

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 07th March 2023 via TEAMS**

Members Present

Jane Haswell	Chair
Colin Campbell	Non-Executive Director & Chair of Audit Committee
Joe Higgins	Non-Executive Director & Whistleblowing Champion
Lincoln Carroll	Non-Executive Director & IJB Representative
Kathy Hubbard	Non-Executive Director
Bruce McCulloch	Chair of Area Partnership Forum (APF)

In attendance

Kirsty Brightwell	Medical Director & Joint Executive Lead
Kathleen Carolan	Director of Nursing and Acute Services & Joint Executive Lead
Susan Laidlaw	Director of Public Health
Colin Marsland	Director of Finance
Brian Chittick	Chief Officer of the Integrated Joint Board
Edna Mary Watson	Chief Nurse (Corporate)
Mary Marsland	Committee Administrator

Contribution to Agenda

Carolyn Hand	Corporate Services Manager (Agenda Item 19 only)
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1 Apologies

Apologies for absence were received on behalf of Amanda McDermott, Chair of Areas Clinical Forum (ACF) and Michelle Hankin, Clinical Governance and Risk Team Leader.

It was noted the meeting was being recorded for minute purposes.

The Chair stated it was helpful and appropriate to capture the level of detail from the clinical discussions held, within the minutes. Whilst acknowledging the time taken to produce the minutes, it does support the committee to ascertain the assurance levels it seeks.

2 Declaration(s) of Interest

The Chair noted, any declarations of interest could be taken at any point throughout the meeting, should they arise.

3 Approve the draft minutes of the meeting held on 06th December 2022

There were no points of accuracy raised, therefore the committee were happy to approve the draft minutes.

4 Matters arising from the minutes

As above

The Chair noted with a full agenda and one or two members needing to leave early, it would be useful to concentrate on questions that would help the committee formulate their decisions.

To help support the management of a large agenda, there was the option for members to email questions following the meeting, which should be directed to the committee as a whole.

5 **Review of Action Tracker**

Kirsty Brightwell gave the committee an update in regards to the Hospital Transfusion Committee (HTC), where it was noted, no HTC meetings had taken place since last June, however one is scheduled within the next couple of weeks.

Gaps around Management and Leadership within Labs remains, with no progress to date.

Key Performance Indicators (KPIs) rejected samples are at 6.5%, and should be under 5%, this is still an outstanding issue.

The Chair requested an update be sent around to the committee informing them if the meeting did go ahead – **ACTION KB**

Colin Campbell enquired if there was an update around Action Tracker Number 12 – Workforce Assurance, and if further thought had been given as to which committee this would be best placed?

The Chair noted this was incorporated within the Risk Management Report further on within the agenda, where more detail would be given. Therefore it was agreed to consider at that point, and update the action tracker following that report.

Kirsty Brightwell recapped the purpose of discussion of papers was around assurance, with the assumption papers having been read in advance of the meeting, therefore enabling discussions to focus around assurances, being provided to the committee.

The Chair reiterated the committee were becoming familiarised with this new way of reporting, and were united in this new approach.

6 **Joint Governance Group (JGG) Approved Minutes 21st November 2022**

Edna Mary Watson gave a summary of key highlights from the minutes.

It was reported the JGG had an opportunity to discuss and review issues from across both the NHS Board and the Partnership, and was therefore a Comprehensive Level of assurance was being recommended from this particular report.

The Chair noted in terms of assurance, good representation of attendance had been shown, along with apologies noted, and enquired if the committee had any particular concerns around individual areas not being represented on a regular basis?

Edna Mary Watson confirmed there were no particular concerns.

Kathleen Carolan informed the committee previous discussions had disclosed there can be difficulties when setting the agenda, in regards to getting the right people in the room, in order to make sure the agenda is whole system. It had been suggested it would be helpful to have a conversation to include Edna Mary Watson and Denise Morgan around agenda setting, whilst reflecting on what the JGG is for so whole system conversations can be had, it is not about providing whole system assurance as there

are other ways of doing that, it is about balance, and how to get content onto the agenda at the outset.

The Chair summarised the discussion had highlighted areas of clarity in terms of assurance that the JGG is providing to the CGC rather than across partnership working. Therefore it was suggested a Moderate to Comprehensive assurance level be given at this stage. JGG suggested agenda developments will in time provide opportunity to review that level of assurance.

7 Operational Clinical Governance (OGG) 07th February 2023 - Matters for noting

Kirsty Brightwell gave the committee an update on discussions held, which had focussed around Excellence in Care, successful work around Attention Deficit Hyperactivity Disorder (ADHD), the TRiM Pathway which is close to being accepted and progress around Managed Clinical Network (MCN).

Flashcards from a number of groups were discussed. It was noted Flashcards are helpful to share across the system, as it gives a better understanding of the purpose of some of the groups, a better understanding of the evolution within the groups whilst increasing the reach.

It had been heartening to hear discussions held around the Clinical Governance Afternoons, which had been well received, and people really investing in the preparation.

Patient Safety Workarounds are once again operational, showing staff people do care. It was noted the meeting was well attended. A few apologies were received from Consultants which indicates the medical workforce is not as well represented as it could be. There was only one representative from Information Technology (IT) which could be an issue.

This would mean the assurance level would not be Comprehensive, however in terms of the depth and understanding that was had within the fruitful and useful discussions, Moderate to Comprehensive would be the appropriate assurance level.

Kathleen Carolan noted she had chaired the meeting and agreed with the assessment, however noted there had been attendance from Medical Staff it was Non Clinical Support Services which lacked representation which would have been helpful to have had them involved within some of the discussions held.

The committee were informed the TRiM Pathway had been approved at the meeting, which had been the only decision needing to be made. Occupational Health are taking the lead on making sure it is implemented.

The Chair thought it would be a useful exercise and wondered if it would be possible once the minutes are approved, if they could be circulated to other committees, which would then feed into other Board meetings or Board discussions.

It was noted at its previous meeting, the committee had set the assurance level at Moderate to Comprehensive, therefore it was agreed for consistency, to stay with that same assurance level.

8 Clinical Effectiveness Quarterly Report from Joint Governance Group (JGG) – Q3 01st October – 31 December 2022

Edna Mary Watson noted this was a standard report, and highlighted areas of interest to the committee.

Of note, despite workload challenges in this quarter there has been progress with the National Scottish Safety Patient Programme in particular: Falls, Deteriorating Patients and Paediatric Measures.

As requested, the effectiveness report has been edited to focus more on making sure outputs from all audit activity are included, as a result the grid presented reflects activity within the current year.

The Clinical Governance team will start visits with department heads from April, which will help prioritise audit and service improvement over the next year, and therefore a plan for the deliverable priorities.

It was reported the Clinical Governance Team Leader is establishing small working groups so the clinical workforce are up to date with national guidelines eg and new processes around the way information is gathered for hip fractures.

It was suggested this report offers the committee a Comprehensive Level of Assurance on the range of subjects being looked at and the level of activity being undertaken within the organisation.

Kirsty Brightwell stated Executive Management Team (EMT) are engaged in discussions about QI resource capacity requirements for the organisation. Whilst no decision has been made, work continues through the CGI process.

It was noted capacity beyond firefighting is limited, therefore quality improvement becomes deprioritised.

It was felt a good discussion was had including the Scottish Improvement Leader Programme. There may be a difficulty in identifying the right people to train for the programmes from a wider workforce perspective. There is one place a year which is hard to come by and thought is required around where is the best return for investment.

Discussion was held around communication of new guidelines (section 231). Joe Higgins asked about assurance of implementing new guidelines and directions, and suggested there maybe “calls to action.” Whilst the newsletter is a communication aid Dr Brightwell stated the Clinical Governance Team are actively visiting services, highlighting and continuing questions around what the Team can do.

Ms Watson noted Clinical Governance presence at the Governance Departmental meetings for those individual services, is an opportunity to have conversations, check on progress and offer support if required.

Kathleen Carolan noted within the body of the report work is to be undertaken to map where people may present at the Excellence in Care Awards and how the Governance Team would get involved within that process earlier, in terms of understanding where improvement work resulting in change is happening within the organisation. At the last Clinical Pathways Group meeting a presentation was received by Kath Coull, Respiratory Lead and Advanced Practitioner within Primary Care, which described an early piece of work she is undertaking around creating a screening hub for patients across Shetland who need COPD screening in the form of respiratory which would be

a good topic to be put forward for the Excellence in Care Awards. It was felt an offline conversation with the Clinical Governance Team was required to make sure they had access to the presentations from the Clinical Pathway discussions.

It was felt this is a good way of getting upstream and noticing those pieces of work in their earlier stage.

The Chair noted there is a lot of 100% coming through within regular patient feedbacks and enquired if the right questions were being asked, and if a review of questions was needed. It was also questioned if there are other areas of patient experience across the whole system, and where is it reported to? – **ACTION** For the committee to explore at a future meeting if it is satisfied the right questions are being asked?

It was recommended the report is providing a Moderate Level of Assurance with a need to provide the story of how assurance has been reached, as well as the evidence in terms of adverse event reporting.

9 **Adverse Event Report – Q3 01st October – 31 December 2022**

Edna Mary Watson noted this was a standard report with the format aligning to the national learning from adverse event framework which requires the reporting on a range of factors, indicating where there maybe issues of concern.

Ms Watson noted the report was providing a Comprehensive Level of Assurance against all reporting factors. However there is an area around risk which could reduce the Level of Assurance to Moderate.

It was reported both Internal and External Auditors had made enquiries in regards to the risk register and the up-to-datedness of some of the risks. The team looked into these and will be taking this forward to the Risk Management Group (RMG) meeting next week where it will be discussed with the Executive Management Team (EMT). It was noted the prompt for both Auditors had made the team look more closely at the risk register, identifying ways in which it can be improved.

Joe Higgins noted the number of documented lesson learned was not high, and wondered what the expected figure should be, if looking to have an improvement culture?

Mr Higgins further stated the report implied there was no Category One in Q4, however the following paper suggests there may have been such a case.

Ms Watson responded in terms of lessons learned it was agreed numbers are low, however from the national review from learning from adverse events framework currently being undertaken, it would seem numbers are average and are the same levels as other Board areas across Scotland. The local aim is to provide more support directly back to the incident handler to ensure they do consider lessons learned whilst helping them to develop a generic lessons learned summary so it can be shared across the organisation. It was noted this needs to be the focus going forward.

From the service review it was established the corporate newsletter would be a route to share messages, with the team providing brief summaries of key occurrences and where lessons have been learned, that may be applicable across the organisation.

Ms Watson reported there is a Level 1 SEAR being investigated, however would need to go back to the DATIX to check the date on when that was reported, it maybe that it was within Quarter4, rather than this report which is to the end of December, with the

actual incident occurring in January – **ACTION EMW** to look off line and confirm to the committee.

Mr Higgins noted within the report, it had been made clear departmental support will be given from the team in terms of DATIX support, and questioned if figures coming from DATIX were artificially low, and question if the reality was better, and that people weren't closing off the data item within the system?

Ms Watson noted this was correct in terms of actual managing of the incident and investigation, and getting it to a conclusion. There are managers who have not updated the DATIX system, however the team are endeavouring to pursue people in a more timely way to close off incidents within the system.

Colin Campbell noted in terms of confidentiality, it was reassuring for the Board to see there were no issues of concern.

Mr Campbell noted in terms of timescale compliance there seemed to be deterioration and questioned what the problem was, and what were the corrective actions being undertaken?

Ms Watson noted there had been a discussion at Hospital Management Team and JGG around the ability to address adverse events within the timeframes. People clearly felt it was clinical pressures making it difficult to engage, especially the level 3 investigations, which gives ten days from the time of the report for the investigation to be concluded. Discussion had also taken place within the acute sector around the number of adverse events sitting open within the timeframe. It was felt there was an understanding pressures on staff indicated things were getting actioned, but that they were not being documented and closed off in a timely way. It was felt following conversations the profile had been raised or that people are now more aware they must record within the system what has been done, as there does seem to have been an improvement in terms of people getting through the documented process.

The Chair noted the next RMG was being undertaken in March where this should be added for discussion.

Kirsty Brightwell added in terms of assurance caveats had been given around it not being a Comprehensive Level due to the risks, the review and how up to date the risks are, however having a plan of action in place gives good assurance, therefore the committee agreed to a Moderate Level of Assurance.

10 **Quality Score Card incorporating the QMPLE Report**

Kathleen Carolan noted this was a regular standing item for the committee which was not appreciably different to the one seen at the February Board.

The committee were sighted on aspects of the report with context given around Excellence in Care. It was noted a detailed overview of data was given at the OCGG with some of this being reflected within the report with the origins of the Quality Improvement Programme coming from the Vale of Leven inquiry which concluded the need for consistency in the collation of data about fundamentals of care.

From discussion at OCGG the need to triangulate data collection with some of the quality assurance at the bedside techniques. How to reinstate a Care Assurance Process undertaken in real time with patients is being looked into and will augment the Excellence in Care Assurance Process.

It was reported there are lots of other types of patient experience data not being included within the context of the CGC papers. It was suggested a conversation be held off line, between Kathleen Carolan, Kirsty Brightwell and Edna Mary Watson, amongst others, to look at developing a report or an appendices around care experience.

Ms Carolan reflected on the context within which care and health and care is being delivered at present which has been challenging over the last four months, yet despite that the Board is one of the few that has continued to undertake audits, submit data nationally for care and other pieces of work, showing that staff are going that extra mile to keep services safe, whilst demonstrating where the Board is in terms of quality and safety. It was reported, having that focus on quality is really important however, understanding the context within which the Board is delivering health and care, needs to be noted too.

It was reported there was a gap around take home medicines, with a multidisciplinary team discussion focussing on the root cause which is being addressed.

It was noted Shetland Maternity will be part of a national piece of work securing data around women's care experience within the Boards maternity and obstetrics services. It was reported the resuscitation data is still lacking with the Resuscitation Officer post now out to advert. It is hoped this will attract somebody with the right skill set.

It was noted there was a slight increase in the trend around falls and the reasons why explained. It was felt this will be something that will be picked up within the Frailty MSN as it gathers momentum.

Ms Carolan concluded her update, noting these were issues perhaps not captured at Board in any great detail, but were worth noting.

The Chair noted her support in regards to the capturing the patient experience data, noting it highlights the focus and shows assurance to the committee.

Lincoln Carroll noted the good work being undertaken around pressure ulcers which was good to see, and that he felt assured staff on the wards are working hard.

Mr Carroll also noted it was good to hear there was a plan in place around take home medicines.

Joe Higgins noted a matrix not seen within the quality reports is avoidable patient recalls, which he thought would be of interest to this committee and questioned if it should be included within the report.

Ms Carolan informed the committee if there was a need for any recalls, they would be brought to the committee's attention in their own right as required. It was noted a previous event was reported through the committee at each stage of investigation. It was understood re-admission rate data sits within the Performance Report for Board and not typically within the Scorecard

Susan Laidlaw informed the committee this happens not infrequently within screening. There is currently a National Audit around Cervical Screening which has been presented to JGG and will come through to this committee at some stage.

Kirsty Brightwell added there are multiple different ways in which this could happen, another being the organisational Duty of Candour (DoC) which would become effective if somebody needed to have prolonged treatment due to error, if something had been

missed or if something had been performed which shouldn't have, and would be another route whereby this committee would see the journey and the loop around learning. It was thought this maybe something to evolve within the paper presented and the assurance given.

Ms Brightwell stated the committee had noted the work that had gone into identifying gaps and how more information is brought to the committee providing additional assurance. It was felt this is a Comprehensive Level of assurance.

Ms Carolan noted a lot of data within the report is acute focussed as there is a lot of national emphasis on quality improvement programmes in regards to acute and specialist services. Written within the body of the cover sheet is this is a Moderate to Comprehensive Level of Assurance in terms of its outlook, there is other data set in other places that isn't accessible and therefore is not covered within the report.

It was noted there is a lot of work around quality clusters in primary care which is not included within the report, it is assumed that data is presented to the IJB Audit Committee as part of its route for quality care assurance.

Brian Chittick reported the IJB are about to review its Terms of Reference (ToR) within the new financial year and has expanded its role around the assurance it provides for delegated services and where its role lies within the governance process. Traditionally the IJBs role had been around financial scrutiny, however its role is now expanding in lieu of governance and assurance within integration without a Clinical Care and Governance Group at present. It was stated this can be taken forward and factored into the Business Plan for the Audit Committee which would be easy to facilitate.

The Chair noted this is a Quality Score Card, but of what? It maybe that the title of the report needs to change making it easier to include assurances from other areas but what is it this committee is looking at "of what". It was felt this would be helpful from the committee's point of view

The committee agreed to a Moderate to Comprehensive Assurance Level.

The committee adjourned for a short recess.

11 **Whistleblowing Quarterly Report Q3 01st October – 31 December 2022**

Kirsty Brightwell noted details within the report highlighted one concern escalated through the whistleblowing process which revealed gaps and weaknesses within the process, which hadn't been previously tested.

It was reported this was a complicated case which was testing, and had given the realisation further work was required which the clinical governance team are working hard on, in the background, making sure processes are more streamlined.

Further work in regards to raising awareness had been recently undertaken and it is expected processes will be tested again.

It was felt the level of assurance should be assessed as Low as it was felt work needed to be taken back to the drawing board in some respects. Work is progressing and it is felt assurance will increase to a higher level soon.

Joe Higgins gave a synopsis in regards to approaches, expectations and training and agreed with the assessment given by Ms Brightwell, in that there is work to do both in terms of process and further promotion.

The Chair noted having the Confidential Contact Community is important and that they are being supported.

The committee agreed to a Low level of assurance and look forward to receiving the update at its next meeting.

12 **Approval of the Approved Medical Practitioners (AMP) List and Draft Process (CAMHS)**

Kirsty Brightwell reminded the committee this was a mandate from Scottish Government to appear on the agenda as a standing item and is the Section 22 approved Mental Health Practitioners.

At its last meeting, the committee were not assured as the process to include the CAMHS Consultant was not clear. There was request for the Mental Health Manager to provide a written process which has been completed and is included as appendix 2. There were also inaccuracies around training, and it was reported Scottish Government have requested a meeting with the Mental Health Manager to go through their expectations, as a result, there is further work to be done to make the process more slick and watertight.

It was noted this is a new ask and is quite difficult, however really important due to its legal process in which the Board are able to detain and release people under the mental health act, detention and short term certificates. Whilst this is work in progress, it was advised to keep the level of assurance as Moderate, in that the committee does have some assurance but it is not watertight as yet.

The Chair confirmed the committee agreed to Moderate assurance.

13 **CGC Workshop Action Plan update**

Edna Mary Watson reminded the committee the workshop took place this time last year where issues raised formulated the action plan which was signed off by the committee at its meeting in September.

It was noted the report provides an update on progress made to date, with most actions being completed, however there are a few outstanding actions which would be matters to take forward into the upcoming Workshop, the date of which is yet to be confirmed.

Due to dairy challenges, it is thought this will be within May.

Overall, good progress has been made and it was suggested the assurance level be Comprehensive as progress has been made.

Kathy Hubbard enquired if she should be receiving invites to OCGG and JGG meetings and were these invites for attendance to one meeting only to see how they function, or are they invites for regular attendance?

Ms Watson confirmed there is a list of meetings dates offered out to CGC members with a view they attend as many as they like but really with the perspective members attend an OCGG, then a JGG to see how those committees then feed into CGC which is part of induction and overall understanding of how the governance process around clinical governance works within the organisation. It was noted board members can attend any

of the meetings at any time, giving advance notice so Chairs of the committees are aware.

ACTION – EMW to circulate all CGC Members with a list of dates who are all welcomed to attend.

It was noted attendance does not just form part of induction, the thought is to try to create structure so members are clear, and can see the flow of activities through the different groups.

The Chair reported she had received comprehensive feedback in regards to the action plan and how useful the workshop had been.

The committee agreed on a Comprehensive assurance level.

14 **Clinical Governance Service Review**

Edna Mary Watson noted in line almost with the CGC coming along and having the workshop opportunity to see where the committee wanted to go, the paper presents the Clinical Governance Service Review which was conducted approximately three months after having come into post. The Chief Nurse Corporate was a new post established to bring together clinical governance care assurance activities, the healthcare staffing programme, and overall patient involvement and experience agenda.

Ms Watson gave an outline of the review.

It was noted based on feedback received, an action plan was devised and has been in place since May/June 2022 with progress being made in a number of areas. However bigger pieces of work have not progressed, and therefore a Comprehensive Level of assurance was recommended.

Recognising the number of delays were due to two significant gaps within the Team last year, notwithstanding, it was felt good progress has been made, with a plan in place to address the outstanding actions, which hope to be finalised within the next eight weeks. The committee were informed the plan had been developed and shared through OCGG and JGG, and was anticipated, everyone within the organisation had had the chance to contribute their issues, thoughts and views on the service. These were reflected within the action plan and it was noted there had been no feedback received stating the team had misunderstood or had missed any points made.

Joe Higgins noted the team have been asked to undertake a lot of work and questioned if the size of the team and the dynamics was adequate?

Ms Watson informed the committee one of the actions within the plan is to put forward a proposal for a slight restructure within the team, the plan of which was highlighted to the committee.

Discussion ensued around small teams, capacity, support and the need to look at workforce. It was felt this was not just a Board issue but a Shetland wide problem in recruiting administration staff.

The Chair noted not all reports coming through the committee needed assuring and thought this report was additional information to assurance received previously.

Kirsty Brightwell noted the committee are assured in that the clinical governance team is actively reviewing itself and supporting this committee in terms of its function of assurance, which is helpful for the Board to know.

The Chair stated this would be noted within the Decision Note that supports the Board and would be a way of managing the reporting.

15 Approval Clinical Governance Committee Annual Report 2022 – 2023

The Chair noted this had been brought to the previous meeting and is presented again for any suggestions for additions or comment.

There were no comments forthcoming, therefore the report was approved.

16 CGC Strategic Risk Report

Edna Mary Watson reported there had been some questioning from both Internal and External Audit in regards to some of the risks, in particular the up-to-datedness.

It was noted SR01 was overdue for review and was raised by Internal Audit which has now been reviewed and will be discussed at the Risk Management Group (RMG) taking place next week.

It was noted the risk score for SR02, Finance Risk, SR13, Access to Services, and SR16, COVID Outbreaks had increased and the reasons as to why were explained.

It was noted there had been no change to any of the risk responses and risk SR05 showing as closed.

Susan Laidlaw reported there could be significant changes to SR16 COVID Outbreaks, as national changes around testing emerge.

Joe Higgins enquired if the SR02 Finance Risk was a statutory requirement to have a breakeven outturn and if so, was there a budget? Whilst adding, failure to recruit to key posts is a prime factor to risk manage, causing that particular risk to crystallise.

Colin Marsland reported the Board has to breakeven but also needs to deliver clinical services in a safe manor, it is the assumption quality costs money, which it does not, quality often saves money. As agreed at the recent Finance and Performance Committee (F&PC), this risk will now be managed by the Staff Governance Committee in terms of recruitment, with the assurance remaining with that committee.

Mr Higgins noted whilst not in disagreement, from a high level strategic perspective, the finance ask, is that a balanced budget is delivered. If this is perceived to be the case, one of the biggest problems facing the Board in fulfilling that, is recruitment and additional costs.

It was felt failure to recruit key posts is easier to understand in terms of what is crystallising and causing problems from a finance perspective. However failure to recruit key posts is a risk in itself, but it is a problem for the higher level risk of requirement, to deliver the budget.

Kirsty Brightwell noted primarily, there is a risk if the Board fails to make itself self-sustaining whilst meeting the budget. The way in which it is phrased becomes a workforce issue, which is already a risk, so could sit within the finance risk.

It was suggested this be taken to RMG to be discussed, as it is thought there is something around how mitigations and the way the risk is being addressed and actively managed as opposed to sitting it all within workforce.

Colin Campbell reported he was comfortable with RMG keeping the Strategic Risk Register aligned. It is dynamic document being worked on and refreshed at all times

and was highly assured the process is robust and effective, however a risk is only as secure and as safe as the mitigating actions put in place to help manage it. Mr Campbell suggested RMG think about a clearer and simpler way of presenting to the committee, current mitigating actions that are being taken in order to manage the risk. It is thought the excel spreadsheet comes across as too busy and clunky and would benefit being a word document, showing the mitigation action plan more clearly. The Chair noted reviewing the document at RMG was a logical suggestion - **ACTION** From discussions held, the committee agreed a Moderate Level of assurance.

17 CGI Workshop Update

Due to time constraints this item was not discussed.

18 Health and Care Staffing Programme update

Edna Mary Watson added the Health and Care Staffing paper is predominantly an update paper, however the ToR presented at the last CGC meeting for approval where then subsequently taken to Staff Governance Committee, where amendments were recommended and are included within the draft ToR. Therefore the committee were asked if they were content the points address the issues raised, in order to have final sign off?

Jo Higgins confirmed the points raised had been addressed.

The Chair therefore moved to approve the Staff Governance Committee Draft ToR.

19 NHS Complaints & Feedback Monitoring Report Q3 01st October – 31st December 2022

Carolyn Hand noted she understood the committee to be looking for a suggested level of assurance rather than a presentation of the report itself.

The committee was informed of an error within the report. It was stated there had been no complaints escalated to the Ombudsman in quarter three, when in fact, one had been escalated in November. This will be changed in the Q4 iteration to reflect correctly.

It was suggested levels of assurance be set at Moderate, although at its previous meeting the committee felt it was slightly stronger. Ms Hand felt the service can only go so far in reminding complaint investigators of deadlines and keeping complainants updated on progress. Capacity issues for investigators remain.

It was noted complaint handling processes are in line with good practice which is supported through external scrutiny reports, nonetheless the service is effectively one part time individual with an unpredictable workload which renders the service fragile. Given the need for compliance with the national procedure and the complexity in deciding the correct way to process different types of feedback, it is not straightforward for other colleagues to provide cover when required. Ways in which to provide capacity within Corporate Services and deliver training is proving futile at present.

The Feedback and Complaints post was one of the few posts where the previous post holder, moving towards retirement, had a period of double running due to the complexities and the different nuances around the types of complaint handling.

Ways in which to be able to spread the work throughout the team continues, however at present it was felt the assurance level be set at Moderate rather than anything stronger.

The Chair thanked Ms Hand for her report and noted it is in the context of the situation being worked under. Comments raised will be captured within the minutes which is an important part in terms of support, and for the committee to understand where those fragilities are sitting so it can support in terms of discussions elsewhere.

A short discussion ensued around investigation of concerns raised. It was noted details of concerns are included within the Annual Report rather than each quarterly report.

The committee accepted the level of assurance as Moderate.

20 **Population Health Survey Results**

Due to time constraints this was passed over.

21 **2023 – 2024 Clinical Governance Meeting Dates**

The 2023 – 2024 meetings are scheduled for 06th June 2023, 05th September 2023, 05th December 2023 and 05th March 2024. All meetings will commence at 09:30, virtually via TEAMS.

Colin Marsland, added under Any Other Competent Business (AOCB), a minor amendment was required within the CGCs (ToR). Stated within the current membership, it sites a Non-Executive Director as Chair (and member of the IJB). The CGC Chair no longer reports directly to the IJB following the disbandment of the Clinical Care & Professional Governance Committee (CCPGC), therefore the reference of being a member if the IJB needs to be removed.

The Chair approved the amendment – **ACTION**.

The Chair brought the meeting to a close, however the committee were invited to stay back for an informal reflection.