

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday 3 June 2025 at 2.00 pm**

PRESENT

Dr Paul Ryan (in the Chair)

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

IN ATTENDANCE

Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs
Ms Gillian Bowskill	Associate Nurse Director, Infection Prevention and Control
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Dr Una Graham	Deputy Medical Director, Mental Health and Addictions
Ms Katrina Heenan	Chief Risk Officer
Dr Deirdre McCormick	Chief Nurse, Head of Public Protection Service
Ms Paula Spaven	Director of Clinical and Care Governance
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Ms Janice Watt	Interim Director of Pharmacy

			ACTION BY
26.	Welcome, Apologies and Introductory Remarks		
	The Chair welcomed those present to the March meeting of the Clinical and Care Governance Committee.		
	The Chair welcomed Mr Graham Haddock, Ms Margaret Kerr and Ms Karen Turner as new members of the Committee.		

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			ACTION BY
	Apologies were noted on behalf of Professor Jann Gardner <u>NOTED</u>		
27.	Declarations(s) of Interest(s)		
	The Chair invited Committee Members to declare any interests in the items discussed. There were no declarations of interests made. <u>NOTED</u>		
28.	Minutes of Previous Meeting		
	The Committee considered the minute of the meeting held on 4 March 2024 [CCCG(M)25/01] and were content to approve the minutes as a full and accurate record of the meeting subject to adding apologies on behalf of Councillor Katie Pragnell. <u>APPROVED</u>		
29.	Matters Arising from Minutes		
	<p>a) Rolling Action List</p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 25/17] and noted that the report on C-Diff local epidemiology would be presented to the September meeting as part of the HAIRT and the updated approach to managing Significant Adverse Events was being discussed at today's meeting.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
30.	Urgent Items of Business		
	The Chair invited Committee Members to highlight any urgent items of business. There were no issues raised. <u>NOTED</u>		

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			ACTION BY
31.	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>It was agreed that FAIs would be a standing item for the Committee and a tracker would be developed to ensure the Committee had further detail and oversight of the recommendations.</p> <p><u>NOTED</u></p>		Dr Davidson/ Ms Vanhegan
32.	Healthcare Improvement Scotland – June 2022 Assurance of Infection Prevention and Control Inspection at the Queen Elizabeth University Hospital		
	<p>The Committee considered the HIS Assurance Update [Paper 25/18] presented by Professor Angela Wallace, Nurse Director, for assurance</p> <p>Professor Wallace advised that a letter had been received from NHS Healthcare Improvement Scotland (HIS) on 14 April 2025 asking for an update on NHSGGC's current position in addressing the requirements and recommendations set out in the action plan from the 2022 Queen Elizabeth University Hospital (QEUH) Assurance of Infection Prevention and Control Inspection. She said that all the requirements and recommendations from the action plan were complete and HIS had requested a meeting with NHSGGC on 19 May 2025 where verbal feedback was provided that no further action was required.</p> <p>The Committee Chair said that, following discussion at the previous Committee about the Update on Action Plans from Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspections – QEUH, RAH and GRI which took place in April 2024, this would be added to the Rolling Action List to ensure that all outstanding actions were tracked to completion and brought to this Committee for formal sign off.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		Professor Wallace

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			ACTION BY
33.	Mental Health Clinical Governance Update – Exception Report		
	<p>The Committee considered the Mental Health Clinical Governance Update – Exception Report [Paper 25/19] presented by Dr Una Graham, Depute Medical Director, Mental Health and Addictions, for assurance.</p> <p>Dr Graham provided a brief overview of progress and activity within mental health services including the care and treatment of patients under compulsory treatment orders; the development of a plan to provide assurance on compliance on smoking legislation; and the work with the PEPI and Communications Team around the support of patients presenting with possible Neurodevelopmental Disorders. It was noted that the Mental Welfare End of Year visit had taken place on 21 May 2025 and that action plans would be developed and monitored through the governance group. A further update on this would be provided as part of the Mental Health Clinical Governance Update in December 2025. Dr Graham said that the Safer Drug Consumption facility at the Thistle Centre had opened January 2025 and an oversight board had been established which met monthly.</p> <p>In response to a query about the timescale for the work on ligature points, Dr Graham said that there was a rolling programme of work underway that had prioritised the highest risk wards. She said that as well as the work on ligature points, there was other important work underway on training staff and supporting patients. The Board Chair added that the Inquiries Oversight Sub Committee had also discussed this issue.</p> <p>In response to a query, Dr Graham provided details on e new proposals to underpin the clinical pathway for Neurodevelopmental Disorders, as well as assurance on the support in place.</p> <p>In relation to the public and stakeholder engagement around the Thistle Service, Professor Wallace said there had been a significant amount of work undertaken in preparation for the Centre opening and provided assurance that there was also a commitment to ongoing long-term engagement.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		

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34.	NHSGGC Internal Quality of Care Review – Skye House – Phase 1 Report		
	<p>The Committee were advised that as there were a number of processes currently underway this report would be deferred to a future meeting.</p> <p><u>NOTED</u></p>		Dr Davidson
35.	Public Protection Update		
	<p>The Committee considered the Public Protection Update [Paper 25/21] presented by Dr Deirdre McCormick, Chief Nurse, Head of Public Protection Service, for assurance.</p> <p>Dr McCormick provided an update on governance and activity within public protection including updates on the implementation of the Public Protection Strategy delivery plan; development of the Public Protection Quality Assurance Framework; and an update on Adult Support and Protection referrals.</p> <p>In response to a query about the Significant Case Review (SCR) noted in the paper and issues of capacity and consent, Professor Wallace said that that there was work ongoing to understand what more could be done and how to support everyone involved to ensure an agile and focused approach to challenging situations while understanding the wishes of individuals.</p> <p>In response to a query about Inter Agency Referral Discussions, Dr McCormick said that the referral sources varied between areas, but the key was to ensure concerns were recognised and properly reported and recorded as well as having confidence in the outcomes.</p> <p>Dr McCormick acknowledged that further insight was needed on the right place to target resources. Professor Wallace said that further detail on workforce and resources would be provided in the next annual update.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		

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			ACTION BY
36.	Clinical Governance Biannual Report (Clinical Risk, Clinical Effectiveness, HSMR and SNAP)		
	<p>The Committee considered Clinical Governance Biannual Report [Paper 25/22] presented by Dr Scott Davidson, Medical Director, and Ms Paula Spaven, Director of Clinical and Care Governance for assurance.</p> <p>Ms Spaven said that this was the first time that the report had been presented in this format bringing together clinical risk, clinical effectiveness, HSMR and SNAP into one report which enabled themes and issues to be identified across different portfolios of work. Ms Spaven said that there were three key areas to make the Committee aware of – the work to reduce overdue SAERs, the ongoing focus on improving the number of breached guidelines and ongoing work in relation to learning.</p> <p>In response to a query about the number of breached clinical guidelines, Ms Spaven explained that these were being prioritised as some required more fundamental changes than others. Dr Davidson added there was also work underway on clinical capacity to review the time clinical leaders and managers had within their job plans for non direct clinical care.</p> <p>The Committee noted the numbers of staff who had undergone training in clinical risk and QI and asked for a further understanding of the training requirements and context.</p> <p>In relation to learning and case studies, Ms Spaven said that a working group had been set up to progress the development of a learning system, which included representation from public protection, and claims and complaints. Ms Spaven said that the initial focus was on a standardised and searchable learning summary template to enable thematic learning.</p> <p>Ms Spaven acknowledged that she would provide a glossary in the next report.</p> <p>The Committee were assured by the report.</p> <p>NOTED</p>		

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			ACTION BY
37.	Patient Experience Report – Quarter 4		
	<p>The Committee considered the Patient Experience Report – Quarter 4 [Paper 25/23] presented for assurance by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs.</p> <p>Ms Crawford said that performance had been 82% for the quarter, which gave an end of year performance of 79% overall. She said it was worth noting that there had been a slight decrease in Stage 2 performance which she would discuss with Partnership and Acute colleagues. She said there had been a number of SPSO decision notices received in quarter 4 but most of these related to cases that had been taken to the SPSO in 2022 and 2023. The Complaints Team continued to provide training on complaints investigation and management with various staff groups. Feedback had been 80% positive during the quarter and progress continued to be made across wider person centred care improvement and objectives.</p> <p>In response to a query about the themes in the report Ms Crawford highlighted the ongoing work in relation to building a learning system which included Complaints. Ms Crawford also said she would link with Communications Team to ensure that more positive staff interactions were clearer through Patient Opinion.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>		
38.	Healthcare Associated Infection Report		
	<p>The Committee considered the Healthcare Associated Infection Report [Paper 25/24] presented for assurance by Ms Gillian Bowskill, Associate Nurse Director, Infection Prevention and Control, for assurance.</p> <p>Ms Bowskill said that NHSGGC continued to perform well with all main indicators within expected limits. SAB, CDI and ECB were all within control limits and below the national average. The Infection Control and Prevention Quality Network continued to make good progress and, in response to feedback from last year's What Matters to Me Day, the patient information leaflet now included QR codes for ease of access. The increase in CDiff cases nationally at the end of last year had now settled and latest figures were returning to target and further information on the deeper dive into this would be included in the report to the next meeting of the Committee.</p>		

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	<p>In response to a query, Ms Bowskill said it was recognised that healthcare associated ECBs had gradually increased and this was being seen nationally. However, there was work ongoing to look at where any improvements could be made.</p> <p>In response to a query about the new targets that were effective from April 2025, Ms Bowskill said that these had been advised in a Scottish Government DL that had been published earlier in the year. The Chair said it would be helpful if narratives on the targets could be included in the next report to the Committee.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		Ms Devine
39.	NHSGGC Policy and Procedure for Managing Significant Adverse Events		
	<p>The Committee considered the NHSGGC Policy and Procedure for Managing Significant Adverse Events [Paper 25/25] presented by Dr Scott Davidson, Medical Director, for approval.</p> <p>Ms Spaven said that this represented an updated policy and procedure for managing SAERs and had been subject to consultation across NHSGGC as well as being considered and endorsed by a number of clinical governance fora, the Corporate Management Team and subject to engagement with the Area Partnership Forum. An EQIA had been completed and the link to this would be available when the final Policy was presented. Ms Spaven outlined the key changes which included the creation of a separate procedure document and toolkit, the formalisation of 3 levels of adverse event review, and the creation of Adverse Event Oversight Groups. The proposed approach aligned with the HIS "A national framework for reviewing and learning from adverse events" published in February 2025.</p> <p>In relation to a query about capturing data in relation to protected characteristics, Ms Spaven said that this would be considered as part of the EQIA process.</p> <p>The Committee had a number of concerns about approving the Policy. Further clarity was required on governance and corporate oversight, as well as the role of the Board. It was also noted that the final version of key documents outlined within the toolkit were not accessible for the committee to review.</p>		

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	<p>It was agreed that an interim policy should be developed for approval by the Board that would enable the urgent issues to be addressed, with approval of a full policy deferred until the concerns outlined above had been resolved. Dr Davidson and Ms Spaven would rework this into an interim policy which would be circulated to the Committee for comment prior to being presented to the June NHS Board for approval.</p> <p><u>ONGOING</u></p>		Dr Davidson/ Ms Spaven
40.	Controlled Drugs Annual Report		
	<p>The Committee considered the Controlled Drugs Annual Report [Paper 25/26] presented by Ms Janice Watt, Interim Director of Pharmacy, for assurance.</p> <p>Ms Watt said the report provided a comprehensive update on the activity of the Controlled Drugs Governance Team from 1 January – 31 December 2024 and provided assurance that the management of controlled drugs in NHSGGC met the required standards. Ms Watt highlighted that the Controlled Drug Governance Team (CDGT) adopted an intelligence-led, risk-assessment based approach, focussing on areas of greatest organisational risk. She said a greater focus on examination of Datix reports in 2024 to identify any patterns of activity to investigate and escalate concerns around potential misappropriation of CDs. The report also described the process around private prescribing of controlled drugs which was a growing issue. There was also an ongoing review of prison and police custody suites with visits from the Controlled Drug Governance Team. As noted earlier, the Safer Drug Consumption facility was now open and there were Standard Operating Procedures in place to ensure good processes around the safe use, management, storage and disposal of drugs.</p> <p>In response to a query, Ms Watt said that the type of medications that were subject to fraud changed constantly, She said that HEPMA stock management reports were reviewed to identify any gaps between supply and administration which would trigger a review of an area to identify any cause for concern, and that the Team liaised with Counter Fraud Services and Police Scotland if necessary.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		

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			ACTION BY
41.	Committee Governance		
	<p>The Committee considered the Committee Governance [Paper 25/27] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan said that the paper included the Committee Terms of Reference, Annual Report for 2024/25 and Annual Cycle of Business for 2025/26. The Terms of Reference had been updated to include those issues which had now transferred from the discontinued Acute Services Committee and to note the establishment of the Inquiries Oversight Sub Committee and escalation. She said that the Scheme of Delegation was in the final stages of being cross-checked and any updates would be appended to the Terms of Reference.</p> <p>The Committee were content to approve the governance pack and the Terms of Reference and Annual report would be included in the governance pack that would be presented to the Audit and Risk Committee followed by the NHS Board later in the month.</p> <p><u>APPROVED</u></p>		
42.	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 with no change to the risk scores proposed during this period. There were six overdue actions and some of these had been discussed at today's meeting, full details were provided in the report.</p> <p>In response to a query about capturing the risks around Skye House Dr Davidson said that remained in discussion.</p> <p>The Committee were content to approve the register.</p> <p><u>APPROVED</u></p>		

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			ACTION BY
43.	Board Infection Control Committee – Minutes of the Meeting held on 17 February 2025		
	The Committee considered the Board Infection Control Committee – Minutes of the Meeting held on 17 February 2025 [Paper 25/16] presented for assurance and were content to note the minutes. <u>NOTED</u>		
44.	Board Clinical Governance Forum – Minutes of the Meeting held on 10 February 2025		
	The Committee considered the Board Clinical Governance Forum – Minutes of the Meeting held on 10 February 2025 [BCGF(M) 25/01] presented for assurance and were content to note the minutes. <u>NOTED</u>		
45.	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. Dr Ryan said that this was Dr Lesley Rousselet's final meeting as her term as Chair of the Area Clinical Forum would come to an end on 30 June 2025. The Committee thanked Dr Rousselet for her input over the last few years. <u>NOTED</u>		
46.	Date of Next Meeting		
	The next meeting would take place on Thursday 4 September 2025 at 2.00 pm.		