

**Minutes of NHS Shetland Clinical Governance Committee (CGC)  
Held on Tuesday 11<sup>th</sup> June 2024 via TEAMS**

**Members Present**

Joe Higgins	Interim Chair
Lincoln Carroll	Non-Executive Director & IJB Representative
Kathy Hubbard	Non-Executive Director
Colin Campbell	Non-Executive Director & Chair of Audit & Risk Committee
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
Susan Laidlaw	Director of Public Health
Jo Robinson	Director of Health & Social Care
Michelle Hankin	Clinical Governance and Risk Team Leader
Mary Marsland	Committee Administrator

**Contribution to Agenda**

Antony McDavitt	Director of Pharmacy/Interim Depute Chief Officer ( <i>Agenda Items 9, 10 &amp; 22</i> )
Carolyn Hand	Corporate Services Manager ( <i>Agenda Item 13</i> )

The Chair informed the committee that at this present time, there is nobody in the role of Area Clinical Forum (ACF) Chair. It was noted that the CGC is constituted on the basis of an ACF Chair as a Member, therefore this represents a gap to CGC. It was noted that work is being undertaken via the Chief Executive to address this gap. In the interim, from governance perspective, the CGC notes this current position.

**1. Apologies**

Apologies for absence were received on behalf of Brian Chittick, Chief Executive Officer and Edna Mary Watson, Chief Nurse (Corporate)

**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 05<sup>th</sup> March 2024**

The minutes were approved as a true and accurate reflection.

4. **Matters arising from the minutes**

The committee noted there were no matters arising.

5. **Review of Action Tracker**

**Agenda Item 11** – Michelle Hankin informed the Committee works had been completed with a report being fed back to Brian Chittick, Staff Development and Information Governance.

Wider shared learning had emerged, and key themes identified which are being shared organisationally with an overview of a deeper dive of IG, adverse event reporting and how this links to training, being presented at the Clinical Pathways meeting on 24<sup>th</sup> June.

*Action to be closed*

**Agenda Item 7** – Due to the absence of Mr Chittick, it was noted this item is to be carried forward

*Action to be carried forward*

**Agenda Item 21** – It was noted from discussion this was a wider organisational priority, however the Chair would discuss with Carolyn Hand and Edna Mary Watson to gain a clear position, therefore for the purposes of CGC, it was agreed to close this action.

*Action to be closed*

**Agenda Item 26** – It was noted the action is remain as open, keeping development sessions active.

*Action to remain open*

The Chair informed the committee that the Clinical Governance Team are now using a uniform decision note template to report on the two feeder committees, namely the Operational Clinical Governance Group (OCGG) and the Joint Governance Group (JGG), into CGC.

6. **Operational Clinical Governance Group (OCGG) 09<sup>th</sup> May 2024 – Summary**

Kirsty Brightwell noted this had been a hybrid meeting which had been helpful, giving the committee a brief overview of discussions held, these were:

- Mental Health work on ADHD
- Governance and Medical Administration by Healthcare Support Workers
- Information Governance Investigation Work
- A number of Procedures and Guidelines approved
- Work on the NRCFit making sure the Board are compliant
- Flashcards
- Recommencement of the Clinical Governance Leadership Walk Rounds
- Neurology self-assessment against published Standards.

Ms Brightwell noted the meetings are maturing and increasingly productive.

The Chair noted the OCGG is discharging its duties well and providing strong governance.

**The committee awarded a Comprehensive Level of Assurance**

7. **Joint Governance Group (JGG) Approved Minutes 15<sup>th</sup> February 2024 & a summary of the meeting held on 16<sup>th</sup> May 2024**

Ms Brightwell noted this was a helpful meeting due to the group meeting being in person and stated that good discussions were held around a number of key areas including:

- Clinical Effectiveness Report
- Presentations around Child and Adolescent Mental Health and Psychiatry and Mental Health

The Chair noted from a governance point of view, the importance of having an approved Terms of Reference (ToR) for the JGG (see Item 11) as this will give the JGG the rigour and consistency it requires in order to properly discharge its duties.

It was noted the assurance rating previously had been moderate, however the committee agreed to the proposed assurance rating of Comprehensive.

**The committee awarded a Comprehensive Level of Assurance**

8. **ToR Requirement - Mid-Year Review CGC Terms of Reference**

The Chair informed the committee that the CGC ToR requires the committee to review it every six months, with the last review being December 2023. There are no changes to the purpose/objectives of the CGC, carried within this update.

The committee were informed the TOR now carries the addition of the three recently added Standing Items: -

- Quarterly review of the CGC Annual Work Plan
- Population Screening Report
- Control of Infection Committee Update Report

In addition, it has been updated to reflect the movement of three of the Annual Reports previously received by the committee in June, to September: -

- Complaints Annual Report
- Hospital Transfusion Committee (HTC) Annual Report
- Duty of Candour Annual Report which will now be received as an appendix within the Medical Directors Annual Report

**The committee approved the revised CGC Terms of Reference**

9. **Management of Controlled Drugs Policy**

Tony McDavitt, disclosed the route of the policy ahead of submission to this committee, noting it is a policy that spans both Primary and Secondary Care which affects all of the services. It replaces a very old policy which required a significant amount of updating and is based on a policy in collaboration with NHS Grampian.

It was noted it is a comprehensive policy that straddles both policy and procedure and holds a large amount of information.

The purpose of the policy is to ensure there is a robust set of rules in place for managing controlled drugs in Shetland, how it is done safely and effectively, and who is accountable and responsible for controlled drugs management within the different areas.

Feedback received from engagement had been good with a couple of queries raised around procedural issues for the policy, but no actual conflicts or issues with the policy itself, or the intent of the policy, therefore approval was being sought from CGC.

The Chair noted the significant re-write from the previous existing policy, and its wide organisational engagement.

The committee engaged in discussion with questions relating to the policy being raised.

**The committee approved the policy**

#### **10. Safer use of Medicines Policy**

Mr McDavitt noted this was briefer than the previous policy which was intentional.

The policy is to create a framework of the different activities NHS Shetland require to control relating to medicine management eg procurement, stock control, security and storage, disposal.

It was noted given the operational nature of what is going to sit underneath this policy, that the Drugs and Therapeutics Committee would be the preferred approval route for any procedural documents.

Mr McDavitt as accountable officer and lead for medicines governance was comfortable the policy captured the appropriate scope of activity, however was seeking CGC comment and approval.

It was noted it is a comprehensive framework and it will take time to fill out the gaps, however is pragmatic whilst meeting the ongoing need to be safe and accountable.

The Chair noted this was an overall sensible approach to take.

There were no questions or discussions forthcoming from the committee.

Mr McDavitt asked if the committee were comfortable with the Area Drugs and Therapeutics Committee (ADTC) being the key body in any significant processes and to maintain these policies under the ADTC longer term. The committee agreed to this proposal.

**The committee approved the policy**

#### **11. Approval of JGG Terms of Reference**

Ms Brightwell noted the draft ToR was approved at the last meeting of the JGG, and was being presented to CGC for final approval.

The importance of having the revised ToR was noted as the JGG changes and adapts to organisational need. It was noted the membership of the group had been reviewed and updated as part of this review.

The ToR will continue to be adapted, and it was thought the six monthly review of the ToR adopted by CGC was appropriate for this TOR also.

The Chair noted that the TOR seeks to adopt an approach similar to other groups, making sure the right information is being provided by stakeholders across all the different services, and ensuring the JGG consider each in a rigorous and consistent way.

**The committee approved the JGG Terms of Reference**

## 12. Sudden Death Procedure

Ms Brightwell shared a short presentation on NHS Shetland Death Reviews, stating that there is a need to update the approach to review of deaths as the current process is causing delays, resulting in potential learnings not always being undertaken quickly. To move things forward, three draft procedures have been produced, generating a step by step process for people to refer to as reference documents, these are:

- Immediate Actions Following a Sudden Death
- Communication with NHS Shetland services re Sudden Deaths
- Communication with External Agencies re Sudden Deaths

It was noted next steps are to feed these into the Sudden Death Group.

Susan Laidlaw asked for clarity of classification of a Sudden Death, and what the Sudden Death Group does, as the Sudden Death Group initially limited its scope to suicides, suspected suicides and undetermined deaths, which then expanded to include drug deaths. These procedures however seem to specify any sudden deaths.

Ms Brightwell confirmed previous reviews had only been undertaken around substance misuse and mental health suicides, and required clarity around other causes kinds of sudden death.

It was noted any learning needs to be undertaken by the relevant teams (which should already be happening), regardless of the scope of the Sudden Death Group.

It was noted process through clinical governance will play a key part.

Kathy Hubbard enquired if there was one specific person who feeds the information into the system/has overall ownership of the process. Ms Brightwell indicated there was no appropriate one single person, which is one of the issues as there is an assumption that someone performs this role.

Jo Robinson indicated the work being undertaken by Ms Brightwell to clarify reporting is helpful and indicated that she is the Chair of the Sudden Death Group and noted the ToR for that group can be reviewed in light of these documents so there is an understanding of what is and what is not appropriate to be presented to that Group.

Colin Campbell noted this was a good piece of work, and was reassuring to see the gaps within the process, procedures and policies have been identified and are being worked through and tightened.

The Chair noted this was an important mainstream matter and having the right governance and documentation was vital.

## 13. NHS Complaints & Feedback Monitoring Report Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2024

Carolyn Hand informed the committee this was the standard monitoring report for Quarter 4.

It was highlighted this is the second quarter in a row in which the Board has not managed to respond to any Stage 2 complaints within the 20 working day target. It was reported a number had arrived at the same time, which is difficult to administer when received in that way. Another contributing factor is it is usually the same, small number of people who are required to investigate these, which makes resourcing challenging.



It was reported there are still complaints open from Quarter 4 Jan-Mar 24, these being both complicated and requiring in-depth investigation, however it was felt important to take the time to get them as complete as possible before responding.

The long standing request for additional admin support within the feedback and complaints team has been approved, which was positive.

The two cases recently considered by the Scottish Public Services Ombudsman (SPSO) have both been closed with no further action. One found everything undertaken had been reasonable and the other, the Board was asked to meet with the complainant to try and conclude.

Ms Hand proposed a Moderate assurance rating, which remained unchanged from the previous meeting, as things still felt quite fragile and pressured, however it was hoped things were moving in the right direction with the approval for additional administration support, with this resource allowing more consistent following up of the implementation of complaint actions, thus offering further assurance to CGC of the learning/continuous improvement from closed complaints. Further, the Chair noted a case study was heard at the previous CGC meeting and expressed a view that this extra resource could help the CGC see more of this type of presentation which would be extremely helpful.

Ms Laidlaw and Prof Carolan noted despite the issues with capacity within the Team, Katherine Cripps is always very helpful and good at producing responses, making sure replies are sent out on time and appropriately for Public Health despite the pressures the team is under and requested her gratitude be fed back to Ms Cripps.

Ms Hand thanked Ms Laidlaw for her kind comments which she assured would be fed back.

Adding to the overview received from Ms Hand, Prof Carolan noted the complaints team have been working with Care Opinion to look at ways in which people in Shetland can use this system for feedback. There is a lot of resource that goes into capturing somebody's concern, therefore work to make the platform more obvious is being undertaken, as well as making the community more aware there is an alternative resource to use for feedback, which is hoped will take some of the pressure off the team.

The Chair noted Care Opinion is a good tool to use for this purpose and would indeed be beneficial if it could be more heavily used by those wishing to provide feedback.

#### **The committee awarded a Moderate Level of Assurance**

#### **14. Leadership Walkarounds**

Ms Hankin informed the committee dates for the walkarounds are in the process of being scheduled. There are confirmed visits to Ward Three in July, CDU, the Sterilisation for Medical Equipment Unit in September, and Medical Records in November. Other visits are planned for Bixter Health Centre, Brae Health Centre, Renal, Cardio-Physiology and Labs however dates for these have yet to be confirmed. The visit scheduled for June has had to be delayed due to the diary commitments of executive representation, this will now be rescheduled for September/October.

It was noted the committee can expect to receive a formal report at its next meeting in September, which will summarise the visits which have taken place.

The Chair noted the useful exercise of the walkarounds, and welcomed their return.

**15. Pathways for Review - Adherence to NHSG/SIGN Guidelines for Obstetric Care**

Prof Carolan spoke through a slide set, produced from a meeting held in March with the Obstetrics and Gynaecology (O&G) Team. This covered the issues for Shetland caused in large part by the rotational model in place for clinicians involved, and the impact this can have in ensuring consistency in clinical care pathways and choice eg, can currently be inconsistent in our ability to provide choice for caesarean delivery.

The Chair thanked Prof Carolan for her interesting review on the different aspects of this matter, noting the detail within the presentation of the determination of the Ockendon report 2022.

Ms Hubbard thanked Prof Carolan, stating the presentation was a really good example of the effort, ingenuity and the creativity involved in trying to get the best for patients in a small service where not everything can be offered the same way it can within a larger service, and was a helpful run through of the hurdles faced when trying to get the best clinical outcomes.

Further discussion took place with Prof Carolan confirming that bigger Boards will not be in this same position as they will use their Clinical Leadership in order to achieve consensus, whereas this Board will need to take a more locally determined Clinical perspective.

It was noted this position is also playing out within other Visiting Services where there is no consensus.

It was reported this is a precursor of having to adopt this process in order to fill the clinical director leadership gap.

Prof Carolan summarised that following this discussion, this model didn't feel uncomfortable to the CGC, and that this is the direction of travel being taken.

The Chair noted it sounded eminently sensible and necessary given the model the Board operates under.



Agenda Item 15 CGC  
presentation - OG gui

The committee took a 10 minute interval

**16 ToR Requirement - Draft Duty of Candour 2023 – 2024 Annual Report**

The Chair noted, as referenced at the start of the meeting, this report will be presented to the committee at its September meeting and will be attached as an appendix to the Medical Director Annual Report - **ACTION**

**17 ToR Requirement - Whistleblowing Quarterly Report Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2024 & Draft Whistleblowing Annual Report 2023 – 2024**

The Chair highlighted there were two reports, informing the committee the Independent National Whistleblowing Officer (INWO) gave the option of producing two discrete reports at this point in the year or having one single report, incorporating the Q4 Report

into the Annual Report. The Board has always taken the view to have two discrete reports and is why there are two reports attached.

Ms Brightwell noted this was the first year more diverse/actionable aspects of Whistleblowing can be analysed, with the first couple of years seeing very low volumes which focussed on setting up processes, and awareness raising amongst staff.

An area in need of improvement are the investigations themselves, including how these are monitored as they can prove to be prolonged and difficult.

Speak up Week was reported to have been a success, however it was noted whilst there is awareness, there is still more to do and is an area of focus.

It was reported there was still no/little input from any external partners and is another area to focus on around raising awareness.

The Chair noted the value of having a healthy speak up culture and how it offers all round benefits to the organisation, whilst helping prevent cases escalating to the formal stages of Whistleblowing.

Recognition of work undertaken was conveyed to Edna Mary Watson, Kirsty Brightwell, Michelle Hankin and all the Confidential Contacts.

The Chair noted it was key for this committee to have a very clear and formal approach to the following through of actions, as there is a gap at present. Going forward there needs to be continuous improvement shown by the organisation following Speak Up/Whistleblowing cases being closed, so CGC can be reassured lessons are being learned and implemented.

It was noted the quarterly report has a proposed Moderate level of assurance. No assurance rating is proposed for the Annual Report as this is not a recognised approach for Annual Reports to INWO.

**The committee awarded the quarterly report a Moderate Level of Assurance**

No assurance level was given for the Annual Report

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

Ms Hankin noted this was an update on the Health and Care Staffing Programme which she was presenting in the absence of Edna Mary Watson.

Key points within the report highlighted to the committee were:

- Staffing Level Tools
- Real Time Staffing Assessment
- eRostering
- Support Roll Out of Safe Care
- Local Policies and Procedures

A Moderate level of assurance was proposed

Ms Hubbard noted her frustration in regards to this report (and others) around the increasing burden put on staff at all levels of the organisation, in order to respond to government, with the likely negative impact to existing workforce challenges and lack of funding to support the ask of providing a response.

The Chair echoed Ms Hubbard's concerns, noting the report itself references challenges to implement safe care across all the different disciplines. The Chair also noted Ms



Carolan's earlier advices of the importance attached to this legislation by the Scottish Government, that this is an important piece of enabling legislation, and reflects the sustained efforts being shown across the organisation to successfully implement and benefit from the various tools and processes.

Narrative from within the Chat function

**Kathleen Carolan (NHS Shetland) 11/06 11:49**

The legislation is important - we have fed back to HIS/SG that there is a considerable amount of monitoring to demonstrate adherence which does not in itself, improve safe staffing

The Chair stated the Board is making good progress and is well placed in terms of the ten duties placed on NHS Boards, however enquired around the Red level of assurance – Planning and Securing Services.

Ms Hankin informed the Chair she will ask Ms Watson to provide an update as she was unaware if there is anything specifically related to the frameworks, as there is planning in place around some services locally – **ACTION MH**

The Chair noted in terms of progress, the committee can be content on activity, despite competing pressures being faced.

Mr Campbell noted the committee should acknowledge the amount of effort gone into what has been achieved by Ms Watson and her team, as their jobs need to continue whilst the rollouts take place. The outlined ten duties have been achieved and continue to do so. Whilst this has been successfully achieved, it has been difficult and challenging.

The Chair shared Mr Campbell's sentiment.

**The committee awarded a Moderate Level of Assurance**

**19 Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2024**

Ms Hankin noted there had been an increase in activity within the quarter, creating a weighty report.

The committee were updated on the range of clinical governance activities in the Quarter, including:

- Increase in Audit Activity
- Team Service Feedback
- Guidance and Learning Bulletins
- Clinical Governance Afternoons
- Focus on Diabetes
- Scottish Patient Safety Programme (SPSP)

A Moderate level of assurance was proposed.

The Chair noted the broad range of governance activities, that it painted an overwhelmingly positive governance picture, and noted the learning and continuous improvement activities included.

Lincoln Carroll stated it was helpful for the committee to have sight of information around Attention Deficit Hyperactivity Disorder (ADHD) and the pressures it puts on the

mental health team. The information provided within the report is helpful in understanding how the pressures of the numbers of adults, children and young people who are accessing services to be assessed for ADHD and autism are putting on those services and the pressure that will put on other services in the future. The reasons why and having the background of why mental health teams are struggling is helpful for the committee to have an understanding. Jo Robinson thanked Mr Carroll for highlighting the particular mental health aspects, noting work continues to improve aspects of governance within many areas.

Ms Brightwell noted the information presented is valuable, however wondered how visible this is across the various services, showing them what is being undertaken.

Ms Robinson clarified partnership data, appendix 19c to 19i of the pack, would all come under partnership services and clarified there is already information the committee has sight of, along with other information in development, for further reporting.

The Chair enquired if the current situation around the coding of diagnosis in the ED was due to a lack of an IT/digital system which prevents the recording of a diagnosis?

Ms Hankin clarified there is the functionality to assign a code, instead the issue lies with recording the required amount of information and identifying the correct codes, making sure everyone uses the same codes. It was noted work has commenced around the tightening up of coding.

#### **The committee awarded a Comprehensive Level of Assurance**

#### **20 Adverse Event Report Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2024**

Ms Hankin informed the committee there had been 233 adverse events reported within the quarter with the top five reporting areas being:

- Medication slips
- Trips and Falls
- Pressure Ulcers
- Communication
- Documentation / Clinical Information

It was reported there were no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents and no level one investigations closed within the quarter.

Ninety eight adverse events were closed within the quarter compared to 298 within the previous quarter. This was due to several factors which are:

- Vacancies within the Clinical Governance Team
- Annual Leave during this period of reporting
- Illness within the team
- Supporting other projects
- Change in approach to adverse events
- More time dedicated to the reviewing of significant adverse events

The information governance data review around the number of training related issues and identification of different areas/themes from adverse events was highlighted.

A Comprehensive level of assurance was proposed.

The Chair noted Ms Hankins efforts to make this subject more mainstream across the organisation, which is reflected in the numbers being reported, and is mindful of the dependency on the Clinical Governance team for this and other items, and thanked the team for the work produced.

The Chair observed the drop from 298 to 98, and understood the myriad of issues behind it, however hoped this will stabilise.

**The committee awarded a Comprehensive Level of Assurance**

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

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

- Within key performance areas, 9 were identified as red, 1 as amber and 22 as green, with 9 having no set target. Performance against the performance indicators is consistent, with good narrative and evidence to support performance against the areas.
- Cardiac arrest data continues to be collated and submitted, with an increase in reporting via datix for these events which is positive as the system can then be used to capture other reports.
- There has been a reduction in falls compared to quarter 4 which was discussed at the SPS meeting.
- There was an additional comment within pressure ulcer data added to the data within quarter 3. Following a review this was reclassified as it did not meet the Scottish criteria for a hospital acquired pressure ulcer. This was noted to be valuable as once the data has been received, it is being questioned. The learning from the review was highlighted to the committee.
- There are challenges around the collection of the excellence in care data. Whilst data has been collected, there have been team vacancies. Through talks with the excellence and care national team, it was agreed there would be retrospective submission of data, which does affect the results being seen within the quality scorecard.
- Feedback received from inpatients and students continues to be positive.

It was noted a comprehensive level of assurance was proposed.

The Chair noted the recording and presenting of the data is really good governance and assurance in itself. Although not everything is within green, there is awareness of areas requiring improvement with actions being set accordingly.

**The committee awarded a Comprehensive Level of Assurance**

**22 Quality Update Report - Health Services delivered under the Partnership**

The Chair noted the aim of this item is to have a quarterly update on the joint work being progressed between the Board and Community Health & Social Care, in developing a patient outcome framework with key metrics and patient outcome measures, giving CGC the assurances it requires.

Mr McDavitt informed the committee there has been a number of Directorate level meetings held (including with all the Leads) at a detailed level on how this work should best progress, including covering:

- Primary Care and Community Care communications.
- Following the direction setting at the recent Integrated Joint Board (IJB), there are clearer Key Performance Indicators (KPIs) that could form part of the performance framework for individual their service areas.
- Work has been undertaken externally with Scottish Government, through the Primary Care Investment Programme on how the programme evaluates itself, and how the work can be used as a set of clinical governance indicators.
- Work has started with a questionnaire developed to get patients experience and feedback from their use of Community Health Services, particularly General Practitioners (GPs), which will help provide metrics from their experiences.
- A short time limited survey is being distributed to GP Colleagues that can be used to gauge their experience on the wider roll out of the Multidisciplinary Team (MDT) and the Neurodevelopmental Team (NDT).

Mr. McDavitt reiterated that work streams are now underway, but that it is vital to take the time to get the correct and informed approach at this development stage. It is hoped within the next three to six months there should be a draft, with some of the early indicators for quality, safety and governance to share.

The committee were informed an Analyst had recently been recruited to help the development of the Shetland Health Intelligence platform, working closely with Public Health and Community Health & Social Care partnership, looking at performance across macro measures eg, long term condition reviews and medication reviews. This should then provide assurance there are good processes in place.

It was noted within the next two weeks Health Improvement Scotland (HIS) will be visiting for two days to undertake some QI improvement work though the Primary Care Investment Programme. They will also consider care experience improvement methodology with a group of staff members across the partnership, with operational responsible Leads engaging in this work, helping inform a robust scorecard metrics for these specific Partnership services.

The committee held a lengthy conversation in regards to this work and expected future iterations.

The Chair noted the committee's interest around this piece of work, and offered the support of the committee in all aspects of works being undertaken.

The Chair invited Mr McDavitt to give an update at the next CGC scheduled for September – **ACTION AM**

### Narrative from within the Chat function

**Kathleen Carolan (NHS Shetland)** - LEO training has also really helped to support meaningful patient engagement and improvement at an individual patient level (which is starting to be reflected in the data we gather)

#### **Anthony McDavitt (NHS Shetland)**

- 1. Medication Review Completion Rate**  
Good performance (15% overdue)  
Review performance (15 – 25% overdue)  
At risk (25% overdue)
- 2. Polypharmacy Related Measure Performance**  
Above average (55% better performing practice vs Scotland)  
Average performer (45 – 55% better performing practice vs Scotland)  
Poor performance (45% better performing practice vs Scotland)
- 3. Polypharmacy Review Rate**  
High rate (above expected rate)  
Expected rate (meets expected rate)  
Low rate (below expected rate)

These are the slides for the session with the directorate team too, which we married with Purpose and Kindness



Performance  
Measures Development

**Susan Laidlaw (NHS Shetland)** - It is really good to see a shift from generating lots of data and information to 'health intelligence' - where we are analysing and using the data in a meaningful way to understand outcomes

#### **Kathleen Carolan (NHS Shetland)**



13th Citizens Panel  
Survey Report May24

based on 589 responses

- 23 Approval of the Approved Medical Practitioners (AMP) List Mental Health Act**  
Ms Brightwell reiterated the requirement around the report, noting there were no changes from the previous report, presented in March.  
The Chair thanked Ms Brightwell for her brief update.  
**The committee awarded a Comprehensive Level of Assurance**



## **24 CGC Aligned Strategic Risk Report**

Ms Hankin provided an overview of changes made within the last quarter. Whilst there were some overall upward trends in risk ratings, no risk scores had increased.

It was reported there had been no closed risks within the quarter.

Ms Laidlaw informed the committee the COVID outbreak and Flu pandemic risks have been combined into one pandemic risk and will be presented at the next Risk Management Group (RMG) meeting for approval.

Discussion took place around the increasing dangers of cyber-attacks especially given the recent number of attacks, and the ways in which these are managed locally as well as nationally.

The Chair noted 1571 Audiology – Single handed Practitioner Risk was noteworthy, however would be covered under item 28 of the agenda.

**The committee awarded a Moderate Level of Assurance**

## **25 Population Screening Report**

Ms Laidlaw shared a presentation on the Governance of Population Screening Programmes, which will set the scene for regular reporting to CGC going forward. This will be aided by a new set of national core standards for all screening programmes.

Ms Laidlaw gave an in-depth overview of population based screening in Shetland and what that means in terms of both practicality and governance.

It was noted regular quarterly reports will be produced for CGC, using the core standards framework for areas classed as particularly useful to the committee.

The Chair noted this is an important standing item for the committee to receive every quarter. The report itself can be refined as the committee moves forward, however the Chair suggested it be framed around the 6 HIS Core Screening Standards as they apply to each of the screening programmes individually, and in doing so giving the committee a view of the “need to know” information for each programme.

The committee noted the report.



Agenda Item 25 CGC  
Presentation Populatic

## **26 Control of Infection Committee Update Report**

Due to time constraints Ms Laidlaw gave a brief overview of issues over the last quarter. It was reported there is an increasing workload within Health Protection at present due to a number of national and local concerns, and the continuous work to refine and compile a full suite of procedures around outbreaks.

It was noted there is ongoing work around the collation of data in regards to the various immunisation programmes.

The continuous process of improvement, monthly governance meetings for Health Protection, and quarterly for immunisation were noted.

The Chair remarked the report paints a very diligent governance picture, including on where investigations need to be undertaken, information on how they are being taken forward, and that the remedial work is being carried out.

A Moderate to Comprehensive level of assurance was proposed.

**The committee awarded a Moderate to Comprehensive Level of Assurance**

**27 Review & Update of the CGC Workplan**

This update was not received due to time constraints, however the Chair noted good progress is being made. A written update on progress will be provided at the September CGC meeting.

**28 Topic of Emerging Concern: Fragility of Single Handed Services (Audiology)**

Ms Carolan informed the committee Audiology, due to it being particularly topical, had been selected as a case study of challenges within and the governance of a fragile service, recognising there are other service areas of fragility across the organisation also.

Ms Carolan shared her presentation with the committee and gave a detailed analysis of the service, its challenges, current governance arrangements and opportunities for change.

The Chair thanked Ms Carolan for her interesting presentation, noting some similarities with the above Population Screening presentation, stating this type of deeper dive reporting was valuable to CGC therefore future agendas should be flexible to allow sufficient time for such presentations.

The Chair stated the presentation had been very clear around setting out the service position, and what it is trying to achieve with the resources it has.



Agenda Item 28 CGC presentation - Fragile

**29 Strengthening the Clinical Voice (ACF)**

Captured within Chairs opening remarks at the beginning of the meeting (see above).

**30 17 June 2024 Development Session & Future Development Sessions**

The Chair noted the above development session, will be led by Tony Visocchi.

**31 Date of Next Meeting: In Person Meeting - Tuesday 10<sup>th</sup> September 2024**

**AOB**

**There was no other business to report**

The Chair conveyed thanks to all for a good informative meeting, presentation and all the hard work.