

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/	
MINUTE	4 September 2025 – 9.00am (via MS Teams)	

Present

Karen Leach, In the Chair
 Louise Bussell, Board Nurse Director
 Muriel Cockburn, Non-Executive Board Director
 Alasdair Christie, Non-Executive Board Director
 Liz Henderson, Independent Public Representative
 Joanne McCoy, Vice Chair and Non-Executive Director
 Seamus McMillan, Independent Public Representative
 Dr Boyd Peters, Board Medical Director

In attendance

Isla Barton, Director of Midwifery
 Stephanie Govenden, Consultant Community Paediatrician
 Rebecca Helliwell, Deputy Medical Director (Argyll and Bute)
 Elaine Henry, Deputy Medical Director (Acute)
 Frances Hines, Research Manager
 Philippa Hurley, Corporate Assistant
 Arlene Johnstone, Chief Officer (Community)
 Jo McBain, Director (Allied Health Professions)
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Gerry O'Brien, Non-Executive Board Director (Observing)
 Heather Richardson, Head of Operations
 Leah Smith, Complaints Manager
 Katherine Sutton, Chief Officer (Acute)
 Nathan Ware, Governance and Corporate Records Manager
 Dominic Watson, Head of Corporate Governance

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from Committee member D MacDonald. Apologies were also received from Non-members C Copeland and E Gray.

The Chair welcomed S McMillan to his first meeting of the Committee as an Independent Public Representative. He, in turn thanked the Chair for the introduction advising he looked forward to being an active member of the Committee.

1.2 DECLARATIONS OF INTEREST

A Christie advised that being a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

1.3 MINUTE OF MEETING THURSDAY 3 JULY 2025, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2025/2026

The Minute of Meeting held on 3 July 2025 was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling basis. The following was **Noted** in relation to the Rolling Action Plan:

- **Live Actions** – Advised actions would continue to be discussed with relevant Lead Officers, and the Plan updated for the next meeting. This would inform an update of the current Work Plan, in association with other wider discussions relating to ongoing governance arrangements.

The Committee:

- **Approved** the draft Minute and Committee Work Plan 2025/26.
- **Noted** the update provided in relation to the Rolling Action Plan.

1.4 MATTERS ARISING

1.4.1 Update Presentation on Neurodevelopmental Assessment Service

K Sutton shared a presentation with members providing an update in relation to work around the Children's Neurodevelopmental Assessment Service (NDAS), advising as to activity undertaken to date; giving an outline of the demand levels since January 2022 and associated referral source, length of wait for and availability of first appointments, referral age profile and service projections; potential future funding profile considerations; diagnostic outcomes data; and development of an "autism focussed" approach for children and young people for 1 January 2026. Relevant consideration points were outlined in relation to resourcing, ensuring safety and quality, progressing relevant parallel activity, arrangements for appropriate impact and risk assessment activity, and establishment of a coordinating NDAS Programme Board. An outline of relevant risk considerations was also provided, along with an indication of the next steps to be taken forward and progressed.

Members, welcoming the detail of the update provided and progress to date, discussed the following:

- NDAS Programme Board Membership. Advised would be considering quality of relevant assessment activity, with membership drawn from existing Allied Health Profession/relevant clinical leadership.
- Planned Geographical Areas. Questioned how these would be spread, arrangements for cross-area working and what discussion was planned with relevant patients and communities. Advised working with Highland Council to align to school groupings, and associated demand and capacity. Funding from the Whole Family Welfare Fund would help through the service transition phase. Communication aspects to be considered by Programme Board in a guided manner in association with Communications and Engagement Team and Third Sector colleagues.
- Staff Recruitment Requirements. Advised staffing availability not expected to be a concern, with upskilling of existing staff part of the forward plan programme.
- Support for Children Transitioning to Adult Services Without Treatment. Advised looking to identify and prioritise those individuals affected.
- Plans for Reducing Level of Referrals with no Diagnosis. Advised working with local teams anticipated to reduce referral numbers, through provision of local access to relevant practitioners based on identified need.
- Cross-System Working and Data Based Analysis. The Chair welcomed the approach being taken in this area, with a view to introducing transformational service change.

After discussion and acknowledgement of the work of those in the service, the Committee otherwise Noted the reported position.

2 SERVICE UPDATES

2.1 Primary Care Workforce Survey Update

Members were advised relevant activity would be taken forward as part of relevant Primary Care Strategy activity.

The Committee so Noted.

2.2 Update on Partnership Governance Discussion

L Bussell advised as to ongoing dialogue in relation to the potential for improving relevant existing governance arrangements relating to clinical quality and governance with a view to ensuring deep dive activity undertaken and enhanced reporting to this Committee from across NHS Highland on a number of activity areas. Relevant consultation activity was ongoing at the time of reporting. An update on the changing wider Inspection landscape would be provided to a future meeting.

The Committee so Noted.

2.3 Update on Dentistry State of Play and Impact on Acute Services

In the absence of a Reporting Officer, members **Agreed** to **Defer** consideration of this item to the next meeting.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Vascular Services Update

B Peters gave a brief presentation to members, providing an update on the current position, and outlining detail of Local, Mutual Aid and Mutual Aid Plus service provision arrangements. A summary of progress to date, proposed multidisciplinary team arrangements, and next steps was provided. An update was also provided on ensuring appropriate clinical governance arrangements across all the relevant service activity areas.

The Committee Noted the reported position.

3.2 Public Protection Update

L Bussell advised as to progress on evaluating the wider public protection infrastructure position since previously reporting to the Committee, noting the support received from the Director of Midwifery and a noted external colleague. An Adult Support and Protection Lead had been appointed, with a further two Advisor positions to be put out for recruitment in early course.

The Committee Noted the reported position.

4 PATIENT EXPERIENCE AND FEEDBACK

M Morrison spoke to the circulated report providing the committee with an update on Complaints case studies and learning to identify areas of learning and ensure processes and policies were sufficient and work effectively. There was also circulated a complaint performance report focused on the volume of complaints received and performance against the relevant 20-day target, and a Care Opinion activity update for July 2025. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Care Opinion Reports. Requested detail of usage over a longer period. Advised Annual Reports were published on Care Opinion, detail of which could be shared with members. Further advised as to ongoing discussion with Care Opinion on expanding existing subscription arrangements and development of a proposal for submission to the Executive Directors Group on the same. Consideration was also being given to possible alternative feedback options and evaluation of existing arrangements.

After discussion, the Committee Noted the detail of the circulated Case Study documents, associated updates and **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints activity; Scottish Public Services Ombudsman activity; Level 1 (SAER) and Level 2A incidents; Hospital Inpatient Falls, Tissue Viability and Infection Control. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance against the 20-day working target for Complaints had decreased since the previous reporting period, that the number of inpatient falls remained static and a range of wider improvement work was ongoing. There had also been circulated the NHS Highland Annual Complaints report for 2024/25. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Complaints Response Performance and Staff Training. Advised as to relevant training activity for response officers and associated resource pack distribution. Complexity of response requirements and associated process improvement considerations were also highlighted.

After discussion, the Committee Noted the report content, associated NHS Highland Annual Complaints Report 2024/25, and **Agreed** to take **Moderate** assurance.

6 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

6.1 Argyll and Bute

R Helliwell spoke to the circulated report, summarising key clinical governance topics from each service area within the Argyll and Bute Health and Social Care Partnership and providing assurance of effective clinical governance frameworks being in place. Specific updates were provided in relation to Health and Community Care, including bed reduction within Campbeltown Hospital, and wider patient flow concerns; Primary Care, including an update on CTAC and general medical services; Children, Families and Justice activity; and Acute and Complex Care, including Mental Health Service, Dementia Services, Care at Home Services, Adult Support and Protection, Learning Disability Health Services, Autism Diagnostic Service, and Oban Rural General Hospital. Other updates were provided in relation to Tissue Viability and Adverse Events activity. There was reference to SPSO Investigations; Mental Welfare Commission, Fatal Accident Inquiry and HSE Inquiry activity; and an unannounced HIS inspection of Oban General Hospital. The Argyll and Bute Clinical Governance Team continued to engage with a number of developments to support clinical governance processes as indicated. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Dementia Pathways. Update sought on any national activity in that area. Noted there were concerns across a number of NHS Board areas, with changing models of Dementia Care services emerging based on community assessment and delivery. The current position continued to be discussed with relevant Dementia Service colleagues in North Highland.
- Child Protection. Emphasised the need for continued focus in this area of activity, in association with partner bodies and recent Adult Protection recruitment activity success. Work on relevant pathways and assurance reporting was noted as ongoing.

After discussion, the Committee Noted the content of the circulated report and **Agreed** to take **Moderate** assurance.

6.2 Highland Health and Social Care Partnership

A Johnstone spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was continuing, with a focus on Community QPS assurance. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. Detail was provided in relation to relevant Statutory and Mandatory training activity data, staff sickness levels, and complaints activity. Updates were also provided in relation to SPSO activity and the weekly review of the Datix system to identify key issues for presentation at weekly QPS meetings. An overview of SAER activity was provided. Issues being highlighted were in relation to activity around Care at Hom capacity in Lochaber; complaints processes; Community QPS activity; declaration of an eHealth SAER; and interim Diabetes Service plan. Positive updates were provided in relation to Adults With Incapacity (AWI) training; and an update report on a recently held Community Appointment Day. There had also been circulated Minute of Meeting of the HHSCP Clinical and Care Governance Group held on 20 August 2025. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee:

- **Noted** the report content and circulated Minute.
- **Agreed** to take **Moderate** assurance.

6.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, providing an Executive Summary in relation to development of an interim Diabetes Service plan; introduction of the Trakcare system; capacity challenges within the Haematology Department; recruitment of Oncology medical staff; and monitoring of data trends including falls. Further detailed updates were included where relevant. Updates in relation to Hospital Acquired Infection (HAI), infection prevention and control activity and emergency access were also provided. A range of other aspects relating to quality and patient care were also highlighted, including adverse events. Data was provided in relation to Datix's, SAERs, complaints, inpatient falls; tissue viability; violence and aggression; Outpatient/Inpatient and elective care performance, training activity compliance, and workforce. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee on 15 July 2025, and an Infection Prevention and Control report for July 2025. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Oncology Service. Sought update on lessons learned from recent Vascular Service position, including in relation to wider communication aspects. Advised Chief Executive holding weekly meetings to discuss ongoing position, and associated improvement activity. Recruitment activity aspects were being actively considered. Work was being taken forward in association wider national colleagues.

- Infection Prevention and Control. Sought update on current level of focus in this area and improvement activity underway. Advised all cases of reportable infection are formally monitored and assessed for learning purposes. Challenges relating to estates, facilities and community infection were noted as potentially contributory factors. An update was provided in relation to activity relating to community antibiotic usage guidance in this area. Further updates would continue to be provided to the Committee.
- Diabetes Services. Sought update on impact on referral rates of recent activity. Advised a Consultant review of referrals was conducted, with many patients receiving services within the community setting.
- Access to Stroke Unit. Noted there had been recent media attention around national position with regard to relevant pathways etc.
- Workforce Concerns. Sought update on forward and succession planning in relation to substantive senior clinical staff members approaching retirement age. Specific aspects relating to Vascular service provision requirement were outlined, noting the organisation was sighted on this wider potential issue across NHS Highland services. Potential learning was being pursued from other NHS Boards in Scotland with similar challenges, including in relation to staff retention and developing an Acute Workforce Leadership Strategy.

After further detailed discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Agreed** to take **Moderate** assurance.

6.4 Infants, Children and Young People's Clinical Governance Group (ICYPCGG)

S Govenden spoke to the circulated report, advising as to recruitment issues relating to the rollout of the new child health system in Argyll and Bute; detail of four unexpected child deaths; an update on the funding position for the post of a bereavement nurse/midwife; and wider work in relation to antenatal opioid exposure. There had also been circulated minute of meeting of the ICYPCGG held on 16 July 2025 and one Child Death Review Report. The report proposed the Committee take **Moderate Assurance**.

There was discussion of the following:

- Bereavement Nurse Role. Questioned if a single employee could provide an adequate service across NHS Highland. Advised discussion on appropriate options in this regard were ongoing. Confirmed a number of Third Sector organisations were active in this specialist activity area. The position in relation to older children was less developed on national basis. Support and training aspects were highlighted, as was the work of the Whole Family Team.

The Committee:

- **Noted** the report content and associated circulated draft minute/Child Death Report.
- **Agreed** to take **Moderate** assurance.

The Committee adjourned at 10.55am and reconvened at 11.10am.

7 INFECTION PREVENTION AND CONTROL REPORT AND COMMITTEE ANNUAL REPORT 2024/25

L Bussell spoke to the circulated report and advised the outcome of the national standards update remained pending. The Infection Prevention and Control workforce was fully staffed with one post still to be filled in Argyll and Bute. Concerns were raised about the water supply at New Craigs, with remedial work ongoing to resolve the issue.

The Committee:

- **Noted** the report content and circulated COIC Annual Report 2024/25.
- **Agreed** to accept the levels of assurance being offered in the circulated report.

8 ANNUAL DELIVERY PLAN 2025/26 AND SCOTTISH GOVERNMENT OPERATIONAL IMPROVEMENT PLAN UPDATE

B. McKellar provided an update on the Annual Delivery Plan (ADP) for 2025–26, which had been approved by the Scottish Government and NHS Highland Board in July. The ADP was being finalised for publication, with an easy-read version also in development. The Scottish Government's Operational Improvement Plan (OIP) had introduced priority areas for improvement. All OIP objectives had been incorporated into the ADP, and a reporting mechanism was being developed to link ADP deliverables to OIP priorities. Monitoring was to be undertaken via the Integrated Performance and Quality Report (IPQR).

A refresh of the IPQR had commenced to align performance metrics and key indicators with both the ADP and OIP. Phase one had been completed; phase two, which included a full review of quality and outcome KPIs, was targeted for completion by the end of October. Updated reporting was expected to be reflected in future committee papers.

The following points were discussed:

- The Committee Chair acknowledged the significant background activity and contributions from operational colleagues.
- Member queried the alignment of the report with the Public Health Report issued earlier in the summer. B. McKellar confirmed that specific actions were being developed to align with the national strategic population health framework, including themes around prevention and reducing health inequalities.

The Committee Noted the report content and **Agreed** to take **Substantial** assurance on the interface between the ADP and the deliverables within the OIP.

9 SIX MONTHLY UPDATES BY EXCEPTION

9.1 Organ and Tissue Donation Committee – 6 Monthly Update

The Committee Noted the item was deferred.

9.2 Duty of Candour Annual Report

The Committee Noted the item was deferred.

9.3 Realistic Medicine Annual Update

The Committee Noted the item was deferred.

9.4 Research, Development and Innovation Annual Report 2025

F. Hines spoke to the presentation and advised that weekly meetings had been held with Strategy and Transformation teams to integrate RDI into the 2024–25 strategy and annual development plan, focusing on systems change, innovation, and technology-based interventions. A financial deficit of approximately £750,000 had been identified at the end of the last financial year, prompting a five-year financial recovery plan and new projects and funding streams, including the Seismic Shift

project and participation in the new hub and spoke process for clinical trials. Additional work had included collaboration on quantum sensing for remote monitoring, maintaining cancer trial activity, and preparing for new funding and cancer vaccine work. The clinical research facility had expanded studies in neurology, cardiology, renal, gastroenterology, diabetes, and obesity, while governance improvements and innovation projects had continued in areas such as hospital at home, medical drones, antimicrobial resistance, AI, and VR.

In discussion, the following points were raised:

- Members queried the financial assurance of the report, specifically seeking confidence in the long-term financial plan's approval by the Finance Director, and questioned how much additional funding would be used for existing staff versus recruiting new resources.
- Members noted ongoing workforce pressures and gaps and asked whether there are still enough research opportunities for staff, and if research remains a recruitment incentive.
- F Hines explained that UK clinical trial activity declined after 2018–19 due to cost and speed, but recent investments and the O'Shaughnessy report have led to a gradual increase; emphasised ongoing staff interest in research, which supports recruitment, retention, and NHS Highland's reputation for innovation.
- E Sage highlighted research activity and staffing are closely linked—recruitment challenges, especially in oncology and haematology, can limit research projects; only substantive contract staff can act as principal investigators, so workforce planning is essential to maximise research opportunities.

After discussion, the Committee Noted the report and Agreed to take Substantial assurance.

10 NHS HIGHLAND RISK REGISTER UPDATE

The Medical Director advised there had been no updates to the risk register and a further update would be provided to the Committee at a future meeting.

The Committee otherwise Noted the position.
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11 CALENDAR OF MEETING DATES

The Committee **Noted** the following schedule of meetings:

6 November 2025 – Next Meeting

8 January 2026

5 March 2026

7 May 2026

2 July 2026

3 September 2026

5 November 2026

7 January 2027

4 March 2027

12 REPORTING TO THE NHS BOARD

Discussion of relevant matters would be referenced in the Committee Summary to be provided to the NHS Board.

The Committee so Noted.

13 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this item.

14 DATE OF NEXT MEETING

The Chair advised the Members the next meeting would take place on 6 November 2025 at 9.00am.

The meeting closed at 11.45am