

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	1 May 2025 – 9.00am (via MS Teams)	

Present

Karen Leach, In the Chair
 Tim Allison, Director of Public Health
 Emily Austin, Non-Executive Board Director (Substitute Attendance)
 Louise Bussell, Board Nurse Director
 Muriel Cockburn, Non-Executive Board Director
 Alasdair Christie, Non-Executive Board Director
 Liz Henderson, Independent Public Representative
 Dr Boyd Peters, Medical Director/Lead Officer

In attendance

Gareth Adkins, Director of People and Culture (Item 8)
 Isla Barton, Director of Midwifery
 Duncan Clark, Clinical Director (CAMHS) and Interim Lead for NDAS
 Kristin Gillies, Interim Head of Strategy and Transformation
 Stephanie Govenden, Consultant Community Paediatrician
 Evelyn Gray, Associate Nurse Director (from 9.05am)
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
 Elaine Henry, Deputy Medical Director (Acute)
 Jo McBain, Director of AHPs
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Elise Murray, Medical Secretary (from 9.25am)
 Heather Richardson, Head of Operations
 Leah Smith, Complaints Manager
 Tracey Sturgeon, Consultant, Obstetrics and Gynaecology (from 9.10am)
 Katherine Sutton, Chief Officer (Acute)
 Nathan Ware, Governance and Corporate Records Manager
 Dr Neil Wright, Non-Executive Board Director (Observing)

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from Committee members S Compton-Bishop, D MacDonald, J McCoy and C Sinclair.

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 6 MARCH 2025, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2025/2026

The Minute of Meeting held on 6 March 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 due dates, and the Plan updated for the next meeting.

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) Update

D Clark and H Richardson spoke to the circulated report, advising the service remained under significant pressure. There were a number of children and young people on the waiting list, with some waiting years to access services. It was stated the service was unable to meet existing service demands or address the growing legacy waiting list. Clinical capacity had been further reduced in 2024/25 due to a decrease in the core central NDAS team, placing the service at risk of further deterioration in access and quality of care. The service was operating with a lone clinician, impacting the delivery of timely and safe assessments. The staffing situation did not meet standards for effective multidisciplinary assessment as recommended in national guidelines. As a result, there was an increasing backlog leading to growing frustration and distress within relevant families and referrers. There was increasing public and political scrutiny regarding delays in neurodevelopmental assessments, reflected in rising complaints from families, attention from elected members, and interest from the wider media. The Board Medical Director further advised as to the detail and requirements of relevant associated government scrutiny of services. It was noted an associated financial Business Case was being developed for submission to the Executive Directors Group for consideration in relation to securing ongoing service sustainability. Discussion was also being held with Scottish Government in relation to potentially securing additional financial resource. The report outlined a series of recommendations and proposed the Committee take **Limited** assurance.

There was discussion of the following:

- **Service Sustainability.** Noted stated concern relating to safely continuing services in their existing form and questioned the applicability of recommendations contained in the report. The ability of the Committee to take the level of assurance proposed was highlighted.
- **Wider Local and National Position.** Advised as to the challenges across Argyll and Bute and in relation to wider national service provision concerns being highlighted at governmental level. Recruitment challenges were highlighted alongside the impact of movement of individual patients from Children's Services into Adult Services. NHS Highland Services continued to be delivered at the time of discussion. The need to focus on population need was recognised.
- **Provision of Executive Overview Summary Statement.** Agreed any Statement being developed include an update in relation to Argyll and Bute, recent activity since the report to Committee in March 2025, and provide an explicit outline of any associated asks of this Committee and other groups. D Clark provided general updates on aspects relating to funding, recruitment and staffing, Highland Council position and existing capacity within the wider multidisciplinary team. Work on pathway development was ongoing in association with Highland Council.
- **Escalation Process to NHS Board.** Noted overall meeting Summary would be provided to next Board meeting as part of the normal governance reporting process.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** an additional Executive Summary be prepared for the consideration of members, including an update on any recent or potential changes to the associated risk level.
- **Agreed** to take **Limited** assurance, subject to recognition of the current service position; improvement plan development; associated risk level statement and the highlighting of relevant aspects at NHS Board level. This would be dependent on receipt of the Executive Summary and further assurance relating to ongoing service sustainability.
- **Agreed** this subject remain on the agenda for future meetings.

1.4.2 Vascular Services Update

B Peters advised the mutual aid arrangement with four other NHS Boards in Scotland was continuing. It was advised locum cover was in place, with additional cover being pursued. Relevant pathways for patients requiring interventions were maturing, with both national and regional activity being taken forward with a view to seeking an improved interim and longer-term solution. It was confirmed patient outcomes and associated adverse events were being actively monitored and investigated, in association with partner NHS Boards. The Director of Public Health took the opportunity to highlight an increase in Aortic Aneurysm screening activity, with discussion taking place with NHS Lothian in relation to associated treatment service requirements.

The Committee:

- **Noted** the reported position.
- **Agreed** this subject remain on the agenda for future meetings.

2 SERVICE UPDATES**2.1 Primary Care Workforce Survey Update**

It was agreed consideration of this Item be deferred to the next meeting.

2.2 Adult Social Care/Commissioned Services Update

It was agreed consideration of this Item be deferred to the next meeting.

2.3 Women's Services (incl. Maternity Services) Six Monthly Update

I Barton spoke to the circulated report, giving an update on National strategic priorities and how these were translated into local governance and operational priorities along with an overview of some key governance data pertaining to workforce, morbidity and mortality, and service targets. There was significant National focus from Scottish Government and Healthcare Improvement Scotland on Perinatal (Maternity and Neonatal) services. The level of scrutiny for these services over the coming year, through a variety of different channels, including strategies, standards, inspections and improvement guidance was unprecedented. The wider Women's Service agenda was to focus on a second phase of the Women's Health Plan along with services specific focus for Gynaecology and associated services. Women's Services required to be able to provide evidence of assurance both locally and nationally, and to be able to respond to the scrutiny and changing demands. All NHS Boards across Scotland were working to enhance the current position. National workstreams will support this activity. The improvement programmes would focus on quality with a strong emphasis on safety within Maternity and Neonatal services. From an NHS Highland Perspective, there was positive engagement across the national and local workstreams. Specific updates were provided in relation to National Neonatal Redesign activity; Moray Maternity collaboration with NHS Grampian; National HIS Standards for Maternity Services; National Policy; Midwifery, Medical Workforce and

partnership matters; clinical governance, quality improvement and patient safety oversight structures; Gynaecology and the Women's Health Plan; and scanning and screening activity. The report proposed the Committee consider a series of levels of assurance on varying aspects, all as indicated further.

There was discussion of the following:

- Facilities and Physical Infrastructure. Advised as to discussion regarding the upgrading of facilities at Raigmore Hospital and the Lochaber area. A position statement would be prepared for members.
- Cancer Services Reporting. Stated reporting, including relevant data and service provision aspects should be more prominent in future updates. An update in relation to late abortions would also be beneficial for members. Further updates on greater system oversight, system quality and future improvement activity would also be welcomed.
- Team Function and Development. Requested greater detail in the next update. Advised HIS Standards included Leadership and Culture.
- HIS Unannounced Visits to Maternity Units. Advised NHS Highland would be subject to review, with a focus on risk, associated systems and NHS Board level monitoring and reporting. Relevant governance aspects would be a key element.
- Caithness Services. Advised factual service position statements continued to be developed. Regular meeting held with CHAT representatives, including on a face-to-face basis.

The Committee:

- **Noted** the reported position.
- **Agreed** a statement on facilities be provided for members.
- **Agreed** an update on Team function and development be included in the next update.
- **Agreed** to take the levels of assurance proposed.

2.4 Long Wait Performance Report

K Gillies spoke to the circulated update, providing a dashboard report on Long Waits across NHS Highland Services as previously reported to, and considered by, the Executive Director's Group (EDG). Specific detail was provided in relation to Outpatients and Treatment Time Guarantee activity across relevant Specialties, and associated conclusions. She went on to advised as to relevant National target requirements, associated planned care submission and resource bids, administrative challenges relating to data cleansing activity, Local Access Policy training for relevant staff, funding to support planned care activity, and continued EDG reporting and oversight.

The following was discussed:

- Associated Treatment Impact on Waits. Noted waits for specific treatment can be reliant on service provision elsewhere in the system thereby impacting stated overall wait position. Confirmed consideration was being given to these aspects and associated reporting.
- Patient Waits and Treatment Outcomes. Advised clinicians highlight particular cases of clinical priority at an early stage, such as in relation to Oncology and Orthopaedic services. This enabled the specific targeting of resource where appropriate.
- Intersectional Waiting Lists. Advised related activity ongoing in relation to identifying those patients waiting for multiple services and potential service profiling to address those cases.
- Areas of Challenge. Advised as to level of discussion within relevant Scottish Government Access Team, bids for additional funding resource, impact of the National Treatment Centre and the levels of support offered to and from other NHS Boards across Scotland.
- Wider Data Consideration Requirements. Advised data for all patient waits would enable further consideration of aspects relating to productivity and efficiency. The role of the Centre for Sustainable Delivery was highlighted. Further government direction was expected in this area. It was stated there would be need for greater clarity on associated Governance Committee

consideration of relevant data aspects. This was being taken forward at NHS Board level, including by Chairs of relevant Governance Committees.

After discussion, the Committee otherwise Noted the circulated report.

The meeting adjourned at 10.30am and reconvened at 10.40am.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Highland Care at Home Service

L Bussell advised a briefing had been provided to NHS Board members the previous week in relation to Care at Home Service provision, a wider communication in relation to which had followed. She advised as to specific challenges being faced in the Sutherland area, relevant recent inspection results and a series of actions requiring to be taken by 25 May 2025. An Action Plan had been developed and was being taken forward. It was reported an investigation was being taken forward under Adult Protection legislation, in relation to which there would be a number of associated learning matters to be considered relating to both issue escalation and overall governance arrangements.

The Committee Noted the reported position.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. An update was provided in relation to the potential for wider publication of such reports. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE QUALITY 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; Listening and Responding to Patients (Emergency Department); 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 decrease and there had been a decrease in both the number of falls with harm and tissue viability injuries. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Reporting Detail. Advised consideration being given as to future reporting on quality markers and associated data. Noted Quality Strategy development activity continuing.

After discussion, the Committee

- **Noted** the report content.
- **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 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 Oban Rural General Hospital. Other updates were provided in relation to Tissue Viability, Adverse Events and Significant Adverse Events activity. There was reference to SPSO Investigations; Mental Welfare Commission, Fatal Accident Inquiry, and HSE Inquiry activity; unannounced HIS inspection of Oban General Hospital. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee:

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

6.2 Highland Health and Social Care Partnership

B Peters introduced 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. 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, 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. Current issues being highlighted were in relation to communication of medication changes from Secondary to Primary Care; and bed capacity within Mental Health Services and associated inpatient aspects. Updates were also provided in relation to progress on previous matters highlighted to Committee. It was noted relevant First Contact Physiotherapy digital successes were to be reported to a forthcoming Digital and Healthcare Conference. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Mental Health Service Option Appraisal. Advised engagement processes being finalised for early issue and consultation.

After further detailed discussion, the Committee:

- **Noted** the report content.
- **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 Vascular Services; recent HIS Inspection results relating to Raigmore Hospital; water system concerns; Front Door Allied Health Professions (AHPs) Initiative; concerns relating to wheelchair services; Colorectal MDT and Medical Oncology Attendance and support arrangements; infection prevention and control matters; performance reporting focus on Emergency Department access and Scottish Cardiac Audit Programme; and wider data trend analysis activity. An update was provided on mortality data received across the reporting period. Updates in relation to Hospital Acquired Infection (HAI) and emergency access were also provided. The report included a whole system pressure dashboard. The main points emerging from the recent Scottish Cardiac Audit Programme Annual Report 2024 were outlined. Other aspects relating to quality and patient care were also highlighted, including development and testing of a new CPR Case Review governance structure; HEPMA rollout; new biochemistry, haematology and coagulation platforms; work on relocation of the General Admission entrance; a diabetic nurse quality improvement project; Stoma Nurse of the Year Award; preparation for a HIS Maternity Service inspection; review of stillbirths; outstanding SAER actions; Caithness General Hospital Open Day arrangements and the Belford Hospital redesign programme progress. Data was provided in relation to Datix's, SAERs, inpatient falls; tissue viability; violence and aggression; Outpatient 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 18 March 2025, and other associated appendices. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Year on Year Infection Control Trend Analysis. Advised as to proactive monitoring and isolation arrangements for patients with infection. Activity increased over the winter period. Active learning approach taken.
- Reporting Detail. Welcomed Executive Summary approach. Requested, where additional appendices included members are advised as the reason for these being presented. Noted a more data focussed approach to be adopted for future reporting. Feedback from non-executive members on reporting detail arrangements referenced, welcomed and encouraged.
- Scottish National Audit Programme. Suggested Committee members would benefit from additional information, potentially through a Development Session. Further consideration would be given to this point. The need for positive shared learning from this and other activity, including HIS was highlighted.

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 recent child death reviews and the child death review annual report had been considered and the recommendations of the annual report accepted. Examples of positive actions and outcomes were referenced. It was stated there was a desire for all child deaths investigated by the board go to ICYPCGG for wider discussion. It was reported staff vacancies within the team providing care to children with complex and exceptional needs had led to a reduction in hours provided for all families currently receiving support. There had also been circulated minute of meeting of the ICYPCGG held on 19 March 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 services for patients with complex needs and recognised the work of all staff members involved.
- **Agreed** to take **Moderate** assurance.

7 INFECTION PREVENTION AND CONTROL REPORT

The Board Nurse Director spoke to the circulated report and advised NHS Scotland published data for quarter 4 (Oct – Dec 2024) in April 2025 identified NHS Highland was within the normal variation for healthcare associated CDI, EColi, and SAB when analysing trends over the past three years, and was within expected rates across all three delivery targets. 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. ARHAI Scotland and UKSHA had noted an increase in the incidence of CDI across the 4 nations and were undertaking a review, any outcomes from which would be adopted by NHS Boards. 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 would be providing Boards with the 2023/2024 baseline number of CDI, ECB and SAB cases to enable local monitoring. Whilst clarification was awaited NHS Highland would continue to utilise the previous reduction aims, with the Infection Prevention and Control Annual Work Plan reflecting this. Once received this would be updated. Aspects relating to quality and patient care, workforce matters, finance and risk assessment/management activity were also highlighted. There had also been circulated a six-monthly updates in relation to the NHS Highland Infection Prevention and Control Annual Work Plans 2024/25 and 2025/26. The report proposed the Committee take varying levels of assurance across a number of areas, as indicated in the report.

The Committee:

- **Considered** the report content.
- **Agreed** to accept the levels of assurance being offered in the circulated report.

8 HEALTH AND SAFETY COMMITTEE - 6 MONTHLY UPDATE BY EXCEPTION

G Adkins spoke to the circulated report providing an update on the activities of the Health and Safety Committee over the previous six months. The Committee had met three times during the reporting period as indicated, with issues of note for the Clinical Governance Committee including development of a 3-Year Health and Safety Strategy and 2025-2026 Health and Safety Plan; activity relating to Managing Inpatient Suicide in Mental Health; and Managing Inpatient Suicide in General Hospital Settings. 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.
- **Agreed** to accept the levels of assurance being offered in the circulated report.

9 RADIATION SAFETY COMMITTEE ANNUAL REPORT 2024

B Peters introduced the circulated report providing an annual update on the status of radiation safety and compliance within NHS Highland. 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 replacement of equipment and staffing. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Comment on the Level of Assurance. Wider governance role of Committee, and the associated content generally provided in this reporting template element, was discussed. Noted the expressed concern in relation to a reduced capital budget for equipment.

The Committee:

- **Noted** the report content.
- **Agreed** a revised report, based on discussion relating to wider governance considerations and the level of assurance reporting aspect, be brought back to the next meeting.

10 PHARMACY SERVICES ANNUAL REPORT AND STRATEGIC PLAN

The Committee **Noted** consideration of this Item had been deferred to the next meeting.

11 RISK REGISTER – CLINICAL RISK AND WAY FORWARD

B Peters spoke to the circulated report, which had been issued to members for comment prior to the meeting. The report outlined two risks relating to access to timely investigation and treatment, and service delivery risk related to sustainability challenges. Assessments were provided for each of the stated risks, including detail of associated mitigating actions. It was recommended the Committee approve the addition of these risks to the Clinical Governance Committee Risk Register and take **Limited** assurance.

There was discussion of the following:

- Level of Risk Presented at Committee Level. Advised, from governance perspective, a wide and high-level expression of risk and oversight in relation to all service areas is presented.
- Impact on Existing Risks. Advised consideration was being given to this aspect with regard to potential impact of new risks on known and previously identified Risk Register entry detail.
- Service Sustainability. Referenced potential for inclusion of a patient expectation aspect, and the ability of individual NHS Boards to deliver ever more complex care in line with those.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed to Approve** the addition of the stated risks to the Clinical Governance Committee Risk Register.

12 PUBLIC HEALTH UPDATE

T Allison spoke to the circulated report outlining the public health function within NHS Highland and setting out the role in the context of the new NHS Highland Population Health Committee and the relationship of public health with clinical governance. Detail was presented with regard to aspects including strategic and individual advice provision; direct provision of services; commissioning of services; coordination of services; partnership working and overall responsibilities. The report proposed the Committee take **Substantial** assurance in relation to associated governance aspects.

B Peters took the opportunity to reflect on the imminent retiral of Dr T Allison, from the role of NHS Highland Director of Public Health and Policy, recognising and thanking him for the significant contribution made in the sphere of public health activity in general and in the facilitation of discussion

of key clinical governance aspects in this forum. All Committee members echoed the sentiments expressed.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to continue to receive future Public Health updates.
- **Agreed** to take **Substantial** assurance.

13 COMMITTEE SELF-ASSESSMENT OUTCOMES

There had been re-circulated detail of the Committee Self-Assessment exercise and associated results. The Chair outlined relevant key strengths, and highlighted negative comment received in relation to the late submission of Committee reports. She advised discussion was ongoing at non-executive level as to the results of all governance committee self-assessment exercises and how best to improve existing governance arrangements.

After discussion, the Committee otherwise Noted the circulated report.

14 DATE OF NEXT MEETING

The Chair advised the Members the next meeting would take place on 3 July 2025 at 9.00am.

15 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.

16 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this item.

The meeting closed at 12.00pm