

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 09 December 2025
09:30 – 13:00 via TEAMS**

PRESENT

Mr Joe Higgins - (Chair) & Non-Executive Member of the Board	Mrs Kathy Hubbard - Non-Executive Member of the Board
11:50 – 13:00 Mr Bruce McCulloch - Non-Executive Member of the Board & Chair of Area Partnership Forum (APF)	Colin Campbell - Non-Executive Member of the Board

IN ATTENDANCE

Prof Kathleen Carolan – Director of Nursing and Acute Services & Joint Executive Lead	Ms Edna Mary Watson – Chief Nurse Corporate
Mr Colin Marsland – Director of Finance	Susan Laidlaw - Director of Public Health
Mrs Mary Marsland – Minute Taker & CGC Admin Support	Representing in the absence of Jo Robinson: - Antony McDavitt - Director of Pharmacy and Interim Depute Chief Officer

CONTRIBUTING TO AGENDA

Ms Sandra Summers - Lead Officer, Shetland Public Protection Committee (<i>Agenda Item 8</i>)	Ms Carolyn Hand – Corporate Services Manager (<i>Agenda Items 13 & 21</i>)
Jacqueline Whitaker – Chief Midwife Maternity (<i>Agenda Item 18</i>)	

1. Welcome and Apologies

The Chair commenced the meeting, outlining the committee’s primary objectives. A formal welcome was extended to Paul Buchanan, Non-Executive Member National Services Scotland (NSS) and Karen Deyell, Clinical Governance Representative as guests to the meeting.

Apologies were received from Kirsty Brightwell, Joint Executive Lead & Medical Director, Ms Michelle Hankin, Clinical Governance & Risk Team Leader and Jo

Robinson, Director of Health and Social Care

Best wishes were extended to Kirsty Brightwell; it was hoped she would be back as soon possible.

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

There were no declarations of interest raised.

3. **Approval of the CGC 11th March 2025 Minutes**

The Chair stated the minutes were produced predominantly with Copilot and reviewed by Mary Marsland, Committee Administrator and Chair. Appreciation was expressed to Ms Marsland for her significant behind the scenes work.

The minutes were approved as an accurate reflection of the previous meeting.

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:

- **The current situation re the Independent Market Street Dental Practice:**
It was noted progress had been made, with the issuance of a provisional practice certificate. However, in Brian Chittick's absence, it was agreed that this item remain open, and an update be presented to the committee at its next meeting.
Open
- **CGC to receive an update on the Winter Planning Review at its December 2025 meeting**
It was agreed to close this action, as an update is included within today's agenda.
Close
- **The Chair requested a specific session on lessons learned and implemented via adverse events at the December meeting to identify themes and gain assurance of implementation.**
Due to a full agenda and an existing item regarding adverse events, it was agreed to postpone an in-depth review until the schedule is clear and there is confidence in the new framework.
Open
- **Quality Update Report - Health Services delivered under the Partnership**
Although limited progress has been made, it was agreed take forward to the next meeting.
Open

6. **Operational Clinical Governance Group (OCGG) 11th November 2025 Decision Note**

Ms Watson noted the meeting focused on updated clinical policies, service performance, and key improvement activities across NHS Shetland. The group reviewed a number of governance documents and received service updates from mental health, child health, safeguarding and dental services

Highlighted key topics included:

- Updated policies and procedures reviewed, including Maternal Sepsis Guidelines, Medical Devices Policy, and Sudden Death Procedures.
- Discussion on the national Right Decision Service – noting its variable content quality but high accessibility and potential value.
- Ongoing challenges in developing consistent performance management data across partnership services.
- Strong family engagement reported within child health and health visiting services.
- Continued improvement activity within mental health services, with further updates scheduled.
- Safeguarding and public protection work reinstated through the refreshed Public Protection Group.
- Dental services confirmed a strategic risk is in development, to progress via the standard risk management route.
- Leadership walkrounds scheduled for later discussion

The Chair asked about the objectives, scope and expected outcomes of professional assurance frameworks.

Ms Watson stated Nursing already has a professional assurance framework which sets standards for appraisals, advice, and other responsibilities in chief nurse roles, feeding up to the board executive nurse director. This establishes clear expectations for senior nursing leadership throughout the organisation.

Following discussions within OCGG it was established there is a lack of clarity on frameworks used by other professions, it was therefore agreed to bring all professions together to review and share assurance systems, ensuring consistent standards of practice and adherence to key principles across all professions.

Prof Carolan stated clear executive leadership is currently lacking for some professional roles, particularly psychology and healthcare science. The existing Allied Health Professionals (AHP) leadership does not cover all professions, resulting in gaps. The board needs to clarify who is responsible for each profession, as assurance frameworks alone do not address the issue.

The committee agreed to a Comprehensive Level of Assurance

7. **Joint Governance Group (JGG) 25th November 2025**

Ms Watson noted a range of activities and initiatives were addressed during the meeting. Main topics of discussion included:

- Hospital Electronic Prescribing and Medicines Administration System (HEPMA) & Interim Discharge Letters (IDLs) improvements: Grampian will support implementation of the Core Document Development System to improve information quality for Primary Care. No confirmed timeline due to capacity constraints, but agreement in principle to proceed when feasible.
- Medical Records & Scanning: Further review required for the Situation, Background, Assessment, Recommendation (SBAR) on medical records documentation. Immediate issues with notes and scanning to be addressed, alongside developing a broader organisational approach to reduce paper use.
- ANIA Projects (Accelerated National Innovation Adoption Pathways): These initiatives are nationally developed and approved and then implemented by each board. Three national initiatives have so far been considered/reviewed, Counterweight Plus (digital platform for diabetes support) and gene sequencing for stroke are progressing locally. Intelligent liver testing is not being pursued currently.
- Primary Care Strategy: Update received on strategy development and emerging themes.
- QI Spotlight - SHIP Process: Continued focus on long term condition management in primary care.
- Adverse Events Framework: National framework largely adopted; ongoing work to localise guidance and improve practical support for adoption across the organisation.

The Chair asked if there is a policy gap in the archive scanning project regarding the retention of health records exceeding seven years. Prof Carolan believed that the policy contained no gaps, stating the key risk is keeping too many hard copy records that should be destroyed. This makes it difficult to retrieve other records stored in the same location, especially since poor organisation from merging different libraries has made access challenging.

Another concern is fire load, since all records are stored in one central location. This issue has been raised and requires further attention from the board.

The objective would be to develop a range of practical solutions that will assist in mitigating risk. Options should focus on speeding up the safe destruction of unnecessary records whilst ensuring necessary copies are kept.

The committee agreed to a Comprehensive Level of Assurance

8. **Shetland Public Protection 2024 – 2025 Annual Report**

Due to technical difficulties, Sandra Summers was unable to present her report. The Chair stated the report was for awareness, but any key points from Ms

Summers will be requested.

Similarly, the committee were invited to share any specific concerns or details they wished to address via email.

9. **Draft Clinical Governance Committee (CGC) 2025 – 2026 Annual Report**

The Chair stated each standing committee of the board are required to submit an annual report, which serves as input for the governance section of the main board's annual report. Presented is a draft summary for review, which is consistent with last year's approach. Non-executive members were reminded to complete their feedback forms and return them by the end of January 2026. Comments from the forms will be incorporated into the draft report for discussion at the next meeting in March.

The final version will accurately record all activities from the business year, presenting a factual account. Members were invited to share their thoughts.

10. **Mid-Year Review of Clinical Governance Committee Terms of Reference (ToR)**

The Chair noted there were three specific changes within this scheduled review, these were:

- The Board Chair will appoint a substitute non-executive member when it is necessary to do so to maintain quoracy.
This is being incorporated into every standing committee's update.
The relevant wording has been included to reflect this position.
- There are two additional standing agenda items to cover approval of the OCGG and JGG ToRs, and on service change updates from the Strategic Change Oversight Board.
It is proposed that this committee approves the respective core of the OCGG and JGG annually at its meeting in June.
- For the assurances required when reviewing service re-design/change, the TOR update reflects what kind of assurances the committee needs about service changes and redesigns. This will help to clearly define the committee's expectations for assurance from the activities of SCOB.

Prof Carolan noted the current wording is appropriate for this committee, but as the Change Oversight & Delivery Board develop, we will need to clarify how these new groups will be established and what their main priorities will be. While there is a goal for frequent meetings, the organization has not yet determined how to create capacity for these additional teams. It is essential to define how the oversight board will add value and make an impact.

The CGC ToR should specify assurance measures, but the effectiveness of the oversight board will only become clear once it's operational.

It is advisable to include a caveat to the ToR around monitoring progress, as it may take time for the board to function optimally and set its core agenda.

The Chair echoed Prof Carolan's sentiment, noting the change programme must align with the organisations capacity and daily operations. The Oversight Board

needs to be given clear expectations so they can support us effectively. While clarity is important, fostering open dialogue ensures the process benefits all.

The committee approved the revised ToR

11. Control of Infection 2024 – 2025 Annual Report

Susan Laidlaw informed the committee the annual report compiles the work of the Control of Infection Committee for the year, structured according to last years work plan. Much of the content repeats quarterly reports, but it also highlights yearly progress and outstanding actions, often due to capacity constraints.

Highlights of the report include:

- Surveillance data focuses on Healthcare Associated Infection (HCAI), with E. coli bacteraemia remaining a challenge largely because it originates in the community and is difficult to control.
- Sharps injury reporting continues; it was unclear if the number of recorded sharps injuries was correct and will therefore be double checked ahead of publishing.
- The communicable disease control component, managed by the Health Protection team, is primarily outlined in a comprehensive surveillance report located at the end. This report details the various infections and challenges encountered over the past year.
- Training updates feature more detail this year, especially challenges around FFP3 mask fit testing, which remains an area for improvement.
- The report outlines outbreaks, incidents, and procedures under revision. Updates to plans such as those managing blue-green algae and port health are underway, all of which are coordinated with environmental health teams.
- The revision of the public health outbreak plan is near completion. This will align with the broader major incident plan for all boards incidents, not just infection control. Efforts are ongoing to ensure both plans remain aligned.
- The disease policy update reflecting national changes, will be ready for the next CGC meeting and submitted to the committee for approval.

Appendices contain numbers and summaries. These will be reviewed prior to publication to ensure nothing that should remain confidential is mistakenly released. Additionally, the vaccination and immunisation annual report has been incorporated as a standalone section within the COIC report. This document offers significantly more comprehensive information compared to what is typically provided in the quarterly reports.

Included also is the workplan for the current period, covering 2025/2026.

The Chair noted the report provides plenty of reassuring details on the committee's activities, public health programmes, audits, hygiene monitoring, and immunisation efforts.

Discussion ensued around various aspects of the report

The committee received the report for awareness

12. Population Screening 2024 – 2025 Annual Report

Ms Laidlaw informed the committee this screening report focuses exclusively on adult screening programmes, specifically the three cancer screenings and abdominal aortic aneurysm (AAA) screening. Unlike previous reports, we now provide an annual summary for systematic committee reporting.

Compiling accurate screening data is difficult due to delays to and timing differences in reporting and publication. Nonetheless, this report contains current available data. Highlights of the report include:

- Focus on adult screening programmes, mirroring previous quarterly reports and provides an overview of uptake rates
- Expanding details on cervical screening and health inequalities
- Outlined screening standards within the introductory section and assessed performance against benchmarks, in addition to reporting uptake levels.
- Inequalities in screening is a significant national task. The board continues to provide updates, however the breakdowns by SIMD and ethnic group must be viewed with caution from a Shetland perspective.
- Highlighted preparations for the forthcoming introduction of the lung cancer screening programme, targeting high risk groups such as current and former smokers, with plans to report on its outcomes once implemented.

The Chair highlighted the clear report, noting that it is encouraging to see programme uptake rates exceeding the national average. The report also provides insight into plans for 2026.

The committee received the report for awareness

13. Feedback and Complaints 2024 – 2025 Annual Report

Carolyn Hand informed the committee the report had been presented to Board at its September meeting, prior to this committee, clarifying the sequence resulted from scheduling considerations due to the ministerial visit and limited capacity.

It was reported the Board had a productive discussion about the annual report, recognising the dedication of staff to patient care. Local media coverage required a communication to staff to offer reassurance staff that the Board supports a no-blame culture and values feedback for improvement.

This issue was also addressed with the newspaper directly, resulting in a published apology.

Ms Hand noted that since the board receives fewer complaints than other boards, thematic concerns are not as easily identifiable however it is preferred to keep the level of detail within the appendices showing the types of concern in stage ones and stage twos. Allowing that type of reporting creates opportunities for assurance and

questioning and if removed would mean less openness and transparency regarding feedback, actions taken and lessons learned.

In depth discussion took place around media reporting, clear and concise reporting, implementation and benefits of Healthcare Guardian, training needs and staff moral. From discussions Ms Watson suggested she meet with Ms Hand to review complaint outcomes and the new adverse event framework aiming for closer collaboration, using the lessons learned template for tracking insights. This will create an opportunity to review cases, develop templates for documenting lessons learned, and incorporating them into local guidance and bulletins, providing examples of recent changes and improvements.

ACTION EMW & CH

The committee received the report for awareness

14. Mid-Year Review of CGC Annual Workplan

Ms Watson indicated the report provides an update on progress detailed within the workplan. As previously described, the workplan comprises of five sections addressing safety, effectiveness, person centred care, population health and assurance.

The committee received key highlights from each section.

It was confirmed compliance is being adhered to all components outlined within the workplan for this year.

The Chair observed it is important for the committee to be assured that satisfactory progress is being achieved according to the plan, noting current developments indicate reasonable advancement.

The committee agreed to a Moderate Level of Assurance

15. Draft Psychiatric Emergency Plan

The Chair in the absence of Jo Robinson informed the committee the document had undergone thorough review by all relevant governance groups, as anticipated, and is presented for approval.

It was noted this emergency plan documents for the first time current practices across all relevant departments, disciplines and partners, representing a significant multi agency effort. An update was provided at the recent JGG where consideration was given to version control.

Antony McDavitt noted the plan was developed through consultation with clinical groups, mental health services and the acute team, building on previous work. It became a comprehensive plan presented to governance groups, ensuring board engagement and stakeholder input.

The document outlines how process is managed and ensures oversight for JGG. It serves as a solid foundation and is a strong example of assembling a complex plan while incorporating feedback. The document management log shows these changes, making it a useful resource for staff.

Colin Campbell suggested that an amendment is made to use a generic email address rather than the one included and Mr McDavitt acknowledged this had been inadvertently missed during consultation and expressed appreciation to Mr Campbell for his thoroughness. It was confirmed that the necessary amendment would be made prior to publication.

Kathy Hubbard expressed appreciation to review such a comprehensive document and extended her thanks to everyone who contributed to its preparation.

The committee approved the plan

16. **Draft Medical Devices Policy**

The Chair in the absence of Kirsty Brightwell informed the committee the document had undergone thorough review by all relevant governance groups and is presented for approval.

There committee provided no further details, as most members were already familiar with the policy from other committees.

The committee approved the policy

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

- a) In the absence of Ms Robinson the Chair invited Mr McDavitt to provide an update on the action plan and progress made to close out actions, focusing on priority actions.

Prof Carolan reported the community mental health team's whistleblowing priorities and the risk assessments for the low stimulus room have been completed. A programme of works is currently being undertaken to put in place physical adaptations and improvements. The physical and operational guidelines for using the low stimulus room were approved earlier this year. The final task is to operationalise its use, ensuring sufficient staff are trained in advanced Management of Actual or Potential Aggression (MAPA) skills. The room is rarely used but has been utilised safely for patients awaiting transfer. It is believed this action is on track and should therefore be considered as closed.

The Chair acknowledged the concern in relation to the priority given to the stimulus room.

The Chair suggested setting target dates to complete the remaining priority actions, since a year had passed since the report's publication. The report did not provide a final closure date but suggested eighteen months as reasonable; as fourteen to fifteen months have now passed, assigning dates to key items would be wise.

Ms Watson stated the mental health strategic risk is being developed. After meeting with Ms Robinson to review progress, it is expected to be presented to the Risk Management Group (RMG) early next year.

Mr McDavitt informed the committee on the following updates:

- The action plan is to be reviewed, identifying which actions are still relevant, and reassess their priority and usefulness considering recent staff changes and service needs. Mr McDavitt will meet with Rhona McArthur and Jo Robinson to access outstanding actions and their estimated timelines.

ACTION – AM

- Certain tasks continue to be time consuming and are not entirely within the mental health team's full control. The consultant psychiatrist roles have yet to be resolved, however initiatives to recruit early-career consultants and assist candidates for Shetland contractual positions are underway, despite encountering ongoing challenges.
- Psychiatry roles remain limited across the Island, but psychology opportunities are being pursued with SLA and NHS Orkney, including Child and Adolescent Mental Health Service (CAMHS) and adult services where resource allow. Shetland has successfully recruited for the nurse job planning role, which will assess needs and collaborate with staff on service development
- There is an increased need to address the Attention-deficit/hyperactivity disorder (ADHD) pathway, due to long waitlists and associated burdens, prompting efforts to develop suitable strategies and appropriate care approaches.
- The liaison role is considered at risk, its long-term effectiveness needs evaluation, as it goes beyond connecting teams to help those facing psychiatric emergencies across the system. This position supports Shetland's wider mental health initiative.
- Risks remain for the mental health outcomes framework due to limited team resources and uncertain future funding from the Scottish Government. Mr McDavitt will review timelines and priorities, evaluating which actions remain feasible or valuable. If substantial evidence suggests limited value, focus on areas aligned with current risks and Ms Watson's strategic risk updates, ensuring these are accurately reflected within the relevant documentation.

ACTION - AM

The Chair thanked Mr McDavitt for the updates and onward action.

- b) In the absence of Ms Brightwell, the Chair invited Ms Watson to give a brief update on the Dentistry Action Plan.
- Ms Watson informed the committee a whistleblowing case regarding the oral maxillofacial service was raised earlier this year. This was initially investigated by Ms Brightwell as a Stage One but subsequently escalated to a Stage Two. This has now been further escalated directly to the Independent National Whistleblowing Officer (INWO) by the Whistleblower.
- The Board has addressed INWO's request for further information, as well as the request for the Medical Director to meet with the concerned individual to discuss a specific aspect of practice.
- It was suggested this be revisited once a response has been received from INWO with any recommendations or updates, providing a current status on the action plan.

ACTION EMW

The Chair thanked Ms Watson requesting an update be brought to the March meeting.

18. **Topic of Emerging Concern – Assurance of Maternity Service Safety Standards**

The Chair informed the committee there had recently been significant national publicity around maternity services, highlighting cases of poor care and unsatisfactory HIS reports, and that the Scottish Government intends to conduct a national review.

Prof Carolan and Jacqueline Whitaker, Chief Midwife and Professional Lead for Midwifery were invited to provide an update on the boards status and outline its plan for reporting to government.

Prof Carolan informed the committee Ms Whitaker was well positioned to explain some of the details previously shared with Scottish Government when asked to describe the boards assurance arrangements. An insight into current local and national assurance efforts will also be provided.

Ms Whitaker delivered a thorough presentation, providing the committee with a comprehensive overview of maternity services to date.

The Chair expressed appreciation to Ms Whitaker for her engaging presentation and invited committee members to share their thoughts and pose any questions.

Prof Carolan conveyed her thanks, noting this provides insight into the work being undertaken and lessons learned from other places, especially around inspections and their findings. Safe care continues to be delivered but there are increasing risks and challenging patient mixes making the current model challenging.

Points of note included:

Increase in use of NHS Grampian for complex care; local practitioners increasingly managing simpler cases, limiting their experience with more complex/challenging cases.

Reduction in the number of births occurring on island compared to previous years eg, ten years ago c.300 babies born pa, now c.170 babies born each year with a third of these being cared for in Aberdeen.

Need to consider best approach to having an integrated training model and for a system-wide shift to deliver better maternal, obstetric, and neonatal care, with integrated planning essential.

Staffing matters, accountable standards and Adverse Event reporting.

Susan Kaey is scheduled to attend the upcoming board meeting, to present information regarding the UNICEFF Baby Friendly Award, for which we achieved gold status this year. This recognition was largely informed by feedback from women, health visitors, and midwives. The award's rigorous and independent evaluation process further confirms the quality of our services.

Ms Whitaker noted alongside the upcoming HIS inspection, Kirsty Campbell from Scottish Government and the Chief Midwifery Officer will visit in the new year. The Maternity Voices Partnership aims to meet them and share their maternity care experiences, ensuring these issues are discussed directly with the Chief Midwifery Officer.

Mr Campbell expressed his appreciation to Ms Whitaker for her excellently prepared and well-presented report which showcased a strong learning culture.

Despite recent staffing challenges the openness and commitment to a learning environment is clear.

Mr McDavitt acknowledged the team's proactive approach with medicines and guidance alongside pharmacy colleagues.

Ms Laidlaw, also thanked Ms Whitaker for her helpful presentation adding the infection control, vaccination uptake, and screening reports reflect strong performance in maternity services including that Midwives consistently achieve high vaccination and screening uptakes.

It was noted Healthcare Improvement Scotland's (HIS) inspections may not fully align to the draft maternity standards and it is unclear how inspection methodology will effectively assess these elements, or how HIS proposed routine will address further service needs.

The Chair expressed gratitude to Ms Whitaker, noting there is much for this committee to take assurance from within this highly complex area.

The committee took a short recess.

It was advised Bruce McCulloch had now joined the meeting and Mr McDavitt had stepped out but was expected to return around 12:30

The Chair noted items twenty-two through to thirty-one be taken by broad exception due to time limitations.

19. **National Framework for Reviewing and Learning from Adverse Events – (Up to date position as of December 2025)**

The Chair informed the committee there had been an influx of correspondence regarding the boards efforts to align and comply with the new framework.

Ms Watson was asked to share a progress report on the current position regarding adverse events.

The committee were informed the letters within the meeting pack indicated upcoming changes to processes and to the Board's required compliance with the new national framework. The new framework aims to ensure consistency and higher quality in the management of SAERs. National sharing of lessons is encouraged to foster broader learning.

Key adjustments include:

timeframes for actions and closures, reporting requirements, updated staff guidance and new templates.

Actions from the letters include setting up a national task and finish group, with Ms Brightwell as a representative, though it is unclear if meetings have occurred yet.

NHS Education for Scotland (NES) were asked to update and share education resources, including adverse event management training, fatal accident enquiry modules, and compassionate communication skills training, aimed to increase staff knowledge and confidence in using them.

The Chair invited committee feedback, noting that the group has reviewed its compliance with new standards and documented its efforts and whilst some improvements will be made, a full overhaul of current practices appears unnecessary.

Prof Carolan observed, once compliance models are established, there is a possibility colleagues within the central belt may not fully understand the unique challenges of providing services in remote and rural areas. Whilst current frameworks for significant adverse event review management work for us, context-specific understanding is crucial. Our service pathways often differ from those in central Scotland, so effective dialogue will be needed to address these nuanced issues rather than just transactional concerns.

The Chair noted the board must clearly explain its actions and how they satisfy compliance requirements for each point.

The committee noted the up date

20. **2025 Winter Plan Operational Risks and Mitigations**

The Chair noted the discussion will focus on winter planning. The intent is for the committee to consider the current position regarding the risks being faced entering this season, as the CGC holds responsibility for overseeing aspects of clinical risk. Although there may be changes in service delivery and partnerships, many factors remain consistent with previous years. As such, it is important to evaluate whether local exposure has increased or decreased this year, and to determine the practical implications moving forward.

Prof Carolan informed the committee a winter plan is currently in development through conversation with the Executive Management Team (EMT), including a surge capacity strategy. Despite ongoing staffing challenges, the Acute Directorate has developed a comprehensive workforce plan aimed at addressing surge capacity. This plan is scheduled for discussion at the upcoming EMT meeting.

Additionally, collaboration is underway to develop quality metrics for monitoring winter pressures from both clinical and patient safety perspectives. Last year, safe care tracking was relatively basic, however we are now capable of producing more detailed reports that assess staffing levels and their impact on care by utilising data from the safe care platform and internal systems.

Recent tests of daily multidisciplinary team goal setting have gone well, helping refine business continuity plans, especially given early system pressure from this season's flu. Feedback from partnership or other sectors is welcome regarding winter planning, particularly from a clinical governance perspective.

The committee discussed NHS Grampian's recent request for local delivery plan support, with Prof Carolan noting that none has yet been put into action.

To address potential risks, NHS Shetland and NHS Orkney have introduced a virtual ward to enhance patient oversight and clinical prioritisation. While it does not notably change patient experience, it improves situational awareness. The challenges faced by Grampian impacts Shetland due to the shared care pathways, highlighting the interconnected nature of regional healthcare.

The committee acknowledged the complexities of winter planning amidst regional pressures and resource constraints, and the importance of ongoing situational awareness, flexible infection control measures, and maintaining robust governance structures.

The committee noted the update

21. NHS Complaints & Feedback Monitoring Report Q2 01st July – 30th September 2024
June 2025

Ms Hand noted the report was similar to that of previous quarterly reports with no material variation to alert the Committee to.

It was noted that following the Scottish Public Service Ombudsman (SPSO) investigation training, it was recognised that additional efforts are required to enhance communication to staff on complaint management processes, including reporting.

Work began last week by increasing team visibility by including information in last week's organisation newsletter, encouraging staff to reach out with questions – no matter how straightforward in nature.

It was thought overall the training was effective.

The Chair noted numbers within the quarter two report appear steady in terms of volume and related metrics.

The committee agreed to a Moderate Level of Assurance

22. Leadership Walkrounds Q2 01st July – 30th September 2025

Ms Watson noted this was the second quarterly progress report.

The committee received a brief update on the three scheduled visits to Montfield Dental, Yell Health Centre and Unst Health Centre.

The visit to Montfield Dental was highly informative and engaging, however the visits to Yell and Unst Health Centres were unfortunately cancelled due to other pressing commitments of the executive visiting team.

The committee agreed to a Comprehensive Level of Assurance

23. Quality Score Card incorporating the QMPLE Report

Ms Watson noted this was the regular standard report, accompanied with a comprehensive scorecard.

The following key points were highlighted to the committee:

- Overall performance remains high and broadly consistent with previous results.
- No stillbirths reported, and increasing intervals between incidents.
- No reportable cardiac arrests occurred in the last quarter
- Increase in the numbers of patient falls observed, attributed to greater complexity and frailty among patients. Senior charge nurses are reviewing these incidents.
- Hospital-acquired pressure ulcers, with two cases reported in each ward. Reviews are underway with infection control and tissue viability teams to identify lessons learned and implement remedial actions.
- Numbers of adverse events reported. Including extreme events such as deaths, are higher due to new categorisation criteria.
- No impatient feedback forms submitted for Ward 3 in September, but positive reports received for other wards and months.
- Care Opinion feedback included two highly positive comments, shared with other areas for learning and morale.
- Ongoing encouragement for all wards to review patient feedback – via surveys or Care Opinion – at governance meetings, supporting staff motivation and highlighting standards of care.

- Surgical site surveillance continues to be paused, as it has been since the onset of COVID-19. There is currently no indication of plans to reinstate this process.

The Chair acknowledged the inclusion of hospital-at-home data which will continue to be a regular feature within future reports. Overall, the information provided presents a high level of assurance for this Committee.

The committee agreed to a Comprehensive Level of Assurance

24. **Quality Update Report - Health Services delivered under the Partnership - Quarterly Progress Update**

No paper was produced for this meeting. Tony McDavitt will work with colleagues to prepare a paper for the March'26 meeting of this Committee.

25. **Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q2 01st July – 30th September 2025**

Ms Watson noted, presented is the clinical effectiveness report for the conclusion of quarter two, noting the following key highlights:

- New Audit and Quality Improvement Activity
- Service Feedback
- Guidance and Learning Bulletin
- Clinical Governance Afternoons
- Multi-Disciplinary Governance Meetings
- National Audits
- Excellence in Care
- Adverse Event and Risk Management Training

The Chair acknowledged the report provides ample evidence and assurance regarding clinical governance activities throughout the organisation.

The committee agreed to a Comprehensive Level of Assurance

The Chair stated due to limited time, the next few items would be taken by exception

26. **Whistleblowing Quarterly Report Q2 01st July – 30th September 2025**

The Chair noted the report provides an update regarding current matters and the boards approach to managing them.

Certain cases were previously referenced, and the committee were invited to address any queries regarding particular aspects of the report.

No queries were raised.

A moderate assurance was offered, mainly due to ongoing process developments that hinder the ability to establish a complete set of local processes and protocols. Nevertheless, the Chair expressed confidence that this area is being effectively addressed.

The committee agreed to a Moderate Level of Assurance

27. **Health and Care Staffing Programme**

The Chair offered thanks for the comprehensive report, which contain a detailed and accurate overview of our current organisational position.

The committee were invited to address any specific questions concerning the details presented in the report. It was emphasised that members of the committee may have encountered this information in other governance meetings prior this.

The Chair commented he did not perceive any issues with a moderate assurance proposal. After reviewing comments and meeting notes, the Chair acknowledged satisfaction with progress and the current organisational status.

The committee agreed to a Moderate Level of Assurance

28. **Adverse Event Report Q2 01st July – 30th September 2025**

The Chair noted the quarter two report provides detailed information on new and closed cases and case management, all of which appear stable relative to previous quarters.

Ms Watson noted the levels and numbers of adverse events do remain largely similar to previous quarters.

The Chair and Ms Watson noted the recent appointment of the Patient Safety Commissioner, Karen Titchener, who assumed the role at the beginning of September.

The committee agreed to a Comprehensive Level of Assurance

29. **CGC Aligned Strategic Risk (including new overarching dental risk) Report**

Ms Watson noted there had been no significant changes to the risk register from the previous quarter's report.

Appreciation was given to all those who are responsible for managing and reporting these risks.

The audiology risk has decreased due to redesign efforts and collaboration, including job description reviews, healthcare support worker evaluation, and increased third sector involvement. An audiologist has also been recruited to start next year which will increase system capacity.

Ms Watson proposed that given the aging estate and its potential impact on clinical services, that quarterly reports on structural integrity should be added to keep this committee up to date. The Chair noted he would be comfortable for the committee to be presented with quarterly estate risk updates.

The committee agreed to a Moderate Level of Assurance

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

The Chair stated approval is required. The four names included remain unchanged from the previous submission, therefore it was recommended to approve as written.

The committee approved the report and agreed to a Comprehensive Level of Assurance

31. **Service Change Governance – Updates from the Change Oversight Group**

The Chair indicated this was addressed earlier within CGC ToR discussions, where it was noted the establishment of Change Boards and their communications to this Committee in relation to strategic project delivery.

A new standing agenda item will be added as from the March'26 meeting to accommodate updates received from the Change Boards, providing a structured process for relevant information to be passed to this Committee and providing both awareness and assurance on project outcomes.

The committee noted the update

32. **Population Screening Q2 01st July – 30th September 2025 Report**

Ms Laidlaw acknowledged that the annual report for 2024 – 2025 had been received earlier. The main key points from the quarter two report were highlighted as follows:

- Screening rates remain good across programmes
- Currently, there are no local governance meetings for bowel cancer screening. A meeting is planned for the new year to establish appropriate governance for this.
- New screening indicators are being introduced, and efforts are being made to ensure appropriate measurement and compliance
- There is no dedicated group for diabetic retinopathy screening. A meeting with the screener will be scheduled to establish governance, with potential for an annual stakeholder governance meeting.
- Cervical screening at Lerwick Health Centre saw improved participation by sending personalised letters and addressing attendance barriers. Saturday clinics were especially effective and well received by patients.
- Patients appreciate flexible screening days, which also improve other areas of women's health. This effective approach may expand to more local practices and nationwide.
- The Abdominal Aortic Aneurysm (AAA) screening will start in February at the vaccination centre. This eases demand on outpatient services and helps expand the vaccination centre's role in preventative medicine.
- Ongoing work aims to maximise the use of the vaccination centre for screening, immunisations and other health promotion activities, as it remains underused outside of vaccination periods.

The Chair noted regular reporting is now established for all locally delivered programmes, which is a positive development. This enables the committee to gain solid assurance from the information provided and future planning outlined.

The committee agreed to a Moderate Level of Assurance

33. **Control of Infection Committee (CoIC) Q2 01st July – 30th September 2025 (Incorporating the Q1 01st April – 30th June 2025 Report held over from the September meeting)**

It was noted Control of Infection report covers April to September, combining two periods due to a missed report earlier in the year.

The main key points highlighted were:

- In May, the hospital faced 2 outbreaks of Covid, promoting the development of an incident management framework. The CoIC are finalising the framework along with the outbreak plan which has been thoroughly updated for improved future management
- In the last six months, work has focused on managing high consequence infectious diseases. The infection prevention control team developed a response plan and earlier this year, all health boards conducted a Strengths, Weakness, Opportunities, and Threats (SWOT) analysis of their plans, the results of which are currently being reviewed.
- The board participated in a UK-wide pandemic planning exercise, holding IMTs and working with national bodies. As the sole Scottish area involved, we acted as a local emergency forum. Issues for escalation to government were highlighted and useful experience was gained in planning and resilience, which will inform future pandemic and risk strategies.
- The infection control team have improved local measures, focussing on staff training. PPE is now available per updated guidance, and training sessions for High Consequence infectious diseases (HCID) cases will be held. These efforts have been highly beneficial.
- A cruise ship failed to report infections as required. While this had minimal impact on our response, media coverage led to discussions with the Port Authority and health officials. The incident accelerated progress on a port health plan already in development. The port health plan will be finalised by the end of March, at which point it will be implemented. Recent incidents have provided useful feedback for future improvements.

The Chair thanked Ms Laidlaw for her report, noting it was encouraging to see positive corrective actions being taken as required, with strong examples of excellent practice.

The committee agreed to a Moderate to Comprehensive Level of Assurance

34. **Dental Update – Covered under action tracker (Item 5)**

It was noted the update was covered earlier under the action tracker

35. **TOR for OCGG and JGG annual approval to be added as a standing item to the CGC June agenda**

It was noted this was discussed earlier under the ToR

36. **Recommendations to Audit Committee for proposed IA activity**

The Chair noted a couple of items had been proposed last year, however, none were adopted by the audit committee or incorporated into their plan.

The committee were reminded the ToR requires the committee to submit any items that it considers appropriate for consideration.

The committee were asked for any suggestion for items to include in the 2026-2027 IA business year.

At the last meeting, the Chair proposed that the internal audit team review a few high-priority actions from the mental health whistleblowing plan to ensure they're properly embedded and sustained. It was noted this would need to focus away from the specialist, clinical elements of this plan. Mr McDavitt to discuss with Ms Robinson and advise. Colin Marsland noted that this matter had previously been investigated under the previous audit chair into mental health as there were concerns raised, which were escalated to the then chief operating officer of the Integrated Joint Board (IJB). An action plan was implemented and relevant steps taken.

ACTION AM

Following Ms Whitaker's presentation on maternity and obstetric services, Prof Carolan stated she would consult with Ms Whitaker regarding the potential value of conducting an internal audit focused on certain compliance aspects of her service. Again, with the same caveats as before.

ACTION KC

Further discussion ensued. It was noted an internal audit of the winter plan was previously submitted to the audit committee; however, it may be beneficial to put forward a commission to review the winter plan process.

The committee requested a list of historical internal audits. Mr Marsland noted he would send the list to the committee administrator for distribution.

ACTION CM

The Chair highlighted the audit committee's schedule for submitting proposals, however, the final decision concerning the content of the plan will rest with the audit committee

37. **Next scheduled Development Session – 17th February 2026**

It was noted the next development session is scheduled for 17th February. A topic is yet to be determined and members will be notified once confirmed.

38. **Date of Next Meeting: TEAMS - Tuesday 17th March 2026 @ 09:30**

The final 2025 – 2026 meeting is set for Tuesday; 17th March 2026 and will be held at 09:30 via TEAMS.

The Chair conveyed thanks to the committee for their contribution.