

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 11th March 2025**

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	Colin Campbell - 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	

CONTRIUTING TO AGENDA

Anthony McDavitt, – Director of Pharmacy - Interim Depute Chief Officer, Pharmacy & Prescribing (<i>Agenda Items 12 & 14</i>)	David Wagstaff – Head of Estates, Facilities & Medical Physics (<i>Agenda Item 15</i>)
Jacqueline Whittaker - <i>Interim Deputy Director of Acute Services & Chief Midwife (Agenda Item 17)</i>	Ms Carolyn Hand – Corporate Services Manager (<i>Agenda Item 19</i>)

1. Welcome and Apologies

The Chair welcomed all to the meeting, reiterating the remit of the committee.

Apologies were received from Bruce McCulloch, Non-Executive Member of the Board and Chair of Area Partnership Forum (APF).

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

There were no declaration of interest raised.

3. **Approve the 26th November 2024 Minutes**

The committee were made aware of the deliberate shortened account. It was felt to only capture what is necessary, therefore avoiding duplication through meeting papers, session notes, action tracker and meeting recording.

The minutes were therefore approved as an accurate record of the meeting.

4. **Matters arising from the minutes**

There were no matters arising.

5. **Review of Action Tracker**

- Consider proposals to the Audit & Risk Committee for inclusion within the next Internal Audit Plan – Suggestions received have been forwarded.

Close

- Update the committee on the current dental situation re the Independent Market Street Practice & to reinstate this issue back onto the action tracker – Committee given a full update on the current situation.

Keep Open

- Discharge without Delay (DWD) – Will be addressed within the Winter Pressures Presentation by Kathleen Carolan

Close

- Production of the CGC Annual Report 24/25 – Presented to the committee for approval.

Close

- Present the updated Terms of Reference – Presented to the committee for approval

Close

- Information emerging from GP Clusters, discuss with Lisa Watt & Angela Watt – Cluster Newsletter is the main route with six monthly reports being received at OCGG

Close

- How will CGC will seek assurance for Service Redesign initiatives – Not yet resolved

Keep open

6. **Operational Clinical Governance Group (OCGG) 13th February 2025 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:

- Dental update

- A range of flashcard reports were received which highlighted positive workings and concerns. A key point to note from Senior Nursing and Midwifery & AHP Services is a professional assurance framework exists within nursing and midwifery. It is proposed to have a discussion with all professionals across NHS Shetland on the potential to have something in place for each of them going forward.
- Walkrounds conducted during Q3, with key points and learnings being shared
- Developmental activity
- Recruitment within the Team

A brief discussion was had around the loss of dedicated funding and time for the Cancer Lead GP Role and the change within the service. It was noted this is a national issue and an area deemed to be on the decline.

It was noted to be a wide-ranging and well informed meeting which was well attended.

The committee agreed to a Comprehensive Level of Assurance

7. Joint Governance Group (JGG) 20th February 2025 Summary and Decision Note

Ms Watson informed the committee the decision note was included within the pack and presented the following highlights from the meeting, each of which were then opened for discussion/input/scrutiny from all in attendance.

- New HIS Adverse Events Framework has now been published. The link will be shared for the committee to be able to view. The framework will be reviewed locally and the policy adjusted to align.
- A presentation was received from Nicola Balfour on the Evaluation of the Community Link Worker Project.
- Consideration of Learning from a Mental Welfare Commissioning Report was heard. There was also a review of a local case review that had been undertaken with discussion around lessons learned from the action plan.
- Radiation Policy was discussed prior to submission to this committee for approval.
- Range of standard reports including the adverse event quarterly report and the clinical effectiveness report both of which are within the agenda.
- The group were made aware of the Jane Davies Award for Person Centred Practice. The award is open to individuals or teams who have done good work to progress person centred care within various settings with local nominations being encouraged.

The Chair noted InPhase is to be delayed until July 2026 and sought clarity if this was a local or national issue?

Ms Watson confirmed the slowed approach was initially a national capacity issue however local factors played into this. It was noted NHS Shetland had expressed the need to be ready and live with the new system by July 2026 as this is when the RLDatix contract would normally be renewed.

Mr Chittick noted this had been discussed at the Digital Initiation Group resulting in an opportunity to scope out other InPhase Modules during this delay period which may help with the back log or the process management, moving forward. The group are engaging with InPhase in a collaborative and collective way to see if there is any availability to phase in modules over this delayed time period

The Chair enquired if the new Adverse Event Framework was tougher in its demand or was it a reduction in its strength of value?

Ms Watson noted the framework was not as complicated as initially anticipated with ongoing works influencing its overall direction with the aim of creating a real, standardised approach nationally.

The committee agreed to a Comprehensive Level of Assurance

8. Final Report 2024/2025 CGC Workplan

Ms Watson noted the plan was within the pack, and presented to the committee highlights from each of the sections, which were then opened for discussion/input/scrutiny from all in attendance.

It was noted there had been little activity in regards to patient engagement, therefore most of the actions had been carried forward into the new action plan for 2025/2026. Assurance in the form of reports around screening activity and realistic medicine work from Public Health continues. It was noted there had been a Realistic Medicine Workshop recently held. Although attendance may have been restricted due to work commitments an evaluation is currently being compiled, the results of which will be shared with the committee in due course.

The Chair noted the hard work throughout the year and thanked Ms Watson for her accurate assessment of progression.

Mr Campbell stated he was impressed with Appendix One – Outturn Report which reads easily, making it easy to track the progress of all the action points, was a good piece of work and is Best Practice for the Board, giving kudos and thanks to Ms Watson.

The committee agreed to a Moderate Level of Assurance

9. DRAFT Clinical Governance Workplan for 2025/2026

Ms Watson informed the committee the same format as the previous year was being adopted. It is hoped by keeping the same headers, as referenced by Mr Campbell, it will show how much has been built on from the previous year.

As referenced above, there has been little improvement in the way of patient focused public engagement agenda over this last year but will be a focus going forward into 25/26.

The committee suggested within 2024/2025 a written report every six months was sufficient, however if content, members were asked if a quarterly update report be presented to the committee as it would be easier to see what is being built on at each quarter.

The committee approved the Draft Workplan

10. Mid-Year Review of Clinical Governance Committee Terms of Reference (carried forward from November 2024)

The Chair noted this review was due at the November meeting but was held back due to the Board meeting having just taken place where committee membership was uncertain, as was the requirement to devise a process for sharing information across committees. The revised ToR confirms the details of the committee membership post Board discussion, and mentions the sharing of information requirement. It was the Chair's understanding this was to be discussed at the upcoming Board Development Session, however this has subsequently been cancelled, as such, there is thought to be no information around the sharing of information received until the end of May, which has been reflected within the revised ToR.

It was noted progress updates from the Whistleblowing Incidents Action Plan has been added as a new standing agenda item with no further changes above and beyond these points.

Mr Campbell noted the added caveat within 4.4 – Minutes, 4.4.2, (Note: this is not current practice. Currently minutes are edited by Chair and distributed as part of the pack for the following meeting), should be reflected for consistency and accuracy within all board governance committees terms of reference, and was suggested this be discussed with the Board Secretary. Ms Brightwell reiterated this was the reasoning for the receiving of a decision/action note following meetings as minutes are not being received within ten working days of the meeting. It was thought with the change in formatting this might be more attainable

The Chair re-emphasized the vacant role of the Area Clinical Forum (ACF) Chair as a member of the committee. Ms Watson confirmed discussions with Mr Chittick revealed there had been no progress made organisationally. Being ex Chairs of the ACF, herself and Ms Laidlaw therefore offered to help to publicise and support the professional advisory committee in order for it to function and help to find a replacement Chair, which Mr Chittick was content with. The Chair thanked Ms Watson for her update, however the position remains vacant at this time.

The Chair noted he had become aware of a newly formed Medical Devices Committee (MDC) which has a direct link into CGC. Ms Brightwell confirmed the MDC has a direct link into CGC, however it will report directly through OCGG. The CGC will receive an annual report from the MDC at its meeting in June which will be outlined within the ToR.

The committee approved the revised ToR however it was noted once the exact protocol for the sharing of information is received, the ToR will be presented to the committee once again for approval.

11. DRAFT Clinical Governance Committee 2024 – 2025 Annual Report & Certificate of Assurance for approval

The Chair thanked members for their comments which had been reflected within the report. The report itself is a record of works undertaken by the committee within the last year.

A task against agendas and papers was undertaken to ascertain if this committee's business relates to that of other Boards. Differences were noted, due to the nature of other Boards business however, fundamentally there was not much difference.

It was noted information on quality data from the primary settings is yet to be received, however was within the agenda.

The Chair noted the comments received in regards to the length of meetings, the complex nature of papers and the need to balance appropriately. It is for the committee to make sure governance is applied appropriately and the Annual Report makes this clear.

It was concluded there were no control weaknesses that the committee is aware of and therefore the annual report and certificate of assurance were approved.

12. Director of Pharmacy 2023 – 2024 Annual Report (carried forward from September 2024)

Tony McDavitt delivered a brief reflection of the report which focuses on priorities set out within the previous report and progress made, including:

- The Workforce Plan (link embedded within the report) remains in draft until its confirmed as part of the wider organisational process for workforce planning
- The Directions linked within the report are due to be refreshed at the upcoming May/June Integrated Joint Board (IJB) for the Community and Acute Pharmacy Service.
- The report includes a review of the previous ten years, highlighting some of the key changes and improvements over this time period.
- Capacity availability within the system to provide good clinical governance and oversight is a concern. There are a group of teams working closely to ensure this does happen but this is challenging for individuals as they balance all the other pressures of the role – operational, planning, senior leadership etc.
- Medicines Governance remains a key priority at risk over the next few months with the aim to do this properly and take the necessary time for this to be done.
- The National Therapeutics indicators within Section 5 of the Report show the improvements made within these chosen priorities.
- Targets for the coming year were also highlighted from the Report, including further roll out of the Pharmacy First Plus service.
- Attention was brought to the high use of anticoagulant in Shetland which has been a continued focus of the primary care pharmacy team but more so within acute. There has been a piece of quality work on this which has socialised around the cluster.
- There is a full Narrow Therapeutics Index (NTI) with 73 measures.

- Targets for the coming year with MHRA Warning (valproate in women of childbearing age) is an ongoing issue for Scotland and the wider UK. There is no platform or system to support a teratogenic risk as effectively as possible. It was noted that Shetland is the first board within Scotland to have a real time view of how it is doing risk assessment for these medicines.
- Mr McDavitt noted ongoing uncertainty with regards to PCPIP funding and new GP IT system nationally. Conversation with SG are ongoing in relation to extending the PCPIP funding out to March 26. Other work to review and remove low value tasks is ongoing also.
- The Chair thanked Mr McDavitt for the excellent and upbeat report.

The Committee noted the annual report

13. Radiation Safety Policy

Ms Brightwell spoke through the details of the Policy for members to scrutinise.

The Committee approved the policy

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

The Chair stated he had hoped to see the quality metrics from the health services being delivered as part of the partnership, noting a paper recently presented to JGG for PCPIP referencing work being undertaken through Local Intelligence Support Team (LIST), and the production of a QI Framework set of metrics with 23 already defined and written up.

Mr McDavitt apologised for the lack of a report which was due to time constraints. Mr McDavitt updated on the following points:

Partnership Update

IJB Performance Report

- No new resource to commission and provide, and as with DoP report, ongoing challenges releasing information from systems - everything is manual
- Reviewing all services with planning team input
- Primary Care patient feedback survey now has over 80 respondents, presented to the JGG recent
- Measurement framework for PCPIP is shared with LIST re delivery, however challenges in last 2/12 with LIST team availability, and still to progress local work on delivering them IT to access our data
 - Develop a way of working with LIST that is like NHS Lothian
- Focuses remain
 - Patient satisfaction
 - HACE
 - IJB performance report

- NTIs (DoP annual)
- Existing CG team reporting that also captures this

It was noted the measurement framework for PCPIP had slowed as it had been difficult to engage with LIST. It was clarified LIST are provided through Public Health Scotland and are a Local Intelligence Support Team.

Mr McDavitt noted he would have liked to have presented the quarterly performance reports presented at IJB to this Committee, however timing with IJB had not aligned to this meeting. It is anticipated going forward, this committee will receive the quarterly performance reports for noting as these quarterly reports embed most of the measurement framework for PCPIP and all the different individual services.

Mr McDavitt provided a brief overview and update of the SHIP Project.

The Chair thanked Mr McDavitt and requested he provided what information is available at each meeting.

15. **CGC Aligned Strategic Risk Report**

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

- Risk SR04 has increased from fifteen to twenty, taking it to a very high risk, due to external factors reflecting in significant wider supply chain issues. The committee were assured this was within the upcoming Risk Management Groups agenda for further discussion.
- Challenges around Risk SR21 and SR22 are being responded to as they present themselves
- There are a number of out of date risks noted within the report at the time of writing are in the process of being updated
- Risk SR13 has reduced with a positive move in terms of recruitment and retention noted
- SR02 is the only risk closed within the quarter
- SR01, SR20 and SR18 were all noted as having inadequate levels of controls
- Directorate level risks were highlighted as having inadequate levels of control

The committee were invited to comment on the report

Ms Hubbard commented on the emerging situation with the Gilbert Bain Hospital structural repairs which will have an effect and impact on a number of these risks, noting her understanding work is ongoing to identify where these risks are likely to emerge.

Discussion took place around the current risk level and stated risk appetite. It was noted talks are ongoing with the Chief Executive in regards to moving risks forward. The Chair asked the committee be kept updated.

The committee agreed a Moderate Level of Assurance

The committee received a presentation from Kathleen Carolan around the recent Winter Pressures, focusing on the key bed occupancy and patient safety data, reflecting on how we learn the lessons behind the data patterns to inform better all round planning, which was followed by a presentation from David Wagstaff covering the necessary remedial works to the Gilbert Bain and the clinical risks and mitigations in the current planning model. Chair asked for this Committee to be kept informed as these plans develop over future months.

16. Whistleblowing Cases (Stage2) Governance of Clinical Action Plans and Lessons Learnt - Update on progress against the Action Plan

The Chair requested an update on the action plan for the Whistleblowing case within the Mental Health area, noting at its previous meeting the committee were updated on the details of the plan with sixty four actions, nine of which were priority and enquired if good progress was being made?

Jo Robinson apologised for the lack of a written report, which was due to time constraints. It was noted a written update will be presented to the committee at its next meeting.

It was confirmed there are sixty four actions with nine priorities, and Ms Robinson confirmed she is comfortable that satisfactory progress is being made on all actions albeit some of these actions will require additional work and/or will be difficult to close off but will provide a full update at the June meeting.

The Chair noted the positive outlook, expressing the need for the written update at its next meeting.

The Committee noted the update

17. Topic of Emerging Concern – Update on Maternity Services

The Chair welcomed Jackie Whitaker, Interim Deputy Director of Acute Services & Chief Midwife, noting the reason for this topic was due to recent publicity in regards to safety within maternity units nationwide and the anticipated unannounced Inspection from HIS. It was therefore felt worthwhile to get an update around NHS Shetland's current maternity services position.

Ms Whitaker presented a brief overview to the committee covering the following:

- Background into the reason for the inspection
- Recommendations from the Royal College of Midwives 2023 report and HIS Neonatal Mortality Review
- NHS Shetland and NHS Grampian Statistics from 2018 to 2024
- NHS Shetlands Monitoring and Reporting
- "Are we Safe?" – Trigger list for incident reporting and maternity guidelines
- Top Maternity Incidents
- SAER Process protocol and processes on the ground
- Maternity Inspection, expectations of scope
- Gaps/improvements locally to be addressed

The committee were invited to discuss the presentation given by Ms Whitaker. The Chair noted it was good governance to read that we are monitoring performance closely in all regards eg, recording and reporting information, following up on any matters requiring remedial work.

The Chair enquired despite there being gaps, how well is Shetland placed for a HIS visit should it emerge?

Ms Whitaker noted learnings from the Tayside inspection will emerge in due course and can be studied. Concerns exist at this time about some low morale of staff, particularly the HCSW cohort.

Short discussion focused around the decanting of maternity services for the GB works and current staffing levels versus need.

The Chair thanked Ms Whitaker for her presentation noting it would be interesting to know the outcome of the inspection once undertaken.

18. Level 1 Significant Adverse Event Review – Lessons learnt GVHR / PC Reviews

The committee received a brief verbal account around the event itself by Kirsty Brightwell, who noted a written report to be presented to the committee at its meeting in June.

There was a good amount of learning to come from this Review and thanks were relayed to the clinical teams as well as clinical governance for putting in the work and getting the final report completed. The committee were informed Social Work have their own actions from the review, however these will be incorporated into the action list so there is an oversight into partnership working.

It was noted Mental Welfare commission have received their copy of the Review.

19. NHS Complaints & Feedback Monitoring Report Q3 01st October – 31st December 2024

Carolyn Hand informed the committee it had been a busy quarter which does not appear to be easing off within quarter four.

It was reported performance against turnaround targets for the Stage One/5 day and Stage Two/20day targets are still poor.

A new resource within the team is in place, with training and induction now ongoing. It is hoped the additional resource will help to close the loop, providing more assurance to this committee and others that organisationally, we are implementing the necessary remedial actions following any complaint, and that we are sharing these learnings across the whole system.

The committee were invited to comment on the report.

Ms Robinson advised she is aware of the demands of undertaking of the in-depth complex investigations and recognised the need for training/improvement for those colleagues engaged in this work. Ms Hand agreed and suggested the complaint investigation modules within TURAS be examined as they present a clear process and expectations.

The Chair noted complaint investigation work often requires a degree of pragmatism in really complex cases, and the need to make decisions, on occasion, with incomplete

data sets. It is vital though that we are both factual and fair in all aspects of how we conduct this work.

The committee agreed a Moderate Level of Assurance

20. Leadership Walkrounds Q3 01st October – 31st December 2024

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

- Brae Health Centre
- GB Reception and Medical Records
- Renal Unit

The Committee expressed continued strong support for the Walkaround process. The Chair noted the high level of detail in the updates from each visit and the assurance the Committee can take from knowing that any issue raised is quickly fed back to the area and addressed.

The committee agreed a Comprehensive Level of Assurance

21. Whistleblowing Quarterly Report Q3 01st October – 31st December 2024

Ms Watson noted there were no new cases within the quarter to be taken forward under the formal stages of the Whistleblowing Standards.

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

- The unnamed concern received within quarter two
- Previous external investigation
- Formal notification from Independent National Whistleblowing Officer (INWO) of a concern raised with them on NHS Shetland's handling of a whistleblowing case.
- Review of previous cases to date
- Reason behind the postponement of recruitment of any confidential contacts at this time.

Ms Hubbard noted the delay in receiving feedback from INWO on the case raised with them.

The Chair stated he would be in the company of INWO this coming week and would ask the question. Chair confirmed for clarity that the nature of the concern raised would not have affected how case was progressed or any of the actions to have emerged.

The committee were made aware of a letter received by the Whistleblowing Champion from the Cabinet Secretary which needs to be completed and returned before the end of the March. Whistleblowing Champion will ensure this is completed and returned on time.

The committee agreed a Moderate Level of Assurance

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

Ms Watson noted the following key points from the report:

- Review meeting with HIS held and areas of strength and good practice identified.
- 85% current rollout/usage of eRostering Tools with Safecare overall 20% organisation with 30% being Nursing and Midwifery workforce.
- The success of the Business as Usual team
- Staffing Level Tool Runs positives and negatives to emerge
- Publication of the Nursing and Midwifery Task Force
- High cost of agency workers within the third quarter
- Annual report to be submitted to Scot Govt by 30th April

The committee agreed a Moderate Level of Assurance

23. **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q3 01st October – 31st December 2024**

Ms Hankin noted this was a detailed report covering all governance and audit activity both shared with and conducted by the Clinical Governance Team. The following highlights from the report included:

- Participation in audit in December which tied into the National NICE Quality Standard 138 Blood Audit. With thanks conveyed to all who participated.
- Quality improvement work following the Leadership Walkrounds within Labs
- Service feedback
- Overview of the clinical governance afternoon
- Overview of the various departmental governance meetings supported by the team
- Scottish Patient Safety Programme (SPSP) Acute Adult 2022 report

The Chair noted the wide breadth of Clinical Governance activity recorded in the Report and the good assurance that can be derived from this was striking especially when captured within reports.

It was noted the Audit Adverse Event slides are being presented to all governance meetings as an aid to sharing of good practice across the organisation.

The committee agreed a Comprehensive Level of Assurance

24. **Adverse Event Report Q3 01st October – 31st December 2024**

Ms Hankin noted there were 200 adverse events reported with the top five reporting areas being:

- Medication
- Communication
- Slip, Trips and Falls
- Test results and reports
- Pressure Ulcers

There were no reports submitted to HIS, no child deaths recorded, no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and no Level One Investigations reported within the quarter.

The number of adverse events closed within the quarter was one hundred and seventy, compared to the three hundred and forty three within the previous quarter. It was noted there was a drive within quarter two to reduce the backlog of events, hence the reduction in figures within quarter three.

Highlights from within the report included:

- Weekly CRAT meetings
- Debrief Training
- Thematic Learning

The Chair noted the importance of adverse event reporting for this committee to receive, suggesting it be given some specific focus/deep dive at a future CGC meeting.

It was also mentioned that the CRAT process is performing well serving its purpose for the organisation.

The committee agreed a Comprehensive Level of Assurance

25. Quality Score Card incorporating the QMPLE Report

Ms Hankin noted the report shows positive positions overall. The following highlights were brought to the committee's attention:

- No stillbirths or neonatal deaths reported within the quarter
- Increase in falls within the medical ward
- No acquired pressure ulcers
- Leadership Walkrounds
- Thematic Learning is included for wider awareness
- Student Feedback (QMPLE) continues to be positive
- Inpatient experience data also continues to be positive

The Chair noted the committee can draw strong assurance from how all the data is recorded and that appropriate actions are undertaken should any issues arise.

The committee agreed a Comprehensive Level of Assurance

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

Ms Brightwell noted there were no changes to the current list, however there will be a new consultant within Child and Adolescent Mental Health Service (CAMHS) to add for the next quarter

It was noted Shuba Rao is currently not working within the Health Board with only Kevin Morgan and Mishra Mrigank included within the list. The Chair had noted this drop from three to two, with Ms Brightwell explaining the supplementary staffing being provided was no longer required.

The committee agreed a Comprehensive Level of Assurance

27. Population Screening Q3 Report

Ms Laidlaw presented to the committee the following highlights from the report:

- High uptake rates for screening across the screening programmes
- Breast screening programme
- Cervical screening
- Proactive work required around diabetic retinopathy screening for assurance
- Proactive work around bowel screening for assurance
- Piloting of lung cancer screening

Members scrutinised the report and were assured by the details provided

The committee agreed a Comprehensive Level of Assurance

28. Control of Infection Committee Q3 Update Report

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

- Infection control audits, issues with the recording of information
- Communicable disease, nothing particular to report however there were lessons learned from a minor incident.
- Immunisation childhood rate continue to be audited. Good uptake rates around the RSV programme as well as winter flu and COVID
- The high consequence Infectious Diseases protocol was approved however more work around testing is required with a SWOT analysis required to be undertaken. There are ongoing issues with this which are being looked at nationally.
- There is further work to be done on around High Consequence Infectious Diseases (HCID), which from a risk perspective is similar in nature to the CBRN discussed previously by this Committee.

The Chair noted the reporting of CoIC to this Committee has improved markedly over recent submissions and thanked all concerned for this being the case.

The committee agreed a Moderate to Comprehensive Level of Assurance

29. Information Sharing between Standing Committees

Chair noted this has yet to be discussed at a Board Development session and will update this Committee once this has taken place.

ACTION: Chair

30. Service re-design requirements for CGC to be decided

It was noted due to time constraints, this will be taken off line and discussed between Chair, Prof Carolan and Ms Brightwell.

31. **Next scheduled Development Session**

The Chair will discuss with Prof Carolan and Ms Brightwell if this will proceed due to the current system pressures and will keep the committee updated as to the decision.

32. **2025 – 2026 Meeting Dates:**

It was noted the next scheduled meeting is 10th June 2025

Thanks were conveyed to the committee for another informative meeting

DRAFT