Approved

NHS GRAMPIAN

Minutes of **NHS Grampian Clinical Governance Committee** held in **Open Session** on **Tuesday, 17 February 2026** at 1330hrs virtually by MS Teams

Present	
Dennis Robertson (DR)	Chair – Non-Executive Board Member
David Blackbourn (DBl)	Non-Executive Board Member
Hussein Patwa (HP)	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
Derick Murray (DM)	Non-Executive Board Member
June Brown (JB)	Executive Nurse Director
Shantini Paranjothy (SP)	Director of Public Health
Noha El Sakka (NeS)	Infection Prevention and Control Doctor/Clinical Lead
June Barnard (JBa)	Nurse Director Tertiary and Secondary Care
Hugh Farrow Bishop (HB)	Executive Medical Director
Tara Fairley (TF)	Associate Medical Director
Grace Johnston (GJ)	Infection Prevention and Control Manager
Invitees	
Gillian Poskitt (GP)	Associate Director Quality Improvement and Assurance
David Pfleger (DP)	Director of Pharmacy – Item 11
Katie Colville (KC)	Director of Midwifery – Item 10
Sue Swift (SS)	Divisional General Manager – Item 10
Caroline Clark (CC)	Chief Nurse – Item 10
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: Mark Burrell, Paul Bachoo, Emma Houghton, Laura Skaife-Knight, Lynn Morrison and Susan Bunn. The meeting was quorate.
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 received a verbal update on the outstanding action concerning ligature-reduction works within Ward 4 at Dr Gray's Hospital. It was noted that an options appraisal had been submitted to the Chief Executive Team on 13 January, with the preferred option—completion of the ligature-reduction works—endorsed. A business case will be presented to the NHS Grampian Asset Management Group on 25 February for approval of works planned for the 2026–27 financial year. Members also noted the reinstatement of the NHS Grampian Ligature Oversight Board, indicating a Grampian-wide approach to anti-ligature assessment across facilities. **The Committee confirmed it was content with the update.**
6	**Board Seminar, May 2025, Action Plan**
	Gillian Poskitt, Associate Director Quality Improvement and Assurance GP provided an update on progress following the May 2025 Board Seminar on assurance, noting that approximately 30 suggestions from the session had been consolidated into seven overarching themes. Immediate priorities already implemented include the revised reporting template and the standard operating procedure for instances where committees are not assured. Members discussed the wider governance implications of the remaining themes, several of which relate to cross-committee alignment and will require consideration at a system level. Key areas highlighted for Clinical Governance included the development of an assurance tracker to support timely closure of actions and the potential introduction of a short Chair's statement to surface emerging issues earlier. AE, SD, JT & HP emphasised the need for clarity and consistency in reporting, supporting the use of plain English while noting that "three-minute briefs" are not appropriate for board-level assurance. It was confirmed that these themes will be further explored at the April Board Seminar and through the Committee Chairs Group. **Recommendations:** The Committee is asked to: **Assurance –** Review and scrutinise the information provided in this paper and confirm that it provides assurance that the collated feedback from the seminar and processes necessary are in place and are robust to identify themes, actions and recommendations for the Committee to consider. **Escalation –** Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation **Endorsement –** Endorse the themes, actions and agree that system wide actions be routed via the Clinical Governance Committee Chair to the Board Secretary for consideration, coordination and implementation planning. **Future reporting** – A short update will return to NHSG CGC to note progress and timelines on system wide actions routed via the Board Secretary, following the April 2026 Board Seminar on reporting and governance assurance. **The Committee endorsed the pathway and noted that some improvements can be progressed immediately at individual and committee level.**

	Chair – assured, members content.
7	**Clinical Risk Meeting Report**
	June Brown, Executive Nurse Director JB provided an update on activity reviewed through the Clinical Risk Meeting for the period October to December, with particular focus on level 1 reviews, falls, violence and aggression, complaints and Care Opinion, and wider risk monitoring. It was noted that a number of recurring issues relating to level 1 reviews have emerged across the organisation, and a short-life working group has been established to address these collectively, including alignment with new HIS Significant Adverse Event Review guidance and learning from external reviews. The Committee also discussed increasing public contact regarding waiting times and received assurance on the operation of the Waiting Well initiative, which supports patients awaiting treatment and provides escalation advice; recent use of the approach during CDU decontamination issues was highlighted as positive. In relation to violence and aggression, members sought assurance on staff safety and the prevention of moral injury. The Committee was informed of ongoing work, including development of standard operating procedures, behavioural contracts and strengthened zero-tolerance messaging, with further detail to be considered through the Staff Governance Committee. Assurance was also provided that non-standard patient areas have not shown an increase in violence or aggression incidents, supported by close monitoring through the relevant governance group. The Committee noted concerns regarding delays in non-clinical interfaces and the need to minimize associated distress. Members also highlighted the importance of ensuring that increased promotion of Care Opinion is matched with adequate support for services to respond in a timely manner. Finally, the Committee discussed the three priority concerns identified through the Clinical Risk Meeting, noting that these have remained consistent month-to-month and are being actively managed, supported by the established Quality Impact Assessment process for any proposed cost-saving measures. **Recommendations:** The Committee is asked to: **Assurance –** review and scrutinize 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. **Members content and further update to be provided at future meeting.** **Action:** Update to be provided on 26 May 2026
8	**HIS/NES Action Plan Closure Report**

	June Brown, Executive Nurse Director JB provided an update on the remaining actions arising from the joint Healthcare Improvement Scotland and NES letter that contributed to the Board's escalation to Level 4. Two actions previously not approved for closure, relating to the portfolio review and the development of integrated acute pathways across cardiology, orthopaedics and endoscopy, were presented with current progress noted. Neither action is yet fully complete, nor do indicative timelines vary across the respective programmes of work. The Committee discussed the appropriate route for future oversight, noting that both areas are likely to be incorporated within the 2026–27 Board priorities and therefore monitored through the Board Performance Report. I **Recommendations:** The Committee is asked to: **Assurance –** Review and scrutinise the information provided in this paper and confirm that it provides assurance in relation to the External Scrutiny Action plan completion to date. The 2 outstanding actions have been transferred to the Chief Executive Team action tracker which will be monitored until completion. **Escalation –** Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. **It was agreed that the items would not be scheduled to return to this Committee at this stage, pending confirmation of their inclusion within the forthcoming priorities. The Committee noted the update and approved the recommendation that the two outstanding actions be transferred to the Chief Executive Team Action Tracker for continued monitoring until completion.**
9	**Healthcare Acquired Infections (HAI) Report & Quarterly Report**
	Noha El Sakka, Infection prevention and Control Doctor/Clinical Lead NeS highlighted key points from the papers provided. The national surveillance update covering C. difficile infection, E.coli bacteraemia and Staphylococcus aureus bacteraemia. Quarter 3 data (July – September 2025) indicates that NHS Grampian remains broadly aligned with national performance. E. coli bacteraemia rates were below the Scottish average for both healthcare-associated and community-acquired cases. C. difficile rates were below the national average for healthcare-associated infections and marginally above for community-acquired infections. Staphylococcus aureus bacteraemia rates remained slightly above national averages but within expected confidence limits and not classified as outliers. The Committee noted ongoing work to reduce SAB across healthcare and community settings. Continued concerns were highlighted regarding the implementation of the HAI Scribe process within the healthcare built environment, with cultural and practice-related barriers persisting despite recent progress in engagement with Estates and Facilities. Assurance was provided that instances of non-compliance are now being

	identified and followed up. An update on antibiotic prescribing confirmed a long term upward trend consistent with national patterns, influenced in part by the recent Group A Streptococcus surge, although NHS Grampian remains below the national comparator. **Recommendations**: The Committee is asked to: Review and scrutinise the information provided in this paper and confirm that it provides assurance of ongoing mitigations where possible. **Escalation** – Confirm if any escalation is required to another Board Committee or the Board and specify the details of that escalation. **The Committee noted the actions underway through antimicrobial stewardship and public health communication.**
10	**Maternity Report**
	Katie Colville, Director of Midwifery KC provided key points from the paper proposing a set of key performance indicators to strengthen visibility and assurance of maternity and neonatal services across NHS Grampian. The KPIs have been developed to reflect areas of external scrutiny, including ongoing HIS actions, and to capture key risks and opportunities within the service. The Committee noted that the indicators are intended to represent the whole Grampian maternity system; clarification was sought regarding the absence of specific reference to Dr Gray's Hospital, and it was confirmed that the KPIs are designed to provide a system-wide overview, with updates on the Moray Maternity Collaborative available separately if required. **The Committee was asked to endorse the introduction of the KPIs, with reporting on a six-monthly basis and a full review after 12 months.** During discussion, members raised several points for clarification, including the potential inclusion of prevention-focused indicators such as smoking cessation in pregnancy, and the service agreed to consider this in future iterations. Members also requested that KPI data be broken down by site (Dr Gray's, Aberdeen Maternity Hospital and community midwifery units) to support whole-system understanding. It was noted that the KPIs are intended to provide assurance on quality and safety aligned to HIS scrutiny, rather than to report on the development of the new maternity model at Dr Gray's; however, a separate paper on progress at Dr Gray's may be appropriate given the service history. The Committee discussed the appropriate governance route for maternity reporting and agreed that detailed scrutiny should remain with this Committee, with assurance to the Board provided through approved minutes. Additional points raised included the potential to incorporate ethnicity- related outcome reporting, the need to clarify reporting periods for each KPI, and the value of building qualitative feedback into future reporting cycles. The service confirmed these areas would be considered as the KPI set matures.

	Recommendations: The Committee is asked to: Review and endorse the introduction of the proposed KPIs to be reported to the committee on a six-monthly Basis. Note the information contained within the attached board paper (Appendix One). **Escalation –** Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. **Committee content to agree the recommendations with no escalations required.**
11	**Grampian Area Drug & Therapeutics Committee Annual Report 2024/25**
	David Pfleger, Director of Pharmacy DP presented the Grampian Area Drug & Therapeutics Committee Annual Report for 2024/5, which outlines key activity across the year including ongoing guidance updates, expanding regional collaborations, and significant operational work across subgroups. The report highlights continued capacity pressures within both the Committee and supporting corporate teams, with governance risks arising from difficulties recruiting subgroup chairs and increasing reliance on the GADTC Chair to cover multiple roles. Additional challenges were noted in antimicrobial stewardship capacity, the growing scale and governance demands of homecare medicines services, and increasing pressures around shared-care arrangements as primary care capacity limits the intended shift of stable prescribing from secondary care. While themes broadly mirror those of the previous year, the Committee acknowledged evolving nuances and the need for strategic focus on shared care and workforce resilience. Members acknowledged the governance tension arising from the Chair's dual role and noted the difficulty in identifying an immediate solution. JT highlighted that while the report clearly identifies issues and workarounds, the current system is unlikely to remain sustainable as community-based care expands, and he sought assurance that wider redesign work was underway. In response, DP confirmed that many current arrangements—such as secondary- care blood hubs—are compensating for pressures in primary care and reflect outdated structural boundaries between sectors. DP emphasised the need for a pathway-based approach to shared and interface care, recognising an organisational gap that requires attention beyond GADTC alone. Members discussed potential routes for progressing this work, including the emerging Primary Care Board and the existing Clinical Interface Group, which was noted as a forum for addressing cross-sector pathway issues despite previous constraints (e.g., CTAC funding rules). It was agreed that the Clinical Interface Group may provide an initial avenue for taking forward pathway redesign, with further offline discussion to link DP into relevant workstreams. **Recommendations:** The Committee is asked to: The range of activities

	undertaken by the Grampian Area Drug & Therapeutics Committee (GADTC) during 2024-25 in support of medicines governance. The challenges highlighted in the report, particularly relating to capacity constraints, resource constraints and the current lack of sustainable, scalable solutions for shared care. **Escalation –** Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation. **Committee content with the report with no escalations required.**
12	**Strategic Risk 3639 Unscheduled Care - Update**
	Geraldine Fraser, Chief Officer – Acute Services GF provided an update on the Strategic Risk 3639, noting significant ongoing operational and medium- to long-term improvement work aimed at strengthening in-hospital flow and reducing delays. Key actions include the “10 before 10” initiative, which is now embedded with strong clinical engagement and daily review, and the introduction of a maximum ambulance wait tolerance, recently reduced to six hours with plans for further reduction, closely linked to discharge performance and overall flow. Increased use of discharge lounges and a pilot within the Emergency Department to improve rapid assessment and four-hour access performance were also highlighted. Longer-term work includes right-sizing the specialty bed base in response to rising demand from the over-75 population, with clinically led workshops underway and a 16-week implementation timeline. These changes are expected to reduce reliance on non-standard beds, corridor care, and boarding. While secondary KPIs such as hospital-at- home activity, redirection rates, and SDEC utilisation show encouraging improvement, overall access performance and ambulance turnaround times have yet to shift, and remain key areas of focus to minimise risk of harm. Discussions around recent engagement with Emergency Department and AMIA staff, noting strong enthusiasm for improving patient flow, and sought assurance on partnership working with the Scottish Ambulance Service (SAS). It was confirmed that SAS engagement is extensive, with daily operational involvement, a 24/7 Hospital Ambulance Liaison Officer embedded on site, fortnightly joint tactical meetings, and weekly executive-level reviews, covering both ARI and Dr Gray’s. SAS has provided positive feedback on efforts to reduce long ambulance waits, though overall KPIs have not yet shifted. Early improvements are anticipated through the specialty bed-base resizing work, but sustained progress depends on reducing delayed discharges through Health & Social Care Partnerships. Members noted that media campaigns have not reduced ED attendances, which remain high. Discussion emphasised the need for a whole-system approach, with greater focus on community-based capacity, prevention, and sustainable alternatives to acute care. Ongoing work includes expansion of Hospital at Home, development of discharge-to-assess teams, creation of an integrated flow hub, and closer alignment of community and specialist services.

	Members highlighted the importance of stronger governance and clearer visibility of community- side redesign within future reports, and welcomed plans to recruit a lead GP to support whole- system modelling and strengthen primary care involvement. **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. **Committee partially assured with a future update requested on 26 May 2026.**
13	**Any Other Competent Business**
	Gillian Poskitt, Associate Director Quality Improvement and Assurance GP highlighted the need for stronger governance and scrutiny around papers submitted for assurance, noting recent instances where key information had been omitted. It was recommended that each paper should clearly identify an executive lead responsible for review prior to submission, ensuring appropriate oversight and timely challenge. Members acknowledged the balance between recognising system pressures and maintaining the required standard of scrutiny, and it was agreed that further discussion would take place with senior colleagues to strengthen processes for chasing, reviewing, and assuring papers before they reach the Committee.
14	**Date of Next Meeting**
	Tuesday, 26 May 2026, at 1330hrs virtually by MS Teams