



Joint Clinical and Care Governance Committee

Minutes

NHS Orkney

01/10/2024 14:00BST

Attendance

Present:

Members: Lynda Bradford, Stephen Brown, Kirsty Cole, Julie Colquhoun, Rona Gold, Kat Jenkin, Joanna Kenny, Anna Lamont, Meghan McEwen, Laura Skaife-Knight, Jean Stevenson, Sam Thomas, Louise Wilson

Guests: Councillor Lindsey Hall, Councillor Ivan Taylor

Absent:

Members: Michelle Mackie

1. Apologies (Presenters: Chair)

Apologies were noted from Morven Brooks and Wendy Lycett

2. Declarations of Interests – Agenda Items (Presenters: Chair)

To consider any declarations of interest with regard to agenda items

3. Minute of Meeting held on 30 July 2024 (Presenters: Chair)

The minute of the Joint Clinical and Care Governance meeting held on 30 July 2024 was accepted as an accurate record of the meeting.

4. Chairs Assurance Report

Members noted the report.

5. Matters Arising (Presenters: Chair)

The Board Chair asked about follow up to the CFSD visit, the Medical Director advised that they were still awaiting an update from the last visit.

6. ACTION AND ESCALATION LOGS

6.1. Action Log (Presenters: Chair)

The action log was updated accordingly. The Medical Director advised that the cancer plan was work in progress through the Improvement Hub. It was noted that the Cancer Improvement plan was now over a year out of date.

6.2. Escalation Log (Presenters: Chair)

Members discussed the escalation log and further actions required.

7. CHAIRS ASSURANCE REPORTS

7.1. Social Work and Social Care Governance Board Chairs Assurance Report
(Presenters: Chief Social Work Officer)

Members noted the update in the report and the level of detail provided. An update was given in relation to recruitment of Foster Carers and Adopters, recognising the time and assessment process that was necessary.

7.2. Area Drugs and Therapeutics Committee Chair's Assurance Report - NO PAPER RECEIVED (Presenters: Medical Director)

7.3. Quality Impact Assurance Chair's Assurance Report (Presenters: DoNMAHP)

Members noted the paper, acknowledging the need to add systems and processes and consider delegating wider than the Executive Directors.

8. PEOPLE

8.1. Whistleblowing Quarterly Report – Quarter 2 (Presenters: Chief Executive)

The Director of Nursing, Midwifery, AHP and Acute acknowledged the work that had taken place and progress made. The Chair of the Board asked how connection with colleagues could be improved from the point of raising concern, recognising some feedback that colleagues who had raised concerns don't necessarily know where they are in the process. The Chief Executive acknowledged the progress made, recognising there was some way to go in this area, with a concerted effort made to keep people up to date on progress. She went on to say that staff were suggesting anonymity, the CEO would be stepping away from Whistleblowing Lead. J Kenny shared concerns about the training rates, the Head of Patient Safety, Quality and Risk advised that the training had remained the same, with the modules not mandated. It was proposed to advertise the training in different ways as part of Speak Up Week.

Decision / Conclusion

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

8.2. United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (Presenters: Director of Public Health)

The Board Chair acknowledged the report, however did not feel it gave assurance in terms of what was required around compliance with the Act. The Director of Public Health advised members that the reporting in this area was still in its infancy, and that it was anticipated by March 2026 there would be clear guidance on reporting. It was noted that this item was a key item on the Children's Planning Strategic group noting that it was important to collaborate more effectively across the Health and Care setting in this space. The Chief Officer IJB advised members that there was work ongoing nationally, this group should be updated on.

Decision / Conclusion

The Committee acknowledged that further information and calibration was required.

8.3. Children's Health Assurance Report (Presenters: Service Manager - Children's Health)

Members received an updated paper highlighting the progress made in terms of data and reporting. The Board Chair queried the record keeping and systems, what mitigations were in place to overcome the impacts. In terms of health visiting it would be useful to understand the differential data between Orkney mainland and isles. A post meeting note would be provided. Members queried the neurodevelopmental service for children and when a conclusion and pathway would be developed and implemented.

Members were advised Morse would be introduced within the service which would integrate the systems and teams, isles were offered exactly the same service as everyone else. Work continued on the Neurodevelopmental Pathway.

The Director of Public Health acknowledged the good work and data provided.

J Kenny commended the training data, particularly regular supervision.

K Cole referenced the absence of the Neurodevelopmental Pathway and requested a formal post meeting note.

Post meeting note:

At present frontline practitioners are working hard to progress current waiting lists, for which I understand there are two primarily, one held by the visiting Consultant Paediatricians/ Allied Health Professionals and the other by CAMHS.

Updated Service Level Agreements have been progressed enabling the Consultant Paediatricians to give more time to neuro developmental assessments.

In terms of next steps to progress the single point of entry and multi-disciplinary triaging of referrals, this will require, the relevant clinicians and clinical leads who have management responsibility for the Paediatricians, CAMHS Professionals and Allied Health professionals i.e. SALT, to progress the single point of entry pathway and to decide how best to bring the current waiting lists under control.

The Board Chair requested that future iterations of the report included assurance around Keeping the Promise.

Decision / Conclusion

The Committee received assurance.

8.4. UNICEF Baby Friendly Standards – Gold Accreditation (annual) (Presenters: Deputy Director of Nursing / Lead Midwife, Service Manager - Children's Health)

The Board Chair felt there was a false division between the maternity and health visitor services and there was lack of communication with mothers and families around infant feeding and healthy and loving relationships. L Brewer advised that the data was incomplete and the SMRO2 data was far behind creating a backlog, training would help address the issue. There was positive feedback from a breast feeding peer support survey.

Members were advised close and loving relationships should be included in the education and training plan to ensure staff are issuing key messages.

The Board Chair asked when the committee could ensure assurance around overcoming barriers presented by clunky data systems to put mothers and babies first and further communication with mothers. The Lead Midwife advised that the SMRO2 was being worked through and there was a debate around where the data entry should sit. Training was scheduled over the course of six months.

J Kenny noticed that there was high sickness absence and vacancies in the area adding pressure on the service.

Decision / Conclusion

The Committee agreed that an improvement plan was required.

9. PATIENT SAFETY, QUALITY & EXPERIENCE

9.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee (Presenters: Medical Director)

The Committee noted the report which provided an update and overview of the management of risks related to the committee.

I Taylor requested an update in relation to the MRI service provision. The Medical Director advised that there had been positive discussions nationally in this regard.

The Board Chair queried assurance around effectively reflecting clinical risk scores through the process. The Medical Director advised that the risks were split by oversight and that the responsible committee primarily managed the risk, knowing visibility of it whereby actually that the primary risk had been identified by the risk author.

Decision / Conclusion

The Committee noted the report and discussed the risks aligned to the Committee.

9.2. Integrated Performance Report (Quality and Performance) (Presenters: Medical Director)

Members discussed the report and information presented.

The Board Chair suggested that the Corporate Leadership Team should discuss the metrics further and agree what the metrics were, not necessarily for the committee to agree.

The Director of Public Health proposed Statistical Process Control reporting.

The Director of Nursing, Midwifery, AHP and Acute Services recognised the data now being reported required the narrative behind it, suggesting it linked with the Excellence in Care work.

The Chief Executive acknowledged the expanded data set.

The Board Chair welcomed sight of the Significant Adverse Event Reviews (SAER) and requested a clearer definition of the complexity of SAER. The Head of Patient Safety, Quality and Risk acknowledged the need to improve in this area and advised that there were SOPs and guidance being developed.

Decision / Conclusion

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

9.3. Peer Review - Emergency Department (Presenters: Director of Nursing, Midwifery, AHP and Acute Services)

The Board Chair expressed that it was difficult to take assurance from the report due to the way the information was presented. A scope of work and data to support assurance was requested to provide assurance.

The Chief Executive queried how peer reviews were commissioned, and how the Terms of Reference agreed.

Members were advised that the final report would be ready at the end of October.

It was noted that a paper had been submitted to the Finance and Performance committee which requested funding from the Unscheduled Care fund, for an ED consultant. Neither of the peer reviews had gone through the clinical advisory structures, it was agreed that further work was required.

It was agreed that a process for peer reviews was necessary moving forward. and if there was approval for the unscheduled care bid, this would be used as a pilot.

Decision / Conclusion

The Committee reviewed the report and were not assured, a further report would be presented at the next committee meeting.

9.4. Medication Assisted Treatments Standards Report (Presenters: Chief Officer, IJB)

Members reviewed the report and noted the following:

- J Kenny highlighted the enormous amount of work in relation to the progress made
- The Board Chair raised concern around the risk of inequality across the isles. The Chief Officer advised that a challenge faced had been the delivery of some of the service

across ferry linked isles, the national team had advised the delivery model had made good progress in comparison with other Boards.

- K Cole highlighted that the communication received between the team and GP surgeries was exemplar.

Decision / Conclusion

The Committee sought assurance on delivery against the standards

10. PERFORMANCE

10.1. Mental Health Integrated Improvement Plan (Presenters: Chief Officer, IJB)

Members received the report, the Board Chair shared concerns around the workforce model presented, and requested an update was presented next meeting to clarify that Mental Health as an integrated service was meeting the needs and fit for work and overall further clarify around the workforce model and model of care.

The Chief Executive made reference to the statement regarding a member of staff raising concerns with the Chief Executive emphasising it underestimated the significance of the concern raised in relation to patient safety staff safety and well-being and a service that they had repeatedly not felt heard or listened to. Clarity was requested around the start date of the peer review and when the committee would receive the Terms of Reference. The Head of Health and Community Care advised it had started, terms of reference had been agreed and the due date for completion was the 31 October 2024.

K Cole queried the data around the Mental Health Services workload, the difference between the information captured between number of referral rates and how each referral was allocated. The Service Manager Orkney Mental Health Services advised that this was an error, a post meeting note would be provided.

J Kenny noted that all frontline mental health staff were up to date with violence and aggression training and requested that this information was captured at the next Staff Governance Committee.

There was a request around when the action plan would be updated, it was agreed that a progress column was required.

The Board Chair queried how to demonstrate effective integration in relation to referrals and separate line managers to address the gap.

In terms of strategic commissioning plan a new plan was due on 1 April 2024 and provided an excellent opportunity to show a robust outcomes based model.

Decision / Conclusion

The Committee scrutinised the report and sought assurance on delivery.

11. POTENTIAL

11.1. Clinical Governance Structure (Presenters: Medical Director)

The Committee reviewed the report and raised the following queries:

- The Board Chair queried if there was an opportunity to streamline and simplify and whether the correct advisory committees were included in the attendance section
- K Cole raised concerns around the volume of membership and noted primary care was not included
- The Chief Executive reflected on previous discussions around the need to strengthen clinical governance, welcomed the fresh perspective and acknowledged different expertise, recognising the Quality Forum was no longer effective.
- The Board Chair believed agenda and workplans at the group would be welcomed and if NHS Orkney was only receiving clinical governance issues only related to acute services, where were the discussions around Primary Care
- Members discussed the recommendations

- The Chief Executive supported continuing what was in place in shadow form until there was future improvement.
- Clarity was required around Primary Care reporting

Decision / Conclusion

Members did not approve the Terms of Reference, however the groups would continue to meet and a further paper would be provided.

12. PLACE

12.1. Public Health Annual Report (Presenters: Director of Public Health)

The Board Chair welcomed the report and requested recommendations from the data collected throughout the year.

The Director of Public Health advised that health protection information was not included due to absence this information will come at a later date along with recommendations.

J Kenny requested information and forecasting around alcohol as it underpinned many of communities problems.

The Chief Executive welcomed the insightful report, and the space to further connect with work already underway to connect with the Corporate Strategy.

Members were advised a meeting was scheduled around Integrated Planning.

Decision / Conclusion

Members received assurance from the report.

13. Emerging issues and Key National Updates (Presenters: Chair)

None received

14. Agree items to be included in Chair’s Assurance Report to Board (Presenters: Chair)

No governance and system in place for the approval of Peer Reviews

Digital systems and lack of integration - impacting on patient care

Childrens Reports - understanding the impact of the new legislation, fractured system, bringing the work together.

Commitment to providing an update on the neuro developmental pathway

Advised IPR recognised - new report received and HI team

15. AOCB (Presenters: Chair)

16. Items for Information and Noting Only

16.1. *Infection Prevention Workforce: Strategic Plan 2022-2024, NHS Orkney Gap Analysis and Risk Identification (Presenters: Director of Nursing Midwifery, AHPs, Chief Officer Acute)

Members noted the submission.

16.2. *Safety, Quality and Experience Report - Quarter 1 (Presenters: Head of Patient Safety, Quality and Risk)

Members noted the update.

16.3. Correspondence

Members noted the correspondence

16.4. Minutes from Meetings

Members noted the minutes.

16.5. Record of Attendance (Presenters: Chair)

Members noted the attendance.

COMMITTEE Chair's Assurance Report to Board

Title of Report:	JCCGC Chairs Assurance Report	Date of Meeting: 1 st October 2024
Prepared By:	Sam Thomas	
Approved By:	Sam Thomas	
Presented By:	Jean Stevenson	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Joint Clinical Care and Governance Committee at its meeting on 1 October 2024 .		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Digital systems remain an area of concerns for all services with lack of integration noted and impact seen on delivering patient care. Further assurance and action planning to understand the impact of legislation for Children's services across the system and through integration. 	<ul style="list-style-type: none"> Process for peer reviews undertaken within the organisation to include governance structure. Exception reporting IPR – received, metrics to be discussed further by Corporate Leadership Team. Clinical Governance Structure – further paper will to be provided
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Children's Health Assurance Report – commended regular supervision captured and training data. Medication Assisted Treatment Standards Report – communication between MAT team and GP's highlighted as exemplary. Progress noted against the standards. Public Health Annual Report – insightful, space identified to further connect with Corporate strategy Positive feedback from breast feeding peer survey 	<ul style="list-style-type: none"> Update on the Neuro-developmental pathway. ED Peer review report to be presented at December meeting. CfSD report to be presented at the December meeting. Improvement plan required for training gaps around data entry to SMRO2 system.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> 	