

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**  
on **Wednesday 3 April 2024 at 14.00**

- Present** Rona Gold, Chair  
Issy Grieve, Non Executive Board Member  
Lindsay Hall, Elected Member  
Ivan Taylor, Elected Member
- In Attendance** Lynda Bradford, Head of Health and Community Care  
Nick Crohn, Radiology and Audiology Manager (agenda item C10)  
Elvira Garcia, Consultant in Public Health  
Kat Jenkin, Head of Safety, Quality and Risk  
Anna Lamont, Medical Director  
Wendy Lycett, Interim Director of Pharmacy  
Michelle Mackie, Operational Manager  
Moira Sinclair, Senior Charge Nurse  
Maureen Swannie, Head of Strategic Planning and Performance  
Laura Skaife-Knight, Chief Executive  
Diane Young, Mental Health Service Manager (agenda item C14)
- Committee support – Emma West – Corporate Services Manager

**C1 Welcome and Apologies**

Apologies had been received from J Stevenson, S Brown, M Sterrenburg, C Somerville and D Morrow.

**C2 Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

**C3 Minute of meeting held on 8 February 2024**

The minute of the Joint Clinical and Care Governance Committee meeting held on 8 February 2024 was accepted as an accurate record of the meeting and approved.

**C4 Matters Arising**

There were no matters arising that were not already covered on the action log and agenda.

**C5 Action Log**

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

**Risk and Assurance**

**C6 Corporate Risks aligned to the Joint Clinical and Care Governance Committee - JCCGC2425-01**

The Medical Director presented the report which provided an update and overview of the management of risks related to the committee and highlighted that the presentation of risks had been reviewed.

There had been a change to the ways the risks had been categorised and this had been discussed with risk owners to ensure any amendments to risk were accurate and clarify the difference between a risk and an issue in the narrative.

I Taylor, raised concerns that there were over 50 different risk registers, containing over 1000 risks in total, and sought assurance on the interpretation of registers and escalation between them. The Medical Director clarified that the assurance provided today was on the corporate risks aligned with the committee but appreciated the concerns raised over the totality of the process. She advised that the Risk Management Forum were reviewing management of this moving forward.

The Chief Executive added that that there was a requirement for medium and longer term planning, system solutions and ways of working differently towards sustainable solutions. The new Corporate Strategy, Board Assurance Framework and Risk Management Framework were also progressing to align workstreams, with the first of these documents the Corporate Strategy to be presented to the April Board for approval.

#### **Decision / Conclusion**

The committee noted the report and welcomed the transparency around the wider process and future proposals.

### **Governance**

#### **C7 Whistleblowing Quarterly report – JCCGC2425-02**

The Chief Executive had provided the quarterly whistleblowing update, a mandatory report required by the Independent National Whistleblowing Office.

I Taylor, queried the restructure work taking place and the Chief Executive advised that there had been several meetings with affected colleagues and communication and engagement had improved.

W Lycett questioned if all themes from recent concerns were being addressed, the Chief Executive confirmed that they were, with clear actions in place from all concerns raised.

#### **Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

#### **C8 Joint Clinical and Care Governance Committee Annual Report 2023/24 – JCCGC2425-03**

The Chair presented the report highlighting that the process for completion of annual reports had been amended, the committee evaluation questionnaire had been circulated and the outcomes were provided for members review.

I Taylor raised a general concern in relation to the length of papers for the meeting and the capacity of members to fully read, digest and scrutinise such a large amount of data within a week. The Medical Director acknowledged this concern advising that future reporting would be streamlined with many reports amalgamated

into a single medical director report in recognition of this concern.

### **Decision / Conclusion**

The Committee reviewed the report and approved for submission to the Audit and Risk Committee and Board.

In general, it was agreed that streamlining of meeting papers and the removal or expansion of acronyms would be appreciated.

### **Strategy**

C9

#### **Clinical Strategy Delivery Update – JCCGC2425-05**

The Medical Director had provided the paper for update and information and highlighted the collaborative working aspect with NHS Grampian.

The Chair queried the governance model and involvement of the Committee and was advised that this was a subset of the Improving Together Strategy; strands of this with relevance to the Committee would be expanded in the Medical Director report.

### **Decision / Conclusion**

The Committee noted the update and the proposed governance structure.

C10

#### **Audiology Action Plan report – JCCGC2425-06**

The Audiology Service Manager had provided the report.

The Medical Director noted her involvement in the national report which was completed prior to current financial pressures with an understanding that items were aspirational in terms of Boards financial planning and not included in current asks from Scottish Government in terms of delivery.

N Crohn advised that a working group had now been established at Scottish Government level and actions were progressing. All shorter term requests, within 12 months, had been met by the organisation.

### **Decision / Conclusion**

The Committee noted the action plan and requested that this be formatted into a standard template and included clear progress updates for assurance.

It was agreed that an annual update would be provided.

### **Quality and Safety**

C11

#### **Clinical Governance Committee report - JCCGC2425-07**

The Medical Director presented the report, setting out the proposal and template for the combined Medical Directors report moving forward and the governance structure around this reporting.

E Garcia queried the Public Health reporting route for shorter term and operational issues that had previously been provided to the Quality Forum. The Medical Director advised that the Quality Forum had been reviewed and would change to a Quality Improvement Group which would meet monthly and a Quarterly Clinical Governance Committee meeting which would be a more formal meeting. Both meetings would have the same membership and there would be no meeting of the QIG on months where the formal meeting was held.

I Grieve questioned the templates and if there would be links from the high level reports to performance data. The Medical Director reflected that this built on existing processes and the templates would include required text to assist the author.

The Chief Executive questioned the role of the Audit and Risk Committee and made a distinction between this work and the Improvement Board. The Medical Director clarified that the role of the Audit and Risk Committee had already been clarified in the reporting following comments and welcomed reviewing the name of the group as required.

The Chair questioned the use of the clinical areas list and was advised by the Medical Director that this had been compiled in collaboration with services and the named lead and deputy for each area was being agreed.

Members were advised that the new report would be provided quarterly and would include measurement of quality improvement and feedback. Any items of concern would be incorporated into the Medical Directors report for further information and assurance.

The Chief Executive noted that following the approval of the Corporate Strategy at the April Board there would be wider synergies to this and the refreshed Clinical Strategy to ensure that there were clear links to these key Corporate Documents.

### **Decision / Conclusion**

The Committee welcomed the update provided and approved the proposal and refreshed reporting. Reporting and raising of risks to the Audit and Risk Committee in the diagram would be reviewed.

C12

### **Patient Experience, Quality and Safety report - JCCGC2425-08**

The Head of Safety, Quality and Risk presented the report advising that further data for review and scrutiny would be provided moving forward and the report would develop over time.

The Medical Director highlighted the significant improvements across the year on the timescales for reporting.

The Chief Executive queried the staff training figures and the data around the metrics of complaint themes including communication and treatment of staff. Moving forward there required to be an emphasis on learning and the focus of the organisation to demonstrate that NHS Orkney was becoming a learning organisation.

The Head of Safety, Quality and Risk advised that in terms of themes and trends this would be developed and linked to staff feedback in a collaborative approach across workstreams and action planning along with outcomes and learnings. The training was not mandatory across all staff, a review of this would be completed to ensure that complaints responders were fully trained.

The Head of Strategic Planning and Performance queried the Care Opinion submissions and the process for addressing any gaps in response or providing another avenue for sharing stories. Members were advised that there was also a phone and paper based system for those who would rather use these, and it complimented rather than replaced current processes.

### **Decision / Conclusion**

The Committee noted the comprehensive report provided and welcomed the strengthening of lessons learned as reporting evolved.

C13

### **Patient Experience Improvement Plan - JCCGC2425-10**

The Medical Director presented the report which had also been shared with the Senior Leadership Team and the widening, rather than channelling, of available options for patient feedback.

The Chief Executive acknowledged the current gap in the organisation around patient engagement and queried if the recommendations from the Audit report had been included.

The Head of Safety, Quality and Risk advised that actions from the Audit included, engagement moving forward and a review and revision of the complaints process which were both underway. It was noted that the audit outcomes had not yet been provided to the Senior Leadership Team and Audit and Risk Committee.

I Taylor questioned if there were resource implications and was advised by the Medical Director that this was more around allocation of resource and clarity in roles than additional financial implications.

The Medical Director clarified that the Senior Leadership Team had approved the progress towards development of the plan, much of this work had been completed and was shared here for assurance. It was clarified that the audit work was separate to the paper presented.

### **Decision / Conclusion**

The committee approved the integration of Care Opinion into NHS Orkneys patient experience reporting framework and that the operational aspects in the paper would be taken to the Senior Leadership Team for further discussion and approval of operational implications as required.

C14

### **Mental Health Assurance Report - JCCGC2425-11**

The Head of Health and Community Care had provided the report updating members on the activity within the Mental Health Service including recent service delivery progress and challenges. It was highlighted that the Child and Adolescent Mental Health Services (CAMHS) data return deadline was now being met along

with good performance against the 18 week referral to treatment standard, acknowledging that this was still a long time to wait and there were aspirations to improve this further. There had also been an increase in referrals for ADHD and Autism diagnosis. The Chair questioned whether the financial risk of this had been raised elsewhere and was advised data was being reviewed to understand this further along with issues around prescribing.

The Head of Strategic Planning and Performance advised that a report would be provided to the Senior Leadership Team regarding additional financial implications especially around the diagnosis of children and young people. There were around 2-3 new referrals for young people every week and the paper requested a wider piece of work be completed.

The Chair questioned the impact on the waiting list with increased sessions by the GP with a specialist interest in dementia and was advised that this would be around 6 new patients per week that could be reviewed for diagnosis.

There had been an audit of urgent referrals completed and it was hoped that this would be carried out in the first quarter of 2024/25 with a report to the Committee following this.

Transfer room challenges were raised with assurance required on the planned course of action and mitigation; members were advised that a proposed model of care had been presented to the Integration Joint Board in 2023 but this had been postponed due to the current financial situation. All patients were individually risk assessed to understand if they could be looked after by one staff member, with many patients requiring two staff members. The Medical Director advised that there could be other solutions and she discuss these out with the meeting.

The Chair questioned plans in place to address the issue of using older systems of recording for CAMHS data and was advised that more comprehensive access to TrakCare had been progressed along with work with national Public Health Scotland colleagues in this area.

#### **Decision / Conclusion**

The committee agreed to escalate AHDH/SASD and the Mental Health Transfer Bed to the Board in the Chairs assurance report.

#### **C15 Infection Control Committee Chair's Assurance report - JCCGC2425-12**

The Chairs Assurance report had been provided to the committee for information

#### **Decision / Conclusion**

Members noted the report.

#### **C16 Urgent and Unscheduled Care Improvement Plan quarterly report – JCCGC2425-14**

The Committee had received the report for awareness.

The Medical Director advised that she had held conversations with Scottish Ambulance Service and while the majority of the data was correct, there was further



work to be completed around improving the data regarding timings and logging of events.

#### **Decision / Conclusion**

The Committee noted the information and that the formal report would be received within the next month.

C17

#### **Quality Impact Assessment – JCCGC2425-15**

The Committee had received the report for information and awareness.

The Chair questioned what the Committee would receive moving forward in this area, the Chief Executive advised that there would be a quarterly update and log. A suite of Terms of Reference would be presented to the Finance and Performance Committee on the 18 April around the Improvement Board, Delivery Group and Quality Impact Assessment panel for approval.

#### **Decision / Conclusion**

The Committee noted the report.

### **Medicines Management**

C18

#### **Area Drugs Therapeutic Committee Chairs Assurance Report – JCCGC2425-16**

The Report had been provided for assurance and awareness.

The Medical Director advised that there had been good scrutiny and feedback at the meeting with several items not being approved and actions to bring papers back, with changes, to a future meeting.

The Interim Director of Pharmacy advised that the Committee had been reinvigorated, with increased engagement across a multidisciplinary team.

#### **Decision / Conclusion**

The committee noted the report as provided and welcomed the positive improvements and engagement.

### **Population Health**

C19

#### **Health Inequalities update - JCCGC2425-17**

Members received the report and welcomed further information on the anchor institutions and work with other anchor institutions in future reporting.

The Chief Executive advised that conversations were taking place with the Director of Public Health, around further strengthening the report including best practice, and clear Key Performance Indicators and measurables to include trends and deliverables and build on current reporting both at the Committee and for onward reporting to Board.

### **Decision / Conclusion**

The committee noted the information provided and welcomed the strengthening of the reporting moving forward.

C20

#### **Emerging Issues**

No emerging issues were raised.

C21

#### **Any other Competent Business**

There was no other competent business.

C22

#### **Items to be included in the Chairs Assurance Report**

These had been agreed throughout the meeting.

#### **Items for Information and noting**

C23

#### **Ministerial Response to the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR) recommendations**

Members noted the correspondence received.

C24

#### **Schedule of meetings 2024/25**

Members noted the schedule of future meetings.

C25

#### **Record of attendance**

Members noted the record of attendance.





# Item 6 - Chairs Assurance Report



## Joint Clinical and Care Governance Committee Chair's Assurance Report to Board

<b>Title of Report:</b>	Chair's Assurance report from the Joint Clinical and Care Governance Committee	<b>Date of Meeting:</b> 25 April 2024
<b>Prepared By:</b>	Emma West, Corporate Services Manager	
<b>Approved By:</b>	Rona Gold, Committee Chair	
<b>Presented By:</b>	Rona Gold, Committee Chair	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the committee at its meeting on 3 April 2024		

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
<ul style="list-style-type: none"> <li>The Mental Health Transfer room/ bed is creating issues for both patients and staff. There is a need for an action plan to solve the issues as the current proposed solution is paused due to financial context.</li> <li>The significant growth in requests for the diagnosis of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) requires local solutions to manage diagnosis demand and post diagnosis support which may have financial implications.</li> <li>Growth in Subject Access Request (SAR) and Freedom of Information (FOI) requests is creating pressure and challenge</li> </ul>	<ul style="list-style-type: none"> <li>Noted the positive planned improvements to reporting of patient quality, safety and care to the Committee.</li> </ul>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<ul style="list-style-type: none"> <li>The Committee noted the good work around vaccination uptake in the 2023/24 autumn/ winter (Flu and Covid-19) programme, with NHSO uptake higher than the Scottish average.</li> <li>Took assurance from the high levels of uptake for measles booster in Orkney.</li> <li>Took assurance from the report on Mental Health with the increase in resources for the Older Adult Team which is strengthening the ability to provide diagnosis to people awaiting assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Approval of the Committee Annual Report for onward submission to Audit and Risk Committee in May and Board in June</li> <li>Approval of future Medical Director report structure and format to the Committee</li> <li>Approval of the integration of Care opinion into NHS Orkney's patient experience reporting framework</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<p>Around the meeting itself- it was noted that the pack of information for the meeting is lengthy and the period of one week to digest the information and prepare for the meeting can be a challenge. It is hoped that papers will be reduced as the new proposed Medical Director report brings together a number of separate reports.</p>	