

**Minutes of NHS Shetland Clinical Governance Committee (CGC)  
Held on Tuesday 10 June 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 <i>(Intermittently throughout the meeting)</i>	Ms Susan Laidlaw – Director of Public Health
Ms Jo Robinson – Director of Health & Social Care	Ms Michelle Hankin – Clinical Governance & Risk Team Leader
Mrs Mary Marsland – Minute Taker & CGC Admin Support	

**CONTRIBUTING TO AGENDA**

James McConnachie – Business Continuity & Resilience Officer <i>(Agenda Item 14)</i>	Ms Carolyn Hand – Corporate Services Manager & Katherine Cripps, Feedback & Complaints Officer <i>(Agenda Item 15)</i>
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**1. Welcome and Apologies**

The Chair welcomed all to the meeting, reiterating the remit of the committee, and giving a recap of the agenda as it stands.

Apologies were received from Bruce McCulloch, Non-Executive Member of the Board and Chair of Area Partnership Forum (APF), Colin Marsland, Director of Finance, Edna Mary Watson, Chief Nurse Corporate and Antony McDavitt, Director of Pharmacy and Interim Depute Chief Officer, *(Agenda Item 17 only)*.

It was highlighted the gap in committee representation of an Area Clinical Forum (ACF) Chair remains.

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

There were no declaration of interest raised.

3. **Approve the 11<sup>th</sup> March 2025 Minutes**

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

The Chair highlighted the production of minutes was incredibly time-consuming and resource-intensive, however with the implementation of Co-Pilot, it is hoped they would be more streamlined going forward.

4. **Matters arising from the minutes**

There were no matters arising.

5. **Review of Action Tracker**

The outstanding open actions from the previous meeting were reviewed and discussed:

- Agree a subject matter for the next Development.

**Open**

- The current situation re the Independent Market Street Dental Practice:

It was reported there is no valid inspection certificate in place.

An inspection is to be undertaken within the next two weeks by Colleagues from other Boards, with an update expected in due course.

A comprehensive risk assessment of the dental service, considering a wide range of factors, is being developed. It was therefore recommended to keep this item open to allow for ongoing updates as new information becomes available.

**Open**

- How CGC will seek assurance for Service Redesign initiatives:

The committee must decide how to proceed with this matter, which is included on the agenda for discussion.

**Open**

- The possibility of incorporating the added caveat within 4.4.2 of the Terms of Reference ensuring consistency across all committees:

As previously mentioned, the introduction of Co-Pilot is expected to significantly accelerate the delivery of meeting minutes within the designated timeframe, representing a major improvement.

**Close**

- The update around 'Reflections' (page 4 of the Winter Pressures Overview presentation) which was identified for follow up, detailing the decisions and actions taken in relation to each of the four key points is now considered to be largely addressed within the scope of the comprehensive whole-system review into winter pressures, which is scheduled for discussion.

**Close**

- Information Sharing between Standing Committees can now be closed, as agreement has been reached. A related item is included within the agenda, outlining the next steps to be taken

**Close**

6. **Operational Clinical Governance Group (OCGG) 13<sup>th</sup> May 2025 Decision Note**

Michelle Hankin informed the committee discussion had focussed on the action tracker. Key topics included:

- Mandatory neonatal and paediatric training completion
- Updates on in-situ SIM and mental health services now using Track
- Recent and upcoming paediatrics and postpartum haemorrhage training sessions
- Scottish Patient Safety Programme's (SPSP) call for standardised documentation

There was also discussion about organisational record keeping and ongoing digital initiatives, as well as input from Infection Control and alignment with the annual report. Routine governance issues were also addressed.

Discussion took place around concerns raised regarding the lack of capacity and headspace within the clinical leadership team which is affecting their ability to think and plan effectively for the medical workforce.

Ms Robinson noted an Associate Medical Director for Primary Care had recently been appointed, working two days a week which had increased capacity.

Ms Brightwell added the rural emergency practitioner role has been considered.

Organising job plans is challenging and increases workloads without extra resources.

With no ability to hire more staff, tasks must be prioritised due to limited time. A meeting has taken place to address future medical workforce needs. However, tackling this issue requires a system-wide solution, as concerns about capacity extend beyond just medical staff and are shared by all.

Further discussions were had around a digitally enabled organisation and digital facilitation.

**The committee agreed to a Comprehensive Level of Assurance**

7. **Joint Governance Group (JGG) 09<sup>th</sup> June 2025**

Michelle Hankin noted the JGG was rescheduled from its original date of 27<sup>th</sup> May 2025, therefore a verbal update was presented to the committee.

The meeting reviewed anaesthetic governance, noting increased team capacity with new staff and changes to meeting responsibilities. Updates included dental services risk assessment, child healthy weight initiatives, and an in-depth neurodevelopment pathway report. The draft physical intervention policy will be reviewed by the Health and Safety Committee, and ongoing issues with HEPMA IDL are being addressed through a working group. Some reports were postponed due to limited time, but recent national guidance on adverse events and duty of candour is under clinical review, with completion expected by early autumn. Remaining items will be discussed at the next meeting.

The Chair asked on behalf of the committee a written update be distributed to the committee following the meeting.

**ACTION MH**

Prof Carolan noted she missed Antony Visocchi's verbal dental update, and asked if a written summary of his discussion on dental care risks and governance would be provided.

Ms Hankin advised the update was in relation to a paper presented by Mr Visocchi back in 2022, where he stated the situation had changed due to staff turnover. He described a three-stage strategy addressing much of the dental service and noted possible increased risks. Mr Visocchi was advised to identify these items as risks, agreeing to submit his documents. Assistance was offered to formulise the risk for review by the Risk Management Group (RMG).

The Chair noted the risk will be articulated and, if appropriate, be brought to RMG first before presenting it to the committee.

Ms Robinson noted there are several issues affecting dental services with an imminent meeting to review these and finding the best way to present them.

Ms Hankin provided clarity around the additional Clinical Governance Standards report within the meeting pack.

**The committee agreed to a Comprehensive Level of Assurance**

**8. Clinical Governance Workplan Q1 Update 2025 – 2026**

Ms Hankin reported progress had been made on the clinical governance workplan, overcoming previous staff shortages with new appointments, including a Clinical Governance Support Manager and Clinical Governance Facilitators.

Steady progress continues with a realistic medicine section being added to the service audit improvement grid increasing awareness of ongoing organisational activities, with population health systems, such a vaccination programmes demonstrating their effectiveness.

It was reported to be a very detailed report and an accurate reflection of progress within the first quarter.

**The committee agreed to a Moderate Level of Assurance**

**9. Half Yearly Review of Clinical Governance Committee Terms of Reference**

The Chair highlighted a specific update regarding the formation of the Medical Devices Committee (MDC). The MDC will prepare an annual report, which will be presented to this committee at its June meeting.

The TOR has been updated accordingly, with no other major changes.

It was noted there are two future actions pending which are, updating the information sharing process between committees which will be incorporated at year end; and how

best to address climate change and sustainability, which was covered at the recent Board Development session.

Since the update was considered minor, it was suggested not to submit to Board for approval and to wait until there is a bigger update at the end of the calendar year.

### **The committee approved the minor update**

#### **10. Draft Whistleblowing Annual Report 2024 - 2025**

Ms Brightwell informed the committee the comprehensive report highlights changes and progress made in providing assurance to the Board. The infographic offers a clear and simple summary of the report.

The report demonstrates notable change in cases recorded verses 2023/2024, the larger volumes for 23/24 thought to be due to fresh impetus given to work at that time, in raising concerns or perhaps issues within the system which may be attributable to a specific cause or simply reflects typical trends given our small numbers.

At present, the team consists of four confidential contacts and experiences periodic capacity constraints due to the unpredictable nature of tasks and limited personnel resources. The individuals involved are participating on a voluntary basis without receiving financial compensation or remuneration. Whilst their efforts are recognized; the system relies on these volunteers despite the absence of monetary support. This reliance may raise potential challenges.

Turas training participation is low: about 8% uptake for general staff and 24% for managers. While it's not mandatory, we encourage more involvement.

Communication with partners and stakeholders is maintained through the established reporting structure; however, limited capacity affects the ability to provide additional support. There have been no reported cases during 2024/25, but one case from the prior year carried over into this new reporting period, impacts on figures.

Discussions were held, during which Prof Carolan enquired on progress of the work the Director of HR is leading via a short-life working group, focussing on concerns raised across any number of fronts across the organisation.

It also mentions a survey which the group commissioned asking people about their experiences with raising concerns. It is not clear what the group's results are or when they will be shared, which makes it hard for everyone to understand how the process works. Sharing these updates would help separate whistleblowing from other types of concerns.

Ms Brightwell stated she was not involved in the short-life working group or Staff Governance Committee but believed Marianne Williamson could assist.

The Chair shared that the short-life working group has been active since September 2024, distributing four surveys to various groups. The group has collected responses

and drawn conclusions, with its efforts aligning closely with those described by Professor Carolan. It was suggested that the exact dates for reporting and sharing their findings should be clarified.

#### **ACTION EMW**

Mr Campbell commended the report and noted Staff Governance had discussed making TURAS training mandatory, due to low completion rates (8% for staff, 24% for managers). The training is useful for identifying whistleblowing concerns, so mandatory participation may be warranted.

The Chair made the following summarisation:

- A new reporting requirement has been introduced, necessitating the inclusion of staff training completion rates in the annual report.
- There is a general trend nationally of declining whistleblowing and "speak up" case numbers over recent years, prompting closer scrutiny by INWO. A new national whistleblowing officer has also been appointed into INWO.
- Staff training on whistleblowing is currently encouraged but not mandatory, unlike training for patient and family concerns.
- The organization relies on a small number of confidential contacts, who handle cases and administrative tasks alongside their regular duties, and their contribution is highly valued.
- Fewer cases have been reported recently, which raises questions about whether it reflects a true drop in incidents or other factors such as reporting pressures or system changes.
- The report is considered well-prepared and an accurate reflection of the organization's current situation.

#### **The committee agreed to a Moderate Level of Assurance**

The Chair highlighted there were no policies or procedures scheduled for approval at the meeting.

#### **11. Medical Devices Committee Annual Report**

The Chair noted as this is a newly formed committee there is not annual report for this year. The committee should therefore expect to receive an annual report at its June meeting in 2026.

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

Ms Robinson informed the committee that the update highlights significant progress on the extensive whistleblowing action plan, which originally comprised 64 actions. Most priority items are on track, with several completed and only a few still considered at risk—particularly those related to mental health spending, recruitment of psychiatric staff.

Many actions have now been embedded into routine operations, such as learning needs analysis and staff induction. Feedback from the recent iMatter survey indicates a notable improvement in team dynamics and support across mental health teams.

The report recommends that future action plans be streamlined to enhance clarity and manageability. Ms Robinson noted that, should a major investigation be commissioned in future, she would undertake a more detailed review before approving a plan of similar scale—aiming to ensure it is more concise and easier to manage.

The Chair acknowledged the ongoing high demand for mental health services and noted that improvements are being made. Progress indicators suggest that work is moving in the right direction; however, specific concerns remain. These include whether the psychiatric emergency plan will meet its target date of June 2025.

Ms Robinson reported that the process is nearing completion, although the exact timing remains uncertain. The plan is currently out for final comments and appears to be approaching closure.

Ms Hankin confirmed that this matter has been addressed at the mental health governance meeting, where teams are finalising their comments prior to onward circulation among the governance groups.

The Chair requested a similar update at its next meeting in September, as the plan will halfway through its informal eighteen-month period.

13. **Winter Review – Update on lessons learned and actions being taken to include output from 06<sup>th</sup> May Session**

Prof Carolan spoke through a prepared slide pack

The debrief aimed to evaluate the effectiveness of winter planning and system resilience.

A key theme discussed was the need for clearer escalation protocols when the system is under pressure. This includes transitions from business continuity planning to critical incident response and potentially into major incident management. It was noted the current escalation interfaces lack clarity and require further definition.

Additional risks were identified in relation to the upcoming remedial works at Gilbert Bain Hospital. These works will significantly limit surge capacity and require the decanting of certain services, reducing flexibility in patient placement and acute service delivery.

Ms Brightwell highlighted that care capacity was also constrained during the winter period. She reflected on the challenges of inter-team communication and suggested that future planning may need to move beyond traditional business continuity models. It was proposed that this be explored further, potentially in collaboration with James McConachie, to ensure preparedness for sustained system pressures.

Ms Robinson briefed the committee on a series of care home related challenges that have added to the complexity of the situation by significantly impacting service capacity and patient flow across NHS Shetland.

The Chair enquired what the expected timeframe for presenting the Board with a consolidated overview of clinical risks and mitigations, and how will this align with the forward planning process?

Prof Carolan expects by October or December, the organisation should be in a position to present a system-wide overview of clinical risks and mitigation strategies to Board. This would encompass risks across community services, hospital settings, and other areas such as Mental Health, all of which require robust business continuity planning. The committee highlighted the need for shared ownership in winter planning. Integrating major incident updates into existing workflows (e.g Jim McConnachie) was seen as beneficial. Capacity constraints heading into Autumn 2025, due to the Gilbert Bain Hospital remedial works, were noted as a realistic risk. Further discussions took place around the need for shared ownership within integrated joint working. It was agreed it would be valuable to hold an interface meeting to promote shared understanding of expectations and pressures across teams. A collective approach to ownership and transparency was emphasised as essential to effective winter planning.

The committee agreed to retain the project as a regular agenda item to enable updates on plans to ensure consistent delivery of patient safety and quality. A draft strategic risk developed by David Wagstaff in collaboration with Michelle Hankin will also be presented to the Risk Management Group at its next meeting. CGC to receive and update on the Winter Planning Review at its December 2025 meeting.

**ACTION Prof KC & JR**

14. **CGC Aligned Strategic Risk Report & Chemical, Biological, Radiological and Nuclear (CBRN) Risk Update following previous Dev Session**

The committee noted minimal changes to risk SR.04 since the previous quarter. External factors have been updated and will be reviewed by the Risk Management Group. Additionally, five other risks are currently under review and will be progressed through the appropriate governance channels. The report was therefore approved by exception.

**The committee agreed to a Moderate Level of Assurance**

The Chair referenced an earlier session on CBRN risk that revealed major capability gaps. It was agreed to receive a follow-up update, to monitor progress and maintain alignment with emergency planning.

Jim McConnachie expressed his appreciation to Ms Hankin for her support in reviewing the risk post that first meeting.

The committee were made aware of the ongoing challenges related to CBRN and HAZMAT risks in particular, highlighting a lack of trained personnel and the need for improved response capabilities in Shetland. Efforts include plans to relocate a disused COVID-19 testing pod as a permanent decontamination facility and distributing initial response kits to healthcare settings. Training remains a key issue, with reliance on mainland SAS teams and a shortage of local staff able to operate equipment. The risk assessment may be updated to better address hazardous material scenarios.

The committee welcomed the practical approach to the CBRN risk, noting it's real-world relevance enhanced engagement and understanding. The discussion also tied into recent business continuity planning for winter preparedness. Thanks were conveyed to Mr McConnachie for his presentation, and members were invited to ask final questions or comment.

Colin Campbell fully supported the repurposing of the Brevick Pod, originally used during the COVID-19 response, as it is a practical and cost-effective decision. Although relocation and refitting will involve expenses, he considers it a worthwhile investment. It was noted the container at the rear of the hospital currently stores decontamination equipment, however consideration is being given to either relocate or repurpose the container to better support operational needs.

Susan Laidlaw agreed with separating out the CBRN and HAZMAT as CBRN is very much a criminal, terrorist threat and HAZMAT would be a more likely scenario given the kind of industries with Shetland.

Ms Laidlaw noted that deliberate biological releases could link into High, Consequence Infectious Disease (HCID) risks with CBRN threats. Whilst the likelihood of such events is very low, the potential consequences are extremely high. This shared risk profile highlights the need for robust planning and response capabilities, despite the rarity of occurrence.

A fixed decontamination site could potentially support HCID related activities, such as the testing of individuals who are well but should not enter a hospital setting e.g. suspected cases of Ebola. The committee may wish to explore additional uses for such a site, especially if it can be adapted for multi-purpose clinical functions.

The Chair enquired if the capital funding bid had been submitted? Mr McConnachie stated he had the form for David Wagstaff. They had discussed it positively, but its outcome depends on priority.

It was noted that free Secure train-the-trainer sessions from the Scottish Ambulance Service (SAS) will run August to November, but Health Boards must cover their own travel and accommodation costs.

The Chair asked if any other Shetland organisations have HAZMAT teams for possible resource sharing or contracting. Mr McConnachie replied that Sullom Voe has HAZMAT capability and would follow up.

It was agreed that the CBRN item had been thoroughly discussed. It was suggested any future update be brought back by Mr McConnachie and Mrs Laidlaw when appropriate. The committee expressed appreciation to Mr McConnachie and wished him well in securing capital funding to support the next phase of work.

**15. NHS Complaints & Feedback Monitoring Report Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2025**

Carolyn Hand informed the committee the report covers 60 feedback episodes recorded within Corporate Services. Whilst it is acknowledged there is significantly more feedback received across the organisation, this reflects what has been managed centrally.

The figures are broadly consistent with the previous quarter. As noted within the report, response times remain challenging, particularly for Stage 2 complaints. At the time of writing, four stage 2 complaints remained open from the end of Q4. Two have since been resolved, and the remaining two are nearing completion.

It was reported a new complaint has been referred to the Ombudsman. Comprehensive documentation has been provided, including clinical records, investigation details, and learning outcomes. The Scottish Public Service Ombudsman (SPSO) responded promptly, confirming they were satisfied with our handling and would not pursue the matter further which was an encouraging outcome.

It was noted due to the revised timetable, the committee will now receive the annual report at its September meeting, allowing members to review prior to its presentation to Board.

It was noted the team although more resilient than previously, is still not at capacity due to induction and the complexity of some of the tasks involved. It does feel less fragile but continues to face significant capacity challenges particularly around investigations. Options are being explored to provide training to a wider group of staff, with the aim to build investigation skills that are applicable across various areas such as HR processes, adverse events, and complaints so we can enhance capability and distribute the workload more effectively.

Ms Robinson noted she had consulted with the complaints team about investigations by her staff. While training has been completed, some individuals need further development. SPSO training, including modules on complaints handling and investigation, is being considered for a stronger framework. Internal coaching and guidance have not sufficiently improved certain investigations, so she is following up with her directorate.

The Chair observed that while turnaround times are important, the committee's primary focus remains on ensuring the quality of investigations. Matters related to fairness of outcomes have been addressed comprehensively; however, the central question is whether meaningful progress is being achieved. Despite the acknowledged need for

additional training, there appears to be confidence that investigations are conducted thoroughly and fairly.

### **The committee agreed to a Moderate Level of Assurance**

#### **16. Leadership Walkrounds Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2025**

Ms Hankin informed the committee two departmental visits were completed within the quarter: Medical Imaging and Medical Physics. A third visit to the vaccination centre was postponed due to system pressures but is being rescheduled, as the team expressed a strong interest in showcasing their achievements in delivering a successful vaccination programme.

The Medical Imaging visit highlighted the upgraded CT and newly installed MRI Scanners. Staff outlined their diagnostic services and emphasised efforts to enhance patient comfort, particularly through ambient lighting and music in the MRI suite. Staff moral was positive, though challenges around workload and staffing were noted.

The Medical Physics visit provided insight into equipment servicing and safety processes. The team demonstrated innovative cost-saving measures and discussed plans to rebrand as “Medical Engineering” to support recruitment and succession planning. Their enthusiasm and creativity were evident throughout.

Both visits were highly positive, reflecting strong staff engagement, service innovation, and commitment to patient care.

The committee welcomed the assurance activity as highly valuable and aligned with best practice. It was noted this type of work provides comprehensive oversight and is exactly the kind of proactive engagement that should be encouraged. The committee expressed full support for continuing this approach.

### **The committee agreed to a Comprehensive Level of Assurance**

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

The Chair informed the committee a report from Tony McDavitt regarding ongoing work within Primary Care was anticipated covering the following points:

- Primary care patient experience ongoing survey
- PCPIP evaluation plan and long term delivery of this
- Using external LIST resource and enabling this in the absence of new resource to support
- AMD and PC service manager developing operational performance measures and framework
- Beginning development of pressure escalation framework for social care

As Mr McDavitt was unable to attend the meeting, and given that this is a standing agenda item, the Chair requested a written update to be shared subsequently.

18. **Whistleblowing Quarterly Report Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2025**

The Chair noted the Whistleblowing update for the quarter was incorporated into the annual report which was covered earlier within the agenda.

19. **Health and Care Staffing Update**

The Chair reported that an update on the Health and Social Care Staffing Act was provided at the recent Board meeting. It was emphasised that this committee's role is to gain assurance regarding the organisation's consistent submission of quarterly and annual reports, as well as to confirm receipt of accurate data on the implementation of tools across departments, future planning, and the Board's approach to safe care. All these aspects were addressed in the update and are reiterated within the report presented to the committee.

Prof Carolan was invited to share any updated or supplemental information regarding Safe Care, including whether there has been any progress or if the report accurately reflects the current situation.

Prof Carolan indicated three key points to raise for the purpose of the committee, these were:

- Since the Board meeting, a meeting with the Scottish Government had taken place to review in detail the board submission. Scottish Government were very satisfied with progress made.
- Focus continues on improving how staff movement is recorded within Optima to ensure safe staffing levels. This supports the rollout of Safe Care and helps demonstrate both safe care delivery and staff wellbeing.
- As Clinical Workforce Lead, Edna Mary Watson chairs the oversight group and is driving progress in nursing, midwifery and AHPs. However other professionals are lagging due to limited national infrastructure. Ms Watson aims to ensure all professionals advance equally. While the rollout is on track, risk remains, especially with the loss of national funding for Ms Watsons role, which could impact internal progress and external reporting. This has been flagged to the Scottish Government, and any changes in capacity or cost pressures will be monitored and reported.

Discussion on funding and allocations ensued.

**The committee agreed to a Moderate Level of Assurance**

20. **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2025**

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:

- Audit and improvement activity has increased

- Results have been received from the NICE QS138 blood audit
- Resident doctors are supporting a local audit regarding use of the Clickimin landing site
- There have been several improvement projects registered from the Health Centres and are part of Masters Study Programmes.
- Patient feedback from Community Nursing and Physio Therapy Teams
- MUST Audit completed by the dietetics team
- One clinical governance afternoon hosted by Obs and Gyne
- There was an increase in patient falls during the quarter
- Summary of the 2024 hip fracture data

The Chair stated that the report meets the committee's expectations for thorough information, robust assurance, and effective governance, supported by both qualitative and quantitative evidence. However given recent operational pressures, it is understandable that a few governance meetings were missed.

Whilst there is a lot of positive progress, the Chair asked Ms Hankin if there were any areas she felt required closer attention.

Ms Hankin noted clinical teams consistently raise concerns around the pressures to meet national standards and deadlines, which often don't reflect local realities. Whilst they understand the importance of these standards, the reporting burden can detract from frontline care. It is felt there is a need for greater flexibility and recognition of local processes.

Ms Robinson noted that although Mr McDavitt was absent, much of Ms Hankin's report relates to health services provided under the partnership. As Mr McDavitt prepares his standard report, care should be taken to avoid duplicating content. Ms Robinson will coordinate with Mr McDavitt and Ms Hankin to prevent overlap.

Ms Brightwell picked up on complexity as a theme and questioned whether the system is prepared for future challenges and how current data can be used to address them.

### **The committee agreed a Comprehensive Level of Assurance**

#### **21. Adverse Event Report Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2025**

Ms Hankin started by thanking the Clinical Governance Facilitators for compiling the report despite the vacancy of the Data Systems Officer within the team. They worked impressively with unfamiliar systems to ensure reporting continuity.

The committee were informed there had been no Duty of Candour (DoC) applied, no submissions to HIS, no child deaths recorded and no Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) within the quarter.

There were 199 adverse events reported, similar to the 200 adverse events reported within the previous quarter. The top five reporting categories were:

- Slip, Trips and Falls
- Medication

- Documentation
- Pressure Ulcers
- Violence and Aggression

It was noted Sudden Deaths and Adverse Events continue to be reviewed at the weekly Clinical Risk Advisory Team (CRAT) meeting.

The Chair noted that, as with the previous paper, this report assures the committee of clear processes, thorough reporting, and resolution of adverse events. It affirms the Board's status as a learning organisation. A suggestion was made to further examine adverse events at the December meeting to identify themes and enhance learning from the data.

#### **ACTION EMW**

#### **The committee agreed a Comprehensive Level of Assurance**

#### **22. Quality Score Card incorporating the QMPLE Report**

Ms Hankin the report provides an overview of the Boards performance against certain measures during the past quarter.

The committee received the following highlights from the report:

- Patient experience outcomes
- No stillbirths or neonatal deaths
- Cardiac arrests continue to be reported as part of the Scottish Patient Safety Programme (SPSP) with no reportable cardiac arrests within quarters 2, 3 and 4.
- Increase in falls
- There was one acquired pressure ulcer
- An increase in the number of catheters being used
- Excellence in Care data has started to be collected as of April
- Leadership Walkrounds
- Inpatient feedback positive all round
- Small decrease within student satisfaction measure

The Chair observed that, similar to earlier reports, this document presents evidence supporting the presence of effective governance within nursing and acute services. Discussion focussed on Care Opinion and its intended purpose and use. It was noted Care Opinion should also be promoted at the upcoming country shows.

#### **The committee agreed a Comprehensive Level of Assurance**

#### **23. Approval of the Approved Medical Practitioners (AMP) List Mental Health Act**

Ms Brightwell informed the committee Heather Bullen is the new Child and Adolescent Mental Health Service (CAMHS) Consultant who has been added to the list, along with Mishra Mrigank who has returned to help support the Mental Health Team whilst Shuba Rao undertakes parental duties.

Things are working well, with the process giving strong assurance that staff are up to date with their training and are properly registered, which is essential given the legal duties they perform.

### **The committee agreed a Comprehensive Level of Assurance**

#### **24. Population Screening Q1 Report**

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

- Figures from the National Report published in March have been included within this report for AAA and Bowel Cancer Screening. There have been no issues with either of these programmes, although uptake could be higher.
- Breast screening programme
- Cervical screening programme
- Diabetic retinopathy screening programme

Discussions focused on bowel cancer numbers nationally and locally, and it was noted that the availability and benefits of bowel and AAA screening will be a feature at the upcoming country shows, particularly for men.

The Chair noted each screening report received provides richer detail, and from an assurance perspective, the committee is well supported.  
The Chair thanked Ms Laidlaw for her work.

### **The committee agreed to a Moderate Level of Assurance**

#### **25. Control of Infection Committee Q4 01<sup>st</sup> January – 31<sup>st</sup> March 2025 Update Report Ms Laidlaw updated the committee on the following highlights from the report including:**

- Outbreaks over the winter period within the Care and Hospital setting
- Immunisation rates
- Staff vaccinations
- Procedure management
- Review of Health & Safety policies
- Review of Datix
- HCID protocol

Discussions focussed on the low uptake of the flu vaccination amongst staff, a trend which is consistent across Scotland.

Brian Chittick enquired whether the debrief on winter hospital outbreaks had taken place or was scheduled to do so?

It was confirmed an initial meeting had taken place with Carol Coligan finalising the Clinical Decisions Unit (CDU) Inspection. Though a date has not yet been set, a planning meeting for the debrief had taken place.

### **The committee agreed to a Moderate to Comprehensive Level of Assurance**

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

Ms Brightwell informed the committee a rare Level 1 SAER was identified and openly reviewed by the teams involved, demonstrating strong engagement and a supportive learning process. The case spanned multiple services, resulting in a detailed action list with common themes around communication and inter-service understanding. A key issue was the patient's vulnerability and unassessed capacity, which was flagged by the Mental Welfare Commission. While some actions have been completed, others, particularly in primary care have slipped due to competing pressures and sequencing dependencies. The report highlights significant effort and learning, though initial timelines may have been overly optimistic given current system constraints.

Ms Robinson stated that this case involves a number of distinct actions, unlike previous reviews with many repetitive items. She emphasised the challenges in assessing vulnerability, noting it can change quickly and vary by professional interpretation. Relying only on past indicators may overlook current needs. Efforts like the SHIP initiative are examining patterns such as missed appointments, but progress will take time. The discussion underscores the importance of dynamic assessments and long-term improvements.

Ms Brightwell agreed, noting that vulnerability is context specific and can change rapidly. In the reviewed case, certain events should have prompted a reassessment, but staff focused on immediate issues without stepping back to assess the fuller picture. This highlights the need to raise awareness and encourage broader thinking beyond the standard three-point test for vulnerable adults. The goal is to promote more dynamic and situational assessments.

Mr Chittick noted that the review had been a valuable learning opportunity, with the reasons for it and the collaboration with the Mental Welfare Commission clearly communicated. It was queried with current system pressures and recent reviews, is progress being made on key action plans, and how can past efforts avoid being repeated and instead, target effective solutions? Do vulnerable areas remain secure and how are priorities aligned for the future verified?

Ms Brightwell stated the actions from the review will be brought to the Risk Management Group (RMG), noting the actions do not belong to either Clinical Governance or RMG but to the services themselves. Each department should own its action plans, but many governance groups are not yet mature enough to manage this independently.

This issue is structural and cultural. Teams and services, not just senior leaders, should drive investigations and learning. It would be useful to indicate which committee or team is responsible for each action.

The Chair confirmed this item was for noting, and thanked Ms Brightwell for her update.

27. **Information Sharing between Standing Committees**

Mr Campbell reported that the governance committee structure is under review, with a formal evaluation planned for late January or February 2026. Due to recent reconfigurations, not all committees are now represented across others, which had raised concerns about cross-committee communication. To address this, rather than adding a new meeting, the pre-board session will start an hour earlier and include a structured agenda. Committee chairs will share key concerns with non-executives, which will help inform the subsequent meeting with directors. This aims to improve cross-pollination of insights and make board discussions more meaningful and better prepared.

The Chair indicated there is a clear need for digestible updates across committees as each covers a lot of detail, and if you are not a member of a specific committee, you may miss important context that could influence Board decisions. We need a way to share key insights without creating unnecessary complexity. This approach aims to improve understanding and support better informed contributions.

Mr Campbell noted going forward, the Governance Committee pre-reading packs will be shared with the entire board and not just committee members, a week in advance. This is being trialled to improve transparency and access to information, though it does mean more reading for those who are not direct committee members.

It was confirmed this will not include the Integrated Joint Board (IJB) Lincoln Carroll noted during the earlier discussions on winter pressures, particularly across social care, it was noted that directors involved in the IJB can feel somewhat isolated from others. This separation may limit broader awareness of key concerns, especially with upcoming hospital challenges. Encouraging dialogue among directors and engaging local authority partners meaningfully could help avoid misunderstandings or public tensions within the IJB. Given the potential crossover of issues between the board and IJB this winter, it's important to ensure directors are aligned and informed. The Chair acknowledged the important point and thanked Mr Carroll for raising it and asked this to be raised by Mr Carroll with Garry Robinson and Carolyn Hand to get their views, as we are looking for direction on this issue Ms Robinson noted IJB papers are publicly available on line a week before the meeting.

**28. Service re-design requirements for CGC to be decided**

The Chair noted he will schedule a meeting with the Executive Leads to discuss this topic and present a proposal at the next meeting for confirmation.

**ACTION CHAIR**

**29. Topic of Emerging Concern – HIS Report NHS Greater Glasgow & Clyde**

Prof Carolan informed the committee Mr Higgins, Ms Brightwell, Ms Watson, Ms Hankin and herself had met to review the report in detail, using our clinical governance learning time for this purpose. Discussion highlighted that while the report included benchmarking data, the most significant insights related to relational breakdowns within teams and issues not strongly supported by the quantitative data.

At a national level, NHS Greater Glasgow and Clyde is facilitating an internal deep dive session with HIS and SEND to explore complex themes such as change management, scrutiny, and leadership resilience. Topics will include how senior leaders can be equipped to manage external scrutiny, media exposure, and relationship dynamics within complex organisational settings.

Ms Brightwell observed that while the report is informative, certain aspects of the patient safety data may warrant further scrutiny. As Prof Carolan highlighted, Glasgow has responded positively to the findings, bolstered by the appointment of a new chief executive and executive team who have provided renewed perspective. The report offers recommendations for national bodies and additional boards. Notably, it identifies leadership training as an area of need within Scotland; despite the existence of some programmes, persistent underfunding—particularly affecting NES—poses challenges for boards seeking to address these deficiencies comprehensively. The Chair thanked Prof Carolan for her update.

30. **Climate Change and Sustainability – 10 June Update**

As previously noted, this currently sits with Garry Robinson and Carolyn Hand for consideration. There appears to be potential for future developments which will involve CGC.

31. **Next scheduled Development Session**

The next development session is scheduled for 05<sup>th</sup> August, the detail of which is yet to be determined.

32. **Date of Next Meeting**

It was noted the next scheduled meeting is 02<sup>nd</sup> September 2025 via TEAMS.

The Chair expressed gratitude to all participants for their valuable contributions throughout the meeting. The entire allocated time was utilised, and the input provided by attendees was recognised as particularly beneficial.