

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Monday 27 November 2023 at 14.00**

Present Steven Johnston, Chair
David Campbell, Non-Executive Board Member
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member
Ivan Taylor, Integration Joint Board Member
Meghan McEwan, Board Chair (for Rona Gold)

In Attendance Malcom Metcalfe, Interim Medical Director
Louise Wilson, Director of Public Health
Sharon Ann Paget, Interim Chief Social Work Officer
Laura Skaife-Knight, Chief Executive
Sam Thomas Director of Nursing, Midwifery, AHPs and Acute
Stephen Brown, Chief Officer IJB
Sharon-ann Paget, Social Worker
Anthony McDavitt, Director of Pharmacy

C46 **Welcome and Apologies**

The Chair welcoming members and apologised, explaining the range of circumstances that resulted in very few papers for today's agenda.

The Chief Executive apologised on behalf of the Executive Team for their part and assured the Committee that plans are in place to ensure improvement for the next cycle of committee meetings.

Apologies received from Louise Wilson (leaving early), Rona Gold, Monique Sterrenburg, Maureen Swannie, Carrie Sommerville

C47 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

C48 **Minute of meeting held on 23 July 2023**

The minute of the Joint Clinical and Care Governance Committee meeting held on 3 October 2023 was accepted as an accurate record of the meeting and approved with the following additions:

Page 5 c58 care at home assurance report – 28th October 2023

C49 **Matters Arising**

Update on Speech and Language Pressures

The Chair of the Board noted the Committee was due to have an update to this meeting, the Chief Officer advised that due to change in meeting schedule this was not complete but will come to the next meeting

Mental Welfare CoThe Interim Medical Directorission Report and Action Plan

The Chief Officer confirmed this had been submitted.

Child Health Surveillance Programme

The Chair noted some positive progress had been communicated, the Chief Officer explained some progress had been made, a new Service Manager for Childrens Health will start in post in December 2023, as a result regular updates in this area will come to the Committee.

Pregnancy and Newborn Screening Programme

The Chair of the Board asked for assurance around the data, the Chief Officer updated in terms of early years, advising there is good oversight of developmental checks and handover from midwifery to health visiting. The Director of Public Health reported issues in relation to pulling data from Badgernet which needed a lot of manual interventions for reporting.

The Chair of the Board asked for an assurance report around early years handover. The Chair noted that during discussions at the last development session early years was an area that needed covered in future agendas.

The Director of Nursing, Midwifery, AHPs and Acute Services advised the Committee that the Lead Midwife and her team are linking in the national work around Badgernet improvements. It was suggested that some other areas of assurance that needed to come to this meeting were in relation to women's health, infant feeding and best start to ensure visibility of these pathways.

The Chair of the Board suggested the gap in assurance in this area is escalated to Board.

C50 Action Log

The Chair advised members that the Action Log needed a full review, given changes to meeting schedules, it was very confused, as such proposed it would not be discussed at this meeting, but reviewed and taken back to the next meeting. There were no objections from the Committee to this proposal.

C51 Integrated Performance Report - JCCGC 2324-21

Paper not received

The Chief Executive apologised for lack of a paper asking members to note a full integrated performance report was presented at the October Board Meeting, the next report will be at the Board meeting on 14 December, which is where each Committee will see the relevant chapters.

The Chair of the Board asked who the lead executive is for the Joint Clinical Care Governance Committee, the Chair advised that for Health it is the Medical Director and for Care it is the Chief Officer.

Councillor Hall asked the Committee about performance in relation to waiting times, which it was agreed couldn't be fully addressed due to no papers.

Decision / Conclusion

The Committee noted that they would have the next update at the February meeting

C52 **Corporate Risks aligned to Joint Clinical and Care Governance Committee - JCCGC 2324-22**

Paper not received

The Chief Executive gave a verbal update on the risk register, having undergone a significant review this was on track to come to Board in December. The Committee were advised that all Tier 1 and Teir 2 risks have been updated and the register will look very different coming to Board. All Executive Directors have signed up to this new approach and sees us moving from 45 to 21 Tier 1 corporate risks, with 7 corporate risks aligned to this committee.

Decision / Conclusion

The Committee noted the update.

Governance

C53 **Whistleblowing Quarterly Report – Quarter 2**

The Chief Executive presented the July to September 2023 position with no formal concerns raised in this period, however there continues to be concerns raised through meetings with colleagues or Teams. During this period the Chief Executive reported having met with 6 colleagues, assuring the Committee that during these discussions people do get the option to report formally through the Whistleblowing process.

The Committee were advised themes from discussions are fairly consistent, some around poor leaderships in some services, some around poor behaviours in some services and some around HR processes that continue to cause problems. These are always followed up with the relevant Lead Director and/or Corporate Teams. The Chief Executive advised she meets with the Whistleblowing Champion on a regular basis, to discuss cases, where appropriate, and make sure there is follow through, sharing an example in the paper where we have learning opportunities.

In terms of other areas the Chief Executive advised that there does need to be improvement in the mandatory training, and in sharing and following through where there are action plans, ensuring a closing of the loop.

The Chief Executive welcomed the new questions in the iMatter survey, around staff feeling confident to speak up, and having just received the benchmarking report advised NHS Orkney is an outlier in this area, which tells us that staff feel if they do raise concerns we will do nothing about it,

In response to a question from Councillor Stevenson, the Chief Executive gave an update on the pockets of culture improvement work taking place around living our values, compassionate and visible leadership, valuing our staff and investing in health and wellbeing advising that by April of next year a clear there will be a clear programme across the organisation, to be led by Jay O'Brien, Director of People and Culture, when he starts in March 2024.

Mr Campbell asked about the reported increase in confidential contacts, the Chief Executive advised there would be training in the new year, a real positive from the increase in numbers is that the confidential contacts span a number of staff groups.

Mr Campbell welcomed the reported learning piece in the paper and was given assurance that feedback from every case gave opportunity to increase learning,

The Chair noted the table around the learning for whistleblowing, and asked for some form of target from which performance could be measured.

Decision / Conclusion

The Committee noted the update and the request for additional detail to the next meeting.

C54 Social Work and Social Care Governance Board –

The Chair invited the Chief Officer to give an update on progress. The Chief Officer reminded members that the Terms of Reference had been approved at a previous Committee meeting, and reported that the first 2 meetings of the Social Work and Social Care Governance Board had been held, with assurance coming to the Joint Clinical and Care Governance Committee by a chairs assurance report along with minutes of the meeting. Ms Paget advised that these 2 meetings were spent covering terms of reference, and governance reporting.

The Director of Pharmacy proposed that the medicines administration policy short life working group report into the newly established group.

Decision / Conclusion

The Committee welcomed the establishment of this group and noted the update.

C55 Clinical Policy Review Update - JCCGC 2324-35

No paper received

The Director of Nursing, Midwifery, AHPs and Acute Services gave a verbal update on progress in respect of the review of clinical and non-clinical policies, acknowledging the work being led by the Head of Transformation and Engagement, 7 clinical policies now signed off with another 14 on track for completion, with 3 that we have not had much progress on. In addition 10 non clinical Estates Policies have also been updated and approved, the Committee were advised that during the process there have been gaps in policy identified, which are also being addressed.

The Chair of the Board asked for assurance on how we communicate the new policies to staff, and how we audit awareness. The Director of Nursing, Midwifery, AHPs and Acute Services advised that the policies are widely communicated via all advisory groups, and through all teams and line managers, with Clinical Team Leads being asked to ensure appropriate dissemination.

The Chair suggested that the dissemination of the policy updates is as important as having the policies up to date. The Chief Officer agreed suggesting that clinical engagement in the development of these policies is key, advising that there are key clinicians who are brought into the reviews and updates from the beginning.

The Chair suggested that we may need to consider how we measure on how well embedded the policies are, noting a comment from the Director of Pharmacy on our much improved librarianship of policies, and assurance that we can be confident we are using the most up to date version of a policy.

The Director of Public Health asked what assurance as a committee we need to seek on the Care setting policies, suggesting that we need to know that they are up to date. The Chief Officer advised he would hope to see some assurance in this area coming from the newly established Social Work and Social Care Governance Board.

The Director of Pharmacy suggested that there needs to be some consideration given to the longer term with policies to ensure they are kept up to date. The Chair of the Board reminded the Committee that all in response to the Blue Print for Good Governance boards should have a policy development framework in place, to demonstrate how policies are developed and more clearly aligned to the system, and suggested that this needs clear ownership, acknowledging this is a gap at the moment.

Decision / Conclusion

The Committee noted the verbal update and agreed a report with longer term plan should come back before the Committee in February 2024.

Strategy

C54

No items in this section.

Quality and Safety

C55 **Quality Forum Chair's Assurance Report and Minutes - JCCGC2324-41**

No paper received

The Interim Medical Director advised the Committee that in his Interim role as Chair of the Quality Forum he has made some changes in attempt to strengthen the assurance this forum can provide, a flash report will go to Senior Leadership Team so that the most important information is communicated with the Board and non-execs at earliest opportunity, as well as wider organisational communications. The Committee were advised of an excessive number of complaints which needed closed off.

The Chair reminded the Committee of the important role of the Quality Forum with delegated responsibility from Joint Clinical and Care Governance Committee with an expectation that there would be regular reporting and assurance coming through. The Chair reported not having had a quality assurance report from the Quality Forum in some time.

The Chair of the Board asked that the disconnect between the Quality Forum and Joint Clinical and Care Governance Committee be highlighted to the Board.

The Chief Executive asked for more information in relation to the issue of an excessive number of complaints, the Interim Medical Director could not give numbers but felt in proportion to the population of Orkney, it felt high, advising the Committee that the lack of a Head of Patient Safety has meant that we have not done as much leadership as is needed in this area, which will be a priority for the new Head of Patient Safety and Risk.

The Chair advised that there was previously an annual complaints report came to this Committee, with the quarterly reports going to the Quality Forum, it was proposed that this should be reinstated in the short term. The Interim Medical Director suggested that the Quality Forum report should include risk as per the PAIR framework, which it doesn't at the moment.

The Chair of the Board asked the Committee to consider what could be done at pace to reinforce and bolster the patient safety assurance and patient experience governance, and understand what more can happen to address this risk.

In response the Interim Medical Director advised that the data is there but we are not looking at it as well as could be, there should be output on a monthly basis.

Decision / Conclusion

Complaints update to come to every meeting.

The Committee approved a look back exercise and report to come to the February meeting.

The Committee asked that an update report comes to the February meeting on complaints and patient experience.

It was noted that the development of the Quality Forum was crucial to the improvement in levels of assurance to Joint Clinical and Care Governance Committee.

C56 Mental Health Assurance Report - JCCGC2324-41

The Mental Health Manager presented the assurance report covering period of 1st April 2023 to the 30th September 2023.

Positive areas:

- Successful recruitment to a number of key posts
- Data quality issues have improved, data been submitted regularly for publication

Challenges:

- Still have agency staff supporting the service
- Waiting time between 4 – 8 months
- Detentions and transfers and mental health transfer room
- Electronic Patient Records
- Primary Care Mental Health funding paused
- FOIs increased significantly

The Mental Health Manager advised the Committee that the current situation in relation to off island transfer not sustainable

The Chair of the Board asked about the impact of the additional recruitments, whether there was a positive impact on waiting times, the Mental Health Manager could provide any data as yet.

The Chair of the Board asked for further information in relation to the issues highlighted in relation to the model of care for the mental health transfer bed and risk to patients, looking for assurance that there are conversations taking place with the right people around that model. The Mental Health Manager explained that some early work has been presented to the IJB. The Chair of the Board further explored what could be done in the short term to address the risks that have been described. The Mental Health Manager explained that some additional recruitment would make a difference. The Head of Community Care advised that every patient who requires the use of the transfer bed is risk assessed to look at impact on core business.

The Chair of the Board asked about the risk to patients in relation to the IT system.

Mr Campbell asked about the referral data, in particular whether they are effective and appropriate referrals, the Mental Health Manager advised that that the service is working with other teams to try and improve the referrals that come in and on the appropriate pathways.

Councillor Hall asked if the data that is available can be used to inform the prevention of mental health, to which the Head of Community Care advised the Mental Health Service works closely with the Third Sector on the preventative help. The Head of Community Care also reported the success of the Link Workers in the GP Practices who are offering mental wellbeing advice and social support, which is very positive.

Decision / Conclusion

The Committee noted the positive developments and the ongoing challenges in this area.

C57 Children Services Plan 2023-2026 - JCCGC2324-41

No paper received

Decision / Conclusion

C58 Health Care Staffing Act – Quarter 1 - JCCGC2324-41

No paper received

The Director of Nursing, Midwifery, AHPs and Acute Services updated the Committee in relation to a planned visit from Scottish Government colleagues holding an open session around the Healthcare Staffing Act, reporting that an invite has gone out across the organisation for people to attend and ask questions.

Decision / Conclusion

The Committee noted the update.

C59 Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF) – JCCGC2324-42

No paper received

The Chief Executive raised concerns about the significant time that has passed with no progress in this area. The Interim Medical Director advised that some discussion at Quality Forum would suggest there is no ownership of this piece of work.

C60 National Transfusion Record – JCCGC2324-43

No paper received

The Director of Nursing, Midwifery, AHPs and Acute Services updated the Committee that NHS Orkney is not where it should be in terms of governance around this area and advised that Fiona Embleton, the Boards Transfusion Practitioner is working with the teams locally to get things progressing, training has been completed with staff and with the support of the Interim Deputy Medical Director the Transfusion Committee has been set up, teams will use the national forms as a national transfusion record. Policy and procedures are in progress through the Transfusion Committee.

Decision / Conclusion

The Chair noted the progress and the input from the Transfusion Practitioner, and the Committee agreed that an update would come from the Hospital Transfusion Committee at the February meeting.

Medicines Management

C61 Area Drugs Therapeutic Committee (ADTC) Chairs Assurance Report JCCGC-2324-44

The Director of Pharmacy presented the report as Chair of the ADTC, advising that they have met twice and had good attendance at both meetings, with finance engagement as well as medical and nursing leadership, and highlighted some of the key points.

Key risks to escalate, we have a weak policy framework in NHS Orkney, and important that we implement at some pace the Safe and Secure Medicines Policy, an overarching framework for all medicines policies to live underneath to make it clear who approves and who ratifies these policies. The Director of Pharmacy advised that the Pharmacy manager will take a paper through the Quality Forum to lay out how these policies will be progressed.

Supply chains are starting to fail across the UK, working with Directors of Pharmacy to try and improve, this applies to homecare medicines.

Vacancies and sickness continue to be a pressure in a small team, a paper to the Senior Leadership Team will outline the recruitment strategy for the service.

HEPMA continues to be a success.

Decision / Conclusion

The Committee noted the update and the success of getting the ADTC back up and running, with good membership and the plans in place to improve.

Person Centred Care

Patient Experience – outlining planning – patient experience, quality and safety – JCCGC 2324-45

The Interim Medical Director presented the paper advising the Committee that recruitment is underway for the Head of Patient Safety and Quality to provide leadership to this area.

The Interim Medical Director highlighted key areas from the report:

- Slips, Trips and Falls
- Learning event taking place in January 2024
- 560 incidents under review or outstanding, with 165 outstanding for over a year

The Chair noted that with the number of incidents open resonates with the feedback from the iMatter report where people don't have confidence that raising issues will be dealt with. The Chair of the Board asked when we would expect to see improvement in this area, suggesting we have no governance and assurance in this area, there is no feedback assurance and no learning assurance. The Interim Medical Director suggested that he would expect to see this reduce by 100 per month.

The Chief Executive reminded colleagues that whilst there are still areas for improvement, there are some positive things happening, Patient Safety Newsletter in place, sharing themes trends and learning, patient safety leaning event in the diary, seen fewer complaints in relation to standards of care, board patient stories.

The Chief Executive asked for more information in relation to timelines around responding to the complaints and significant adverse events, and asked to see a clear plan to deal with the high number of open incidents. It was also suggested that a review of the layout of the report should be considered with the new Head of Patient Experience, Safety and Risk. The Director of Nursing, Midwifery and AHPs gave assurance that whilst there are still a huge number of open incidents, there has been a lot of work done to reduce the numbers, every incident that is reported is acknowledged and discussed.

The Chair reminded colleagues that at the Board meeting in August there was a commitment to addressing this gap in reporting and assurance.

Decision / Conclusion

The Committee noted the update and agreed that a revised report come to the February meeting along with a clear plan for reducing the open incidents.

Population Health

C62 Public Health Update - JCCGC2324-29

The Director of Public Health shared the key points, making good progress around

vaccinations for the winter programme. The Director of Public Health highlighted that the covid and flu numbers for children are showing as low but this data was extracted prior to school visits, and numbers have increased quite a lot. The Director of Public Health also highlighted some new vaccinations that are coming on and they are building into planning for 2024/25, it is still unclear what resources will come with this ask.

The Director of Public Health advise of a change in the governance nationally, what used to be called Board Co-ordinators, now becomes Consultant Public Health Leads for screening, increasing the number of meetings for each of the screening programmes, a big extra pull on resource for small Boards.

The Chair noted the positive and wide scope of work that has been done.

The Chair of the Board noted the information in the report about fragility in cervical screening service, asking how this risk is being managed, the Director of Public Health advised that there is no specific risk but that they are working closely with NHS Grampian to look at how we can make this stronger for across the North of Scotland.

The Chair of the Board referring to the child healthy weight programme, asked how we can get assurances around the impact these services are having on our children. The Director of Public Health advised that the funding for these programmes are ring fenced, and we report back to Scottish Government on uptake. The Public Health team work closely with other teams such as the dietetics team to try and raise awareness of the services. The Director of Pharmacy asked if there was opportunity to explore options with partner boards to build capacity in this area.

Councillor Stevenson asked about AAA screening uptake, whilst not able to provide the actual figure LW advised she would add as a post minute note.

POST MEETING NOTE: The uptake target for the abdominal aortic aneurysm (AAA) screening programme, is the percentage of eligible men tested before age 66 years and 3 months and had a screening result of positive, negative, or non-visualisation, the Essential target is $\geq 75\%$ and Desirable target of $\geq 85\%$. The table below shows the uptake has been above the Desirable target since the programme restarted in July 2020. Provisional data for the 22-23 period indicates uptake has remained above the Desirable criteria published data is due in the Spring 2024.

Financial year	2019-20	2020-21	2021-22
Number men appointed (percentage attended)	248 (81.8%)	153 (89.5%)	234 (85.4%)

Uptake rates for AAA screening for the periods 2019-20, 2020-21 and 2021-22

The Chair noted the number of infections reported on board the cruise ships, and asked about the impact on services. The Director of Nursing, Midwifery, AHPs and Acute Services advised that the majority of those admissions from cruise ships tend to be around slips, trips and falls or chest pain.

Decision / Conclusion

The committee noted the report and the assurance provided.

C63 Emerging Issues

The Director of Public Health advised that nationally an unusual strain of flu has been detected on an individual.

The Interim Medical Director raise:

- Elacestrant, the new drug specifically targeted at breast cancers, is soon to come on line, it is anticipated a demand in this in Orkney with the high anxiety around breast cancer in Orkney
- Mental Welfare Commission have asked for Mental Health services to accompany people for treatment which will have an impact on our services and staff, discussions are taking place with the Medical Director for Mental Health and Learning Difficulties and the Mental Welfare Commission. The Chief Officer advised he will be linking in with the Chief Officer in NHS Grampian to discuss risk mitigation.

The Director of Pharmacy updated the Committee on his change in position, advising that this would be his last meeting with NHS Orkney, however offered assurances that there is a plan in place to fill this post, and updated positively on the progress made in medicines governance in NHS Orkney. The Chair thanked The Chair thanked the Director of Pharmacy for his input to this Committee and his leadership role in the improvements we are seeing in his area.

The Director of Nursing, Midwifery, AHPs and Acute Services advised that the Balfour site has been extremely busy, which has had an impact on the Emergency Department performance, down at 86% due to acuity and level of patients that we are seeing, the knock on effect being some cancelled operations. The Chair of the Board asked whether the current heat in the system, should prompt a discussion around residential care and suggested this should be raised to the IJB. The Director of Nursing, Midwifery, AHPs and Acute Services agreed that the 9 delayed transfers of care in our system is impacting at the highest level. The Chair shared concerns that in spite of all the good work going on around community based services such as IV Antibiotics, the acute sector is still full to capacity.

The Interim Medical Director provided an update on the Colonoscopy cases, it was noted by the Committee that half of the urgent suspected cancers had been completed, with 74 patients left who all have appointments for their procedures, there remains 144 surveillance endoscopies to do and a skilled locum surgeon has been sourced until February to support this work. The Committee were advised that having consulted with the Ethics Committee in NHS Grampian, the Interim Medical Director is in discussion with the Chief Executive to agree the best way in relation to duty of candour, and contacting those patients who are still waiting for their procedures. The Chief Executive thanked the Interim Medical Director and the Interim Deputy Medical Director for leading on this work and advised the Committee that there are weekly Incident Management Team meetings with proper governance and stakeholders around this, in addition Chief Executive weekly touchpoint meetings and fortnightly updates to Senior Leadership Team.

C64 Any other Competent Business

The Chair of the Board thanked the Chair of the Joint Clinical and Care

Governance Committee for effectively and efficiently carrying out his role, as Chair and as a non-Executive member of the Board, handing over to Rona Gold, Non-executive Director.

C65 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 through the Chairs Assurance Report

- Gaps in assurance in Childrens, womens health, best start
- Mental Health Transfer bed model of care
- Balfour capacity and residential care capacity
- Patient Experience Reporting
- Disconnection between quality forum and JCCGC
- Colonoscopy screening

Items for Information and noting

- C66 Minutes
- Quality Forum note from the 12th of September 2023
 - ADTC

C67 Schedule of meetings 2023/24

Members noted the schedule of future meetings.

C68 Record of attendance

Members noted the record of attendance.

The meeting closed at 17.03

Joint Clinical & Care Governance Committee Chair’s Assurance Report to Board

Title of Report:	Chair’s Assurance report from the JCCGC	Date of NHSO Board Meeting: 14 December 2023 Date of IJB meeting:
Prepared By:	Steven Johnston	
Approved By:		
Presented By:	Vice-Chair of JCCGC, Rona Gold	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the JCCGC at its meeting on 27 November 2023 .		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Through a recent report on Child Health Surveillance and steps being taken to address new born and child review appointments with Health Visitors, a discussion followed around the gaps in assurance being provided to JCCGC (and therefore onto NHSO Board and the IJB), specifically, children’s services, women’s health and maternity services. For example, maternity services have internal mechanisms in place to monitor quality and safety but the route to escalate to JCCGC is not in place. This requires further consideration at the committee development session where the workplan for 2024/25 will be formulated. The issue of the Mental health transfer bed has been reported previously along with the adverse impact that the use of the facility has on routine clinics. The establishment of a nurse-led psychiatric liaison service was agreed in principle by the IJB but progress with this has been challenging and limited. Limited bed capacity within the Balfour was highlighted with particular pressure during November which has had a subsequent adverse effect on ED performance. Work was planned to work with the community to improve a prompt discharge time, early in the day, to ease pressure. Residential care capacity was highlighting as a contributing factor with 9 patients experiencing a delayed transfer of care. It was also flagged that requests for respite were having to be denied at times due to the need to offer the respite spaces to people requiring a permanent place. This subsequently places additional pressure on Carers. 	<ul style="list-style-type: none"> A focused piece of work has been carried out to address the backlog of patients awaiting Colonoscopy. Delaying these investigations carries a risk that cancer diagnosis could be delayed and therefore additional resource has been secured to firstly appoint the patients with suspicion of cancer (around half already seen and of the other half, 50% have a booking). Then the priority will be patients under surveillance with an expectation that it will take 2-3 months to address the backlog. A weekly meeting is in place to monitor progress and keep the work on track. Clinical Policies update: 7 signed off, 14 in progress and 3 to commence. JCCGC noted the positive progress in bringing our clinical policies up to date and highlighted the importance of staff being informed and effective dissemination of the key updates.

Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> The reformation of the Area Drugs & Therapeutics Committee has been successful with a fulsome report being presented to JCCGC. One specific aspect highlighted was the Safe Storage and Use of Medicines Policy which will be a focussed piece of work with further reporting to JCCGC in the future. Work to improve the governance around Blood Transfusion has progressed well with support from a Transfusion Practitioner from the national team. Work to adopt a national transfusion record in Orkney is underway. A written report outlining all of the new arrangements will be presented to JCCGC in due course. 	<ul style="list-style-type: none"> JCCGC agreed that a piece of work should take place to review the work of the Quality Forum (QF) and in particular, reviewing all matters escalated from QF to JCCGC since April 2023 to ensure these matters have been picked up in the absence of a Chairs Assurance Report. Members noted a disconnect between the two committees which needs to be addressed. With regards to patient experience, it was agreed to ensure that the next report to the committee would have more information on the direct experiences from patients, as agreed at August NHSO Board, whilst ensuring that the frequency of these reports was proportionate. Further discussion was held around the outstanding DATIX reports and targeted work to bring the number down, particularly those which had been open for more than one year.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> A number of papers were not provided on time and some were verbal reports only, leading to difficult in the ability of the committee to gain assurance. This was down to a number of factors including capacity (Chair, executives, paper authors & support staff) and lack of awareness of the requirements and timescales. An emphasis has been placed on the importance of the agenda setting process to improve the situation for the February meeting. Presenters of papers should take the paper as read and avoid lengthy presentations, which would allow more time for questions and discussion. 	