

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 26th November 2024**

PRESENT

Mr Joe Higgins - (Chair) & Non Executive Member of the Board	Mrs Kathy Hubbard - Non Executive Member of the Board
Mr Lincoln Carroll - Non Executive Member of the Board	Mr Bruce McCulloch - Non Executive Member of the Board

IN ATTENDANCE

Ms Kirsty Brightwell – Medical Director & Joint Executive Lead	Prof Kathleen Carolan – Director of Nursing and Acute Services & Joint Executive Lead
Mr Brian Chittick – Chief Executive Officer	Ms Susan Laidlaw – Director of Public Health
Ms Jo Robinson – Director of Health & Social Care	Colin Marsland – Director of Finance
Ms Edna Mary Watson – Chief Nurse Corporate	Ms Michelle Hankin – Clinical Governance & Risk Team Leader
Mrs Mary Marsland – Minute Taker & CGC Admin Support	

CONTRIBUTING TO AGENDA

MS Sandra Summers – Lead Officer, Shetland Public Protection Committee (<i>Agenda Item 10</i>)	Nova James – Advanced Practice Lead / Urgent Unscheduled Care Lead – Primary Care (<i>Agenda Item 15</i>)
Ms Carolyn Hand – Corporate Services Manager (<i>Agenda Item 16</i>)	Lucy Flaws – Head of Planning, Planning, Performance & Projects (<i>Agenda Item 32</i>)

1. Welcome and Apologies

The Chair welcomed all to the meeting, and reiterated the remit of the committee. Apologies were received from Colin Campbell, Non-Executive Member of the Board.

A brief overview of the agenda was given with apologies noted as above. The absence of an Areas Clinical Forum (ACF) Chair continues. The committee were informed advice is being sought around having an interim professional lead or professional senior clinician within that role.

It was noted post the Nov'24 Board meeting that the revised CGC ToR will still require an ACF Chair as a Member of the CGC.

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

There were no declaration of interest raised.

3. **Approve the 10th September 2024 Minutes**

It was noted there were some transcription errors in TEAMS due to poor quality audio.

ACTION: Mrs Mary Marsland & Ms Edna Mary Watson

Otherwise, the Minutes were approved as an accurate record of the meeting.

It was noted future Minutes of this meeting will aim to be more brief than hitherto the case. The Minutes will accompany the meeting's Papers, Decision Notes, Action Tracker and archived recording and collectively, these will serve as the full record of the meeting completed.

4. **Matters arising from the minutes**

Although there were no matters arising from the previous minutes, the committee were updated on a previously closed off matter regarding Dental and the independent Market Street Practice.

The committee were fully briefed on the current position. It was agreed to bring an update to the next meeting, and to reinstate the issue back onto the action tracker.

ACTION: Ms Kirsty Brightwell & Mrs Mary Marsland

5. **Review of Action Tracker**

- To agree upon a subject matter for the next Development Session – The last session lead by James McConnachie around the CBRN risk on 05th November was reported to be excellent and informative, explaining the position in relation to managing this risk, whilst highlighting the need for more clinical input in the description and management of the risk.

The next Development session is scheduled for 04th February 2025 and a topic will be decided in due course.

Keep Open

- Discussion of governance routes between committees for policies and procedures – Discussion held and position clarified.

Close

- Clarification and amendment to the HTC ToR in terms of approval route from CGC to OCGG – Subject to amendment

Close

- Clarification on delivery date of the risk management Audit by Azets – Audit report received and to be presented to the Audit Committee

Close

- Cosmetic Change within the CGC Annual Workplan – Complete
Close
- CGC to consider proposals to the Audit & Risk Committee for inclusion within the next Internal Audit Plan – Chair will forward suggestions rec'd to the Audit & Risk Chair for consideration.
Close

6. **Operational Clinical Governance Group (OCGG) 31st October 2024 Decision Note**
It was noted the decision note from the meeting was included within the meeting pack.

Ms Watson noted the following highlights from the meeting, each of which were then opened for discussion/input/scrutiny from all in attendance:

- Presentation from Pauline Wilson around remodelling of the Junior Doctor workforce, making it more sustainable to support remote and rural healthcare.
- Latex Policy and IRMER Policy were received for input
- Flashcard reports received from the Hospital Transfusion Committee (HTC), Radiation Safety Committee (RSC) Anaesthetics and Dental.
- Walkrounds conducted during Q2, key points and learnings were shared
- Due to time constraints, the need to continue conversations around present clinical pressures and workloads and how these can be alleviated needs to be carried over to the next meeting within the New Year.

The committee agreed a Comprehensive Level of Assurance

7. **Joint Governance Group (JGG) 18th November 2024 Summary and Decision Note**
The committee were made aware the notes presented were in draft form, due to this meeting only having recently taken place.

Ms Watson gave an overview on the following highlights from the meeting, each of which were then opened for discussion/input/scrutiny from all in attendance:

- TRIM Pathway. An update will be presented to next JGG meeting 20th Feb 2025
- Administrative support for the Resus Committee, update to be given 20th Feb 2025
- Development of local ND pathways, updates to be given the future JGG meetings as appropriate
- Awareness and contribution of the Safe Use of Latex Policy
- Governance of policy approval
- Medication administration by healthcare support workers update, covering progress in both Acute and Primary settings
- “Discharge without delay” paper and implications.

It was noted due to limited time constraints the remainder of agenda items were either deferred until the February meeting or were routine papers in which attendees were asked to send comments ahead of this meeting. With no comments received, there were no changes to the papers which are included within the pack.

Chair asked for clarity on how we are managing the current difficult position relating to high numbers of delayed discharges from the Acute setting. Prof Carolan summarised the current situation and drivers/causes, and is due to meet with Jo Robinson to discuss how this will be managed going into the Winter period, and will update CGC at its next meeting in March 2025.

ACTION: Prof Carolan & Jo Robinson

The committee agreed a Comprehensive Level of Assurance

8. Draft Clinical Governance Committee 2023 – 2024 Annual Report

Chair noted the report is a factual document of what business the Committee has undertaken throughout the year. Any comments from the Committee on the draft were welcomed and further, the Chair will update this draft document of receipt of the Member Feedback Forms that are to be returned to Erin Seif by end Jan'25. Chair will bring a final version of the Annual Report for approval to the March'25 meeting.

ACTION: Chair

9. Mid-Year Review of Clinical Governance Committee Terms of Reference

Chair reported that although the 6-mthly review of the Tor is now due, there is no updated paper presented to this meeting in light of ongoing discussions at Board level of Chair and Membership of all Standing Committees, and also how Committees should best share information. These details are expected to be resolved at Board meeting in Nov'24.

Chair will bring an updated version of the ToR for approval to the March'25 meeting.

ACTION: Chair

10. Shetland Public Protection 2023 – 2024 Annual Report – For Awareness

Sandra Summers delivered a summary of the Report's key findings and actions, including:

- Delivery of a meaningful Shetland Public Protection Committee Development Day in August 2023
- Progressing the Adult Support and Protection Improvement Plan through the Quality Assurance Subgroup
- Development and launch of the new Safer Shetland Website, which has access to all online training, resources and procedures
- Supporting the Shetland Domestic Abuse Partnership, which has rebranded to the Shetland Violence against Women and Girls Partnership, and aligns with the Scottish Government's policy and is working to update its strategic plan.
- When compared against the Chief Social Work Officer Report, a slight differentiation in the Child Protection statistics was noted, due to different time periods being measured.

- It was highlighted that within the reporting period, Lindsay Tulloch was appointed as Chair of the Public Protection Committee, replacing Tam Bailey and Sandra Summers appointed as the new Lead Officer for Public Protection, replacing Audrey Edwards.

From ensuing discussions held, the need for both Level 3 Adult Support & Protection and Child Protection Training was recognised. Ms Summers noted that focus is to have training targeted at key staff groups in the first instance, and she will continue to liaise with training colleagues/partnerships to deliver the required training, be that remotely or in-person.

ACTION: Ms Sandra Summers

Committee members scrutinised details of the report and agreed to note its contents.

The report was presented to the committee for awareness.

11. **Control of Infection Committee (CoIC) 2023 – 2024 Annual Report - For Awareness**

Susan Laidlaw delivered a summary of the Report's key findings and actions, including:

- Noting this report had not been produced for several years.
- That it reports on progress against the annual work plan of the CoIC, building on the quarterly reports now being produced for this CGC committee.
- This annual report is published as part of a suite of other Public Health annual reports, and therefore should best be read in tandem with the content of these other reports.
- With the exception of vaccination immunisation, there is limited data in relation to equality, diversity and health inequalities within the report. This will improve going forward and will be built on over the next year, similarly with public communication and patient engagement.

The Chair noted this Annual report and the effective delivery across the broad set of services described within, and noted that the CoIC is now operating from a position of strength and stability of delivery.

Committee members scrutinised details of the report and agreed to note its contents.

The report was presented to the committee for awareness.

12. **Population Screening 2023 – 2024 Annual Report - For Awareness**

Susan Laidlaw delivered a summary of the Report's key findings and actions, including:

- Noting this report had not been produced for several years.
- That it details progress including uptake rates against all the different Screening/Vaccination programmes, and builds on the quarterly reports now being produced for this CGC committee.
- Feedback from patients on work to equalise current inequalities

- That locally we do not currently measure patient satisfaction but that this will be the focus of future work in this area and that we will aim to report on.
- Variations in data reporting timescales between the programmes at a national level was.

Committee members scrutinised details of the report and agreed to note its contents. From discussions held, it was noted areas of work which require more focus are Pregnancy and Newborn Screening and Diabetic Eye Screening (DES).

The Chair noted the comprehensive and well managed service being offered locally.

The report was presented to the committee for awareness.

13. **Director of Pharmacy 2023 – 2024 Annual Report**

Already held over from the June meeting, the report was again held over and is expected to be received at the March 2025 meeting.

14. **IR(ME)R Policy**

Ms Brightwell spoke through the details of the Policy for members to scrutinise. The policy was approved.

15. **Intermittent Administration of Medication via a Subcutaneous Cannula by Patients and/or Carers within the Community Setting for Palliative Care Policy**

Nova James spoke through the details of the Policy for members to scrutinise. The policy was approved.

16. **NHS Complaints & Feedback Monitoring Q2 Report**

Ms Hand highlighted that volumes of Complaints received were slightly lower than the previous quarter but that timescales for closure remain challenging due to the longstanding combination of small teams and competing clinical/other pressures, especially for Stage 2 cases.

The Band 4 post has been appointed to, with the successful post holder starting in January 25. This role will not initially increase investigation capacity but will help with chasing of actions and caseload follow up work therefore providing greater assurance to the committee and Board that cases are being closed effectively and that lessons learnt are being implemented.

Ms Hand further noted that training is to be offered out to grow the number of people to help in the support of complaint investigations, further details will aim to be shared at the March 25 meeting.

The committee agreed a Moderate Level of Assurance

17. **Leadership Walkarounds**

Michelle Hankin provided the committee with a brief overview of the four visits held within quarter two, these were:

- Ward 3 (Medical Ward), Gilbert Bain Hospital
- Bixter Health Centre
- Laboratory, Gilbert Bain Hospital
- Central Decontamination Unit (CDU), Gilbert Bain Hospital

Future visits scheduled until February 2025 are noted within the report.

Ms Hankin informed the committee prior to all visits, visiting teams now receive a short summary of pre visit information, which helps to facilitate conversations and is proving to be a useful resource.

From discussions, the contrast between past visits as opposed to current visits were highlighted. The committee noted Appendix 10 – Process Map Flowchart was important and gives assurance around the follow up of Walkarounds.

Ms Hankin assured the committee any follow up and actions from the Walkarounds were being highlighted up to the appropriate Line Manager.

The Committee noted the report

18. Whistleblowing Quarterly Q2 Report

Ms Watson noted there were no new cases within the quarter to be taken forward under the formal stages of the Whistleblowing Standards, however there had been one unnamed concern received. Following due consideration, it was decided to proceed to investigate in-line with the principle of the WB Standards, albeit in line with these Standards, it does not get reported to INWO as a WB case.

The committee were updated on the followings highlights from the report:

- External investigation into a case was completed in August'24 and is progressing to full closure and subsequent action plan.
- Formal notification received from Independent National Whistleblowing Officer (INWO) that a concern has been raised with them in relation to NHS Shetland's handling of a WB case. Information has been sent to INWO and we await any further update from them.
- Review of cases to date
- Quarterly whistleblowing champion and confidential contact meetings are in place
- Recruitment of additional Confidential Contacts is planned
- Summary of the outcomes from Speak Up Week late Sept/early Oct'24

The Committee noted the report, expressing it presents an increasingly mature picture with regards to meeting the national WB Standards.

The committee agreed a Moderate Level of Assurance

19. Health & Care Staffing Programme Verbal Update Report

Ms Watson provided a verbal update of the ongoing progress across the organisation against the requirements of the Act noting that once produced, the Q2 report will be shared with this Committee via email to enable them to provide feedback ahead of its presentation to the full Board meeting in Dec'24. Summary uptake levels are:

- c.70% current rollout/usage of HealthRoster
- c.17% current rollout/usage of SafeCare, noting significant variations across different professions

The Committee noted the update provided by Ms Watson.

ACTION: Ms Edna Mary Watson

The committee agreed a Moderate Level of Assurance

20. Clinical Effectiveness Quarterly Q2 Report as shared with Joint Governance Group (JGG)

Ms Hankin updated the committee on the following highlights from the report including:

- Development of patient feedback questionnaires by several services eg, Physiotherapy
- The programme and highlight outcomes from clinical governance afternoons and MD governance meetings held across different professions
- Ongoing audit and research activities
- Support given by the Corporate Governance team and the increasing demand from across the organisation for this support
- Stroke Working Group and its work

Assurance was sought around any impact from none of the scheduled Anaesthesia Governance meetings being held over the quarter. The committee were assured effective anaesthesia governance is in place, that the October'24 meeting had taken place as planned, and there are no concerns to be highlighted.

The Chair noted that the report describes a wide range of breadth and detail of governance works across the organisation and provides good assurance to that effect.

The committee agreed a Comprehensive Level of Assurance

21. Adverse Event Q2 Report

Ms Hankin noted there were 205 (189) adverse events reported and 354(206) closed within the quarter, which is an increase against both compared to the previous quarter (figure in brackets). The closure rate reflects the increased clinical governance team activity around the closure activities and chase-ups.

Clinical Risk Advisory Team (CRAT) continue to be busy, due in large part to the number of extreme AEs reported following the introduction of the unexpected deaths reporting Form.

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

The top reporting areas of the quarter were reported to be:

- Medication
- Communication
- Slip, Trips and Falls
- Documentation
- Pressure Ulcers
- Investigations

Uptake for training around risk and adverse events has been slow, however these continue to be advertised. Excellent feedback has been received and a session is to be held later today.

The committee agreed a Comprehensive Level of Assurance

22. Quality Score Card incorporating the QMPLE Report

Ms Hankin updated the committee on the following highlights from the report including:

- RAG status of the quality focused 41 KPIs that are regularly measured
- DVT Audit 2024 results
- Pressure Ulcer and Falls data was specifically discussed
- Continued positive feedback from Students on their training experiences during NHHS placements.

Members scrutinised the results and took assurance from the positive picture presented.

The Chair noted that assurance can be taken from the fact that whilst overall the results show a continued high standard of performance, where in specific cases deterioration had occurred, that this had been recorded within the results and that remedial actions were underway to improve the matter going forward.

The committee agreed a Comprehensive Level of Assurance

23. Quality Update Report - Health Services delivered under the Partnership & Quarterly Progress Update

There were no papers were presented to the Committee at this meeting.

Mr McDavitt had confirmed via email that he intends to present an update to the March' 25 meeting of the results so far emerging from the PCPIP & SHIP programmes.

In the meantime, in the absence of this data, the Committee discussed the possibility of viewing primary care quality improvement data via other sources, with GP Cluster data being mentioned as a potential source. Ms Brightwell agreed to contact with Angela Watt and/or Lisa Watt to understand if this source would provide any useful information to CGC and if so, to provide this information to CGC.

ACTION: Ms Kirsty Brightwell

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

The committee noted there were no changes to the list.

The committee agreed a Comprehensive Level of Assurance

25. CGC Aligned Strategic Risk Report

Ms Watson updated the committee on the following highlights from the report including:

- Two new Finance risks that are now due for final approval
- Work needed to refine Risk SR20 Risk of Flu, Covid & Other Pandemic
- Overview of the development session held on SR18 Risk of CBRN Contamination

It was noted at its previous meeting, the CGC committee had received a detailed analysis of the Paediatric risk SR03. Due to today's lengthy agenda, and the CBRN session held recently, it was felt there was no time to have a deep dive into a CGC aligned risk, however doing so will remain a feature for future meetings.

The committee agreed a Moderate Level of Assurance

26. Population Screening Q2 Report

Ms Laidlaw updated the Committee on the following highlights from the report including:

- Description and up to date position on the 6 regular Screening programmes
- Regular reporting for locally delivered programmes is now being delivered and reported to this Committee
- NHSS secured funding for a project on cervical screening under the Scottish Govt's "Equity In Screening" initiative, and there is now a local cervical screening governance group set up to oversee the programme of activities
- Favourable uptake in bowel screening versus the national average was noted

Members scrutinised the report and were assured by the details provided.

The committee agreed a Moderate Level of Assurance

27. Control of Infection Committee Q2 Update Report

Ms Laidlaw updated the Committee on the following highlights from the report including:

- Q2 infection control audit results, with some issues with incomplete SICP and CAUTI returns
- Q2 Communicable disease surveillance results, including a small outbreak of COVID in Gilbert Bain which was quickly contained
- Immunisation take Up rates updates, including for the Winter programme for Flu/COVID
- The need to soundproof treatment rooms at Vaccination centre as patient confidentiality at risk of being breached
- Local ICT has been working with NHSG's equivalent because of the shared pathway for High consequence Infectious Diseases, risk slightly increased due to our ties with international fishing/oil/gas industries.
- COIC remain keen to have regular patient/public engagement with its work and is considering how this can be delivered.

Members scrutinised the report and were assured by the details provided.

The committee agreed a Moderate to Comprehensive Level of Assurance

28. Quarterly Update of the Annual CGC Workplan

Ms Watson gave a full summary on the progress year to date against the Annual Workplan targets including noting that:

- Good progress has been made across the board
- Specific areas where progress is slowest are either where we await publication of material at a National level eg, DoC, AE policies, or where we aim to increase levels of patient/public engagement.
- Regular quarterly updates are provided to this Committee on progress. Items awaiting National materials will now be denoted as such within these quarterly updates.

The Chair highlighted that this report does not currently receive an Assurance rating by the Committee but that going forward, will be added to the Levels of Assurance table.

ACTION: Mrs Mary Marsland

The committee agreed a Moderate to Comprehensive Level of Assurance

29. Recommendations to Audit Committee for proposed IA activity

The Chair noted proposed activity had been received via email from Prof Carolan, however there is time if members wish to add any recommendations.

The Chair will forward any received proposals to the Audit Committee

Action: Chair

30. Whistleblowing Cases (Stage2) Governance of Clinical Action Plans and Lessons Learnt

The Chair updated the Committee on the inclusion of this as a new Standing Agenda item, as specified in the CGC ToR, "Where improvement performance is necessary, the CGC should seek assurance regarding reliability of the improvement intervention".

Jo Robinson gave a summary of the paper including:

- The paper provides background to the concerns raised, the appropriate actions agreed to be taken and their current completion status.
- There are 64 actions total, including 9 priority actions. It was suggested 18 months is a reasonable timescale to complete all actions.
- The Committee were briefed on some of the specific actions, and the reliance on a small team of specific individuals within the service to progress these, with the inherent risk to the progress of the action plan that this presents. To mitigate this risk, the Mental Health Steering Group is meeting regularly to oversee progress of the action plan.

- It was recognised Mental Health was not included with the Walkaround schedule, and would be worth considering replacing one of the existing sessions to incorporate this department.

Members scrutinised the plan and were assured by the detail. As a Standing Item to the agenda, the Committee will receive updates on progress at all meetings.

ACTION: Jo Robinson

31. Topic of Emerging Concern: Case Review

No submission received

32. Service Redesign – Clinical Governance Implications

The Chair introducing this item as being key to the Committee's ongoing assurance requirements in relation to service re-design projects.

Lucy Flaws gave a brief presentation around the clinical care strategy and its delivery ambitions, and sought clarity of the needs of this Committee in relation to the programme.

Prof Carolan detailed the Committee needs to be focused on ensuring the re-design/change projects are; evidence based and safe; involve appropriate engagement from stakeholders (patients, staff, community etc); focused on sustainability/reducing fragility of service; and that each of these can be evidenced throughout the project.

Means of demonstrating these needs was discussed, and could potentially be met by using a template produced for that purpose.

It was noted that CGC would typically seek assurance for the larger projects involving more significant change, whilst having the assurance that the principles are embedded for all projects across the programme.

Ms Brightwell, Prof Carolan and Ms Flaws will meet to agree the appropriate approach the Committee will take, and bring a proposal to the next meeting in March 2025.

ACTION: Ms Kirsty Brightwell & Prof Carolan

33. CBRN Development Session Reflection from 05th November 24 & Next scheduled Development Session Topic - 04th February 2025

Reflections from the informative CBRN development session were noted by Members.

The next scheduled Development Session is 04th February 2025. A topic for discussion will be confirmed in due course, and invites issued.

Date and Time of Next Meeting

Tuesday 11th March 2025 – 0930 – 1300hrs