Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**01 July 2026**
Title:	**Care Governance and Assurance**
Responsible Executive/Non-Executive:	**Arlene Johnstone; Chief Officer**
Report Author:	**Ruth MacDonald; Interim Deputy Director, Adult Social Care Leadership Team**

1 Purpose

This is presented to the Committee for:

- Assurance

This report will provide an update on actions, assessment and future planning to ensure robust care governance processes are in place for the Partnership and that these can be used purposefully for action, audit and development.

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes	x		

2 Report summary

2.1 Situation

It is recognised that governance across health, social work, and social care remains complex and can be challenging to streamline across the whole system. Whilst significant progress has been made, there remain areas requiring further development.

This report summarises the work completed to date, highlights progress, and identifies the further development needed to fully integrate care governance into the Partnership's overall governance framework.

2.2 Background

During 2023, focused work was undertaken to understand the extent of governance challenges and to develop more robust, integrated processes. This was particularly in relation to adverse event reporting, ensuring a consistent approach across health, social work, and social care in relation to reporting, assessment, and review.

The following improvements have now been embedded:

- Development of a social work and social care dashboard (in relation to adverse events), utilising data from the Datix system
- Amendments to the Datix system to ensure language is inclusive of social care and social work practice, including prompts relating to adult protection
- All operational and service areas now report into the Clinical and Care Governance Committee, with the social work exception report developing into a robust and informative assessment document
- Strengthened collaboration across the senior professional leadership team, with shared responsibility for adverse event review and follow-up actions
- An increase in the number of case reviews led by social work and social care colleagues, now broadly proportionate to other professional groups

Connectivity between NHS Highland Clinical and Care Governance and Adult Protection Committee learning reviews has also been strengthened. Clear interfaces are now established, with shared understanding of the distinct regulatory requirements. This has been evidenced through joint working arrangements, including completed and current SAER and learning review activity.

Social Work

- All 15 Social Work teams are routinely assessed and RAG-rated in relation to staffing, demand, and capacity, supporting informed decisions on mutual aid.
- Statutory activity is reported centrally, including Adult Protection, Adults with Incapacity, and SDS assessments and reviews.
- Learning and development requirements for trainee and newly qualified social workers are managed centrally.

Social Care

- Services are centrally RAG-rated to support prioritisation of resources.
- Daily reporting is in place for in-house care homes, including bed availability, staffing, dependency, and estate issues.
- Work is underway to develop equivalent reporting for care at home services, recognising the complexity and variability of the service.
- A suite of shared documentation is in place to meet Care Inspectorate requirements and is kept under regular review.

SSSC

- All in-house services are regulated by the Care Inspectorate, with most staff registered with the SSSC.
- Improvements have been made to employer oversight, including updates to eESS systems and the introduction of standard operating procedures for managers.

Progress in workforce development includes:

- 201 colleagues have completed SVQ qualifications since 2024
- 149 colleagues are currently undertaking training
- 40 additional candidates are due to commence in October 2026
- Approximately 90 new staff per year require SSSC registration
- Additional support is provided for staff who require tailored support to complete training

For all social work and social care services, audit activity is undertaken both centrally and locally, with associated action plans in place. There is also central oversight of policies and procedures to ensure they remain current, with identified gaps prioritised for development.

2.3 Assessment

There has been significant progress in strengthening care governance relating to the people we support, our workforce, and our services. Many of these developments have been informed by frontline practice and are now embedded within operational systems.

However, there remains a key area for development in establishing a fully integrated, overarching Partnership Care Governance framework. This is required to ensure system-wide visibility, alignment, and coordinated action across all areas of governance. It is considered essential to have an integrated process as it would be complex to consider separating some issues into clinical and care, for example areas relating to tissue viability, falls and IPC.

A key component of this is the development of a continuous improvement framework for social work and social care. This will complement existing adverse event dashboards and provide improved visibility of service and workforce performance and quality. This is currently in development and is expected to be available to senior officers by the end of Summer 2026.

In addition, Highland Council is progressing changes to its governance processes across social work, social care, and child health. These are expected to be implemented later in 2026 and present an opportunity to further strengthen alignment and consistency across the Partnership, particularly in relation to shared areas of practice.

A final note is in relation to current systems. CareFirst is primarily a social work recording tool, CM2000 is the Care at Home system and Care Homes use primarily paper systems. This is an added complication to having comprehensive governance and oversight. CareFirst is significantly outdated and is being replaced by Mosiac. Ehealth colleagues have completed a diagnostic of systems in social care and work is ongoing to plan for effective systems to support service delivery and governance.

2.4 Proposed level of Assurance

Substantial		Moderate	
Limited		None	

Comment on the level of assurance

A moderate level of assurance is provided in relation to care governance across the Partnership. This reflects the significant progress made in embedding

governance processes across social work and social care, including improvements in reporting, audit, workforce development, and operational oversight.

However, assurance is currently limited by the absence of a fully integrated, overarching Partnership care governance framework. While local and service-level governance arrangements are robust and continue to develop, further work is required to ensure whole-system visibility, alignment, and assurance.

The senior leadership team has a clear understanding of the remaining actions required, and the Chief Officer has prioritised the development of Partnership-wide care governance arrangements during the second half of 2026.

3 Impact Analysis

3.1 Quality/ Patient Care

There is detailed analysis and action in relation to individual care experiences. Further work is required to ensure that learning is consistently linked across individual, workforce, and service governance to support continuous improvement at a system level.

3.2 Workforce

The workforce is well supported in relation to regulatory and educational requirements. Further development of care governance processes will strengthen practice, support professional development, and enhance oversight.

3.3 Financial

The financial position of social care services is well understood. Governance developments support alignment between quality and cost, and will inform opportunities for efficiency, including in relation to supplementary staffing.

3.4 Risk Assessment/Management

Risks relating to Partnership-wide care governance have been identified. These are currently managed at local and service level. The development of an overarching governance framework will further reduce risk through improved system oversight and coordination.

3.5 Data Protection

3.6 Equality and Diversity, including health inequalities

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

4 Recommendation

The Report is provided to the Committee for:

- **Moderate Assurance**