

**Stephen Brown (Chief Officer)**

Orkney Health and Social Care Partnership

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Agenda Item: 7.2

## **Integration Joint Board**

**Date of Meeting: 29 June 2022.**

**Subject: Joint Clinical and Care Governance Committee.**

### **1. Purpose**

1.1. To present the amended Terms of Reference for the Joint Clinical and Care Governance Committee (JCCGC) for Members' approval and, should these be approved, consider the appointment of one of the two Vice Chairs to the JCCGC.

1.2. To present the JCCGC Annual Report for Members' scrutiny.

### **2. Recommendations**

The Integration Joint Board is invited to note:

2.1. That the Orkney Integration Joint Board (IJB) is required to have a Clinical and Care Governance Committee which provides the Orkney IJB with assurance that robust clinical and care governance controls and management systems are in place and are effective for the functions that NHS Orkney and Orkney Islands Council has delegated to the Orkney IJB.

2.2. That, following a review of the Terms of Reference of the JCCGC, revised Terms of Reference have been prepared and approved in principle by the JCCGC subject to approval by the Orkney IJB and the Board of NHS Orkney.

2.3. That section 3 of the Terms of Reference states that 'the Chair and two Vice Chairs of the Committee will be jointly appointed by the NHS Board and the Integration Joint Board'.

2.4. That, should the revised JCCGC Terms of Reference be approved by the Orkney IJB, it is proposed to consider the appointment of one of the two Vice Chairs on the JCCGC.

2.5. That section 11 of the Terms of Reference states 'that the Joint Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the Integration Joint Board'.

### **It is recommended:**

2.6. That the amended JCCGC Terms of Reference, attached as Appendix 1 to this report, be approved.

2.7. That, should the amended JCCGC Terms of Reference be approved, the Board appoint one of Orkney Islands Council's voting members as one of the two Vice Chairs.

2.8. That Members seek assurance on the JCCGC Annual Report, attached as Appendix 3 to this report.

## **3. Background**

3.1. Following the establishment of Orkney's IJB in April 2016, the Clinical and Care Governance Committee was established to provide both the Orkney IJB and the Board of NHS Orkney with assurance regarding clinical and care systems of control and governance for the services for which they are responsible.

3.2. A review of the Terms of Reference of this original Clinical and Care Governance Committee took place in early 2021, taking account of the Scottish Government's Clinical and Care Governance Framework Guidance, 2015 which can be found at <https://www.gov.scot/publications/clinical-care-governance-framework/>. This sets out the key elements and principles to be reflected in local clinical and care governance of integrated health and social care arrangements.

3.3. At the meeting in June 2021 the Orkney IJB approved the amended JCCGC Terms of Reference and approved the appointments of:

- Steven Johnston, Chair of the JCCGC.
- Councillor Rachael King, as one of the Vice Chairs of the JCCGC.
- Gail Anderson, as third sector representative of the JCCGC.

## **4. Amended Terms of Reference and Workplan**

4.1. As per the Terms of Reference the JCCGC membership is reviewed on an annual basis. The amendments to the JCCGC Terms of Reference are detailed below:

- **Section 4 Attendance.** Separate Alcohol and Drugs Partnership Representation removed as the Chief Officer provides representation as the Chair of the Orkney Alcohol and Drugs Partnership.
- **Section 5 Quorum.** Clarification that two of the four members required to be 'Orkney Islands Council' voting members of the Integration Joint Board.
- **Section 6.** Clarification that 'a minimum' of two development workshop activities will be held each year.
- **Section 7.** Clarification that the approved rolling workplan will be submitted to the 'Performance and Audit Committee' of the Integration Joint Board.

4.2. With the disruption caused by the need, for the Orkney IJB and NHS Orkney, to respond to the COVID-19 pandemic (specifically the threat posed by the Omicron variant over the winter period 2021/22), the development work on the draft 2022/2023 Workplan was not as hoped, but the JCCGC recognised that positive progress in terms of an integrated committee had been made. The intention is to continue in that vein in order to further improve governance across the whole system and the draft JCCGC Workplan is an update based on the 2021/22 Workplan. Further specific areas of focus which the committee will seek to include over the coming years were noted as

- Suicide Review.
- Learning Review (Child Protection and Adult Protection in particular).
- Drugs deaths (via the Alcohol and Drugs Partnership).
- Incident reporting (DATIX) - implications at strategic level.
- Adverse events - implications at strategic level.
- Hospital discharge.

4.3. In addition, further work will be done to ensure that the Committee is not disproportionately “health-heavy” and is adequately covering its entire remit including primary care, social care and social work whilst simultaneously being mindful of introducing unnecessary duplication into the system. Once the remit of the newly constituted Performance and Audit Committee of the Orkney IJB is better understood, the role of the JCCGC will become clearer. A diagrammatic representation of the JCCGC and its surrounding Committees should be produced to provide clarity.

4.4. A new requirement of the Committee outlined in DL (2021) 34 is for quarterly reporting on the management and monitoring of Approved Medical Practitioner (AMP) lists – doctors with additional authority under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003. This will be incorporated into the work moving forward with the response being proportionate to scale.

4.5. The proposals relating to the National Care Service could have a significant impact on the work of this committee in time and further developments will be covered, as required.

## **5. Annual Report**

5.1. The Annual Report provides both the Orkney IJB and Board of NHS Orkney assurance that the JCCGC is fulfilling its purpose as detailed in section 1 of the Terms of Reference, attached as Appendix 1 to this report.

5.2. Section 4 of the Annual Report provides details on the risks, concerns and success of the JCCGC over the last 12 months.

## 6. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	Yes.

## 7. Resource and financial implications

7.1. There are no financial implications arising directly from this report.

## 8. Risk and equality implications

8.1. The main risk is that failure to approve the revised Terms of Reference or to make the appointment of Vice Chair will result in less effective clinical and care governance scrutiny and assurance that robust clinical governance controls and management systems are in place.

## 9. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.

## **11. Authors and contact information**

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11.2. Steven Johnston (Chair), Joint Clinical and Care Governance Committee. Email: [steven.johnston@nhs.scot](mailto:steven.johnston@nhs.scot), telephone: 01856888000.

## **12. Supporting documents**

12.1. Appendix 1: Revised Terms of Reference.

12.2. Appendix 2: Revised Workplan.

12.3. Appendix 3: Annual Report.

# Joint Clinical and Care Governance Committee

## Terms of Reference 2022/23

### 1 Purpose

The Joint Clinical and Care Governance Committee fulfils several purposes as follows:

- It fulfils the function of the Non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- It fulfils the function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- It fulfils the requirements set out in MEL (1998)75, MEL (2000)29 and HDL (2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland.

### 2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

- Three Non-Executive Members of NHS Orkney, one of whom must be the Area Clinical Forum Chair and one of whom must be a voting member of the Integration Joint Board.
- Three Orkney Islands Council voting members of the Integration Joint Board, excluding the Chair of the IJB when this is an Orkney Islands Council appointment, in which case a substitute will be appointed.
- A public representative.
- A third sector representative.

All members shall have decision-making authority and all decisions must be reached by consensus. In the absence of a consensus, the status quo shall be maintained until a consensus is reached.

Committee membership will be reviewed annually.

### 3 Chair and Vice Chairs

The Chair and two Vice Chairs of the Committee will be jointly appointed by the NHS Board and the Integration Joint Board. The appointment of the Chair will be reviewed biennially in line with current legislation.

There will be two vice chairs, one from NHS Orkney and one Orkney Islands Council voting member of the Integration Joint Board.

In the absence of the Chair, either Vice Chair may Chair the meeting.

For items relating solely to non-delegated NHS functions, only the NHS Orkney Vice Chair may Chair that item.

### 4 Attendance

In addition, there will be in attendance:

- Medical Director (lead officer for clinical governance)
- Director of Public Health
- Chief Executive, NHS Orkney
- Chief Officer, Integration Joint Board (lead officer for care governance and Chair of the Orkney Alcohol and Drugs Partnership)
- Director of Nursing, Midwifery and Allied Health Professions
- Director of Pharmacy
- Chief Social Work Officer
- Head of Assurance and Improvement
- Associate Medical Directors
- Interim Director of Acute Services
- Head of Corporate Administration

The Committee shall invite others to attend, as required, for specific agenda items.

Where an officer is unable to attend a particular meeting, a named representative shall attend in their place.

### 5 Quorum

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of NHS Orkney, one of whom must be the Chair or Vice Chair, and two Orkney Island Council voting members of the Integration Joint Board.

It will be expected that another Non-Executive Board Member or Integration Joint Board proxy member will deputise for a member of the Committee at a meeting if required.

Meetings will not take place unless at least one Clinical Executive Director of NHS Orkney and the Chief Social Work Officer, or nominated depute, is present.

For the avoidance of doubt, advisors in attendance at the meeting, shall not count towards a quorum.

## **6 Meetings**

The Committee will meet at least quarterly.

The Chair may, at any time, convene additional meetings of the Committee.

A minimum of two development workshops/activities will be held each year. These may be attended by both members and advisors.

## **7 Conduct of Meetings**

A calendar of Committee meetings, for each year, shall be approved by the members and distributed to members.

The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting.

Notice of each meeting will confirm the venue, time and date together with an agenda and shall be made available to each member of the committee.

All JCCGC meetings shall be minuted, including the names of all those present or absent. Administrative support shall be provided by NHS Orkney.

Draft minutes shall be circulated promptly to the Chair of the JCCGC, normally within 10 days.

The approved minutes of the JCCGC will be made publicly available.

A rolling work plan will be developed and maintained which will be reviewed and approved annually. The approved work plan will be submitted to NHS Orkney's Audit and Risk Committee and the Performance and Audit Committee of the Integration Joint Board.



The JCCGC shall, at least once per year, review its own performance. This shall be by means of a Self-Evaluation Form which will be sent to all members in attendance at any meeting during the relevant year.

## 8 Remit

### Person-Centred

To provide assurance regarding participation, patient and service users' rights and feedback:

- To provide assurance that there are effective systems and processes in place across NHS Orkney and in the functions delegated to the Integration Joint Board to support participation with patients, service users, carers and communities, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign.
- To monitor complaints response performance on behalf of the Board of NHS Orkney and the Integration Joint Board for functions delegated, and promote positive complaints handling including learning from complaints and feedback.
- To provide assurance that there are effective system and governance processes for:
  - Equality and Diversity
  - Spiritual care
  - Volunteering.
- To monitor performance of all services commissioned by / or with direct links to NHS Orkney and the Integration Joint Board, including:
  - Patient Advisory and Support Service
  - Advocacy Services
  - Carers
  - Veterans.

### Safe (Clinical and Care Governance and Risk Management)

To provide assurance in respect of clinical and care governance and risk management arrangements by seeking assurance that there are adequate systems and processes in place to ensure that:

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.

- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.
- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.
- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and the efficiency programmes of the Integration Joint Board.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

## **Effective (Clinical and Care Performance and Public Health Performance and Evaluation)**

To provide assurance that clinical and care effectiveness and quality improvement arrangements are in place:

- To ensure that recommendations from any inspections have appropriate action plans developed and are monitored and reported through an appropriate Committee.
- Where performance improvement is necessary within the non-delegated functions of NHS Orkney or the functions delegated to the Integration Joint Board, to seek assurance regarding the reliability of the improvement intervention.
- To ensure that clinical dashboards and other data and measurement systems underpin the delivery of care.
- To ensure that the healthcare and social care provided is informed by evidence based clinical and professional practice guidelines.
- To ensure that staff governance issues which impact on service delivery and quality of services are appropriately managed through clinical and care governance mechanisms and effective training and development is in place for all staff.

## Population Health

To provide assurance that all necessary systems and processes are in place that ensure staff engaging in population health-related activities incorporate the key components of population health governance, namely:

- Quality and clinical/professional effectiveness
- Public information and involvement
- Population health research
- Risk management

## Social Work and Social Care Advisory Committees and Chief Social Work Officer's Report and Updates

To provide assurance in respect of social work and social care governance by seeking assurance that there are adequate systems and processes in place to ensure:

- Promotion of values and standards of professional practice, including all relevant National Standards and Guidance, and ensure local adherence with the Codes of Practice issued by the Scottish Social Services Council (SSSC) for social services workers and employers.
- That all social service workers' practice is in line with the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body.
- Maintenance and development of high standards of practice and supervision in line with relevant guidance.
- Effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.
- The promotion of continuous improvement and the identification of areas for professional development, workforce planning and quality assurance of services.
- Consideration of requirements for significant case reviews and/or serious incident reviews to be undertaken into critical incidents either resulting in – or which may have resulted in – death or serious harm.
- That only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance.
- The application of evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and carers.

## 9 Best Value

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and Orkney Islands Council in line

with Local Government in Scotland Act 2003 Best Value: Revised Statutory Guidance 2020. The key themes are:

- vision and leadership;
- governance and accountability;
- effective use of resources;
- partnerships and collaborative working;
- working with communities;
- sustainability;
- fairness; and
- equality.

The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney and the Integration Joint Board have systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executives should be included as an explicit statement in the Committee's Annual Report.

## 10 Authority

The Committee is authorised by the Board of NHS Orkney and the Integration Joint Board to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires from any employee through appropriate staff governance standards / policies held by NHSO and OIC.

The Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney, the Chief Officer of the Integration Joint Board or officers of Orkney Islands Council (in terms of the functions that are delegated by Orkney Islands Council to the Integration Joint Board) to attend whole or part of any meetings.

The External Auditors and Chief Internal Auditors shall have the right of direct access to the Chair of the Committee for audit purposes.

## 11 Reporting Arrangements

The Joint Clinical and Care Governance Committee reports to Orkney NHS Board for non-delegated matters and the Integration Joint Board for delegated matters.

The Chair of each meeting will be responsible for producing a Chair's Report, to be presented, along with the approved minute, to the next Board meeting of NHS Orkney and the next meeting of the Integration Joint Board immediately following the JCCGC.

# Joint Clinical and Care Governance Committee

The Joint Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Joint Clinical and Care Governance Committee. This will be used to set agendas and monitored throughout the year.

The Joint Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the Integration Joint Board. The Annual Report will describe the outcomes from the committee during the year and provide assurance to the Audit and Risk Committee of Orkney NHS Board and the Audit Committee of the Integration Joint Board that the Committee has met its remit during the year.

The Committee will prepare an action log which will be monitored and updated at each meeting.

The Committee will review the Terms of Reference annually.

<i>Updated</i>	<i>20 December 2021</i>
<i>Annual Development Session Review</i>	<i>20 December 2021</i>
<i>Committee Approved</i>	<i>5 April 2022</i>
<i>NHS Orkney Board Approved</i>	<i>Pending</i>
<i>IJB Board Approved</i>	<i>Pending</i>
<i>Next Formal Review</i>	<i>November 2022</i>

## Joint Clinical and Care Governance Committee

### 1 Business Cycle for 2022/23

Meeting	Items of Business	Lead Officer
5 April 2022	Committee Annual Report	Chair
	Quality Forum Annual Report	Quality Forum Chair
	Infection Control Annual Report	Director of Nursing, Midwifery and AHPs
	Approval of Core documentation amendments: <ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Business Cycle / Work Plan</li> </ul>	Chair
	Dementia Annual Report	Chief Officer
5 July 2022	Health Complaints Performance Annual Report	Medical Director
	Social Work and Social Care Service User Experience Report	Chief Officer
	Annual Report on Adults with Incapacity	Director of Nursing, Midwifery and AHPs
	Learning from Clinical Incidents Annual Reports	Medical Director
	Duty of Candour Annual Report	Director of Nursing, Midwifery and AHPs
4 October 2022	Mental Health Assurance Report	Chief Officer
	Partnership Equality and Diversity Annual Report	Equality and Diversity Manager
	Winter Plan	Head of Assurance and Improvement
	Pharmacy Annual Report	Director of Pharmacy
	Chief Social Work Officer Annual Report	Chief Social Work Officer
24 January 2023	Biennial Report on Adult Support and Protection	Chief Social Work Officer
	Child Protection Annual Report	Chief Social Work Officer

# Joint Clinical and Care Governance Committee

## 2 Work Plan for 2022/23

### 2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted (agenda headings in bold):

- Apologies for Absence
- Declarations of Interest
- Minutes of the previous meeting for approval
- Matters Arising
- Action Log
- **Governance**
- Whistleblowing – Performance against Key Performance Indicators
- **Strategy**
- Reports as appropriate
- **Clinical Quality and Safety**
- Regional Clinical Services Update Report
- Quality Forum Chairs Report and minutes from meetings
- Care Home and Care at Home Assurance Report
- **Policies for Approval**
- Policies as appropriate
- **Medicines Management**
- Area Drugs and Therapeutics Committee Chair's report and minutes
- **Person Centre Care**
- Health Complaints Performance Report
- Social Work and Social Care Service Users Experience Report
- **Population Health**
- Public health update report
- **Organisational Performance**
- Planning and Delivery Report
- Performance Report
- **Risk and Assurance**
- Corporate Risks Aligned to the Clinical and Care Governance Committee
- **Committee Chairs Reports and Minutes of Committee Meetings as required**
- Area Clinical Forum
- Ethical Advice Support Group
- Orkney Cancer Care Delivery Group
- Emerging Issues
- **AOCB**
- **Agree items to be brought to board or Governance Committees Attention**

# Joint Clinical and Care Governance Committee

## 2.2 Ad Hoc Business

- Reviewing Healthcare Improvement Scotland reports
- Reviewing significant reports and reviews from external bodies
- High level reporting on significant service changes which have patient, service user implications
- Approving changes to the operational arrangements for sub groups that feed into the committee
- In times of active pandemic, the committee will receive status reports at each meeting
- Receiving Health Needs Assessment and seeking assurance that resources are being targeted at relevant health needs

## 2.3 Annual Development Session

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes and administration arrangements)
- Agree development plan for future

<i>Updated</i>	<i>11 March 2022</i>
<i>Annual Development Session Review</i>	<i>20 December 2021</i>
<i>Committee Approved</i>	<i>5 April 2022</i>
<i>NHS Orkney Board Approved</i>	<i>Pending</i>
<i>IJB Board Approved</i>	<i>Pending</i>
<i>Next Formal Review</i>	<i>November 2022</i>



# Joint Clinical and Care Governance Committee

## Annual Report 2021/22

<b>Approval Record</b>	<b>Date</b>
Joint Clinical and Care Governance Committee	5 April 2022
Audit and Risk Committee	TBC
Board	TBC
<b>Location and Access to Documents</b>	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
<b>Post holder(s) names at last review</b>	
Chair	Steven Johnston
Vice Chairs	Rachael King & Joanna Kenny
Lead Executives	Stephen Brown & Mark Henry
Committee Support	Heidi Walls

## **CONTENTS PAGE**

	<b>Page</b>
<b>Section 1</b>	
<b>1 NHS Orkney Joint Clinical and Care Governance Committee Executive Summary</b>	<b>3</b>
<b>Section 2</b>	
<b>2 Committee Membership</b>	<b>4</b>
<b>Section 3</b>	
<b>3 Meetings</b>	<b>6</b>
<b>Section 4</b>	
<b>4 Risks, Concerns and Successes</b>	<b>8</b>
<b>Section 5</b>	
<b>5 Conclusion</b>	<b>10</b>
<b>Appendix 1: Terms of Reference</b>	<b>11</b>
<b>Appendix 2: Record of Attendance</b>	<b>19</b>
<b>Appendix 3: Business Cycle and Workplan</b>	<b>21</b>
<b>Appendix 4: Record of Business</b>	<b>24</b>

# 1 Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

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## 2 Committee Membership

### 2.1 Committee Leadership

The Chair of the Joint Clinical and Care Governance Committee is Steven Johnston, Non-Executive Board Member and Chair of the Area Clinical Forum (from 9 June 2021), previously Issy Grieve, Non-Executive Board Member

The Vice-Chair of the Joint Clinical and Care Governance Committee for NHS Orkney is Joanna Kenny, Non-Executive Board Member (from 13 July 2021), previously Steven Johnston, Non-Executive Board Member and Chair of the Area Clinical Forum.

The Vice-Chair of the Joint Clinical and Care Governance Committee for Orkney Islands Council is Rachael King, Integration Joint Board Vice-Chair

### 2.2 Committee Members

In addition to the members mentioned within item 2.1, the following individuals were voting members of the Joint Clinical and Care Governance Committee in 2021/22:

- David Drever, NHS Orkney, Non-Executive Board Member & voting member of Integrated Joint Board
- Meghan McEwen, Chair of Orkney NHS Board (until 22 April 2021)

There are three elected Orkney Islands Council members of the Joint Clinical and Care Governance Committee:

- John Richards, Elected Member of the IJB
- Steve Sankey, Elected Member of the IJB

Deputies for the elected Orkney Islands Council members are:

- Stephen Clackson
- Heather Woodbridge, Elected Member of the IJB
- Sandy Cowie

Public and Third Sector Representatives

- Heather Tait, Public representative
- Gail Anderson, Third Sector Representative (from 13 July 2021)

### 2.3 Other Attendees

- Christina Bichan, Head of Assurance and Improvement
- Lynda Bradford, Acting Head of Health and Orkney Health and Care
- Stephen Brown, IJB Chief Officer and Executive Care Governance Lead (from 9 June 2021)
- Julie Colquhoun, Head of Corporate Administration
- Michael Dickson, Interim Chief Executive
- Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families, and Criminal Justice
- David McArthur, Director of Nursing, Midwifery and Allied Health Professions and Acute Services
- Mary McFarlane, Interim Director of Pharmacy
- Dawn Moody, Associate Medical Director Primary Care
- Gillian Morrison, Interim Chief Officer of the IJB (until 27 April 2021)
- Kim Wilson, Interim Director of Acute Services (from 9 June 2021)
- Dr Louise Wilson, Director of Public Health

The terms of reference are attached as **Appendix 1**.

## 3 Meetings

### 3.1 Meetings Held During Period Covered

The Committee has met on four occasions from 1 April 2021 to 31 March 2022:

- 27 April 2021
- 09 June 2021 – Additional Meeting
- 13 July 2021
- 26 October 2021

The meeting scheduled for the 25 January did not take place as the Board was operating under Agile Governance arrangements to allow focus on the Covid-19 pandemic and preparing for further challenges that were anticipated due to the Omicron variant and the accelerated vaccination programme. Four items of business were considered virtually and would be ratified at the April meeting,

The attendance schedule is attached as **Appendix 2**.

### 3.2 Business Cycle and Work Plan

The Joint Clinical and Care Governance Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year.

The Committee promoted the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value.

The business cycle and workplan for 2021/22 is attached as **Appendix 3**.

The Committee has dealt with seventy-four items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

### 3.3 Action Plan and Progress

The Joint Clinical and Care Governance Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

### **3.4 Annual Performance Review and Development Session**

The Joint Clinical and Care Governance Committee reviewed its Terms of Reference and Business Plan at the meeting on 15 March 2021 to ensure that all areas within the Committee remit were being reported on appropriately.

The Committee also reviewed its performance over the year to identify any areas for improvement.

### **3.5 Governance Review**

The Joint Clinical and Care Governance Committee fulfils several purposes as follows:

- It fulfils the function of the Non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- It fulfils the function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- It fulfils the requirements set out in MEL (1998)75, MEL(2000)29 and HDL(2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland

## 4 Risks, Concerns and Successes

### 4.1 Risks

The Joint Clinical and Care Governance Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Board, the Integration Joint Board (IJB) or the Audit and Risk Committee.

There were no risks to be escalated to the Board, IJB or the Audit and Risk Committee during 2021/22.

### 4.2 Issues Raised by other Governance Committees to the Joint Clinical and Care Governance Committee

#### Area Partnership Forum:

- Use of clinical space as appropriately socially distanced breakout area for medical staff during Coronavirus pandemic.

#### Audit and Risk Committee:

- Audit and Risk Committee advised Joint Clinical and Care Governance Committee to flag the issue with Significant Adverse Event (SAE) process and Scottish Public Services Ombudsman (SPSO) as a risk on the JCCGC Risk Register and manage accordingly by the risk process.

#### Finance and Performance Committee:

- Child and Adolescent Mental Health Service data was unable to be reported due to inaccuracy of the data available due to time and resource constraints. Operational Manager of Community Mental Health Team and Head of Health and Community Care were working on providing data. Public Health Scotland had been informed.

### 4.3 Issues Raised by the Joint Clinical and Care Governance Committee to other Governance Committees

#### Audit and Risk Committee:

- Results of an audit into clinical nursing documentation on recent discharges from IP1 and IP2 using a record keeping audit tool. Areas identified for improvement and work being done to utilise the Care Assurance Framework and further planned review of wider clinical



documentation, including Medical, AHP, and ED records. A Short Life Working Group had been established to take forward.

#### 4.4 Issues Raised by the Joint Clinical and Care Governance Committee to the Board and the Integration Joint Board

- COVID Workforce plan
- COVID Testing of Peripatetic Workers
- COVID Testing of Essential Workers
- Recovery plan
- Children's services inspection plan
- Mental Health Update
- Children's Inspection Report
- Cessation of flights to Inverness and Glasgow
- Mental Health Strategy
- Commendation of the whole organisation support provided by the Public Health, Primary Care, and Pharmacy teams on the pandemic response
- Exceptional work on the delivery of the vaccination programme

#### 4.5 Concerns

The Joint Clinical and Care Governance Committee's concerns during the year were:

- Progress around the recommendations from the Children's & Young People's Joint Inspection Report
- COVID-19 and the direct and indirect impact of the pandemic
- Gaps in assurance due to the wide remit of the Committee and lack of clarity via a national template or guideline, in addition to a heavy agenda.

#### 4.6 Successes

The Joint Clinical and Care Governance Committee's successes during the year were:

- Recognition of the need to fill gaps in assurance such as mental health and care services.
- An appetite for, and progress towards, a more integrated committee
- Approval of the Clinical Strategy

#### 4.7 Improvements for 2022-23

The Joint Clinical and Care Governance Committee are looking to focus on the following areas of improvement in 2022/23:

- Recovery following the Covid-19 pandemic with appropriate governance.
- A continued effort to find balance on the agenda allowing the committee to fulfil its duties whilst avoiding unnecessary duplication. This includes carefully considering items which require to be added to the agenda and those which might be removed or delegated.
- Ensuring that the committee is not unnecessarily health centric and is truly integrated serving the needs of the IJB and NHSO.

## 5 Conclusion

2021-22 proved to be yet another challenging year as a result of the Covid-19 Pandemic. The Joint Clinical and Care Governance Committee continued to have a heavy agenda and meetings rich with discussion, scrutiny and assurance throughout the year. It was only towards the winter period when the committee was placed on an agile footing in response to the threat posed by the Omicron variant that our January meeting was cancelled, although key items were covered virtually.

We were challenged by various senior vacancies but welcomed the arrival of a new Chief Officer and a new Medical Director. I feel that relationships are strong between members of the committee, allowing appropriate challenge and scrutiny to be handled appropriately and with mutual respect. The committee sees good attendance and all members make a valuable contribution. I get a sense of momentum building within the members of the committee towards a truly integrated committee and I see continued gradual improvement in our clinical and care governance. There is still work to do to get our agenda right in order that we are seeking assurance on the right things, filling our gaps whilst avoiding duplication in the system. We have made progress with covering more of that which is within our remit with the inclusion of mental health assurance and the extension of the care home reports to include wider aspects of care.

In addition, the recently reviewed workplan for 2022/23 will include learning from suicide reviews and drug deaths. Improvements in our clinical governance processes led by the Medical Director will be fed through the Quality Forum. We have a new clinical strategy to focus our ambitions whilst we recover and rebuild from the effects of Covid-19. We will seek further clarity on the matters which NHS Orkney and the Integration Joint Board require the committee to concentrate its efforts. During 2022/23 and beyond, I am confident that we will continue in a positive direction.

I am extremely grateful for the engagement and support of each and every member of the Committee during a difficult year where workloads were stretched and we faced demands on our services like never before. Our

health and social care workforce are utterly outstanding and have risen to the challenge of the pandemic, going above and beyond for the people of Orkney.

Steven Johnston  
Chair NHS Orkney Joint Clinical and Care Governance Committee

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# Appendix 1

## Joint Clinical and Care Governance

### Terms of Reference 2021/22

#### 1 Purpose

The Joint Clinical and Care Governance Committee fulfils several purposes as follows:

- It fulfils the function of the Non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- It fulfils the function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- It fulfils the requirements set out in MEL (1998)75, MEL(2000)29 and HDL(2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland.

#### 2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

- Three Non-Executive Members of NHS Orkney, one of whom must be the Area Clinical Forum Chair and one of whom must be a voting member of the Integration Joint Board.
- Three Orkney Islands Council voting members of the Integration Joint Board, excluding the Chair of the IJB when this is an Orkney Islands Council appointment, in which case a substitute will be appointed.
- A public representative.
- A third sector representative.

All members shall have decision-making authority and all decisions must be reached by consensus. In the absence of a consensus, the status quo shall be maintained until a consensus is reached.

Committee membership will be reviewed annually.

### 3 Chair and Vice Chairs

The Chair and two Vice Chairs of the Committee will be jointly appointed by the NHS Board and the Integration Joint Board. The appointment of the Chair will be reviewed biennially in line with current legislation.

There will be two vice chairs, one from NHS Orkney and one Orkney Islands Council voting member of the Integration Joint Board.

In the absence of the Chair, either Vice Chair may Chair the meeting.

For items relating solely to non-delegated NHS functions, only the NHS Orkney Vice Chair may Chair that item.

### 4 Attendance

In addition, there will be in attendance:

- Medical Director (lead officer for clinical governance)
- Director of Public Health
- Chief Executive, NHS Orkney
- Chief Officer, Integration Joint Board (lead officer for care governance)
- Director of Nursing, Midwifery and Allied Health Professions
- Director of Pharmacy
- Chief Social Work Officer
- Head of Assurance and Improvement
- Associate Medical Directors
- Interim Director of Acute Services
- Head of Corporate Administration
- Alcohol and Drugs Partnership Representative

The Committee shall invite others to attend, as required, for specific agenda items.

Where an officer is unable to attend a particular meeting, a named representative shall attend in their place.

### 5 Quorum

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of NHS Orkney, one of whom must be the Chair or Vice Chair, and two voting members of the Integration Joint Board.

Meetings will not take place unless at least one Clinical Executive Director of NHS Orkney and the Chief Social Work Officer, or nominated depute, is present.

It will be expected that another Non-Executive Board Member or Integration Joint Board proxy member will deputise for a member of the Committee at a meeting if required.

For the avoidance of doubt, advisors in attendance at the meeting, shall not count towards a quorum.

## 6 Meetings

The Committee will meet at least quarterly.

The Chair may, at any time, convene additional meetings of the Committee.

Two development workshops/activities will be held each year. These may be attended by both members and advisors.

## 7 Conduct of Meetings

A calendar of Committee meetings, for each year, shall be approved by the members and distributed to members.

The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting.

Notice of each meeting will confirm the venue, time and date together with an agenda and shall be made available to each member of the committee.

All JCCGC meetings shall be minuted, including the names of all those present or absent. Administrative support shall be provided by NHS Orkney.

Draft minutes shall be circulated promptly to the Chair of the JCCGC, normally within 10 days.

The approved minutes of the JCCGC will be made publicly available.

A rolling work plan will be developed and maintained which will be reviewed and approved annually. The approved work plan will be submitted to NHS Orkney's Audit and Risk Committee and the Integration Joint Board.

The JCCGC shall, at least once per year, review its own performance. This shall be by means of a Self-Evaluation Form which will be sent to all members in attendance at any meeting during the relevant year.

## 8 Remit

### Person-Centered

To provide assurance regarding participation, patient and service users' rights and feedback:

- To provide assurance that there are effective systems and processes in place across NHS Orkney and in the functions delegated to the Integration Joint Board to support participation with patients, service users, carers and communities, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign.
- To monitor complaints response performance on behalf of the Board of NHS Orkney and the Integration Joint Board for functions delegated, and promote positive complaints handling including learning from complaints and feedback.
- To provide assurance that there are effective system and governance processes for:
  - Equality and Diversity
  - Spiritual care
  - Volunteering.
- To monitor performance of all services commissioned by / or with direct links to NHS Orkney and the Integration Joint Board, including:
  - Patient Advisory and Support Service
  - Advocacy Services
  - Carers
  - Veterans.

### Safe (Clinical and Care Governance and Risk Management)

To provide assurance in respect of clinical and care governance and risk management arrangements by seeking assurance that there are adequate systems and processes in place to ensure that:

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.
- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.
- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.



- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and the efficiency programmes of the Integration Joint Board.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

### **Effective (Clinical and Care Performance and Public Health Performance and Evaluation)**

To provide assurance that clinical and care effectiveness and quality improvement arrangements are in place:

- To ensure that recommendations from any inspections have appropriate action plans developed and are monitored and reported through an appropriate Committee.
- Where performance improvement is necessary within the non-delegated functions of NHS Orkney or the functions delegated to the Integration Joint Board, to seek assurance regarding the reliability of the improvement intervention.
- To ensure that clinical dashboards and other data and measurement systems underpin the delivery of care.
- To ensure that the healthcare and social care provided is informed by evidence based clinical and professional practice guidelines.
- To ensure that staff governance issues which impact on service delivery and quality of services are appropriately managed through clinical and care governance mechanisms and effective training and development is in place for all staff.

### **Population Health**

To provide assurance that all necessary systems and processes are in place that ensure staff engaging in population health-related activities incorporate the key components of population health governance, namely:

- Quality and clinical/professional effectiveness
- Public information and involvement
- Population health research
- Risk management



## Social Work and Social Care Advisory Committees and Chief Social Work Officer's Report and Updates

To provide assurance in respect of social work and social care governance by seeking assurance that there are adequate systems and processes in place to ensure:

- Promotion of values and standards of professional practice, including all relevant National Standards and Guidance, and ensure local adherence with the Codes of Practice issued by the Scottish Social Services Council (SSSC) for social services workers and employers.
- That all social service workers' practice is in line with the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body.
- Maintenance and development of high standards of practice and supervision in line with relevant guidance.
- Effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.
- The promotion of continuous improvement and the identification of areas for professional development, workforce planning and quality assurance of services.
- Consideration of requirements for significant case reviews and/or serious incident reviews to be undertaken into critical incidents either resulting in – or which may have resulted in – death or serious harm.
- That only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance.
- The application of evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and carers.

## 9 Best Value

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and Orkney Islands Council in line with Local Government in Scotland Act 2003 Best Value: Revised Statutory Guidance 2020. The key themes are:

- vision and leadership;
- governance and accountability;
- effective use of resources;
- partnerships and collaborative working;
- working with communities;
- sustainability;
- fairness; and
- equality.

The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney and the Integration Joint Board have systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executives should be included as an explicit statement in the Committee's Annual Report.

## 10 Authority

The Committee is authorised by the Board of NHS Orkney and the Integration Joint Board to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires from any employee through appropriate staff governance standards / policies held by NHSO and OIC.

The Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney, the Chief Officer of the Integration Joint Board or officers of Orkney Islands Council (in terms of the functions that are delegated by Orkney Islands Council to the Integration Joint Board) to attend whole or part of any meetings.

The External Auditors and Chief Internal Auditors shall have the right of direct access to the Chair of the Committee for audit purposes.

## 11 Reporting Arrangements

The Joint Clinical and Care Governance Committee reports to Orkney NHS Board for non-delegated matters and the Integration Joint Board for delegated matters.

The Chair of each meeting will be responsible for producing a Chair's Report, to be presented, along with the approved minute, to the next Board meeting of NHS Orkney and the next meeting of the Integration Joint Board immediately following the JCCGC.

The Joint Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Joint Clinical and Care Governance Committee. This will be used to set agendas and monitored throughout the year.

The Joint Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the Integration Joint Board. The Annual Report will describe the outcomes from the committee during the year and provide assurance to the Audit and Risk Committee of Orkney NHS Board and the Audit Committee of the Integration Joint Board that the Committee has met its remit during the year.

The Committee will prepare an action log which will be monitored and updated at each meeting.

The Committee will review the Terms of Reference annually.

<i>Updated</i>	<i>15 April 2021</i>
<i>Annual Development Session Review</i>	<i>15 March 2021</i>
<i>Committee Approved</i>	<i>27 April 2021</i>
<i>NHS Orkney Board Approved</i>	<i>24 June 2021</i>
<i>IJB Board Approved</i>	<i>30 June 2021</i>
<i>Next Formal Review</i>	<i>March 2022</i>

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## Appendix 2

### Joint Clinical and Care Governance Committee Attendance Record – Year 1 April 2021 to 31 March 2022:

Name:	Position:	27 April 2021	9 June 2021	13 July 2021	26 October 2021	25 January 2022	
<b>Members:</b>							
I Grieve	Chair	Attended				Meeting cancelled due to Agile Governance arrangements	
S Johnston	Chair		Attended	Attended	Attended		
S Johnston	Vice Chair	Attended					
J Kenny	Vice Chair, Non-Executive Board Member		Attended	Attended	Attended		
D Drever	Non Executive Board Member	Attended	Attended	Attended	Attended		
J Kenny	Non Executive Board Member	Attended					
R King	Vice Chair, Integration Joint Board Vice Chair	Apologies	Attended	Attended	Attended		Business conducted virtually
M McEwen	Non Executive Board Member	Attended					
J Richards	Elected Orkney Islands Council Member	Attended	Apologies	Attended	Attended		
S Sankey	Elected Orkney Islands Council Member	Attended	Apologies	Apologies	-		
H Woodbridge	Elected Orkney Islands Council Member	Attended	Attended		Attended		
H Tait	Public Representative	Attended	Attended	Attended	Attended		
G Anderson	Third Sector Representative			Attended	Apologies		
<b>In Attendance:</b>							
C Bichan	Head of Assurance and Improvement	Attended	Apologies	Attended	Attended		
S Brown	IJB Chief Officer (Executive Care Governance Lead)		Attended	Attended	Attended		
J Colquhoun	Head of Corporate Administration	Attended	Apologies	Attended	Apologies		
L Bradford	Head of Health and Community Care	Attended		Attended	Attended		
M Dickson	Interim Chief Executive	Attended	Attended	Attended	Attended		
K Fox	Associate Medical Director Acute		-	-	Apologies		

## Clinical and Care Governance Committee

Name:	Position:	27 April 2021	9 June 2021	13 July 2021	26 October 2021	25 January 2022
J Lyon	Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice	Attended for item 41	Attended	Apologies	Apologies	
D McArthur	Director of Nursing, Midwifery, AHP and Acute Services	Attended	Attended	Apologies	Apologies	
M McFarland	Interim Director of Pharmacy	Attended	Attended	Attended	Attended	
D Moody	Associate Medical Director Primary Care	Apologies	Attended	Attended	Attended	
G Morrison	Interim Chief Officer	Attended				
K Wilson	Interim Director of Acute Services		Attended	Apologies		
L Wilson	Director of Public Health & Acting Medical Director (Executive Clinical Governance Lead)	Attended	Attended	Attended	Attended	
-	Committee Support	C Drever			G Pendlebury	
H Walls	Committee Support		Attended	Attended		
<b>Attending for specific agenda item</b>						
Lynn Adam	Heathcare Staffing Lead Nurse			<i>For item 60</i>		Meeting cancelled due to Agile Governance arrangements  Business conducted virtually
Gillian Coghill	Alzheimer Scotland Clinical Nurse Specialist	<i>For item 58</i>		<i>For item 65</i>		
Wendy Lycett	Principal Pharmacist	<i>For item 55</i>				
Katie Spence	Orkney Alcohol & Drugs Partnership Coordinator	<i>For item 43</i>				
Maureen Swannie	Interim Head of Children's Health Services	<i>For items 41(6), 49 (14) &amp; 52 (17)</i>	<i>For item 40</i>			
Jay Wragg	Clinical Dental Director	<i>For item 46</i>				
Elizabeth Brooks					Item 74	
	Denotes attendance not required					

# Appendix 3

## Joint Clinical and Care Governance Committee Business Cycle and Work Plan 2021/22

### 1 Business Cycle for 2021/22

Meeting	Items of Business	Lead Officer
27 April 2021	Committee Annual Report	Chair
	Quality Forum Annual Report	Quality Forum Chair
	Infection Control Annual Report	Director of Nursing, Midwifery and AHPs
	Annual Development Session – review: <ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Business Cycle / Work Plan</li> <li>• Risk Control and Assurance Framework</li> <li>• Committee Self-Assessment</li> </ul>	Chair
	Orkney Community Justice Partnership Annual Report	Chief Social Work Officer
	Dementia Diagnosis Rates Annual Report	Chief Officer
13 July 2021	Health & Social Care Combined Complaints Performance Annual Reports	Head of Assurance and Improvement & Chief Officer
	Annual Report on Adults with Incapacity	Director of Nursing, Midwifery and AHPs
	Learning from Clinical Incidents Annual Reports	Medical Director
	Duty of Candour Annual Report	Director of Nursing, Midwifery and AHPs
	Redesign of Urgent Care	Head of Assurance and Improvement
26 October 2021	Mental Health Strategy Six-Month Progress Report	Chief Officer
	Partnership Equality and Diversity Annual Report	Equality & Diversity Manager

## Clinical and Care Governance Committee

	Winter Plan	Head of Assurance and Improvement
	Pharmacy Annual Report	Director of Pharmacy
	Chief Social Work Officer Annual Report	Chief Social Work Officer
	Corporate Parenting Plan Annual Report	Chief Officer & NHS
25 January 2022	Biennial Report on Adult Support and Protection	Chief Social Work Officer
	Child Protection Annual Report	Chief Social Work Officer

## 2 Work Plan for 2021/22

### 2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted:

- Minutes
- Action Log
- Policy
- NHSO Quality and Safety Group minutes of meetings
- Operational Planning
- Integrated Staffing Programme (Health & Social Care)
- Complaints Performance Reports
- Whistleblowing – Performance against Key Performance Indicators
- Performance Report
- Clinical Strategy update and progress report
- Regional Clinical Services Update Report
- Area Drugs and Therapeutics Committee Chair's report and minutes
- Public health update report
- Mental Health Strategy progress report
- Care Home Assurance Report
- Corporate Risks Aligned to the Clinical and Care Governance Committee
- Risks to be escalated

## Clinical and Care Governance Committee

- Emerging Issues
- Committee Evaluation
- Chairs reports as required:
  - Area Clinical Forum
  - Ethical Advice Support Group
  - Orkney Cancer Care Delivery Group

### 2.2 Ad Hoc Business

- Reviewing Healthcare Improvement Scotland reports
- Reviewing significant reports and reviews from external bodies
- High level reporting on significant service changes which have patient, service user implications
- Approving changes to the operational arrangements for sub groups that feed into the committee
- In times of active pandemic, the committee will receive status reports at each meeting
- Receiving Health Needs Assessment and seeking assurance that resources are being targeted at relevant health needs

### 2.3 Annual Development Session

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes and administration arrangements)
- Agree development plan for future

<i>Updated</i>	<i>09 April 2021</i>
<i>Annual Development Session Review</i>	<i>15 March 2021</i>
<i>Committee Approved</i>	<i>27 April 2021</i>
<i>NHS Orkney Board Approved</i>	<i>24 June 2021</i>
<i>IJB Board Approved</i>	<i>30 June 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>



# Appendix 4

## Joint Clinical and Care Governance Committee Record of Business 2021 – 22

Date of Meeting	Report No.	Report Title
27/04/2021	JCCGC2122-01	Orkney's Children Services Plan 2021-23
27/04/2021	JCCGC2122-02	Clinical Strategy Situation Report and Plan
27/04/2021	JCCGC2122-03	Alcohol and Drugs Partnership Strategy
27/04/2021	JCCGC2122-04	Planning and Delivery Update
27/04/2021	JCCGC2122-05	Regional Clinical Services Updates
27/04/2021	JCCGC2122-06	Governance around repatriation of low-level concerns in dentistry SBAR
27/04/2021	JCCGC2122-07	Quality Forum Chairs Report and minutes from meetings held 16 December 2020, 27 January 2021 & 23 February 2021
27/04/2021	JCCGC2122-08	Performance Report
27/04/2021	JCCGC2122-09	Paediatric Autism / Neurodevelopmental Pathway Report
27/04/2021	JCCGC2122-10	Integrated Staffing Programme Update
27/04/2021	JCCGC2122-11	Joint Inspection of Services for Children and Young People in Need of Care & Protection Update
27/04/2021	JCCGC2122-12	NHS Orkney Children's Services Improvements Update
27/04/2021	JCCGC2122-13	Infection Control Annual Report
27/04/2021	JCCGC2122-14	Complaints Handling Policy and Procedure
27/04/2021	JCCGC2122-15	Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes
27/04/2021	JCCGC2122-16	Health Complaints Performance Report Quarter 3
27/04/2021	JCCGC2122-17	Social Care and Social Work Complaints Report
27/04/2021	JCCGC2122-18	Dementia Diagnosis Rates Annual Report
27/04/2021	JCCGC2122-19	Public Health Update Report
27/04/2021	JCCGC2122-20	Committee Self Evaluation Questionnaire
27/04/2021	JCCGC2122-21	Draft Terms of Reference and Business Cycle 2021-2022

27/04/2021	JCCGC2122-22	Draft Clinical and Care Governance Committee Annual Report
09/06/2021	JCCGC2122-23	Local Child Poverty Action Report 2020-2021
13/07/2021	JCCGC2122-25	Mental Health Strategy Implementation Update
13/07/2021	JCCGC2122-26	Planning and Delivery Update
13/07/2021	JCCGC2122-27	Regional Clinical Services Updates
13/07/2021	JCCGC2122-28	Whistleblowing Performance Against Key Performance Indicators
13/07/2021	JCCGC2122-29	Quality Forum Chairs Report and minutes from meetings
13/07/2021	JCCGC2122-30	Quality Forum Annual Report
13/07/2021	JCCGC2122-31	Performance Report
13/07/2021	JCCGC2122-32	Integrated Staffing Programme Update
13/07/2021	JCCGC2122-33	Joint Inspection of Services for Children and Young People in Need of Care & Protection Update
13/07/2021	JCCGC2122-34	Learning from Clinical Incidents Annual Report
13/07/2021	JCCGC2122-35	Care Home Assurance Report
13/07/2021	JCCGC2122-36	Redesign of Urgent Care Update
13/07/2021	JCCGC2122-37	Annual Report on Adults with Incapacity
13/07/2021	JCCGC2122-38	Mental Health Services Assurance Report
13/07/2021	JCCGC2122-39	Future of Pharmacy Update
13/07/2021	JCCGC2122-40	Health Complaints Performance Report Quarter 4
13/07/2021	JCCGC2122-41	Social Care and Social Work Complaints Report
13/07/2021	JCCGC2122-42	Health Care Complaints Performance Annual Report
13/07/2021	JCCGC2122-43	Public Health Update Report
13/07/2021	JCCGC2122-44	Area Clinical Forum Chairs Report
13/07/2021	JCCGC2122-45	Ethical Advice and Support Group Chair's Report
13/07/2021	JCCGC2122-46	APF Cross Committee Assurance Report
13/07/2021	JCCGC2122-47	Audit and Risk Cross Committee Assurance Report

13/07/2021	JCCGC2122-48	Finance and Performance Cross Committee Assurance Report
13/07/2021	JCCGC2122-49	Corporate Risks aligned to the Clinical and Care Governance Committee
26/10/2021	JCCGC2122-50	Clinical Strategy Update and Progress Report
26/10/2021	JCCGC2122-51	Planning and Delivery Winter Update
26/10/2021	JCCGC2122-52	Whistleblowing Performance Against Key Performance Indicators
26/10/2021	JCCGC2122-53	Governance around repatriation of low-level concerns in dentistry SBAR update
26/10/2021	JCCGC2122-54	Strategic Commissioning Implementation Plan
26/10/2021	JCCGC2122-55	Quality Forum Chair's Report and minutes of meetings
26/10/2021	JCCGC2122-56	Performance Report
26/10/2021	JCCGC2122-57	Integrated Staffing Programme Update
26/10/2021	JCCGC2122-58	Care Home Assurance Report
26/10/2021	JCCGC2122-59	Duty of Candour Annual Report
26/10/2021	JCCGC2122-60	Partnership Equality and Diversity Annual Report
26/10/2021	JCCGC2122-61	Mental Health Services Assurance Report
26/10/2021	JCCGC2122-62	NHSO Learning from Adverse Events Policy
26/10/2021	JCCGC2122-63	Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes
26/10/2021	JCCGC2122-64	Health Complaints Performance Report Quarter 1
26/10/2021	JCCGC2122-65	Social Work and Social Care Service User Experience Report
26/10/2021	JCCGC2122-66	Public Health Update Report
26/10/2021	JCCGC2122-67	Area Clinical Forum Chairs Report
26/10/2021	JCCGC2122-68	Ethical Advice and Support Group Chair's Report
26/10/2021	JCCGC2122-69	APF Cross Committee Assurance Report
26/10/2021	JCCGC2122-70	Audit and Risk Cross Committee Assurance Report
26/10/2021	JCCGC2122-71	Finance and Performance Cross Committee Assurance Report
26/10/2021	JCCGC2122-72	Corporate Risks aligned to the Clinical and Care Governance Committee