

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 12th September 2023 via TEAMS**

Members Present

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

In attendance

Kirsty Brightwell	Medical Director & Joint Executive Lead
Kathleen Carolan	Director of Nursing and Acute Services & Joint Executive Lead
Brian Chittick	Chief Executive Officer
Colin Marsland	Director of Finance
Susan Laidlaw	Director of Public Health
Michelle Hankin	Clinical Governance and Risk Team Leader
Edna Mary Watson	Chief Nurse (Corporate)
Mary Marsland	Committee Administrator

Contribution to Agenda

Anthony McDavitt	Director of Pharmacy (Agenda Items 8 & 22)
Janice Irvine	Senior Charge Midwife (Agenda Item 9)
Dawn Smith	Deputy Director of Acute Services (Agenda Item 16)
Carolyn Hand	Corporate Services Manager (Agenda Items 20 & 21)
Jacqueline Whitaker	Chief Midwife/Women's & Child Health Lead (Agenda Item 27)

1 Apologies

Apologies for absence were received on behalf of Amanda McDermott, Chair of Area Clinical Forum (ACF).

The Chair thanked all for their attendance.

It was noted two new agenda items had been incorporated into the agenda. Topics of Emerging Concern and Quality Update – Health Services delivered under the Partnership, presented by Jo Robinson, reporting on the quality of health specialisms delivered under the Partnership.

A brief recap on the purpose of the committee was received.

The Chair suggested any relevant written comments from within the TEAMS chat function, be appropriately incorporated into the relevant section of the minutes so as not to lose any useful content.

2 **Declaration(s) of Interest**

There were no declaration of interest to note, however 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 March 2023**

The minutes were approved as an accurate reflection of the meeting.

4 **Matters arising from the minutes**

There were no matters arising from the minutes.

5 **Review of Action Tracker**

Agenda Items 4, 8 and 10 – The Chair noted item 4 was more of an aspiration than an action. It was noted all three items are predominantly around the committee asking itself questions about developing, capturing and reporting patient feedback. The Chair proposed these could be closed unless there are specific ongoing actions that can be updated on.

Edna Mary Watson agreed these could be closed as they currently stand, noting work is underway to look at updating local patient feedback processes.

A review of the care assurance structure across the health board and partnership has been undertaken and it had been agreed to provide an annual report to the Joint Governance Group (JGG) of activity from the Collaborative Care Home Support Team (CCHST), going forward. Reports/updates should be received on activities undertaken within the next quarter.

It was agreed to close all three items.

Agenda Item 9 – The Chair questioned if the committee were able to achieve anything further as it had now been raised with the Risk Management Group (RMG).

Ms Watson noted this could be closed off as the clinical governance team had undertaken a stringent review of process, allowing for progress in terms of closing off data incidents according to time frame, which is reflected within the quarterly adverse event report.

It was agreed to close off due to activity being undertaken.

Agenda Item 16 – As above the Chair noted there is not much more to achieve from this committee's perspective.

Ms Hankin agreed, noting it is being considered and examined, with control gaps continuing to be monitored through adverse events.

It was agreed to close off due to activity being undertaken.

Agenda Item 7 – The Chair noted the JGG submission will come to this committee as of December with a proposed assurance, and can therefore be closed.

6 **Joint Governance Group (JGG) Approved Minutes 18th May 2023**

Ms Watson informed the committee she did not intend to give an update from 18th May as she has provided a verbal update at the CGCs previous meeting, which was captured within the June CGC minutes.

Key points covered from the 10th August JGG included:

- Healthier Futures activities
- The value of sharing across the partnership the Infection Prevention Control Framework and the assurance accountability document
- The value of having a session on Organisation Duty of Candour session between partnership managers/ team leaders and Kirsty Brightwell
- Ongoing organisational challenges with QI and the ability to take projects forward to completion
- The movement towards an agile governance approach for a temporary period of time
- The requirement of JGG and OCGG to supply a proposed level of assurance to CGC, and for OCGG to supply a paper to future CGC meetings rather than a verbal update – **ACTION KB/KC**.

The Chair stated it had been an excellent meeting with a range of items for discussion and thorough conversations had.

Mr McCulloch noted the meeting had been chaired well, with presenter's facilitating discussion which linked together, giving leadership to the presenters of papers. The chair echoed the comment adding it has been chaired by Kathleen Carolan and was collegiate and open.

In terms of an assurance rating, the committee agreed to a Moderate Level of assurance.

7 **Operational Clinical Governance Group (OCGG) 01st August 2023 - Matters for noting**

Ms Brightwell gave a detailed verbal account of topics covered at 01st August OCGG Meeting – *papers attached*



Merged OCGG Pack -
01 Aug 23.pdf

The Chair thanked Ms Brightwell for her update, noting the breadth of topics covered. Ms Carolan remarked her observation of the meeting was flashcards were being used more effectively than had previously, agreeing the meeting is now getting into its stride, noting the quality of the summary provided by the speakers helped to bring the flashcards alive. It was further remarked in terms of assurance, she had come away from the meeting feeling the areas of discussion had given more of a “whole system perspective” of works being undertaken.

Bruce McCulloch noted the excellent work led by Nova James, Team Leader for Community Nursing on the supported discharge pathways for COPD. Ms James had applied the tools, knowledge and learning gained from her undertaking of the Scottish Improvement Leaders Programme, putting them into practice.

The Chair noted the NEWS2 results had been reassuring however, enquired as to how well placed the Board was around Martha's Rule, giving patients and families a second opinion?

Ms Carolan noted Martha's Law has been the subject in recent Acute Leadership meetings along with implications of the Lucy Letby verdict. Discussions are ongoing into developing suitable positions across NHS Scotland

The Chair also queried Patient Track not being in use and asked if this was under consideration for inclusion within the digital strategy?

Brian Chittick acknowledged the point raised, stating it will be under consideration for potential inclusion.

Discussions were held around assurance with the committee agreeing to a "Moderate to Comprehensive" Level of assurance.

8 Dispensing Medicines from Unregulated Dispensaries Policy

Anthony McDavitt updated the committee on the objectives, key delivery and safety aspects of the policy, noting the policy had been widely consulted at previous relevant groups and has received their input and support.

The policy facilitates the provision of healthcare to remote and rural populations, paying particular attention to the non doctor islands. It also helps to create a framework around access to medicines where there are no prescribing professionals on some islands, making sure individuals have access to controlled medicines when needed.

The policy proposes shared accountability between the Medical Director and the Director of Pharmacy in how practices operate and responsibility for medicines. It allows continuation of procurement of controlled drugs, allowing practices to continue to operate safely whilst complying with Medicines and Healthcare products Regulatory Agency (MHRA) guidelines and regulations.

Discussions were held on whether the Area Drugs and Therapeutics Committee (ADTC) had the authority to approve this policy and send to CGC for noting only, or whether approval authority sat with the CGC. It was confirmed post meeting that this authority rests with CGC.

The Chair noted the committee's approval of the Policy.

9 Draft Child Protection Supervision Guidance

It was noted the guidance had been presented to a number of groups, most recently Area Nursing and Midwifery Advisory Committee (ANMAC) in June and JGG in August.

Janice Irvine informed the committee the guidance had been written in response to the last Care Inspectorate Child Protection Inspection in Orkney in 2020, briefing the committee on the aims and objectives of the guidance.

The Chair and other committee members remarked it was well thought through and prepares colleague well for its intended purpose.

Colin Campbell noted the small number of practitioners able to supervise at present and enquired what the strategy is to employ more supervisors. Ms Irvine stated

consideration was being given to ways of upskilling some of the team managers to increase resilience, with roll-out discussions being held at the Public Protection Health Group.

Lincoln Carroll noted when undertaking a walkround within A & E, paediatric work was an area appearing to require additional support. Ms Irvine stated bespoke training had been undertaken in the past with A&E staff around child protection, with Level 3 training open to any staff.

Ms Carolan conveyed her thanks to Ms Irvine for undertaking this piece of work and supporting NHS Orkney post inspection.

Ms Carolan updated the committee on an interagency review discussion held at the recent Senior Officers Case Review Group, noting that case reviews help strengthen understanding and awareness of roles and responsibilities, and adds another layer of supervision to help practitioners working with families.

The Chair thanked Ms Irvine for her presentation and the committee approved the guidance.

10 **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) – Q1 01st April – 30th June 2023**

Ms Hankin stated the report provides an overview of clinical governance activity within the last quarter.

The Chair thanked Ms Hankin for the thorough update, noting the breadth of the clinical governance activities in place, across the organisation.

Colin Campbell noted the Hospital Cleanliness Survey information provides a qualitative balance to the many quantitative measures shown.

Ms Brightwell conveyed her thanks to the Clinical Governance Team for the work completed over the quarter. The Chair echoed this sentiment, adding the team's efforts of positively engaging with colleagues across the organisation is clearly making a significant difference.

A Comprehensive Level of assurance was agreed by the committee.

11 **Adverse Event Report – Q1 01st April – 30th June 2023**

Ms Hankin gave an overview of the report, noting the report is presented in its new format, making it more streamlined and focused. Feedback and comments were welcomed on the new format.

The committee were informed there had been 179 adverse events reported within the last quarter, with 79 of these being closed.

There were four Clinical Risk Assessment Team (CRAT) meetings held, two were linked incidents concerning primary care electronic referral systems, one an IT equipment issue and one was a review of a sudden death.

There were no RIDDOR reportable incidents and no child or young person's deaths within the quarter.

It was noted there is a notable and positive shift in culture in recording adverse events, with AE data incorporated into the guidance and learning bulletin to demonstrate the importance of this work.

Regular Clinical Governance Team meetings remain in place to track progress of reported AEs and the recording of new AEs. The Chair stated this was an area that requires this constant attention and welcomed confirmation that this is in place.

Mr Chittick questioned if there is the linkage between AEs recorded and risk crystallisation in the areas of Information Governance training and confidentiality, and whether the opportunity exists to undertake some organisational learning from both Complaints and AEs to mitigate IG risks? Further and more widely, due to the high quality of detail within the report, could it also be used to inform risk management processes?

ACTION – MH to investigate Mr Chittick’s questions and feedback back directly or through the CGCs next update meeting.

Ms Hankin stated the report structure and new format raises awareness and understanding and proposed a Comprehensive Level of assurance.

The committee agreed to the proposed Comprehensive Level of assurance.

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

Ms Carolan informed the committee the report was compiled by Ms Hankin and provides a comprehensive analysis, conveying her thanks to Ms Hankin for producing the report and indicating Ms Hankin may wish to present this data at future meetings.

It was noted the chart around Falls Risk indicates a sharp decline in trend of falls numbers. This improved position is utilising intensive staff to patient ratios, the sustainability of which will remain under review.

It was noted work to increase the utilisation of Care Opinion is being undertaken. The current focus is around hospital based services however, it is anticipated this will widen out to incorporate other services too.

Kathy Hubbard asked for clarity around Surgical Site Infection, given four metrics have not been reinstated post COVID-19. Ms Hankin stated the Infection Control Team had confirmed there are surgical site infection forms which monitor and track infection, all of which are being completed locally but the data is not being produced nationally.

CHAT FUNCTION – Kathleen Carolan – If there was a surgical site infection we would investigate that locally and undertake a root cause analysis with the ICT

Mr McCulloch noted the Run Charts on page three of the cover paper, along with the annotations, enables a better understanding of the whole narrative.

Ms Carolan noted the report is comprehensive in terms of what is shown, recognising most of the reports presented at this meeting are acute focussed.

The committee agreed with the proposed Comprehensive Level of assurance.

13. **Quality Update - Health Services delivered under the Partnership**

The Chair noted Jo Robinson was not in attendance with no paper being made available for this meeting, informing the committee the objective of this agenda item is to enhance the information the committee receives on patient outcome and clinical safety on the health services delivered from the partnership, as discussed at 07th June Workshop.

It was noted this is to be a standing agenda item going forward, with a report expected to be presented at the December committee meeting – **ACTION JR.**

14. **Whistleblowing Quarterly Report Q1 01st April – 30th June 2023**

Ms Brightwell reported there had been no new Whistleblowing cases raised within the quarter with the outcome of the ongoing case still outstanding.

The report sets out the continuing work of the Whistleblowing Steering Group, keeping this subject as a key strategic and operational focus.

Ms Watson noted awareness of the support available to staff is increasing, which is reflected in the fact there have been more approaches and conversations between Confidential Contacts and staff than has been the case previously.

The Chair noted previous assurance ratings were recorded as Moderate, however a Comprehensive assurance level was proposed.

Following comment, the committee agreed to a Moderate Level of assurance.

15. **Approval of the Approved Medical Practitioners (AMP) List Mental Health Act**

Ms Brightwell reported there had been no change since the committee last met and is presented to the Committee for information only.

It was agreed to award a Moderate Level of assurance.

16. **Draft Hospital Transfusion Committee (HTC) 2022 – 2023 Annual Report.**

Ms Smith gave an in depth overview of the report, informing the committee since production of this report, further positive progress had been made in terms of the clinical audit of blood transfusion process in the fields of consent and patient identification.

It was noted, there are three outstanding pieces of guidance which will be completed and presented to the committee at its next meeting.

It was noted the national HTC Terms of Reference states it should meet quarterly however has only ever managed to meet twice a year. Efforts are being made to establish quarterly meetings, meanwhile the Transfusion team are meeting in between the HTC meetings in order to progress activities.

Ms Carolan thanked Ms Smith for taking a proxy role and leading on this, and asked if both lab and transfusion governance risks are captured fully. Ms Smith agreed, to update the report to record the position on both lab and transfusion governance risks.

Ms Watson noted this area generates a number of adverse events and hence capturing the risks is welcomed.

Mr McCulloch enquired if there was a standardised/operating procedure around some of the tasks to give an understanding of the current position of where things may/may not be working?

Ms Brightwell reported there is a zero tolerance approach for any error for blood transfusion which leads to much higher reporting compared to other areas.

Ms Brightwell noted there are standardised procedures however unsure if these are in written form, but they do form part of the training.

Ms Smith confirmed a request for a blood transfusion sample, consenting, collection and administration are within the guidelines, and that labs have Standard Operating Procedures (SOPs) around how they are audited, however these can be considered as part of the development towards the move to embedding the national guidance.

Mr Campbell requested the committee receive feedback on the action plan/target dates at either one of its next two meetings as most target dates are set for the end of the year, with the exception of a 2024 dates, leaving the Board vulnerable which is a cause for concern.

The Chair was in agreement and requested an updated action plan be presented at the committee's next meeting in December, as this committee requires comfort that actions are being taken, and risks are being closed off – **ACTION Dawn Smith**

The Chair thanked Ms Smith for her presentation of the report.

17. **CGC Aligned Strategic Risk Report**

Ms Watson noted this was a standard report, with no significant changes within the quarter.

It was noted the Workforce Risk had increased over the last year with concerns raised via the Audit and Staff Governance Committees, as well as this committee around how this risk is reviewed. This was discussed within the recent Risk Management Group (RMG), where it was agreed to hold a devoted Executive Management Team (EMT) session, along with the Clinical Governance Team to explore.

The Finance Risk level had reduced within the quarter. The recent RMG meeting reviewed the wording within the risk. Taking on board recent feedback, it will look to reword this risk.

Risk SR16 – COVID Outbreak risk was reviewed and reduced from 16 to 12. Still within the high risk category, is at the lower end of the risk level. There are mitigations in place, however the risk remains fragile due to staffing issues in particular.

Risk SR17 – IT Failure due to Cyber Attack, whilst a number of mitigations are in place, it is an area difficult to mitigate against.

All other risk scores remain static.

The Chair thanked Ms Watson for her update noting the proposed Moderate assurance level.

The committee agreed on the Moderate assurance rating.

18. **Health & Care Staffing Programme Update**

Ms Watson noted the report provides an update on activities being undertaken within the last quarter, giving the committee a brief summary on topics presented within the report.

The Chair noted the update, which gives the committee the governance assurance it seeks, and welcomed future updates.

The committee agreed to the Moderate Assurance recommendation.

19. CGC Workshop Update

Ms Watson reported the workshop had taken place 7th June, noting the committee had enjoyed the opportunity come together to discuss the CGC's ongoing development.

Topics covered were:

- Public engagement, noting the strong system in place in regards to engagement with children and young people, anyone looking for the voice of the young person, to go through Martin Summers.
- Care Opinion has been in place for a number of years. Work to promote within the Acute Sector is ongoing, spreading into Primary Care making it more sustainable and broadening its value.
- More in-depth look into clinical services, the first of these on Medicine Management, Antony McDavitt session 23rd November. It was agreed to hold these in between CGC meetings, giving a six-weekly clinical governance cycle.
- Quality information on the health services delivered from the Partnership. It had been agreed to invite Jo Robinson, Interim Director of Health and Social Care to future committee meetings to present partnership data.

The Chair thanked Ms Watson for her update noting the worthwhile exercise and stated this should be repeated as a regular feature of continually improving the work of this committee.

20. NHS Complaints & Feedback Monitoring Report Q1 01st April – 30th June 2023

See below.

21. Draft Complaints & Feedback Annual Report 2022 - 2023

Ms Hand requested the annual report be taken alongside the Q1 report as it is almost a continuation of what is being seen within the Annual Report.

Ms Hand stated the report is self-explanatory, offering the committee reassurance in that complaint numbers are fairly steady from year to year and quarter to quarter, with consistent themes emerging eg access to services.

The Chair noted there were no referrals to the Scottish Public Service Ombudsman (SPSO) within the Annual Report which was a good indicator outcomes are seen as fair and thorough with complainants not feeling the need to onward refer to them.

The Chair further noted the comment in regards to the Family Health Service Managers providing little information, and enquired if there is anything to be done to get a higher response rate?

Ms Hand noted Pre Pandemic, meetings were held with service managers to reinforce the importance of supplying the information and improvements were seen however, this has lapsed once again. Operational Leads within the Health Board have been made aware of the poor returns.

The Chair requested this is explored as it places the Board in a vulnerable position if it receives a superficial nil return - **ACTION Carolyn Hand to review this with Service Managers to consider how full reporting of complaints can be achieved from the Family Health service providers.**

It was noted, due to time constraints that any further comments in relation to either of the reports be directed to Ms Hand, copying in the Chair and the committee administrator, who will make sure they are recoded and incorporated into the minutes, post meeting.

The Q1 report offered a Moderate rating of assurance which the committee agreed upon.

22. **Draft Director of Pharmacy Annual Report 2022 – 2023**

Antony McDavitt noted the report is a complete capture of works undertaken by the team within the previous year and includes the ADTC outputs, drawing attention to the vision, mission and purpose of the Pharmacy team and services.

Matters highlighted included:

- Strategic priorities and ambitions, detailing intentions in regards to workforce, the clinical delivery of the pharmacy service and the continuing accountability for the sustainable use of medicines within Shetland
- Risks around workforce
- Prescribing Quality, giving an overview of performance against national therapeutic indicators, noting Shetland's good performance versus that nationally
- Prescribing costs, it was noted the financial pressures does drive some clinical risk with a summary of influences for prescribing costs provided within page 31 of the report
- Spending on medicines within Shetland is good in relation to other Boards with the cost per treated patient not giving cause for concern
- Medicines management across both Primary and Secondary Care
- Community pharmacies, and contactor services, showing how the Board is performing relative to other Boards.

The Chair thanked Mr McDavitt for the report, noting the importance of having a strong Pharmacy team and the need for continued investment in the service.

The Chair noted of interest, works being undertaken around the "Sustainability and Value Board", which could be explored further at the development event scheduled for November which Mr McDavitt had been asked to deliver.

23. **Draft Medical Directors Annual Report 2022 - 2023 including Director of Medical Education (DME) & Realistic Medicine**

The Chair noted the report was presented for awareness, however due to time constraints requested any comments be submitted directly to Ms Brightwell, copying in the Chair and the committee administrator.

24. **Child Death Reviews Annual Report 2023 – 2024**

This report was presented for awareness. Due to time constraints, the Chair requested any comments be taken off line directly to Ms Brightwell, copying in the Chair and the committee administrator.

25. **Leadership Walkarounds**

The Chair noted the value of these walkarounds and the positive impact they are having.

It was noted future walkarounds are suspended until the workload eases from the eRostering activity.

The Chair requested any comments be taken off line directly to Ms Hankin, copying in the Chair and the committee administrator.

26. **Update on National Cervical Screening “No Cervix” Audit Report**

Susan Laidlaw gave a verbal update on the latest position and remaining activities under this audit.

NHS Shetland is nearing completion of the first stage, requiring all of the people within the database to have been reviewed and processed accordingly.

It was noted there are a few people being added to the database due to relocations to Shetland or transfers from other Boards.

Ms Laidlaw stated the aim is to produce a final report to this committee at its December meeting.

The Chair thanked Ms Laidlaw for the update and requested the final report is presented to the December meeting - **ACTION SL**

27. **Topic of Emerging Concern – Neonatal Incident, De-brief & Learning**

The Chair noted this had been added to the agenda as a Standing Item, the objective being to allow the committee to be sighted on clinical issues causing a degree of concern, allowing the committee time to consider the situation, question if the right actions were taken, and if the appropriate processes are now in place to help minimise repetition.

Jacqueline Whitaker presented on a Neonatal Incident which had occurred earlier this year, covering the circumstances surrounding the incident, the issues that occurred and the learnings from the incident.

The Chair thanked Ms Whitaker for her presentation of a very difficult situation, noting the actions that had been taken to mitigate risk in the future.

The committee were invited to ask questions on this important piece of work.

Committee members commended the extraordinary exercise, stating it had made a real world experience come to life, adding the fact so much learning had emerged from it.

Ms Watson commented this was a difficult situation for all staff involved, however lessons learned from the incident and actions implemented as a result, is a great example of how the team have scrutinised the incident, making sure it is safer and mitigating against future risk.

Mr McCulloch noted the quality improvement, with every part of the system being considered. It was good to see care was not only taken to look after the patient and family following the incident, but staff also.

The Chair thanked Ms Whitaker for presenting this informative presentation

28. Plans for CGC Development Sessions

The Chair informed the committee he will meet with Ms Carolan off line to discuss what may be suitable topics for the committee to have a more in-depth focus on, and will follow up any plans with the committee – **ACTION JH**

29. Date of Next Meeting

It was noted the date of the next meeting is Tuesday 05th December 2023 at 09:30, virtually via TEAMS.