

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Tuesday 4 October 2022 at 13.00**

- Present**
- Steven Johnston, Chair
 - Meghan McEwen, Vice Chair
 - Rachael King, Vice Chair
 - Rona Gold, Non-Executive Board member
 - Lindsay Hall, Integration Joint Board Member
 - Jean Stevenson, Integration Joint Board Member
 - Gail Anderson, Third Sector Representative
 - Ivan Taylor, Integration Joint Board Member
- In Attendance**
- Stephen Brown, Integration Joint Board Chief Officer
 - Michael Dickson, Interim Chief Executive
 - Mark Henry, Medical Director & Interim Director of Acute Services
 - Sara Lewis, Consultant in Public Health (item C64)
 - Wendy Lycett, Principal Pharmacist (item C63)
 - Anthony McDavitt, Director of Pharmacy
 - Dawn Moody, Associate Medical Director
 - Mary Moore, Interim Director of Nursing
 - Judy Sinclair, Clinical Governance and Quality Improvement Manager
 - Emma West, Corporate Services Manager
 - Anna Wheelan, Service Manager, Strategy and Partnership (C57)
 - Diane Young, Service Manager – Mental Health (Items C62)

C51 Welcome and Apologies

Apologies had been received from J Lyon and L Wilson.

C52 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

C53 Minute of meeting held on 5 July 2022

The minute of the Joint Clinical and Care Governance Committee meeting held on 5 July 2022 was accepted as an accurate record of the meeting and approved.

C54 Matters Arising

No matters arising were raised that were not already on the agenda.

C55 Action Log

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

Governance

C56 Whistleblowing Quarterly report – JCCGC2223-29

The Medical Director 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 Whistleblowing standards during the second quarter of 2022/23 and performance against the key

performance indicators was detailed in the paper.

It was highlighted that there was a risk in relation to NHS Orkney's access to confidential contacts as that has now reduced from 3 staff members to 2. Through the Joint Whistleblowing Steering Group discussions continued to take place around a more collaborative approach across to the 2 Boards which would enable staff to have access to confidential contacts in either area, this was now included in NHS Orkney processes. It was noted that any concerns raised would be managed in a confidential manner with specific focus on this within Whistle Blowing concerns and protections in place.

Assurance was sought that there were similar arrangements in place within Social Care settings and the Chief Officer confirmed that there were, and these would continue to be strengthened and aligned in collaboration with health colleagues.

Decision / Conclusion

The Committee reviewed the report and took assurance from the information provided.

Strategy

C57 Local Child Poverty Action Report 2021-22- JCCGC2223-30

The Chief Officer clarified that the report was the action report for 2021/22 consisting of a retrospective review and actions taken to date, and the Child Poverty Strategy as presented previously was a forward looking document.

A Whelan presented the report advising that That Local Child Poverty Action Reports (LCPARs) must be submitted to the Scottish Government as soon as practicable following the end of the reporting year. The LCPAR 2021/22 included a report on the consultation and development work which informed the strategy. Reporting against the targets in the strategy would commence in 2022/23, using the 2021/22 data as a baseline against which future progress was measured and reported.

The report was provided for consideration by the Committee, especially around aspects applying to NHS Orkney and for submission to the Scottish Governance following a recommendation of approval.

R King raised a concern over the potential for reporting to be very quickly outdated due to the rapidly developing situation and pressures. She welcomed the qualitative evidence which was greatly appreciated by those receiving the report and gave thanks to the families that had provided this.

It was noted that capturing feedback on the difference being made and impact on families and young people could be difficult to measure and the importance of mechanisms being in place to gather and robustly monitor data nationally and locally was stressed.

Decision / Conclusion

The Committee approved the report and recommended submission to the Scottish

Government which would be highlighted to the Board via the Chairs report.

Clinical Quality and Safety

C58 Quality Forum Chairs Report and approved minutes

The Medical Director presented a verbal update from the July and August meetings of the Quality Forum, with a focus on improved learning from DATIX, Significant Adverse Events and complaints, along with falls prevention and clinical record keeping.

Concern had been raised around a possible reduction in quality of care due to a reduction in staffing levels and this was being monitored closely in relation to the safe staffing act and tools.

Decision / Conclusion

The Committee noted the update provided and took assurance from the information contained in the meeting notes. It was noted that further discussions around realistic medicine with a local focus linked to the clinical strategy would be welcomed.

C59 Mental Health Assurance Report JCCGC2223–32

The Chief Officer presented the report identifying and recognising the increased demand for Mental health Services following the pandemic and more recently the impact of the cost of living crisis. The report highlighted the following:

- A current overview of staffing was provided including the recruitment of a permanent part time consultant psychiatrist and progress against the posts approved by the IJB in October 2021.
- There continued to be a high volume of urgent referrals to the duty service, which were dealt with daily, but this had an impact on general caseload and waiting times.
- The use of the mental health transfer bed within the Balfour could also contribute detrimentally to waiting times, as the out of hours service was provided from within existing staffing numbers, an options appraisal for the delivery of this service was being undertaken
- There continued to be ongoing challenges regarding the CAMHS data sets required by Scottish Government. Regarding Orkney, this was due to the limitation of Electronic Patient Recording Systems and the training of staff in the use of existing systems. NHS Orkney were in the process of rolling out an updated EPMS, with a proposal to start in December 2022.
- The short life task force had now evolved into the Suicide Prevention Task Force which met monthly with wide representation to ensure that systems and processes were monitored reviewed and updated for all patients at risk and to ensure appropriate treatment and support. Reporting would be through the Chief Officers Group of the Public Protection Committee.

Members noted the importance of gathering feedback from staff leaving the service to enable this to influence future recruitment and retention, noting that retention and recruitment were separate issues with separate solutions and capturing this data was essential to strengthening both areas.

Regarding the Working Time Regulations members were assured that this was now monitored robustly through payroll to ensure compensatory rest as per the regulations.

Decision / Conclusion

The Committee thanked the D Young and the team for all the improvements made to date, the assurances the report provided to the committee, and the continued work to take forward services.

It was agreed that a 6 monthly Mental Health assurance report would be provided to the Committee.

C60 Care Home and Care at Home Assurance Update JCCGC2223-33

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 July 2022 and fulfilled the statutory requirement around assurance.

Members were advised that changes in the use of face coverings in social care settings and care homes had changed, allowing for a relaxation of the rules, reassurance was provided that these measures would be acted upon and shared as appropriate, actively stepping up again if or when required.

Care home residents alongside health and front facing social care staff were the highest priority for vaccination for COVID-19 and Influenza. All eligible care home residents had been given these vaccinations and the roll out to front facing Health and Social Care staff was underway.

There remained ongoing challenges around the recruitment and retention of substantive staff both locally and nationally, additional staff to meet needs was typically sourced from relief and agency staff along with substantive staff completing additional hours.

R King questioned whether there was a requirement to separate care home and care at home, to better reflect the differences between the services and the use of third sector provision. It was noted that the third sector were included in this group and represented at meetings to enable this specific focus.

Decision / Conclusion

The Committee reviewed the report, took assurance from the content.

It was noted that reporting requirements arose from a specific legislative ask, in recognition of this separate reports would not be appropriate via the Covid-19 related Nurse Director responsibilities which were being reported but it was hoped to have separate reporting on the quality and safety of care proved in Care Home and Care at Home services to the Committee in the future. This would be discussed further at the upcoming development session.

C61 Chief Social Work Officer Annual Report - JCCGC2223-34

The Committee had received the Chief Social Work Officers Annual Report 2021/22, providing assurance that social work and social care services were being delivered to an acceptable standard locally. The following matters were raised:

- There was a requirement for clear data, especially around children's services to actively gain assurance in this area across several reporting areas.
- Clarity was provided around the 18 years to 26 year age range to ensure that corporate parenting responsibilities were being discharged appropriately
- There was a requirement to build the reporting of success measures when designing and delivering support services.

Decision / Conclusion

The Committee reviewed the report, took assurance from the content, and agreed to retain the focus on learning from Significant Adverse events in future reporting.

Policy

C62 Mental Health Transfer bed – Standard operating Procedure - JCCGC2223-34

The Mental Health Service Manager presented the Standard Operating Procedure (SOP) which strengthened both process and monitoring and was available for use. It was noted that a SOP would not normally be presented at a Governance Committee level but due to significant activity in this area as a result of the Health and Safety Executive Recommendations it was felt appropriate on this occasion to ensure the committee had oversight.

The Chief Officer advised that work had been undertaken to understand the transfer bed activity, which had increased significantly in length of wait, due to pressures on services nationally. Staffing for these increased periods had a significant implication which then affected waiting times across the service. Work continued to establish how this provision could be managed moving forward, working collaboratively with acute colleagues around a pragmatic solution.

Decision / Conclusion

The Committee welcomed the update and took assurance that the document had been shared as appropriate to influence and embed safe and effective patient care.

Medicines Management

C63 Area Drugs Therapeutic Committee (ADTC) Chairs report and approved minutes – JCCGC2223-36

The Principal Pharmacist presented the report and approved minutes, noting that a quorate meeting had been held in August and included a discussion around membership and current vacant posts.

Members were advised that the Medical Director and Director of Pharmacy shared the role of Chair to enable meeting to progress but there remained vacant positions within the committee for a community pharmacist and public representative.

The papers highlighted the following areas

- The structure and process of how key information from ADTC meetings should be disseminated was discussed
- An updated list of Emergency Medicines and stock holding locations was presented to and approved by the committee
- Local guidance outlining patient access, the treatment pathway and service delivery has been produced to align with the requirements of National Guidance
- Reports continued to be received from the ADTC Subgroups

Decision / Conclusion

The committee noted the update provided and welcomed the improved resilience of the group.

Population Health

C64 Public Health Update - JCCGC2223-37

The Consultant in Public Health presented the update highlighting the following:

- Covid-19 measures continued to be relaxed and testing and contact tracing had been reduced in line with the Scottish Government strategic aim.
- Seasonal influenza and covid vaccinations were being offered to all suitable groups with residents and staff in care homes and front line health and social care workers being the first group to be offered vaccinations.
- Since 6 May 2022 public health agencies across the United Kingdom had been responding to an outbreak of monkeypox, there were no new cases in Scotland since the 20 September 2022 and the Nordhaven service continued to offer pre-exposure prophylaxis vaccination to those who meet the eligibility criteria
- The current rise in cost of living was challenging for many people who were living in, or at risk of poverty across the country. Work in Orkney across the Public Health priorities would be important towards reducing the impact of this crisis on our community and a number of initiatives were being implemented

Decision / Conclusion

The committee noted the information contained with the Public Health update and welcomed the work in relation to the cost of living crisis.

Risk and Assurance

C65 Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2223-38

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:

- 509 - sustainability of the current medical workforce model – members were advised of new appointments made and the resulting reduction in reliance on locums which had both an impact both financially and in sustained quality impact

Decision / Conclusion

The committee welcomed the update provided.

C66 Cross Committee Assurance Reports

No issues had been raised from other Governance Committees

C67 Emerging Issues

Winter planning

Further information was expected and would be shared in due course

Fostering and adoption

The formal report and action plan would be brought to a future meeting of the committee, assurance was provided that no children were at immediate risk

C68 Any other Competent Business

No other business items were raised

C69 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:

- Mental Health update including the positive progress in this area and the Mental Health Transfer Bed procedure

Items for Information and noting

C70 Schedule of meetings 2022/23

Members noted the schedule of future meetings.

C71 Record of attendance

Members noted the record of attendance