

**SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING**

<b>Name of Committee</b>	<b>Clinical Governance Committee</b>
<b>Date of Meeting</b>	<b>6 March 2027</b>
<b>Committee Chair</b>	<b>Karen Leach</b>

**KEY POINTS FROM DISCUSSION AND ESCALATION**

**ALERT**

- No matters were highlighted in discussion.

**ASSURE**

- **SCI Gateway Referral Update** – substantial
- **Patient experience and feedback** - moderate
- **Clinical Governance and Performance Data** – moderate
- **Infant Children Young Person Clinical Governance Group** – moderate
- **Infection Prevention and Control** – varying levels of assurance
- **Highland Health and Social Care Partnership Update** – moderate
- **Acute Services Update** – moderate

**ADVISE**

- **NDAS Service Update** – limited, taking the active mitigation and system-wide transformation work into consideration. 6-monthly updates to the CGC.
- **Argyll & Bute Update** - Moderate, reflecting ongoing pressures alongside active management and improvement activity.
- **Annual Delivery Plan 2025/26 and Operational Improvement Plan** – moderate, due to the ongoing fragilities, particularly in workforce dependent areas.
- **Area Drugs and Therapeutics Committee** - noting the need to refresh leadership, membership and the Terms of Reference.

**RISKS**

- **SACT / Cancer Services** – The Committee were informed that Regional Cancer had advised that NHSH was now in escalation for SACT waiting times. Several areas within cancer services are under increasing pressure due to workforce changes. While recruitment is ongoing, national shortages of specialist personnel make this challenging. A report will be brought to May CGC focusing on SACT services followed by the planned annual report on cancer services in July. No matters were highlighted in discussion
- **System Pressures** – Current system pressures across the whole health and care system in Highland. These are most evident in ED and in acute in-patient areas but impacting all teams. Dedicated work underway to improve flow through closer collaboration and new approaches to unscheduled care. Interface lead now in place to support this work alongside operational and clinical leadership colleagues.

**ACTIONS**

- No matters were highlighted in discussion

**LEARNING**

- No matters were highlighted in discussion