Graham, Deputy Medical Director, Mental Health, for assurance. Dr Graham outlined the key progress and activity within Mental Health services. The MWC End of Year Visit had taken place in December 2025 and monthly meetings were scheduled to work through the themes and ongoing programmes in advance of this year's meeting, including the use of non- consented Emergency Detentions, adherence to smoking legislation and the use of restraint. Work was under way with Public Services Delivery (PSD) Scotland on the Carers Interface programme, a learning module and podcast were being developed with the launch anticipated by September. The Suicide and Self-Harm Reduction Group continued to have oversight of the ligature reduction agenda with the programme of work to remove ligatures from wards identified as most high risk on track. There had been a review of the 12-week Audit of Continuous Intervention and roll-out of the approach was progressing across acute sites. The national benchmarking process of Neurodevelopmental Disorder services concluded in March which highlighted variations across Boards. Current demand for services was substantial and this was having a significant impact on mental health services, primary care, education, and on the individuals. A further meeting		

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	was scheduled to discuss the way forward and progress. This work also formed part of the Scottish Government's 100-day programme. Work on the Mental Health Strategy was ongoing, including an options appraisal for inpatient sites supported by an external facilitator. A Flow Navigation Manager had now been appointed, and there was interest in this role developing further. The Remote Monitoring Pathway had been rolled out to all Community Teams from the start of June. In response to a query regarding the governance arrangements and decision-making accountability for the recommendations from the Mental Health Strategy, particularly around bed reconfiguration, and assurance that the impact of this was clear across the system, Dr Graham advised that the options appraisal process would be presented to Chief Officers and the Corporate Management Team (CMT) before public consultation. This would also require to be presented to the Finance, Planning and Performance Committee (FPPC), whose membership included all Board Members as well as the Transforming Together Portfolio Board. The FPPC also received regular updates on the IPQR and transforming together programme for assurance. Dr Graham also advised that this exception report was not intended to provide the full level of detail with the full report being presented to the December meeting. Ms Katria Heenan, Chief Risk Officer also advised that a new corporate risk escalation and de-escalation process had been presented to Audit and Risk Committee (ARC) that morning. Ownership of this process would sit with CMT, and Ms Heenan offered to share the detail with the Committee. In response to a query regarding Neurodevelopmental Disorder services, Dr Graham set out the proposed approach that was being developed nationally and advised that a suite of information was available on MyApp and that NHS Inform was developing a national package of resources. The Committee were assured by the report. <u>ASSURED</u>		
33.	Interface Clinical Governance Update – Full Report		
	The Committee considered the Interface Clinical Governance Update – Full Report [Paper 26/23] presented by Ms Lorraine Cowie, Director of Interface, for assurance.		

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	Ms Cowie noted that this was the first annual clinical governance update from the Interface Division which would provide assurance on governance arrangements since the Division was created in August 2025. Ms Cowie reported good progress in establishing consistent risk and incident management processes across both existing and new services. Ms Cowie noted the importance of having clear structures in place while maintaining the flexibility needed to deliver care models at pace. A governance approval process was now in place for standard operating procedures, clinical guidelines and clinical pathways, with oversight provided through Acute and Primary Care Governance Forums. Ms Cowie also highlighted the significant level of joint working with partners across NHS 24, Emergency Departments, Assessment Units and Minor Injuries Units. Shared organisational learning remained a key priority with safe space meetings helping to strengthen collaborative working and provide opportunities for learning and reflection. An Assurance Framework was being developed alongside a supporting dashboard to improve visibility of performance and governance information. Work was also under way with Business Intelligence to automate reporting as far as possible. The Division was continuing to listen to the experiences of staff and service users, with patient experience identified as a key area of focus. A Patient-Reported Experience Group had been established, and a Patient-Reported Outcome Measure Group would also be introduced. The report also highlighted a number of challenges, including the need to ensure sufficient clinical decision-making capacity to support professional-to-professional escalations, and the importance of automating the data required for assurance and reporting. Overall, Ms Cowie advised that a robust and consistent Governance Framework was being put in place to support safe, person-centred care and the next report would include more details around key indicators for quality and assurance. In response to a query regarding whether there was confidence in the consistency of experience across the different routes into the system, Dr Davidson recognised that there would always be variability around individual clinical decision making however, it was important to have processes in place. In response to a query regarding safe space meetings and culture, Ms Connell advised that these had been incredibly helpful and		

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	provided an example of where this had worked well. Ms Connell noted that the safe space meetings had provided any challenges to be worked through quickly and the open culture and keenness to listen had worked really well. Ms Connell emphasised the importance of protecting safe space and communication particularly in times of high pressure. The Committee were assured by the report. <u>ASSURED</u>		
34.	Public Protection Governance Report		
	The Committee considered the Public Protection Governance Report [Paper 26/24] presented by Dr Deirdre McCormick, Chief Nurse/Head of Service, Public Protection, for assurance. Dr McCormick provided an overview of the key points outlined in the report. The IRD referral and management application continued to be piloted in West Dunbartonshire and subject to the pilot evaluation, the intention was to roll this out across other areas at pace. Police Scotland continued to be the largest source of IRD referrals, and the main reasons for referral remain unchanged. There remains challenges in meeting the 48-hour target for IRDs, largely due to staff capacity. There were three vacancies within the Public Protection Advisor team and recruitment to these post is underway. It was also noted that only 3% of requested IRDs resulted in no further action, providing reassurance that the right children are being referred. In relation to Adult Support and Protection, Dr McCormick advised that microstrategy reporting was not yet fully established as a single reporting mechanism for AP1 with further work needed to improve categorisation and encourage colleagues to provide clear reasons when recording information. Education work with staff is continuing, and governance meetings remained a key mechanism for driving improvement. Supervision had been paused because of capacity pressures, however, with vacancies being filled and sickness absence improving, it was expected that this will resume. In the meantime, supervision continues to be provided to HSCPs managing complex cases. Learning and education activity had now resumed with plans to recruit to fixed-term posts to support this work further.		

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	Dr McCormick emphasised the importance of taking time to reflect on the themes emerging from improvement work while continuing to progress actions at pace. This would help strengthen the organisation's ability to identify where further action was required. The current risk score reflected the outcome of a recent discussion with Ms Katrina Heenan, Chief Risk Officer and application of the new risk matrix. A national programme of work was continuing in relation to child sexual abuse and exploitation, with significant engagement from Chief Officers within Public Protection groups across Partnerships. A Public Inquiry had been established in relation to exploitation and further detail would be provided in due course. In response to a query regarding the number of IRDs not meeting the 48-hour target and the consequences of this, Dr McCormick acknowledged that working towards the target was important, however, these cases were already under scrutiny at Child Protection Committees with safety plans in place for those children. In response to a query regarding referrals and whether all the parties that might have contact with vulnerable children have got access to this, Dr McCormick highlighted there was work within Child Protection Committees around Notification of Concern (NOCs) including quality assurance and supporting specific agencies when they raised concerns. In response to a query regarding the definition of neglect, Dr McCormick noted that there was an assessment of care tool for neglect, however, this was a complex area and more needed to be done to better support families. Professor Wallace added that tools had been created over time to ensure staff had visibility and were confident in using the tools and training and supporting people to raise protection issues. The Committee were assured by the update. <u>ASSURED</u>		
35.	Clinical Governance Biannual Report		
	The Committee considered the Clinical Governance Biannual Report [Paper 26/25] presented by Paula Spaven, Director of Clinical and Care Governance, for assurance. Ms Spaven provided some key highlights from the report, noting that although there had been a slight improvement in compliance with breached guidelines, the position was still not near the target and there was a focus on making the process of approving and		

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	developing guidelines more rapid and dynamic. Work was under way with services through a number of multidisciplinary team sessions alongside work to develop a Communications and Engagement Plan. Ms Spaven also advised that enhanced monitoring and oversight arrangements for clinical guidelines remained in place within Women and Children's services, supported by targeted input from the Clinical Guidelines Team, and that performance continued to improve, with 22 guidelines completed in May. It was also noted that a more detailed update on the Hospital Standardised Mortality Ratio (HSMR) in Clyde, including additional information relating to Clyde where the figures remained about the Scottish average, would be included in the KPI paper for the next meeting. While the Committee welcomed the updates in the report, there was a discussion in relation to whether the information provided the required assurance across all areas of clinical governance to ensure the Committee could be satisfied that appropriate processes and procedures were in place. The Committee Vice Chair suggested that it would be helpful to map out practice and evidence against the seven clinical governance standards set by Healthcare Improvement Scotland. In response, Dr Davidson advised that this work was already underway to map this against the HIS clinical governance standards, current NHSGGC clinical governance policies and the NHS Scotland Blueprint for Good Governance which would help to refine the paper and the presentation of data. It was noted that the report contained considerable information on activity however it was more difficult to assess outcomes and key performance measures. In response, Ms Spaven acknowledged these were valid points and work would continue to evolve and improve the report however there needed to be an understanding of what level of detail was presented to what Committee and how assurance would be provided at each level. Dr Davidson added that, using HSMR as an example, detailed work on this had also been progressing through other forums over a number of years, therefore the key issue was ensuring the right report reached the right Committee at the right time. The Committee Vice Chair requested that an update on the work relating to the seven HIS clinical governance standards be brought back to the next meeting. The Committee were assured by the report on the basis of the discussion above and the ongoing development of clinical governance structures. <u>ASSURED</u>		Dr Davidson/ Ms Spaven

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36.	Patient Experience Report Quarter 4		
	The Committee considered the Patient Experience Report Quarter 4 [Paper 26/26] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace invited Ms Mandy Crawford, Corporate Services Manager, Complaints, to discuss the key highlights from the report. Ms Crawford reported that during the period from 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 Scottish Public Services Ombudsman (SPSO) had received 105 cases related to NHSGGC complaints in this quarter, with 3 under investigation and 23 at pre-investigation. There had been two fully upheld complaints; three partially upheld complaints; and one not upheld. 59 cases had not been taken forward. Feedback had been provided on the complaints handling process, 6.1% of the complaints closed during the quarter and the lead Complaints Manager was taking forward any learning with the team. During the quarter, 961 patient stories had been shared on Care Opinion which was a 5% increase from the previous quarter. There had also been 121 stories shared via other channels, 83% of the feedback received had been positive. 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, and it was anticipated that an update on this would be provided with the Quarter 1 report at the next meeting of the Committee. The Committee was assured by the update. <u>ASSURED</u>		
37.	Healthcare Associated Infection Reporting Template		
	The Committee considered the Healthcare Associated Infection Reporting Template [Paper 26/27] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace reported that this was the full HAIRT and the summary report had already been presented to the NHS Board due		

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	to the reporting cycle. There were no exceptions to report and performance in NHSGGC was within control limits. The presentation of the report had changed to align with the Integrated Performance and Quality Report (IPQR) and Professor Wallace advised that Scottish Government colleagues were considering refreshing the template across Scotland and had expressed an interest in the work that had been done on this in NHSGGC. The Committee was assured by the report. <u>ASSURED</u>		
38.	Significant Adverse Event Reviews (SAER) – Performance, Programmes of Work, and Learning and Improvement		
	The Committee considered the Significant Adverse Event Reviews (SAER) – Performance, Programmes of Work, and Learning and Improvement [Paper 26/28] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for assurance. Ms Spaven provided a high-level update and advised that the report now included information on learning and improvement. Ms Spaven noted that stronger oversight arrangements remained in place and there continued to be a supported improvement plan, with closer monitoring and oversight of areas that had breached or were at risk of breaching timescales. The main themes emerging from the reviews related to the organisation of work, personal factors, tools and technology. In relation to open and overdue actions, Ms Spaven advised that these continued to be monitored through the relevant oversight groups with more detailed review of individual actions. Overall, the report was positive and highlighted ongoing work to improve the SAER position. There was a query regarding the recent Internal Audit report on the SAER process that had been presented to the Audit and Risk Committee and the need for clarity around information sharing between Committees as although the Internal Audit actions were owned by the ARC, the findings and actions should also be visible to this Committee. It was agreed that Dr Davidson would speak to Mr Michael Breen, Deputy Chief Executive/Director of Finance, to consider how best to reflect this. Dr Davidson also highlighted the importance of ensuring that the ARC report and associated action plan were clearly visible as part of a single programme of work given the significant level of effort involved in improving the SAER position.		Dr Davidson

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	In response to a query in relation to ensuring robust processes were in place going forward, Ms Spaven advised that the initial focus would be on establishing Task and Finish Groups to identify bottlenecks in the process, including delays between incidents being reported and reviews being commissioned. Ms Spaven also highlighted work to make the quality assurance process more efficient and effective and embedding it into the process from the beginning. The Committee were assured by the report. <u>ASSURED</u>		
39.	Controlled Drugs Governance Annual Report 2025		
	The Committee considered the Controlled Drugs Governance Annual Report 2025 [Paper 26/29] presented by Ms Janice Watt, Interim Director of Pharmacy, for assurance. Ms Watt provided a short overview of the report which provided assurance on controlled drug governance arrangements across NHSGGC for the period 1 January 2025 to 31 December 2025 and summarised the key governance activity as well as highlighting priority areas for continued oversight in 2026. The report confirmed that robust arrangements remain in place across NHSGGC for the safe, legal, and effective governance of controlled drugs. Ms Watt highlighted that controlled drugs remained an area of ongoing focus with incidents continuing to be reviewed with an established escalation process in place via a Short Life Working Group which has undertaken a detailed process to map the movement of medicines through hospitals as well as undertaking audits in clinical areas and reviewing practical issues. While the position had improved, there were a small number of concerns which were investigated on a case-by-case basis however there were no major concerns reported. There were also no major concerns reported in community pharmacy. In primary care and GP practices, a risk-based approach was being taken which included a self-assessment questionnaire, with visits arranged where required however it was noted that there was not the same requirement for visits as there had been previously. Private prescribing was highlighted as a significant area of growth and concern. Although Healthcare Improvement Scotland (HIS) regulated independent healthcare clinics, requests for private		

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	prescription pads were authorised through the Accountable Officer for Controlled Drugs within the NHS Board. A gap in data had also been identified in relation to private prescribers as not all community pharmacies may be submitting private prescription forms for controlled drugs, and a reminder had been issued in relation to this. Work was underway across all four nations to improve data sharing on prescription pads and to identify prescribing patterns. Other issues highlighted included medicines storage and supply within prisons, including planning for the new HMP Glasgow in 2028, and arrangements for controlled drug destruction. Ms Watt reported that an acute services Controlled Drugs Local Intelligence Network had been set up in 2024, alongside a Regional network for the West of Scotland. Consideration was being given to establishing a Boardwide Local Intelligence Network bringing together primary care, community pharmacy, hospices, care homes and other private providers. It was noted that the Internal Audit report on Pharmacy Stock Management had recently been presented to the Audit and Risk Committee and this had included a number of references to controlled drugs, particularly in relation to the pharmacy stock management system and associated processes. Ms Watt advised that these actions were already being addressed and noted that the pharmacy stock management system was relatively new and an action plan was in place to address the issues identified. Ms Watt also added that the report findings extended beyond controlled drugs and related more broadly to stock management, record keeping and governance arrangements. Improvements would be reflected in next year's report. The Committee were assured by the report. <u>ASSURED</u>		
40.	Leading the Way, Nursing & Midwifery Strategy 2025 - 2029: Year 1 Annual Impact Report (2025/26)		
	The Committee considered the Leading the Way, Nursing & Midwifery Strategy 2025 - 2029: Year 1 Annual Impact Report 2025/26 [Paper 26/30] presented by Professor Angela Wallace, Nurse Director, for endorsement. Professor Wallace introduced the paper which summarised progress achieved to date, the key impacts across strategic priorities, and outlined the next steps for delivery in Year 2. Year 1 had focused on		

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	the governance, programmes of work and infrastructure required to deliver the strategy. There had also been a cultural shift across the organisation to ensure staff were at the centre of delivery. There was a query in relation to the 15% of action points reported as delayed, particularly those relating to benchmarking, leadership and professional development and whether there were any implications from these delays and what actions were being taken. Professor Wallace explained that the scale and scope of the workforce had made leadership and professional development particularly ambitious. Leadership programmes had now been developed and tested with further development planned and significant progress had been made to this at all levels, including a particular focus this year on Senior Charge Nurses and Band 6 staff. Mr Lamont, Interim Chief Nurse, Nursing and Midwifery added that there had also been some areas that were outwith our control, for example, protected learning time, however provided assurance that there would not be any major impact from delays in this area. In response to a query regarding areas of concern, particularly in light of the recently published HIS report, Professor Wallace advised that Nursing and Midwifery was strengthening assurance processes to identify areas of good practice as well as areas where there was any deviation from expected standards. Professor Wallace emphasised that this was the first Board Strategy to give Nursing and Midwifery staff a distinct voice and that the challenge was to ensure that staff could see this reflected consistently and systematically in practice across their roles. Professor Wallace added that staff had been mobilised, the right framework and priorities were in place, and that the task now was to deliver this consistently in what was a complex and dynamic system. The Committee Vice Chair asked whether, given that the HIS report had only been published earlier that day, consideration of the Strategy update should be delayed until the August Board meeting to allow time to reflect on the issues raised. Professor Wallace acknowledged the challenges highlighted in the HIS report, however advised that the paper related to delivery of a five-year strategy and that it was important for the Board to consider the Year 1 position and be assured by the progress being made. Dr Davidson agreed and noted that presentation to the Board would clearly position this as the Year 1 update of a five-year strategy. Following discussion on governance and timing, the Committee agreed that the report should proceed to the Board.		

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	The Committee were content to endorse the report which would be presented to the NHS Board. <u>ENDORSED</u>		
41.	Corporate Risk Register Extract		
	The Committee considered the Extract from Corporate Risk Register [Paper 26/31] presented by Katrina Heenan, Chief Risk Officer, for approval. Ms Heenan advised that there were two risks assigned to the Committee and these had been reviewed since the previous meeting and rescored against the revised risk matrix. One action had been completed pending formal Director sign-off and there was one new action and two open actions. The Committee were content to approve the Corporate Risk Register. <u>APPROVED</u>		
42.	Committee Governance		
	The Committee considered the Committee Governance report [Paper 26/32] presented by Ms Leanne Law, Senior Business Manager, Corporate Governance, for approval. The report included 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. Members were asked to feedback any comments by email to Ms Law and the Committee Vice Chair. Thereafter, these reports would feed into the overall Annual Governance report which would be presented to the NHS Board on 25 June 2026. The Committee were content to approve the report subject to any feedback received. <u>APPROVED</u>		

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43.	Board Infection Control Committee Minutes of the Meeting held on 17 February 2026		
	The Committee considered the Board Infection Control Committee – Minutes of the Meeting held on 17 February 2026 presented for assurance and were content to note the minutes. <u>NOTED</u>		
44.	Boardwide Clinical Governance Forum Minutes of the Meeting held on 23 February 2026		
	The Committee considered the Board Clinical Governance Forum – Minutes of the Meeting held on 23 February 2026 [BCGF(M)26/01] presented for assurance and were content to note the minutes. <u>NOTED</u>		
45.	Closing Remarks and Key Messages for Board		
	The Committee Vice Chair provided an overview of the discussion and advised that a Chair's Report would be prepared for the NHS Board meeting at the end of June. The Vice Chair thanked the Committee for their attendance and closed the meeting. <u>NOTED</u>		
46.	Date of Next Meeting		
	The next meeting would be held on Thursday 10 September 2026 at 2.00 pm.		