



Shetland Islands Council



## **Minutes of NHS Shetland Clinical Care and Professional Governance Committee (CCPGC)**

**Held on Tuesday 01<sup>st</sup> June 2021 via TEAMS**

### **Present**

Jane Haswell	Chair
Kirsty Brightwell	Executive Lead and Medical Director, NHS Shetland
Malcolm Bell	Non Executive Member, NHS Shetland & SIC Representative
Colin Campbell	Chair NHS Shetland Audit Committee
Emma McDonald	Chair of IJB Audit Committee
Shona Manson	Non-Executive Member of NHS Shetland
Edna Mary Watson	Non Executive Member of NHS Shetland
George Smith	SIC Councillor & Chair of SIC Education & Families Committee
Ian Sandilands	Employee Director of NHS Shetland
Suanne Gens	Staff Representative of SIC

### **In attendance**

Brian Chittick	Director of Community Health and Social Care, NHS Shetland
Kathleen Carolan	Director of Nursing & Acute Services, NHS Shetland
Denise Morgan	Executive Manager Criminal Justice & Interim Chief Social Work Officer, SIC
Colin Marsland	Director of Finance, NHS Shetland
Mary McFarlane	Interim Director of Pharmacy
Antony Visocchi	Interim Director of Dental
Susan Laidlaw	Interim Director of Public Health
Mary Marsland (taker)	Corporate Services Supervisor, NHS Shetland (minute taker)

## **1 Apologies**

Apologies for absence were received on behalf of:

Robbie McGregor, SIC Councillor and Member of IJB, Michael Dickson, Chief Executive, NHS Shetland, Emma Garside, Clinical Governance & Risk Lead NHS Shetland, Fiona Johnson, Health and Safety Manger, SIC and Alison Duncan, Chair of SIC Audit Committee

The Chair welcomed Colin Campbell as the current Chair of the Audit Committee for NHS Shetland.

Commitment of attendance was acknowledge and thanks were conveyed to the committee.



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Teams meeting etiquette was conveyed to the committee and it was noted the meeting was to be recorded for minute purposes only. Once the minutes have been transcribed, the recording would be deleted.

## **2 Declaration(s) of Interest**

There were no declarations of interest to note.

## **3 Minutes of the meeting held on 11<sup>th</sup> February 2020**

The minutes were approved as a true and accurate record.

## **4 Matters arising from the minutes**

There were no matters arising from the minutes.

## **5 Draft Clinical and Strategy 2021 - 2031**

Kathleen Carolan gave a verbal overview of version 1, draft clinical and care strategy 2021 – 2023, addressing the methodology and the process used to create this draft version so that the committee can think about providing assurance, around the process. It was noted alongside this committee, the strategy is also out for further feedback from the local community and from professional advisory groups. The document is public facing and available on the NHS Shetland website.

There is a fourteen day period for feedback to be collated, which will then be incorporated into the strategy, making sure the tone and the content of the strategy, reflects those contributions received through the engagement process.

Questions from the committee around content of the strategy were welcomed.

It was noted Kirsty Brightwell had taken a lead role within some of the engagement activities, alongside speaking to Radio Shetland to promote the fact, that there is this engagement opportunity available for the community.

Kirsty Brightwell acknowledged the accurate summarisation given and informed the committee it had been an enjoyable process, with the digital aspect adding a great deal, focussing thinking, in terms of writing the strategy.

The Chair confirmed it was the role of the committee to consider appropriate assurance processes had been followed, whilst aligning with national strategies and legal frameworks, making sure appropriate professional involvement had been reached as well as widest possible engagement with local communities within Shetland.

Questions from the committee were welcomed.

The Chair noted the 14 day period for people to provide feedback on the draft, which is available on the website. Is there any further distribution for staff to engage?

Kathleen Carolan confirmed the strategy had been circulated to the Area Partnership Forum (APF), Joint Staff Forum and the Area Clinical Forum (ACF). Following this meeting, if the committee are happy with the process used to develop the strategy, a



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link to the website will be included within the staff newsletter, due to be sent out to all staff imminently. This will enable all staff to engage and send comments to the clinical strategy mailbox which will then be incorporated into the final draft.

The Chair concluded it had been an exemplary process of engagement which had been undertaken through a worldwide pandemic.

Sincere thanks were conveyed to all those who gave priority to attend the workshops, to complete the surveys and engage in meetings and interviews, as without that, it would not have been the document it has become.

It was reported the next stage is for the strategy to go to Board for final agreement.

The committee were minded to approve the processes that the draft version had gone through.

Thanks were conveyed to Kathleen Carolan and Kirsty Brightwell.

## 6. WISO SBAR

It was confirmed the acronym WISO, denotes to Western Isles, Shetland and Orkney. Antony Visocchi gave the committee a brief summary of the situation and the background pertaining to the perceived need of a process in regards to the governance of dental matters which were more in keeping with the processes within larger boards. The Chair noted the paper provided a clear level of detail and opened out to the committee for questions or comments.

Kathleen Carolan noted the process was clear and made sense in creating some of that distance in terms of check and balance. Although not a comparable process with some of the other regulators, it is very much around having that employer led governance, which is what all regulators are moving towards and can see where that process would add value, and has no hesitation in supporting that as being part of the governance arrangements within Shetland and the other Islands.

Antony Visocchi noted one of the main driving factors was to give transparency for anyone involved.

Brian Chittick thanked Antony for presenting and questioned the assessment part of the paper "There is a need to establish a process for handling the repatriation of low level concerns from the General Dental Council (GDC)" and wondered if there is any opportunity for this process to be used out with GDC processes, in the fact that a local identification of a practitioner who could be supported via the process rather than it being seen as a punitive kind of process as well. Possibly broadening it out, that it is a landing spot for GDC repatriation, but also something that is raised locally from an audit or a Dental Reference Officer (DRO) visit. Is there an alternative landing spot for some of the local concerns?

Having that local pathway is good and may avoid the stress of people being referred to GDC for it to be repatriated. Is there may be a link, avoiding underwriting a threshold for what needs to go to the GDC?

Antony Visocchi noted this was a good point.



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Brian Chittick noted in regards to the screening committee, the GDC are responsible for the registration of dentists and dental care professionals. Is there addition for a senior dental care professional ad hoc if it involves a dental care professional, or to have as standing representation on the screening committee? This maybe something to consider, moving forward.

Antony thanked Brian for both points raised, with the initial point being if there were a concern, it would be a sounding board and an opportunity to resolve things locally and to see if it would be appropriate to be brought to committee, and would be something he would be keen to include.

Inclusion of a dental care professional at the initial committee is a very good idea and will incorporate.

Brian confirmed he was happy to support the pathway which is a good development.

Mary McFarlane noted within Pharmacy they have similar kinds of issues with contractors that need to be dealt with. This process sounds very robust and is something Pharmacy could possibly learn from.

Working together as three Boards has a lot of benefits also. Within Pharmacy this has been done for the last year in certain areas of work and has been helpful. People within small Boards understand the issues we are all dealing with and see things from a different point of view in regards to the mainland Boards and as such, would be supportive of the pathway.

Kirsty Brightwell noted her support, however recognises there are a number of small contractor bodies. A conversation had emerged in terms of Optoms, Pharmacy, Dental and the two independent GP Practices, and is there something around, how the best use of people's time is made and how do we work together with the independent contractors to pick up any learning. The process and the governance is already in place, however there would be learning acquired, not just for the three island boards but for the independent contractors also.

Kirsty stated, although unsure what that would be, is mindful space needs to be created whilst not misusing peoples time. As independent business owners, you need to be careful of how time is utilised.

Kirsty asked the committee to keep this in the back of their minds and engage at a later date.

The Chair noted this would be picked up at a later date – **ACTION**.

The committee were happy to approve with the additions agreed between Antony and Brian.

## 7. The Future of CCPCG

Kirsty Brightwell informed the committee this group had not met for the last fourteen months, with good reason.



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Through the pandemic it has become clear that the Governance Frame Work and Structure needed to be looked at, with work being undertaken to try to understand what the gaps were and what was missing. From an NHS Board point of view, it was felt there are steps to go through to be assured of the governance structures below, in terms of the clinical operational groups.

Being proposed is that this group ceases to exist as it has not played its part in providing that assurance to either the Health Board or the Shetland Islands Council (SIC) in a way that is felt conducive to having that reassurance.

In its place will sit an Operational Governance Group (OGG) for the Acute and Children's Services, an OGG for Primary and Community Care and an OGG for SIC services that are not included within.

Further to this, there is the Joint Governance Group (JGG) which will take the matters that are relevant to the two parent bodies, whilst having time for deeper dives. Those two bodies would then feed up through to Audit Committee and the Boards.

It was noted the group are unable to formulise the process but thoughts were welcomed.

Kathleen Carolan added it was important to note that the proposed alternative committee structure is something that has been developed in partnership. The thinking around having a clinical governance committee has been developed alongside Brian Chittick and Denise Morgan who are Chief Officers responsible for governance, quality and safety.

The proposal to Board is that there will be a future Clinical Governance Committee (CGC) which will provide assurance around all of the NHS Services, including the delegated NHS Services. Part of that thinking has been taken from the works undertaken pre pandemic around this committee being over stretched in terms of its assurance. There was an aspiration to create a clinical governance structure that added value. As stated by Kirsty, some of the governance that sits within the local authority, the assurance processes will also sit within the Integrated Joint Board (IJB) and local authority structures.

The committee were informed of a two slide presentation which can be shared with members of the committee following the meeting which set out the before and after. The plan is a revised terms of reference will be taken to Board in June which will allow the scheme of delegation to be changed, and then to recast the membership of the CGC to enable a committee to be formed along the lines of what was described by Kirsty.

It was noted the operational governance groups that sit at the bottom of the pyramid are important as this is where space is given to staff to work in whole system, discussions in respective quality safety standards that does not currently exist. This ensures tightening up of strategic assurance whilst broadening out, in terms of having the opportunity to have those operational discussions. It was noted at present, there is too much breadth and more depth is required in order to be able to take the lessons learned from some of the works being done, making change on the back of them.



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It was reported, these are the drivers for the said changes, it is not about structural reform, for structural reform sake, it is so value can be added for staff and in terms of outcomes for patients.

It was noted the presentation will be circulated after the meeting as it is thought this will help the committee to see graphically how it all hangs together.

Brian Chittick noted from an integrated perspective when the governance structures were reviewed as was, it was felt there was a lot of governance work being undertaken. It was about building the links in the relationships between the different types of governance groups rather than having something separate coming in, in lieu of the CCPGC from an integrated and IJB perspective. This had been discussed at a recent seminar around proposals of what a new governance structure could look like. Two proposals were looked at, one with a new committee in lieu of CCPGC. It was discussed that the previous cabinet secretary was very much against having additional committees for integrated joint boards at this time, although it was made aware, things may change from a governance perspective moving forward, however it was felt at present, there is enough happening at operational levels with conversations from a governance perspective happening at an operational level.

It was reported there is also a reinvigorated joint governance group which allows that deeper dive into joint governance issues, where there could be a significant amount of shared learning from some of the situations being dealt with, in separate operational areas which has proven to be positive.

It was reported conversations were being had at how governance issues would be linked into the CGC for the NHS Board for delegated services moving forward, which is seen to be a thought process and also the utility of the IJB Audit Committee in some of the assurance work for IJB. It was thought to have been a positive review which avoids duplication and emboldens the links between all the governance frameworks that are happening, providing a more robust governance within the right place, for the right service, at the right time.

Denise Morgan added from a Social Work and Social Care point, the committee were aware it had been difficult over the past two years to get a balanced agenda. It was noted, the joint governance group was not being used appropriately and was used as more of a tick box rather than having discussions around issues that affect all the services.

It was reported the agenda for the joint governance group has been streamlined and it was noted there have been significant improvements in the conversations of the works being done. The operational groups will take care of the governance that needs to be taken care of in the appropriate way. It will be the people who actually do the governance who will undertake that, and any issues would then be taken to the joint governance group and overseen. They would then be split off into the different areas. It was noted this would be easier for the committee to understand, once they had seen the slides being circulated following the meeting.

Denise noted the proposal will provide better assurance than what was in place previous. This is a work in progress as it will need to be developed and changed.



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There is work to be done around children's services as children's social work is not necessarily included under acute and children's services but children's services are included under the operation group, which is called the social work governance group, and are heavily involved within that group. Children's services within social work is also represented on the joint governance group so as to ensure any issues involving young people's mental health (for example) that the appropriate people are around the table. For those issues where governance is needed which does not neatly fit in, the appropriate people are assembled to do that. Hopefully this gives assurance to George Smith who is present. Denise reported she is happy to meet with George Smith and Emma McDonald to discuss the SIC side of it at a later date should they wish.

Brian Chittick noted he had failed to mention some of those relationships being reconfigured includes the SIC committees also. P&R, and potentially Audit committee if that is the appropriate committee which are already standing committees and would be remiss of him, not to mention the SIC side of committees that are already standing and providing that governance reassurance also from an SIC perspective.

George Smith noted he did not have any comments to add however, welcomed the opportunity to have further discussions with Denise and Brian if appropriate, as Chair of Education and Families Committee there are governance matters that he would be keen to understand whilst making sure the appropriate information is reaching committee and appropriate reassurance are being given. It was noted George would connect with Denise following the meeting.

Emma McDonald also noted she would be happy to take up discussion with George and Denise.

Susanne Gens noted her understanding from the NHS side is that the employee director would be involved at higher levels through committee and wondered how this would be mirrored on the Council side with staff involvement.

Susanne enquired that the CCPGC is written into the scheme, and as such, how is the scheme to be changed to allow the new process. The right processes need to be in place to have the integration scheme the right way round.

Brian Chittick noted the scheme was recently reviewed. The standing committee was removed with a development of a framework being put forward. This will be followed up on from the scheme review and it has already been considered by the scheme of integration review.

Brian noted the employee director point is something that will be taken forward as a consideration and discussion point. It was noted this is a point well raised however conversations and discussions would need to be had, out with the meeting.

The Chair noted there had been presentations at different forums and that it had been a long time in the making and as Chair, was delighted to see it had reached this stage. The new structure is about rebalancing the appropriateness of the governance structures and the learning into that whole process. The JGG has always been at a



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level the Chair was keen to maintain and enhance, now there is the operation below that and above, is pleased with the process and looks forward to the agreement of the new structures.

The Chair thanked all those who had worked on this process, alongside everything else.

The Chair noted business had concluded and summarised that the committee had agreed the minutes, the clinical strategy, the WISO SBAR and agreed with comments for moving forward on the future of CCPGC.

The committee were thanked for their attendance, contribution and time.