

**Minutes of NHS Shetland Clinical Governance Committee (CGC)  
Held on Monday 12<sup>th</sup> September 2022 via TEAMS**

**Members Present**

Jane Haswell	Chair
Colin Campbell	Non-Executive Director, Chair of Audit Committee
Lincoln Carroll	Non-Executive Director
Natasha Cornick	Non Executive Director

**In attendance**

Kirsty Brightwell	Medical Director and Joint Executive Lead
Kathleen Carolan	Director of Nursing and Acute Services and Joint Executive Lead
Michael Dickson	Chief Executive of the Health Board
Brian Chittick	Chief Officer of the Integrated Joint Board
Edna Mary Watson	Chief Nurse (Corporate)
Susan Laidlaw	Director of Public Health
Mary Marsland	Committee Administrator

**Contribution to Agenda**

Catriona Barr	Consultant Anaesthetist (Agenda Item 14 only)
David Morgan	Information Governance Manager & Data Protection Officer, Information Governance (Agenda Items 15, 16 & 17)

**1 Apologies**

Apologies for absence were received on behalf of Amanda McDermott, Member & Chair of Area Clinical Forum (ACF), Bruce McCulloch, Member & Chair of Area Partnership Forum (APF) and Colin Marsland, Director of Finance.

**2 Declaration(s) of Interest**

It was noted any declarations of interest could be taken at each agenda item should they arise.

**3 Action Tracker**

It was reported the Action Tracker had been missed from the pack and would be updated and sent around committee members following the meeting – **ACTION MM**

**4. Matters arising from the CGC virtually approved 08<sup>th</sup> March Minutes**

Kathleen Carolan gave an update in respect of discussions had at the previous CGC meeting in regards to QI capacity for the Board. It was noted a conversation on how to develop QI capacity and where it sits with other types of clinical effectiveness work within the Board will be had at the next Executive Management Team Meeting (EMT).

The Chair noted attached to the agenda was the Levels of Assurance which is a new way of working for this committee and invited Kirsty Brightwell to give a brief overview of the process.

A brief overview was given around how the committee provides assurance and the types of assurance levels. An extra column has been added to the agenda to record the levels of assurance presented to the committee.

This is the committee's first attempt and at the end of the meeting the "Even Better" section will give the committee the chance to self-evaluate and reflect and see how it has fared.

**5. Joint Governance Group (JGG) Approved Minutes 24<sup>th</sup> May**

The Chair highlighted the minutes were from the meeting held on 24<sup>th</sup> May, however felt as part of assuring the committee it was important to note when meetings are cancelled. Clarification was given that the meeting scheduled for 23<sup>rd</sup> August 2022 was cancelled. The Chair noted the main function of JGG is to feed into the CGC and as Chair had made the decision to go ahead with this meeting, even though the JGG meeting of 23<sup>rd</sup> August was cancelled.

It was further noted that the JGG meeting scheduled for 05<sup>th</sup> September was also cancelled.

The Chair noted .9 Patient Safety within the minutes and requested an update on the self-assessment of the community engagement and action plan.

Edna Mary Watson noted it was not currently on track as there with two issues. One being the need to re-establish the Patient Focused Public Involvement (PFPI) steering group structure and the other being within the minute where the self-assessment is referred to, the intention was to participate in the Healthcare Improvement Scotland pilot of the quality framework, which is now reaching the end of its piloting stage. Although unable to participate in the pilot the document will be relaunched at Christmas with HIS currently advocating no changes. As soon as the PFPI steering group commences they will still be able to use the quality framework to access NHS Shetland position, locally and build their action plan from there.

The Chair noted, under item 12 the action plan there will come back to JGG and then CGC and finally Board?

Edna Mary Watson noted this is now being held within the OGG at that level but if there is a wish to view it at JGG it can be and then fed up to CGC

Kirsty Brightwell noted within the action plan it states that it will be shared with JGG.

Edna Mary Watson confirmed it can be added to the agenda for the next meeting on 03<sup>rd</sup> October.

The Chair noted within item 14, the Infection Prevention Control Standards had been implemented within the time scales set which was good.

The committee noted the approved minutes.

**6. Operational Clinical Governance (OGG) 17<sup>th</sup> March 22 & 10<sup>th</sup> May 22 Matters for noting**

Edna Mary Watson addressed key points from the action tracker

Kirsty Brightwell provided an update to Natasha Cornick on how the Operational Clinical Governance Group was established and its purpose going forward. The committee noted the action tracker.

**7. Draft CGC Work Plan (Introduce Levels of Assurance)**

Edna Mary Watson informed the committee the report was a combination of activity from the workshop held back in March.

Provided is an update on progress made against each action, up until the end of September. The committee were welcomed to raise any questions, points or issues in regards to the action plan.

The Chair noted this had been a big piece of work which had come from workshop ideas, which had enabled people to come together with suggestions of what was working and what could be improved.

No questions were raised and the committee approved the work plan.

It was noted this would shape how this committee moves forward

**8. Clinical Effectiveness Quarterly Report from Joint Governance Group (JGG) – Q1 01<sup>st</sup> April – 30<sup>th</sup> June 2022**

Edna Mary Watson informed the committee the report contained the usual range of activities.

It was noted within the last quarter there had been an update on Clinical Practice Guidance. An opportunity was taken with the Medical Director to review the format of the bulletin usually circulated, to highlight to staff across the organisation on the range of clinical governance guidance and the different range of reports that come from a different variety of agencies across Scotland. It has been made clear in regards to the official standing of some of these documents within NHS Scotland, which is hoped will be helpful to the reader.

It was noted there has been no new guidance within the COVID Pandemic Clinical Guidance, however a link to the Public Health Scotland website has been retained, should any particular guidance around COVID be required.

In terms of lessons learned, there is continued monitoring of what is reported though the Scottish Public Services Ombudsman's reports, to see if there is any learning for local teams. There were a total of 22 items of reports from the Ombudsman's office that were circulated across the organisation, some with specific recommendations to particular teams to pick up which have been discussed through their departmental governance meetings.

The clinical governance afternoon programme sessions are progressing well and have been ongoing since the beginning of the year. Different teams across the organisation take turns to host a session. Each session has around twenty to twenty five people in attendance, with positive evaluations being generated.

The Anaesthetics department have re-established their multidisciplinary governance meetings with the support of the clinical governance team, and is working well. There have been a number of clinical reviews and debriefs held across the organisation.

There have been no external reviews within the last quarter, however early notification of review activity around cervical screening process and a visit for the radiation medical exposure regulations within the medical imaging department will be taking place. Participation around national audits continues. From feedback, it has been recognised that some of the Scottish Hip Fracture standards are not being met. As a result, a small short life working group is being formed to help address and improve results within the national template.

It was noted research governance activity continues.

A meeting was held in May with the National Team in regards to the Scottish Patient Safety programme activity, where it was decided due to the scale of challenges presented in regards to staff capacity at this moment in time, Chief Nurses under the leadership of the Director of Nursing would look at programmes available and decide which are most appropriate to focus on and would bring the biggest benefits to patients locally.

Colin Campbell questioned, within the summary page of the report 2.3.9 – *Financial - The Excellence in Care Audit Assistant's current fixed term contract is due to end on 30<sup>th</sup> September and to date there has been no confirmation of funding to support this post going forward*

What is the strategy going forward?

Edna Mary Watson informed the committee, there had been delays committing nationally this year to funding for these posts however, internal funding had been secured to continue this post until the end of the financial year. Excellence in care is a key part of the quality framework around nursing services, with a relaunch of the framework in June which means it will be extending beyond nursing into more of a multidisciplinary approach going forward. This post needs to be secured for future and will be built into the financial plan going forward.

The Chair noted the comprehensive report however, wondered if the report would benefit from having the quarterly dates of the multidisciplinary governance meetings included, and to show if any meetings are cancelled, as it is equally important for the committee's assurance.

Edna Mary Watson noted dates can be specified within the report, going forward.

Colin Campbell noted it would be useful if within the Audit & Service Improvement Grid, specifically within the yellow and green columns, that targeted completion dates be incorporated so the committee has sight and can gain assurance or not, if dates are achieved or missed.

Edna Mary Watson noted the suggestion and affirmed this would be an inclusion within future reports.

The Chair commented within the Audit & Service Improvement Grid, there was a lot of local audits taking place, and that is with all the staff challenges. It would be good to know with staff shortages and staff changes, if there is pressure on the amount of internal auditing

The committee noted the report

## 9. **Adverse Event Report – Q1 01<sup>st</sup> April – 30<sup>th</sup> June 2022**

Edna Mary Watson noted key points were highlighted within the cover paper for information.

It was felt it was important to recognise there are a lot of adverse event activity happening within the organisation, however the majority is at low level, therefore there has been no requirement to have any clinical risk advisory team meetings within the last quarter.

The Board are required to notify Health Improvement Scotland (HIS) if there are any category level one investigations, and currently there are none to report.

It was felt important to note, 64% of category level two's were completed within the 30 day timeframe for investigation, however, performance within the 10 day timeframe for level three reviews, was only at 38%. As a result, the team have instigated a process which looks at all the outstanding Datix reports to try to get these completed going forward

Within the report, it states there were 156 closed adverse events, with just under half of these having a documented lessons learned. As a result, the team will now provide a more proactive approach, helping people through the Datix reporting process as there is learning to be gained from these events and information pertained which can be shared on a much wider basis across the organisation, which is a missed opportunity at present.

Emphasis was given around the top five categories of adverse events for this quarter. The Chair noted the thorough report.

#### 10. **Quality Score Card**

Kathleen Carolan provide the committee with context around the report.

The committee were informed, since the last meeting, work has been ongoing looking at how the data is used for assurance. As a result there are not many changes in the way in which data is presented within the report, however within the cover sheet, there is a better resume of what the data means.

Future reporting intends to be clearer around how data is being used for safety and improvement at frontline level and how that is then fed through the various layers of governance up to Board Level.

It was noted NHS Shetland is one of the few Boards that has continued to collect data from the various national programmes throughout the pandemic, whilst incomplete like everywhere, it gives the Board a sense of assurance of having serial data around quality, experience and outcomes for patient care within the past two years.

Work is being undertaken at a national level around excellence in care data for Scotland as a whole. Some Boards have not submitted any data for the last two years, so is incomplete, but trends seen within the Boards data, reflect the trends seen nationally.

There is a steady state nationally around pressure ulcer development, which is also seen within Shetland. There is a slight increase in falls nationally and within the Boards data also.

There is an increase in cardiac arrests within the national data, however the Boards data around this has not been available to share as there has been a significant gap in a key post of the Resuscitation Officer for the past two years. This post has been advertised with a redesigned version of the post twice. How resuscitation training is

delivered and how support is offered will need to be addressed, as one of the by-products of not having that particular post is cardiac data is not being shared. The committee were informed, through multidisciplinary clinical governance group levels, there is nothing to report by exception around cardiac arrest data changing or rising in Shetland.

Cardiac arrest data is changing at a national level as there are huge system pressures, with lots of patients having cardiac arrests in the emergency department, largely around the whole picture in regards to flow. People waiting for and in an ambulance longer. There will be more of a deep dive around that when there is capacity to do so. The data held triangular around that, suggests the Board does not have a particular problem in respect of patient outcomes changing within an urgent care setting because of system pressures.

It was noted there is an overview in regards to early warning scores. Quality improvement work has continued around the recording of the deteriorating patient data. The excellence in care lead is undergoing a deep dive alongside the chief nurses to look at the deteriorating patient, falls management and to look at pressure care data which will help to understand and interpret these changes within compliance rates better. The committee were informed there were no concerns for Shetland in terms of the data shown.

It was noted national patient safety programmes will be looked at in more detail to decide what is relevant and helpful in the Shetland context.

There will be closer workings with colleagues within the partnership as there is data collection and data that's there for improvement which is not being reflected within the quality score card. Thought will be needed on how this can be brought together so there is more of a whole systems perspective for this committee and also patient reported outcomes.

There has been restricted visiting over the last two years which has opened up in 2022. Ways to encourage patient experience and visitor outcomes back into the system is being explored as the data being presented shows a positive picture but the numbers of people giving feedback had dipped through the pandemic.

The committee were made aware this report will evolve in the way data is developed and presented, going forward.

The Chair acknowledged the context and the ongoing work to improve the data coming forward.

Brian Chittick commented falls across the community were also being seen. It was thought this was down to changing demographic and managing more complexity in the kind of institutional inpatient and residential kind of care. It was noted this will be linked into the local and national increased data being seen, not just in an acute setting but also across community health and social care and partnership also.

The committee noted the report.

#### 11. **Approval of the Approved Medical Practitioners (AMP) List**

Brian Chittick informed the committee, Scottish Government requires monthly updates to the Advanced Medical Practitioners (AMP) List, regarding the approval of Medical Practitioners with experience in diagnosis and treatment of mental disorder or mental ill

health, with quarterly updates being presented to this committee providing approval and assurance, specifically around section 22 making sure appropriate training has been undertaken and that registration with the Mental Welfare Commission is complete.

Kirsty Brightwell informed the committee as of September 2022. Marlies Jansen will no longer be substantively employed but will be employed as a Locum which will need to be fed back to the Joint Head of Mental Health – **ACTION KB**

Kathleen Carolan noted within the chat, Helen Dawson is an independent contractor which should be reflected within the report. – **ACTION KB**

The committee noted the report

## 12. **Strategic Risks Quarterly Update Report**

Edna Mary Watson informed the committee strategic risks had been reviewed by relevant executive directors prior to the Risk Management Group (RMG) meeting last week. Although there was discussions had, there were no changes to the risks. Within the cover paper, it was noted there had been some changes to the strategic risks. Page three, finance risk SRO2 has been updated as has the clinical governance assurance risk SRO9. The finance SRO2 risk score rating score has increased. In addition to the changes to the strategic risks themselves it was confirmed the revised management strategy approved by the Board in April, is now live on the website. Additional guidance has been produced to support that and is now in place and includes how to escalate and deescalate risks across the organisation, with the new risk form being operational within the Datix system.

The committee were invited to review the risk register and confirm if they were content with it as stands, or propose any amendments or changes.

The Chair sought clarity on how the committee should review the report.

Kirsty Brightwell noted there were two parts the committee needed to consider, one being the committees own risks and the other being the overall process of risk handling and are the committee happy with the process.

It was agreed to examine the process of assurance.

The Chair asked for a confirmation date of the report being presented to EMT.

Edna Mary Watson confirmed it had been presented at the meeting on 07<sup>th</sup> September.

The committee agreed and confirmed they were happy with the process.

Colin Campbell noted his concern in regards to the content of the clinical strategic risks, the risks the committee incorporated into the component of the strategic risk register, and that Workforce is not reflected within the strategic risk register, as an input to clinical governance, your workforce is the input, and as such, the clinical governance should be aware on that component of the strategic risk register.

Kirsty Brightwell noted there is a workforce risk that has been rewritten. There are then directorate and operational risks for each executive beneath that, however they do not appear to be incorporated within the report.

Kirsty Brightwell noted the good point made, in that how does this committee have that overview. It was assumed may sit with another committee, possibly staff governance but that does not mean this committee can't have sight of it. The reasonable request was noted

Kathleen Carolan was in agreement that workforce is a key risk in terms of quality and safety however the committee needs to be thoughtful of the Finance and Performance Committee being stood up, as workforce as a function would sit within that committees remit. When talking about the workforce risk is the committee looking at it through the lens of quality and safety, rather than, supply, demand and access development of? The committee needs to be clear when reviewing that risk, how it is adding value. The committee also needs to be clear around what its unique role is and letting the Finance and Performance committee know, it has done that part of the assurance process with them and for them.

Discussion took place around what would sit with this committee in regards to providing assurance.

It was agreed to take off line and have oversight of the implantation of the Act, decoupled from the rest of the workforce planning and performance programme as there is a danger in this becoming two separate risks that are not very well managed. It was noted further thought is required around where is the assurance is best placed -

#### **ACTION**

Lincoln Carroll agreed with the complexity and making sure the committee gets it right is key as workforce is a challenge.

There are a number of factors impacting on workforce at present which may not change anytime soon.

Looking at how we make it work in Shetland in the short term, as money is a huge issue and finance is a huge risk this year.

The Chair sought clarity in regards to the SR17 (1515), IT Failure risk now moving over to the new Finance and Performance Committee?

It was agreed this would also be looked at offline, around where this risk will sit.

The Chair sought further clarity in regards to the due date column and the done date column as there seemed to be columns with no dates and a number of columns with previous years dates.

Edna Mary Watson noted this was an historical document with columns stating when due for review and when completed, however there is now a more structured process in terms of the datix support officer now meeting with each of the executive directors to look at their risks, which is done prior to every risk management group meeting.

It was noted all dates are completely historical and can be removed and replaced with the date the risk was last discussed. This would also reflect the good works being undertaken – **ACTION EMW**

The committee noted the report.

### 13. **Review of CGC Terms of Reference**

Kirsty Brightwell noted, following the establishment of the Finance and Performance Committee the CGC Committee needed to review its terms of reference as material traditional reviewed at CGC will move over to the new established committee.

It was noted Information Governance and Digital Committees will now report directly to Finance and Performance Committee, however there maybe things that need to read across to CGC. As a result the committee will need to be mindful of that potential that it will lose some of that information that would be helpful. However it was noted this



committee needs digital and information governance as a real enabler and partner within our work and this will still be seen through the quality score card.

Lincoln Carroll enquired as to the quoracy of the CGC

Kirsty Brightwell confirmed the committee will be quorate with four members, with the membership consisting of three non-executives, one other non-executive, Chair of Area Clinical Forum (ACF) and Chair of Area Partnership Forum (APF) with four out of six needing to be present.

It was noted the Whistleblower Champion will be appointed to and so will ease a bit of the burden.

Edna Mary Watson noted within point 1:1 the Finance and Performance Committee had been missed and need to be inserted as one of the standing committees.

The committee approved the revised terms of reference.

#### 14. **Approval of the Resuscitation Policy**

Catriona Barr informed the committee the policy had been due for renewal in 2020.

However there have been difficulties in running the resuscitation committee over the years of 2020, 2021 and 2022 due to the pandemic, workforce and administrative support and key personnel leaving the organisation. Apologies were conveyed for the length of time it has taken to produce.

A brief overview of the policy was given.

Kathleen Carolan noted the clear and comprehensive overview and informed Catriona Barr it has been earlier highlighted to the committee in regards to the risks posed, the fact there has been no resuscitation officer in post for some time along with the fact the organisation did not have the expertise or the capacity. It maybe if recruitment is not successful in this next round, something will need to be done to redesign that post.

Catriona Barr noted that it was helpful to know it had been highlighted to the committee and that currently due to the ongoing issues audits are not currently being undertaken which has been fed back to the resuscitation committee.

It was noted the current post was being advertising as temporary rather than a full time/substantive post and had now been out to advert three times.

Discussion took place around recruitment the historic nature of the post and the current post as it stands. Changes believed to make the current post more attractive and would help with recruitment were noted

Brian Chittick noted a gap around highlighting the urgency around coming in from a community setting as there had been a couple of cardiac arrests quite recently within the community setting.

Catriona Barr informed that this would be via 999 if within the community

Brian Chittick noted recent issues were within an NHS Shetland setting and wondered how to link in the urgency if via 999 then this would need to be stipulated within the policy as it is different than a direct contact into the acute setting.

Catriona Barr confirmed she would be happy for community colleagues to contribute.

Recruitment from community colleagues onto the resuscitation committee hasn't been successful over any length of time, however happy for a flow chart to be included within the policy from a community setting.

From discussions it was noted to be an interesting prompt which should maybe be taken to GP Cluster or to Lisa Watt to be the person to lead on it as there are definite gaps Brian Chittick noted in conclusion, he was happy with the policy but there was work to be done with GP Cluster and the Dental Team around honing in on those areas to then feed in to the next scheduled review of the policy. The review date of the policy is 2025 however can always add to make it a better working policy if needs be.

The Chair wondered how effective this policy is without the effective knowledge due to the absence of a Resuscitation Officer and can the committee support it without that vital component?

Catriona Barr gave an overview of the role and post of the Resuscitation Officer.

Kathleen Carolan also provided further exposition of the resuscitation post and noted this gap is an important one to fill as we need to try to mitigate this risk as best we can.

The Chair noted the committee want to approve the policy however, as a matter of urgency want to look at the support around this policy, including the post of the Resuscitation Officer. As a first off this would be with the Chief Nurse Amanda McDermott and Catriona Barr meeting to discuss.

This is a risk that the committee needs to have sight on and will be incorporated into the committee's action tracker as a matter of urgency – **ACTION** and it would be for EMT to have sight of the risk also.

The committee noted their approval of the procedure of the policy and with the caveat stipulated approval of the policy was given.

15. **Approval of Processing Special Categories of Personal Data for Law Enforcement Purposes Policy 0.2**

The Chair introduced David Morgan and noted a decision from the committee was required.

David Morgan informed the committee of the interesting titles in regards to the policies as they are fulfilling a legal purpose and the legislation and so are specifically named and quite wordy.

It was requested agenda item 16 be considered ahead of agenda item 15 as it lays the context as a whole, with both policies being related.

The committee agreed.

16. **Approval of Processing Special Categories of Personal Data and Personal Data Relating to Criminal Convictions and Offences Policy 0.3**

David Morgan informed the committee legislation requires the Board to have policies when working with particular sensitive personal data. The one for special category, personal data and criminal conviction data, falls into that category. It is one that has to be in place as part of legislation and virtually all the date that NHS Shetland works with is special category data.

The policy sets out how to fulfil that requirement under legislation and is presented to the committee for approval.

It was noted the policy has been presented at all other relevant required committees beforehand.

Much discussion took place in regards to data with valuable and fair points being made.

Kathleen Carolan questioned if there was something in the implementation of the policy, which is very much in the handling of data, and not how the data gets to be handled appropriately, in something for the organisation that does set out what types of data would fall under the policy. From scanning the policy it seems there is no reference to disclosure Scotland and PVGs. It was noted staff on occasion, end up with annotations to their PVG, which then has implications for the types of patients they are able to work with because they're vulnerable group status changes. This isn't necessarily a criminal conviction, however it is something the organisation needs to be aware of in patient safety terms, and also how sensitive data is handled and is a slightly different type of sensitive data which will fit somewhere within the policy area.

It is not articulated in a way that the reader would see that, if a head of service needing to do something with data that means it is treated in the same way as the spirit of the policy.

David Morgan thanked Kathleen for her valuable and fair points around how to turn that theory of policy into operational good practice.

It was noted, what is being looked into are some of the procedures that need to underpin these policies to help staff understand what it means in practice. This ties into work Lawrence Green within Health and Safety is currently doing, how to deal with red flag issues around patient and staff safety within the organisation.

This can be expanded more broadly to look at how we make sure people who need to have this awareness have it, and it not being any wider than it needs to be but certainly before those who need to see it.

David Morgan informed the committee he would take this away and look at procedure and where that fits into the wider piece of work around safety, and maintaining people's rights to confidentiality and equally ensuring safety is incorporated also.

The Chair sought clarity around who this will be taken back to.

David Morgan noted conversations are ongoing with Lawrence Green around data protection elements of the red flag system that is in development however further discussion are needed around how to ensure that information is seen more widely and where and how safe are particular people to work with certain groups.

The Chair confirmed this was not an action for this committee and that the discussion held, did not determine whether or not the committee approves this policy, however it would be a note around the procedures that David Morgan will follow. Therefore the committee confirmed they were assured of the process of the policy and gave final approval with the notes made in regards to procedures.

### **Approval of Processing Special Categories of Personal Data for Law Enforcement Purposes Policy 0.2**

David Morgan noted with that wider context having been discussed, the introduction of the Forensic Medical Services Act, has now moved beyond the processing of personal data and special category data, it is now required to process law enforcement purposes. Legislation requires if processing for law enforcement purposes, there are specific guides that prescribe how that is undertaken and that is what this policy gives.

It was noted as with the above policy the same areas in regards to keeping people aware and informed remain.

Conversation with the Forensic Team in the development of this policy have been ongoing however, will take away the same issues in regards to procedure will be taken away.

A brief discussion was had on the plagiarising of policies.

The Chair noted the record of changes within the policy which is helpful and the committee confirmed they were assured of the process of the policy and gave final approval.

#### 17. **Freedom of Information Policy 0.5**

David Morgan gave background on the intervention had from the Scottish Information Commissioner and the works undertaken as a result.

It was highlighted this is at the very early stage and needs to be shared around the organisation. The procedures are yet to go through the approval process of going to the relevant committees.

It is hoped this will help staff to be more aware of what this means in practice and what they need to do to fulfil their responsibility the organisation has.

The Chair asked for clarification on where the policy still needs to be seen.

David Morgan confirmed this was just the procedure attached to the annex and not the policy itself.

Much discussion ensued around the changes in principal.

It was noted it is the quality improvement within the process that has been asked to be looked at as part of improving the way NHS Shetland manages FOIs.

From discussions around the Rule of Five it was confirmed the expectation is information and decision to release information is the responsibility of the freedom information team and the Senior Information Risk Owner (SIRO), who hold the legal responsibility of the release of information.

Edna Mary Watson noted there is Public Health Scotland guidance on how to use data more appropriately so as not to get into a position of identifying individuals in areas where small numbers are.

David Morgan noted section 11, page 5 of the policy “**Important** – if the requested information is of such sensitivity that there are concerns about the appropriateness of sharing the information with the FOI Officer, the FOI Handler should seek advice from the FOI Lead, Data Protection Officer (DPO) and/or SIRO”

It maybe this should read “before providing the requested information” this may be the distinction that makes the difference?

Edna Mary Watson noted it should state “considerer having a discussion with the SIRO” as the sentence proposed, still presents the assumption information is to be released regardless of whether that person thinks it is okay or not. There is something around having the appropriate discussion before the release of any information.

David Morgan noted he would take the policy away and find a form of words that captures what people are expressing and the concern, and bring it back.

The Chair noted that again it brings back the particular need for people who are dealing with this to have that opportunity to have discussions and training as soon as a policy is released.

The committee agreed for the policy to be taken away and the formal wording to be edited. Once complete, the policy will then be circulated to the committee for comment and final approval – **ACTION DM**

18. **NHS Complaints & Feedback Monitoring Report Q1 01<sup>st</sup> April – 30<sup>th</sup> June 2022**  
Carolyn Hand was unable to attend but to let the committee know the report is as it is written.  
Kirsty Brightwell presented the report to committee.  
The committee noted the report.
19. **Even Better If – Self Evaluation**  
Due to time constraints it was agreed to role this over to the next meeting
20. **Date of next Meeting**  
It was confirmed the date of the next meeting would be 06<sup>th</sup> December 2022 at 09:30, virtually via TEAMS

The committee were thanked for their attendance. The level of good discussion was noted with some important points having been raised which will be followed up