

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 05th March 2024 via TEAMS**

Members Present

Joe Higgins	Interim Chair
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
Prof Kathleen Carolan	Director of Nursing and Acute Services & Joint Executive Lead
Colin Marsland	Director of Finance
Brian Chittick	Chief Executive Officer
Michelle Hankin	Clinical Governance and Risk Team Leader
Edna Mary Watson	Chief Nurse (Corporate)
Mary Marsland	Committee Administrator

Contribution to Agenda

Carolyn Hand	Corporate Services Manager (Agenda Item 11)
Katherine Cripps	Feedback & Complaints Officer (Agenda Item 11)
Antony McDavitt	Director of Pharmacy/Interim Depute Chief Officer (Agenda Item 19)
Melanie Hawkins	Health Improvement Team Leader (Agenda Items 23 & 24)
Kathleen Jamieson	Health Protection Nurse Specialist (Agenda Item 25)

The Chair welcomed all attendees. stating for the avoidance of doubt the pack being used was the reissued Version 2, distributed on Friday at 16:46 which had been revised due to a couple of late papers.

The Chair affirmed the role of the committee, informing attendees of two new standing agenda items within the "Population Health" section, these are:

- Population Screening
- Control of Infection Committee Update

It was noted these will be presented by Melanie Hawkins and Kathleen Jamieson, in the absence of Susan Laidlaw.

It was agreed at the December meeting the committee would receive a different approach in regards to Complaints, with a more thematic perspective in terms of the management of complaints and how effective it is being in driving through any learning. This is included within an appendix alongside the standard complaints report.

It was noted Tony McDavitt will deliver a report on Health Services delivered under the Partnership which will be taken immediately after the Blood Transfusion Policy Set due to availability. It is understood the report should provide patient outcome data from the partnership.

It was noted the committee would receive its normal update from the Health and Care Staffing Programme, however it would be the last update this committee would receive before it goes “Live”. This is seen as important enabling legislation by the Government for changes they would like to see implemented. The report will provide operational readiness for the “Go Live” date in April.

Thanks were conveyed to those who attended the Development Session led by Professor Donna O’Boyle which ended with a couple of important pertinent points, these were:

- How safe is your organisation now?
- How will you ensure your organisation continues to be safe going forward?
- Do you listen and do you learn?

The Chair stated the recently published Audit Scotland Report warns against challenges that are having a direct impact on patient safety and experience.

Combined, this gives the committee some useful prompts to draw upon.

1. **Apologies**

Apologies for absence were received on behalf of Colin Campbell, Non-Executive Director & Chair of Audit & Risk Committee, Amanda McDermott, Chair of Area Clinical Forum (ACF) and Susan Laidlaw, Director of Public Health

The Chair confirmed the meeting was quorate.

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 05th December 2023**

The minutes were approved as a true and accurate reflection.

4. **Matters arising from the minutes**

Prof Kathleen Carolan wanted to sight the committee to a paper it will receive within the next committee cycle.

Following discussions with the obstetrics team, works will be undertaken around harmonising the way in which guidelines are used within the local unit. At present there are some unwarranted variation in clinical practice, however whilst it is not deemed unsafe, a more consistent approach with guidelines and expectations of practice for the team is needed.

ACTION KC – to take forward a paper re Guidelines for Obstetrics Care

5. Review of Action Tracker

Agenda Item 11 – Michelle Hankin informed the Committee this is 2/3 complete, with the final set of data being analysed. It is identifying trends or areas of reporting which is useful as these areas can be supported or identified as areas for training. This has taken longer than expected due to work commitments, however is expected to be completed by April.

Ms Hankin confirmed once complete, the data will be shared with Brian Chittick, David Morgan and Kirsty Clarke as well as the committee.

Action to remain open.

Agenda Item 13 – The Chair noted Tony McDavitt would be presenting on Health Services under the Partnership which could produce further actions. If so these would be recorded appropriately, therefore it was agreed to close off this action.

Action to be closed

Agenda Item 21 – Noting there isn't anything further for this committee to implement, and the Feedback and Complaints Manager is aware of the issue, it was agreed to close this action.

Action to be closed

Agenda Item 27 – It was agreed to keep the National Cervical Screening "No Cervix" Audit on the agenda as regular updates are received, however it was agreed to remove it from the action tracker.

Action to be closed

Agenda Item 7 – Brian Chittick informed the committee work had focused around its own service in regards to governance and sustainability, however there is a recommendation to engage with the practice and the practice certificate will form a priority piece of that work. An update will be presented to the committee at its next meeting – **ACTION BC**

Action to remain open

Agenda Item 11 – It was agreed to remove this from the action tracker as a draft annual workplan is include within the committee pack

Action to be closed

Agenda Item 21 – Edna Mary Watson confirmed there was no feedback to report as herself and Carolyn Hand had not had an opportunity to meet. It was confirmed this would be followed up outwith the meeting

Action to remain open

Agenda Item 21 – The Chair confirmed he had met with Ms Hand in relation to a thematic deep dive report, therefore the action can be removed from the tracker.

Action to be closed

Agenda Item 22 – It was confirmed this could be removed from the tracker as an update would be given within the meeting.

Action to be closed

Agenda Item 23 – It was confirmed this could be removed from the tracker as it features within the meeting's agenda.

Action to be closed

Agenda Item 24 – It was confirmed this was a duplication and could therefore be removed from the tracker.

Action to be closed

Agenda Item 26 – The Chair confirmed the subject matter for the next Development Session remain on the tracker as an ongoing action.

Action to remain open

6. **Operational Clinical Governance Group (OCGG) 01st February 2024 – Summary**

The minutes of the meeting were presented to the committee, which were welcomed. Kirsty Brightwell noted another good meeting, giving the committee a brief overview of topics and discussions held.

It was noted to have been a helpful meeting with lots of participation.

Kathy Hubbard noted her sadness at the departure of Monic Hunter and Matt Smith and enquired how the departures were going to be managed given the pressures on the Information Team.

Mr Chittick noted it was his understanding another manager will be recruited, however there is other enabling work around the utility of the informatics team and where that utility sits as population health and public health has a big input as well as planning and other areas.

The Chair noted it would be good to maintain that capability.

Ms Carolan noted there was a Laboratory Information Management Systems (LIMS) Programme Board meeting the previous week, which was a programme Matt Smith was leading on. One of the things discussed was how to use this as an opportunity to integrate those functions into the wider team, and to also undertake a risk assessment of what this means for the LIMS Project. There are things that will need to be addressed however the timing of Matt's departure is fortunate in that there isn't another major upgrade planned for a few months. It is hoped whilst there is transition and redesign of the service, it won't impact significantly on labs IT requirement from a systems update point of view.

The Chair noted the Group were in much the same place.

The committee awarded a Moderate to Comprehensive Level of Assurance

7. **Joint Governance Group (JGG) Approved Minutes 10th August 2023 & Verbal Update from the meeting held on 15th February 2024**

Ms Watson noted the minutes from 10th August 2023 were approved at its last meeting held on 15th February 2024, due to the November meeting having been postponed due to lack of sufficient staff attendance.

Ms Watson gave a brief summary of key items discussed within the August meeting, and provided assurance to the committee in regards to the neurology self-assessment which all Boards are required to complete by 01st April 2024, that the clinical governance team are leading on that process and are in contact with relevant professionals across the Health Board and the Partnership services in order to compile a response.

It was reported the 15th February meeting was split into two halves. The first half was given over to business, whilst the second half was dedicated to workshop time, looking at JGG in the future.

There was an opportunity for discussion of content of the formal reports presented within the first half of the meeting with no amendments being made. These reports are presented to this committee within the meeting pack for review.

The purpose of the workshop was to look at JGG going forward, and how JGG can be used to support better process going forward.

General governance and how this can be maximised within the Health Board was discussed. It was felt there is a lack of awareness about the level of governance particularly around policies, documents and strategies required. The profile of the Framework for Document Development will be raised through the corporate newsletter as this provides the relevant guidance.

Attendance of the JGG was questioned. However it was determined this is not a problem.

Topics within the agenda were considered mostly acute focussed as opposed to issues from the partnership. Ways in which this may differ going forward were discussed. It was suggested the JGG would be a good place to discuss operational challenges being faced which impact both sectors.

It was agreed to redraft the JGG Terms of Reference (ToR). Although it was felt these were broadly correct, they needed updating.

Lincoln Carroll noted it was good to read the minutes noting the child protection supervision guidance as it was important for practitioners as there can be difficult situations when dealing with child protection.

Mr Carroll noted within the Neurodevelopment pathway, the sheer numbers of both children and adults is a huge concern for all services. The numbers of young people coming through and needing services and the low numbers of available places was recently discussed within the integrated joint Board (IJB). It was felt it is good for everyone to be aware of as the assessment side is key for access to services in the first instance. Collaboration between the sectors is really important and effective communication is essential.

The Chair stated it was apparent from the workshop the JGG offers a real opportunity for situational awareness for all aspects to be joined together.

The Chair questioned in light of the workshop is the JGG now on the path to function in the right way?

Ms Watson confirmed the committee is in developmental stages and that the agenda set meetings have been broadened out to include a couple more representatives from the partnership and another representative from the acute sector. It is hoped these are key players who are actively working on pieces of work that impacts across the systems, which should act as a prompt to bring things forward to JGG for wider discussion.

Ms Watson felt having the meeting in person made for a more fruitful meeting, although accepted the challenges for those who are unable to attend in person.

The Chair noted the good progress made however due to the group being in a developmental stage.

The committee awarded a Moderate Level of Assurance.

8. **CGC 2023 – 2024 DRAFT Annual Report & Certificate of Assurance**

The Chair informed the committee the annual report is a requirement for the governance section of the NHS Shetland Annual Accounts.

The report presented a second draft, the first draft having been presented at the December meeting, and takes into account feedback received from Members.

The draft certificate of assurance is also presented which is written on the basis of the annual report. If any changes are made to the annual reporting, the certificate of assurance would reflect that.

It was highlighted there are currently no significant control weaknesses which are worthy of being escalated up to the Chief Executive.

It was noted to input Member of the IJB within Mr Carroll's title as it is a requirement to have a member of the IJB on this committee - **ACTION**.

Ms Hankin confirmed her title as Clinical Governance and Risk Team Leader – **ACTION**.

The committee approved the annual report following minor amendments.

Based on the approval of the annual report, the certificate of assurance will be updated and forwarded on appropriately.

9. **CGC DRAFT Annual Work Plan 2024 – 2025**

Ms Watson stated the ToR requires the committee to have a mid-year review of its annual work plan. It was noted the previous year the committee worked from its business plan however for 24/25 it was agreed to operationalise this within a work plan. The plan presented is for 2024 – 2025, with headings in line with the committee's agenda.

It was noted the plan reinstates the committee's proposal in seeking assurance via a range of reports and activities.

Ms Watson guided the committee through the work plan and the key areas, ensuring any lessons learned coming from any of the work, are shared appropriately across the organisation.

Ms Watson proposed, in terms of assurance, the committee review and update progress against the plan at each meeting, making sure the committee is compliant with its business programme.

The Chair thanks Ms Watson for the very thorough document.

Bruce McCulloch questioned with Ms Watson's involvement with Greatix and Care Opinion, in which result response rates between the two were quite different. Within the plan, what would some of the different approaches be or lessons learned between the two and how we move forward?

Ms Watson noted the response rate to both had been very different. It was thought the large numbers around Greatix came from the simplicity of its approach and easy accessibility along with people having a real thoughtfulness in regards to their colleagues which was evident to see.

The challenges with Care Opinion is communicating it across to the public and encouraging that. Looking at the project, it was thought it felt impersonal within a community like Shetland. The ways in which people are able to communicate their

stories through Care Opinion where expressed, noting people may not be aware of all the different ways in which to engage with the platform.

It was stated the beauty of Care Opinion are things are widely shared across the organisation and the public. Principally service feedback has been lovely and it would be good to be able to share that.

Ms Watson stated it is about encouraging the use of this social media platform to help get the good messages out there.

The Chair expressed it was about getting both to work as effectively as possible.

Noting a few cosmetic points within the plan, the Chair confirmed he would raise these with Ms Watson off line – **ACTION Chair**.

The Chair remarked on the good match on what is required within the committees ToR and agreed to take an update at each meeting – **ACTION Chair** to liaise with the committee administrator on implementing within the agenda.

Brian Chittick declared it to be a great workplan and congratulated Ms Watson on compiling the plan.

Mr Chittick suggested it may be useful for the committee to have a development session around population health, which could include dentistry provision or access to dentistry which may be worth considering over the next year as the Board tries to implement its three year strategy, giving the committee some insight/oversight into the governance around that.

Taking account of the minor tweaks, the committee approved the 2024 – 2025 work plan with updates against progress being taken at each meeting.

10. **Blood Transfusion Policy Set**

Prof Carolan noted the policies, procedures, protocols and guidelines presented had been taken from the national clinical policy templates from the Scottish National Blood Transfusion Service (SNBTS) and localised, which concluded a six month piece of work, involving all the appropriate stakeholders.

It was noted some of the policies have been to a number of different groups for input including the JGG which was helpful as it gave the opportunity to look at the obstetrics guideline and do a read across the whole organisation.

It was confirmed the policy set is being presented to the committee for final approval having had the right technical support in order to produce them.

In terms of risk, a positive to note is the recruitment of a substantive lead for blood transfusion, who will help to provide more robust governance going forward.

It was reported there is a functioning hospital transfusion committee and a functioning hospital transfusion team.

Work is being undertaken alongside SNBTS to look at various aspects of blood and clinical transfusion service delivery locally.

Prof Carolan noted she would be happy to take back any questions in regards to the policies to the hospital transfusion team as they have the technical expertise to be able to answer those questions.

Ms Hubbard noted she was very interested to read the section on people who abstain from having blood transfusion, and particularly the section on children. The policy is very clear, well written and concise.

Ms Hankin commented the policy is well written and adds a lot of value for Clinical Practitioners. It brings together training aspects whilst showcasing training resources. It also helps identify references and themes from adverse events.

Mr McCulloch noted this was a good policy to read. The list of appendices were useful and the information around the training matrix was very clear.

The committee approved the policy set.

11. **NHS Complaints & Feedback Monitoring Report Q3 01st October – 31st December 2023**

The Chair noted that as well as the standard report, the committee would receive additional insight, by way of a specific case, into how complaints are being used to drive forward any learning ascertained to change and improve the organisation, and this would be where the majority of the committee's focus would be directed.

Carolyn Hand introduced Katherine Cripps who works with complainants on a day to day basis and who experiences the emotional toil being at the interface. Ms Hand welcomed the attendance of Ms Cripps to help contribute to discussions.

The committee were informed this was the standard quarter three monitoring report which it receives for awareness and features the complaint handling performance, and includes a summary of the actions taken from the stage two complaints, which are the more significant complaints received within the year.

It was highlighted, out of the nine stage two complaints received within the quarter, none had been completed within the 20 day target, which was due to limited capacity and in part the festive break had been a contributing factor. It was noted not having completed any within the deadlines in a quarter had never occurred before.

Regular meetings occur between the complaints team and the clinical directors who oversee the majority of complaints investigations, and focuses on triaging the complaints received, making sure they are moving efficiently. An additional weekly meeting has been created to include clinical governance input, with the aim of reviewing past complaints ensuring due diligence has been undertaken and to understand if there is any learning that should be shared beyond the team or the directorate involved with investigating said complaints. The output of this would be shared with the JGG as there are cases that would benefit from wider conversations.

Ms Hand noted ways in which assurance could be provided to this committee, which had stemmed from any learning from complaints, and the delivery of actions taken, had been considered. The flashcard approach was proposed as one of the ways this could work and an example one was included within the report as an appendix. It was thought the flashcard could be used more routinely to bring complaint analysis to this committee, however the level of detail included could make individuals identifiable, and if shared, could potentially end up in the public domain. Whilst this method could bring assurance to the committee, it was thought this may not always be the appropriate approach.

Unless expressed permission had been obtained from the complainant to share any learning as widely as possible, and where any individuals would not be identifiable, it may not be suitable.

Ms Hand noted the team had discussed periodic mini audits of complaints actions, which would assist in the following up of any actions agreed in a more systematic way, and would help close the loop with feedback received.

Feedback was welcomed from the committee in regards to the suggested improvement in which it receives assurance, the flashcard and the complaint case presented.

Ms Carolan expressed the Board are fully committed to reinvigorating the process of doing the deep dive into complaints, with a process recently agreed, and was confident a much more useful conversation about the thematic analysis coming from complaints would be held at the JGG as a result.

Discussion took place around the use of Care Opinion. It was felt whilst an important function, it was not suitable for managing concerns raised. It was noted people are confident to approach the Board directly and have a conversation.

Mr McCulloch noted the useful discussion around understanding the system, however this does bring up challenges around how/where it is used.

The Chair noted there is a statutory duty for the committee to take into account public patient opinion, however there is a need to be realistic around the expectations of its use, no matter how widely available it is promoted.

The committee proceeded to examine the complaint case presented, recognising the need to proceed in an appropriate way, respecting all confidentiality. As such the case presented was not for minuting purposes.

From the summary and feedback received, the Chair noted the diligence embedded within the organisation in terms of investigation, approach and drive was reassuring.

The Chair thanked Ms Hand and Ms Cripps for the review and requested, where appropriate, this be a regular update approach to this committee, looking at similar cases to bring forward. It was an opportunity to highlight any concerns worthy of identifying, although it was understood the Board is operationally fragile with all the different parts of the organisation contributing towards complaint investigations.

Further discussion ensued around sharing the flashcard more widely, however due to confidentiality, it was agreed this would be for the consumption of this committee only.

The Chair noted the useful discussion, which will be the approach of reporting to this committee going forward, as it makes for a more useful conversation.

The committee awarded a Moderate Level of Assurance

12. **Leadership Walkarounds**

Ms Hankin reiterated the Leadership Walkarounds had been suspended to support the eRostering Project, a paper on which will be presented to the committee further into the meeting.

It was noted Ms Hankin is being released from the project back into the Clinical Governance Team, and visits are anticipated to be re-established in June 2024. The delay in getting these re-established is due to coordination of diaries.

It was noted there has been overwhelming positive support for the visits, which is appreciated.

The Chair thanked Ms Hankin for her update.

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

Ms Carolan noted that the report had been previously seen at the December Board meeting.

There were a few activities from the previous year worth highlighting to the committee, in terms of governance, these were:

- Adult Inspection Protection Report with no major deficits in terms of adult protection systems within Shetland
- A Child Protection Inspection File Reading Exercise was undertaken
- A development day was held
- A lot of work was undertaken to involve young people in considering ideas and approaches.

Ms Carolan informed the committee Public Protection in Shetland, at a system level, has gone through a transitional period over the last three to four months. There is a new Independent Chair for the Public Protection Committee who is due to start within the role and Chair their first meeting.

An interview process for a new Protection Lead Officer has just concluded along with a new Protection Lead Nurse for the NHS. In terms of Leadership around Public Protection, this will be a significant and positive shift.

It was noted the committee had been reflecting on how well it is looking at local data for improvement, however it was felt it does not have an appreciation of where risk might be within the system, but it is expected this will change with the new leadership, and it is hoped different ways of working will be reflected within the next annual report.

It was noted the committee are good at doing the professional committee part, however struggles with getting the right data and intelligence to assure itself, it is safe. It is hoped with the new leadership roles, a different team with a different style, there will be a different emphasis that is right for the times.

The Chair thanked Ms Carolan for her summary and enquired if the backlog for the high demand for the Child Protection Level 3 training was being worked through.

Ms Carolan noted at this moment in time, it was not. The reason why was explained along with a potential plan of action.

Mr Carroll noted having the appropriate level of training is important for what staff are dealing with. For awareness, Mr Carroll informed the committee Protecting Vulnerable Groups Scheme (PVG) has changed, with organisations having to do checks themselves adding another challenge for people dealing with Child Protection.

The Chair stated the report was for awareness, noting it was good to see due diligence and planning going into the committee.

The committee took a 10 minute recess.

It was noted Kathy Hubbard was not available for the remainder of the meeting, making the committee non quorate. The Chair proposed the committee continue with all remaining agenda items, only one of which required any form of approval. Views of the remaining participants would be taken into account with offline confirmation via email, undertaken where needed, to get a formal committee decision.

14. Health & Care Staffing Programme Update Report

Ms Watson noted this was the quarter three update report on progress organisationally towards the implementation of the Enactment of the Health and Care (Staffing) (Scotland) Act 2019 which will be LIVE as of 01st April 2024, however it was noted this is still work in progress towards full implementation across all organisations and disciplines, and is very much a work in progress in terms of work towards full implementation.

Ms Watson provided a detailed overview of the following topics:

- Staffing level tool run
- Real Time Staffing Resources
- eRostering
- Staffing Act
- Guidance Chapters
- Visit from the National Team
- Professional Leads and Safe Care Demonstration
- Health Care Staffing Board ToR Updates
- Health Care Staffing Act Newsletter

Mr Carroll remarked on a good review of the report.

The Chair noted approval is being sought for the approval of the Programme Board ToR. From the noted updates provided within the report, the Committee approved the Programme Board ToR.

The committee awarded a Moderate Level of Assurance

15. Position Statement e-Allocate and SafeCare

Ms Hankin informed the committee the report presents a position statement on progress within the organisational implementation of the Allocate Optima e Rostering project and provides details of the planned project handover from the implementation team to the Business as Usual (BAU) Rostering Team, a detailed update of which is included within the meeting pack.

Ms Hankin noted the scheme of delegation is in the process of being finalised, and will be shared with Payroll once complete.

It is anticipated everything will be set up to mimic the currently used Scottish Standard Time System (SSTS) to ensure a smoother roll out for when RL Datix decided on the deadline for that implementation.

Colin Marsland noted a date is yet to be confirmed for feeding issues into payroll. Mr Marsland stated the Payroll Manager does not expect there to be 100% set up between eRoster and the system which may cause future issues. It was noted the Payroll system is about to be re-procured which is another factor within this process, however the Audit Committee will be updated on any risks as usual.

The Chair enquired if it would be wise for the committee to receive an additional update at its next meeting in June. Ms Hankin confirmed this would be incorporated within the Health Care Staffing Report as it all feeds within the one project.

The committee awarded a Comprehensive Level of Assurance

16. **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q3 01st October – 31st December 2023**

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

- Support of Individual/Groups from Clinical Governance Team
- Clinical Governance Afternoons
- Monthly Guidance and Learning Bulletin
- Clinical Governance Walkrounds

The Chair thanked Ms Hankin for her thorough update, remarking on the breadth of activity, stating the report provides a reassuring picture which emerges throughout in regards to learning and the implementation of improvements.

The committee awarded a Comprehensive Level of Assurance

17. **Adverse Event Report Q3 01st October – 31st December 2023**

Ms Hankin informed the committee there had been 225 adverse events reported within the quarter with the top five reporting areas being:

- Medicines
- Falls
- Pressure Ulcers
- Communication
- Documentation / Clinical Information

It was reported there had been no new Clinical Risk Assessment Team (CRAT)s held within the quarter, two Duty of Candour (DoC) applied, and one Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable event which had been a slip on the ice, resulting in a fracture. Lessons learned from this event were conveyed to the committee.

It was noted there had been an increase of closed adverse events within the quarter (298) which reflects the time and effort the team have applied in reviewing these events.

The Chair noted the rise in both reported and closed events, stating this was an area which is functioning well.

The Chair noted the audit on significant adverse events undertaken nine months previously, and enquired if everything was still in place that had contributed to such a

good clean audit, or had things taken a step backwards or indeed improved even further, and if such an audit were to be undertaken again, how would the Board fair? Ms Hankin reported the Board would likely fair better, as they were more established as a Team, noting significant adverse events are few and far between with only one being received since the audit which had received the appropriate support identification. Following this adverse event, further resources had been developed which are used for both Level one and Level 2 report writing. It was noted support and resources offered had increased, and robust processes were in place.

The committee awarded a Comprehensive Level of Assurance

18. Quality Score Card incorporating the QMPLE Report

Ms Hankin noted key points of interest from within the report, these were:

- Included within the report is a summary of performance indicators which highlights activity and provides an oversight at a glance how the Board is performing under Key Performance Indicator (KPI) performance. It is hoped this will prove useful when comparing future reports.
- There has been an increase in the number of falls this quarter, with 22 cases reported which involved several patients with complex care needs. Staffing challenges continue in providing one to one care for falls patients, however an on call system is being trialled, which may be a way of getting additional support. The progress of this trail will be assessed and reviewed.
- DVT Audit was an area highlighted within the surgical audit with a reduction in compliance and performance. The reasons why were explained and measures put in place to combat this were highlighted.
- Surgical sight infection surveillance continues to be suspended, with no national indication of when these will be resumed.
- Survey and Patient engagement work is ongoing with a Pharmacy survey included within the meeting pack. The team will create an action plan going forward.

It was noted there are a lot of key indicators that remain on green, with practice and patient feedback remaining positive.

The Chair thanked Ms Hankin for another thorough update, noting the quick action being taken where required through feedback or a drop in results.

The committee awarded a Comprehensive level of assurance

19. Quality Update Report - Health Services delivered under the Partnership

The Chair welcomed Antony McDavitt and thanked him for his detailed report. Mr McDavitt noted the paper is in response to the CGC request for health services delivered under the CHSC Partnership to provide a report giving assurance on patient outcomes for services delivered in community health settings, noting the current reporting gap in this area. This is not helped by the absence since 2016 of a Quality Outcomes Framework for community health services.

It was noted that at this time, there is reporting/assurances provided to IJB or via IJB Audit Committee on a range of services, a portion of which are relevant to CGC. Mr McDavitt also noted that there is no clear consistency in metrics or assurances measures across Scotland for partnership health services.

To move this forward, Mr McDavitt spoke through the paper's proposal to have joint work involving CHSCP and NHS leadership and specialist teams to develop a patient outcome framework and workplan appropriate for the CGC, which will cover key metrics on patient outcomes and assurances, whilst recognising that this work will be both challenging to complete and likely to be iterative in nature.

The Chair welcomed comments from the Committee on the paper. There was overwhelming support for this work to progress as outlined.

It was further agreed that the Committee will take quarterly updates on progress of this work at each of its quarterly meetings.

The Chair thanked Mr McDavitt, noting the progress that this plan will provide to the Committee.

No assurance rating was awarded as work is under progress.

20. **Whistleblowing Quarterly Report Q3 01st October – 31st December 2023**

Ms Brightwell gave a brief summary of the report, these were:

- Speak up Week had taken place between 02nd and 06th October with many committee members being involved. There was a high number of attendance, with people addressing areas of concern which had been positive.
- There were six areas of concerns raised within this quarter. Three were not progressed due to the persons not wishing it to be pursued, two were taken as business as usual, and one was awaiting decision.
- There are two outstanding actions from quarter two, which are now completed and action plans written, however these need to be checked to see if they have been concluded.
- Communication plan continues with praise received from internal audit.
- Staff feedback sought from within the acute service on barriers to speaking up.
- Linking with the wider cultural work around active bystander training to spread the learning received from Speak up Week and Whistleblowing thus far.

The Chair noted the good progress made which ties in neatly with the Chief Executives priorities around culture and this being a listening and learning organisation.

Thanks were conveyed to all involved within the different aspects.

The committee awarded a Moderate Level of Assurance

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

Ms Brightwell noted this was a recurring item that the government requests the Clinical Governance Committee is sighted on, so the Board has assurance that it is legally compliant with the Mental Health Act.

The Board continues with three Doctors/Consultants as shown within the list, who are all approved and in date in regards to their training.

The Chair noted previously the assurance rating had been approved as Moderate to Comprehensive.

Ms Brightwell noted this was due to the changeover of staff within Mental Health, and the complexity with having Child and Adolescent Mental Health Services (CAMHS), however the service is operating effectively.

The committee awarded a Comprehensive Level of Assurance

22. CGC Aligned Strategic Risk Report

Ms Watson noted the following key points of the report:

- There are no changes to any of this committee's risk scores
- There is an overall upward trend within access to services, and estates. Estates have recently reviewed their risks and a revised review is expected to be presented at the March Risk Management Group (RMG).
- No strategic risks closed within this quarter, however risk 654 - Meeting Treatment Time Guarantee, requires to be reviewed.
- The Director of Public Health noted her intent to create an overarching risk for SR16 – COVID Outbreak and SR19 – Flu Pandemic, which will be presented to the March RMG.
- Challenges remain in relation to the adequacy of controls for SR01- National Standards.
- SR18 – Risk of CBRN Contamination, whilst the risk has been reduced a little, there is still the issue of being in a place to actively manage an incident should it occur.
- There are two Directorate Level Risks, 1259 – Medical Staffing and 1571 – Audiology (single handed post holder) which presents a risk to the organisation.

The Chair highlighted the amount of time and resource assigned to risk management.

It was reported, as with Complaints, a more thematic dive be done with CGC aligned risks, giving the committee a deeper understanding. This will be undertaken once the Clinical Governance Team are in a position to do so.

The Committee awarded a Moderate level of assurance

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

Melanie Hawkins reported the audit would be completed by the end of the day, therefore it was unfortunate not to have a final report for this meeting.

Ms Hawkins presented the committee with a summary around the second phase of the audit, with a final report to be presented to the committee at its next meeting.

The Chair thanked Ms Hawkins for her update, noting the audit would be reaching its final conclusion, whilst highlighting the thoroughness of the process as a whole.

24. **Population Screening**

The Chair noted this was a new agenda item, informing the committee on key activities and bring forward any potential issues within this area.

Ms Hawkins gave a brief overview of how the six national screening programmes are performing locally. These programmes are:

- Breast Cancer Screening
- Bowel Cancer Screening
- Cervical Cancer Screening
- Abdominal Aortic Aneurysm Screening
- Diabetic Eye Screening
- Pregnancy and Newborn Screening

It was noted each programme is delivered differently, with a different recall system, all of which were explained.

Going forward, the objective is to focus on the governance for future CGC meetings, with the first Cervical Governance Group meeting taking place in April, with other programmes expected to follow.

It was reported the production of the annual report is behind at present, due to capacity, however it is hoped this will be presented at the next committee meeting.

Work has been undertaken with the learning disabilities community. A report has been produced around learning disabilities and the cancer screening programme and is available to view, or could be presented at a future CGC meeting if required.

There has been work through the Recovery Hub, particularly the women's group to promote cervical screening, in regards to possible barriers, and how to make it easier for women to attend.

Currently work is being undertaken with Adult Learning around people who have English as a second language, with low literacy levels across all the screening programmes.

It was noted work with Jo's Trust, the Cervical Prevention Charity was undertaken last summer where the charity came to Shetland during awareness week/prevention week.

The report from the visit has now been received which includes some good recommendations. This will be taken to the Governance Group with the aim of including the recommendations into a work plan.

Finally, it was noted work is being undertaken to look at inclusive language within screening programmes and how this can be improved which will be reported on as work progresses.

The Chair thanked Ms Hawkins on a really good update, noting it would be useful for the committee to have sight of the Annual Report at its next meeting in June. It was noted thereafter, this report will be received at its December meeting.

Notwithstanding the Annual Report, the committee will receive a paper update for Population Screening at its future meetings.

The Chair noted it will be good to see the paper from a governance perspective.

25. Control of Infection Committee Update

The Chair noted this was a new standing item, with Kathleen Jamieson presenting on Susan Laidlaw's behalf.

It was noted the Control of Infection Committee, known as CoIC meets on a quarterly basis and is governed by the Communicable Disease Control Policy. The committee's aim is to produce an annual report to present to this committee, although this has lapsed in previous years due to the pandemic, however it is hoped this will be re-established.

It was reported nationally, the Scottish Government legislation governs the policy and practice on communicable disease control within NHS Shetland. The specialist expertise and professional guidance from the Health Protection Team within Public Health is guided by national bodies such as Public Health Scotland. The CoIC acts as a central committee overseeing the work of the Infection Control Team and the Health Protection Team, facilitating joined up working which provides advice across Health and Social Care.

The CoIC produces an annual work plan as well as an annual report at the end of each year.

Regular reports are received from three other key groups, including Infection Prevention Control Team, and both governance groups for Health Protection and Vaccination. Regular reviews of data reports and related risks are undertaken.

Ms Jamieson gave a high level summary on key discussions from the last quarterly meeting for the period of October to December 2023.

The Chair thanked Ms Jamieson for an interesting update, which is very reassuring to this committee in terms of care and due diligence being taken around Infection Control, across a range of different settings.

It was noted the committee will receive this type of update at all future CGC meetings with the annual report being presented at its December meeting.

Ms Carolan commended Ms Jamieson for a really good and helpful update.

Ms Carolan noted the Scottish Hospitals enquiry is still ongoing, and the Scottish Government will be issuing a Government Directorate Letter (DL) towards the end of this financial year, to help clarify, post pandemic, the professional advisory roles for Infection Control Teams and Health Protection Teams. The Infection Control Committee will need to capture in writing what the arrangements are, in light of the DL, once published. It is important to set out what the accountability routes are, given that some of the learning from other enquiries has referred to the vagueness of accountabilities. It was noted this would be something to build into future updates that come through the Health Protection Team, via the CoIC route at future meetings.

26. Topic of Emerging Concern

It was noted the Chair and both Executive Leads would meet off line to discuss future topics of emerging concern.

27. **12 February 2024 Development Session Update & Future Development Sessions**

It was noted the Chair will meet with both Executive Leads to discuss future development sessions before Junes meeting.

It was noted there had been a number of topics raised both previously and from the meeting held today.

28. **2024 – 2025 Meeting Dates**

The committee noted the 2024 – 2025 meeting dates.

29. **AOB**

There was no other business to report.

The Chair apologised for the over running of the meeting and thanked all for their participation. It was noted from June, future meetings will be expanded to give the committee ample time for all agenda items.

APPROVED