

NHS GRAMPIAN

Minutes of **NHS Grampian Clinical Governance Committee** held in **Open Session** on **Tuesday, 12 November 2024** at 1330hrs virtually by MS Teams

Present

Dennis Robertson (DR)	Chair – Non-Executive Board Member
Mark Burrell (MB)	Vice Chair – Non-Executive Board Member / Chair of Grampian Area Clinical Forum / IJB Clinical Governance Representative (Aberdeen City)
Miles Paterson (MP)	Public Representative
Hussein Patwa (HP)	Non-Executive Board Member
Dave Russell (DRu)	Public Representative
John Tomlinson (JT)	Non-Executive Board Member (<i>not in attendance 2-3pm</i>)

Attendees

Paul Bachoo (PB)	Acute Services Medical Director / Integrated Specialist Care Portfolio Executive Lead
June Brown (JB)	Executive Nurse Director / Interim Deputy Chief Executive
Noha El Sakka (NeS)	Infection Prevention and Control Doctor / Clinical Lead
Alison Evison (AE)	Chair of Grampian Board / Non-Executive Board Member
Tara Fairley (TF)	Associate Medical Director – Clinical Assurance and Quality
Nick Fluck (NF)	Medical Director
Grace Johnston (GJ)	Infection Prevention & Control Manager
Steven Lindsay (SL)	Non-Executive Board Member / Employee Director / IJB Clinical Governance representative (Aberdeenshire)
Lynn Morrison (LM)	Director of Allied Health Professionals
Derick Murray (DM)	Non-Executive Board Member / IJB Clinical Governance Representative (Moray)

Invitees

June Barnard (JBa)	Nurse Director – Secondary & Tertiary Care – Item 9
Mike Brown (MBr)	Director of Dentistry – Item 10
Lesley Coyle (LC)	Associate Director of Pharmacy – Item 12
Jonathan Iloya (JI)	Consultant in Dental Public Health – Item 10
Clive Matthews (CM)	Unit Operational Manager – Item 14
Jennifer Matthews (JM)	Corporate Risk Advisor – Item 13
Mark Mitchell (MM)	Head of Audiology Services – Item 14
Rafael Moleron (RM)	Integrated Specialist Care Portfolio Medical Director – Item 15
Shantini Paranjothy (SP)	Deputy Director of Public Health – obo Susan Webb (<i>not in attendance 3-3.45pm</i>)
Gillian Poskitt (GP)	Associate Director – Quality Improvement & Assurance – Items 5 & 6
Sasia Pryor (SPr)	Cancer Performance Lead – Item 15
Rachael Little (RL)	Quality Improvement & Assurance Advisor
Laura Gunn	Quality Improvement & Assurance Administrator (minute taker)
Paula Bray	Quality Improvement & Assurance Administrator

1 Apologies

Noted apologies received from: David Blackburn, Adam Coldwells, Emma Houghton, Kenny O'Brien, and Susan Webb. The meeting was quorate.

2 Declarations of Interest

There were no declarations of interest.

3 Chair's Welcome and Introduction

Chair welcomed members, attendees and invitees to meeting.

4 Minutes of Meeting on 13 August 2024

Agreed as accurate.

5 Matters Arising

Gillian Poskitt, Associate Director – Quality Improvement & Assurance, provided overview of Matters Arising Log. Two items require date for discussion at Committee and will be prioritised. Advised, some actions have evolved over time and therefore require a focus on Log to ensure actions recorded are current and up to date.

6 Cross-System Quality, Safety and Assurance Group Update

Gillian Poskitt, Associate Director – Quality Improvement & Assurance, updated on paper circulated highlighting key areas of discussion held during Group meeting on 21 September 2024. Critical Thinking Session scheduled 13 December 2024 with specific focus on communication in the organisation. Update to be provided at next Committee.

In relation to Public Protection Quarterly Report, JT asked what triggers a learning or multiagency review and what the difference is between these. JB explained, Adult Support and Protection activity is undertaken in a multiagency space which involves NHS Grampian colleagues, Local Authority (Aberdeen City, Shire or Moray), and Police and Fire and Rescue Services. Individual cases are discussed and categorised at Adult Support and Protection Committees which determines the level of review required. Learning review which would include NHSG colleagues only, or a multiagency review which would include colleagues within multiagency space.

JT noted concerns raised in relation to staffing numbers within Portfolio Highlights. Mentioned vacancy freezes in place and potential impact on quality and safety and how this would be alerted through governance system. GP advised, staffing issues continue to be logged on Datix and report reviewed weekly at CRM. Information provided to CGC via the CRM quarterly report. JB added, CRM report records deviations to standard practice, how assurance is provided, and how the deviation is monitored. Confirmed governance route via CRM report.

Chair thanked GP for update.

Recommendation: The Committee is asked to review and scrutinise the information provided in this report and confirm that it provides assurance on cross system learning, mitigation of clinical and care risks and identification of areas for improvement activity.

The Committee agreed and accepted the recommendations.

7 Clinical Risk Meeting (CRM) Report

Prof. June Brown, Executive Nurse Director, provided key highlights from the CRM Report circulated to Committee. Paper intended to provide assurance and management of board level deviations and is aligned to Strategic Risk 3068 'Deviation from recognised service standards of practice and delivery'.

HP thanked JB for detailed paper. Commented on non-standard patient areas (NSPAs) and an impact of this being self-discharge by patients. Asked if self-discharge potentially due to being treated in NSPAs. JB advised, there is a pattern forming and looking to understand this better. To provide information in next report.

HP shared discussions held at recent Aberdeen City IJB in relation to ambulance stacking and work being undertaken by Social Work and Ambulance Service to reduce, as a whole system, conveyances to hospital where there is no clinical need. Asked if these changes are reflected in data. JB advised, data within CRM Report is for period 30 June to 27 September 2024 therefore

these new interventions, and any impact, would likely be reflected in next quarterly report. NF added, it has been observed that only some very direct interventions are impacting ambulance stacking.

Further, HP asked if there is work to be undertaken to improve expectation management for patients and potentially reduce complaints. JB referenced corridor care and advised patients provided with information before being moved and advised there has been learning through this process. PB added, when patients in right pathway and treated in right place clinical outcomes are good, despite patients waiting for prolonged periods of time. Patients that continue to be breached, continue to wait, and are in no pathway to treatment point creates significant backlog. Work ongoing with Health Intelligence team for data collation. Aim to breakdown to individual patients, to communicate with patients, provide with relevant information and what it means specifically to them around waiting times.

DRu referenced figure 9 in report, relating to episodes of non-standard patient area (NSPA) usage. Run chart includes data from 29 September 2023 to 27 September 2024. The number of episodes of NSPA usage in September 2024 is higher than 2023. Look to be following same trajectory as last winter. Asked if this risk has been recognised. JB responded, system pressure remains throughout the year. Advised, NSPA usage relates to a number of circumstances for e.g. delayed discharge, patient acuity, increase in flu cases, etc. Continue to try to improve and reduce instances of NSPA usage. Bed Base Review underway to open additional beds in the system and working on discharge. Recognises different pattern in data and situation is managed on a day to day basis.

DRu commented on Bed Base Review and asked of timeline for costed business plan. PB advised, 3 pieces of work to be considered to provide better understanding for business plan. Physical model of bed capacity, operational model, and workforce. DRu responded, reassuring to learn work ongoing and plan is an outcome from work.

In response to DRu, JB advised, purpose of recording missed priorities of care on Datix ensures a learning review can be undertaken and provides opportunity for discussion with patient and family as to why this occurred.

MP quoted staff communication a theme of 21% of complaints. Require to improve communication as has been a continued theme of complaints for some time. JB responded, many complaints mention communication as it is part of our day to day interactions with patients and families. Recognise that this is an area that is not improving. GP added, Cross-System Quality, Safety and Assurance group hosting a Critical Thinking Session with specific focus around communication in the organisation. Session to use quality improvement methodology, sharing learning from areas with good practice, etc. Hope to take aim statement and scopes of work from session. Information would be provided to the Board in December via the 'How Are We Doing Report' which includes complaints. Also linking with ongoing work through Staff Governance Committee. Board papers would be provided to MP.

Recommendation: The committee is asked to review and scrutinise the information provided in this paper and confirm that it provides assurance that a reasonable and proportionate response is in place to minimise harm to patient and staff.

The Committee agreed and accepted the recommendations.

8 Healthcare Associated Infection (HAI) Report

Dr Noha El Sakka, Infection Prevention and Control Doctor / Clinical Lead, updated on Healthcare Associated Infection report circulated to Committee. Key points related to National Surveillance Key Performance Indicators, Surgical Site Infection, and Multi Drug Resistant Organisms Screening.

Chair thanked for comprehensive update and detailed report.

MP referenced Healthcare Built Environment and in particular the cease of microbiology laboratory environmental testing for IPC purposes. NeS advised, discussions ongoing to allow a more robust route for microbiology environmental testing. Discussions relate to: resources, changes to ways of working, environmental standards, locations, funding, etc. Assured that every incident is dealt with on case by case basis, if possible undertaken in microbiology lab otherwise tests outsourced. In response to Chair, NeS advised, at present cannot provide a timeline for resolution. Would provide an update at next Committee.

DRu quoted second recommendation, to acknowledge improvements to policies, and asked which policies. GJ advised, report references processes and not policies, amendment required to recommendation. Committee agreed to amend to remove the word 'policies'.

MB thanked for detailed and easy to read report. Commented on MDRO screening compliance and NHSG below national parameters. Asked when to expect an improvement. NeS advised, analysing lab data as well as surveillance data and beginning to see a trend towards improvement which is assuring. Similar trends across NHS Scotland. Continue to raise awareness with clinical teams around the value of screening and is moving in the right direction.

Recommendations: The committee is asked to:

- Review and scrutinise the information provided in the paper and confirm that it provides assurance that the policies and processes necessary are in place and are robust; and that any gaps have been identified and assessed and risks are being mitigated effectively.
- Acknowledge that improvements to processes are being made and appropriate evidence of these has been provided to the Committee's satisfaction.

The Committee agreed and accepted the recommendations.

8.1 HAI Quarterly Report – July 2024

NeS advised Report provided for information. Committee content Report is for noting.

9 Healthcare Improvement Scotland (HIS) Safe Delivery of Care Inspection Update – Dr Gray's Hospital (DGH)

June Barnard, Nurse Director – Secondary and Tertiary Care, provided an update on the flash report circulated to Committee.

Follow up inspection took place 22 to 24 July 2024. Same methodology used as first inspection which occurred in October 2023. Based on Safe Delivery of Care using 7 quality domains. Report published 24 October 2024. 5 areas of good practice identified, 2 recommendations (which relate to best practice) and, 12 requirements. 10 requirements carried from first inspection report and 2 given a new focus for improvement.

Areas of good practice included: positive and caring interactions between staff and patients, patients and relatives complimentary about care received and staff providing it, recognition of explanations across ED pathway for patient in terms of arrival to treatment, improvements to staffing huddles, and use of electronic staffing tools.

Media reports recognised the care and compassion NHSG staff deliver to patients and pressures under which teams are working and the need to continue our improvement journey.

JBa highlighted huge amount of work took place following first inspection, evidence submission included 207 individual pieces of evidence. 18 week improvement Action Plan to be submitted in February 2025. Updates to Committee will follow.

Chair acknowledged the volume of work undertaken by teams and positively noted the complimentary feedback from HIS. Also the care provided by our staff to be commended.

GP highlighted it has been shared that the teams in DGH feel well supported.

Chair thanked JBa for update.

10 Access to General Dental Services in Grampian

Jonathan Iloya, Consultant in Dental Public Health, and Mike Brown, Director of Dentistry, provided key highlights from the paper circulated to Committee. These relates to: access to dental services, deregistration, NHS Scotland Dental reform, registration and participation with NHS primary dental care for assessment or treatment, dental general anaesthetic service, dental workforce, risk assessment and management, and equality and diversity incl. health inequalities.

Chair thanked JI for update. Queried in relation to Grampian Children Oral Health Improvement Action Plan and noted as aspirational by JI, does this relate to workforce and is there collaboration with partnership colleagues in achieving action plan. JI responded, plan is aspirational as there are certain limitations in terms of achieving and delivering plan particularly relating to current financial climate of NHSG. In terms of collaboration, plan developed with participation from stakeholders. Stakeholders also part of Working Groups related to development of plan. Most issues relate to non-communicable diseases and have common risk factors which cannot be addresses solely by dental public health and collaborating with colleagues to address this. Further, Chair commented on access to dental services and workforce issues in Moray and North Aberdeenshire. Asked if this makes the challenge greater. JI responded, challenge is greater if children cannot access dentists. Mitigations in place to address this. Incentives put in place to facilitate setting up dental practices in the remote areas for e.g. Scottish Dental Access Initiative Grants awarding up to £50,000 for practice set up, and recruitment and retention allowance up to £25,000 for some rural areas. JI further commented, competing in a national dental workforce market, current supply of dentists not enough to meet demand.

HP asked if data available to quantify number of people displaced and accessing dental services via private sector. JI advised information hard to reach, private companies not willing to share but there is a likelihood a significant proportion of population are not registered with an NHS dentist and receiving dental care via the private sector. Historically NHSG has had low NHS dental registration compared to Scotland average although has improved considerably in last 10 years. Positively noted a significant reduction in demand for emergency dental services over past few months, an indication that people are able to access routine care.

In response to MP, JI advised dental school graduates are encouraged to remain in Grampian however are not obligated to. Positively noted improvement in retention. Approx. 10 graduates remained in Grampian following conclusion of previous programme.

MB holds positions as Chair of Area Dental Committee and Clinical Director of Aberdeen Dental Hospital. Commented, increase in practices taking on NHS patients encouraging. Noted improved situation for children's general anaesthetic waiting list. Adult and paediatric additional special needs waiting lists require a focus. Improved situation re retention of graduates in Grampian, require to improve postgraduate interaction with dental colleagues.

DRu discussed prevention measures and re-establishment of Childsmile Programme. Asked if there are other prevention measures to deliver desired improvement in children's oral health. JI explained Childsmile is a multifaceted programme and focus on early years and community engagement. Evidence shows has had significant impact on oral health of children in Scotland and has been adopted by other countries. Highlighted some items in plan: to address and improve access and participation of children from deprived communities, closer collaboration of public health work streams, engaging with parents, children and families pre and postnatal, continued focus on education, advocating for tackling wider determinants of oral health and inequality. Added, Adult Plan currently under review and hope to launch by next financial year. Plan will highlight programmes in place for vulnerable and priority groups to address and mitigate impact of reduced access to dental services for e.g. Caring for Smiles with a focus on care homes, Smile for Life with a focus on homeless people, Mouth Matters with a focus on

prisoners, and Open Wide with a focus on adults with special needs. MB added, oral health includes oral cancer, November is Oral Cancer Awareness Month and would be part of prevention. DRu mentioned dates / timelines would be useful to show which areas are priorities. JI advised is a 5 year plan and will be discussed and signed off at Population Health Committee. Most outcomes are measurable and will be reviewed regularly.

Recommendations: The committee is asked to:

- Acknowledge the current position regarding access to general dental services in Grampian, the associated risks and the mitigating actions to facilitate improvements in access and to reduce harm.
- To also acknowledge the NHS Grampian Children Oral Health Improvement Action Plan with the aim of improving children's oral health and reducing oral health inequalities.

The Committee agreed and accepted the recommendations.

11 Clinical Governance Committee Terms of Reference Appendix 1

Chair welcomed comments on draft appendix 1 submitted. No comments from Committee. Appendix 1 agreed as accurate. ToR would be updated.

12 Professional Governance Assurance for Pharmacy

Lesley Coyle, Associate Director of Pharmacy, provided a summary of paper circulated to Committee.

Chair thanked LC for summary provided. Reflected on annual revalidation and assurance this provides. LC responded, robust process which includes providing proof of continuous development, planned and unplanned training, peer discussion, self reflection, and declarations of individual health and wellbeing to practice.

DRu queried how NHSG is assured of standards applied to recruitment and induction of pharmacy colleagues across the system. LC advised, NHSG have recruitment requirements to be followed. Induction dependent on the sector staff working in. Individual employer responsible for recruitment and inductions processes of those employed directly by GP practices or community pharmacies. NHSG have control and oversight of contractual delivery of pharmacy services across Grampian. Overseen by the Pharmacy Governance Group therefore delivery standards picked up via this route.

Further, DRu asked of processes in place to ensure annual revalidations are occurring. LC advised, NHSG Workforce Team and automated reminders by Employee Support System (eESS). Within community pharmacies responsibility remains with individual employers. NHSG does not have accountability for community pharmacy audit processes. There is professional link to NHSG Director of Pharmacy and through the General Pharmaceutical Council (GPhC) where concerns or any local intelligence may be shared.

In response to MB, LC advised, in relation to revalidation process, responsibility of individual pharmacist to ensure meeting own educational needs and can show through submission records that professional development has been considered. Annual appraisals assist with tailoring educational and training needs for individuals. Also utilising Turas modules. Noted ongoing challenges, similar across the system, in relation to capacity.

Responding to HP, LC confirmed there are workforce challenges within pharmacy and shared slide on screen which showed data from NHS Scotland 2023 Staff and Vacancy survey. Position for staffing in Grampian is low compared to the rest of Scotland. Chair thanked for information and of note slightly out with parameters of Clinical Governance Committee. Remit of Committee relates to assurance people providing pharmacy services are suitably qualified.

Recommendations: The committee is asked to:

- Confirm if assured that the pharmacy service is delivering sufficient controls to support the Professional Assurance Framework
- Confirm if assured that registered pharmacy professionals in NHSG are trained and supported to provide safe and effective clinical care.

The Committee agreed and accepted the recommendations.

13 Strategic Risk Report

Jennifer Matthews, Corporate Risk Advisor, provided a summary of paper circulated to Committee. Highlighted, risk score and risk impact category of Risk 3068 reassessed since previous report to Committee and has increased from 15 to 20. Predominantly due to moving into winter months and increase in risk exposure (demand and capacity, system pressure). Due to level of risk exposure there is heightened monitoring and action required. Discussions have taken place with Chief Executive Team (CET) and feedback taken to local teams.

DRu asked for update on Risk 3065 'inability to meet population demand for planned care'. JM advised Risk 3065 remains ongoing and mitigations in place. For information, plan to have a rolling sequence of Strategic Risks for sharing and discussing at Committee. Assured that the risks not discussed at Committee today are regularly reviewed by the CET and locally by teams.

MB believes Risks 3065 and 3068 are intimately linked. For e.g. previous week in one ward, 12 of 17 beds were of borders which effects planned care. Of note, worrying situation. Aware mitigations in place however position not improving. PB responded, understand the risks are linked however also important to look at these individually to provide better understanding of each risk, where they overlap, and what is within control of NHSG. Bed Base Review will be important part of this work.

MP raised concerns in relation to complaints relating to Non-Standard Patient Areas (NSPAs), displayed by line graph within paper. Graph shows an increase in number of complaints received from October 2023 to September 2024. JBa shared the ongoing work that takes place to monitor NSPAs. Team focuses on mitigating risks, ensuring only appropriate patients in NSPAs and reviewing regularly to ensure if patients condition changes they are moved accordingly, provide patients with robust information, and opportunity for patients to feedback on experience. Huge amount of work undertaken by the team to ensure it is as safe as possible for patients when in those areas and to ensure NHSG hear and act on feedback provided.

JT asked if there is a cumulative effect of Risk 3068 overtime for e.g. working conditions for staff, etc. JB responded, NSPAs and delivery of care in those areas will never be normalised in NHSG. It is not an acceptable way to treat patients however it is the safest way currently when ambulances stacked at 'front door'. Cognisant of the impacts NSPAs are having on staff not delivering care in the way they want to deliver it. Will continue to mitigate and work in this way until solution in place. JT acknowledged commitment and dedication to putting controls in place in immediate term. As a Board, important to have line of sight of cumulative effect and whether system managing strategic risk accommodates that. SL reiterated comments made by JB and added, require a sustainable bed base in NHSG to allow us to accommodate patients where we would want them to be. JBa added, the use of NSPAs continues to be discussed at Ethics Committee. Recently presented to Scottish Executive Nurse Directors and put a spotlight on usage of NSPAs. JB further discussed paper shared with Board and CET for meeting with Cabinet Secretary. Also RCN undertaking Roundtable in early 2025 on subject of NSPAs which NHSG will contribute to.

AE commented, various issues raised that would benefit from further discussion. Committee has its role in relation to Strategic Risks and reviewing these individually however from discussions held could be benefit from bringing these together and discussing outwith Committee. Chair agreed to discuss with AE.

The Committee discussed first recommendation particularly in relation to 'gaps in control identified are being addressed'. Committee acknowledged the work ongoing but not assured fully addressed. It was agreed to amend the recommendation to 'gaps in control identified are being mitigated to the best of our ability with current system pressures within a constrained system'.

Recommendations: The committee is asked to:

- Review and scrutinise the information provided in this paper and confirm it provides assurance that processes regarding the management of Strategic Risk 3068 are in place and any gaps in control identified are being mitigated to the best of our ability with current system pressures within a constrained system.
- Determine if the assurance level assigned to the management of the risk is appropriate

The Committee agreed and accepted amended recommendations.

14 **Adult and Paediatric Audiology Service Update**

Clive Matthews, Unit Operational Manager, and Mark Mitchell, Audiology Head of Service, provided a summary of paper circulated to Committee.

Key points highlighted: previous update to Committee was specific to paediatric audiology following clinical governance issues identified in NHS Lothian. Update provided at this Committee relates to both adult and paediatric audiology services within NHS Grampian. National review of audiology services in Scotland undertaken by Scottish Government resulting in 55 recommendations. Progress of these has been limited due to slow implementation of Scotland wide recommendations by Scottish Government and lack of local capacity to prioritise work on the action plan. 9 of 26 recommendations completed for local implementation. To increase staffing establishment and application submitted to access funding for two Band 6 Audiologists, await outcome. Progress made includes implementation of some clinical governance processes and relate to introduction of protocols around clinical practice and development and training of existing staff.

Chair thanked CM for update. Asked when to expect outcome of funding application. CM advised informal feedback received approx. 6 weeks ago indicated commitment to at least 1 post. Final response awaited.

CM asked Committee if further updates would be required to CGC. Audiology Service attends Surgical Clinical Governance Committee on a monthly basis. Committee acknowledged the commitment from Service to achieve the recommendations and recognised the difficulty of this with the limited resources available. Committee agreed that the governance routes for this item were via other Groups (Surgical CGC, Staff Governance) however requested that an update would be provided in the future (2 years) or when recommendations have been achieved. Recommendation amended to reflect this.

Recommendations: The committee is asked to:

- Acknowledge the requirement for wider organisational support in order to achieve the recommendations identified in the Independent Review of Audiology Service in Scotland.
- Seek further update from the Audiology Service in 2 years' time or when recommendations (set out on national basis) have been achieved.

The Committee agreed and accepted the recommendations.

15 **Integrated Specialist Care Portfolio – Cancer Performance Update**

Rafael Moleron, Integrated Specialist Care Portfolio Medical Director, and Sasia Pryor, Cancer Performance Lead, provided a summary of paper circulated to Committee. Paper provided following previous update to Committee in February 2024. Committee asked to receive data in relation to engagement with clinicians and health and care communities of cancer pathways.

HP positively noted detailed report provided. Took comfort from descriptions of interventions and checks and balances in place. Commended advances being made using technology and cascade of information and learning of these shared with other pathways. Commented, working to create the best outcome for patients.

DRu echoed comments from HP. Commented, data provided within Appendix 3 relates to 2021-22 timeline and potential risk of backlog increasing due to the health deficit arising from Covid-19 pandemic. SP advised, 2021-22 data used as have complete data sets. During the time audit was completed there were 10 whole time equivalent colleagues deployed to team which helped provide detailed data analysis. Hoping to automate this moving forward to provide real time data, indicators and be able to action as soon as possible. Engaging with digital teams to put in place.

SP shared improvements noted in some parts of the pathway and celebrating these which enhances staff morale.

MB commented on head and neck cancer conversion rate. 9 of 223 vetted referrals resulted in a cancer diagnosis, 4% conversion rate. Large number of resources required for cancer referrals. RM responded, criteria of referrals are clinically appropriate however due to number of referrals the system becomes inundated. Positively noted conversion rate has dropped. The number of cancer diagnosis remains the same however number of referrals have increased by approx. 4 times than previous. Potentially more stringent criteria could cause some patients to be missed or delays in diagnosis. Require enhanced way of vetting and assessing referrals for e.g. artificial intelligence. PB referenced activity funnel graph, provided within papers, which compares number of referrals per month 2019 to 2023, pre-diagnosis and post-diagnosis tracking. Significant increases in number of referrals compared to treatment required. Discussed criteria and multiple referrers to cancer pathway. Also, planned and unplanned care compete with same resources. Commented on AI and requirement to have a precise algorithm with greatest predicted value and takes into account multiple criteria.

Chair thanked for update.

Recommendation: The Committee is asked to review and scrutinise the information provided in this paper and confirm that it provides assurance that the policies and processes necessary are in place and are robust.

The Committee agreed and accepted the recommendations.

16 Any Other Competent Business

Chair reflected on positive contributions Shonagh Walker provided to Committee. Also reflected last meeting of Clinical Governance Committee for Nick Fluck due to retirement. Acknowledged and thanked NF for contributions, support and professionalism provided to CGC and personally to DR.

17 Date of Next Meeting

11 February 2025, 1330 – 1630 Hours, MS Teams