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	**6 November 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 Non-members Linda Currie and Elaine Henry.

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 4 SEPTEMBER 2025, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2025/2026

The Minute of Meeting held on 4 September 2025 was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis. The Workplan and Action Plan required updating and it was **noted** that a detailed review would be scheduled.

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

Clinical and Care Governance, Senior Leadership Quality Assurance Group

The Nursing Director advised a new group had been established to provide operational oversight and review key issues before the papers were presented to the Clinical Governance Committee. It was noted that the group would be known as the Clinical and Care Governance, Senior Leadership Quality Assurance Group. The group was scheduled to meet three weeks prior to the committee to ensure timely scrutiny of papers and improve assurance, with its first meeting planned for February and full integration expected over the next 12 months.

2 SERVICE UPDATES

2.1 Care Inspections Regulation Update

The Nursing Director spoke to the circulated report which outlined the regulatory framework for NHS Highland, including the Care Inspectorate, Health Improvement Scotland, the Health and Safety Executive and scrutiny from the Mental Welfare Commission. She highlighted detailed work on care homes and care at home services, and recent inspections in acute hospitals in Argyll and Bute and Highland with improvement plans in place. Further inspections were expected in maternity and mental health services and that learning from national reports was being applied locally. The joint inspection of mental health services by the Care Inspectorate and Health Improvement Scotland at New Craigs was described as challenging but positive with strong service user engagement and satisfactory or good outcomes. The Health and Safety Executive improvement notice issued in 2022 in relation to New Craigs had been concluded in July 2025. The Committee were asked to take **moderate** assurance on governance and ongoing improvement work.

In discussion, the following points were raised:

- Staff Training and Appraisals. Asked if staff were able to maintain appraisals, e-learning and mandatory training. It was noted progress varied, with some improvement in clinical areas, but appraisals were not yet at the desired level. Training figures had increased month on month, though operational pressures slowed progress.
- Communication, Engagement and Consultation. Asked about plans to strengthen communication and celebrate positive inspection outcomes. It was confirmed work was ongoing with the Head of Communications, including weekly staff emails, cascade routes and exploring options for staff without IT access. A development session with senior leaders was planned for November, and costings for community feedback mechanisms were being considered by EDG.
- Oversight and Reporting. Asked if the report would be produced annually to support oversight and peer review. It was agreed the new Clinical and Care Governance, Senior Leadership Quality Assurance Group would scrutinise reports from other boards to ensure learning was captured, with an annual sense check considered helpful.

The Committee **considered** the report content and agreed to take **Moderate** assurance that both governance is in place and being further developed to ensure preparedness for inspections and to oversee care inspection regulation, and that improvement work is underway or completed in each area in line with improvement plans in response to regulatory inspections.

2.2 Audiology Services Six Month Update

Members **agreed** to **defer** consideration of this item to the next meeting.

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

The Director of Dentistry spoke to the circulated paper and reported that there had been ongoing challenges in delivering NHS dental services, particularly in rural areas. The Scottish Dental Access Initiative grant conditions were under review as it was the conditions had not been effective. Work had been undertaken to review funding models, consider allowances tailored for rural practices, and progress a proposal for an undergraduate dental school in Inverness to strengthen the future workforce. Data from the National Dental Inspection Programme had indicated that NHS Highland performance was broadly in line with the Scottish average, with Argyll and Bute performing slightly better, while recruitment to the Public Dental Service had remained very challenging. A new 12-month professional development programme for dentists new to Scotland had been introduced, with NHS Highland securing nine places in the first cohort, which had been welcomed as a positive governance development. The Committee were asked to take **limited** assurance from the report content.

In discussion, the following points were raised:

- Impact on Deprived Communities. Concern was expressed that limited NHS dental access had disproportionately affected those from deprived areas, as some patients had been unable to afford travel to the central belt for treatment.
- Information and Support for Patients. It was suggested that clearer, more prominent information on available options should have been provided on the NHS Highland website, as previous arrangements had left patients struggling to find care. It was noted that the NHS Highland website had been regularly updated and included an availability survey of dental practices every six weeks.
- Locum Recruitment. The committee heard that recruitment had remained challenging and approval had been sought to secure locums as a short-term solution.
- Children's Oral Health and Prevention. Questions were raised about national performance, early prevention programmes, and collaboration with school nurses. It was confirmed that an active oral health improvement team had been in place, engaging with national and local programmes, and continuing fluoride varnish application despite national moves to reduce it. Future focus had been on children in their first year of life and those in deprived areas.
- Learning from Argyll and Bute. Interest was expressed in understanding why Argyll and Bute had performed slightly better and whether lessons could have been applied locally. It was noted that differences had been minor and likely linked to deprivation levels.
- Access to NHS Dentists Out of Area. The committee discussed whether a register of practices accepting NHS patients in other health board areas could have been provided. It was confirmed that patients had needed to access local health board websites, and linking boards had been considered but faced challenges.
- Data and Assurance. It was highlighted that the report had lacked detail on capacity at dental locations and commentary on national targets. The committee agreed that deeper analysis and quality assurance data would have been helpful to move from limited to moderate assurance.
- Contract and Workforce Challenges. The committee heard that changes to the national dental contract had made only limited improvements and revisions had focused on minor payment adjustments rather than a full redesign. Many dentists had preferred private work due to access to modern techniques and materials unavailable under NHS arrangements, creating difficulties in attracting and retaining practitioners, particularly in rural areas.

- Public Health Data. The importance of understanding population oral health data was emphasised to inform planning and engagement with providers. The Director of Public Health and Policy confirmed that work had begun to review available data for children and adults and had offered to present findings to the committee. It was agreed that a further update on dentistry, including public health information would be brought to the Committee in six months.

The Committee Noted the report content and agreed to take **Limited** assurance.

2.4 North Highland NDAS Service Update

The Head of Operations spoke to the circulated report, which had outlined both the current position and future model for a redesigned neurodevelopmental service, aiming to create a staged and integrated approach across schools and localities. The North Highland NDAS Service had 2,100 children on the waiting list and had been for up to six years. This had created significant urgency for transformative action and to address this, a short-life working group had been established to map and redesign core services. This had included combining NDAS with CAMHS and paediatric services to deliver a more efficient and joined-up model. In partnership with Highland Council, work had begun to secure funding through the Whole Family Wellbeing Programme to provide Neurodevelopmental coordinators in schools and strengthen wraparound support. A test of change had commenced in one primary school involving 18 children, trialling the new pathway to assess whether early intervention could reduce escalation into complex services and improve outcomes. The Committee were asked to take **limited** assurance from the report content.

The Director of Acute Services highlighted that upcoming changes would drive whole-system transformation by integrating Acute services, CAMHS, and Community Paediatrics into a redesigned pathway.

In discussion the following points were raised:

- Assurance and Testing of New Model. Members queried why only limited assurance could be offered and when the new model would show results. It was explained that moderate assurance would require evidence of efficiency and reduced waiting lists. It was confirmed that assurance would improve once the new model had demonstrated efficiency and waiting lists had reduced.
- Transition and Timely Access. Members asked whether transformation work would delay timely access and how young people moving into adult services would be prioritised. It was confirmed that all children on the waiting list had been triaged and had child plans, with governance checks ensuring wraparound support. Transition planning for those nearing adulthood was being developed collaboratively between children's and adult services.
- Whole Family Wellbeing Fund. Members queried the sustainability of the time-limited funding. It was noted that the fund was expected to run for 18–24 months, and an exit strategy had been included in the application to embed successful changes into business as usual.
- Adult Neurodevelopmental Services and Transition. The committee heard that adult services had operated differently, with separate waiting lists for autism and ADHD assessments. Plans had been in place to create a similar integrated model to children's services. Urgent cases could have been reprioritised through clinician-to-clinician discussion, and autism assessments had been supported by Scottish Government initiatives. Rising ADHD referrals had been noted, and young people could have been prioritised within adult services if required.
- Recognition of Progress. The scale and complexity of the work had been acknowledged, and the team had been commended for developing the new structure and strengthening collaboration with councils and adult services despite significant challenges.

The Committee Noted the report content and agreed to take **limited** assurance.

2.5 North Highland CAMHS Update

The Head of Operations spoke to the circulated report, which highlighted Significant progress had been made in reducing waiting times and it was forecasted that the Scottish Government Target of 90 per cent of patients being seen within 18 weeks would be achieved by December 2025. Workforce had been increased and waiting list initiatives launched with planning under way for an expanded age range that could raise referrals by 20 per cent. Governance improvements included reducing complaint turnaround from 59 to 29 days and embedding child-friendly complaint processes alongside staff training in de-escalation. The Committee were asked to take **moderate** assurance from the report content.

In discussion, Members queried how the estimated 20 per cent increase in referrals was linked to the age range extension that had been calculated. The Head of Operations advised the figure had been an initial estimate based on transition data between children's services and would require further analysis.

The Committee noted the report content and agreed to take **Moderate** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Vascular Services Update

B Peters provided a short update in relation to the ongoing position regarding Vascular Services provision, advising as to agreed cover arrangements with four external NHS Boards in Scotland relating to both emergency and elective activity. This helped to provide a stable service platform ahead of any upcoming national work in relation to reconfiguration of Vascular Services, including surgery and Interventional Radiography across Scotland.

The Committee Noted the reported position.

3.2 Maternity and Midwifery Services

L Bussell advised as to the level of scrutiny faced by Maternity and Midwifery Services both in Highland and nationally, and updated members on an awaited Inspection of Maternity Services in Highland. She referenced national work on establishing a Midwifery Taskforce, and advised internal work was being taken forward in relation to updating and enhancing existing governance and oversight arrangements. On the latter point, I Barton advised as to ongoing work with operational teams on establishing Board wide professional and leadership structures, and quality and care assurance workstreams aligned to relevant national asks. A Senior Responsible Officer had been appointed, with appropriate Midwifery, Medical and Nursing leadership representation in place. Midwifery pathways had been introduced across NHS Highland in line with DL25; and the outcomes from both HIS Maternity Inspections and FAIs elsewhere across Scotland had been mapped against the position in Highland. Relevant HIS Standards for Maternity Services were out for consultation. She went on to advise as to current consideration and activity relating to workforce recruitment concerns, levels of sickness absence and the use of midwifery workload/establishment tools.

The Committee:

- **Noted** the reported position.
- **Noted** a formal report would be brought to the next meeting.

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 Care Opinion report from September 2025, noting ongoing discussion in relation to the ongoing use of Care Opinion in NHS Highland. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Compliments Received. Members recognised the level of compliments being received and emphasised the importance of sharing the detail of these with relevant staff members.
- Care Opinion. Members were updated in relation to the relevant subscription position and consideration of the options available moving forward.

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 relevant plans and mitigations around Complaints complexity and activity; Scottish Public Services Ombudsman activity; Level 1 (SAER) incidents; Hospital Inpatient Falls, Tissue Viability injuries 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, SPSO activity remained steady, there had been no significant change in the number of inpatient falls, and a range of wider improvement work was ongoing. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Pressure Ulcer Grades 1 and 2. Advised as to increased focus on this area, including in relation to relevant training activity expansion and rollout.
- Integrated Performance and Quality Reporting. Members were invited to consider relevant Committee data requirements in terms of quality, safety and clinical service effectiveness assurance monitoring. Suggestions raised in discussion included development of a thematic reporting and review approach, trend data requirements, provision of more outcome focussed data, development of a rolling data review programme, and the potential for holding a Development Session to develop such ideas further and in more depth.

After discussion, the Committee:

- **Noted** the report content and **Agreed** to take **Moderate** assurance.
- **Agreed** to consider holding a Development Session, with the Associated Director for Quality and Clinical Governance in early 2026.

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. It was advised activity was underway to look to improve current clinical governance arrangements. Specific detailed updates were provided in relation to Health and Community Care; Primary Care, including an update on CTAC and general medical services; Children, Families and Justice activity, including CAMHS Services; and Acute and Complex Care. An update was provided on 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:

- Care Thresholds. Confirmed the impact of any agreed changes would be reported back to this Committee.
- Argyll and Bute Clinical and Care Governance Group. Advised function and activity of group was currently under active review, in line with any wider framework considerations. Reported QPS workshop had been held, agreeing improvements relating to monitoring progress on management actions.

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

In the absence of a report consideration of this Item was deferred.

6.3 Acute Services

In the absence of a report consideration of this Item was deferred.

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

L Bussell spoke to the circulated report, advising as to School Nursing pressures across Argyll and Bute; completion of a further child death review; an update on statutory responsibility in relation to forensic care for children and adults who had experienced sexual abuse and assault; ongoing challenges relating to digital systems; an improved position relating to Paediatric Service waiting times; and pressure within home care provision for children with complex disabilities. There had also been circulated minute of meeting of the ICYPCGG held on 14 October 2025. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the report content and associated circulated draft minute.
- **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 2025 to June 2025 indicated NHS Highland remained within predicted limits. Revised national Antimicrobial prescribing targets were awaited and a review was ongoing in relation to reintroduction of surgical site infection surveillance and other associated surveillance programmes. NHS Boards had been requested to revisit plans in relation to High Consequence Infections Diseases, challenges relating to which were to be discussed with ARHAI Scotland. Aspects relating to quality and patient care, workforce, finance and risk assessment/management activity were also highlighted. There

had also been circulated an Infection Prevention and Control Report for November 2025 and a six-monthly update in relation to the Infection Prevention and Control Annual Work Plan 2025/26. The report proposed the Committee take varying levels of assurance across a number of areas, as indicated in the report.

The Committee:

- **Noted** the report content and circulated IPC Annual Work Plan 2025/26 update.
- **Agreed** to accept the levels of assurance being offered in the circulated report.

8 ANNUAL DELIVERY PLAN 2025/26

Consideration of this Item was deferred.

9 Annual Screening Programmes Update

J Davies and L Peat spoke to the circulated report, which looked to provide assurance of the effectiveness of screening programmes across NHS Highland and update on findings over the previous 12-month period in terms of uptake and general running provision of safe, effective and person-centred care and treatment. The report discussed each individual screening programme to provide assurance that screening delivery met the performance requirements set by Healthcare Improvement Scotland (HIS) screening standards and requirements. It was reported several KPI metrics had missed target and noted the same targets had been similarly missed systemically across Scotland. NHS Highland had not been reported adversely as an outlier from any of the screening performance monitoring systems. The report summarised the challenges faced by each programme and provides a detailed breakdown. The report indicated significant challenges associated with the provision of resource, with staffing pressures existing across all screening programmes and was particularly significant in in relation to Breast Screening (all pathways), Maternity Screening (sonography) and AAA (vascular screening pathways. The report outlined the actions being taken to resolve the noted challenges, and the associated the risk consequences if issues were not resolved. The report also discussed the actions being taken to understand and improve uptake barriers, particularly in relation to cervical screening which continued with a reducing trend and across all screening programmes where there was evidence the most deprived SIMD quintile areas were falling short of target. The report proposed the Committee take **Moderate** assurance and endorse the actions/initiatives discussed.

The following was discussed:

- Scottish Index of Multiple Deprivation Data. Questioned if a similar exercise had been considered in terms of age cohorts within screening programmes. Advised regular data processing was based on geographical aspects rather than age, which represented a singular data strand within a series of relevant strands. Consideration could be given to including appropriate narrative that referred to that data element.
- Breast Screening Telephone Intervention. Questioned if the approach could be replicated across other screening programmes or services. Advised consideration was being given to adopting a similar approach relating to AAA screening, with relevant discussion underway with colleagues.
- Additional Lung Screening Programme. Advised a national programme was being considered.

After discussion, the Committee Noted the report and took **Moderate** assurance.

10 SIX MONTHLY UPDATES BY EXCEPTION

10.1 Women's Services

The Chair advised consideration of this Item would be deferred to allow the report to be formally considered by the relevant operational governance group prior to submission to this Committee.

The Committee so Noted.

10.2 Organ and Tissue Donation Committee

The Chair introduced the circulated report and stated she would have welcomed greater detail for consideration. Members were advised much of the activity being reported upon would be considered business as usual, however would benefit from having appropriate representation at the meeting to introduce the report to showcase the activity involved.

The Committee otherwise Noted the circulated report content.

9.2 Duty of Candour Annual Report

B Peters advised production of the Annual Report was imminent and this would be submitted to the next meeting. It was agreed that a speaker be invited to introduce the item. A similar approach was required for all annual reports being brought to the Committee.

The Committee so Noted.

9.3 Realistic Medicine Annual Update

B Peters advised that as in the case of previous items members would benefit from having the relevant Clinical Lead and report author present to introduce and speak to the report detail. He went on to advise an associated Conference Event was been discussed for 2026 and suggested this Committee would be a good vehicle for raising relevant event awareness.

After discussion, the Committee:

- **Noted** the circulated six-monthly report, without assurance.
- **Agreed** L Cameron-Ross be invited to present an Annual Report at the May 2026 meeting.

9.4 Clinical Advisory Group – 2024/25 Assurance Reporting

P Lyons introduced and spoke to the circulated report advising as to the work of the of the Clinical Advisory Group (CAG) across 2024/25, including detail of the out of Service Level Agreement referral requests for NHS Highland patients and the associated clinical decisions made with respect of out of area referral requests for clinically exceptional patients. Relevant clinical trend and financial information had also been provided. Members were also updated in relation to process improvement activity; repatriation activity; matters relating to complex out of area placements. B Peters, as Co-Chair of the Group, took the opportunity to advise that CAG considered, advised and took clinically led decisions relating to the appropriateness of individual out of area referral requests, with finance not being a driving factor. He stated the involvement of Clinical Leads in the activity of the Group had been a positive addition. The report proposed the Committee take **Substantial** assurance.

In discussion, the following points were raised:

- Involvement of Local Government Funding. Advised, in relation to adults with learning disabilities activity was overseen by the Dynamic Support Register. A separate parallel process was in place for Argyll and Bute.

- Group Consideration of Repatriation Aspects. Advised time was built in to Group meeting agendas to discuss relevant aspects across a number of potential associated scenarios where appropriate. The wider process and associated considerations in this regard were outlined for the benefit of Committee members.

After further detailed 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. He suggested this would be beneficial topic to have discussed as part of any future Committee Development Session.

The Committee otherwise Noted the position.

11 CALENDAR OF MEETING DATES

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

15 January 2026 – Next Meeting
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 discussion of the position in relation to timely submission of reports to this Committee meeting, noting that late papers had not been considered. Members agreed that timely receipt of reports was important from an overall governance aspect and enabling properly informed Committee discussion. There was agreement that the position with regard to report submission required improvement and members noted the Chair had introduced additional planning meetings to ensure this would be the case.

There was a request that the Community Operational Unit Exception Report be made available to members out with the meeting, given the inclusion of a number of significant areas of interest, with an open invitation to provide comment or raise questions. Members agreed to accede to this request.

14 DATE OF NEXT MEETING

The Chair advised the Members the next meeting would take place on 15 January 2026 at 9.00am.

The meeting closed at 12.00pm