Public Document Pack

A&B HSCP Transforming Together

Argyll & Bute Health & Social Care Partnership

6 August 2026

NOTICE OF MEETING

A meeting of the **ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE** will be held **BY MICROSOFT TEAMS** on **THURSDAY, 13 AUGUST 2026** at **2:00 PM**, which you are requested to attend.

BUSINESS

1. **WELCOME AND APOLOGIES**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES**
   (a) Minute of previous meeting of the Clinical and Care Governance Committee, held on 12 May 2026 (Pages 3 - 8)
   (b) Minute of previous meeting of the Clinical and Care Governance Group, held on 9 July 2026 (Pages 9 - 12)
   (c) Minute of the previous meeting of the Social Work Governance Group, held on 9 July 2026 (Pages 13 - 20)
4. **ACTION LOG** (Pages 21 - 24)
5. **EMERGING ISSUES**
6. **CLINICAL AND CARE GOVERNANCE COMMITTEE ANNUAL REPORT** (Pages 25 - 32)
   Report by Chair
7. **HEALTH AND SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT - FQ4 2025/26 (JANUARY - MARCH) - TO FOLLOW**
   Report by Head of Planning, Performance and Technology
8. **DASHBOARD REPORT** (Pages 33 - 46)
   Report by Clinical Governance Manager
9. **DEEP DIVE REPORT - PRIMARY CARE - TO FOLLOW**
   Report by Head of Primary Services
10. **DATE OF NEXT MEETING - 5 NOVEMBER 2026**

Argyll and Bute HSCP Clinical and Care Governance Committee

James Mullins
Karen Leach
Evan Beswick
Fiona Broderick
David Gibson
Councillor Dougie McFadzean
Louise Bussell
Duncan Scott
Graham Bell (Chair)
Rebecca Helliwell
Kevin McIntosh
Alison McGrory
Councillor Ross Moreland

Contact: Lynsey Innis, Committee and Democratic Services Officer Tel: 01546 604338

Agenda Item 3a

A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

MINUTES of MEETING of ARGYLL AND BUTE HSCP CLINICAL AND CARE GOVERNANCE COMMITTEE held BY MICROSOFT TEAMS on TUESDAY, 12 MAY 2026

Present: Graham Bell (Chair)

Karen Leach
Evan Beswick
Rebecca Helliwell
Kevin McIntosh
Alison McGrory
Councillor Dougie McFadzean
Councillor Ross Moreland
James Mullins

Attending: Eilidh Gallagher, Head of Primary Care
Caroline Robertson, Head of Hospitals and Community Care
Nicola Gillespie, Head of Complex Care and Registered Services
Kristin Gillies, Head of Strategic Planning, Performance and Technology
Leah Smith, Clinical Governance Manager
Charlotte Craig, Business Improvement Manager
Fiona Thomson, Associate Director of Pharmacy
Linda Currie, Associate Director of AHP
Shona Williams, Senior Manager Justice Social Work/Acting Chief Social Worker
Fiona McCallum, Committee Services Officer

Having noted the additional item of business at agenda item 11 (Critical Staffing Levels in Children & Families Social Work Service), the Chair moved and the Committee agreed to vary the order of business to consider this item as agenda item 10.

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of:-

David Gibson, Head of Children, Families and Justice/Chief Social Work Officer
Dr Duncan Scott, Secondary Care Representative
Fiona Broderick, Staffside Representative

2. MINUTES

(a) **Minute of the previous meeting of the Clinical and Care Governance Committee held on 5 February 2026**

The Minute of the previous meeting of the Clinical and Care Governance Committee, held on 5 February 2026 was approved as an accurate record.

(b) **Minute of the previous Clinical and Care Governance Group, held on 5 March 2026**

The Minute of the previous Clinical and Care Governance Group, held on 5 March 2026 was noted.

3. ACTION LOG

Having given consideration to the Action Log, the Committee noted the following updates:-

Action 1 (Overlap of inspections spreadsheet) – It was noted that this was on the agenda for discussion at item 7 (Integrated Inspections and Scrutiny Overview).

Action 2 (Deep Dive – Primary Care) – The Head of Primary Care advised that this report would be brought to the next meeting of the Committee for consideration.

Action 3 (Reporting Templates) – The Business Improvement Manager advised that this would be included in a Governance Review Paper going to the IJB.

Action 4 (Neurodiverse Pathway Update) – It was noted that this was a recurring item which would remain on the action log and that an update was on the agenda for discussion at item 9 (Neurodiverse Pathways – Governance Update) for consideration.

Action 5 – (Emerging Issues) – It was noted that this was on the agenda for consideration at item 4 (Emerging Issues).

4. EMERGING ISSUES

The Depute Medical Director and the Clinical Governance Manager outlined a number of emerging issues that may be of interest to the Committee. They included:

- Child care issues;
- Primary Care hot areas which would be a focus of the deep dive report coming to the next meeting;
- A couple of pieces of work with community engagement work;
- Health Improvement Scotland's (HIS) intention to look at the quality of dental services in Argyll; and
- The first of a series of quality improvement focus days looking at the Clinical Governance Structure to see how it was working and whether it was fit for purpose. It was hoped to bring an update in the near future regarding a framework being developed in respect of systems and processes.

Decision

The Clinical and Care Governance Committee noted the information provided.

5. HEALTH AND SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT - FQ3 2025/26 (OCTOBER - DECEMBER)

The Committee gave consideration to a report which detailed performance for the Financial Quarter (FQ) 3 2025/26 (October – December). The report also provided details on performance against each of the service areas and supporting IPMF Key Performance Indicators; the latest National Delayed Discharge Sitrep and the National Health and Wellbeing Indicators.

A discussion also took place on how information on risk was collated. The Committee noted that this was being kept under review.

Decision

The Clinical and Care Governance Committee:

1. Acknowledged performance for FQ3 2025/26 (October – December) against Key Performance Indicators within the Integrated Performance Management Framework for 2025/26.

2. Noted the latest Delayed Discharge Sitrep as of 16 February 2026, as outlined in Appendix 1 to the report.

3. Acknowledged the latest performance against the National Health and Wellbeing Outcomes and Ministerial Steering Group Integration Indicators, as outlined in Appendix 2 to the report.

4. Acknowledged the inclusion of additional A&B HSCP performance metrics aligned to national reporting across Centre for Sustainability Delivery (CfSD) Unscheduled Care and Planned Care performance focus within the Operational Improvement Plan (OIP), as outlined in Appendix 3 to the report.

(Reference: Report by Head of Strategic Planning, Performance and Technology, dated 12 May 2026, submitted)

6. DASHBOARD REPORT

Consideration was given to the dashboard report, which provided information on continuous improvement measures across the A&B HSCP; stage 2 complaints; Social Work and Care complaints; adverse events; inpatient falls; tissue viability incidents; violence and aggression incidents and medication errors over the last 13 months.

Decision

The Clinical and Care Governance Committee considered and noted the information contained within the dashboard report.

(Reference: Report by Clinical Governance Manager, submitted)

7. INTEGRATED INSPECTIONS AND SCRUTINY OVERVIEW

The Committee gave consideration to a report which provided an overview of external inspections, investigations and scrutiny activity across Argyll and Bute HSCP over a 12-month period (March 2025 to March 2026) for the purpose of providing assurance that learning is being identified, acted upon and embedded to support continuous improvement in patient care, staff practice and governance.

Decision

The Clinical and Care Governance Committee:

1. Reviewed for transparency and assurance regarding continuous improvement arising from external body investigations across Argyll and Bute HSCP.

2. Noted that all the items within the report are available in the public domain and that people who make complaints to the SPSO are made aware that their outcome reports are made public and published on their website for learning purposes.

(Reference: Report by Clinical Governance Manager, dated 12 May 2026, submitted)

8. SOCIAL WORK GOVERNANCE AND LEADERSHIP

Consideration was given to a report which provided a consolidated assurance update on Social Work and Social Care governance, performance and risk, with it being noted that overall assurance across the system is partially assured with variations of assurance levels across the Services.

Decision

The Clinical and Care Governance Committee:

1. Noted the assurance position and key risk areas across Social Work and Social Care services arising from the Social Work Governance and Leadership Group meetings held in November 2025, January 2026, February 2026 and March 2026.

2. Noted continued focused oversight of workforce sustainability, particularly within statutory services.

3. Endorsed further development of performance reporting, data quality and quality assurance arrangements.

(Reference: Report by Senior Manager Justice Social Work/Acting Chief Social Work Officer, dated 12 May 2026, submitted)

9. NEURODIVERSE PATHWAYS - GOVERNANCE UPDATE

Having noted that demand for neurodevelopmental assessment and support across Argyll and Bute continues to exceed current service capacity, the Committee gave consideration to a report which provided an update on interim risk-mitigating actions

that have been implemented to address immediate risks. The report further noted that underlying system capacity constraints remain and require further strategic consideration.

Decision

The Clinical and Care Governance Committee:

1. Noted the current update and progress in relation to ASD and ADHD pathways.

2. Noted the identified clinical, operational and governance risks.

3. Noted the interim mitigation actions in place to protect patient safety and service sustainability.

(Reference: Report by Head of Complex Care and Registered Services, dated 12 May 2026, submitted)

Evan Beswick, Chief Officer, left to attend another meeting during consideration of the foregoing item.

10. CRITICAL STAFFING LEVELS IN CHILDREN & FAMILIES SOCIAL WORK SERVICE

The Committee gave consideration to a report which provided an update on the current critical staffing position within Children and Families Social Work Service.

The Committee acknowledged that this needed to be escalated to the IJB and that an Action Plan was necessary. It was noted that the Chair and Vice Chair of this Committee would meet with the Chief Officer to discuss this further.

Decision

The Clinical and Care Governance Committee:

1. Noted the critical and escalating statutory and governance risks within Children and Families Social Work, particularly Child Protection.

2. Noted the severe operational and senior leadership capacity pressures currently affecting assurance.

3. Supported the continued prioritisation of statutory Child Protection and statutory work above all other activity and noted the impact of this prioritisation on non-statutory delivery.

4. Endorsed the implementation of a time-limited enhanced risk control and assurance framework (including daily operational triage, and targeted management oversight of the highest-risk cases) until capacity stabilises.

5. Supported urgent workforce actions to protect statutory Child Protection delivery in high-risk localities.

6. Noted a time-limited operational recovery plan (as outlined at Appendix 1 of the report) and agreed that progress updates will be provided to the Committee at each meeting until risk is reduced.

7. Noted that external transparency actions are in progress with the Care Inspectorate Link Inspector and National Social Work Agency.

(Reference: Report by Senior Manager Children, Families and Justice Services/Acting Chief Social work Officer, dated 12 May 2026, submitted)

11. DATE OF NEXT MEETING - 13 AUGUST 2026

It was noted that the next meeting of the Clinical and Care Governance Committee was scheduled to take place on Thursday, 13 August 2026.

Minutes of meeting of Clinical and Care Governance Group

Held by MS Teams on Thursday, 09 July 2026

Chair: R Helliwell

Attendees: James Mullins, Leah Smith, Nicola Gillespie, Caroline Robertson, Fiona Thomson, Linda Currie, Anke Roexe, Eilidh Gallagher

1. Welcome and Apologies

The Chair welcomed attendees. The agenda order was adjusted to accommodate availability for the Eclipse item.

2. Previous Minutes and Matters Arising

The minutes of the meeting held on 28 May 2026 were approved as an accurate record. Previous actions were reviewed, with updates noted across ID badge governance, Oban Hospital governance visibility, recruitment escalation, transitions, adult protection reporting, governance mapping, child protection follow-up, governance framework development and the community paediatrics service model.

Outcome: Recruitment escalation and adult protection visibility actions were closed. Remaining actions continue where further updates, mapping or formal governance routes are required.

3. SAER

The Group noted that no SAERs had been ratified since the previous meeting. Work continues to strengthen SAER monitoring and compliance reporting through existing governance arrangements.

4. Clinical, Professional, Governance, Patient and Staff Safety Risks Associated with Eclipse OLM

The Group considered the clinical governance risks associated with Eclipse, including record-keeping, system functionality, information sharing and the wider impact of multiple electronic systems across services. The discussion focused on the need to better understand system-related risks, information flows and the extent to which current arrangements support safe and effective practice.

Outcome: Further assessment will be undertaken on the ongoing use of Eclipse, potential alternatives and clinical governance risks. Quality Improvement or SAER methodology may be used to map information flows and identify system risks.

The Group also received an update on the Governance Short Life Working Group. Progress was noted against the governance review, including use of Quality Improvement methodology, development of

diagnostic tools and planned pilot activity to support clearer governance reporting, assurance and risk visibility.

5. Hospitals and Community Care

The Group received an overview of ongoing pressures across hospital and community care services, including discharge delays, workforce gaps, staffing resilience, community capacity and service sustainability. Specific risks were highlighted in relation to dialysis, Tiree out-of-hours arrangements and pharmacy provision.

Outcome: Risks will continue to be monitored through governance reporting. The Tiree position will be updated to reflect the absence of a confirmed post-August solution, and pharmacy risks will be made more visible within relevant governance routes.

6. Complex Care

The Group considered key risks and activity across complex care, including workforce pressures, inpatient pathway challenges, ADHD pathway implementation, psychological therapies performance, transitions between services, forensic mental health expertise, registered services and adult protection.

The discussion highlighted significant pressure across mental health and complex care pathways, particularly where specialist placements are difficult to secure and where workforce pressures affect service resilience. Positive progress was noted within registered services, including strengthened care-at-home arrangements, medication governance and partnership working.

Outcome: Mental health inpatient pathway risks will be escalated through wider NHS Highland governance mechanisms. Support will be provided to develop standardised responses for anticipated ADHD pathway enquiries. Adult protection reporting was received for assurance, with ongoing actions noted in relation to performance, audit recommendations, recruitment and learning reviews.

7. AOB

The Group received a primary care update which identified localised risks including capacity, prescribing backlog, IT implementation, results processing and infection prevention issues. Mitigations include additional workforce support, digital support and formal action plans.

Risks relating to forensic medical services compliance and information governance were also noted, alongside a high volume of complaints in one practice area being managed through existing governance routes.

The Group was updated on high consequence infectious disease preparedness, including multi-agency planning, pathway review,

environmental assessment and PPE training considerations. This was noted as an active governance risk.

8. Date of Next Meeting

20 August 2026, 10:30 – 12:00

This page is intentionally left blank

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Argyll Bute COUNCIL

Social Work

Social Work and Social Care Governance Committee
9 July 2026 (online)

Present:	Pamela MacLeod Shona Williams (Chair) Kirsteen Larkin (notes) Caroline Robertson (joined 1200) Annemarie Reilly (joined 1200) Karen Ralston Nikki Gillespie (joined 1200) Angie McDonald Simon Deveney	**Apologies:**	David Gibson Brian Reid Pamela Hoey Amanda Ward Donald Watt Alan Chapman Tom Golcher Ian Kidman Jacqueline Osborne James Littlejohn

No	Item	Agreement and action Points
	Welcome and introduction Shona welcomed all to the meeting.	
2	**Previous minute: Note of 11 June 2026**	**Approved**
	Agreed accurate account of last meeting	
3	**Committee Business:**	
3.1	**Terms of Reference, Reporting Requirements for the Social Work Governance and Leadership Committee and SSSC Annual Have Your Say Report feedback:**	Discuss at August meeting as no quoracy to agree.
3.2	**Proposed Report Template (Shona Williams):** Apologies for late circulation Proposed Shona, Caroline and Nikki to meet and agree Simon: could we have as an online form once agreed	**Agreed: meeting to develop** Kirsteen Larkin to discuss development of form and SharePoint site with Claire MacLeod
4	**Service Assurance Reports (see written reports):**	
4.1	**Adult Care Operations** (no report)**:** **Highlights:**	

	SUMMARY & ASSURANCE STATEMENT: **Assurance Level: none provided**	
4.2	**Adult Support and Protection** (Pamela MacLeod / Annemarie Reilly): **Highlights:** • Difficulties in securing chairperson for case conferences, Annemarie covering • Chair training taking place next week • Issues keeping to timescales • Need to contact banks centrally due to closure of branches which is causing issues getting information where there is a suggestion of financial harm • Learning Review team meeting 15 July to get report sign off, to go August committee **SUMMARY & ASSURANCE STATEMENT:** Scrutiny of Q4's ASP Inquiry activity as recorded on Eclipse; undertaken by the Lead Officer enables assurance that whilst we continue not to meet KPI the majority of intervention is completed in a timescale in keeping with the needs of the adult. Ongoing staffing issues and competing priorities for existing council officer's results in interventions which, whilst fundamentally protecting the adult, do not regularly demonstrate best practice. **Assurance Level: partial**	
4.3	**Adult Social Care Learning Disability Registered Services** (no report): **Highlights:** **SUMMARY & ASSURANCE STATEMENT:** **Assurance Level: none provided as no report prepared**	
4.4	**Adult Social Care Mental Health** (no report): **Highlights:** **SUMMARY & ASSURANCE STATEMENT:**	

	Assurance Level: none provided as no report provided	
4.5	**Adult Care Resources** (Simon Deveney): **Highlights:** • Waiting on feedback from care inspectorate for KCC • Good progress in care at home service for medication and ASP **SUMMARY & ASSURANCE STATEMENT:** The outcomes above demonstrate a level of improvement & assurance within our services while also highlighting the improvement needed in areas the internal care at home service. Work is ongoing to make the necessary improvements in line with the standards expected across all of our services and we are confident that these will be made and documented appropriately. **Assurance Level: partial**	
4.6	**Children & Families Social Work Operations** (Shona Williams): **Highlights:** • Staffing remains critical • CP numbers have reduced due to placements and reviews • Number of outstanding CP investigations – lack of recording and sign off, now added to weekly huddle to provide additional tracking. • Organised CP training for NQSW in September, open to all SW, will add another 13 CP trained staff, open to WDC **SUMMARY & ASSURANCE STATEMENT** Children & Families Social Work Services continue to deliver statutory duties across all localities, with strong progress in several key areas, including ongoing development of the Bairns' Hoose model and the advancement of practice-standardisation work through the emerging Practice Guidance Manual. The service remains committed to multi-agency working and trauma-informed practice and continues to support care-experienced children and young people. The work of the teams is having to be prioritised to focus on statutory CP and other work due to the staffing situation. The	

	risks associated with staffing have been escalated through appropriate governance arrangements. Several areas of assurance remain under pressure. Staffing challenges, particularly the proportion of newly qualified social workers in Cowal, vacancies and severe shortages of qualified staff in OLI and MAKI, continue to impact capacity and resilience. The Care-Experienced at Home File Reading audit identified notable deficits in practice within the Bute & Cowal and Helensburgh teams, though improvement actions have been initiated and progress is being monitored. Immediate-risk cases were addressed without delay, and improvement plans are now in place across all areas except Helensburgh, where work is being finalised. Overall, the service is actively addressing the issues identified through strengthened oversight, targeted development work and clearer expectations for practice standards. Based on the evidence from this reporting period, the quality of service delivery is assessed as **Partially Assured**. While there is clear commitment to improvement and evidence of responsive action in relation to identified risks, several areas require continued oversight: • **Staffing Shortages** in both operational and senior management teams are highlighted as an escalating risk. • **Practice deficits** in Bute & Cowal and Helensburgh require sustained improvement and consistent managerial scrutiny. • **Systemic risks linked to Eclipse** must be actively managed until mitigations and potential workflow changes are confirmed. • **KPIs remain affected** by data quality issues within Eclipse, which impacts reporting accuracy. **Assurance Level: partial**	
4.7	**Children's Resources** (no report): **Highlights:** **SUMMARY & ASSURANCE STATEMENT:**	

	Assurance Level: none provided as no report prepared	
4.8	**Justice Social Work** (Shona Williams): **Highlights:** • Currently completing statutory returns for Scottish Government • Met 95% KPI target of getting court reports in on time (96% quarter 1) **SUMMARY & ASSURANCE STATEMENT:** Justice Social Work in Argyll & Bute continues to deliver a high-quality, safe, and compliant service that meets core statutory duties. Performance challenges around CPO induction data have been analysed and are being addressed through targeted improvement actions. These include changes to administrative processes, earlier scheduling of appointments, and enhancements to how information is recorded and transferred between courts, staff, and systems. A significant risk to the services assurance factor is the lack of senior management oversight and availability to progress improvement actions due to covering alternative duties in C&F service. Indicators suggest that the increase in workload across most business areas has not compromised safe practice or compliance with statutory duties, however there is a lack of scrutiny of this at the present time. **Assurance Level: partial**	
5	**Any Other Business:**	
5.1	**Adult SW Casefile Audit Procedure and Overview (Pamela MacLeod):** Internal audit waiting on decision to approve and implement. C&F have own process so this just for adults. Team Manager responsible for 8 audits every quarter as per schedule using audit tool. Service Managers audit 2 case files, 1 assessment and supervision record every quarter Senior Manager to do quarterly review of outcomes and recommendations to create implementation and training plan Reported to SW Governance Committee and Performance and Audit Committee – including if not been undertaken	**Agreed:** framework, trial for first year as quarterly and review, not to audit own team

	Supervision procedure waiting to be approved and implemented Random selection of case files using criteria Need to agree who would co-ordinate - HofS **Discussion:** Shona Williams: concern about where this is practical and can be kept to schedule due to capacity; how do you evidence improvement if done too often, should there be more audits less frequently; HofS for Adults need to sign off Karen Ralston: should we audit our own teams? Maybe 6 monthly would be more manageable due to amount of issues highlighted and how to implement improvement; now might not be the time due to levels of staffing currently; experience of having supervision audited; are any other audits being undertaken eg IRD, huddles Angela McDonald: previously tried quarterly audits in C&F and it did become too much and was reduced to 6 months, also did not do own team; how do you identify which cases and co-ordinate Nikki Gillespie: issues previously with monthly audits not being done so suggested quarterly, we can review if not working, 6 monthly might be too few unless dates set; could do with a guide for all services of expected standard; lots of work ongoing around all processes with a plan to implement	
5.2	**Mental Welfare Commission Return (Pamela MacLeod):** Request for information annually Significant improvement in supervising officers for guardianships Due to be submitted 10 July 2026 Cowal locality issue as high for ASP, CP, etc as well **Discussion:** Karen Ralston: where do we sit nationally, large volume in Cowal Nikki Gillespie: higher deprivation, drug use, etc in Cowal, move from Inverclyde	**Agreed:** report for submission Pamela to present to SLT for oversight
5.3	**SSSC consultation on levels of registration (adult day centres, SW assistants, offender residential) (Shona Williams):**	Agreed – Shona Williams to submit response to SG

	CSWO has been asked to do a response for the HSCP. SSSC to set standards and qualifications, this will have a cost implication for the HSCP. SSSC set expectations of what SW assistants can and cannot do. Meetings with HR to align job specs. Implications for staff who don't meet qualifications within timescales. **Discussion:** Simon Deveney: have been anticipating the change for day centres, supportive and agree, day centre managers also keen to see in place Pamela MacLeod: concern for SW assistants to gain qualifications, supportive of registration, review of job specs has put us in a better position to implement, will need to amend process for supervision, CPL, etc; need to standardise job spec for support workers to be clear who should be registered; may have implications on social worker role due to need for oversight; can we amend SW assistant job spec now to reflect qualifications	
5.4	**Waiver Policy (Kirsteen Larkin):** Request to do a review of current policy and oversight with a few managers	**Agreed:** to undertake review
5.5	**Emerging Risk (Nikki Gillespie):** Letter from Carr Gomm about complexity and escalation process out of hours Agency worker offered overtime Looking to withdraw brokerage and seek urgent meeting – Nikki and Shona Need copies of procedures so that these can be reviewed – Kirsteen to send over **Discussion:** Simon Deveney: next job spec being reviewed is home care organiser post, after 5pm no managerial cover from care at home and should not be transferred to Carr Gomm, out of hours is included in job specs but not being done, links with new scheduling system Pamela MacLeod: contract with Carr Gomm is interdependent, need meeting with procurement before meeting with Carr Gomm; agree needs SW manager to be available to make decisions	Agreed – Nikki Gillespie and Shona Williams to meet with Carr Gomm

5.6	**NQSW (Pamela MacLeod):** Three in C&F have completed supported year	

Dates of next meetings:
13 August 2026
10 September 2026
8 October 2026
12 November 2026
10 December 2026

Action ID	ACTION	LEAD	Date Added to Action Log	TIMESCALE	WORK STATUS (open, in progress, complete)	Comment
1	Deep Dive – Primary Care	Eilidh Gallagher, Head of Primary Care	February 2026	TBC	Open	It was agreed that a deep dive on Primary Care, focussing on C&CG responsibilities, gaps in service, processes for assurance and general inspection and scrutiny would be brought to a future meeting. It was agreed that the Head of Primary Care would liaise with both the Chair of the Committee (Graham Bell) and the Associate Director (Dr Rebecca Helliwell) to discuss timelines for reporting. At the meeting on 12 May 2026, the Head of Primary Care advised that this report would be brought to the next meeting of the Committee scheduled for 13 August 2026.

Items removed from tracker:-

Action ID	ACTION	LEAD	Date Added to Action Log	TIMESCALE	WORK STATUS (open, in progress, complete)	Comment
1	Overlap of inspections spreadsheet to be	Charlotte Craig, Business	April 2024	May 2025	Ongoing	Agreed at meeting held on 6 June 2024 that this item would be

	circulated to Members by email	Improvement Manager		Revised Timescale – April 2026		brought forward to the next meeting, scheduled to take place on 15 August 2024. Advised at meeting on 15 August 2024 that this piece of work was being taken forward by the C&CG Group and an update would be brought to a future meeting of this Committee in due course. At the meeting held on 28 November 2024, it was agreed that an update on progress would be provided to the next meeting on 6 February 2025. At the meeting held on 6 February 2025, it was agreed that an update on progress would be provided to the next meeting on 1 May 2025. At the meeting on 1 May it was agreed that an update would be provided to the meeting on 14 August. At the meeting on 14 August 2025 it was agreed that an update would be provided to the meeting on 6 November 2025. Report considered at meeting on 6 November 2025 – it was noted that an update report would be brought back to C&CG Committee in May 2026 to identify any themes across inspections.

						Considered at the meeting held on 12 May 2026. No further action required going forward.
3	Reporting Templates	Charlotte Craig, Business Improvement Manager	February 2026	TBC	Open	It was agreed that consideration be given to updating the reporting template to incorporate the principles of Realistic Medicine and Value based Health and Care. At the meeting held on 12 May 2026, the Business Improvement Manager advised that this item would be considered as part of the Governance Review Paper being taken to the IJB.
4.	Neurodiverse Pathway Update	Nicola Gillespie, Head of Complex Care and Registered Services	February 2026	TBC	Open	Consideration to be given to regular reporting to this Committee. It was noted that this item has been added as a standing item to the Committee workplan and will feature on all agendas going forward.
5.	Emerging Issues – to be added as a regular agenda item	Associate Director – Dr Rebecca Helliwell/Nursing Director - James Mullins (when in post – 01/04/2026) and Committee and Democratic Services Officer – Lynsey Innis	February 2026	Every meeting	Open	Agreed that going forward this item to be added to agendas with important issues being brought forward at the relevant times. It was noted that this item has been added as a standing item to the Committee workplan and will feature on all agendas going forward.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Clinical and Care Governance Committee

Date of Meeting: 13 August 2026

Title of Report: Clinical and Care Governance Committee Annual Report

Presented by: Chair, Graham Bell

The Committee is asked to:

- The Committee is asked to consider the contents of this annual report
- The Committee is asked to provide assurance to the IJB of its ability to provide oversight of quality, safety, performance, risk and improvement activity during 2025/26.

1. EXECUTIVE SUMMARY

This annual report provides assurance on the work of the Clinical and Care Governance Committee during 2025/26. The Committee met on all four scheduled occasions and maintained oversight of the quality, safety, effectiveness and person-centredness of health, social work and social care services across Argyll and Bute HSCP.
Throughout the year, the Committee considered performance reports, clinical and care governance dashboards, inspection activity, complaints, adverse events, medication errors, falls, tissue viability incidents, violence and aggression, delayed discharge, vaccination programmes, Hospital at Home, winter preparedness, social work governance, justice social work quality assurance, Realistic Medicine and Value Based Health and Care, neurodiversity pathways, and the sustainability of HSCP-managed 2C General Medical Practices.

The report identifies no new direct financial, staff governance, equality and diversity, public engagement, GDPR or data protection implications arising from the annual report itself. It does, however, recognise that reports considered by the Committee highlighted workforce capacity, service sustainability, financial pressures, access to services, patient and service user safety and improvement activity, all of which continue to be managed through established operational, professional, performance, risk and governance arrangements.

Overall, the report demonstrates that the Committee provided regular scrutiny and assurance to the Integration Joint Board during 2025/26 and continued to strengthen its approach through improved integrated reporting and the introduction of thematic deep dive reports to support continuous improvement and the delivery of safe, effective, sustainable and person-centred services.

2. RECOMMENDATIONS

- The Committee is asked to consider the contents of this annual report
- The Committee is asked to provide assurance to the IJB of its ability to provide oversight of quality, safety, performance, risk and improvement activity during 2025/26.

3. DETAIL OF REPORT

The Committee met on all four scheduled occasions and was quorate at each meeting.

1 May 2025

At its May 2025 meeting, the Committee reviewed progress against outstanding governance actions, receiving updates on key areas including Hospital at Home, inspection activity, primary care services and healthcare provision. The Committee maintained oversight of actions requiring further monitoring and closed those where satisfactory progress had been achieved.

The Committee considered the Quarter 3 Performance Report for 2024/25, which presented performance against 84 key performance indicators, progress against National Health and Wellbeing Outcomes, delayed discharge performance and service-level risk and performance commentary. Members acknowledged the reported performance and continued to monitor areas requiring improvement.

The Committee also reviewed its Clinical and Care Governance Dashboard, which provides regular assurance on complaints, adverse events, inpatient falls, tissue viability incidents, violence and aggression incidents, and medication errors. This enabled ongoing scrutiny of quality and patient safety indicators across health and social care services.

14 August 2025

At its August 2025 meeting, the Clinical and Care Governance Committee continued to provide oversight of quality, safety, performance and governance across Argyll and Bute HSCP services. The Committee reviewed progress against a range of governance actions, including Hospital at Home, primary care service provision, inspection activity and vaccination programme governance. Further reports were commissioned to provide assurance on these key areas and support ongoing monitoring.

The Committee considered the Quarter 4 Performance Report for 2024/25, reviewing performance across service areas and 84 key performance indicators, alongside progress against National Health and Wellbeing Outcomes, Ministerial Steering Group Integration Indicators and delayed discharge performance. Members acknowledged overall performance and continued scrutiny of improvement priorities.

The Committee also reviewed its Clinical and Care Governance Dashboard, receiving assurance on complaints, adverse events, inpatient falls, tissue viability incidents, violence and aggression incidents, and medication errors.

Particular attention was given to the detailed review of medication errors and the associated actions to support quality improvement and patient safety.

In addition, noted a deferred report on the development of the Operational Risk Register.

6 November 2025

At its November 2025 meeting, the Committee reviewed Quarter 1 performance for 2025/26, considering performance against the Integrated Performance Management Framework, service activity, delayed discharge performance and National Health and Wellbeing Outcomes. Members maintained scrutiny of key performance indicators and service delivery trends across the Partnership.

The Committee received assurance on patient safety and quality through its regular governance dashboard, which monitored complaints, adverse events, falls, medication errors, tissue viability incidents and violence and aggression incidents. Members also considered opportunities to strengthen integrated reporting arrangements to support a more holistic approach to assurance.

A number of significant service assurance reports were considered during the meeting. These included updates on vaccination programmes, highlighting strong childhood immunisation uptake alongside challenges within adult and maternal vaccination programmes, and an update on the sustainability of HSCP-managed 2C General Medical Practices, focusing on financial pressures, workforce challenges and actions taken to maintain high-quality primary care provision.

The Committee also reviewed the first Integrated Inspections Report, providing oversight of inspection activity across services and identifying opportunities to strengthen assurance arrangements within the wider governance framework. Members endorsed further work to enhance visibility of inspection findings, improvement actions and governance assurance processes.

Significant attention was given to service transformation and future planning. Members considered progress in the expansion of the Hospital at Home model across Argyll and Bute, recognising its role in delivering safe, effective alternatives to hospital admission and supporting whole-system approaches to care. The Committee also reviewed winter preparedness arrangements for 2025/26 and received assurance that contingency planning and partnership arrangements were in place to support service resilience during periods of increased demand.

Further reports provided assurance on complaints handling, social work governance and justice social work quality assurance arrangements. Members noted the development of strengthened governance structures and performance frameworks designed to support safe, high-quality and continuously improving services across health and social care.

5 February 2026

At its February 2026 meeting, the Committee reviewed Quarter 2 performance for 2025/26, considering performance against key indicators, delayed discharge performance, and national health and wellbeing measures. Members noted plans to strengthen future reporting through improved alignment with operational improvement priorities and national performance measures.

The Committee maintained oversight of patient safety and quality through its regular governance dashboard, which provided assurance on complaints, adverse events, inpatient falls, medication errors, tissue viability incidents and violence and aggression incidents across services.

A key area of focus was the implementation of Realistic Medicine and Value Based Health and Care, with members reviewing progress against the NHS Highland action plan and supporting the integration of these principles into future reporting and decision-making processes. The Committee recognised the importance of delivering personalised, collaborative and sustainable care that maximises value and outcomes for individuals and communities.

The Committee also received an update on the development of neurodiversity pathways and strategy arrangements across Argyll and Bute. Members noted ongoing work to improve pathways for people with neurodevelopmental conditions and recognised challenges relating to capacity and sustainability within autism spectrum disorder (ASD) and ADHD diagnostic services.

In support of strengthened governance arrangements, the Committee reviewed the clinical governance report submitted to the NHS Highland Clinical Governance Committee, providing transparency and assurance regarding governance activity, clinical risks and quality improvement work taking place across the Partnership.

The Committee also agreed to introduce a programme of thematic “deep dive” reports, enabling more detailed scrutiny of priority areas and supporting continuous improvement in clinical and care governance oversight.

4. RELEVANT DATA AND INDICATORS

Reports to Committee are informed by system wide and national data with sources being identified in each report. .

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Clinical and Care Governance oversight is an underpinning requirement to the safe delivery of health, social work and social care services and is central to all strategic priorities

6. GOVERNANCE IMPLICATIONS

6.1 **Financial Impact** There are no direct financial implications arising from this annual governance report. However, the Committee considered a number of reports during the year which highlighted financial pressures, sustainability challenges and the need to ensure best value in service planning and delivery. Financial implications relating to individual service areas continue to be considered through the relevant operational, performance and financial governance routes.

6.2 **Staff Governance** There are no direct staff governance implications arising from this annual governance report. However, the Committee considered a number of reports during the year which highlighted workforce capacity, sustainability, service resilience and staff safety considerations. These included workforce challenges within HSCP-managed 2C General Medical Practices, capacity pressures within specialist pathways, winter preparedness arrangements and monitoring of violence and aggression incidents. Staff governance implications relating to individual services continue to be addressed through the relevant operational management, workforce planning and staff governance routes.

6.3 **Clinical and Care Governance** This report directly relates to clinical and care governance. It provides assurance that the Committee has maintained oversight of quality, safety, performance, risk, inspection activity and improvement across health, social work and social care services during 2025/26. The Committee considered a range of reports and dashboards relating to patient and service user safety, complaints, adverse events, medication errors, falls, tissue viability, violence and aggression, service sustainability, inspection findings and improvement activity. This supports assurance to the Integration Joint Board that appropriate clinical and care governance arrangements are in place and continue to develop.

7. PROFESSIONAL ADVISORY Professional advisory arrangements were considered through the Clinical and Care Governance Committee's established governance processes. The Committee received reports and assurance from relevant professional, clinical, operational, social work and care governance leads throughout the year. Professional advice informed consideration of quality, safety, performance, inspection activity, service sustainability, vaccination programmes, Realistic Medicine and Value Based Health and Care, neurodiversity pathways, social work governance and justice social work assurance. No additional professional advisory issues are identified arising directly from this annual governance report.

8. EQUALITY & DIVERSITY IMPLICATIONS

There are no direct equality and diversity implications arising from this annual governance report. However, the Committee considered a number of reports during the year which have relevance to equality, diversity and human rights, including access to services, neurodiversity pathways, vaccination uptake, person-centred care, delayed discharge, inspection activity and service sustainability. Equality and diversity implications relating to individual service areas continue to be considered through relevant service planning, improvement, engagement and governance arrangements.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

This report does not contain personally identifiable information and is based on aggregated governance, performance and assurance information. There are no direct GDPR or data protection implications arising from this annual governance report. Where individual service reports considered by the Committee included information relevant to service users, patients or staff,

data protection requirements continued to be managed through existing information governance arrangements and in accordance with GDPR and relevant organisational policies.

10. RISK ASSESSMENT

No new direct risks arise from this annual governance report. The report provides assurance that the Clinical and Care Governance Committee has maintained oversight of key clinical, care and service risks during 2025/26. These included risks relating to patient and service user safety, service performance, delayed discharge, complaints, adverse events, medication errors, falls, tissue viability, violence and aggression, workforce capacity, service sustainability, inspection findings, vaccination uptake, winter preparedness, neurodiversity pathway capacity and the sustainability of HSCP-managed 2C General Medical Practices. Identified risks continue to be managed through the relevant operational risk registers, service improvement plans, performance reporting arrangements and clinical and care governance routes.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

There are no direct public or user involvement and engagement implications arising from this annual governance report. The report provides assurance on the Committee's oversight of clinical and care governance activity during 2025/26, rather than proposing new service changes or decisions requiring separate public consultation. However, a number of areas considered by the Committee have relevance to people who use services, carers and communities, including access to services, complaints, inspection activity, delayed discharge, vaccination programmes, neurodiversity pathways, Hospital at Home and person-centred care. Public, user and carer involvement relating to individual service developments continues to be taken forward through the relevant engagement, participation, service planning and improvement arrangements.

12. CONCLUSIONS

Overall, the Clinical and Care Governance Committee provided regular oversight and assurance to the Integration Joint Board during 2025/26 in relation to the quality, safety, effectiveness and person-centredness of health, social work and social care services across Argyll and Bute. Through its scheduled meetings, performance reports, governance dashboards, service assurance reports and thematic updates, the Committee maintained scrutiny of key risks, improvement actions and areas requiring further development. The Committee will continue to strengthen its assurance arrangements, including through improved integrated reporting and thematic deep dive reports, to support continuous improvement and the delivery of safe, effective, sustainable and person-centred services.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	**Directions to:**	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	**Title of report**	**Date**	**Output (if relevant)**
N/A			

REPORT AUTHOR AND CONTACT

Author Name Charlotte Craig
Email charlotte.craig@argyll-bute.gov.uk

This page is intentionally left blank

Argyll & Bute
Stage 2 Complaints | Aug 2026

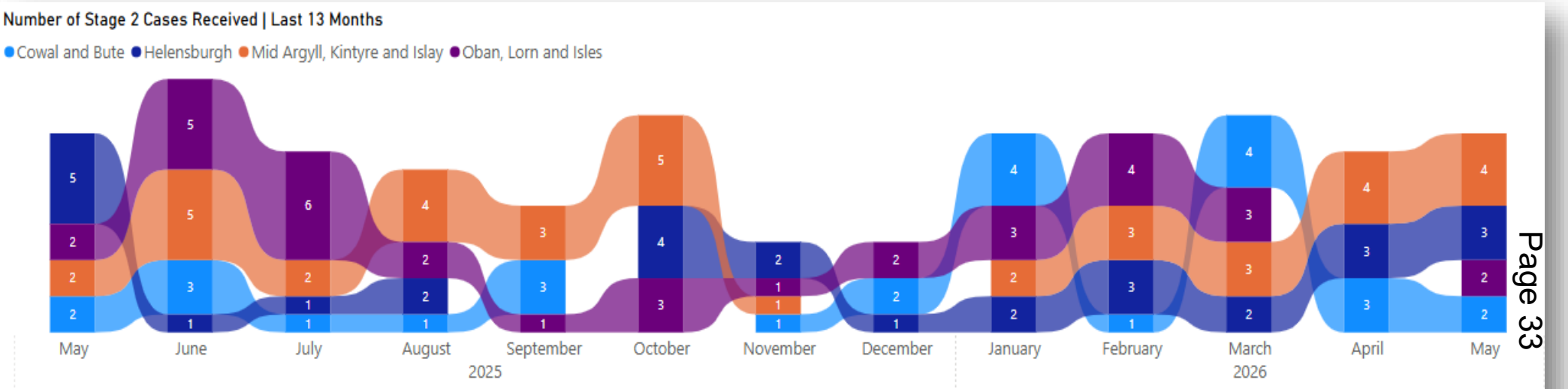
Data up to date as of 17/07/2026 *excludes cases with stage of further correspondence and SPSO

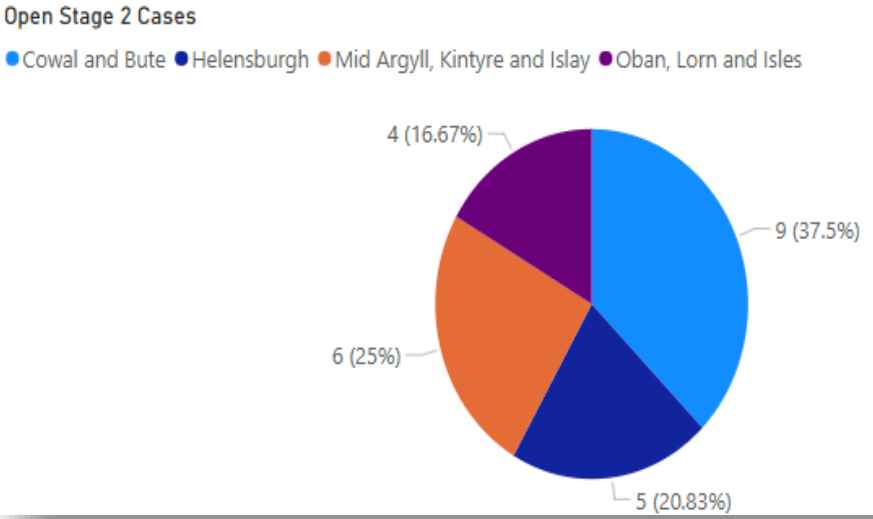
Complaint volumes may have had a slight drop in volume overall, however, we have seen an increase related to the area of complaint. Complaints related to Mental Health services and Succoth Ward have increased, and this is reflected in the Mid Argyll figures. Complaints related to LIH have reduced and this is encouraging.

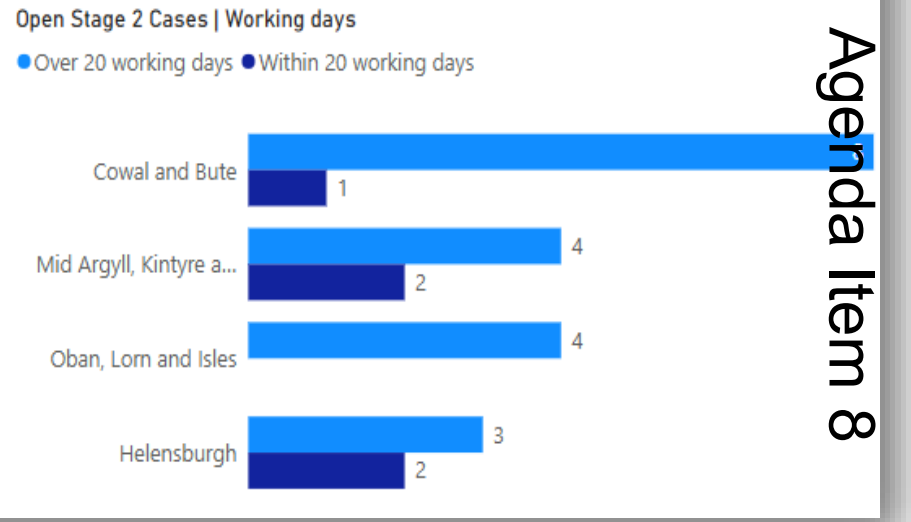
The volume of open cases in relation to the 20 day KPI continues to be an area of development. Although some cases relate to SAERs and Case Reviews the majority are impacted as a result of operational pressures.

To support, additional complaint handling training has been offered to services to increase the pool of complaint investigators to share the work-load.

SPSO:
We have 5 open SPSO cases at this time, with 4 awaiting decisions and 1 open to be completed with info to be sent to the SPSO. 1 recent partially upheld complaint was in relation to urinary testing and complaint handling. Apology and actions are underway.







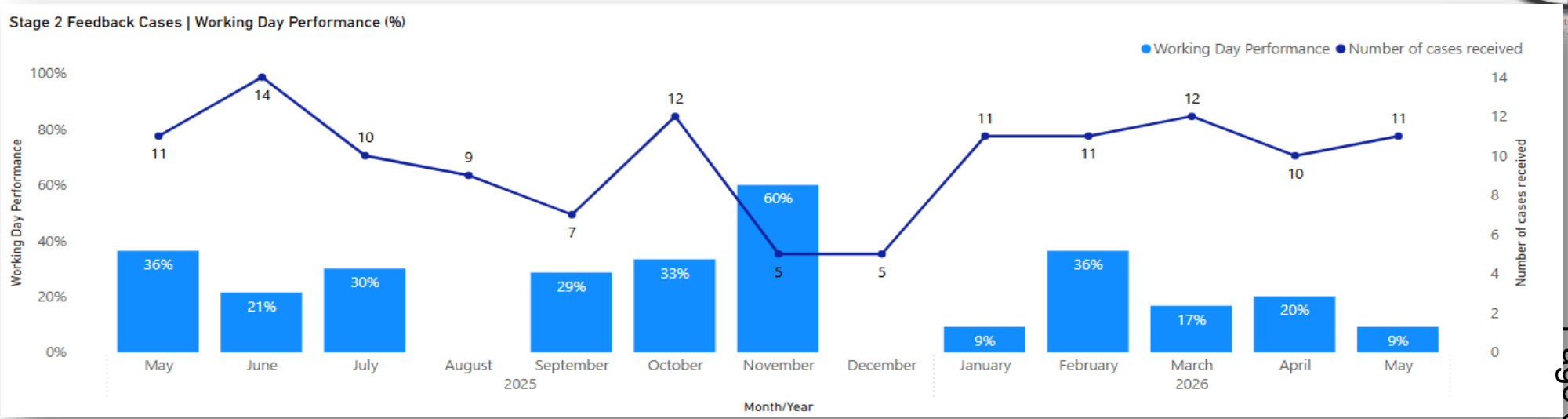
Argyll & Bute
Stage 2 Complaints | Aug 2026

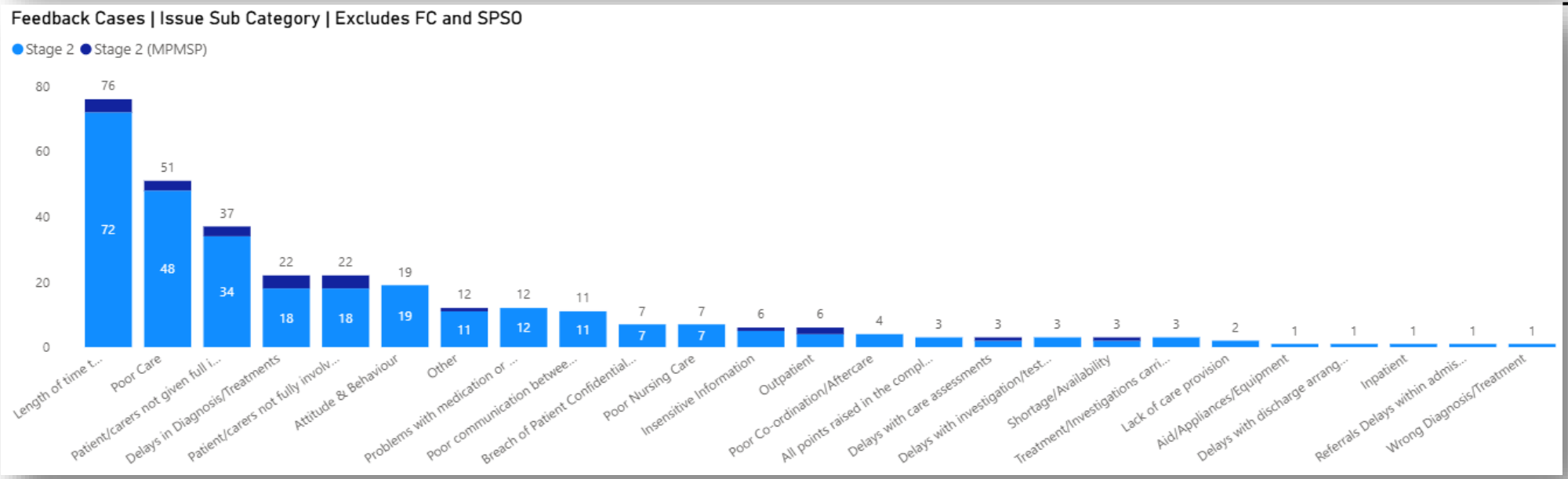
Data up to date as of 17/07/2026 | *excludes cases with stage of further correspondence and SPSO

Feedback performance is an area of continued development. To support, we are engaging a quality project which will look at governance structures and complaint performance data will contribute to regular reporting of service performance, along with actions for improvement.

The sub categories show that length of time to respond is a continued issue for complainants and feedback coordinators. Poor care, relates to quality and standard of care, this has significantly been observed in Adult ADHA assessments and dental related complaints.

Actions to support have involved staff reflections and sharing of complaints with the wider teams to support awareness over the significance of what to communicate, when and how.



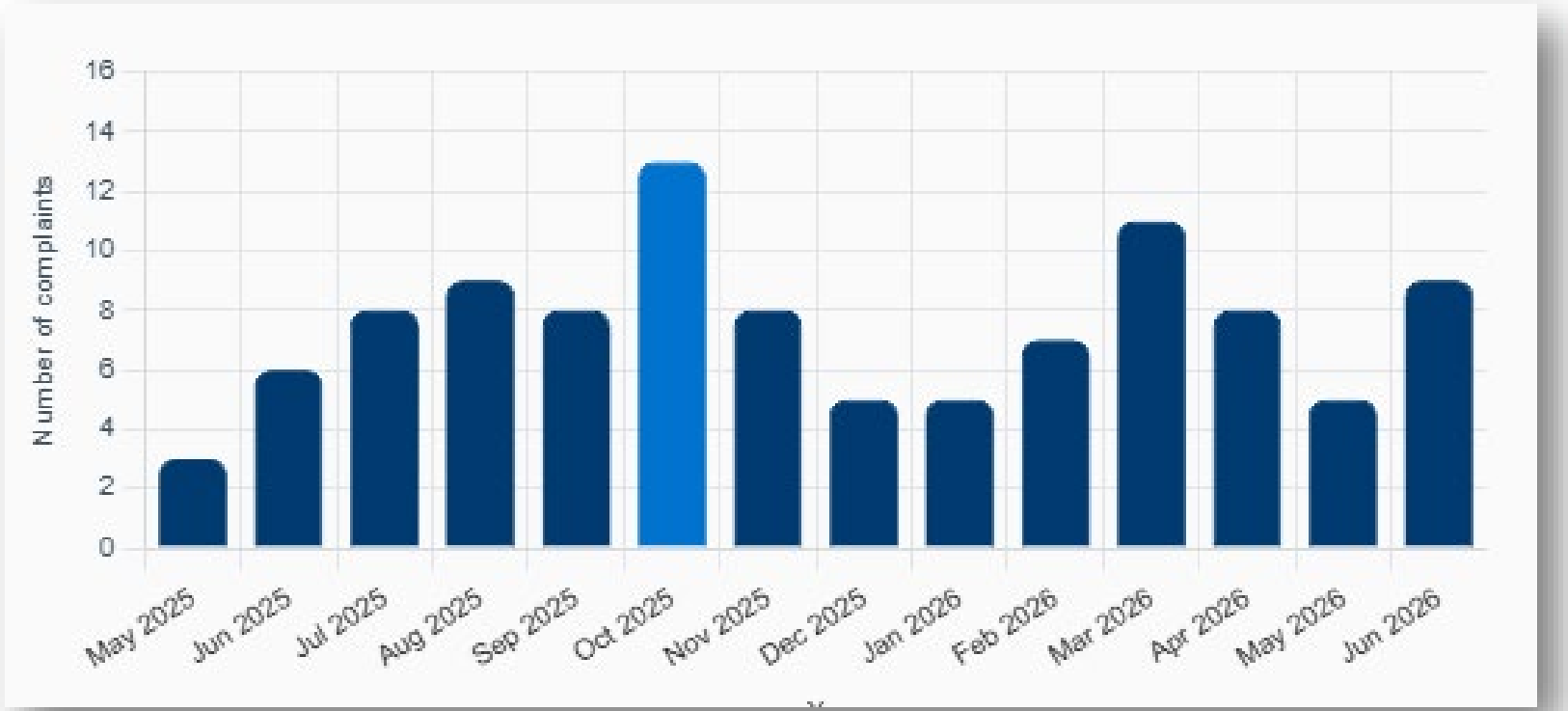


Argyll & Bute
Social Work & Care Complaints| Aug 2026

The themes of complaints are as follows:

- Communication and Lack of Information:
  - Poor updates of assessments
  - Concerns of transparency and information sharing
  - Lack of info from social workers appeals processes
- Delays in service delivery:
  - Assessments decision
  - Funding decisions
  - Slow implementa5tion of agreed plans
- Staff conduct:
  - Attitude and behaviours
  - Individual social workers
- Care Planning, Assessments and Support Packages:
  - Homecare Provision
  - Telecare Services
  - Delay in services
  - Withdrawal or reduction in support packages
- Funding Decisions
- Process and Decision Making

Work continues to support clients and families, with decisions and service provision



SPSO Activity:

3 new and open enquiries awaiting response.

3 completed SPSO cases:

- 1 Fully upheld
- 1 Partially upheld
- 1 Not upheld

Improvement outcomes identified are, home care provision and care package delivery, as well as quality of care. Recommendations relate to assessment and communication.

Argyll & Bute
Adverse Events | Aug 2026

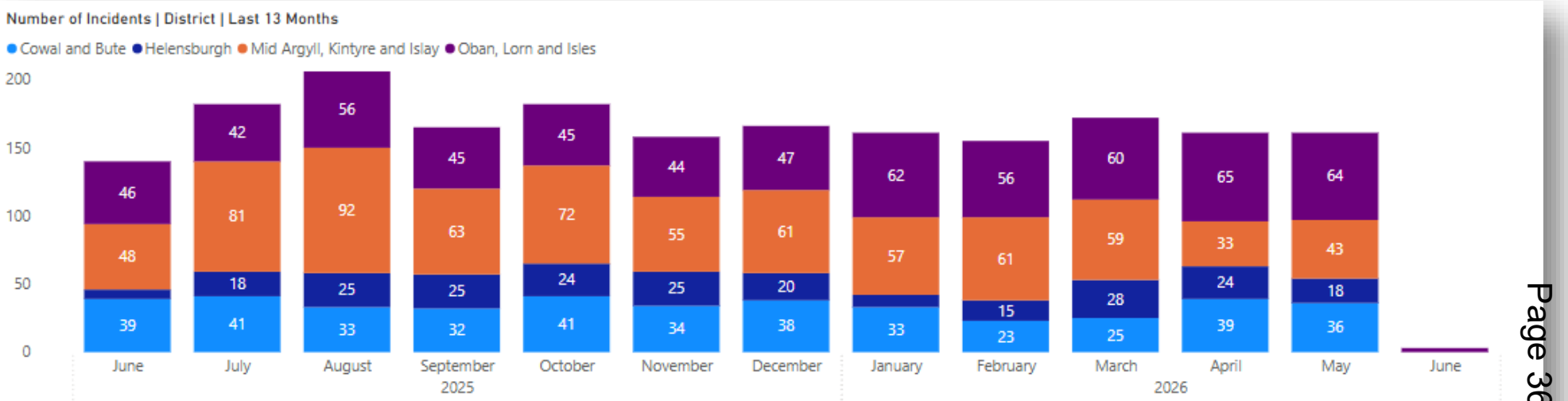
Data correct as of 17/07/2026

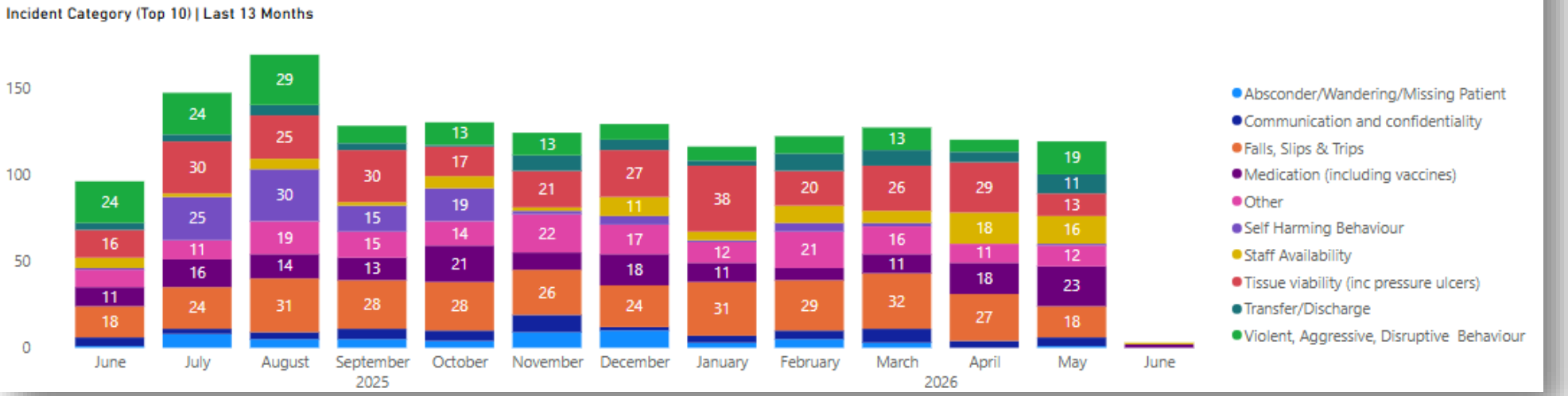
In May 2026 we have seen a slight reduction in incidents raised overall. Mid Argyll in particular has experienced less as a result of alterations in patients within the Succoth Ward, where there are no longer particular patients driving a higher number of cases related to mental health related incidents.

Incidents relating to Oban appear consistent and with a reduction also observed in Helensburgh.

In May we have seen a reduction in specific areas such as Tissue Viability 'other'

On review of other we are seeing a number directed towards estates and IT matters which relate to Cowal & Bute and issues experiences with facilities issues, such as broken lifts etc..





Argyll & Bute
Adverse Events | Aug 2026

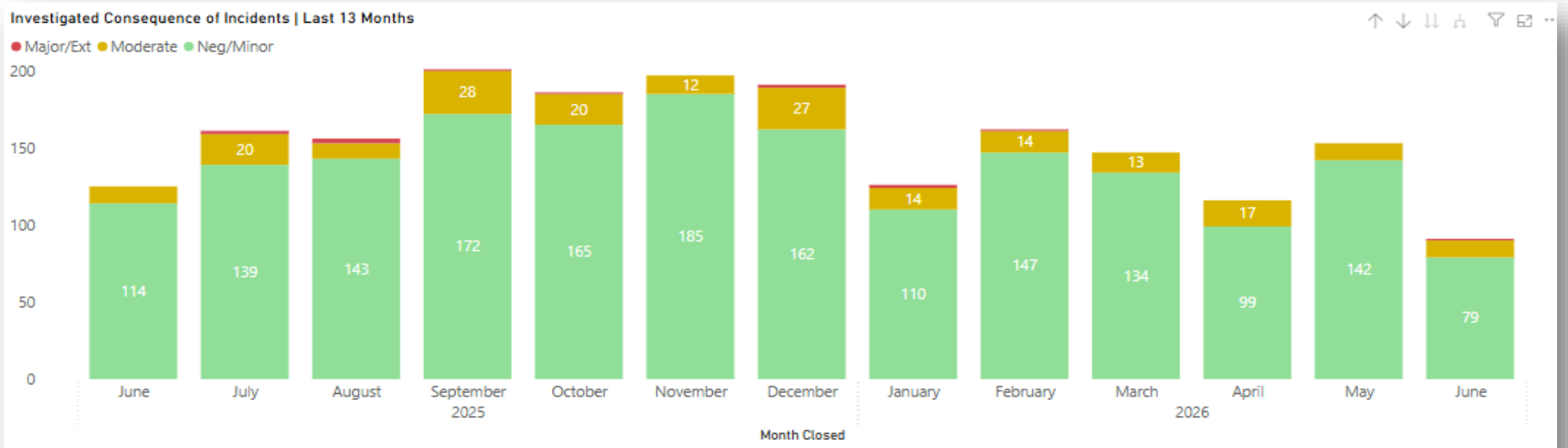
Data correct as of 17/07/2026

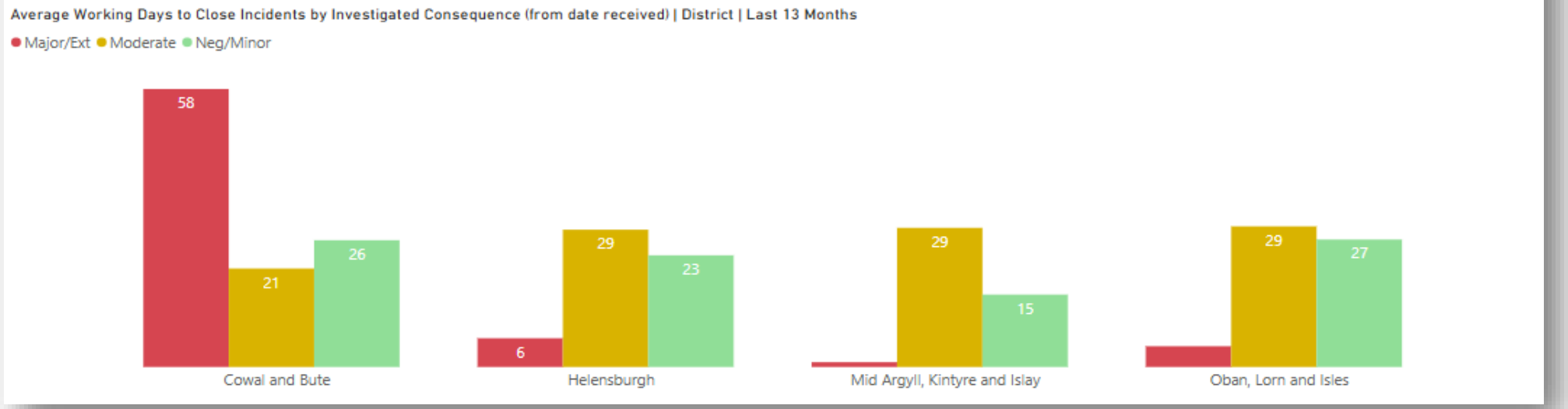
We are still observing a higher quantity of negligible and minor incidents, with few Major and Extreme and consistent volume of moderate.

The message of updating and reviewing of incidents is being continuously raised in bi-weekly QPS forums.

There is work underway to transition to Healthcare Guardian (the new incident reporting mechanism) and this will impact the view of cases reported until full embedded system is in place.

Focus is being applied to Major / Extreme related incidents, and those impacted are mostly associated with Case Review / SAER activity and as such reflect in the average days open. This activity is being closely monitored by the Clinical Governance Teams.





Argyll & Bute
Inpatient Falls | Aug 2026

Data correct as of 17/07/2026

Inpatient falls have reduced over three consecutive months, demonstrating encouraging progress, although rates remain close to average, and continued focus is required to achieve the falls reduction target. Where falls occur, they are most often associated with a small number of highly complex patients.

Argyll & Bute
Inpatient Falls | Aug 2026

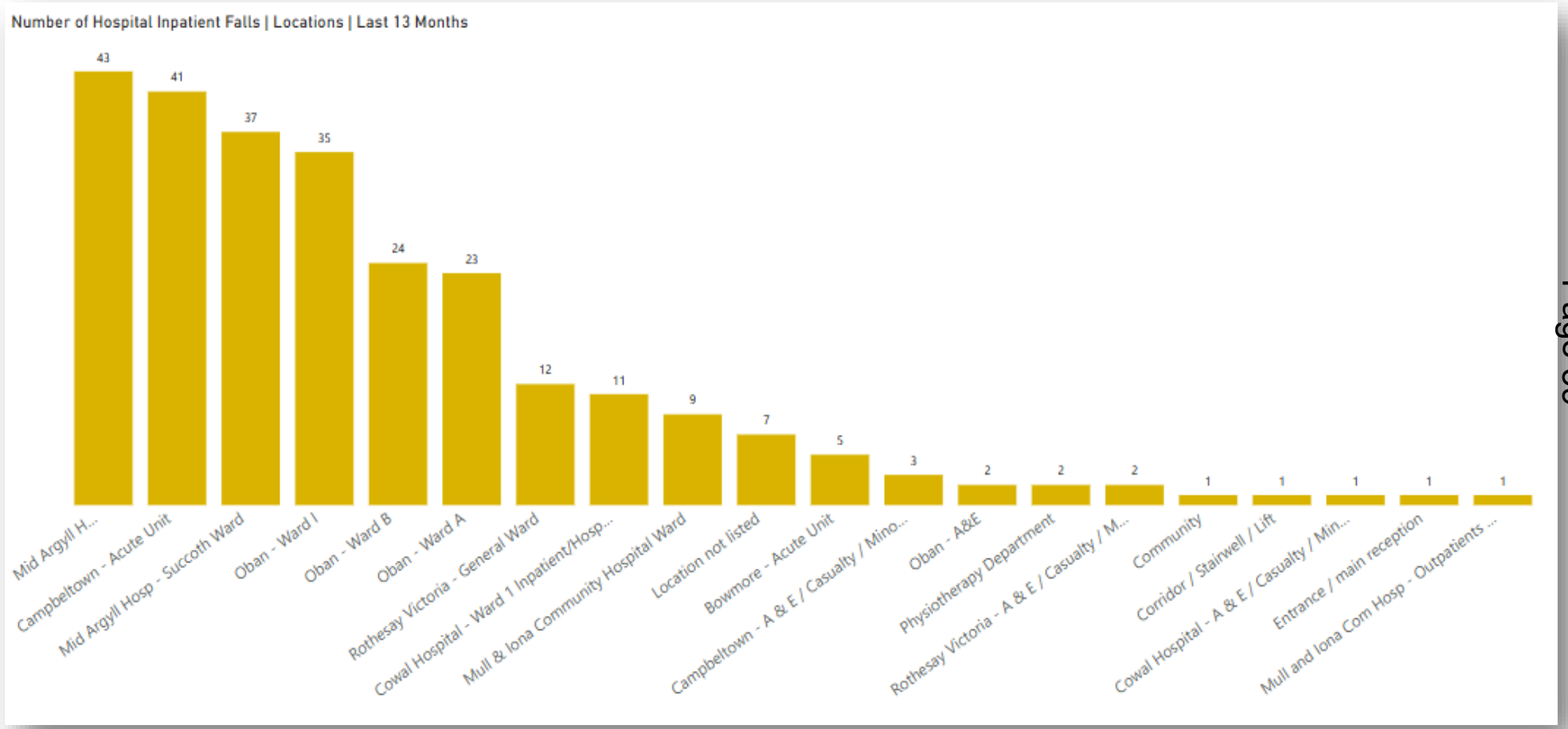
Data correct as of 17/07/2026

Highlighting falls prevention to staff remains a priority, through continued use of the *Safe Care Pause*. The Argyll & Bute Inpatient Falls Meeting continues to support shared learning and best practice, with key messages disseminated via the *Focus on Falls* graphic, which remains well received.

The Falls Lead has introduced monthly short educational sessions focused on specific falls-related topics to further strengthen staff knowledge and preventative practice.

Next steps:

- Maintain focus on staff engagement and Safe Care Pauses
- Continue monthly Falls Lead education sessions
- Falls lead to target interventions for patients with complex falls risk as appropriate
- Monitor trends to sustain and build on recent reductions



C'

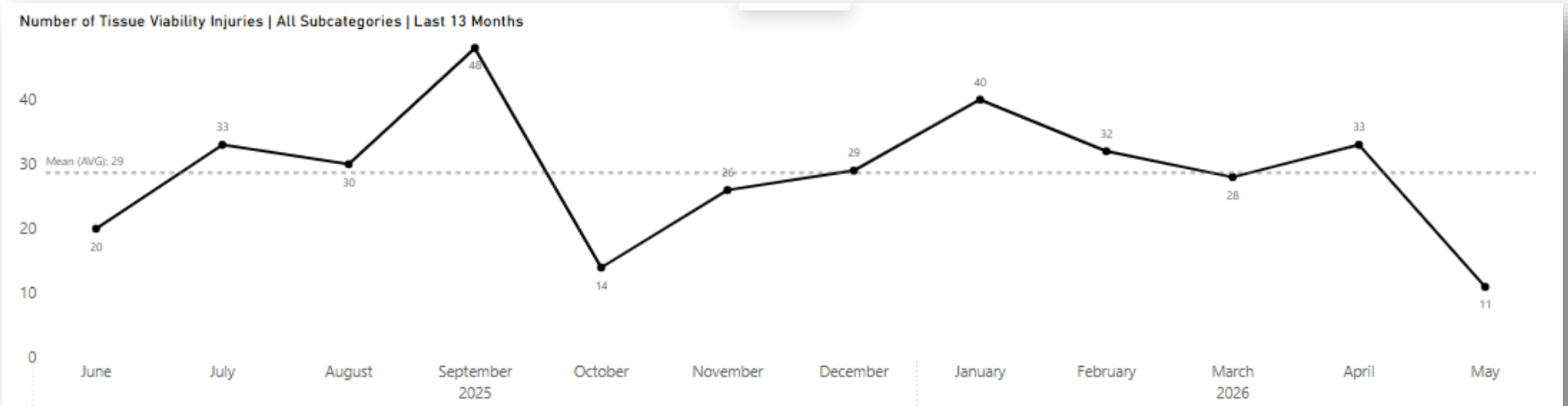
Argyll & Bute
Tissue Viability | Aug 2026

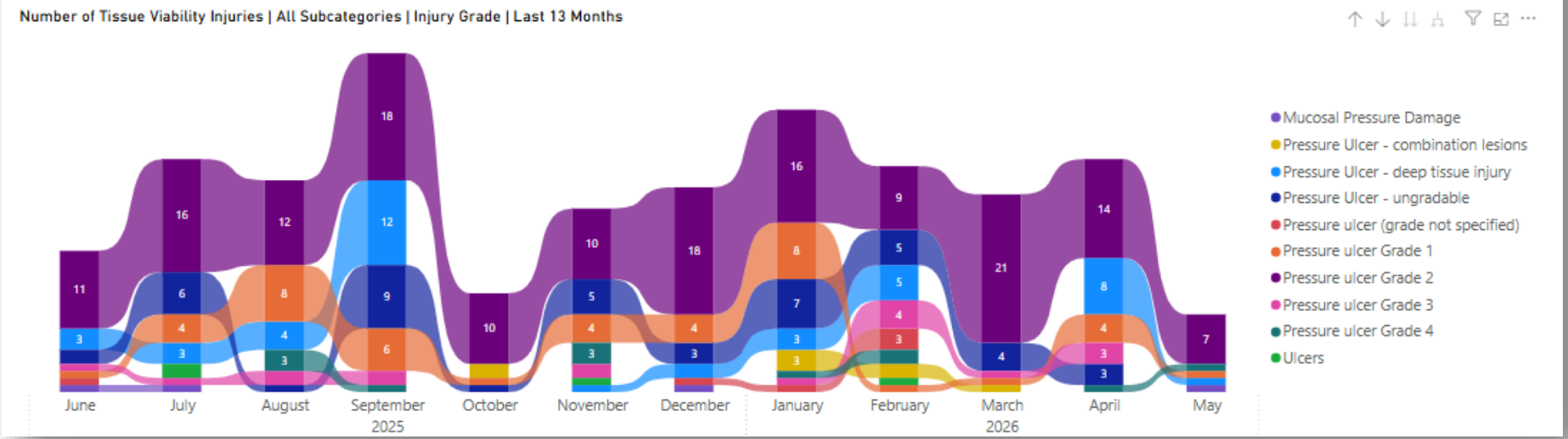
Data correct as of 17/07/2026

Grade 2 pressure ulcers continue to be most frequently reported pressure injuries. During reporting period, there has been a reduction across all reported grades, with very few higher-grade injuries recorded. This reflects use of early intervention measures and preventative strategies in reducing the occurrence and progression of pressure injuries.
The pressure injuries reported continue to reflect the frailty and vulnerability of patients within the community setting, highlighting the ongoing need for proactive risk assessment and prevention.

Contributory factors continue to be:
- Frailty
- Immobility
- Acute illness
-End of Life
-Device related
-Fall with a Long Lie

An incident considered at the Review & Decide Group within the reporting period identified the following learning: timely updating of written notes by care at home staff, especially when multiple carers involved (audit of notes needed for assurance purposes), any concerns re TV to be escalated to DNs quickly and adequate moving and handling/repositioning training to be provided to all carers. Duty of Candour criteria met but unintentional harm linked to care transition. Moving forward focus on organisational learning and service improvement.





Argyll & Bute
Tissue Viability | Aug 2026

Data correct as of 17/07/2026

Improvement work underway:
VIP Pathway and CRP for Feet (mandatory nursing assessment of feet for neuropathy) - joint initiative with A&B TV and podiatry Pathway - for re-launch end of 2026.

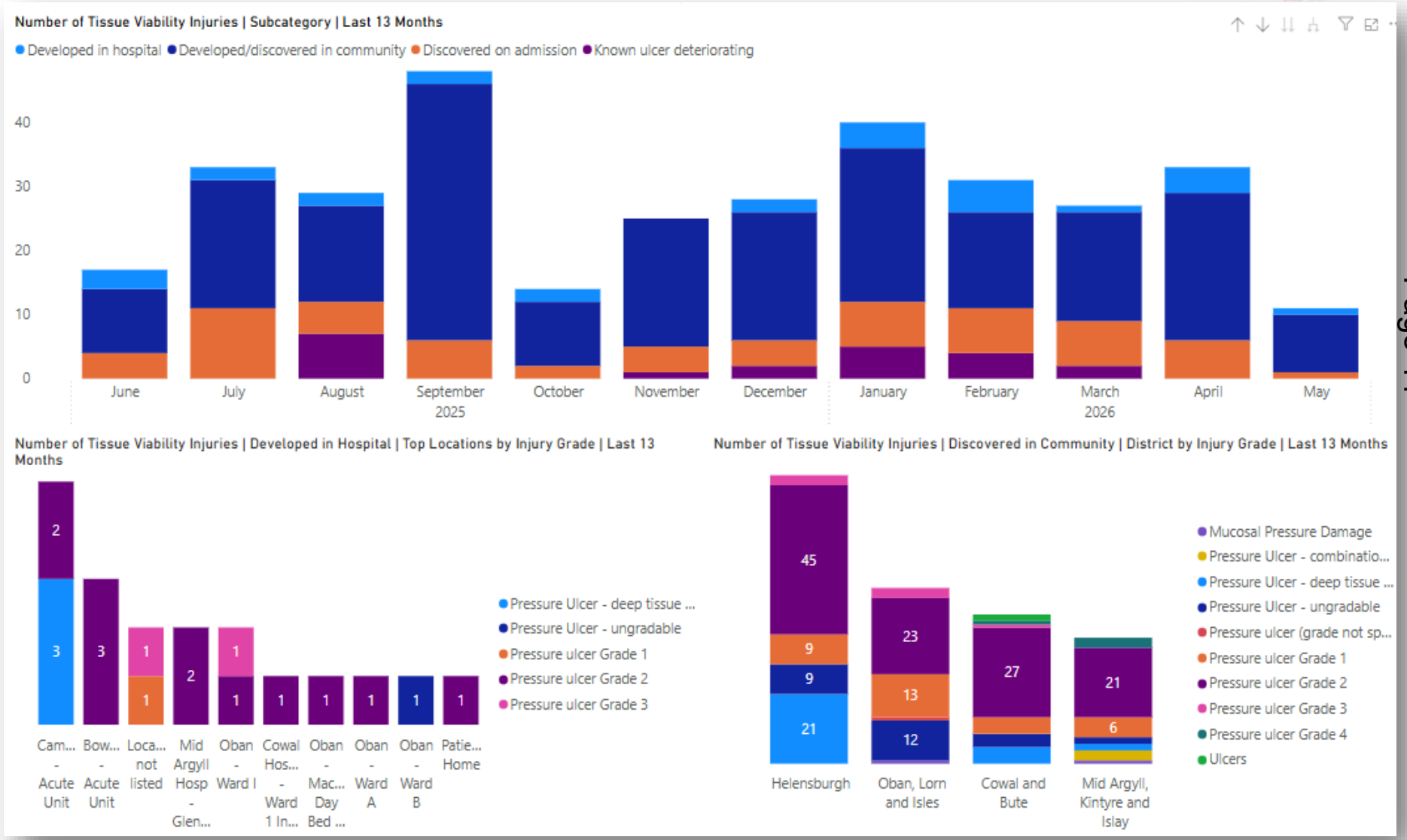
Leg ulcer wound pathway development between A&B and GG&C nearly finalised- aims to improve early intervention and vascular referral processes.

Joint TV/DN QI Project (SIFS)
- Aim: Improve implementation of immediate and necessary care in line with the Scottish Venous Leg Ulcer National Pathway.
- Intervention: Introduction of a Venous Leg Ulcer Grab Bag containing essential equipment and resources for staff.
- Outcome: Improved access to required products, increased compliance with the pathway, greater staff confidence, and more consistent delivery of evidence-based care for patients with venous leg ulcers.

A&B TV collaborative QI Skin Tear Prevention Project with an Argyll & Bute care home. The project's success resulted in the organisation implementing the preventative Skin Tear Grab Box across all of its care homes, embedding best practice in skin tear prevention and supporting improved resident outcomes.

Sharp Debridement SOP in final stages of development– aim to clarify remit and scope of practice when undertaking this procedure.

A&B enhanced Risk Assessment for frail, low weight, bed bound patients who require a high spec mattress being considered for roll-out across NHSH North.



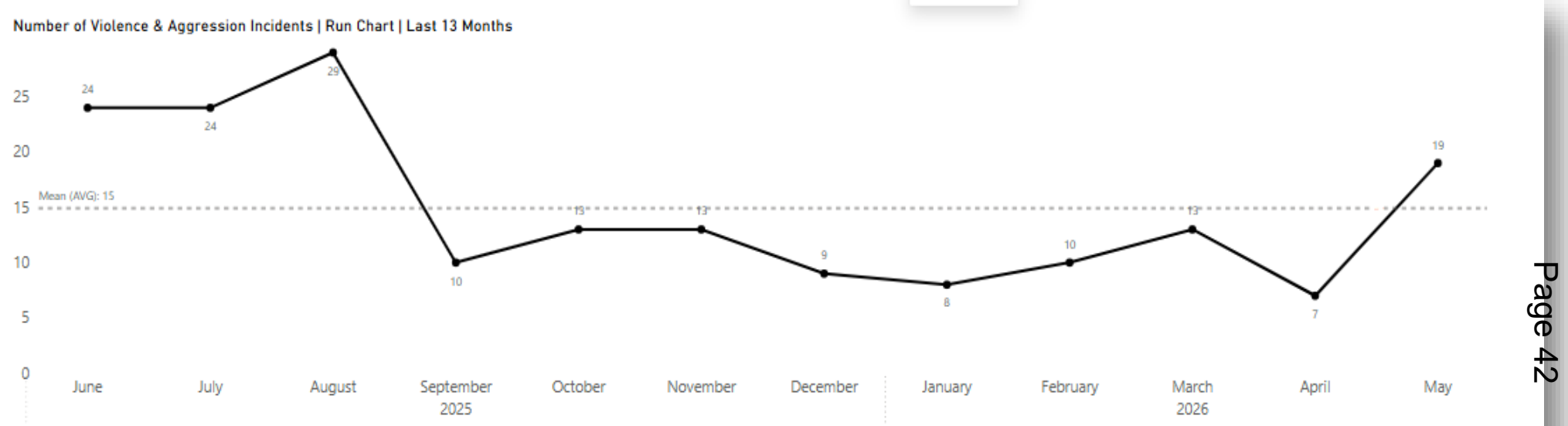
Argyll & Bute
Violence & Aggression | Aug 2026

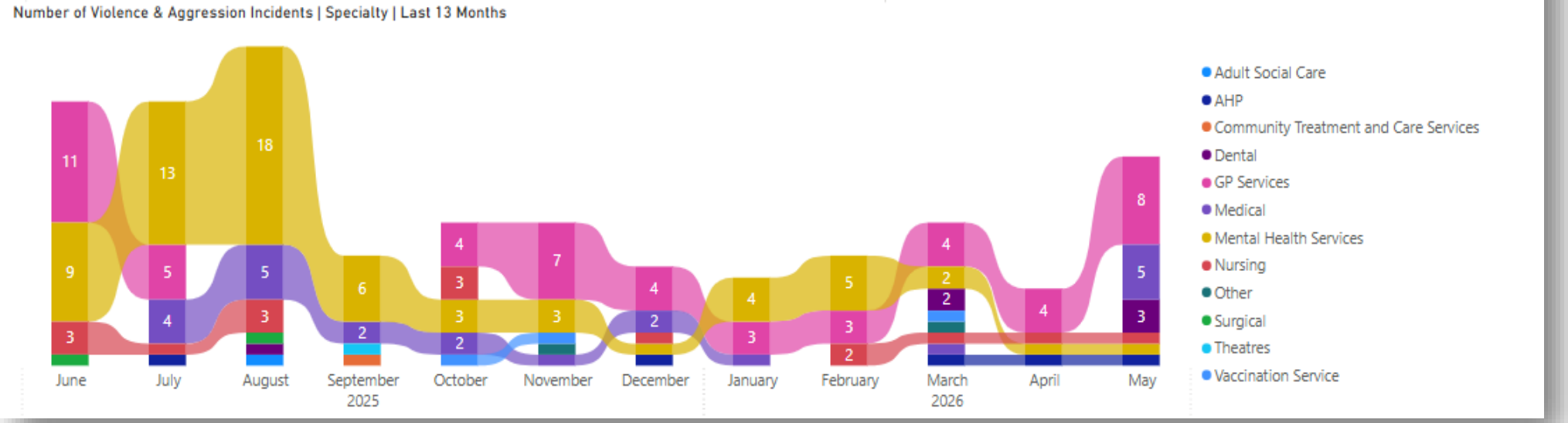
Data correct as of 17/07/2026

There has been an overall decrease on average of V&A incidents raised. The volume does reflect an increase in May 2026.

What has been observed is a focused area of V&A matters relating CTAC services and patients interactions with staff within this area.

There continues to be a significant drop in matters relating to Mental Health and Succoth Ward due to a different patient type currently in the ward. What was V&A matters have altered to Slips, Trips Falls and dementia related patients.





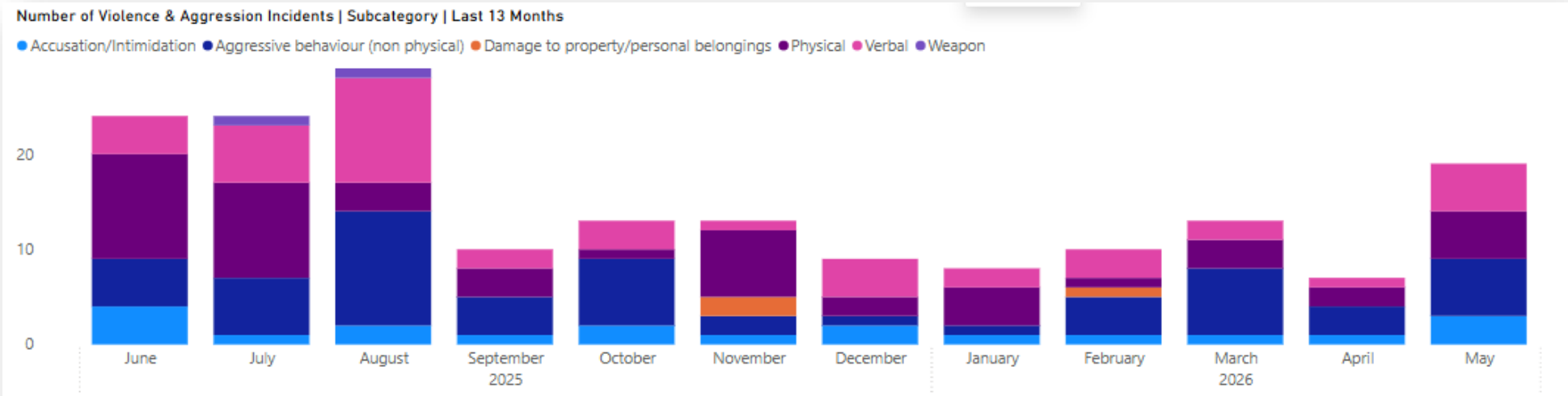
Argyll & Bute
Violence & Aggression | Aug 2026

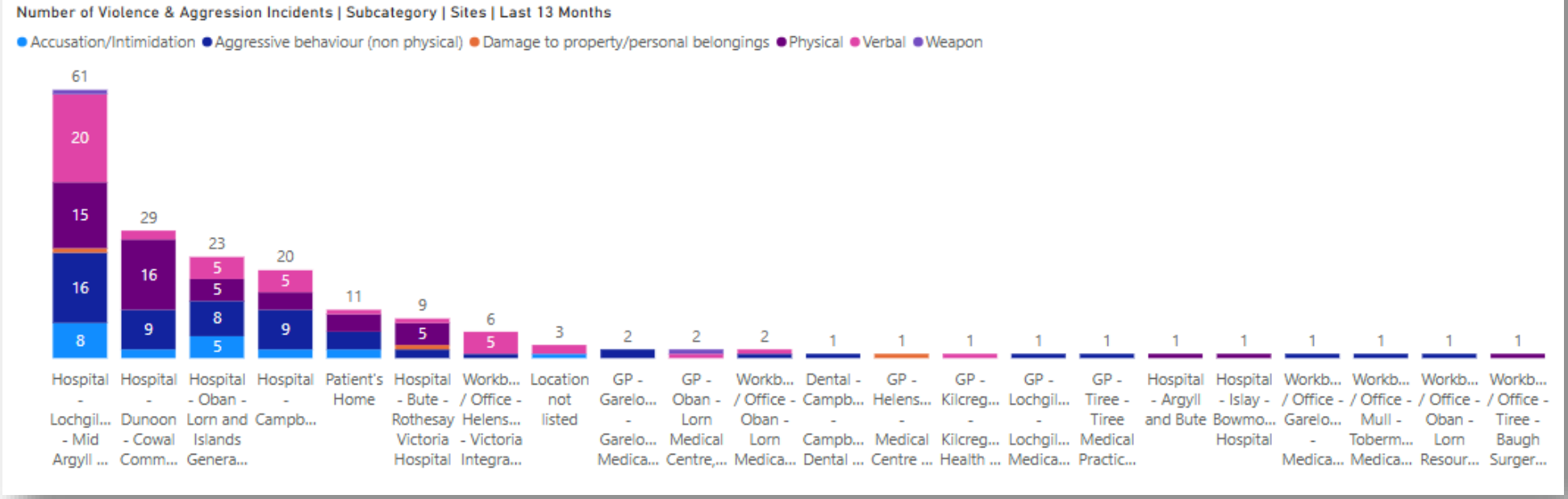
Data correct as of 17/07/2026

There was a sharp increase in violent/ aggressive adverse events between April and May this year. The breakdown per Hospital/ Area is as follows:

Cowal Community Hospital - 6
Campbeltown Out-patients - 4
Mid Argyll Hospital - 3
Dental Unit - 3
Rothesay (Victoria) Hospital - 2
Campbeltown Hospital - 2
Patient's Home - 2
Office/ Base - 2
Health Centre – 1

V&A Training has been scheduled a year in advance to support with mental health refreshers and to support operational impacts to be kept to a minimum.



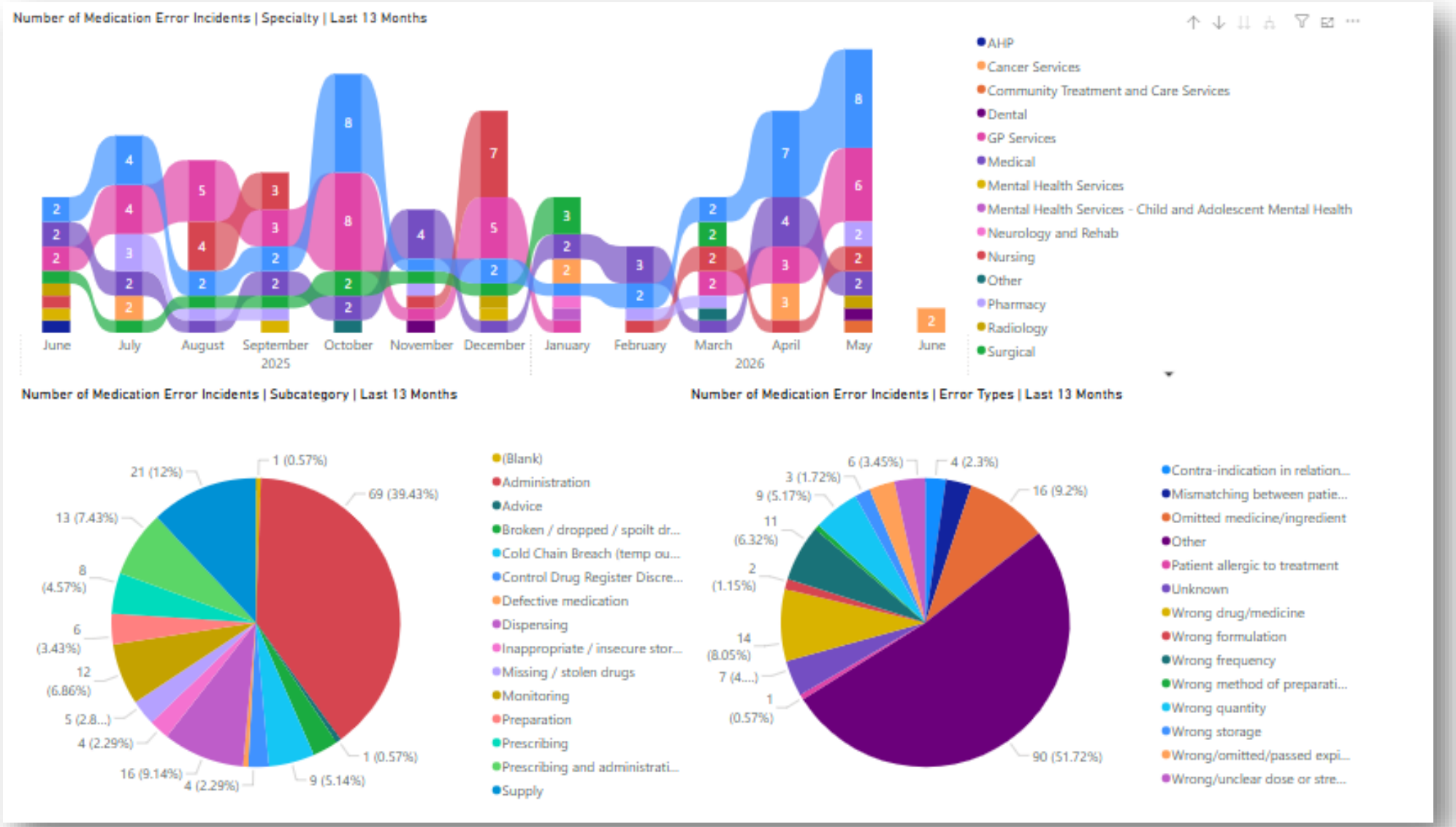


Argyll & Bute
Medication Errors | Aug 2026

Data correct as of 17/07/2026

Medication error reporting is still an area of need for focus and deep dive, with 'other' category still significantly high.

HEPMA has now been introduced into the Acute setting in Oban, and although this is the case, there are still high administration errors which are identified through pharmacy regularly.



Argyll & Bute
Medication Errors | Aug 2026

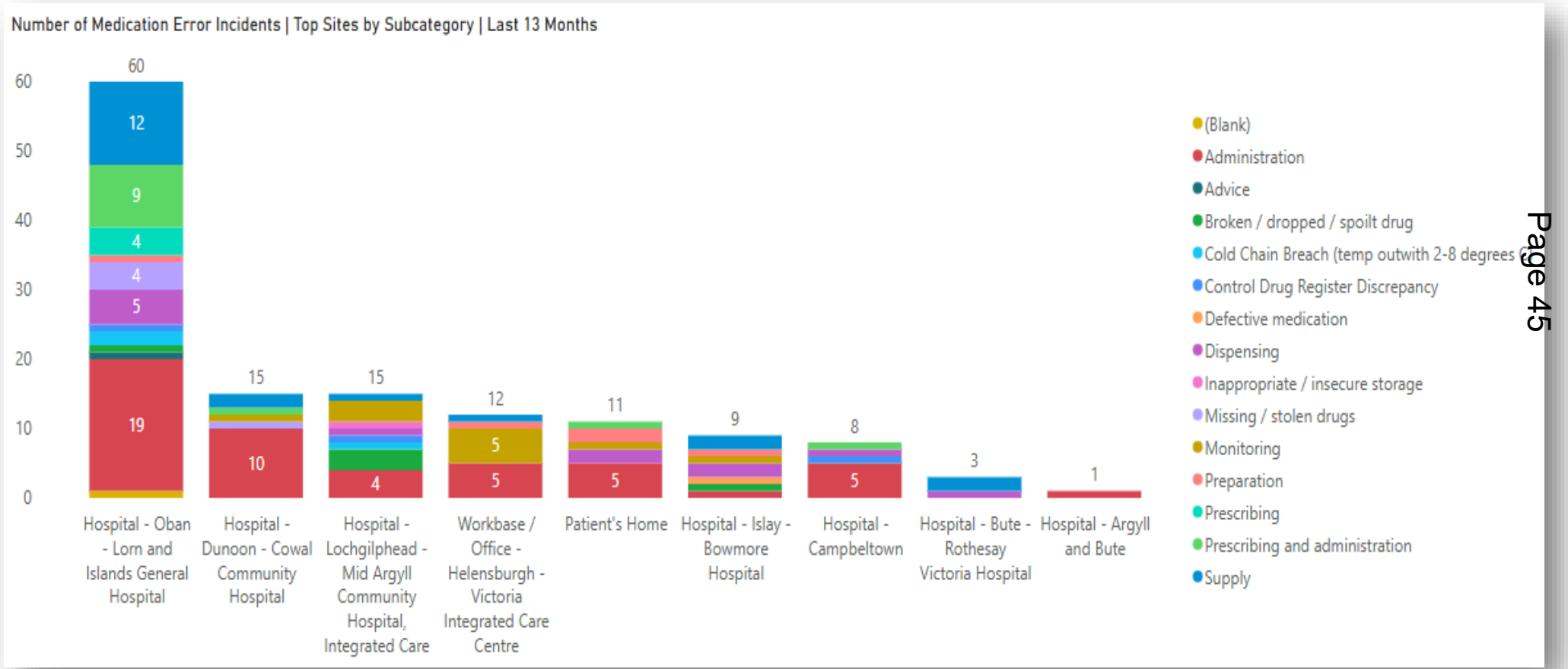
Data correct as of 17/07/2026

An action which came from the deep dive in Oban, pre HEPMA introduction, was the setting up of a medications error sub meeting.

This is still on the agenda, and due to staffing pressures, has not been put into action at this time.

A Lead Pharmacist post in Oban is currently vacant and this is a priority of the service to address this need.

A recent SBAR has been requested in Oban relating to prescribing, and it is expected a review will support continuous learning in Oban.



This page is intentionally left blank