

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 05th December 2023 via TEAMS**

Members Present

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

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
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

Dawn Smith	Deputy Director of Nursing & Acute Services (Agenda Item 12)
Carolyn Hand	Corporate Services Manager (Agenda Item 21)

1. Apologies

Apologies for absence were received on behalf of Jo Robinson, Interim Director of Community Health and Social Care.

The Chair welcomed members to the meeting, noting the function of the committee and running through the order of agenda.

It was recognised any relevant written comments from within the TEAMS chat function, would be appropriately incorporated into the relevant sections 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 12th September 2023

The minutes were approved as a true and accurate reflection.

4. **Matters arising from the minutes**

There were no matters arising from the minutes.

5. **Review of Action Tracker**

Agenda Item 6 – It was noted a report from the Operational Clinical Governance Group (OCGG) was included within the agenda and will feature at future meetings as a standing item.

Action to be closed

Agenda Item 11 – Michelle Hankin informed the Committee that data had been extracted from Datix and is currently being analysed for trends and themes. Once completed, an overview document will be shared with Brian Chittick, the Information Governance team and the Staff Development team, linking up key areas for training.

Action to remain open.

Agenda Item 13 – The Chair noted a paper on Health Services delivered under the Partnership had been submitted, however it does not cover the broad range of work undertaken by the Partnership, which is what this Committee requires.

Action to remain open.

Agenda Item 16 – Hospital Transfusion Update paper is included within the agenda.

Action to be closed.

Agenda Item 21 – The Chair informed the Committee Carolyn Hand had advised there had been no progress with this action.

Action to remain open.

Agenda Item 27 – The Chair informed the Committee that extra population had been added into the National Cervical Screening “No Cervix” Audit, therefore a final report will not be received at this meeting. A final report is now anticipated at the meeting in March.

Action to remain open.

Agenda Item 26 – The Chair informed the Committee he had met with Kathleen Carolan to consider suitable topics for future deeper dive sessions.

Proposed topics were cancer, frailty and the fallout from the Lucy Letby enquiry.

It was suggested another session be held prior to the meeting in March 2024 on an agreed subject.

Action to be closed.

6. **Joint Governance Group (JGG) Approved Minutes 23rd November 2023**

Edna Mary Watson informed the committee the meeting scheduled for 23rd November 2023 was cancelled due to low expected attendance.

It was noted the agenda had been scaled back to include core business papers only.

The main focus of the meeting was to consider the groups role, purpose and function, and re-examination its TOR, as concerns had been raised that its agenda has become too hospital/secondary related, with less coming through from the Partnership.

The postponement was to ensure this discussion occurred when there would be adequate representation from all areas.

The Chair enquired if there were any points of interest that may have emerged from the meeting which may be worth noting?

Ms Watson noted there was very little as most things had been through the OCGG.

As no meeting took place, no Assurance Rating was awarded.

7. Operational Clinical Governance Group (OCGG) 02nd November 2023 – Summary

A summary note was submitted to this Committee, and Ms Carolan gave a more in-depth overview of the discussions held on ADHD, Maternity guidelines and the 7 Flashcards presented.

It was noted there had been good representation of Chairs from different clinical and care governance functional groups.

Ms Watson also gave an insight into points raised at the leadership walkaround within the Child Health team. The department shared ways in which to make the current space a friendlier/more useful environment, whilst sharing ideas they would like to feed into the new hospital.

Lincoln Carroll commented on the target set by Mental Health regarding access to diagnosis for ADHD/autism and the large amount of work that goes into the assessment processes, welcoming the plan for developing structured pathways for resourcing and funding this service.

The Chair asked for clarification in regards to the medication issues bullet point within the ADHD slides. Ms Carolan confirmed this relates to the sustainability/requirement of supporting people's long term medication requirements.

The Chair questioned around the independent dental contractor not having a valid inspection certificate and although being closely monitored, had been ongoing for some time. What risk does the Board face by this certificate not being in place?

Mr Chittick stated that this will be covered at an upcoming meeting with Antony Visocchi to have a deeper dive around this issue, next steps and to look at how this can be closed off.

Mr Chittick will update the Committee once the meeting has taken place – **ACTION BC.**

It was noted the OCGG was a committee that was discharging its duties well, therefore **the committee awarded a Moderate to Comprehensive level of assurance**

8. Pulse Oximetry Screening for New Born Babies Policy

As Jacqueline Whitaker was unavailable, Ms Carolan presented the policy, informing the committee it had been produced following a couple of significant adverse events that took place at the beginning of 2023, requiring the transfer of new borns/infants to the mainland for treatment. From the root cause analysis and review of care, it was recommended to introduce pulse oximetry screening as an indicator of potential congenital heart defect.

It was noted the policy adopts a multi-disciplinary approach, and had all necessary clinical inputs to get it to this stage, with support also received from NHS Grampian who share this clinical pathway with NHS Shetland.

Kirsty Brightwell echoed Ms Carolan's comments and commended the excellent piece of teamwork undertaken to develop this policy.

The Committee approved the policy.

9. **Mid-Year Review of Clinical Governance Committee Terms of Reference**

The Chair informed the Committee it is a Terms of Reference (ToR) requirement a mid-year review of its content is undertaken, the last one of which was done for the full Board in April 2023.

It was stated there had been no change to any of the purpose, remit or objective of the Committee, however updates were made to the confirmation of joint Executive Leads with updates to the list of Standing Items and Ad-Hoc reports.

Ms Watson noted the title for Michelle Hankin was incorrect and should read Clinical Governance and Risk Team Leader and Colin Campbell noted that all references should be to the "Audit and Risk Committee".

It was noted the revised ToR will be presented to the upcoming December 2023 Board meeting for approval.

10. **DRAFT CGC 2023 – 2024 Annual Report**

The Chair stated the CGC Annual Report is a requirement for the governance section of the NHS Shetland Annual Accounts.

The report presented is a draft of where this report stands so far, with the final version to be presented at this Committee's March meeting for approval.

The committee were reminded to complete and return their members feedback forms to Erin Seif by 24th January 2024.

The Chair re-emphasised the importance of keeping this Committee's work up-to-date and relevant as the wider organisation changes, hence encouraged everyone to add their thoughts on how this Committee could improve as part of their feedback forms.

11. **Mid-Year Review of the 2023 – 2024 Clinical Governance Annual WorkPlan**

The Chair stated the ToR requires this Committee to have a mid-year review of its Annual Workplan however no such plan was produced for April 23-March 24. The paper within the meeting pack is what is normally termed the Business Plan.

It was confirmed that an Annual Workplan will be produced and brought to this Committee's meeting in March 2024 – **ACTION Ms Watson.**

The Business plan already received by the Committee will be attached to the Annual Workplan as an appendix and will layout the means by which each meeting will serve to deliver the Annual Workplan.

12. **Hospital Transfusion Committee (HTC) 2023 – 2024 Updated Action Plan**

Dawn Smith presented the updated action plan, summarising the position in relation to each of the eight outstanding actions.

It was noted that the system-wide risk associated with delivery of reliable, high quality services by teams of small numbers of individuals had been raised.

It was noted some of the actions may possibly roll over into the 2024/2025 Action Plan which will be produced in due course.

The Chair noted significant progress had been made since September and the Committee were comfortable with the progress made.
The Chair confirmed the action can now be closed from the action tracker as the Committee were happy with the progress made.

13. **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) – Q2 01st July – 30th September 2023**

Ms Hankin gave a brief summary of highlights from the report, including:

- Several junior doctor's quality improvement projects. The outcome of which will be reported on within the quarter three report.
- An update from the governance meetings held within the quarter
- Challenges around the mental health governance meetings being regularly cancelled
- Guidance and Learning bulletins
- Clinical Leadership Walkarounds
- SNAP publication dates

The Chair thanked Ms Hankin for her thorough update, noting he continued to be reassured by the wide range of different guidance, governance and assurance activities being undertaken across the organisation.

The Committee were invited to question or add comment around the report, which generated a good dialogue, whilst clarifying some aspects of the report.

The committee awarded a Comprehensive level of assurance

14. **Adverse Event Report – Q2 01st July – 30th September 2023**

Ms Hankin informed the Committee there had been 181 events reported within the quarter, with the top five reporting areas being:

- Confidentiality
- Medication
- Pressure Ulcers
- Documentation
- Slips, Trips and Falls

It was reported there had been no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Child or Young Persons Deaths or Clinical Risk Assessment Team (CRAT) reported within the quarter.

The mental health and wrong site surgery level 1 investigations were closed.

The Chair noted the increased number of closed events within the quarter compared the previous quarter and the continued diligence applied to this work.

The committee awarded a Comprehensive level of assurance

15. **Quality Score Card incorporating the QMPLE Report**

Ms Hankin informed the committee the report provides a good oversight of what is being undertaken throughout the organisation, and portrays a very positive picture.

Points from the report highlighted to the committee were:

- Data trend graphs have been added to the report which help depict what is happening with the data collection.
- Cardiac arrest data has been reported (due to the Resuscitation Officer now being in post) and to the Scottish Patient Safety Programme (SPSP) reporting.
- Quarter 2 breast feeding data is now available. This exceeds the target of 68% which is above the national and local target.
- There has been success in the number of days between catheter associated urinary tract infections which has achieved 345 days. This is a big achievement, and reflects the work undertaken by the ward and confection control teams.
- Surgical site national inspections continue to be suspended with no update of recommencement date.
- There has been an increase in the reporting of pressure ulcers via the Datix system, which reflects a positive reporting culture. Upon analysis, all pressure ulcers were acquired before hospital admission, with appropriate actions being undertaken when the patient is presented onto the ward.
- Patient feedback remains positive, and is reflected in the maternity satisfaction questionnaire. Quarter one is reflected within the report, with quarter two utilised within Care Opinion, to provide overall feedback of care experiences.
- Student feedback also remains positive.

Kathy Hubbard commented on the positive reports received from students which is a testament to everyone involved, notwithstanding being also important for the organisation's workforce aspirations.

The Chair noted the overwhelmingly positive results across a vast range of different measures.

The Chair commented on the high ratio of staff to sustain the reduced number of Falls, and enquired if this could be maintained going forward? Ms Carolan reported the level of one to one supervision was proving difficult to sustain. An on call approach system is being explored, and it is predicted future reports will provide a more variation in performance.

The committee awarded a Comprehensive level of assurance

16. Quality Update - Health Services delivered under the Partnership

The Chair noted the newsletters presented. This Committee will request a much broader representation of the works undertaken for the March 24 meeting.

The Committee agreed that based on the information provided, it was not appropriate to award an Assurance rating.

17. Whistleblowing Quarterly Report Q2 01st July – 30th September 2023

Ms Brightwell gave an overview of the report

Key points highlighted to the committee were:

- Two new concerns were raised.

- The longstanding concern originally raised in Sept 2022 is expected to be closed off in Q3 and will offer an abundance of learnings. An update will be presented once completed.
- Speak up Week took place in October. The event went well and CGC Committee members involved were thanked for their support. It is hoped the event will pay dividends in terms of speaking up generally, and Whistle Blowing when this protocol is required. The two new questions added to the iMatter survey are relevant for the whole idea behind Speak up Week, and closing the loop on learnings from that Week is an area that needs appropriate focus.

Bruce McCulloch enquired if there was to be an action plan produced on actions from Speak up Week? The Chair confirmed any outcomes raised had gone to the appropriate directorate for progression. Ms Brightwell confirmed there is a Whistleblowing Steering Group who will oversee all points are followed up, and ensure that the people who raised them receive a response.

Ms Watson informed the Committee of some interest from staff in becoming Confidential Contacts. A recruitment campaign will take place in the New Year, as although there are 7 contacts, only 4 are active. The role of Mr McCulloch and the APF was useful in taking this initiative to staff and stimulating interest.

The Chair informed the Committee due to the first concern raised taking a long time to complete, a control monitoring system had now been implemented in order to intervene earlier, avoiding any undue delay.

The committee awarded a Moderate level of assurance

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

Ms Brightwell noted an oversight within the cover paper, in that the responsible Executive was incorrect and should state Jo Robinson.

It was noted there were no changes to the report with three practitioners being Section 22 approved.

It was noted the level of assurance will continue to be monitored as the transition of new management into Mental Health continues.

The committee awarded a Moderate to Comprehensive level of assurance

19. CGC Aligned Strategic Risk Report

Ms Watson stated the report presented is for Q2, however included the current risk ratings from 07th November 2023 for Q3.

The Committee were asked to consider the movement of the following risks to Finance and Performance Committee (FPC): SR10 – Business Continuity Plan and SR17 – IT Failure due to Cyber Attack, and the acceptance into its remit of risk SR18 – Risk of the CBRN Contamination.

Mr Campbell (Chair of Audit & Risk Committee) confirmed he fully supported these proposed movements, and the Committee approved these movements.

The Committee awarded a Moderate level of assurance

20. **Health & Care Staffing Programme Update Report**

Ms Watson noted this was the standard report presented, and provided a detailed overview on the following topics:

- Staffing level tool runs
- Community and District tool runs
- Real Time staffing resources
- “Safe Care” tool as a potential for NHS Shetland
- Testing site, Quick Reference Guide and Guidance Chapter reviews activities
- Quarterly reporting update
- Education/training plans
- Planned visit of H&C Implementation Team on 19th December.

The Chair enquired if there would be any costs associated to using “Safe Care”? Ms Watson confirmed there are no additional charges she is aware of.

The Chair noted it would be useful if there were a table laying out the names of the tools, what their basic functions are, and were they are to being deployed/tested. Ms Watson confirmed she would be happy to provide such a table.

Mr McCulloch enquired if there was a form of reporting mechanism in regards to training, targeting the number of staff needing to be trained against those who already have, whilst giving an idea on how big the gap may be? It was questioned if this would be possible to manage through TURAS?

Ms Watson confirmed it would fit into TURAS, however there is no direct reporting mechanism in place.

Mr Carroll noted Workforce is the main concern across the Partnership, and enquired if this was something Scottish Government were looking to assist with?

Ms Watson confirmed under the Act, evidence of duties and consideration of required staffing levels to provide safe care is needed, which applies to both the Health Board and Partnership teams equally, and both must comply.

If workforce challenges are not met, you need to make sure this is documented, escalated and all reasonable mitigations taken. It is important for both the Health Board and Partnership teams to be properly undertaking these processes.

When the Board then formally reports into Scottish Government, this allows for a whole system view to then be provided.

Narrative from within the Chat function

Kathleen Carolan (NHS Shetland) - As Edna is emphasising this isn't legislation aimed at nursing, it is pan organisational and so we need to ensure there is widespread understanding and uptake of the training.

Kathleen Carolan (NHS Shetland) - The HIS inspections also focus on safe staffing so we will have some external scrutiny around how well we are embedding the processes into our ways of working

Ms Watson further noted the potential benefits of using “Safe Care”, and how existing team huddles facilitate its use and how the tool would help with being able to objectively evidence and document decisions/conversations on staffing levels and requirements.

The Chair noted the continued large amount of work being undertaken across the organisation in order to comply with the Act, including training needs analysis, testing, reporting and rollout out of tools.

The committee awarded a Moderate level of assurance

21. **NHS Complaints & Feedback Monitoring Report Q2 01st July – 30th September 2023**

Ms Hand presented issues around the progression of Stage 2 complaints, which was influenced by the scarcity of staff with the skills to undertake investigations.

Ms Hand informed the Committee that there is an investigations training course run by the Ombudsman at a cost of £85 per person which will be attended in February by Complaints personnel. If deemed beneficial, this could be widened out further to staff, covering other areas of need.

Ms Watson requested a wider conversation with Ms Hand in regards to this training once undertaken, as it correlated with an issue they had raised around appropriate investigation skills – **ACTION Ms Hand** to meet with Ms Watson once training has been completed.

Ms Hand informed the Committee she and the CGC Chair had previously discussed this Committee receiving a deep dive/thematic update on the complaints received and lessons learnt and implemented, alongside receiving the normal report showing operational performance. The Committee were asked how they would like to see this progress. Mr Carroll and Mr McCulloch supported the view that Ms Hand should proactively bring to this Committee complaints that demonstrate particular themes of clinical concern, highlighting areas of learning, including any problems encountered in the progression to conclusion and/or implementation of learnings. This then allows the opportunity for the Committee to fully consider and understand these issues, and direct any other remedial activities as deemed necessary. The Chair indicated he will meet with Ms Hand in advance of the March 24 meeting to discuss the detail of what Ms Hand brings to that meeting. **Action – Chair and Ms Hand**

Ms Brightwell stated it is difficult at Board to have any detailed conversation as it is such a public meeting, however CGC are able to have detailed conversations, adding another level of assurance, adding weight to how processes are followed, whilst giving a full circle of how it has been processed throughout the organisation.

Ms Hand further informed the committee there had been a challenge in making sure complaint review meetings happened. It was noted these will be refocused and held more frequently within the new calendar year.

The Chair asked for clarity around one of the stage 2 complaints within the report, where the Board felt it necessary to self-refer to the Information Commissioner. Ms Hand informed the committee this was due to a data breach, and explained how it had transpired. Ms Brightwell noted process had been followed correctly.

The Chair thanked Ms Hand for her report and **the Committee awarded a Moderate level of assurance.**

22. **Leadership Walkarounds**

Ms Hankin noted there had been two walkarounds within the quarter, and highlighted the important of continuing to discuss the issues identified at walkarounds at governance meetings such as CGC, which allows feedback to be given to staff who raised these concerns.

Ms Hankin noted a discussion was needed in regards to future walkarounds being scheduled given that these are currently on hold.

The Chair noted the value of the walkarounds was clear to see, reiterating that a steer would be taken from the Senior Management Team around their recommencement as it is important they continue, as they bring a host of different benefits from different areas.

Action – KC and KB to advise on when these can be restarted.

23. **Shetland Public Protection Committee 2022 – 2023 Annual Report**

It was noted there was no annual report provided. Therefore this item will be carried forward to the March meeting – **ACTION Ms Carolan**

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

Susan Laidlaw reported extra population had been added to the in-scope, therefore the final report could not be submitted to this meeting.

It was noted a final audit report will be presented to the Committee at its meeting in March – **ACTION Ms Laidlaw**

25. **Topic of Emerging Concern**

The Chair stated this was added as a standing agenda item and received its first presentation in September 2023.

As there was no prepared presentation for this meeting, the Chair invited the Committee to raise any topics they feel this Committee should be aware of at this time that it is not already sighted on.

Ms Brightwell raised that one such matter is the overall risk posed to the continued delivery of safe service due to pressing finance matters, as the Board is being asked to make all reasonable steps to reduce costs and improve its end year position.

26. **Development Session Updates & Future Sessions**

The Chair noted there have been suggested topics for future development sessions. The session delivered by Tony McDavitt on 23rd November had been well received, and painted a reassuring picture within Medicines Governance.

It was suggested the committee seek to have another session of that type before its meeting in March 2024 if pressures and commitments allow. Therefore the Chair and Executive Leads will meet to suggest a subject matter. **Action – Chair and KB/ KC to meet and agree on next session topic and date.**

27. **Date of Next Meeting**

It was noted the next meeting date is scheduled for 05th March 2024 with the time scale extended to give the committee ample time should it be required.

28. **AOB**

It was noted there was no other business to report.

The Chair thanked the committee for their contributions to another good meeting.

APPROVED