

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

<b>Present</b>	<p>Steven Johnston, Chair  Meghan McEwen, Vice Chair  Jean Stevenson, Integration Joint Board Member  Gail Anderson, Third Sector Representative  Rachael King, Integration Joint Board Vice Chair  Ivan Taylor, Integration Joint Board Member</p>
<b>In Attendance</b>	<p>Stephen Brown, Integration Joint Board Chief Officer  Mark Henry, Medical Director &amp; Interim Director of Acute Services  Gillian Coghill, Clinical Nurse Specialist (item C35)  Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer  Anthony McDavitt, Director of Pharmacy  Mary Moore, Interim Director of Nursing  Judy Sinclair, Clinical Governance and Quality Improvement Manager  Louise Wilson, Director of Public Health  Anna Wheelan Service Manager, Strategy and Partnership (C31)</p>
C25.	<p><b>Welcome and Apologies</b></p> <p>The Chair opened the meeting and noted thanks to Cllrs Steve Sankey and John Richards for their contribution over the years and welcomed Cllrs Ivan Taylor and Jean Stevenson as new members to the committee. In addition, and further to an NHS Orkney Non-Executive Director reshuffle, he thanked Joanna Kenny for her contribution and welcomed Meghan McEwan back to the Committee.</p> <p>Thanks, were also noted to Christina Bichan, NHSO Head of Assurance and Improvement for her incredible hard work over the years, in particular her pivotal role in producing our delivery plans and latterly the remobilisation plans. The Chair, on behalf of members, offered very best wishes to Christina in her new role.</p> <p>Apologies had been received from J Colquhoun, C Dare, M Dickson, and D Moody.</p>
C26.	<p><b>Declarations of Interest – Agenda Items</b></p> <p>No interests were declared in relation to agenda items</p>
C27.	<p><b>Minute of meeting held on 5 April 2022</b></p> <p>The minute of the Joint Clinical and Care Governance Committee meeting held on 5 April 2022 was accepted as an accurate record of the meeting and approved.</p>
C28.	<p><b>Matters Arising</b></p> <p>No matters arising were raised that were not already on the agenda</p>
C29.	<p><b>Action Log</b></p> <p>The Committee reviewed and updated the action log. (See action log for details)</p>

	<b><u>Governance</u></b>
C30.	<p><b>Whistleblowing Performance against Key Indicators – JCCGC2223 -14</b></p> <p>The Medical Director presented the report advising that NHS Orkney was required to monitor Whistleblowing concerns and performance against the key performance indicators. There had been no concerns raised under the Whistleblowing standards during the first quarter of 2022/23.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and took assurance from the information provided.</p>
	<b><u>Strategy</u></b>
C31.	<p><b>Orkney Child Poverty Strategy 2022- 2026 - JCCGC2223-15</b></p> <p>The Chief Officer introduced the strategy which had been provided to an earlier meeting in draft format, seeking a recommendation of Board approval.</p> <p>Members were advised that the Child Poverty (Scotland) Act 2017 placed a duty on local authorities and Health Boards in Scotland to report annually on activity they are taking, and will take, to reduce child poverty. A multi-agency child poverty task force had been convened to address the new duty and subsequently incorporated into the Orkney Partnership Board as a short life working group. The Task Force had submitted action reports for Orkney since 2018/19 and the 2021/22 report was in preparation.</p> <p>A shortcoming noted in successive action reports had been the absence of a coherent strategic framework against which to plan, implement and report collective activity to combat child poverty and mitigate its effects. The task force had now developed the Child Poverty Strategy for Orkney, with a planning period of 2022 to 2026.</p> <p>The Chair welcomed that qualitative feedback that had already been incorporated, and that the second phase would further consult with children and young people.</p> <p>It was noted that correct signposting for children and their families was essential in ensuring that access to meaningful interventions took place and the right help was received in a timely manner.</p> <p>National work was ongoing, and Orkney would continue to take part in these discussions, acknowledging that cost of living was higher in rural island communities and that any national strategies needed to be appropriate for local circumstances.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and recommended Board approval.</p>

	<b><u>Clinical Quality and Safety</u></b>
C32.	<p><b>Quality Forum Chairs Report</b></p> <p>The Medical Director presented a verbal update from the April, May and June meetings of the Forum, with an emphasis across all three meetings on learning from significant adverse events, DATIX and Complaints.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee noted the update provided and took assurance from the information contained in the meeting notes.</p>
C33.	<p><b>Infection Control Annual Report JCCGC2223-16</b></p> <p>The Medical Director presented the Infection Prevention and Control Annual Report, advising that the Board received regular reports, and the annual report captured this activity across 2021/22.</p> <p>Members welcomed the report and the dedication and hard work of the team over a particularly challenging period. It was suggested that future reporting could be even wider when including data out with the hospital setting.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and took assurance from the information provided.</p>
C34.	<p><b>Care Home and Care at Home Assurance Update JCCGC2223-17</b></p> <p>The Interim Director of Nursing presented the report, offering assurance that the care delivered to those in receipt of care at home and in care homes was safe, effective and person centred. The report covered the period since the last meeting of the Committee in April 2022 and fulfilled the statutory requirement around assurance.</p> <p>It was noted that there were high levels of Covid-19 infection in the community which also affected care homes and care at home services, Problem Action Groups had been called to support all emerging challenging situations. Care home infection control audits continued to be undertaken monthly and strong working relationships facilitated preventative work to be carried out.</p> <p>Ongoing recruitment and retention challenges remained, this was a national challenge which was difficult to address due to the multifaceted aspect, but was being addressed locally in a timely, responsive, and creative manner wherever possible.</p> <p>Members noted that it would be beneficial for future reporting to expand and include further elements such as patient safety and further information around delayed discharge, ensuring a whole system approach to reporting. It was acknowledged that some of these aspects would be reported through the Performance and Audit Committee of the Integration Joint Board and that this specific element of reporting would continue in line with Scottish Government assurance requirements.</p>

	<p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report, took assurance from the content, and welcomed the collaborative approach being taken.</p>
C35.	<p><b>Dementia Annual Report April 2021 – March 2022 JCCGC2223-18</b></p> <p>Gillian Coghill, Clinical Nurse Specialist presented the report which linked to the Orkney Dementia Strategy 2020-25 setting out the 11 commitments to improve support and services.</p> <p>Members were advised that over the past two years the number of people diagnosed and offered post diagnostic support had decreased. The root cause was predominantly Covid-19 related in 2020, however this had been further compounded more recently by the challenges encountered regarding reduced capacity of consultant psychiatrist and locum consultant psychiatrist cover during the 2021/22. There was currently no sustainable mechanism in place for diagnosis and a Short Life Working Group had been established to address this as a matter of urgency.</p> <p>There had been some excellent collaborative developments between the Orkney Health and Social Care Partnership and third sector, including accessing additional funding, post diagnostic support, and support for younger people among other initiatives.</p> <p>Members noted several positive improvements in service provision and acknowledged that where there was crucial work to be done to support diagnosis, plans were in place to address this. The range of circumstances which meant pace had slowed were recognised and members were assured of steady progress and wished to share and celebrate the excellent work of the dedicated dementia group and teams. In particular, the efforts from all involved to bring the average wait time for referral for post-diagnostic support down to just 2 days, between September 2020 and March 2022 should be commended.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and welcomed the positive joint working and whole system approach being taken.</p>
C36.	<p><b>Learning from Clinical Incidents Annual Report JCCGC2223-19</b></p> <p>The Medical Director presented the annual report on learning from clinical incidents and specifically the management of Significant Adverse Events (SAE). Members were advised that although the number of SAEs remained low, freeing up staff with competing clinical priorities, to investigate cases was often an obstacle to completing reviews within timescale.</p> <p>Members of the team actively participated in the national adverse events forum and supported the national drive for a consistent approach to identification, review, reporting and learning from adverse events through championing this within the weekly incident review group. It was essential that NHS Orkney had a confident and upskilled team to respond to investigations, this was an issue that was recognised nationally and there was willingness to consider a once for Scotland approach.</p>

	<p>Members were advised that development work was also underway with regards to the clinical governance team and the organisational structure around this.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and noted that more robust performance management information around the types, lengths and reasons for any delays would be useful in future reporting to provide greater assurance.</p>
C37.	<p><b>Duty of Candour Annual Report - JCCGC2223-20</b></p> <p>The Medical Director presented the report advising that Duty of Candour was a legal responsibility of all health and social care services in Scotland. When unintended or unexplained events happened that result in death or harm as defined in the Act, those affected must be made aware, understand what had happened and receive an apology. For the period 1 April 2021 to 31 March 2022 six events had been reported where duty of candour thresholds applied.</p> <p>It was queried how investigations were followed up and what support was available to staff, The Medical Director advised that this was around having correct structure and process in place so that staff were fully aware and also ensuring robust feedback was provided. Feedback was tracked individually in the DATIX system and shared more generically and widely through a number of channels across the organisation. It was noted that some issues also required a change in culture and this positive shift would take longer to embed.</p> <p>The Chair questioned whether any benchmarking exercises took place against other areas and was advised that there was no national consensus around this but as each Board published an annual report this information was available, and there would be opportunity to reflect on this moving forward.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and considered the implications for sustainable capacity and capability building for continuous quality improvement, investigation, learning from incidents and duty of candour.</p>
	<b><u>Medicines Management</u></b>
	<p><b>Area Drugs Therapeutic Committee (ADTC)</b></p> <p>The Medical Director advised that the Committee had not met recently due to several factors but had a meeting scheduled to reinstate business in August.</p>
	<b><u>Person Centred Care</u></b>
C38.	<p><b>Health Complaints and feedback report - JCCGC2223-21</b></p> <p>The Medical Director presented the report providing members with an update on recent performance relating to complaints and feedback for the period January to March 2022.</p>

	<p>Members were advised that the number of complaints received remained consistent to previous quarters, but some response deadlines had not been met due to the complex nature of the investigations and capacity issues. The report also contained some examples of the positive feedback and compliments received.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee reviewed the report and the information provided.</p>
C39.	<p><b>Patient Experience Annual Report - JCCGC2223-22</b></p> <p>The Medical Director presented the annual report detailing how NHS Orkney had received, responded to, and acted upon feedback, complaints and engagement to help improve and develop services.</p> <p>It was noted that going forward the board wished to be more proactive around seeking feedback and understanding the needs of the community, the approval of the Clinical Strategy was the first stage in this wider consultative process.</p> <p><b>Decision / Conclusion</b></p> <p>The committee welcomed the report and future direction.</p>
C40.	<p><b>Social Work and Social Care Services' Experience Report JCCGC2223-23</b></p> <p>The Chief Officer presented the report which provided data around the experience of customers from 1 April – 30 June 2022.</p> <p>It was noted that due to the small numbers involved it was difficult to draw conclusions and that integration of reports would be beneficial. Members queried how assurance would be provided going forward and how the committee could get early sight of any potential themes and issues. The Chief Officer noted that actively seeking feedback from service users was a better way of gaining this data than reliance on retrospective complaints and compliments.</p> <p><b>Decision / Conclusion</b></p> <p>The committee reviewed the report and welcomed a broader aspect to collating feedback in the longer term.</p>
C41.	<p><b>Annual Social Work and Social Care Services' Experience Report JCCGC2223-24</b></p> <p>The Chief Officer presented the report providing members with the analysis undertaken by the Orkney Health and Social Care Partnership to review and measure the experiences their services provided.</p> <p>The report provided further analysis to provide some additional information, and it was noted that there was no one category showing as an outlier with complaints spread across several areas. It was important to recognise where learning was required but also to celebrate the success of services. To support this, additional information has been added to the report covering some examples of compliments and good news stories shared by the Orkney Health and Social Care Partnership's teams</p>



	<p><b>Decision / Conclusion</b></p> <p>The committee reviewed the report and the information this contained.</p>
	<p><b><u>Population Health</u></b></p>
C42.	<p><b>Public Health Update report JCCGC2223-25</b></p> <p>The Director of Public Health presented the update highlighting the following:</p> <ul style="list-style-type: none"> <li>• There continued to be an increase in covid-19 infections across Scotland with most cases identified through lateral flow testing.</li> <li>• The main variants in the community were Omicron BA.4 and BA.5</li> <li>• Covid-19 vaccination delivery continued alongside planning for delivery of the autumn campaign and vaccination rates remained high locally</li> <li>• A Short Life Working Group had been established to ensure that NHS Orkney was prepared to respond to Monkeypox cases in line with national guidance.</li> <li>• A national cervical screen incident had been identified in which individuals had been inappropriately excluded, NHS Orkney continued to engage and undertake the agreed actions</li> </ul> <p>It was questioned whether capacity could be increased if there was an increase in demand around covid services and members were advised that contact tracing would be used in a specific and targeted manner if required and the current local position reflected that nationally.</p> <p>The concern was not around patient numbers but rather the fragility of services within a small Board and the ability to staff services and deliver care; business continuity plans around specific clinical pressures were in place.</p> <p><b>Decision / Conclusion</b></p> <p>The committee noted the information contained with the Public Health update.</p>
	<p><b><u>Organisational Performance</u></b></p>
C43.	<p><b>Organisation Performance Update</b></p> <p>The Chair explained that this section of the agenda was under review as the establishment of the Performance and Audit Committee of the Integration Joint Board had expanded and now covered some of this remit. There was a requirement to be clear around governance whilst avoiding duplication and striking a balance was essential. It was agreed that this would be discussed further at the November Development Session.</p> <p>The Director of Public Health noted the importance of focus on clinical implications and understanding any changes in demand and service provision.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee noted the update provided and agreed that this would be discussed</p>

	<p>further at the development session, it was stressed that although duplication should be avoided this should not be at the detriment of understanding clinical implications and there must remain an emphasis on patient care.</p>
	<p><b><u>Risk and Assurance</u></b></p>
C44.	<p><b>Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2223-26</b></p> <p>The Medical Director 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. The following risks were highlighted:</p> <ul style="list-style-type: none"> <li>• 509 - <i>Care and financial sustainability may be compromised should the current medical workforce model continue</i> – members were advised that the Consultant Obstetrician post had been recruited to and an interview date had been set for the Consultant Anaesthetist vacancy, recruitment to the Consultant Physician was ongoing.</li> <li>• 902 – <i>NHS INOC Medical Cover: There is a risk to the continuity and provision of medical cover to the INOC practices as a result of workforce challenges</i> – GP recruitment had been successful and alternative agency links were being used</li> <li>• 1040 – <i>Emergency Nurse Practitioners (ENP) Entitlement: There is a risk that ENPs currently have no entitlement to read images and act upon those findings under the Ionising radiation regulation and by doing so puts them outside their scope of practice</i> – Short term mitigations had been implemented alongside longer term training plans</li> </ul> <p>It was noted that the issues in recruiting to the ferry linked isles were often wider resilience and accommodation issues and a suggestion made that this should be highlighted through the Orkney Partnership Board to ensure a collaborative approach.</p> <p><b>Decision / Conclusion</b></p> <p>The committee welcomed the update provided.</p>
	<p><b>Cross Committee Assurance Reports</b></p>
C45.	<p><b>Area Clinical Forum Chairs Report JCCGC2223–27</b></p> <p>The Chair presented the report from the 7 June meeting of the Forum highlighting that the GP Sub Committee had escalated an issue around the limited progress with Order Comms and the variation that existed creating risk across the organisation. Members had requested a further update from the e-Health lead at their August meeting.</p> <p><b>Decision / Conclusion</b></p> <p>The committee reviewed the report and welcomed further assurance in due course.</p>



C46.	<p><b>Ethical Advice and Support Group – Annual Chairs Report JCCGC2223–28</b></p> <p>The Chair presented the report noting that the current Terms of Reference remained applicable for 2022/23, and no amendments to these were currently proposed.</p> <p>There were no meetings scheduled for 2022/23, but the group remained available if any requests were forthcoming, to call meetings as and when required.</p> <p><b>Decision / Conclusion</b></p> <p>The committee reviewed the report</p>
C47.	<p><b>Emerging Issues</b></p> <p>There were no emerging issues raised.</p>
C48.	<p><b>Any other Competent Business</b></p> <p>No other business items were raised</p>
C49.	<p><b>Items to be brought to the attention of the Board or other Governance Committees</b></p> <p>It was agreed that the following items would be highlighted to the NHS Orkney Board:</p> <ul style="list-style-type: none"> <li>• Dementia report including the positive messages and celebrating success</li> <li>• Recommendation of approval of the Orkney Child Poverty Strategy</li> </ul>
	<p><b><u>Items for Information and noting</u></b></p>
C50.	<p><b>Schedule of meetings 2022/23</b></p> <p>Members noted the schedule of future meetings.</p>