

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Tuesday 5 April 2022 at 13.00**

- Present** Steven Johnston, Non-Executive Board Member (Chair)
Rachael King, Integration Joint Board Vice Chair (Vice Chair)
John Richards Integration Joint Board Member
Heather Woodbridge, Integration Joint Board Member
Gail Anderson, Third Sector Representative
Issy Grieve Non-Executive Board Member
- In Attendance** Lynda Bradford, Head of Health and Community Care (item C12)
Stephen Brown, Integration Joint Board Chief Officer
Christina Bichan, Head of Assurance and Improvement
Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer
Mary McFarlane, Interim Director of Pharmacy
Dawn Moody, Associate Medical Director Community
Mary Moore, Interim Medical Director
Maureen Swannie, Head of Strategic Planning and Performance (item C13)
Louise Wilson, Director of Public Health
Diane Young, Community Mental Health Service Manager

C1. Welcome and Apologies

Apologies had been received from M Dickson, M Henry, S Sankey, D McArthur and J Kenny

C2. Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items

C3. Minute of meeting held on 26 October 2021

The minute of the Joint Clinical and Care Governance Committee meeting held on 26 October 2021 was accepted as an accurate record of the meeting and approved on the motion of R King and seconded by J Richards

C4. Matters Arising

No matters arising were raised.

C5. Action Log

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

C6. JCCGC Virtual Business Log JCCGC2223-01

The committee noted the items circulated during agile governance arrangements and ratified the virtual approval.

Governance

C7. Draft Joint Clinical and Care Governance Committee Annual Report – JCCGC2223 -02

The committee chair presented the Draft Joint Clinical and Care Governance Committee Annual Report 2021/22 to members highlighting the concerns, successes and improvements sections of the report.

It was confirmed that collaborative work to ensure appropriate reporting at this committee along with the Performance and Audit committee was ongoing and an expansion of the Care Home report to include Care at Home was planned.

Decision / Conclusion

The Committee approved the draft Annual report subject to appropriate updates to the committee membership section of the report.

C8. Whistleblowing Performance against Key Indicators – JCCGC2223 -03

The Head of Assurance and Improvement presented the report to members noting that quarters three and four of the financial year were included together due to recent agile governance arrangements.

It was noted that two concerns had been logged and investigated and the learning captured in the report was highlighted.

The two concerns raised also presented an opportunity for feedback on the operation of the new governance process and highlighted learning so improvements could be implemented.

Both concerns were noted as outwith timescales for several reasons with complexity of issue and level of investigation required as the most significant. Members agreed that the need to meet timescales should not impact on the quality of investigation.

It was confirmed that the annual report was due to be presented to the NHS Orkney April Board meeting.

It was confirmed that learning from the listening exercise had been progressed and the current discharge policy was a whole system multi-disciplinary approach.

It was noted that assurance regarding delegated services could be provided within the NHS Orkney report and the Chief Officer agreed to discuss the assurance route for the wider council with corporate leadership teams.

Decision / Conclusion

The Committee noted the update provided.

Clinical Quality and Safety

C9. Quality Forum Chairs Report JCCGC2223 - 04

The Head of Assurance and Improvement presented the report which provided an overview of the work of the Quality Forum during February and March 2022

Continued good attendance at meetings was highlighted along with the positive and stabilising impact of active and substantive leadership. The excellent input during challenging interim arrangements was also acknowledged and members welcomed the opportunities to focus on priorities moving forward.

The work around the At a Glance report and SBAR, submitted to the February 2022 meeting which proposed a trial of more in depth performance metrics was highlighted. The forum agreed the test of change proposal at the March meeting.

A review of the significant adverse events process, further work around the communication of learning from adverse events and work with incident handlers to improve management was also highlighted.

Members were assured that work to ensure appropriate and representative attendance at meetings was ongoing and it was noted that any issues were indicative of current system pressures and changes in role. It was confirmed that current forum members were very proactive and as the forum met monthly, occasional absences were manageable and the weekly meeting of the incident review group which had a very live view of issues in the system at any given time was an additional element to ensure appropriate oversight.

I Grieve noted the development of the forum over the last two years and confirmed she took significant assurance from the minutes included with the report, particularly regarding the number of clinicians involved in the ongoing work.

The Chair advised that there used to be a group which provided care input to the Quality Forum, but as this no longer existed it remained part of the ongoing reflection to ensure equivalence across health and care for this integrated assurance committee.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C10. Quality Forum Annual Report JCCGC2223 – 05

The Head of Assurance and Improvement presented the report which provided an overview of the work of the Quality Forum during 2021/22.

Sections four and five relating to the business and success of the group were highlighted, noting that they showed the progress of the group and provided assurance that the right issues were being considered. The continued engagement despite recent system pressures was also highlighted.

The ongoing concerns of balancing competing demands and the scale of the challenge to improve the availability of up to date policies and procedures across clinical services in section six of the report was noted.

The Director of Public Health noted the terms of reference for the Quality Forum covered NHS business which again raised the query as to how the committee gained oversight of and assurance on equivalent discussions for social care and delegated services.

Members welcomed the annual report and agreed that although it was clear progress had been made, the challenge to ensure appropriate reporting across all relevant services was ongoing.

Decision / Conclusion

The Committee reviewed the report and took assurance

C11. Care Home and Care at Home Assurance Update

The Chief Officer provided a verbal update noting that across county care assurance had been set up in recognition of the challenges during the pandemic. He explained that although all the care homes in Orkney were residential rather than nursing, the potential benefits of working together to address challenges had been established early on and the required Care home and Care at home Assurance Group met fortnightly

In the last few months care at home had been struggling for capacity which was having an impact on other areas including delayed discharges so it was agreed that the remit of the assurance group would be expanded to include care at home.

Recent outbreaks where public health, infection control and community nursing colleagues worked together tirelessly to ensure a robust response and the maintenance of the services was a good example of the success of the collaborative arrangements.

The repeated assurance provided by examples of robust and collegiate work to solve problems was warmly welcomed and noted as a real credit to all involved. However, it was also agreed that going forward wider and more detailed reporting to ensure robust assurance on both care homes and the extended care at home remit was required. The work to date focussed on the COVID-19 pandemic but the intention would be to expand into more general aspects in order to fulfil the duties of the committee. Moving forward this would be included in the ongoing committee workplan discussions.

It was also acknowledged that some duplication of reporting may be required as for example a report may go to a performance committee for assurance regarding targets but could also be required at Joint Clinical and Care Governance Committee to ensure any clinical and social implications of the data were reviewed and discussed.

Decision / Conclusion

The Committee noted the verbal report and looked forward to more detailed reporting going forward.

C12. Mental Health Services Assurance Report JCCGC2223-06

The Head of Health and Community Care presented the Mental Health Services Assurance Report to update members on the recent activity with the Mental Health Service including recent service delivery progress and challenges.

Highlighted elements of the report included:

- Current staffing issues along with recruitment success and details of new appointments
- IJB agreement for a short term waiting list initiative
- Secured approval for Scottish Government money to enable third sector colleagues to deliver preventative support
- Whilst total referrals were lower than the heights of 2018/2019 shown in the table on page three of the report some pandemic effects were anticipated
- Current waiting lists data for first assessment and an estimated 6 months wait for non-urgent patients
- Progress on the CAMHS data cleansing work
- One 18 week treatment guarantee breach which was now prioritised
- The impact on staffing and workload of detentions and transfers
- The update on three tragic suicides, which included one young person and the weekly taskforce established to ensure awareness of any young people at risk and the ability to take action.
- Update on the findings of a recent Information Governance visit to the CMHT and the recommendations going forward
- The complaints update
- Additional funding for mental health in Primary Care and a working group established to agree plans going forward

The chair welcomed Diane Young who had joined the meeting on her second day as the new Community Mental Health Team Service Manager. Diane was looking forward to the challenge of moving from one of the biggest health boards to the smallest and noted that although there were some key challenges there were areas of good practice to highlight and build on going forward.

Members raised concerns regarding the transfer bed acknowledging the ripple effect on staffing and services and were keen to understand if alternative models were being considered, particularly as it was noted as a long standing and ongoing issue.

Members were advised that it was not an issue currently on the risk register but assurance that the work stream had been identified within the strategy as requiring further work was provided.

The significant further funding around the Mental Health agenda in primary care was also highlighted and the aim was to provide support as early as possible

It was noted that there had been similar discussions around long covid and the need to innovate and find solutions so that flexible services could be provided as soon as possible was highlighted.

It was confirmed that patients awaiting formal dementia diagnosis continued to receive support from the CPN until the point of diagnosis at which point post

diagnostic support would commence.

It was confirmed that all adult referrals were discussed and prioritised at a weekly meeting

The Chief Officer confirmed that outcomes and learning from suicide reviews had been discussed as had drug deaths and consideration on the best approach to reporting on this whilst maintaining confidentiality was ongoing. It was felt scheduling an annual retrospective report may be the way forward.

Following reference to the options for a non-clinical setting for support to those struggling with mental health it was confirmed that whilst the focus right now was firmly on initiatives for those awaiting diagnosis, seeking funding for innovative options to develop resilient services going forward would be the next step. The need for supporting accommodation on, rather than off, island was acknowledged.

It was also confirmed that work to identify nurses or GPs interested in training to acquire dementia diagnosis skills was being progressed as part of resilience planning.

It was confirmed that the projects and goals had already been identified with regard to the additional third sector funding and it was hoped that work could be progressed without significant additional staff.

Decision / Conclusion

The Committee reviewed the report and took assurance

C13. Neurodevelopmental Pathway Report JCCGC 2223-07

The Head of Strategic Planning and Performance presented the Neurodevelopmental Pathway Report noting it a mix of successes and challenges. The following key points were highlighted

Successes

- Multi-agency group continue to meet fortnightly
- Continued enthusiasm for joint pathway and some admin support but also a challenge as education colleagues not able to input into the system
- Progress in line with colleagues in Scotland and maybe slightly ahead as keen to have one pathway in contrast to others going down two separate neurodevelopmental and Autism routes
- Agreement to stick with a single point of referral despite some attempts to circumnavigate
- Self benchmarked work against standards and majority an amber RAG score
- Meeting planned in April 2022 to identify best route to progress

Challenges

- Clinicians trying to do this work on top of caseload
- Even if funding secured concerns around identifying appropriate workforce to staff a designated team
- Lack of paediatric time
- Demand versus capacity issues
- Clarity of process to ensure all appropriate information provided with referrals

It was confirmed that paediatric provision in Orkney was provided by visiting paediatrics from Grampian. Colleagues were aware of the need to review current arrangements but there had been an indication that additional capacity from Grampian would be unlikely so alternatives may be required.

The Director of Public Health highlighted the percentage rise in the number of children having development delay with one or more concerns and noted that this shift in baseline data needed to be included as a factor in future planning.

It was confirmed that from a paediatric perspective there was close and ongoing liaison with the Grampian director of service regarding gaps in service.

The Head of Assurance and Improvement noted that the level of involvement was different depending on the service and whether there was a block Service Level Agreement. She advised members that there had been recent work to shift to speciality arrangements and some amendments had been made to the paediatric service last year, but further shifts were required so it was an iterative process. She noted that generally there was good collaborative engagement with Grampian and that both organisations were striving to tackle similar challenges.

The Head of Strategic Planning and Performance highlighted that additional reporting for developmental assessment was included as part of upgrade work to the PARIS system so additional reporting information would be available going forward.

It was agreed a further progress update should be reported in six months

Decision / Conclusion

The Committee reviewed the report and noted progress

Person Centred Care

C14. Health Complaints Performance Report for Quarters 2 & 3 JCCGC2223-08

The Head of Assurance & Performance presented the update on the current position regarding complaints performance noting a slight increase in quarters two and three and that in line with key performance indicators the report provided information on the stages of complaints.

The continued positive trend of more closed stage one than stage two complaints was highlighted, and it was noted that new processes around incident and complaints were starting to work and were providing a more holistic picture. The complexity of stage two complaints continued to make closing within timescales a challenge.

Historically complaints handling has been a standalone role, but it was noted that in an effort to increase resilience training was in progress so that cover could be provided.

It was confirmed that guidance was available to ensure learning from complaints was shared with staff so that changes could be made but it was also noted that service areas were actively involved in investigations. For complaints where that

wasn't the case then learning should be shared through team meetings, an appropriate forum and/or in writing. It was noted that the approach was dependent on service area but the Patient Experience Officer aimed to keep an oversight of themes so they could be captured, fed back and progressed.

Decision / Conclusion

The committee reviewed the report and were assured

C15. Social Work and Social Care People's Experience Report - JCCGC 2223-09

The Chief Officer presented the report which provided data to the Committee on the experience of service users for the period 1 October 2021 to 31 March 2022, noting a slight reduction in overall numbers between quarters two and three.

It was highlighted that in every instance where a complaint was upheld there was learning for the team involved and the wider organisation. Going forward it was noted that an annual report would give an opportunity to aggregate numbers so themes could be identified

Decision / Conclusion

The committee reviewed the report and were assured

Population Health

C16. Public Health Update report JCCGC2223-10

The Director of Public Health presented the Public Health update and highlighted the rise in Covid19 cases which peaked at the end of February/early March. This had been linked to the Omicron variant and at one stage NHS Orkney had the highest rate in Scotland.

Good vaccination rates and the start of spring programme offering booster vaccinations provided positive news. Although flu activity had risen slightly in Scotland it remained base line in Orkney, but an extraordinary level of respiratory calls had been noted. Information for managing help lines had been shared.

Following the removal of restrictions there had been a real rise in general issues and other notifiable diseases, which were being managed alongside pandemic workstreams.

Members were advised that there would be a lot of work ahead to respond to changes from the transition programme, the implementation of policy changes and adapting to different approach to supporting Covid 19.

It was confirmed that some of the work reduced in response to the pandemic had already been stood up such as screening programmes and other strands such as healthy weight and financial inclusion had kept going. It was hoped that there would be a gradual move back to general health improvement work but with the ability to return to a pandemic response if there was a new variant of concern.

Members were advised that there was no immediate plan to bring a booster campaign to the wider population although a start had made on what an autumn

vaccination programme might look like. The current focus was on those aged over 75 or immunosuppressed and the potential for a new variant, which might change the whole population approach, made it quite difficult to plan longer term.

It was confirmed that there were opportunities for some local flexibility to the national approach, but Orkney would not step widely outside national guidance.

Decision / Conclusion

The committee reviewed the Public Health update and were assured.

Organisational Performance

C17. Planning and Delivery Update JCCGC2223-11

The Head of Assurance and Improvement presented the Performance update and highlighted the following key points

- The whole system recovery group continued to meet fortnightly
- The quarter 4 update was currently being gathered and was due for submission to Scottish government by the end of month
- Focus had now moved onto the development of a 3 year delivery programme and was expected at the end of April
- There were some clear asks around planned care and it was anticipated that the delivery framework would set key targets
- There were real opportunities to work collaboratively with northern boards
- Although the quarter 3 position was incredibly challenging there had still been considerable progress
- The quarter 4 position would be available for the next meeting

It was confirmed that the challenging Scottish government planning timescales had been previously raised at Area Clinical Forum locally and nationally.

The Director of Public Health reassured members that senior managers and executive directors were involved with planning developments so would be aware of the likely content of the final version and noted it highlighted the importance of local engagement with relevant national groups so that a remote and rural perspective could help influence developments.

The Head of Assurance and Improvement agreed and confirmed she had joined the joint working group, so she was sighted and involved.

Decision / Conclusion

The Committee received the Planning and Delivery update and were assured on progress

C18. Performance Report JCCGC2223-12

The Head of Assurance and Improvement presented the Performance update noting that she expected further changes to follow as work on the healthcare strategy developed.

Members welcomed the good visibility provided regarding patient falls and pressure ulcers and further proposed improvements to include wider metrics to identify any correlations between falls/pressure ulcers and staffing patterns were anticipated.

Decision / Conclusion

The Committee received the update and noted progress

Risk and Assurance

C19. Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2223-13

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.

The development of departmental risk registers and the improvement of the identification and assessment of risk was highlighted.

It was confirmed that the Isles GP recruitment round had been successful with all posts filled but issues regarding nurse practitioners were ongoing.

It was agreed that appropriate mechanisms to ensure reporting of care risks related to this committee should be included in the ongoing review of reporting.

Decision / Conclusion

The committee welcomed the update and assurance provided.

C20. Emerging Issues

The Interim Director of Nursing noted a Scotland wide issue regarding the reading of radiology reports by nurse practitioners. A paper for the Executive Management team with agreed mitigation and actions was planned and an update would be provided at the next meeting.

C21. Any other Competent Business

No other business items were raised

C22. 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:

- Joint Clinical and Care Governance Committee Annual Report
- Mental Health Assurance Report
- Performance Report

C23. Items for Information and noting

C24. Schedule of meetings 2022/23

Members noted the schedule of future meetings.

Meeting closed at 15.57