

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee** on **Tuesday 26 October 2021 at 13.00**

Present Steven Johnston, Non-Executive Board Member (Chair)
Joanna Kenny, Non- Executive Board Member (Vice Chair)
Rachael King, Integration Joint Board Vice Chair (Vice Chair)
David Drever, Non-Executive Board Member
John Richards Integration Joint Board Member
Heather Tait, Public Representative
Heather Woodbridge, Integration Joint Board Member

In Attendance Lynda Bradford, Head of Health and Community Care
Elizabeth Brooks (item C74)
Stephen Brown, IJB Chief Officer
Christina Bichan, Head of Assurance and Improvement
Michael Dickson, Interim Chief Executive
Mary McFarlane, Interim Director of Pharmacy
Dawn Moody, Associate Medical Director Community
Gemma Pendlebury, Committee Support
Louise Wilson, Director of Public Health

C69 Welcome and Apologies

Apologies had been received from, Gail Anderson, J Colquhoun, K Fox, L Hall, D McArthur and Jim Lyon.

C70 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items

C71 Minute of meeting held on 13 July 2021

The minute of the Joint Clinical and Care Governance Committee meeting held on 13 July 2021 was accepted as an accurate record of the meeting and approved on the motion of Rachael King and seconded by Stephen Brown.

C72 Matters Arising

No matters arising were raised.

C73 Action Log

The Committee reviewed and updated the action log. (See action log for details)

Strategy

C74 Clinical Strategy update and progress report – JCCGC2122-50

D Moody and E Brooks joined the meeting to provide an update on the Clinical Strategy project status and plan. It was noted that the strategy had been through wide consultation and was moving forward at pace.

Members were provided with a presentation giving further background

information and activity to date, including the priority focus areas and ongoing consultation and communication. Further work was planned with local schools to ensure representation and engagement with the under 18 age group.

A Staff Survey had been issued along with a very valuable session with the Area Partnership Forum, ensuring that the Strategy was compatible and integrated with other ongoing work streams.

The final timelines for completion were not yet set, but the aim was for the beginning of 2022, there would be ongoing consultation with the Professional Advisory Groups on the various iterations of the plan as comments were received and actioned. Input from the new Medical Director would also be sought as it was essential that he was fully versant with the document.

Members welcomed the high response rate along with constructive and positive engagement around the consultation from staff, committee and groups, and the general public. It was noted that many of the consultation responses would also be useful in other work streams moving forward.

It was noted that work should be in tandem with the Digital Health and Care Strategy as community connectivity was essential to allow engagement. Members were advised that the Technology Enabled Care Board had made this issue a key priority and the Clinical Strategy would include a section around the intent to engage with technology. The Carbon Neutral aspiration of the Strategy was welcomed.

The Chair advised that the Area Clinical Forum development session around the Clinical Strategy would be widely advertised and open to all staff.

Decision / Conclusion

The Committee welcomed the positive progress to date and gave thanks for the interesting and informative presentation.

Operational Planning

Planning and Delivery Winter update JCCGC 2122-51

The Head of Assurance and Improvement presented the update advising that a commissioning pack had been received from the Scottish Government on 20 July 2021 which outlined the required elements of the Board's Remobilisation Plan and the submission deadline for draft plans of 30 September 2021. The Plan highlighted the engagement activities over the past months along with a look forward of 6 months, including planning for the winter period, there would not be a requirement for a separate winter plan.

Decision / Conclusion

The Committee reviewed the report and took assurance on progress, noting that the final document would be presented to the private session of the Board, as was required, before submission and comment from Scottish Government.

Governance

Whistleblowing Performance against Key Indicators JCCGC2122-52

Members had received the report which advised that during the second quarter of 2021/2022 no reported Whistleblowing concerns had been raised. Staff awareness and training continued to be a priority across all the service providers.

It was clarified that all staff working for NHS Orkney or in partnership could use the Whistleblowing process.

Decision / Conclusion

The Committee noted the update provided.

Governance around repatriation of low-level concerns in Dentistry SBAR Update – JCCGC2122-53

The Director of Dentistry presented the report advising that the proposal had been through governance processes at each of the three Island Boards. An approach has been made to the Scottish Dental Practice Advisors group to ask for a representative to sit on the screening group and provisional terms of reference were being drafted.

Decision / Conclusion

The Committee noted the update on progress and the benefits of working in conjunction with other boards. It was agreed that further reporting to the Joint Clinical and Care Governance Committee on this matter would be by exception only.

Strategic Commissioning Implementation Plan – JCCGC2122-54

The Chair introduced the item noting that the purpose of presenting the item was to use the plan to help identify any gaps in our clinical and care governance and where focus should be realigned. The Committee may have a role in seeking assurance on behalf of the IJB on aspects of primary care, unpaid carers or in promoting self-management, for example.

The Chief Officer presented the report advising that the Strategic Commissioning Implementation Plan (SCIP) 2021/22 had been developed based on both the priorities of the existing Strategic Plan and also with a firm focus throughout on recovery from the impacts of the Coronavirus pandemic. The SCIP also presented a sharpened focus on the existing key priority of improvement in services for children and young people.

The Interim Director of Pharmacy noted that pharmacy within Primary Care did not only reduce GP workload but increased patient safety, promoted self-management and also reduced readmissions due to medication issues.

Decision / Conclusion

The Committee noted the update provided and agreed that the objectives from

the Strategic Commissioning Plan would be revisited in alignment with the work plan. It was also noted that clarification on logos was required, to define the appropriate use of those for Orkney Health and Care, NHS Orkney and Orkney Islands Council.

Comfort break 14:35

Safe and Effective Care

Quality Forum Chairs Report JCCGC2122-55

The Director of Public Health presented the report which provided an overview of the work of the Quality Forum during June and July 2021.

Members were advised that the Forum had considered learning summaries arising from Significant Adverse Events and how best to share this. The Quality Forum Annual Report had also been provided with some amendments made to ensure focus and clarity. There had also been celebration of successes in ongoing clinical work and improvements made across the organisation.

Decision / Conclusion

The Committee reviewed the report and took assurance on performance.

Performance Report JCCGC2122-56

The Head of Assurance and Improvement presented the Performance update report in draft for review and feedback, the report included:

- Significant Adverse Events
- Adverse Events
- Inpatient Falls
- Hospital Acquired Pressure Ulcers
- Hospital Standardised Mortality Rate
- Crude Mortality

Although important indicators of care quality Complaints and Hospital Acquired Infections had not been included in this report due to being included in other reporting processes to Committee

The Director of Public Health noted that the report was very hospital focused and consideration should be given around how to better extend reporting, across community and primary care services, for a more robust data set.

Decision / Conclusion

The Committee received the update on performance and agreed that data sets would be reviewed to ensure wider context was included, including consideration given to presenting this in control chart format to better represent levels of tolerance, performance over time and any outlying results.

Integrated Staffing Programme Update JCCGC2122-57

The Interim Director of Acute Services presented the Committee with an update

on the Health and Care (Staffing) (Scotland) Act 2019 implementation for the period from the previous report to 30 Sep 2021, and outline the actions needed to enable the Board to deliver the Duties as detailed in the Act.

Members were advised that NHS Orkney's progress with embedding the Health Board Duties as laid out in the Act, had stalled, in part due to the national and local focus on global pandemic operational planning and delivery, coupled with capacity constraints formed by vacant and interim posts. There was also issues around funding from Scottish Government to enact and lack of deadlines.

The Chair questioned whether other Boards were also facing similar challenges and was advised that this was not unique to Orkney and had been significantly affected by the ongoing pandemic.

S Sankey questioned whether an Islands Impact assessment of the Act had been completed or considered and was advised that this had not, but it was acknowledged that local some clinical teams were very small in numbers and there was a need to be cognisant of this moving forward and apply a degree of flexibility.

Post meeting note: Healthcare Staffing Lead Nurse confirmed that the Island Act was taken into account during the Health & Care (Staffing) (Scotland) Bill's (now Act) transition through Parliament and further that The Act requirements are sufficiently flexible for local context to be considered.

Decision / Conclusion

The Committee reviewed the report, noting the areas for development and current challenges relating to progressing implementation of the Act.

Care Home Assurance Report JCCGC2122-58

The Interim Director of Acute Services presented the Care Home Assurance Report noting that:

- The Care Home Assurance Group continued to meet fortnightly to assure the Board and respond swiftly to any concerns
- Community Nurses continued to undertake monthly assurance visits with audits and Infection Control undertake additional assurance visits to supplement the Community Nursing staff with any infection control challenges
- More recently the group has been extended to include care at home in response to the Scottish Government ask.

J Richards questioned if additional care housing and group homes with live in care were also incorporated and was advised that this was the case, with ongoing assurances provided by the Infection Control Nurse visiting all other care services.

Members were advised that oversight had now also been extended into care at home, a range of representatives from these providers were now attending the meetings.

Decision / Conclusion

The Committee noted the update provided and requested that future reports reflect the extension of oversight into other aspects of care, such as Home Care, rather than limiting to care homes.

Duty of Candour Annual Report JCCGC2122-59

The Interim Director of Acute Services presented the report advising that Duty of Candour is a legal responsibility of all health and social care services in Scotland. When unintended or unexplained events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.

During 1 April 2020 to 31 March 2021, nine events were reported where Duty of Candour applied.

The Chair questioned how wide the awareness of Duty of Candour was across the organisation and how this was maintained and was advised that reporting levels gave assurance that awareness was high, in some areas there was over reporting and education around the parameters continued.

Decision / Conclusion

The Committee reviewed the report and took assurance on performance

Partnership Equality and Diversity Annual Report JCCGC2122-60

Members had received the report which advised that NHS Orkney was fully compliant with all equality and diversity legislation and the four Statutory Reports had been produced, as required by law.

Decision / Conclusion

The Committee approved the very positive report for publication and commended the large number of NHS Orkney staff who have maintained the excellent Equality and Diversity progress, during the difficult period of the Covid-19 Pandemic.

Mental Health Services Assurance Report JCCGC2122-61

The Head of Health and Community Care presented the report advising that following the report to the Committee in July 2021, it had been agreed that quarterly reports in the first instance would be provided to enable members to seek assurance on the delivery of Mental Health Services.

The following progress and challenges were noted:

- Orkney had the third highest number in Scotland of adult and older people on the caseload as at the end of March 2021.
- The Orkney Children and Adolescent Mental Health Service (CAMHS) has the lowest staff ration per 100,000 across Scotland
- There was currently no consultant psychiatrist in post but recruitment was progressing for a permanent appointment, with a Service Level Agreement in place with NHS Shetland as an interim arrangement.

- There had been an overall increase in referrals in each sub speciality and, with the exception of psychology, staffing levels had remained stagnant.
- The current wait to be seen by the Adult Mental Health Team was estimated at around 6 months, contact was maintained with individuals to review and assess need.
- CAMHS referrals were currently meeting the 18 week target for assessment, but due to staffing shortages the wait for treatment could extend beyond this, urgent cases were prioritised.

Members were advised that CAMHS had received a considerable sum of funding during 2021/22, with clear priorities on spend. In addition, Scottish Government has indicated that they expect to see a critical floor of 14 staff for each island Board. Members welcomed this development but voiced concern around the ability to recruit to these posts.

R King welcomed the update and additional funding, ahead of the report being provided to the Integration Joint Board later in the week, acknowledging the significant personal implications of waits on the patients involved.

Concern was raised around detentions and transfers and work to review this continued.

J Kenny noted the current long waiting times and questioned how this compared to the waiting times for similar services within other Boards. The Chief Officer acknowledged this concern and the impact that waits had on individuals, no matter how long. Assurance was provided that young people most in need were being seen, but there was not the same significant investment in adult services, with physical health often prioritised over mental health, in funding allocations.

Decision / Conclusion

The Committee noted the recent service delivery progress and challenges within the mental health services in Orkney.

Policies for approval

NHS Orkney Learning from Adverse Events Policy - JCCGC2122-62

The Head of Assurance and Improvement presented the policy for approval, members were advised that this was a revision of a previous policy, to further align with national guidance and Audit findings and had been subject to considerable consultation, including the clinical advisory committees and Area Clinical Forum with feedback incorporated.

Decision / Conclusion

The Committee approved the NHS Orkney Learning from Adverse Events Policy, subject to the amendment of the gender specific terminology.

Post meeting note: The Head of Assurance and Improvement confirmed that the policy had been amended as requested and was now final.

Medicines Management

Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes JCCGC2122-63

The Interim Director of Pharmacy presented the chairs report highlighting the role of the group and providing an update from the recent meeting, noting that several appointment to the membership continued to be actively sought.

Assurance was provided around the progress of a number of Orkney based projects, including the recruitment to the Director of Pharmacy post.

Decision / Conclusion

The Committee received the update and approved minutes.

Person Centred Care

Health Complaints Performance Report for Quarter 1 JCCGC2122-64

The Interim Director of Acute Services presented the update on the current position regarding complaints performance noting the following key points:

- 33 complaints had been received within the current quarter, which was a slight reduction
- 20 Orkney Health and Care complaints had been received
- Average response time for Stage 1 complaints was 3 days, for Stage 2 complaints this had been 21 days
- Complaints had nearly doubled from the same quarter in 2020/21

Post meeting note: The patient experience officer confirmed that the issue with complaints data from independent dental practice being "requested not provided" has been resolved and this data would be provided in the future.

Decision / Conclusion

The committee reviewed the report and were assured on performance.

Social Work and Social Care Service User Experience Report - JCCGC 2122-65

The Chief Officer presented the report which provided data to the Committee on the experience of service users from 1 July to 30 September 2021.

Members were advised that there had been a reduction in the current quarter and all responses had been provided within the required timeframes.

Decision / Conclusion

The committee reviewed the report and took assurance on performance.

Population Health

Public Health Update report JCCGC2122-66

The Director of Public Health presented the Public Health update which outlined key pressures, including those related to Covid-19, which were continuing in the department and workforce issues in relation to Covid-19 contact tracing which were challenging.

Members were advised that locally there had been a continuation of both Covid and Flu vaccination programmes with rates remaining high. Updates were also provided around the child vaccination programme.

There had been a number of recent national incidents around screening, but impact locally had not been as significant as in other Boards and NHS Orkney continued to engage in the overall incident management and to undertake actions as agreed by the adverse event management team.

A number of posts were currently out to recruitment including a health protection nurse role and several COVID-19 contact tracing roles. As the COVID-19 contact tracing roles currently ran until March 2022, there was a national issue with staff leaving to more secure permanent roles.

Decision / Conclusion

The committee noted the Public Health update and welcomed the continued work around Covid-19 and other essential Public Health work streams.

Chairs reports from Committees

Area Clinical Forum Chairs Report - JCCGC2122-67

The Area Clinical Forum Chair presented the report which provided an update on the following three areas which members had wished to bring to the attention of the Committee:

- There had been positive progress with the Clinical Strategy, and continued involvement was welcomed.
- The value of the reinstatement of Morbidity and Mortality meetings was highlighted, along with the requirement for a clear mechanism for actions to be tracked and progressed
- The development of a Children's Neurodevelopmental Pathway had progressed positively and once ready would be shared widely with referrers and would be adopted by NHS Orkney

Decision / Conclusion

The committee reviewed and noted the chair's report from the Area Clinical Forum.

H Woodbridge withdrew from the meeting.

Ethical Advice and Support Group Chairs Report - JCCGC2122-68

Members had received the Chairs report from the group advising that the Covid related business addressed at these meetings had diminished and as a result NHS Grampian had taken the decision to extend the remit of their group to include the review of additional items such as policies and procedures. This

would also be considered for NHS Orkney and would be discussed with the Medical Director when he commenced his post.

Core documentation for the group had been reviewed with the only amendments made in relation to membership and frequency of meetings. The group would retain the ability to call ad hoc meetings if required, with an annual business meeting.

It was noted that there had been no requests for ethical advice or support since the last update.

Decision / Conclusion

The committee reviewed and noted the chair's report from EASG.

Area Partnership Forum – Cross Committee Assurance Report - JCCGC2122-69

Members had received a report from the Co-Chair of the Area Partnership Forum, raising a concern around clinical space being used as a rest area for staff and the impact of this. Concern raised re clinical space being used as rest. The Chief Executive advised that this space was not having an impact on the ability to see patients and suggested that no further action was needed from the Joint Clinical and Care Governance Committee.

Decision / Conclusion

The Committee noted the report, but agreed that this was not within the remit of the Joint Clinical and Care Governance Committee.

Audit and Risk Committee – Cross Committee Assurance Report - JCCGC2122-70

Members had received a report from the Chair of the Audit and Risk Committee around ongoing concerns for the correct reporting route for Scottish Public Services Ombudsman (SPSO) reports, and additional assurance on communication of learning from Significant Adverse Events.

The Head of Assurance and Improvement, advised that there was no specific risk recorded relating to this item as it was an operational reporting issue rather than a risk. It was agreed that reporting would be built into existing performance reports being produced for the committee going forward.

The Interim Director of Acute Services provided an update on the work around improvements to clinical documentation, advising that a Short Life working Group had been established and Terms of Reference were being produced. Updates and assurance would be provided through the Quality Forum Chairs report.

Decision / Conclusion

The committee noted the information provided and were in agreement over the action taken, as noted above.

Finance and Performance Committee – Cross Committee Assurance

Report - JCCGC2122-71

Members had received a report from the Chair of the Finance and Performance Committee, around record keeping for Children and Adolescent Mental Health Services, noting that this work was now complete.

Decision / Conclusion

The committee noted the update provided.

Risk

Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2122-72

The Head of Assurance and Improvement presented the report which provided an update of risk movement and mitigation since the previous meeting and the current status of these risks.

Decision / Conclusion

The committee welcomed the update and assurance provided.

Agree any risks to be escalated to Audit and Risk Committee

There were no items requiring escalation to the Audit and Risk Committee.

Emerging Issues

The Interim Chief Executive advised that the Health and Safety Executive had visited NHS Orkney and raised a number of concerns relating to Manual Handling and Violence and Aggression along with issues with some buildings and alarm systems. The report had been shared with staff and remedial work was ongoing, with a date of February 2022 agreed to be compliant in all areas. Monitoring of the recommendations, action plan and progress against this would be through the Staff Governance Committee, with onward reporting and assurance to the Board.

Any other Competent Business

Public Representative

Members were advised Heather Tait would be stepping down as Public Representative on the Committee but would continue until the end of the 2021/2022 meeting cycle. Contact would be made with Voluntary Action Orkney to seek a Public Representative going forward.

Items to be brought to the attention of the Board or other Governance Committees

It was agreed that the following items would be highlighted to the NHS Orkney Board:

- The positive progress around the Clinical Strategy

- Care Home Assurance Report and the extension of this to wider care settings
- Mental Health Assurance Report
- Approval of the Learning from Adverse Events report

Items for Information and noting

Schedule of meetings 2021/22

Members noted the schedule of future meetings.

Record of Attendance

Members noted the record of attendance.

Meeting closed at 16:02