

NHS Greater Glasgow and Clyde	Paper No. 25/131
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 October 2025
Title:	Significant Adverse Event Reviews (SAER) Performance Delivery, Oversight and Monitoring
Sponsoring Director:	Dr Scott Davidson, Executive Medical Director
Report Author:	Ms Paula Spaven, Director of Clinical and Care Governance

1. Purpose

The purpose of this paper is to provide an update to the NHSGGC Board on Significant Adverse Event Review (SAER) Performance Delivery, Oversight and Monitoring.

2. Executive Summary

The Interim NHSGGC Policy and Procedure for Managing Significant Adverse Events was approved at the Board in June 2025 and was effective from 1st July 2025. The Interim Policy formalises 3 levels of adverse event review within NHSGGC, along with the formation of Adverse Event Oversight Groups (AEOGs). These groups will provide enhanced evaluation and monitoring mechanisms, by endorsing decision making for an appropriate level of review and overseeing SAE reviews within their area.

Despite significant efforts by teams, NHSGGC were challenged by a high number of overdue SAERs and potentials at the end of July 2025. A SAER Rapid Action plan was developed, outlining 3 phases of work:

- Phase 1: complete and close overdue SAERs from snapshot position at end of July
- Phase 2: Assessment of potentials from snapshot position at end of July (SAER, LAER, LMTR)
- Phase 3: SAER Performance Delivery, Oversight and Monitoring

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NHSGGC continues to review and align our process to the updated HIS National framework and has increased governance and oversight of SAER performance delivery and activity.

There has been significant progress in reducing the number of overdue SAERs and tracked potentials, with ongoing focused work to close overdue SAERs and assess potentials.

3. Recommendations

This report provides an update to the Board on SAER Performance Delivery, Oversight and Monitoring, and is presented to the Board for assurance.

The Board are asked to note:

- significant progress in reducing the number of overdue SAERs, with ongoing focused work
- significant progress in reducing the number of tracked potentials, with ongoing focused work
- increased governance and oversight of SAER performance delivery, oversight and monitoring.

4. Response Required

This paper is presented for assurance

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|----------------------|------------------------|
| • Better Health | <u>Neutral</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Neutral</u> impact |
| Equality & Diversity | <u>Neutral</u> impact |
| Environment | <u>Neutral</u> impact |

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

N/A

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

Corporate Management Team – 7 August 2025

Boardwide Clinical Governance Forum – 18 August 2025

Clinical and Care Governance Committee – 4 September 2025

8. Date Prepared & Issued

Prepared on: 15 October 2025

Issued on: 22 October 2025

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1. Introduction

The purpose of this paper is to provide an update to the NHSGGC Board on Significant Adverse Event Review (SAER) Performance Delivery, Oversight and Monitoring.

2. Background

NHSGGC is committed to carrying out timely, high-quality reviews, recognising that any delay may have a detrimental effect on the patient and family, staff, or the work of partner organisation reviews.

The Interim NHSGGC Policy and Procedure for Managing Significant Adverse Events was approved at the Board in June 2025, and was effective from 1st July 2025. An Interim Policy was required to align NHSGGC with the updated Healthcare Improvement Scotland (HIS) national framework for reviewing and learning from adverse events, which was published in February 2025.

The Interim Policy formalises 3 levels of adverse event review within NHSGGC, along with the formation of Adverse Event Oversight Groups (AEOGs). These groups will provide enhanced evaluation and monitoring mechanisms, by endorsing decision making for an appropriate level of review, and overseeing SAE reviews within their area.

The main aims of the NHSGGC Policy for Managing Significant Adverse Events are that:

- Clinical adverse events and near-misses are reported and managed in a timely

- and effective manner in partnership with patients, carers, families and staff
- All people, including staff who are involved in an adverse event are offered support, at a time and in a way which meets their needs
- Feedback is given to staff and will inform decision-making
- Learning from adverse events is identified and used to inform service improvements, that enhance the safety and quality of healthcare provided
- Learning is shared both within and out with NHSGGC to provide opportunities for improvement
- NHSGGC complies with its legal duties in respect of adverse events, including compliance with the statutory organisational Duty of Candour requirements where applicable

3. Assessment

3:1 NHSGGC Policy and Procedure for Managing Significant Adverse events

The full policy and procedure will be tabled at the December 2025 Board meeting for approval.

3:2 SAER Performance Delivery, Oversight and Monitoring

Despite significant efforts by teams, there were 319 overdue SAERs and 402 potential SAERs at the end of July 2025. A SAER Rapid Action plan was developed, outlining 3 phases of work:

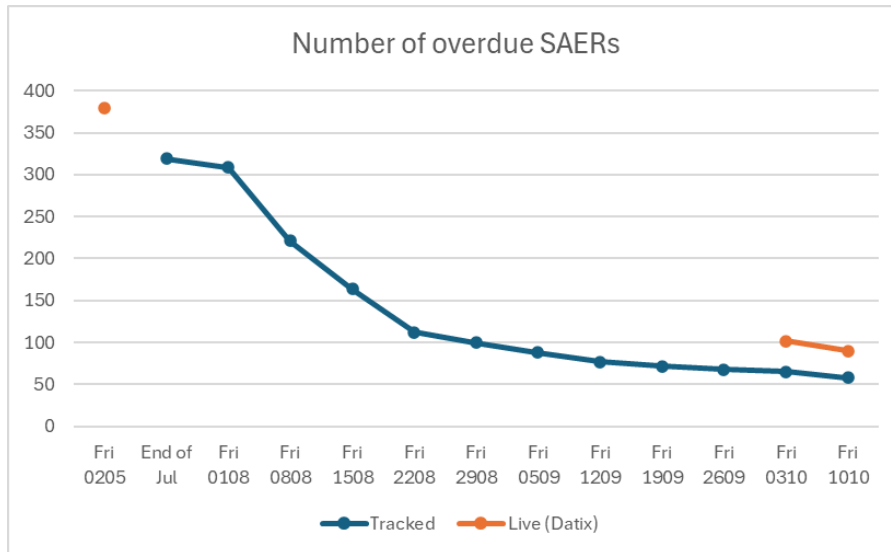
- Phase 1: complete and close overdue SAERs from snapshot position at end of July
- Phase 2: Assessment of potentials from snapshot position at end of July (SAER, LAER, LMTR)
- Phase 3: SAER Performance Delivery, Oversight and Monitoring

Daily reporting remains in place. Reports now provide comparison between live data (sourced from Datix) and snapshot position at the end of July 2025 (sourced from central spreadsheet).

3:2:1 Update on Phase 1: Overdue SAERs

There has been significant progress in reducing the number of overdue SAERs, as shown in Figure 1.

Figure 1: Number of overdue SAERs

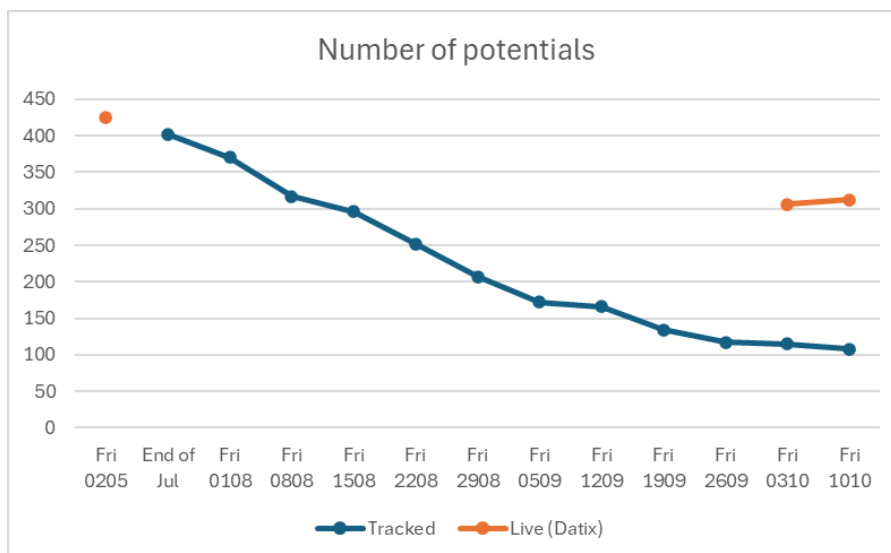


3:2:2 Update on Phase 2: Potentials*

**these are incidents with a severity 4/5, where an assessment is required to determine the appropriate level of review – Level 1 SAER, Level 2 LAER, Level 3 Incident review – only a small number of these will become SAERs.*

There has been significant progress in reducing the number of tracked potentials as shown in Figure 2. There is ongoing focused work with services to review and assess potentials and commission the appropriate review.

Figure 2: Number of potentials



3:3:3 Update on SAER Performance Delivery, Oversight and Monitoring

NHSGGC continues to review and align our process to the updated HIS National framework, and has increased governance and oversight of SAER performance delivery and activity through the following:

- Local Adverse Event Oversight Groups (AEOGs) have been formed to support the interim policy/policy. They will provide enhanced evaluation and monitoring mechanisms, by endorsing decision making for an appropriate level of review, and overseeing SAE reviews within their area.
- A Corporate Adverse Event Oversight Group has been set up to maintain oversight of the implementation of the SAER policy on behalf of the Executive Medical Director. The Corporate AEOG will ensure NHSGGC is meeting the statutory and national requirements that support a safe, learning, just and open culture, and that NHSGGC is working in line with the HIS National Framework for Reviewing and Learning from Adverse Events. The group will also seek assurance from Directorate/Sector/ Partnerships Adverse Event Oversight Group(s) that timely and high-quality SAERS are being carried out
- Enhanced SAER performance reporting at the weekly Directors Group, and through clinical governance arrangements. SAER performance will also be added to the Balanced Scorecard going forward.
- Development of a SAER Process flow, which includes a 3 Phase Approach and Timeline, and 6 Points of Escalation & Monitoring across the 140 days. Each escalation point details the key individual/group/senior leadership cohort each stage will be escalated to, with the leadership level increasing throughout the escalation process. Escalation Point 6 will trigger a Taskforce process.
- A SAER Dashboard has been developed that will provide real time data on the current position in relation to SAERS and LAERs. This will live refresh from Datix 8 times per day.
- A review of the extant QA process has been commissioned by the Executive Medical Director. The review will consider the key stages and QA requirements, with the aim to embed elements of the QA process at an earlier stage in the review; and whether there is potential to repurpose elements of the existing QA groups to undertake a more extended role in SAER quality assurance.
- The SAER toolkit is reviewed, evaluated and updated on an ongoing basis, based on feedback and learning, or national work. The Briefing note template and SAER report template are being reviewed currently.

4. Conclusions

This report provides an update to the Board on SAER Performance Delivery, Oversight and Monitoring, and is presented to the Board for assurance.

The Board are asked to note:

- significant progress in reducing the number of overdue SAERs from the baseline and snapshot position
- significant progress in reducing the number of potentials from the baseline and snapshot position.

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- increased governance and oversight of SAER performance delivery, oversight and monitoring.

5. Recommendations

The Board are asked to note the updates within this report, which are provided for assurance.

6. Implementation

No implementation is required

7. Evaluation

Ongoing evaluation will be through:

- SAER performance reporting and oversight
- Monitoring of service updates in relation to SAERs through key clinical governance groups
- Continued review and iteration of tools within the SAER toolkit
- Clinical Risk Management update reports to key clinical governance groups
- Results of SAER QA processes
- Feedback from patients and families involved in adverse events
- Monitoring of themes from complaints that relate to the SAER policy or approach.

8. Appendices

None