

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

Board Meeting

08.10.26

Open Session

Item 12.1

Approved

NHS GRAMPIAN

Minutes of **NHS Grampian Clinical Governance Committee** held in **Open Session** on
Tuesday, 26 May 2026 at 1330hrs virtually by MS Teams

Present	
Dennis Robertson (DR)	Chair – Non-Executive Board Member
Mark Burrell (MB)	Vice Chair/Non-Executive Board Member
David Blackbourn (DBI)	Non-Executive Board Member
John Tomlinson (JT)	Non-Executive Board Member
Miles Paterson (MP)	Public Representative
Dave Russell (DRu)	Public Representative
Attendees	
Alison Evison (AE)	Chair of Grampian Board/ Non-Executive Board Member
Laura Skaife-Knight (LS-K)	Chief Executive
Steven Lindsay (SL)	Non-Executive Board Member
June Brown (JBr)	Executive Nurse Director
Noha El Sakka (NeS)	Infection Prevention and Control Doctor/Clinical Lead
June Barnard (JBa)	Nurse Director Tertiary and Secondary Care
Hugh Farrow Bishop (HFB)	Executive Medical Director
Tara Fairley (TF)	Associate Medical Director
Grace Johnston (GJ)	Infection Prevention and Control Manager
Kate Danskin (KD)	Chief of Staff
Paul Bachoo (PBa)	Medical Director Acute
Lynn Morrison (LM)	Director of Allied Health Professions
Invitees	
Gillian Poskitt (GP)	Associate Director Quality Improvement and Assurance
Carmen Gillies (CG)	Programme Lead Value and Sustainability
Pamela Milliken (PM)	Senior Responsible Officer – Acute Pathways Integration
Matthew Toms (MT)	Head of Performance Governance
Geraldine Fraser (GF)	Chief Officer – Acute Services
Sarah Duncan (SD)	Board Secretary
Rachael Little (RL)	Interim Team Lead – Quality Improvement and Assurance (meeting support)
Angela Chalmers (AC)	Quality Improvement and Assurance Administrator (minute taker)

1	Apologies
	Noted apologies received from: Hussein Patwa and E Houghton The meeting was quorate.

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

2	Declarations of Interest
	No declarations of Interest.
3	Welcome and Introduction
	Chair welcomed members, attendees and invitees to meeting
4	Minutes of Meeting on 25 November 2025
	Agreed as accurate.
5	Forward Planner/Action Tracker
	Chair, updated the ongoing matters arising – The Committee noted the current forward planner, with confirmation that most items remain unchanged. Two agenda items, Formal Terms of Reference and Clinical Landscape, have been deferred and are now scheduled for review at the August meeting. Two further deferred items, Nursing and Midwifery Annual Report and HEI Scribe items, require agreement on revised timelines. It was highlighted that the Nursing and Midwifery Annual Report should be scheduled at the earliest opportunity, subject to discussion at the agenda-setting meeting. In relation to the action tracker, updates will be made to reflect confirmed scheduling of the National Paediatric Audiology item for November, with all other actions either included in forthcoming agendas or to be scheduled via the planning process. Clarification is also required on timing for the Ligature Reduction work to be brought to Committee. The Committee confirmed it was content with the update.
6	NHSG Clinical Governance Committee Annual Assurance Statement 2025/6
	Gillian Poskitt, Associate Director Quality Improvement and Assurance Chair The Committee received and scrutinised the Annual Assurance Statement for 2025–26, noting it provides an accurate reflection of the current position. Assurance was provided that governance arrangements are in place and operating; however, members acknowledged this is not absolute, with the position continuing to evolve. The Committee recognised ongoing areas of concern, including those subject to external scrutiny, and agreed that while reporting has strengthened and transparency improved, further work is required to evidence sustained impact and improvement. The statement was supported as appropriately balanced in reflecting both progress and remaining challenges. Recommendations: The Committee is asked to: Review and scrutinise the information provided in this paper and confirm that it provides assurance that the policies and processes are working effectively. Any gaps have been identified and assessed, and risks are being mitigated effectively.

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

	Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation Agree that the Committee approves the Clinical Governance Committee Annual Assurance Statement 2025/26 and confirm the Committee has fulfilled its remit, and whether adequate and effective governance arrangements have been in place for the year ended 31 March 2026 Escalation – Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation Chair – assured, members content. Members discussed the need for continued development of the Committee’s remit, including alignment with emerging clinical governance priorities and forthcoming changes to Terms of Reference, with a development session anticipated. The Committee agreed a revised position on the level of assurance, confirming the statement reflects the current level of improvement and outstanding work. No escalation to the Board or other committees was required, and the Annual Assurance Statement for 2025–26 was approved.
7	Value and Sustainability Quality Impact Assessment Process
	Carmen Gillies, Programme Lead Value and Sustainability The Committee received the Quality Impact Assessment (QIA) report for the 2026–27 Value and Sustainability Programme, noting this as a new and strengthened process within NHS Grampian. Members were advised that 14 workstreams and 59 savings schemes have been subject to a robust QIA process, supported by a multidisciplinary panel comprising clinical and professional leads. The approach was welcomed as providing a more balanced assessment of proposed savings, ensuring financial considerations are considered alongside quality, safety, workforce and population impacts. The Committee discussed the composition of the QIA panel, including potential perceptions of conflict of interest. Assurance was provided that panel members operate within their professional and statutory responsibilities, prioritising clinical governance, quality and safety in decision-making. It was agreed this discussion should be clearly reflected in the formal record. It was confirmed that QIAs are completed collaboratively with service leads, with additional assessments undertaken for emerging schemes, and that an audit trail of decisions, including rejected proposals, is maintained. Ongoing monitoring and oversight arrangements are in place through established governance structures, with escalation routes defined where risks arise. The Committee further noted learning from the current cycle, including the need to refine methodology, align timelines with governance processes,

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

	and commence earlier planning for future years. Monitoring of scheme delivery and impacts will be undertaken through existing reporting routes. Recommendations: The Committee is asked to: Assurance that the final report from the QIA panel provides sufficient assurance that the enhanced QIA approach introduced in 2024/25 and the resultant findings of that approach engender confidence that the elements of finding balance have been suitably and robustly applied to demonstrate the Value & Sustainability programme for 2026/27 mitigates against any negative risk for patients or staff Escalation – Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. The Committee agreed that the QIA process has been applied appropriately and provides sufficient assurance that the Value and Sustainability Programme has been developed with robust consideration of quality and safety risks, supported by clear governance and oversight arrangements.
7.1	Integrated Impact Assessment Report
	Carmen Gillies, Programme Lead Value and Sustainability The Committee received the Integrated Impact Assessment (IIA) report for the 2026–27 Value and Sustainability Programme, noting that the established statutory process has been applied and embedded within programme governance. Members were assured that the majority of schemes are transactional in nature, with minimal impact on patient groups, staff or wider stakeholders. It was confirmed that all schemes are subject to a screening process, with those identified as having potential impact progressing to a Level 1 assessment, supported by a structured methodology. Recommendations: The Committee is asked to: Seek assurance that NHS Grampians Integrated Impact Assessment (IIA) approach implemented for the 2026/27 Value and Sustainability programme has been applied robustly and sufficiently engenders confidence that the saving schemes do not materially contribute to any adverse impact on socioeconomic indicators defined in the IIA process without clear and effective mitigations in place. Escalation – Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. The Committee noted increased organisational capacity to undertake IIAs, with additional trained assessors supporting sustainability of the process. While some minor access and methodological queries were raised, along

	with specific observations on individual scheme assessments, these did not materially affect the overall level of assurance. The Committee agreed that the IIA approach has been applied robustly, providing confidence that the programme does not result in unmitigated adverse impacts on socio-economic or equality considerations, and that appropriate mitigations are in place where required.
8	Clinical Risk Meeting Report
	June Brown, Executive Nurse Director The Committee received the Clinical Risk Management report, noting continued stability across key indicators with no significant variation beyond expected limits. Members were advised that falls performance remains within normal variation, with evidence of sustained improvement activity and a positive impact on patient harm reduction, although some natural fluctuation is anticipated given patient complexity. The Committee noted that violence and aggression continues to be monitored through health and safety governance structures, with organisational action plans in place and no material increase in incident trends. In relation to complaints, the position remains unchanged, with the highest volume arising from Integrated Specialist Care (Surgical Divisions) and recurring themes relating to communication, treatment and waiting times. NHS Grampian continues to be an outlier for Stage 2 complaints, primarily due to volume and complexity, with ongoing improvement work focused on timeliness of responses. The Committee acknowledged the organisation's three highest risk areas as: • Physical estate and clinical environments • Clinical/public interface issues impacting patient experience • Staff capacity and wellbeing, including recruitment and retention It was recognised that these do not represent all organisational risks but reflect the most persistent and significant concerns, supported by triangulation of data and intelligence. Recommendations: The Committee is asked to: Assurance – review and scrutinise the information provided in this paper and confirm that it provides assurance that a reasonable and proportionate response is in place to minimise harm to patients and staff Escalation – Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation.

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

	Future reporting – this report is a standing agenda item for this committee and therefore is presented quarterly The Committee provided assurance that a reasonable and proportionate response is in place to minimise harm to patients and staff, and the report was agreed.
9	Adverse Event Short Life Working Group & External Pamela Milliken, Senior Responsible Officer – Acute Pathways Integration Gillian Poskitt, Associate Director Quality Improvement and Assurance The Committee received an update on the work of the Adverse Events Short Life Working Group, noting its role in progressing actions from the organisational improvement plan, the HIS Severe Adverse Events Framework self-assessment, and findings from a thematic review of adverse event investigations. Members were advised that current challenges include delays in completing reviews, variation in practice, and an increasing backlog, alongside constraints in reviewer capacity and capability. The Group is focused on developing a standardised, system-wide approach to Level 1 reviews, ensuring processes are operationally deliverable and sustainable. The Committee noted the introduction of key improvements, including: • A formal escalation and delay resolution pathway, supported by a performance dashboard to improve oversight and timeliness • Mapping of learning feedback mechanisms, with further work to strengthen how organisational learning is shared • A thematic review of severe adverse events informing system-wide improvement actions A strong emphasis has been placed on a “Putting People First” approach, recognising the impact of adverse event reviews on patients, families and staff, and promoting a more supportive, trauma-informed process. Discussion highlighted the importance of embedding learning, improving reviewer support and capability, and strengthening organisational consistency, while recognising that increasing reporting may reflect improved transparency and culture rather than increased harm. Recommendations: The Committee is asked to: Assurance – review and scrutinise the information provided in this paper and confirm that it provides assurance that a reasonable and proportionate response is in place to minimise harm to patients and staff Escalation – Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. Future reporting – this report is a standing agenda item for this committee and therefore is presented quarterly The Committee was assured that a structured programme of improvement is in place, with further recommendations to be

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

	developed. It was noted that ongoing progress will be reported through the Clinical Quality and Safety Improvement Board, with continued oversight by the Committee.
10	Healthcare Associated Infection Report
	Noha El Sakka, Infection Prevention and Control Doctor/Clinical Lead Grace Johnston, Infection Prevention and Control Manager The Committee received the Healthcare Associated Infection (HAI) report, noting overall performance remains within expected limits across key indicators. Members were advised that for E. coli bacteraemia and Staphylococcus aureus bacteraemia, NHS Grampian is generally performing below the national average, with consistent results across both quarterly and year-end measures. For Clostridioides difficile (C. diff), performance remains below national average for healthcare-associated cases, with slightly higher but not outlying levels for community-acquired infections. The Committee noted that all performance indicators remain within acceptable assurance thresholds, with no breaches of defined control limits over recent years. It was highlighted that variation is expected within infection surveillance data, with robust monitoring and targeted improvement actions in place where required. In relation to MRSA screening, a reduction in compliance was noted, with challenges linked to operational pressures on frontline staff. Ongoing work continues to focus on education, targeted support and quality improvement initiatives to strengthen compliance. Recommendations: The Committee is asked to: Review and scrutinise the information provided in this paper and confirm that it provides assurance of ongoing mitigations. Escalation - Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. The Committee welcomed the continued strong surveillance, reporting and improvement activity, recognising the contribution of Infection Prevention and Control teams, and noted ongoing work at a national level to simplify and improve reporting clarity. The Committee was assured that effective mitigation and monitoring arrangements are in place, and the report was agreed.
11	Strategic Risk 3068 Service Deviations
	June Brown, Executive Nurse Director

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

	The Committee received an update on Strategic Risk SD068 relating to service deviations, noting ongoing improvement activity and mitigation measures across the organisation. Members were advised that there has been a reduction in the use of non-standard patient areas, supported by wider unscheduled care improvement work, with a trajectory in place to eliminate their use by September, subject to system pressures and delivery of associated plans. It was confirmed that risks associated with these areas continue to be closely monitored, including triangulation with adverse events and complaints data, with no direct correlation identified to major patient harm. The Committee noted progress in workforce stabilisation, including the implementation of common staffing methodologies and increased substantive recruitment, which is contributing to a reduction in reliance on supplementary staffing. While improvements are evident, these are not yet sufficient to revise the overall risk rating. Discussion highlighted the importance of maintaining oversight of demand and flow, with further work ongoing through unscheduled care and wider system planning to support longer-term sustainability. It was acknowledged that progress is dependent on successful delivery of these programmes. Recommendations: The Committee is asked to: Assurance – review and scrutinise the information provided and confirm that it provides assurance that appropriate governance, oversight and mitigation arrangements are in place for Strategic Risk 3068, and that identified gaps continue to be actively managed Escalation - Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation Future reporting – note that Strategic Risk 3068 will continue to be reported to CGC twice a year, with the next update scheduled for 24 November 2026, as part of routine strategic risk assurance The Committee was assured that appropriate governance, oversight and mitigation arrangements remain in place, with identified gaps actively managed. It was further noted that the risk will continue to be reported biannually, with the next update scheduled for November 2026.
12	Strategic Risk 3065 Planned Care Geraldine Fraser, Chief Officer – Acute Services Matthew Toms, Head of Performance Governance The Committee received an update on Strategic Risk SR065 relating to planned care, noting overall performance remains largely static with some areas of improvement.

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

Members were advised that longest waiting times across key diagnostic and treatment pathways have reduced, particularly within the 52-week cohort, in line with national priorities. However, progress in reducing 78-week and 104-week waits has been slower, with NHS Grampian remaining an outlier for the longest waits at the start of the year.

Performance within cancer pathways remains challenging, with 31-day performance slightly reduced and 62-day performance largely unchanged, highlighting ongoing pressures. In addition, significant delays persist within the return outpatient cohort, which is not routinely reported nationally but represents a material area of risk.

The Committee noted that much of the recent improvement has been supported by non-recurring funding, creating uncertainty regarding sustainability. It was acknowledged that the underlying position reflects persistent demand and capacity gaps, with a risk of deterioration if additional funding is not secured.

From a clinical governance perspective, members received assurance that:

There is no evidence of increased mortality linked to delayed planned care

Emergency admissions and presentations remain stable, with patients presenting appropriately based on clinical urgency

However, it was recognised that prolonged waits continue to have wider negative impacts on patients, including increased reliance on primary care, medication use, and effects on wellbeing and daily life.

The Committee noted ongoing work to address underlying challenges, including:

Service redesign and planning in key specialties (e.g. dermatology and urology)

Development of demand and capacity modelling tools (PMAT)

Exploration of regional and national collaboration to improve access and reduce waits.

Recommendations: The Committee is asked to:

Assurance – Review and scrutinise the information provided in this paper and confirm that it provides assurance about the monitoring and management of the Strategic Risk and provides appropriate information about potential improvements to the mitigation of this risk

Escalation - Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation

	The Committee agreed that, while improvement is evident in some areas, risks remain broadly unchanged, with mitigation measures in place but dependent on continued investment and system-wide change. No escalation to the Board was required at this time.
13	Strategic Risk 3639 Unscheduled Care Geraldine Fraser, Chief Officer – Acute Services The Committee received an update on Strategic Risk relating to unscheduled care, noting that the risk remains high, with pressures across the urgent and emergency care system. Members were advised that key performance indicators, including four-hour access standard, 8- and 12-hour breaches, and ambulance turnaround times, continue to be monitored as critical patient safety measures. While performance remains challenged, there is evidence of early improvement trends, particularly in four-hour performance, representing the best position in two years, and alignment with national benchmarks for longer waits. The Committee noted progress in reducing ambulance handover delays, with the maximum wait reduced from four to three hours and improvements observed across both ARI and Dr Gray's Hospital. Additional mitigations include extended nurse triage capacity to support early clinical assessment for patients experiencing delays. Members were advised that a refocused improvement programme is underway, led through the Unscheduled Care Improvement Board, with a reduction in the number of workstreams to prioritise areas with greatest impact. Key priorities include: • Reducing admissions • Reducing length of stay • Reducing delayed discharges It was confirmed that some initiatives have been reprioritised or decommissioned where limited impact was demonstrated, ensuring that resources are targeted effectively. Recommendations: The Committee is asked to: Assurance – Review and scrutinise the information provided in this paper and confirm that it provides assurance that the policies and processes necessary are in place and are robust Escalation - Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation The Committee acknowledged that while mitigation measures are in place, current controls are primarily managing the symptoms of the risk, with full resolution dependent on delivery of wider system redesign. Progress is

Clinical Governance Committee – Open Session – 18 August 2026
Agenda Item 04.0

	expected over the coming months as improvement actions are implemented and embedded. The Committee was assured that appropriate governance, monitoring and management arrangements are in place, with a clear programme of improvement to address underlying causes and support sustainable performance.
14.	AOCB Chair Transition – Acknowledgement and Welcome The Committee noted the transition in chairing arrangements, with DR stepping down as Chair of Clinical Governance Committee and MB assuming the role from the next meeting. Members recorded their sincere appreciation to DR for his leadership, guidance and commitment to the Committee. His tenure has been characterised by a strong focus on clinical governance, constructive challenge and supportive direction, which has been invaluable to both the Committee and Executive colleagues. Members also welcomed MB into the role of Chair, recognising the value of continuity and succession planning, and noting that DR will continue to support the Committee as Vice Chair. Confidence was expressed in the continued strength of leadership and collaborative working as the Committee moves forward.
15.	Date and Time of next Meeting.
	Tuesday, 18 August 2026, 1330 – 1630, MS Teams