

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Tuesday 4 April 2023 at 13.00**

Present Steven Johnston, Chair
David Campbell, Non-Executive Board Member
Rona Gold, Vice Chair (Health), Non-Executive Board Member
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member
Rachael King, Integration Joint Board Member
Heather Woodbridge, Integration Joint Board Member

In Attendance Lynda Bradford, Head of Health and Community Care (item 8.6)
Stephen Brown, Integration Joint Board Chief Officer
Sara Lewis, Interim Director of Public Health
Anthony McDavitt, Director of Pharmacy
Sharon Ann Paget, Interim Chief Social Work Officer
Judy Sinclair, Clinical Governance and Quality Improvement Manager
Laura Skaife-Knight (Left at 14.19)
Sam Thomas Director of Nursing, Midwifery, AHPs and Acute (Left 14:45)
Heidi Walls, Committee Support
Diane Young Mental Health Services Manager (item 8.6)
Maureen Swannie, Head of Strategic Planning and Performance

C1 Welcome and Apologies

Apologies had been received from Mark Henry, M Sterrenburg and L Wilson

C2 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

C3 Minute of meeting held on 24 January 2023

The minute of the Joint Clinical and Care Governance Committee meeting held on 24 January 2023 was accepted as an accurate record of the meeting and approved.

C4 Matters Arising

There were no matters arising

C5 Action Log

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

Governance

C6 Whistleblowing Quarterly report - JCCGC 2324-01

The Clinical Governance and QI Manager presented the report advising that NHS Orkney were required to monitor Whistleblowing concerns and performance against the key performance indicators. There had been no concerns raised under the standards during the final quarter of financial year 2022/2023.

It was noted that benchmarking data against other Boards and trend analysis would be useful to better understand and compare the information provided along with triangulation of other organisational information such as iMatter so themes could be noted and escalated.

Decision / Conclusion

The Committee reviewed the report, took assurance from the information provided and welcomed the annual report at the next meeting.

C7 Committee Annual Report - JCCGC2324-02

The Chair presented the Committee Annual Report noting that the Joint Clinical and Care Governance Committee held a development session on the 22 March 2023 to discuss committee effectiveness during the year including any concerns, successes and areas for focus moving forward. These areas of discussion have formed part of the Annual Report that is provided for approval by the Committee before submission to the Audit and Risk Committee and ultimately Board.

Decision / Conclusion

The Committee approved the annual report, noting that further refinements would be made to the Committee going forward.

Clinical Quality and Safety

C8 Regional Services Update

The Interim Director of Public Health provided a verbal update noting that there were increased admissions over the weekend period, as mirrored in national trends.

National work continued to better align work and increase effectiveness over a 12 month programme and there was a Memorandum of Understanding regarding surge capacity in the North of Scotland. The East of Scotland were considering a regional model for Health protection service and feedback and learning from this would be taken if progressed.

Decision / Conclusion

The Committee noted the verbal update provided.

C9 Quality Forum Chairs Report JCCGC2324-03

The Clinical Governance and QI Manager provided an update to members on the work of the Quality Forum and presented the December 2022 meeting minute.

The Chair highlighted the neurology improvement work and circulated a link for members' reference.

The key queries raised by members related to community concerns regarding the withdrawal of the chronic pain management service, the marking of pain service complaints as exception for future reporting, the closure of High Dependency Unit

and the impact for Integrated Joint Board Services, expectations of the Planning with People Group and how any requirement for joint working would be taken forward and assurance regarding patient falls and learning from reporting.

It was highlighted that the inclusion of comparative fall improvement data in future care reports would be helpful and that it would be interesting to see how joint working around planning with people would be taken forward.

In response to the queries, it was explained that several stage 1 pain service complaints were received at the same time so there was a specific piece of focussed work on the issues raised. It was also noted that the pain service had been delivered for a very long time by an individual practitioner and when they retired it was a big loss for patients. As the model of care that had been provided wasn't in alignment with current provisions in other areas there had been challenges as the alternative arrangements were not providing exactly the same treatment as previously provided.

It was confirmed that the high dependency unit and the pain service were the focus of significant pieces of work to ensure appropriate provisions for Orkney were in place going forward and that both services were key priority areas within the clinical strategy.

It was noted that the planning with people group was new, and the minute included with papers was from a meeting prior to the appointment of the new Director of Nursing, Midwifery, Allied Health Professions and Acute. It was anticipated that further updates and reporting on how this work was being taken forward would be provided at future meetings.

Members were advised that patient falls is always a key area of focus and specific work around identifying frailty and implementing measures to prevent falls was highlighted.

It was noted that there were periods of random variation in falls data which could sometimes be attributed to an individual inpatient, but members were reassured that reporting was well established and was reviewed weekly. It was confirmed that fall mats were used and that smaller nursing stations through the corridors were part of the build standard for the hospital.

Decision / Conclusion

The Committee reviewed the minutes and took assurance from the updates provided

C10 Quality Forum Annual Report JCCGC2324-04

The Clinical Governance and QI Manager presented the Quality Forum Annual Report which provided an overview of the business discussed at the Quality Forum during the period 2022/23 and focussed on the key successes and challenges.

Successes highlighted included the monthly spotlight session, good engagement from a range of different clinicians and teams, randomised coffee trials and the consideration of, and shared learning from, significant adverse events reviews and the Scottish National Audit programme.

The challenges reported included the scale of issues and appropriate prioritisation, the continuity, capacity, and capability to maintain improvement based on the learning, labour intensive manual data collection and consistent leadership and support

Members noted the chair and membership changes recorded for the year and were impressed that the group had been maintained during the period of change.

It was highlighted that the importance of clarity of structure was noted at a recent development session along with a need to be clear about, and focus on, key pieces of work aligned with key objectives and members were optimistic about the opportunities a period of stability could provide going forward.

With reference to an earlier query, the Chair welcomed the good engagement highlighted as a success and noted that although the attendance of deputies was always requested the reality for small teams meant this wasn't always achievable.

The suggestion to colour code the attendance table in future reporting to help with readability was noted.

With reference to earlier discussion, the Chief Officer confirmed it would be helpful if there could be further visibility at this meeting around patients falls to include reasons and actions and whether this would be within the care reports, incorporated within the Quality Forum report or a stand-alone paper would be discussed and agreed at agenda setting.

It was confirmed that the Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF) would be taken forward by the Clinical Governance team with leadership from the Medical Director. It would be linked to the Clinical Strategy so should provide a broader view whilst also helping ensure a focus on key areas and aid the measurement of learning.

Although challenges and areas for improvement were noted, members welcomed the helpful, honest, and realistic report which provided a clear picture of the current position and provided context to the issues raised alongside positive examples of ongoing work.

The Chair and members acknowledged that J Sinclair would soon be retiring from her role as Clinical Governance and QI Manager and paid tribute to her dedication, hard work and varied contributions to NHS Orkney during her forty years' service. Members joined to thank her for the stability and organisational knowledge and wisdom which she had provided to and shared with colleagues and although she would be greatly missed was wished a very long and happy retirement.

Decision / Conclusion

The Committee reviewed the Quality Forum Annual Report and took assurance

C11 Pharmacy Annual Report JCCGC2324-05

The Director of Pharmacy presented the annual report which provided a comprehensive review of the Pharmacy department's activities, accomplishments, and challenges for the year 2022-23 and the year ahead.

The report aimed to give stakeholders an overview of the department's performance, as well as its alignment with the overall goals of the NHS Orkney and Orkney Health and Social Care Partnership.

The Director of Pharmacy noted a theme around consolidation and building and a proposed different approach to reporting moving forward.

The Chair noted clear alignments of elements of the report with NHS Orkney's clinical strategy and was interested in the work around sustainability, which might be appropriate to pick up in another committee arena.

It was agreed that it was increasingly obvious that both NHS Orkney and Shetland were missing the input of the incredibly valuable professional voice at both operational and board level, and it was hoped that within the next three to six months an integrated Area Pharmaceutical Committee would be in place. It was noted that the change would need to be reflected in the Area Drugs Therapeutic Committees membership to ensure representation was not reduced but strengthened.

Further clarity regarding contractual models for community pharmacy was requested and the Director of Pharmacy explained that there is a national contract for community pharmacy with almost no local flexibility so there is an ask that rural directors of pharmacy look at proposing new models of working before committing to the next pharmacy contract. It was confirmed that community pharmacy has a well-established negotiating body, but what doesn't currently exist is a difference in model. In response to a query the Director of Pharmacy confirmed that efforts to encourage Scottish Government to review the model were ongoing.

R Gold highlighted the importance of seeing such issues within reports so that where appropriate topics could be escalated to board so that opportunities to influence national decisions could be maximised.

R King raised queries regarding demographics and ferry linked isles and highlighted the importance of pharmacy as a key stakeholder within service redesign.

The Director of Pharmacy welcomed the support noting the function was often still seen through an old view lens and he confirmed the requirement to stand up some structures that input to organisational decisions.

It was confirmed that ferry linked islands was an area highlighted for further work but the likely requirement to self fund would be challenging.

Members welcomed the report and agreed that although there was still some way to go in shifting the traditional preference for a GP pathway, there had been a shift in recognition and awareness of the widening pharmacy role and an appreciation of developments and achievements.

Members welcomed the comprehensive and detailed report which noted challenges and highlighted success and demonstrated clear alignment with the clinical strategy.

Decision / Conclusion

The Committee reviewed the report and took assurance

C12 Care at Home/Care Home Assurance Report JCCGC2324-06

The Chief Officer presented a report which included proposals for providing assurance to the committee that the care delivered to those in receipt of care at home or in care homes is safe, effective and person centred. A suite of key pieces of information for future reporting was agreed.

Members welcomed the broader and more detailed reporting proposed noting that this had previously been very specific to infection prevention and control during the pandemic.

Decision / Conclusion

The Committee reviewed the report and approved the proposed approach for future reporting.

C13 Mental Health Assurance Report JCCGC2324-07

The Mental Health Services Manager presented the assurance report which updated members on the activity within the Mental Health Service for the period September 2022 to March 2023 which included recent service delivery progress and challenges.

Sustained and increased demand across services alongside recruitment challenges were highlighted and the subsequent impact of increasing waiting lists and service gaps reported. Detailed information regarding mitigation and planned recruitment was provided.

The Mental Health Transfer Bed was highlighted as the key current challenge which was having a significant impact on service delivery. Members were advised that the significant growth in referrals meant the issue was now a major pressure and was no longer a sustainable model. Consultation with relevant colleagues an options proposal paper was in progress and upon completion would be presented to the Integration Joint Board.

Positive highlights included the start in post of a part time GP with Special Interest (Substance Misuse) to the Orkney Drug & Alcohol Team, CAMHS funding and recruitment and the appointment of an Autism Speciality and Learning Disability Nurse

Members recognised mental health services as a pressured area in the system, welcomed the honest overview and acknowledged the need to be realistic about governance expectations. Full assurance would not be taken until the issues identified were fully addressed and embedded, but it was agreed reassurance was taken from the report and the additional dialogue provided was helpful.

Members were also keen to understand how they as a board could support conversations with Scottish Government around adult mental health issues, as much of the focus to date had been on CAMHS.

Decision / Conclusion

The Committee reviewed the report and took assurance.

Person Centred Care

C14 Improving Cancer Journey JCCGC2324-08

The Chief Officer presented a report on a new project that was started in partnership with MacMillan Cancer Support and health and social care colleagues in Shetland and the Western Isle to improve non- clinical outcomes of people diagnosed with cancer.

The Improving Council Journey Project is one that has been developed across several board areas in recognition of the improvements in cancer diagnosis, treatment and survival rate.

It aims to provide broader support by taking a holistic view of cancer patients' journeys by considering additional impacts such as financial, caring, mental health, education, and wellbeing.

Members were advised that there was funding for three years which would include a project manager and islands link worker for each of the isles and they would work with GPs as input from an early stage of diagnosis would be required.

It was confirmed that GPs had been involved in discussions, but as the project moved towards implementation their engagement was particularly key and a paper would also be presented at the GP Sub Committee.

It was also noted that numbers in Orkney were small enough that it may be possible to extend the approach out to others with long term conditions.

Members noted the much welcomed additional island resource

Decision / Conclusion

The Committee reviewed the report and took assurance.

Population Health

C15 Public Health Update JCCGC2324-09

The Interim Director of Public Health presented the Public Health update noting that early intervention was one of the key principles in the clinical strategy and one of the questions that was posed was around identifying inequality in the delivery of national screening programmes.

The report included with papers highlighted inequalities and inequities across adult screening programmes, but noted that overall, the screening programmes in Orkney performed well, meeting the essential and/or desirable update rates with a few exceptions, such as bowel screening in men and the steady decline in uptake rates of cervical screening in women.

Members were assured that this was the start of the journey around this work and

there would be further development work and an action plan to address issues identified. A stakeholder group was already in place and overseeing two current project and would share learning across projects going forward

R King asked if we had any way of understanding if cost of living crisis impacting people's ability to access services with particular reference to ferry linked Isles and the Interim Director of Public Health replied that there hadn't been any specific work but there was awareness that travel costs could be impacting.

Members agreed it was important to understand if this was an issue and if so identify if any funding streams were available to provide appropriate support.

It was confirmed that an active piece of work was underway looking at the issue from the perspectives of both members of the public and staff.

Members agreed that ensuring an appropriate audience had sight of this report would help generate action.

The Interim Director of Public Health assured members that there was lots of collaborative work around the issues raised and the stakeholder group would be key to taking things forward.

It was confirmed that reporting would either come directly to the committee or through Quality Forum.

Decision / Conclusion

The committee reviewed the Public Health update and took assurance

Risk and Assurance

C16 Corporate Risks aligned to the Clinical and Care Governance Committee JCCGC2324-10

The Planning, Performance and Risk Manager presented the paper which provided an update and overview of the management of risks related to the business of the Joint Clinical and Care Governance Committee.

Members questioned how risks aligned to the Committee from the integration joint board were reported and it was agreed that this would be considered by the Chief Officer.

Post meeting note: The IJB risk register is presented to the IJB every six months, and a decision was made not to bring the report to JCCGC in addition as it would be duplication.

Decision / Conclusion

The committee welcomed the update provided and liked forward to a joint approach to this reporting moving forward.

C17 Emerging Issues

There were no emerging issues

C18 Any other Competent Business

No other business was raised

C19 Items to be brought to the attention of the IJB, Board or other Governance Committees

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

- Key highlights from the Mental Health Assurance Report
- The approved future Care at Home/Care Home Assurance Reporting
- Annual Pharmacy Report
- Public Health Screening Update

Items for Information and noting

C20 Schedule of meetings 2023/24

Members noted the schedule of future meetings.

C21 Record of attendance

Members noted the record of attendance.

The meeting closed at 16:12pm