

NHS Greater Glasgow & Clyde	Paper No. 22/94
Paper Title	Standing Committee Chairs Board Report
Meeting:	Board Meeting
Date of Meeting:	20 December 2022
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee	Clinical and Care Governance Committee
Date of Reporting Committee	06 December 2022
Committee Chairperson	Dr Paul Ryan

1. Purpose of Paper

The purpose of this paper is to inform the NHS Board on key items of discussion at the NHSGGC 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 6 December 2022 as set out below and seek further assurance as required.

3. Key Items of Discussion

3.1 Mental Health Update

The Committee received a paper to provide an overview of clinical governance in Mental Health Services. The Committee noted the arrangements to support the Mental Health Services Clinical Governance Group, cross system learning, key successes and key risks. The Committee were assured by the information provided.

3.2 Hospital Standardised Mortality Rate (HSMR)

The Committee received a paper in relation to Hospital Standardised Mortality Rate (HSMR) which outlined the figures for NHS Greater Glasgow & Clyde (NHSGGC) for April 2021 – March 2022 and crude mortality for the same reporting period. The report included an update on the improvement work in Clyde Sector. The Committee were content to note the report and were assured by the information provided.

3.3 Duty of Candour Annual Report Addendum

The Committee received a paper with an addendum to the Duty of Candour Annual Report for the period 1st April 2021 and 31st March 2022 previously considered by the Committee. The addendum included details of any additional duty of candour adverse events and those not yet concluded. The Committee were assured by the information provided and were content for the report to be published.

3.4 Controlled Drugs Annual Report

The Committee received the Controlled Drugs Annual Report for the period 1st January to 31st December 2021. The report provided information around the activity of the Controlled Drugs Governance Team and summarised the number of incidents involving Controlled Drugs across healthcare providers within NHSGGC. The Committee were content to note the activity undertaken.

3.5 Public Protection Unit Update

The Committee received a paper providing an update on Public Protection governance and activity, which included an update on Child Protection SAERS. The Committee were content to note the report.

3.6 West of Scotland Research Ethics Committees Annual Report

The Committee received the West of Scotland Research Ethics Committee Annual Report for the period April 2021 – March 2022. The report provided an update on the activity of the four Research Ethics Committees and the role volunteers and staff play in the protection and promotion of the interests of patients in health care research. The Committee were assured by the report provided.

3.8 Best Start Maternity and Neonatal Care

The Committee received a paper which provided an update on the current position of the remobilisation of the Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland Programme. The report provided an update on a number of Best Start recommendations that have been implemented in full or in part, despite the challenges created during the COVID pandemic. The Committee were content to note the report.

3.7 West of Scotland Cancer Reports

The Committee received an update report on the Cancer Quality Performance Indicator Action Plans for the period September 2021 to August 2022. The Committee were content to note the key reporting figures from the QPI reports for the reporting period and the progress with the action plans for this period.

3.8 Quality Strategy Annual Report – Pressure Ulcer Update

The Committee received a paper to provide an update on NHSGGC pressure ulcer reduction. The Committee were content to note the progress and quality improvement activity in relation to pressure ulcer prevention and reduction. The Committee were assured by the report provided.

3.9 Extract from Corporate Risk Register

The Committee considered the risks aligned to the Committee and noted that no changes to the risk register were proposed for this reporting period.

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 Clinical and Care Committee will take place on Tuesday 7 March 2023.

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday 6 September 2022 at 2.00 pm**

PRESENT

Dr Paul Ryan (in the Chair)

Ms Susan Brimelow OBE	Mr David Gould
Mr Ian Ritchie	Prof Iain McInnes
Ms Dianne Foy	Councillor Katie Pragnell

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Lynette Cameron	..	Clinical Risk Manager
Dr Chris Deighan	..	Deputy Medical Director, Corporate
Ms Sandra Devine	..	Director of Infection Prevention and Control
Ms Kim Donald	..	Corporate Services Manager/Board Secretary
Ms Morag Gardner	..	Deputy Nurse Director – Acute Services
Mr Andrew Gibson	..	Chief Risk Officer
Ms Jane Grant	..	Chief Executive
Ms Amanda Mackintosh	..	Deputy Director for Clinical Governance
Dr Kerri Neylon	..	Deputy Medical Director for Primary Care
Ms Jennifer Rodgers	..	Deputy Nurse Director
Ms Paula Spaven	..	Clinical Effectiveness Manager, Clinical Governance Support Unit
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance
Professor Angela Wallace	..	Nurse Director
Mrs Louise Russell	..	Secretariat (Minute)

		ACTION BY
33.	Welcome, Apologies and Introductory Remarks	
	Dr Ryan welcomed those present to the September meeting of the Clinical and Care Governance Committee.	
	Dr Ryan welcomed Councillor Katie Pragnell and Ms Dianne Foy to their first meeting of the Committee.	

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		ACTION BY
	<p>Apologies were intimated on behalf of Dr Lesley Rousselet, Professor John Brown CBE, Ms Geraldine Jordan and Ms Gail Caldwell.</p> <p><u>NOTED</u></p>	
34.	Declarations(s) of Interest(s)	
	<p>Dr Ryan invited Committee Members to declare any interests in the items discussed.</p> <p>No declarations were made.</p> <p><u>NOTED</u></p>	
35.	Minutes of Meeting held on 7 June 2022	
	<p>The Committee considered the minute of the meeting held on 7 June 2022 [Paper No.CCG(M)22/02] and were content to approve the minute as a full and accurate record of the meeting pending the following minor amendment;</p> <ul style="list-style-type: none"> • Note that Professor John Brown was in attendance until item 2 only <p>The minute of the meeting was approved and accepted as an accurate and complete record.</p> <p><u>APPROVED</u></p>	Secretariat
36.	Matters Arising from the Minutes	
	a) Rolling Action List	
	<p>The Committee considered the items detailed on the Rolling Action List [Paper 22/19].</p> <p>The Committee were content to note the closure of 7 items and were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
37.	Overview	

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	<p>Dr Ryan invited Dr Jennifer Armstrong, 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 Armstrong updated the Committee on a patient case. The Committee received assurance that the case had been fully investigated and actions had been taken forward.</p> <p>Dr Armstrong provided an update on NHS Tayside breast radiotherapy and advanced prostate cancer. The Committee were pleased to note that feedback received from patients was positive. The Committee were advised that a NHS GG&C Oncologist was allocated to NHS Tayside two days per week for advanced prostate cancer patients.</p> <p>Dr Armstrong provided an update on HSMR and highlighted that the rate had reduced slightly to .98 for the period April 2021 to March 2022, which was below the Scottish average. With regard to the RAH, the Committee were assured that a full action plan was in place. There were a number of work streams, including additional training to improve staff education, review liver disease mortality and improve staffing and junior doctor levels. In response to a question regarding the mortality ratio and the predicted deaths vs actual deaths, the Committee were advised that there was a range of factors that contributed to the figures.</p> <p>In respect of the outcome from the recent HIS inspection, the Committee noted that the final outcome was awaited. The Committee received assurance that dialogue with HIS was ongoing.</p> <p>In response to a question regarding Care Homes, the Committee were assured that the rate of Covid infections in Care Homes were low and had not impacted on the health and wellbeing of residents. A small number of Care Homes were closed, or had supports in place. The Committee were assured that Covid oversight arrangements remained in place. The Committee noted that the Care Home Collaborative continued to drive improvement and the Health and Care Framework continued to map against the National Care Service.</p> <p>The Committee were also advised that Covid and Flu vaccinations would be rolled out in Care Homes this week.</p> <p>Dr Ryan thanked Dr Armstrong, Professor Wallace and Ms Rodgers for the update provided.</p>	

		ACTION BY
	<u>NOTED</u>	
38.	Safety and Quality of Care in Relation to Staffing Levels	
	<p>The Committee received a presentation regarding ‘Safety and Quality of Care in Relation to Staffing Levels’ provided by Professor Angela Wallace, Nurse Director and Ms Morag Gardner, Deputy Nurse Director – Acute Services.</p> <p>The presentation provided information regarding the processes in place with regards to current staffing challenges and ensure nurse staffing levels were safe.</p> <p>The Committee noted that site safety huddles were held on a daily basis in order to improve patient safety, prediction, flow and communication. Ms Gardner highlighted that positive feedback on the huddles had been received through inspections.</p> <p>A Red/Amber/Green (RAG) status approach was taken to assess risk. The Committee were assured that emerging issues were flagged through professional lines and huddle data was monitored throughout the day.</p> <p>The Committee were advised that work was taking place with the Workforce Teams with regards to analysing the ‘safe to start’ data in order to understand the staffing deficit issue. The Committee noted the work being carried out which included promoting good staff care, recruitment campaigns, international recruitment campaign, and recruitment fayres. The presentation highlighted the successful recruitment campaigns from January to August 2022. The Committee noted that over 724 newly qualified nurses were due to commence in post, with the majority starting post on 3rd October 2022.</p> <p>The Committee acknowledged that single Registered Nurse (RN) wards was an emerging issue flagged through professional lines and appropriate action was taken forward in line with the RAG. The Committee noted that data was collected daily on Board wide basis. The data in the presentation demonstrated the actual data of wards with 1 RN and was broken down to day duty and night duty (or part shift). The data identified local mitigation taken; ward name; speciality and location.</p> <p>The Committee received assurance that work had been carried out as part of supporting and stabilising nurse staffing across Acute and Health and Social Care Partnerships (HSCP’s). This included</p>	

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	<p>a “deep dive roster process” which was aimed to ensure we were using the staff we have as effectively as we can and thus supporting patient care delivery.</p> <p>Ms Gardner provided an update on the actions being taken forward and the outcomes. She reported that weekly hotspot areas were validated and proactively targeted for bank fill. She highlighted that Bank cold calling in the evenings yielded higher uptake of shifts, from circa 225 to 300 per day within Acute (circa 75 RN increase). The Committee noted that the actions being taken forward were having a positive impact.</p> <p>The Committee were assured that overall care remained safe. Tissue viability remained static, with some sectors showing improvement; Falls remained static. Quality Strategy and Patient Experience reports cited positive and negative feedback with no identified alignment with current 1RN.</p> <p>The Committee noted that engagement with staff, which included a newly developed Staff Newsletter – “Together we Care”. Ms Gardner agreed to send a copy of the newsletter to the Secretary for onward circulation to the Committee.</p> <p>In response to a question regarding how many RNs were required in a ward, the Committee noted that evidence based workforce planning tools were used across NHSGG&C. The clinical judgement tool had staff input to ensure optimum safety.</p> <p>In response to a query regarding attrition rates and reliance on bank staff and whether this was sustainable long term, the Committee noted that, although bank staff were targeted to ensure there were ‘never events’, supplementary staff were always required and assisted with filling vacancies. The Committee acknowledged that there was constant movement of staff across NHSGG&C. Recruitment campaigns were ongoing work continued to ensure that NHSGG&C was an employer of choice and created opportunities for staff. The Committee noted that 724 newly qualified members of staff was the largest number of recruited candidates in any Board.</p> <p>In response to a question regarding the predicted absence allowance, the Committee noted that the rate was 21%. The Committee were advised that reporting and tracking was ongoing were assured that staffing levels were regularly reviewed.</p> <p>In respect of the movement of RNs and whether this would cause a speciality mismatch, the Committee were assured that measures</p>	<p>Ms Gardner/ Secretariat</p>

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	<p>were gathered across the whole system to prevent a situation where staff felt clinical needs were compromised. Decisions would also been made at the huddles by senior leadership using clinical judgement. The Committee acknowledged the pressure on staff, however, were reassured that staff feedback is listened to.</p> <p>The Committee noted the presentation and were assured by the information provided.</p> <p>NOTED</p>	
39.	National Services and Governance Benchmarking	
	<p>The Committee considered the paper “National Services and Governance Benchmarking” [Paper 22/20] presented by Ms Paula Spaven, Clinical Effectiveness Manager.</p> <p>The paper provided an overview of reporting structures, information on benchmarking and examples of quality of care activity for National Services Scotland commissioned National Services, operated by NHSGG&C for the period 2021/2022.</p> <p>The Committee noted the 31 national services delivered by NHSGGC and the management and governance arrangement for these services. The Committee were advised that NSS held regular meetings with clinicians and service managers and there was a requirement for services to provide a structured report on a bi-annual basis. The Committee noted that benchmarking information provided for 2021/2022 identified no outliers against similar centres or against other relevant KPI’s.</p> <p>In response to a question regarding the audit data for renal services and why the waiting list was higher, the Committee were advised that NHSGG&C had one of the highest acceptance rates in the UK.</p> <p>In response to a query regarding an update on the mesh service, the Committee noted that operations were suspended during Covid, however, had now resumed and the service was developing well. The Committee noted that NHSGG&C was one of the key UK surgical service for mesh removal. Dr Armstrong highlighted positive feedback had been received by the Scottish Government.</p> <p>The Committee were assured by the update provided.</p> <p>NOTED</p>	

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		ACTION BY
40.	Clinical Governance Updates	
	a) Duty of Candour Annual Report	
	<p>The Committee considered the paper “Duty of Candour Annual Report” [Paper 22/21] presented by Ms Lynette Cameron, Clinical Risk Manager.</p> <p>The annual report was developed as part of the statutory annual review process. The Committee noted 23 incidents occurred between 1st April 2021 and 31st March 2022. There were a further 3 events identified as Duty of Candour through the complaints process.</p> <p>Ms Cameron highlighted that the 2020/21 Duty of Candour Annual Report reported 42 incidents within the reporting period that triggered Duty of Candour. The Committee noted that 20 of these incidents had been closed. The number of reports would not fully be known until the process was complete, therefore, it was proposed that the Duty of Candour Annual Report 2021/22 would have an Addendum produced later in the year which would include detail of any additional Duty of Candour adverse events and those not yet concluded. The Committee were content with this proposal.</p> <p>In response to a question regarding the apology leaflet being an appropriate form of communication, the Committee were assured that contact was made with families via a number of options. The Committee noted that a phone call would be made and followed up with a letter with a full explanation and the leaflet. The family would also be invited to meet with the Review Team and a final report would be provided following investigation.</p> <p>The Committee were assured by the information provided and were content to approve the Duty of Candour Annual Report 2021/22.</p> <p><u>APPROVED</u></p>	Ms Cameron
	b) Clinical Governance Annual Report	
	<p>The Committee considered the paper “Clinical Governance Annual Report” [Paper 22/22] presented by Ms Amanda Mackintosh, Deputy Head of Clinical Governance.</p> <p>The Committee noted that each year the Board provided an annual report describing its clinical governance arrangements, and the</p>	

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	<p>progress it had made in improving safe, effective and person centred care.</p> <p>Ms McIntosh highlighted some of the key achievements, which included:</p> <ul style="list-style-type: none"> - Safe care; a review of internal and external consultation of the NHSGG&C Duty of Candour Policy which was published in October 2021; the Acute Services Division Significant Adverse Event Review Quality Assurance process was developed and a group established to ensure a standard quality of reporting on SAERs throughout NHSGG&C and Datix dashboards were implemented to support staff in managing their adverse events. - Effective Care; The NHSGG&C Quality Improvement Capability Plan 2021-23 was approved in October 2021 by the Healthcare Quality Strategy Oversight Group; Over 1000 members of staff across NHSGGC completed the Quality Improvement Fundamentals LearnPro module since it launched in February 2021; 14 cohorts of the Scottish Improvement Foundation Skills (SIFS) virtual quality improvement training had been delivered to 173 members of staff and 5 successful candidates had secured a place on the National Scottish Quality & Safety Fellowship Programme. - Assurance; in 2021/22, the NHSGG&C clinical guidelines were moved to the Right Decision Service platform; robust processes were in place for responding to the Scottish National Audit Programme (SNAP); there was excellent engagement and response from clinical teams to the annual SNAP governance process. <p>The Committee were assured by the report provided, however recognised that communication remained a challenging area. The Committee noted that the new measures in the Scottish Patient Safety Programme (SPSP) falls were welcomed.</p> <p>The Committee were content to approve the report.</p> <p><u>APPROVED</u></p>	
	<p>c) Controlled Drugs Annual Report</p>	
	<p>The Committee agreed to defer the paper "Controlled Drugs Annual report" [Paper 22/23] to the next meeting.</p> <p><u>DEFERRED</u></p>	<p>Ms Caldwell/ Secretariat</p>

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		ACTION BY
41.	Quality Strategy Annual Report	
	<p>The Committee considered the paper “Quality Strategy Annual Report 2021/22” [Paper 22/24] presented by Ms Jennifer Rodgers, Deputy Nurse Director.</p> <p>The paper provided an annual update on the progress pertaining to ‘The Pursuit of Healthcare Excellence: Healthcare Quality Strategy (2019-2023) endorsed in 2019.</p> <p>In 2019, three core priority areas of focus across the organisation inclusive of Acute, Adult Mental Health and Community Services were agreed and working groups were formed and reported through the Quality Strategy Oversight Group. The Committee noted that, despite the challenges due to Covid-19, the governance and work streams were maintained.</p> <p>The report provided an update on each core work stream and described the activity from the last Quality Strategy in 2021. Ms Rodgers provided an update in relation to Person Centred Visiting. Following agreement in 2019 on the implementation of a person centred approach to visiting, a comprehensive programme of engagement was undertaken. The majority of inpatient areas were operating the Person Centred visiting model by March 2020. Due to Covid-19 there was a restriction to visiting, therefore, a Person Centred Virtual Visiting approach was enabled to allow people to stay connected virtually. As of May 2022, all sites had resumed a Person Centred Visiting approach following the social distancing measures being stepped down.</p> <p>The Person Centred Care Planning work continued and extensive engagement with patient, staff and families undertaken. The Person Centred Care Planning Group continued to develop and embed the core principles of person centred care planning.</p> <p>The Committee noted that the ‘What Matters To You’ approach remained ongoing. Conversations continued to be encouraged and actions were being taken forward by the ‘What Matters To You’ Group. The Committee noted that Glasgow was the world’s best performing location for #WMTY22 on Twitter, receiving the most tweets in the UK and around the world.</p> <p>The Committee noted that work remained ongoing in relation to Pressure Ulcer Prevention. Data continued to be collected via Datix. The Committee were advised that there had been an increase in the number of pressure ulcers reported compared to</p>	

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	<p>same period last year. This was representative of the clinical and social challenges at that time related to the pandemic. The Committee were assured that targeted work remained ongoing in the areas with a higher rate.</p> <p>In response to a question regarding the work required to reduce avoidable ulcers, the Committee were assured that all aspects were being reviewed. The data across the system, sectors, wards and department hotspots and areas that were performing well was being reviewed. There continued to be a focus on staffing levels and staff continued to be supported. It was agreed that updated data on pressure ulcers per 1000 bed days, with reasons and actions, would be submitted to a future committee meeting.</p> <p>In response to a question regarding a link between safe staffing and pressure ulcers, the Committee were assured that this formed part of the ability to deliver.</p> <p>The Committee were content to note the report provided.</p> <p><u>NOTED</u></p>	<p>Professor Wallace/Ms Rodgers</p>
<p>42.</p>	<p>Primary Care & Community Care Report</p>	
	<p>The Committee noted the paper Primary Care and Community Care Report [Paper 22/25] presented by Dr Kerri Neylon, Deputy Medical Director, Primary Care.</p> <p>The paper provided an overview of clinical governance in Primary Care and Community Services.</p> <p>The Committee noted that the 6 Health and Social Care Partnerships (HSCP) had their own Clinical and Care Governance Forums which linked with the clinical governance structures, which included Hosted Services. Dr Neylon highlighted that the GP Out of Hours Service now reported into the Primary Care and Community Clinical Governance Forum. The report provided an overview of the arrangements.</p> <p>The essential function of the Primary Care and Community Clinical Governance Forum was to support the cross-system delivery of consistent high quality care, share learning and provide quality assurance of HSCP Significant Adverse Events. The Committee noted that meetings were held 6 times per year and had representation from all areas. Each HSCP provided regular formal updates which included key successes and key risks.</p>	

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	<p>The Committee noted that the key areas of the work plan included Safe Care, Effective Care, Person Centred Care and Assurance.</p> <p>Dr Neylon provided an oversight of the issues affecting the Division. This included patient/informal carer administration of subcutaneous intermittent medication in Adult Palliative Care Policy, healthcare acquired avoidable pressure ulcers and Duty of Candour, expired and short dated medication, Prisons Mental Welfare Commissions Report and Oral health radiology image capture incidents.</p> <p>The Committee noted key successes included the East Renfrewshire Joint Inspection for Children and Young People at Risk of Harm or Neglect, the co-location of the GP Out of Hours Service, HIS Acute prescribing network and child protection 'Was Not Brought' guidance which replaced the existing DNA protocol.</p> <p>The Committee were advised that key risks included staffing pressures across the system including across Mental Health and Community Health & Care Teams, General Practice sustainability, SAER delays and the national Docman incident. Dr Neylon highlighted that a significant amount of work had been carried out to identify cases and identify any possible clinical harm. The Committee were assured that early indications suggested that the risk was low and many documents were not clinically significant.</p> <p>The Committee were content to note the report and were assured by the robust governance in place.</p> <p><u>NOTED</u></p>	
43.	Infection Control Update	
	a) HAIRT Report	
	<p>The Committee considered the paper "HAIRT Report" [Paper 22/26] presented by Ms Sandra Devine, Director of Infection Prevention and Control.</p> <p>The report highlighted the Annual Operational Plan targets set for 2019-2023 for <i>Staphylococcus aureus</i> bacteraemias (SAB), <i>Clostridioides difficile</i> infections (CDI) and <i>E. coli</i> bacteraemias (ECB).</p> <p>The report included funnel plots in order to compare against other Boards which demonstrated that NHSGG&C were performing well.</p>	

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	<p>Ms Devine provided an update on 2 patients at the Royal Hospital for Children who had MDRO <i>Klebsiella pneumonia</i> identified from microbiology samples. The incident was assessed as Amber and then Green after the implementation of agreed control measures. The Committee noted that there were no further cases.</p> <p>In response to a question regarding reinstating Covid-19 incidents to the outbreak infection incidents data, the Committee were advised that this could be considered further for future reports.</p> <p>Ms Devine provided an update on Cowlairs routine air sampling and noted that a number of actions had been put in place due to an increase in positive samples.</p> <p>With regards to the concerns regarding the SAB increase in renal, the Committee were assured that a vast amount of work was being carried out. A SAB Sub-group had been established and links made with regional services to drill down data.</p> <p>The Committee were content to note the report and were assured by the information provided.</p> <p><u>NOTED</u></p>	<p>Professor Wallace</p>
	b) Board Infection Control Committee	
	<p>The Committee noted the minute of the meeting held on Thursday 23 June 2022.</p> <p><u>NOTED</u></p>	
<p>44.</p>	<p>Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report</p>	
	<p>The Committee considered the paper “Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report” [Paper 22/25] presented by Professor Angela Wallace and Ms Jennifer Rodgers, Deputy Nurse Director.</p> <p>The paper provided an overview of complaints performance, wider patient and family feedback mechanisms and how they translated into improvement.</p>	

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	<p>The nature of complaints included appointment dates and attitude and behaviour. The Committee were assured that work was ongoing to learn from the feedback provided.</p> <p>The Committee were content with the new format of the report and were assured by the information provided.</p> <p><u>NOTED</u></p>	
45.	Extract from Corporate Risk Register	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 22/29] presented by Mr Andrew Gibson, Risk Manager.</p> <p>Mr Gibson advised that 4 risks were aligned to the Committee with 1 change proposed in relation to the Infection Prevention and Control risk.</p> <p>Mr Gibson proposed a decrease in the score and de-escalation. The Committee were assured that the risk had undergone a full review with a proposed decrease in the current score from 20 (Very High) to 10 (High). Mr Gibson also proposed to de-escalate to the Infection Prevention and Control Service Risk Register where it would continue to be monitored and reviewed via the Board Infection Control Committee. It was proposed that the other 3 risks remained static.</p> <p>The Committee agreed it would be helpful to add further detail regarding 'slippage' of figures into future reports.</p> <p>Following consideration, the Committee were in agreement with the proposal to decrease the current risk score to 10 and de-escalate to the Infection Prevention and Control Service Risk Register.</p> <p><u>APPROVED</u></p>	Mr Gibson
46.	Board Clinical Governance Forum - Minutes of Meeting:	
	a) Approved Minutes of the Meeting held on 16 May 2022	
	<p>The Committee considered the minutes of the meeting held on 16 May 2022 and were content to note these.</p> <p><u>NOTED</u></p>	

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		ACTION BY
47.	Annual Cycle Discussion and Planning for 2023	
	<p>The Committee considered the current Annual Cycle of Business 2022/23 and considered planning for 2023.</p> <p>The Committee noted that FAI reports were monitored through reports submitted to the Corporate Management Team meetings and Audit and Risk Committee. The Committee were content for learning to come through the Clinical and Care Governance Committee.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
48.	Closing Remarks and Key Messages for Board	
	<p>Dr Ryan summarised they key points that had been discussed by the Committee. These included:</p> <ul style="list-style-type: none"> - A presentation was received regarding the safety and quality of care in relation to staffing levels. - A paper was considered in relation to National Services Governance Benchmarking. - The Duty of Candour Annual Report was approved. - The Clinical Governance Annual Report was deferred to the next meeting. - A Primary Care and Community Care Report was received. - The Committee were assured by the information received in the HAIRT report. - A decrease in the risk score for the Infection Prevention and Control risk and de-escalation to the Infection Prevention and Control Service Risk Register was agreed. - Clinical Governance Annual Report was approved. - Controlled Drugs Annual Report was deferred. <p>Dr Ryan thanked members for attending and closed the meeting.</p>	
49.	Date of Next Meeting	
	The next meeting of the Committee would be held on Tuesday 6 December 2022 at 2.00 pm, via MS Teams.	