

**Minutes of NHS Shetland HYBRID Clinical Governance Committee (CGC)
Held on Tuesday 10th September 2024**

Members present in person

Joe Higgins	Interim Chair
Lincoln Carroll	Non-Executive Director & IJB Representative
Kathy Hubbard	Non-Executive Director

Members present via TEAMS

Bruce McCulloch	Chair of Area Partnership Forum (APF)
-----------------	---------------------------------------

In attendance in Person

Kirsty Brightwell	Medical Director & Joint Executive Lead
Jo Robinson	Director of Health & Social Care
Edna Mary Watson	Chief Nurse (Corporate)
Michelle Hankin	Clinical Governance and Risk Team Leader
Colin Campbell	Non-Executive Director
Gaynor Jones	Non-Executive Director

In attendance via TEAMS

Colin Marsland	Director of Finance
Susan Laidlaw	Director of Public Health
Mary Marsland	Committee Administrator

Contribution to Agenda via TEAMS

Alex Sharp	Senior Biomedical Scientist, Labs (Agenda Item <i>(Agenda Item 10)</i>)
Carolyn Hand	Corporate Services Manager (Agenda Items 11 & 13)
Antony McDavitt	Director of Pharmacy/Interim Depute Chief Officer (<i>Agenda Item 20</i>)

The Chair welcomed Gaynor Jones, Non-Executive Director to her first meeting, and informed the committee Colin Campbell was attending as an attendee, in light of his new position within the Board.

A summary of the function of the committee was given and a run through of the agenda was received.

It was noted the role of the Area Clinical Forum (ACF) Chair remains vacant. Whilst important as that post holder is a member of this committee, it remains an active conversation to recruit to that role. For governance purposes, the committee noted the ACF Chair post remains vacant.

1. **Apologies**

Apologies for absence were received on behalf of Brian Chittick, Chief Executive Officer and Prof Kathleen Carolan, Director of Nursing and Acute Services & Joint Executive Lead

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 11th June 2024**

Edna Mary Watson noted Section 6 - *Operational Clinical Governance Group (OCGG) 09th May 2024 Summary* (second bullet point) should refer to the Governance and Medical Administration by Healthcare Support Workers.

Subject to a minor amendment, the minutes were approved as a true and accurate reflection.

4. **Matters arising from the minutes**

Ms Watson raised a point of detail. In regards to Section 10 - *Safer use of Medicines Policy*, the discussion had with Tony McDavitt refers to policies being approved, which included reference to policies or procedures.

Ms Watson stated the current framework for governance for document development, states policies need to be approved by a standing committee of the Board, and sought clarity if the Area Drugs and Therapeutics Committee (ADTC) are under the assumption they are able to approve their own policies.

Discussion took place and it was confirmed the Chair and Ms Watson will discuss out with this meeting – **ACTION - Chair**

There were no further matters arising.

5. **Review of Action Tracker**

Agenda Item 7 – The Chair informed the committee he has spoken with Brian Chittick around the concern in regards to the independent NHS Dentist which does not hold a valid practice inspection certificate.

It was made clear the Board does not carry the risk, which is carried entirely by the practice themselves, therefore the action can be closed on the basis their remedial activity will be closely monitored by the Dental Director, and supported by the Chief Executive.

Action to be closed

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

It was noted the session held by the Dental Director, Antony Visocchi was very good, and presented an informative picture of the Dental profession and the governance protocols around it.

Action to remain open

Agenda Item 16 – The Chair noted the Duty of Candour (DoC) is an attachment included within the Medical Director Annual Report and can therefore be closed.

Action to be closed

Agenda Item 18 – The Chair noted the Planning and Securing Services placed on the Board within the 10 duties has again carried forward as Red.

Ms Watson informed the committee a quick reference guide has now been issued however has presented challenges. Things are no further on since the committee met previously however this is relatively minor. It was suggested the action be closed from the tracker as this will be reported on within the quarterly report.

Action to be closed

6. **Operational Clinical Governance Group (OCGG) 08th August 2024 – Decision Note**

Ms Watson noted the decision note from the meeting was presented within the pack, and highlighted the following topics:

- Good progress noted around some of the safety issues
- Updated on the implementation of NRFit
- Outstanding issues within areas which haven't been able to progress due to capacity or absence of key peoples are Professional Insurance Framework and the review of the first Whistleblowing case.
- Flashcard updates - Susan Laidlaw highlighted within the ADTC update, Yellow Card reporting there has been a decrease of around 12/13 staff within the vaccination team, it was not around the actual vaccine or medication itself. There has been a fair amount going into Medicines and Healthcare products Regulatory Agency (MHRA) so will be interesting to see if it is picked up within the reporting. It won't be around specific medication, it will be around equipment.
- Hot Topics – System pressures and administration support

The Chair noted this committee has a good balance with lots of detail covered.

Ms Watson noted it has taken time, however is proving to be helpful.

Kirsty Brightwell added the group is functioning well and the flashcards require the groups/committees to summarise their positions and activities.

The committee awarded a Comprehensive Level of Assurance

7. **Joint Governance Group (JGG) 29th August 2024 – Decision Note**

Ms Watson noted there where some current challenging issues as well as a number of positives:

- Organisational issue of delivering the Trauma Risk Management (TRIM) Pathway
- QI capacity
- Administration concerns in regards to the Resus Committee
- Roll out of "Hospital and Home"
- Series of Maternity Guidelines, all of which were approved
- Sudden Death process
- Update on the progress around the Primary Care Phased Investment Programme

- Presentation on Care Home Assurance

Ms Watson noted a good level of discussion was had, leaving limited time to look at standing reports, some of which come forward to this Committee. As such, the group were invited to send any comments through via email, albeit no comments received to date.

Ms Watson informed the committee, since the review held in February, the group now functions better. The review provided the opportunity for the group to understand its purpose as a joint group across both Health and Partnership Services, which should be evident within the reports coming forward, and it was noted that the agenda is now more comprehensive

The Chair echoed Ms Watson's view, adding the Terms of Reference (TOR) had also helped to shape the agenda.

The committee awarded a Comprehensive Level of Assurance

Ms Brightwell commented having the decision note, rather than the minutes from both of these groups was a much better format, which the Chair agreed, stating it's what this committee needs to know in terms of its assurance.

8. **Draft Medical Directors 2023 – 2024 Annual Report including Director of Medical Education (DME), Realistic Medicine and Duty of Candour**

Ms Brightwell informed the committee the report had already been presented to Board. In line with discussion held at Board, it was noted professional assurance continues and whilst there have been gaps within medical leadership which has resulted in Job Plans not being progressed, this is expected to progress and function better going forward. It was noted Workforce is not too dissimilar to the previous year with some areas continuing to rely on supplementary staffing.

The DME report and Realistic Medicine report for under/post graduate education are both positive.

The Duty of Candour (DoC) report had also been discussed at Board. It was noted the number of adverse events has risen considerably, with four requiring DoC to be applied, which is consistent with four cases within the previous year. It was noted there is a better flow/rhythm around the process which sits under the Medical Director, with support from Clinical Governance.

Kathy Hubbard commended Dr Wilson and her team on yet another positive report around education and training, noting it is always a pleasure to read of students having such a good experience.

The Chair stated that it is clear that NHSS offers a productive training and education environment which is important to the operational abilities of Shetland.

The Chair raised the issue around the absence of an Associate Medical Director (AMD) for Primary Care, questioning if this posed a problem and how this shortfall was being covered. **Jo Robinson** confirmed this was a problem and does leave gaps, particularly on medical leadership. The committee were informed a proposal is being composed and will be presented to the Executive Management Team (EMT). The committee were

informed of the issues around funding and the complexities of the AMD role for primary care.

The Chair noted the informative update.

9. **Draft Child Death Reviews Annual Report 2023 – 2024**

Ms Brightwell explained the process in place which relies on working alongside other partners, including the local authority.

There are regular group meetings where any learning from reviews are discussed.

It was reported grievance support would pose an issue for Shetland and would potentially have to be picked up by another Board in terms of processes if ever required.

The North of Scotland is the Boards source to have a named person for the family.

The committee were informed, no reviews have yet been actioned

The Chair summarised that whilst there were no cases to report on, the committee are confident processes would come into play should circumstances occur.

It was noted the report was presented for the committee's awareness.

The Chair thanked Ms Brightwell for her report.

10. **Draft Hospital Transfusion Committee (HTC) Annual Report 2023 – 2024 and Draft HTC Terms of Reference for Approval**

Ms Brightwell informed the committee she was presenting in the absence of Prof Carolan who is HTC Chair.

The committee were informed the HTC has a statutory role in providing assurance to the Board, along with meeting the regulations for blood transfusion set through the national Blood Transfusion Service.

It was noted there was no annual report produced for 2022 – 2023, and was therefore an improvement to receive one for 2023 – 2024.

Key points from the report were highlighted, these were:

- Improved compliance in regards to training
- Resumed Auditing, which is part of the overall quality assurance environment
- Development of Policies, which are now starting to funnel through
- Risk positions and their management, improvements being seen but there are still areas of improvement

The Chair confirmed the committee are being asked to approve the action plan within the report and approve the HTC Terms of Reference (ToR), and noted it was clear there is more rigour in terms of auditing, and being sighted on rejection rates etc, with the committee seeming to be in a better place from a governance perspective than it has in the past, all of which is reassuring.

The Chair noted items being brought forward from the previous year within the action plan, as well as a couple of new items, and asked for clarity in regards to the adopting of the National Pregnancy Information leaflet and the National Surgical Blood Ordering Framework (both of which are noted as “when available”). Does this imply there has

been nothing published, or once received can be taken forward as opposed to not having the capacity to be able to take forward?

Mr Sharp informed stated the Pregnancy Framework question would be better directed towards Jacquie Whitaker, Chief Midwife, Maternity who would have a better understanding.

Mr Sharp confirmed there is already a Blood Ordering Framework in place, which needs to be adopted and ratified.

The Chair noted the report reflects “when available” which leads to the assumption the framework has not yet been published?

Ms Brightwell clarified at the time period this report covers, it would not have been available at that point.

Mr Sharp informed the committee there were several end to end simulations planned with Accident & Emergency Resus MHP being the first one, which was completed in May. It is his understanding the Obstetrics and Surgical Theatre MHP simulations are still to be completed.

The Chair raised a point of detail from within the ToR, which suggests the HTC Reports directly to CGC, however it should report directly to OCGG, and therefore needs amending to that effect – **ACTION Prof Carolan**.

The Chair noted the report was for awareness, stating HTC was in a much better place than it had been previously. The Committee approved the TOR subject to clarification of the above point.

11. **Draft Complaints & Feedback Annual Report 2023 – 2024**

Carolyn Hand informed the committee this report had previously been presented to Board.

The report explains the different ways in which people can provide feedback around their care, including anonymously through Care Opinion, and highlights why feedback is so valuable to the Board, as it provides an opportunity to improve outcomes for people and possibly change the way in which systems are working.

Quarterly reporting is required for the CGC and Board in terms of complaint key performance indicators (KPIs) as well as annually.

This report will be forwarded onto to Scottish Government, the Ombudsman and Health Improvement Scotland at the end of September, with work still to do to include all the stats required following this meeting.

Ms Hand shared specific points from within the report, noting low levels of cases meeting the twenty day deadline due to staffing capacity issues albeit this is set to improve when the current vacancy for the team is recruited and in place. It was noted that it is important to keep the number of complaints and concerns received in context with the much larger number of health care interactions undertaken each year.

Ms Hand exhibited her appreciation to Katherine Cripps for making headway with what can sometimes be considered a thankless task, extending this to all clinical directors for all their input into the complaints process.

Ms Hankin commented on what she thought was a very comprehensive report however felt it would benefit from expanding on how the complaint data feeds into adverse

events data and if it can be triangulated to look at themes and patterns. It was noted previously the complaints team used the DATIX system for complaints, however had moved away from this system.

The Chair agreed that applying the learning from complaints and applying these learnings across the organisation made sense and queried how much of this took place if planning was in place.

Ms Hand informed the committee Datix was used to input however there was never the capacity to do this real time but noted that a new system “In Phase” will be coming into play, and with the additional capacity coming into the team these should start to work in a more streamlined way in terms of making connections.

Much discussion took place within the Committee including on the data, learnings to emerge, benchmarking of Shetland data against other Boards.

The Chair noted from a governance perspective the committee recognises the amount of activity being undertaken, the fragility within the complaints team, and resources across the areas being asked to investigate and close complaints, and are assured to hear that learnings are being recognised and shared.

The Chair noted the report was for awareness and thanked Ms Hand for the detail provided.

The committee confirmed they are satisfied with the governance provided, in what is a challenging area.

12. **Draft Director of Pharmacy 2023 – 2024 Annual Report**

The Chair informed the committee this report has been delayed until the November meeting, however in the interim, noted the advices from the Director of Pharmacy that there are no escalations to make that wouldn't otherwise come through the ADTC or any other appropriate channel.

13. **NHS Complaints & Feedback Monitoring Report Q1 01st April – 30th June 2024**

Ms Hand informed the committee the report provides a familiar picture in that performance against response times for Stage 2's had not changed from year end to quarter one.

It was reported the number of cases in Q1 versus same period in of 2023 had risen considerably from 35 to 60, which have all in the main been handled by one part time member of staff. This again showed the need to have more resilience within the team and picked up on the earlier conversation held around the checking of implementation of lessons learned and actions being completed. It is hoped the new post holder will be able to chase up on the completion of actions, and communicate back to staff on the things where actions were assured and concluded, which seems to be lacking at present. This should also provide the committee with better assurance.

It was noted there was nothing of significant/new concern to report within quarter one in terms of emerging themes.

The service was not aware of new cases going to the Ombudsman from a complaints perspective, and there were no update in regards to the one ongoing litigation case.

The Chair noted the jump in cases handled in Q1 2024 versus Q1 2023 and questioned if these included compliments or was it solely concerns and complaints?

Ms Hand confirmed it was predominantly complaints and concerns, however there were always more compliments received than captured, as these tended to go directly to services.

The Chair noted the percentage of complaints against patient interactions would be small. That said, the jump in numbers within quarter was worrying, and queried how the Board is coping and what is its operational position?

Ms Hand reported there is constant pressure in trying to manage cases to the highest of standards and to minimise turnaround times.

The Chair noted the importance of enhancing the team, making sure the vacancy is filled as soon as possible.

The committee recognised the pressures, capacity and staffing issues across services, which puts a strain on the investigation of complaints.

The committee awarded a Moderate Level of Assurance

14. **Leadership Walkarounds**

Ms Hankin informed the committee no leadership walkarounds were undertaken within quarter one, however within quarter two there was a visit to Ward 3 on 30th July, and subsequently a visit to Bixter Health Centre. There is a visit to the Labs within the hospital planned for later within the week.

The enthusiasm for the walkarounds was noted throughout.

A detailed report with the findings will be shared within the quarter two report.

The Chair queried if actions identified from visits were being advanced and fed back?

Ms Hankin confirmed some issues from previous reports had been actioned and completed, however some were more difficult to correct and implement. One of the issues identified from the Ward Three visit was the value of receiving feedback, and they were informed the issues they had raised, were shared with the Director of Nursing and Chief Nurse (Acute). They will also receive a Feedback Poster indicating what has been done.

The Chair noted it was good to see the visits up and running.

Mr McCulloch agreed with the summary presented and noted from an assurance perspective, once feedback is received by the Director or appropriate actions undertaken, it is important for this committee to receive a summary.

It was felt the lack of action from Speak Up Week, following the visit to Ward Three was important for the committee to be aware of. It was hoped the lesson learned when moving into the new Speak Up Week is that actions and ways to complete loops, are in place.

Ms Laidlaw noted there were interesting and valuable feedback received from the visit which would also need to be captured.

The Chair noted there is a need to continuously improve. It was stated from an assurance perspective, these walkarounds are valuable, however this committee needs to be assured that good and bad feedback is being followed up.

Ms Hankin confirmed actions identified from the visits are being followed up and escalated, which are tracked within a spreadsheet, however some of the implementation to reduce reoccurrence is out of clinical governance which is challenging.

The Chair noted, effecting change within bigger, more complex organisations is extremely difficult, however there is a need to communicate more clearly and effectively with people.

The Chair noted the minimum expectation is for everything to be taken seriously, followed up on and for the person who raised the issue to receive appropriate feedback. It was noted some issues may be progressed and not others, however there is a need to be upfront and honest.

The Chair thanked Ms Hankin for her report.

15. **Whistleblowing Quarterly Report Q1 01st April – 30th June 2024**

Ms Watson informed the committee there were no new cases received within quarter one, however there had been three new concerns raised. A brief outline and stance of the concerns were highlighted to the committee

It was noted confidential contact support had been quiet within the quarter.

A good news factor from the last quarter was the ongoing stage two investigation from the previous year has now reported, the outcome of which will be reported within quarter two.

It was noted local procedures are revised and adapted from experienced learning and experience to date.

The committee were informed a communications plan is in place, and regular meetings with the Confidential Contacts, Exec Lead and Whistleblowing Champion have been re-established.

It was noted planning is in place for the Whistleblowing Speak up Week, taking place on 30th September to 02nd October

Ms Watson referenced the link to Leadership Walkrounds within the report. It was noted staff are being asked if they feel comfortable in raising a concern, and overwhelmingly the feedback is that they do. However, iMatter results for this year are down slightly in terms of people saying they are comfortable in raising concerns, but more so in that their concerns will not be acted upon.

It was noted this had been a light quarter in terms of reporting.

Mr Campbell observed within the quarter that all the independent contractors had responded, which had not been the case previously. This demonstrates the message is out there and that whistleblowing themes are understood.

The committee were made aware Carol Colligan had undertaken a survey at the Gilbert Bain around whistleblowing and whether people felt comfortable in raising concerns. A range of feedback received. A discussion was held within the Hospital Management Team (HMT) meeting to see what could be undertaken to make people feel more at ease in raising a concern. It was noted Prof Carolan had tasked members of the HMT to go back to their teams and have a conversation around what would make it feel better/okay.

Discussion took place around the short life working group which is looking at all aspects of raising concerns and the experiences of those involved.

The Chair thanked Ms Watson for her report.

The committee awarded a Moderate Level of Assurance

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

Ms Watson noted the report had already been presented to Board, due to the sequencing of meetings.

An overview of the report was given and the committee were made aware of key points from within the report.

Ms Hubbard noted the issue in regards to Agency Spending, stating it would be hugely inequitable to penalise NHS Shetland within the metric of travel and accommodation as mainland and Island Boards differ.

It was hoped the Government are satisfied with the figures/information that had been provided.

The Chair noted it was good to hear the central powers are happy with work that NHSS is undertaking, and enquired if there was anything tangible that would show what has been gained from the deployment of the tools? Is there anything to say has improved the organisation?

Lengthy discussion took place around the use of tools and the triangulation of other information held by Healthcare Improvement Scotland on each Board.

The committee awarded a Moderate Level of Assurance

17. **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q1 01st April – 30th June 2024**

Ms Hankin reported there had been a huge amount of activity within the quarter especially around the increase in audit results being shared with the Clinical Governance Team.

The committee were updated on the range of clinical governance activities from within the quarter, including:

- Sip til Send' results
- Clinical Governance Afternoons
- Clinical Governance Meetings
- DVT Audit
- Hip Fracture Information
- Excellence in Care & Falls Information
- Hip Fracture Poster & Training Local Workforce
- Overview of Adverse Events

Discussion ensued around the lack of meetings of the Anaesthetic Governance Group. It was noted valid clinical reasons had been provided as to the reasons why this situation had occurred, with any challenges being communicated through the use of the Flashcard, which would be picked up within OCGG. It was noted Anaesthetics are good at reporting any adverse events also.

The Chair noted the report provides a good and broad insight into all the different activities being undertaken, giving the committee a clear and thorough picture for their awareness.

The committee awarded a Comprehensive Level of Assurance

18. Adverse Event Report Q1 01st April – 30th June 2024

The Chair noted that Adverse events had been discussed throughout the meeting to this point.

Ms Hankin informed the committee there had been 190 adverse events reported within the quarter which was a slight decrease from the 233 reported within the previous quarter. The top five reporting themes were reported as:

- Documentation
- Medication
- Communication
- Flip, Trips and Falls
- Clinical Events

Noticeable this quarter was the quality of the reports, indicating improvement in reporting and manager analysis.

There were no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) events to report.

There were 206 adverse events closed, compared to 98 within the previous quarter.

Although new processes are time consuming, on average around six hours per week is spent reviewing these events, showing the commitment and the value being attached to learning the lessons from these events.

Individuals with outstanding lengthy events are being contacted to speed up their progress in completing their events.

It was reported weekly Clinical Risk Assessment Team (CRAT) meetings have commenced. Two significant level one adverse event reviews took place on 30th July and 05th September, with a further one scheduled for 10th October. There are two further reviews via appropriate processes whilst the remainder are at the information gathering stage which will take time to collate and review via the appropriate pathways. It was reported there were no level one investigations closed this quarter.

It was reported, nationally, there has been agreement “InPhase” is the preferred choice of adverse event management.

There is to be a demo of InPhase to see what this new system offers which will help with corporate functionality. Discussion then took place around the new system and the benefits it will bring.

The committee awarded a Comprehensive Level of Assurance

19. Quality Score Card incorporating the QMPLE Report

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

- Performance activity remains consistently high with twenty eight indicators on green.
- Positive feedback from students continues to be received
- The Scottish Patient Safety Programme (SPSP) requested the cardiac arrest data be reviewed, where it was discovered arrests within the emergency department had been included. It was acknowledged these figures do not need to be included within the

SPSP returns. The data has now been updated. Changes made by the new resuscitation officer around cardiac arrest reporting were conveyed to the committee.

- The DVT Audit was highlighted earlier within the quarterly clinical effectiveness report.
- It was suggested the quality score card be reviewed for the maternity data as it looked like no feedback had been received last quarter, however feedback was received through Care Opinion, but as this information is not on Badgernet, it is not being captured.

Discussion took place around the suspension of surgical site infections, and the likelihood of these being resumed. It was noted surgical audits are discussed on a monthly basis of any post op complications at the Infection Control Meetings, however it is not known if these will resume in the future.

Discussion focussed around Falls, and the challenging issues within this area.

The Chair noted the broad range of measures and good assurance on all factors, with an overall positive picture.

The committee awarded a Comprehensive Level of Assurance

20. **Quality Update Report - Health Services delivered under the Partnership**

Antony McDavitt noted he had shared the Partnership Performance reports within Integrated Joint Board (IJB), giving an overview of the current reporting requirements. It was reported the Primary Care Phased Investment Programme progress report had been shared around a number of different organisations and groups, and has a new quality improvement framework in development, which is being undertaken jointly with Healthcare Improvement Scotland (HIS).

Conversations with the Cluster Lead on quality improvement for next year and the development of appropriate metrics, which will then be presented to a different selection of audiences and also this committee.

There has also been engagement with the Partnership and Operational Leads on developing quality improvement measures, however was being impacted by having to be balanced with meeting the substantial and ongoing operational pressures.

Work continues around the Shetland Health Intelligent Platform, with positive progress being made. For example, work with Lerwick Health Centre will help understand better the use and potential other benefits of the My GP system.

It was reported Lisa Watt, Lead for Primary Care Service has developed a patient questionnaire and feedback to help develop understanding of patient experiences of the service and how they are being used, depending on the need. This will produce qualitative feedback and will help to form the future strategy position of primary care.

The Chair noted we require joint work with Mr McDavitt this committee to be specific around metrics, and these start to come through, to voice if there are any other metrics it feels would be necessary.

Mr McDavitt noted it is fundamentally about having the actual useful information that can inform and then drive improvements in the health and care experience.

The Chair thanked Mr McDavitt for his update.

21. **Approval of the Approved Medical Practitioners (AMP) List Mental Health Act**
Ms Brightwell noted this was the regular report to this committee to provide assurance around training and certification of medical practitioners able to perform duties under the Mental Health Act - Section 22.

It was noted there are three consultants who are all up to date. It was reported there will be an additional locum added within the next quarter.

It was reported CAMHS and General Psychiatry are now in a better place and are stable. A short discussion around the stability of the service ensued.

The committee awarded a Comprehensive Level of Assurance

22. **CGC Aligned Strategic Risk Report and Deep Dive into SR03 Paediatrics**

The Chair introduced that in this section, we will have a full review of Strategic Risk SR03 Paediatrics.

Ms Brightwell gave an update on all aspects of the history, development and current management of this Risk, noting the large amount of time it has taken to bring it into its current state.

It was noted that the Board would need to accept and tolerate that there is never going to be 24/7 paediatrics speciality in NHSS, however it is currently at a place where the risk is being managed and tolerated within risk appetite.

In-depth discussion took place around the risk itself, how it is managed, and the importance of paediatric training.

It was noted SIM Check Training had been undertaken which had empowered the A & E Team, giving them the confidence, which was positive, showing real life training having a value real value.

It was noted not all risks have been given as much rigour and management, however it acts as a good example of how to approach other risks facing the same types of issue.

The Chair noted the interesting discussion held, proposing a review of the committees aligned risks be undertaken at each meeting, making it a regular feature of how the committee discusses its risks.

The committee awarded a Moderate Level of Assurance on the standard Strategic Risk Report

23. **Population Screening Report**

Susan Laidlaw noted at the last meeting a presentation and verbal update had been given, laying out the various screening programmes and their governance. This was noted to be complex due to local and national differences in how programmes are commissioned and delivered, whilst endeavouring to minimise risk of any adverse event. It was noted this is the first written report this committee has received, and will be presented on a quarterly basis.

The committee were updated on the national audit around Cervical screening, which had previously been raised to the committee. A newly formed local governance group has been set up around cervical screening and to aid local service delivery. The extraction of data for reporting purposes around cervical screening is in the process of being developed.

The committee were updated on the Pregnancy and Newborn Programme, workforce matters and the challenges and the lack of funding for screening programmes. It was noted there is always the potential risk for programmes to be adversely impacted by lack of system capacity, vacancies and/or lack of funding.

It was noted there are few risks around Screening within the risk register, however this will be reviewed going forward.

It was noted there is a national priority around inequalities and diversity and the focus of this work was explained to the committee.

It was noted appendices accompanying the main report describe areas of works being undertaken. Also included is the national adverse events policy as there are specific processes around screening programmes. It was noted there is a local policy, which needs to align with other local processes as well as the national process.

It was noted overall, it has become evident there is more work to do to provide assurance not only to this Committee but also to other audiences and as such, a Moderate assurance rating has been proposed.

The Chair noted the thorough and informative report.

The committee awarded a Moderate Level of Assurance

24. **Control of Infection Committee Update Report**

Ms Laidlaw noted the report follows on from previous reports.

Key areas are Communicable Disease Control, Health Protection (community) and Infection Prevention Control (hospital and healthcare settings).

It was noted workload around health protection within the community is increasing nationally for various reasons. There are a number of Incident Management Team (IMT) meetings being undertaken around different cases which may or may not affect Shetland. It was noted at present, there is a national concern around Mpox.

It was reported a lot of the work is around readiness, being prepared for and having procedures in place in case of outbreaks.

Not highlighted within the report, but mentioned in terms of risks is high consequence infectious diseases. It is hoped these never present themselves within Shetland, however we need to be able to manage these should they appear. Work and readiness around this is underway, with engagement from other areas required.

It was noted there are issues around Personnel Protective Equipment (PPE) and Face Fit Testing however, this has improved significantly following the Pandemic. More work is required within the community whilst understanding who would need to use the equipment.

The committee were updated on the ongoing increased works with immunisation and vaccination programmes.

The committee were sighted on an emerging and complicated issue around the vaccination centre and patient confidentiality, primarily soundproofing within the vaccination centre. A number of ways to resolve this are being looked into as there has been feedback received from patients and there is a likelihood of a complaint being issued.

The Chair thanked Ms Laidlaw for her report, noting the recent visit from Public Health Scotland's Immunisation and Vaccination team and enquired if there was anything to note from the visit.

Ms Laidlaw clarified they are visiting all Boards and they were very pleased with the works being undertaken in NHSS. It was reported to be a very informative and positive visit.

The committee awarded a Moderate to Comprehensive Level of Assurance

25. **ToR Requirement - Mid-Year Review of the CGC Workplan**

Ms Watson noted the report was structured around the five key headings, and updated the committee on progress with all activities outlined within the workplan.

It was noted there is a clear structured way of communication from OCGG and JGG onto CGC, which had been demonstrated within the processes of this meeting

There is an effective risk management structure in place, however noted as a concern was an Internal Audit of risk management had been undertaken in May, however to date, there has been no feedback received. When queried as to why there had been no feedback, it was stated this was due to the auditor being off sick. It has now been six months since the audit with still no feedback received.

It was thought a draft report should have been published by this stage.

Colin Marsland gave an explanation of the processes, stating any missing reports can be flagged to the auditors, however the quarterly update report which is due, should identify what they have as a timeline for each individual report.

It was reported the lack of feedback had been flagged twice to the auditors.

The Chair indicated there is an audit committee within the next couple of weeks, where clarity will be sought on when the risk management audit will be delivered – **ACTION CM**

The Chair asked a fourth column be added to the workplan for any items sitting as Red due to an external dependency – **ACTION Ms Watson**

It was noted there were no concerns in regards to the approval of policies.

The committee were informed and encouraged to consider the ability for this committee to raise topics for future consideration by internal audit, and was something to keep in mind. If any areas are identified, this should be raised with internal audit.

The Chair requested an open ended action be added to the action tracker recommending this committee to always take into consideration, items for internal audit review. – **ACTION - Administrator**

The committee awarded a Moderate Level of Assurance

26. **Topic of Emerging Concern: No Submission**

It was noted there was no topic of emerging concern presented to the committee.

27. **Topic for next scheduled Development Session scheduled for 05th November 2024**

It was reported there will be a development session ahead of the next committee meeting.

28. **Date and Time of Next Meeting**

The committee will meet on Tuesday 26th November

The Chair conveyed thanks to all for a good informative meeting.

APPROVED