

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	3 July 2025 – 9.00am (via MS Teams)	

Present Karen Leach, In the Chair
 Louise Bussell, Board Nurse Director
 Muriel Cockburn, Non-Executive Board Director
 Liz Henderson, Independent Public Representative
 Joanne McCoy, Vice Chair and Non-Executive Director

In attendance Sarah Buchan, Director of Pharmacy
 Peter Cook, Head of Medical Physics
 Dr Claire Copeland, Deputy Medical Director
 Stephanie Govenden, Consultant Community Paediatrician
 Evelyn Gray, Associate Nurse Director
 Bryan McKellar, Whole System Transformation Manager
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Gerry O'Brien, Non-Executive Board Director (Observing)
 Heather Richardson, Head of Operations
 Iain Ross, Head of eHealth
 Leah Smith, Complaints Manager
 Katherine Sutton, Chief Officer (Acute)
 Nathan Ware, Governance and Corporate Records Manager
 Dominic Watson, Head of Corporate Governance
 Dr Neil Wright, Non-Executive Board Director (Observing)

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from Committee members E Beswick, A Christie, B Peters and C Sinclair. Apologies were also received from Non-members E Henry, K Gillies and A Johnstone.

1.2 DECLARATIONS OF INTEREST

There were no Declarations made.

1.3 MINUTE OF MEETING THURSDAY 1 MAY 2025, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2025/2026

The Minute of Meeting held on 1 May 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 be discussed with relevant Lead Officers, including continued relevancy and associated scheduled due dates, and the Plan updated for the next meeting. This would in turn inform an update of the current Work Plan.

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 Neurodevelopmental Assessment Service (NDAS) Executive Summary

H Richardson spoke to the circulated report, providing the Committee an Executive Summary of the position in relation to NDAS and advising the service remained under significant pressure including in relation to the existing waiting list position and ongoing level of service demand. The existing staffing level position was outlined, noting increasing external scrutiny of assessment activity levels. A monthly Neurodevelopmental Programme Board had been established, to provide a governance framework for all activity underway in relation to the Children's system. A twin track improvement strategy was being taken forward in relation to stabilisation of the existing service and short-term recovery of the legacy waiting list and a longer-term plan to deliver a Highland service model to meet the national ND specification. Matters relating to clinical, financial and political/reputational risks were also reported. It had been recommended a business case outlining the variety of options, as detailed in the circulated report be submitted to the Executive Directors Group on 23 June 2025 outlining the workforce required to meet current demand and address the backlog and the investment needed to reduce the current waiting list.

Members welcomed the report, and discussed the following:

- **Children's Services Plan.** Noted work had commenced on producing a new Plan, with H Richardson Co-Chair of the Children's Services Planning Board. This provided an opportunity to contribute to and influence any future direction of travel.
- **Activity Relating to "The Promise".** Questioned where relevant activity areas linked. Advised Programme Board Work streams were considering a number of associated aspects from a dual governance perspective.
- **Reducing Current Demand Level.** Advised a range of activity underway in this area in association with Highland Council. Agreed to provide greater background detail in future reporting.
- **National Position.** Advised recent letter penned by Society for Heads of Psychology outlined the wider national position. Detail of the letter would be shared with Committee members, subject to clarification of the formal position in relation to other NHS Boards.
- **Executive Director Group Consideration.** Agreed an update be brought back on relevant discussion outcome. Assessment activity was continuing at this time.

After discussion and acknowledgement of the work of those in the service, the Committee:

- **Noted** the reported position.
- **Agreed** future reporting provide improved detail in relation to reducing demand levels and greater clarification of the wider national position.
- **Agreed** this matter currently remain on the agenda for future meetings.

1.4.2 Vascular Services Update

E Gray advised substantive Consultant arrangements had ended on 30 June 2025, with two locums currently providing relevant cover. High level national considerations were ongoing in relation to the national position and a formal decision expected in relation to transitioning to a Hub and Spoke model. Mutual aid arrangements with four other NHS Boards in Scotland were continuing on a

rotational basis. Access to multi-disciplinary teams by non-critical patients remained an area of concern. A lead for Aortic Aneurysm screening activity was being sought. External support arrangements for those patients remaining on relevant pathways, and matters relating to review of governance of joint working arrangements were being actively considered.

There was discussion of the following:

- Hub and Spoke Model Governance Arrangements. Emphasised the need for detailed, informed and appropriate consideration of these aspects. Current considerations were noted.
- Activity Timeframes. View expressed greater clarity required, recognising the challenges currently being faced and discussions underway including at Chief executive level. This would assist relevant communications activity.

After discussion, the Committee otherwise Noted the reported position.

2 SERVICE UPDATES

2.1 Primary Care Workforce Survey Update

C Copeland advised activity was being taken forward as part of the Primary Care Improvement Strategy. It was stated clarity was required as to relevant reporting arrangements. It was further reported a GP Clinical Lead for workforce had been appointed. The importance of associated clinical and care governance assurance considerations was highlighted.

The Committee Noted a further update would be provided to the next meeting.

2.2 Adult Social Care/Commissioned Services Update

It was advised that reporting on this aspect was included in considerations relating to the update under Item 2.1. The Committee so **Noted**.

2.3 Revised Radiation Safety Committee Annual Report 2024

P Cook spoke to the circulated report providing an annual update on the status of radiation safety and compliance within NHS Highland. The report had also been presented to the Health and Safety Committee. Specific updates were provided in relation to Service Lead reporting to the Radiation Safety Committee; IRR 2017 Compliance (Health and Safety Scope) and exceptions; IR(ME)R 2017 Compliance (Clinical Governance Scope) and exceptions; and challenges relating to staffing, and replacement of equipment. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Service Delivery and Safety Assurance. Concern expressed in relation to service provision to other areas given the challenges reported. Advised as to role and remit of Radiation Safety Committee, this relating to compliance with relevant Health & Safety and Clinical Governance safety requirements.
- Equipment Purchase and Associated Staffing Considerations. Advised as to improved funding position relating to equipment purchase, and matters relating to associated planning requirements and arrangements.

After discussion, the Committee Noted the circulated Annual Report and **Agreed** to take **Moderate** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

There were no matters raised in relation to this Item.

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 the performance against the relevant 20-day target, and a Care Opinion activity update for February to March 2025. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Care Opinion Entries. Advised relevant site included a tracker system for individual postings. Activity was ongoing in relation to further improving internal processes and reporting.

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 introduced the Item and circulated report. B McKellar then referred members to the circulated data, providing both an executive summary and detail in relation to the relevant NHS Highland position relating to the nationally agreed Cancer Quality Performance Indicators. Specific detail was outlined in relation to Bladder QPIs 2(i) and 3; Testicular QPI3; Endometrial QPI 3, Ovarian QPI 4 and 10(i); Prostate QPIs 4a and 4b; Colorectal QPIs 5 and 7a and b; Colorectal QPI 8; and Breast QPIs 6(i) and (ii).

There followed discussion of the following:

- QPI 10(i). Noted declining performance. Noting associated workforce challenges had impacted performance, agreed the need for improved current trend data detail.
- Wider Ongoing Workforce Concerns. Questioned if persistent challenges could indicate an increasing future concern requiring consideration of support arrangements across NHS Boards. The importance of learning taken from the position in relation to Vascular services, and co-learning in relation to associated Cancer Network discussions was emphasised. Governance aspects were also highlighted.
- Plans and Mitigations. Detail in relation to effectiveness of specific action plans, and progress of associated timelines was requested. Noted regular updates on Cancer performance and associated aspects were presented to the EDG, and used to targets areas performance improvement was required.
- Overall NHS Performance. Advised an improved position was being reported, and work with relevant teams was continuing to be taken forward in relation to aspects including theatre access, North Cancer Alliance discussions, and engagement with the National Cancer Network.

M Morrison then spoke to the detail of 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 remained poor, with improvement activity being actively monitored by the EDG. 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.
- Falls Activity. Advised as to a reduction in falls with harm and activity of the Inpatient Falls Activity Steering Group. Updates were also provided in relation to a number of targeted activity areas. There was reference to activity relating to delirium screening aspects.

After discussion, the Committee Noted the report content 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

L Smith 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 recruitment for Campbeltown and recent inspection activity; Primary Care, including an update on Sexual Health Services, CTAC and general medical services; Children, Families and Justice; and Acute and Complex Care, including Mental Health Service, Dementia Inpatient Bed Pathway, resource challenges, Psychiatrist Vacancy in Kintyre and Islay, communication, position regarding lack of Consultant Learning Disability Psychiatrist, position regarding lack of Community Learning Disability Nurse cover for Argyll and Bute, 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 unannounced HIS inspection of Oban General Hospital. It was reported the Argyll and Bute Clinical Governance Team was engaging with a number of developments to support clinical governance processes as indicated. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Partnership Working. Members welcomed future reporting on relevant aspects.
- Initial Referral Discussions (IRDs). Noted number had increased significantly. Confirmed these related to discussion where child protection concerns were raised. Noted many discussions held by School Nurse and Health Visiting staff, impacting on their wider preventative activity. Child Protection Nurse resource concerns were raised and noted.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** an improvement update relating to Child Protection Nurse resourcing would be provided in the next report.
- **Agreed** individual levels of assurance be separated out in future reports where appropriate.
- **Agreed** to take **Moderate** assurance.

6.2 Highland Health and Social Care Partnership

C Copeland 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 the ADHD Waiting List; staffing within Community Hospitals; and Sutherland Care at Home Service. Positive updates were provided in relation to GP recruitment, and wider recruitment successes relating to Alness and Invergordon. Updates were also provided in relation to matters previously highlighted to Committee. There had also been circulated Minute of Meeting of the HHSCP Clinical and Care Governance Group held on 5 June 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 Gray spoke to the circulated report in relation to Acute Services, providing an Executive Summary in relation to Vascular Services; outbreaks and associated ward closures; concerns relating to the relocation of wheelchair services; the NDAS Service and the impact on Acute services of changes to the GP contract around enhanced services relating to Diabetes. 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, HEPMA rollout to Raigmore Hospital; new biochemistry, haematology and coagulation platforms; work on developing key performance Indicators as part of STAG activity, respiratory testing, replacement of biochemistry equipment, Belford Hospital redesign programme, National Treatment Centre performance, a reduction in the Paediatrics waiting list, an update on CAMHS Services, NDAS and adverse events. Data was provided in relation to Datix's, SAERs, inpatient falls; tissue viability; violence and aggression; Outpatient/Inpatient and elective care performance, training activity compliance, workforce and financial performance. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee on 20 May 2025, and other associated appendices. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- **Diabetes Services.** Noting wider concerns relating to this subject it was advised relevant discussion was ongoing in relation to aspects including relevant patient pathways. Updates would be provided as part of future reporting. The impact on services in Argyll and Bute was also questioned.
- **Relocation of Wheelchair Services.** Advised main area of activity was workshop-related, with minimal impact on patients.

After further detailed discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Agreed** an update on Diabetes Services in Argyll and Bute be brought to the next meeting of the relevant Clinical and Care Governance Group.
- **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 development of the relevant clinical care pathway in relation to end of life care; recent child death review activity; planned changes to the integration arrangements and the associated impact on reporting and governance pathways; and work underway to progress arrangements so that children have an equal access to forensic care on a par with adults. There had also been circulated minute of meeting of the ICYPCGG held on 30 April 2025 and one Child Death Review Report. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the report content and associated circulated minute.
- **Noted** the position in relation to actions previously highlighted to Committee.
- **Agreed** to take **Moderate** assurance.

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

L Bussell spoke to the circulated report and advised NHS Scotland published data for the period April 2024 to March 2025 was due to be published in July 2025. Validated and provisional data for April 2024 to March 2025 calculated the reduction aim for SAB would be met. The reduction aims for CDI and ECOLI would not be met but remained within predicted limits. NHS Boards had been informed that there should be no increase in the incidence (number of cases) of CDI, ECB, and SAB by March 2026 from the 2023/2024 baseline. ARHAI Scotland had notified NHS Highland this equated to a case number of 75 for CDI and ECB, and 53 for SAB by end of March 2026. The aims for antimicrobial prescribing were awaited. Aspects relating to quality and patient care, workforce, finance and risk assessment/management activity were also highlighted. There had also been circulated a Control of Infection Committee (COIC) Annual Report for 2024/25. The report proposed the Committee take varying levels of assurance across a number of areas, as indicated.

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 UPDATE

B McKellar spoke to the circulated report and gave a brief presentation providing an overview as to progress in developing the NHS Highland Annual Delivery Plan (ADP) currently awaiting Scottish Government approval prior to being presented to the NHS Board for approval. An Executive Summary across each Well Theme had been developed, as circulated and would be used to communicate internally with key stakeholders. Deliverables were being progressed. The report proposed the Committee take **Substantial** assurance.

The following points were discussed:

- Activity Tracking. Advised a master tracker document was in place, with the Strategy and Transformation Group in regular discussion with relevant Senior Responsible Officers and actions subject to quarterly review and reporting.
- Population Health Framework. Advised ADP included range of associated aspects across a number of Well Themes. This would be an increased focus of future Annual Delivery Plans.

The Committee Noted the report content and **Agreed** to take **Substantial** assurance.

9 SIX MONTHLY UPDATES BY EXCEPTION

9.1 Area Drug and Therapeutics Committee Six Monthly Update

S Buchan spoke to the circulated report updating the Committee on recent activity and the Area Drug and Therapeutics Committee's (ADTC) plans for the remaining year. It was reported leadership and organisation of the ADTC continued to improve, with agenda setting meetings reflecting local and national priorities as well as emerging issues. The ADTC continued to evolve and develop its strategic objective priorities, as indicated, as well as engaging in discussions at national level on access to and affordability of medicines and national prescribing strategies. The Highland ADTC also continued to work closely with the national ADTC Collaborative Forum, promoting the need for Once for Scotland approaches to new medicines accessibility. The report proposed the Committee take **Moderate** assurance.

The Committee Noted the report content and Agreed to take Moderate assurance.
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9.2 Information Assurance Group Six Monthly Update

I Ross spoke to the circulated report, covering the period from January to June 2025, outlining work being undertaken by the Information Assurance Group (IAG) and providing assurance NHS Highland was operating compliance with applicable Information Security and Data protection legislation. Detailed updates were provided in relation to regulatory audit activity; Caldicott Guardian activity; Adult Social Care; Corporate Records; Clinical Records Management, Freedom of Information activity; Subject Access Requests; Policies ratified; other significant IAG agenda items and areas of discussion; and reportable incidents during the reporting period. A network outage was reported. Detail was also provided in relation to recently discussed topics including Community Optometrist access to aspects of the Care Portal, and the potential for utilising AI products moving forward. The report proposed the Committee take **Substantial** assurance.

There was discussion of the following:

- Subject Access Requests. Noted number of requests increasing, especially from patient legal representatives. This represented a greater awareness of access rights in this area and was increasing the associated workload. The matter was being actively monitored. System process improvements had been introduced. Further detail was to be provided in the next report.
- Electronic Patient Record (EPR). Noted the complexity involved in demonstrating compliance with Subject Access Requests as the EPR evolves. It was suggested this may eventually reduce the number of Requests being received as well as providing wider benefits realisation. Members also noted a reported significant increase in Requests being received at GP level. Interface arrangements with Primary Care colleagues were referenced, along with matters relating to the potential arrangements for records scanning activity.

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

10 PHARMACY SERVICES STRATEGIC PLAN 2025-2030

S Buchan spoke to the circulated draft Pharmacy Services Strategy 2025/30, advising this was the first co-produced Strategy document for NHS Highland in this area, developed across three areas of relevant practice. She updated members on relevant engagement activity and workshop events outcomes, and associated consultation arrangements. She highlighted a focus on improving patient care, supporting staff and embracing digital innovation. Strategic Aims related to improving population health, enhancing the quality and equity of care across Highland, and ensuring the delivery of better value through patient-centred services. There were seven associated Key Themes,

with nine work streams developed and subject to deliverable outcomes, as indicated. Each Work Stream would have a relevant Accountable Lead Officer, based on a cross-sector approach and would be subject to individual timelines. She stated a focus on deliverable outcomes would be key moving forward and outlined imminent activity around aspects such as production of an associated timeline-based delivery plan, delivery of a series of launch Webinars, development of resource hub to include feedback routes, and a series of face-to-face update visits. Senior Leadership Team discussion to date was also highlighted. During discussion members welcomed the co-production of a Pharmacy Strategy, addressing both Primary and Secondary Care.

After discussion, the Committee:

- **Noted** the presentation content and circulated draft Strategy document.
- **Noted** an updated Strategy and associated Summary document would be circulated to members following the meeting.

11 CALENDAR OF MEETING DATES

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

4 September 2025
6 November 2025
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 4 September 2025 at 9.00am.

The meeting closed at 11.45am