

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**  
on **Thursday 8 February 2024 at 14.00**

- Present** Rona Gold, Chair  
Issy Grieve, Non-Executive Board Member  
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member  
Ivan Taylor, Integration Joint Board Member
- In Attendance** Stephen Brown, Integration Joint Board Chief Officer  
Sharon Ann Paget, Interim Chief Social Work Officer  
Morven Gemmill, Associate Director – Allied Health Professions (item 9.4)  
Kate Doughty, Corporate Records Manager (item 9.5)  
Laura Skaife-Knight, Chief Executive  
Monique Sterrenburg, Deputy Interim Medical Director  
Maureen Swannie, Head of Strategic Planning and Performance  
Samantha Thomas Director of Nursing, Midwifery, Allied Health Professions and Chief Officer Acute  
Louise Willis, Service Manager (Children's Health Services) (item 9.6)  
Louise Wilson, Director of Public Health  
Rachel Ratter (Minute taker)
- C71 Welcome and Apologies**
- Apologies had been received from L Bradford, M Brooks and C Somerville
- C72 Declarations of Interest – Agenda Items**
- No interests were declared in relation to agenda items.
- C73 Minute of meeting held on 27 November 2023**
- The minute of the Joint Clinical and Care Governance Committee meeting held on 27 November 2023 was accepted as an accurate record of the meeting and approved.
- C74 Matters Arising**
- Speech and Language  
On agenda
- Children's Health Services Assurance Report  
On agenda
- Integrated Performance Report  
To be presented at the next meeting and thereafter
- Corporate Risks  
On agenda
- Clinical policy review  
On agenda
- Quality Forum update  
On agenda

HAQUIF  
On agenda

Hospital Transfusion Committee Update  
On agenda

Person Centered Care update  
Update and clear plan reducing open incidents. Previous work had started and would be revisited. The Chief Executive highlighted two dimensions, open incidents related to DATIX and significant adverse events and the progress to be against those on the action plan at JCCGC on a regular basis.

The Medical Director assured members that progress had been made and a report would be brought to the committee.

Public Health Report  
The post meeting note was reflected in the minute.

#### **C75 Action Log**

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

#### **Risk and Assurance**

#### **C76 Corporate Risks aligned to the Joint Clinical and Care Governance Committee - JCCGC2324-**

The Medical Director presented the report which provided an update and overview of the management of risks related to the committee and highlighted the presentation of risks were under review.

The refreshed register had 7 Corporate risks, including 4 new risks and 6 Operational risks aligned to the Joint Clinical Care and Governance Committee and 5 risks had been reviewed and made inactive.

The Chair expressed thanks for the detailed report.

Consultations had taken place with Risk Forum members with regards to the review of how risks would feature moving forward.

The Chief Executive thanked the Medical Director for the detailed report and supported the down grading of the colonoscopy and overdue surveillance risk however, requested specific, relevant mitigations.

The Director of Public Health requested an update on progress against non-NHS risks. The Chief Officer explained operational risks would be assessed and those which were required be placed on the strategic risk register would be brought forward. Further work was required around including social care risks to the joint risk register.

#### **Decision / Conclusion**

The committee noted the report.

## **Governance**

### **C77 Whistleblowing Quarterly report - JCCGC 2324-21**

The Chief Executive presented the quarterly whistleblowing update, a mandatory report required by the Independent National Whistleblowing Office and highlighted that she was the Executive Lead for Whistleblowing and continued to work closely with the Whistleblowing Champion.

Members were assured that the whistleblowing route was always offered to staff as an option when meeting with colleagues or teams. A sense of fear towards the whistleblowing process and speaking up remained.

No whistleblowing concerns had been raised during the reporting period October to December 2023. Frustration continued around various HR processes detailed in the report.

The report highlighted questions raised about the effectiveness and responsiveness of key corporate support services, very specifically Finance and HR. Low team morale had been identified across areas of the organisation and the importance of understanding the issues raised was key. There had been an increase in concerns around the impact of NHS Orkney's financial position on staff well-being and safety.

Training had been arranged for all four confidential contacts colleagues and would be facilitated by the Whistleblowing Champion from NHS Fife, to strengthen relationships and learning from other Boards in Scotland.

Regular meetings with Whistleblowing Champion and Executive Director Lead continued to be held to discuss themes and trends, work to create a speak up culture and future developments. NHS Shetland and NHS Orkney continued to work in collaboration, including peer to peer support as needed with cases and sharing learning and good practice, an approach supported by the Whistleblowing Champion and CEO at NHS Orkney.

It was recognised that the report was presented to both the JCCGC committee and Staff Governance committee. The report would continue to feature at the JCCGC committee on a quarterly basis with a broader report featuring culture to the Staff Governance committee.

I Grieve thanked the CEO for the report and requested an indication on how many people within the organisation had identified the themes detailed in the report, how they received feedback and how concerns were addressed. The CEO provided examples of the numbers of concerns raised, assured members that each concern was dealt with on a case by case basis, initially a conversation with the relevant Executive Director or colleague, followed up in writing via email with an agreed timescale.

J Stevenson thanked the CEO for the heartening report and was curious around the concerns raised by Estates and Facilities. The CEO explained there had been a re-structure within the service which caused anxiety, particularly with the time taken to complete the re-structure. Switchboard was another area who had raised concerns.

All speak up concerns continued to be shared with the Whistleblowing Champion.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance.

#### **C78 Social Work and Social Care Governance Board Chair's Assurance Report - JCCGC 2324**

The Chair of the Social Work and Social Care Governance Board, presented the report highlighting the following items which had been discussed by the Area Clinical Forum at their meeting on the 17 November 2023 and 19 January 2024:

- SSSC – when a social worker held an international qualification prior to the individual undertaking the social work role, SSSC must undertake the necessary checks first in order to ensure it is an equivalent qualification. This was causing delays in the recruitment process.
- Following registration issues for agency staff and conflicting advice from SSSC and Disclosure Scotland advice as provided by SSSC advisor indicated that: Agency staff had six months to register with the SSSC.
- Following the initial amalgamation of the All Age Disability Team into Adult Social Work services an experienced worker joined Children's Services on an interim basis and was providing support to the children and their families
- Adult Inspections – St Rognvald House, maintained their grades. Sheltered Housing were subject to four inspections this year but were now back on a normal schedule of inspections. Considerable work had been undertaken around medication including plans to refresh medication training and policies in future.

The Chair provided thanks for the report and welcomed the first report.

I Grieve thanked The Chair of the Social Work and Social Care Governance Board for the update and queried the capacity with regards to the improvement work that had commenced. Members were assured that whilst there was a strain, plans were in place and actions would be sequential. A risk register would be created, and a subgroup had also been created which crossed children and adults services to create a framework that would work across social care and social work. The team had met twice and identified audit tools and agreed to streamline all improvement plans.

R Gold queried the impact of the SSSC issues for staff and patients. Members were informed where individuals had received qualifications elsewhere that had caused an impact on the member of staff commencing work. The Head of Strategic Planning and Performance explained that the main impact was financial and there was no impact to care as agency staff were in place until the SSSC registration was endorsed.

### **Decision / Conclusion**

The Committee agreed that the update provided excellent visibility with open and honest content and noted the report.

## **Strategy**

### **C79 Hospital Transfusion Committee Executive Lead Update – JCCGC 23-24**

The Interim Deputy Medical Director presented the report highlighting a Hospital Transfusion Team (HTT) had been set up under the clinical leadership of the Interim Deputy Medical Director, with one of the anaesthetists as the deputy chair, with bimonthly meetings as the Hospital Transfusion Committee (HTC). The Terms of Reference (ToR) had been identified and provided to the committee.

The National Transfusion Record had been implemented in December 2023 and relevant mandatory education had been rolled out to all staff involved in blood transfusion. The NHSO transfusion policy was in the process of being finalised and would be discussed and implemented after it had been approved at the next HTC.

Work commenced on the implementation of “Care of patients who choose to abstain from blood and blood products” policy and the review and implementation of the major haemorrhage protocol.

A further review had taken place to improve the blood stock and minimise the waste of blood products. The SNBTS (Scottish National Blood Transfusion Service) was updating the SOP (Standard Operating Procedure) to reflect the change. Mandatory training was in the process of being addressed.

The Interim Deputy Medical Director provided thanks to Fiona Embleton, Transfusion Practitioner and Mark Vickers for their effort and input.

The Medical Director provided assurance that the Board was managing processes in compliance within national recommendations.

I Grieve queried the reporting route of the report. The Medical Director confirmed that the Terms of Reference would be amended to reflect structural change.

The Director of Public Health welcomed the report and reiterated the importance of the organisation to help sustain specialist committee. The Medical Director was grateful for the comment and assured members a process was in place to ensure sustainability of sub-groups.

### **Decision / Conclusion**

The Committee noted the update.

### **C80 JCCGC Terms of Reference and workplan**

The Chair presented the reviewed and updated Terms of Reference and workplan for committee approval.

Members were advised that the amendments had been made following discussion at the development session and subsequent comments received and the main amendments were highlighted for ease of reference.

The Chief Executive informed members that the Head of Patient Safety, Quality and Risk should be in attendance.

Members agreed to replace Associate Directors with Associate and Interim Clinical Directors as indicated by the agenda. It was agreed that deputy directors could attend meetings on behalf of their Director moving forward.

Members discussed the addition of the Chair of the JCCGC attend the IJB as a voting member. It was suggested by I Grieve whether another member of the IJB on the Committee could present the JCCGC Chairs report.

*Post meeting note: It was proposed that the JCCGC Chair attends IJB as a voting member and Terms of Reference were changed to reflect this.*

### Business Cycle

The Medical Director advised that the Healthcare, Assurance Governance and Quality Improvement Framework (HAGQIF) would no longer be progressed and should be removed from the business cycle. A quarterly Medical Director report would replace the Quality Forum report.

The Chief Executive highlighted the importance of the quality impact assessment process and the requirement for a standing agenda item to provide visibility and to ensure oversight of the decision-making processes that related to quality and safety.

The Director of Public Health welcomed the elements of Social Work and Social Care on the workplan and queried the balance of learning of adverse events to link to both NHS services and the IJB.

### **Decision / Conclusion**

The Committee approved the Committee Terms of Reference and Workplan for 2024/25 which would be formally approved by the Board, subject to clarification around the Chair attending IJB as a voting member and the workplan returning to quarterly meetings.

### Strategy

C81

#### **Draft Children's Services Plan 2023-26**

The Chief Officer presented the draft three-year plan prepared by the Orkney Children's Services Strategic Partnership identifying the areas of priority. During the Plan's preparation, it became clear that the Community Planning Partnership, the larger Orkney community, and children, youth, and their families would be necessary for the plan's goals to be completely achieved. Positive feedback had been received from young people regarding the document's accessibility.

Wider engagement with young people was one of the plan's priorities, however the voice and views of a small group of young people were included within each section of the Plan. The group of young people had experience of the Care System. The Plan acknowledged that further work was necessary to ensure the voice was consistently heard and appropriate actions and improvements followed.

The report had been shared with the Care Inspectorate and Scottish Government colleagues and it was made available for public consultation through the Growing



Up in Orkney website. Further information would be added to the Children's Services Planning Structure section to strengthen and recognise the contribution provided by the third sector and the delivery of the wider agenda.

J Stevenson thanked the Chief Officer for the report and raised a query around the waiting list for autism. Members were assured that whilst the waiting list was over 2 years, any child or young person on the list was receiving services, it was the official diagnosis that they were waiting for. Parents were encouraged to work with the service to identify tools to help and manage young people until a diagnosis was received. Workshops were scheduled to innovatively address and manage wait times.

The Medical Director praised the report and the clear actions identified throughout however, discouraged the introduction of any Apps such as the proposed suicide prevention app detailed within the report due to the administrative burden and the new regulatory framework. It was suggested aligning the suicide prevention app with one that already existed.

I Grieve commended the report and queried whether the Poverty Indicators could have content to reflect Orkney's rural figures in addition to the national figures. She also highlighted the excessive use of alcohol with young people under the age of 18 in the local community and queried why this was not part of the report.

The Chief Officer assured members that work had progressed under the Cost-of-Living Taskforce to gain a comprehensive understanding of poverty issues across Orkney. Whilst alcohol was not sited in the plan, there was an on-going issue in relation to the Alcohol and Drugs Partnership, in particular prevention. Actions were featured in the Alcohol and Drugs Partnership sphere.

The Chief Executive thanked the Chief officer for the comprehensive report and was heartened by the young voices throughout and highlighted the importance of connecting the priorities with the Annual Delivery Plan, Clinical Strategy and Corporate Strategy. Further measurables against actions were requested.

### **Decision / Conclusion**

The Committee approved the plan for onward submission to the Board.

### **Quality and Safety**

#### **C82 Clinical Governance Reporting Update**

The Medical Director presented the report proposing a new reporting schedule for the committee to support transparency and improve reporting and highlighted key elements.

Members were advised due to the elapsed time, lack of progress, and changed priorities, development of a Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF) document would not proceed. The presumed objectives of this document would be included as part of a progressive review of clinical governance.

A reporting timeline was presented to ensure alignment of written reports from groups and committees reporting into clinical governance to enable papers to be

submitted to the JCGCC with sufficient notice.

There would be a refresh of the Quality Forum defined as a Clinical Governance function featuring a report from the Medical Director identifying areas that would be reported and highlight any gaps.

Members were encouraged to re consider moving from bimonthly meetings and return to quarterly meetings to ensure the function was sufficiently performing.

### **Decision / Conclusion**

The Committee approved the reporting schedule and noted the closure of the HAGQIF document and welcomed the return of quarterly meetings.

## **C83 Annual Report on Learning from Suicide Reviews**

The Chief Officer presented the report providing an annual update on local suicides, emerging trends and the strategic response across NHS Orkney and its Community Planning Partners.

The number of recorded suicides in Orkney in the calendar year 2023, had reduced considerably from previous years. Providing the number or exploring the circumstances of each in a written report, could lead to deductive disclosure and, as such, a verbal update was provided.

The Committee were assured that all deaths by suicide involving young people, and all those involving adults with current or previous involvement with services, were formally subject to review. These reviews included engagement with relevant professionals, and the family, and sought to understand the circumstances surrounding the death. Such reviews also looked to explore whether there was anything that could be learned from a strategic or operational perspective that could assist in minimising the number of deaths by suicide.

The Suicide Prevention Task Force was established in 2022 and continued to meet on a monthly basis. The attendance from a wide range of partners continued to be good and several initiatives had been driven by the group detailed in the report.

It was anticipated that the committee and the Community Planning Partnership would receive the finalised local Suicide Prevention strategy for noting and visibility.

### **Decision / Conclusion**

The Committee noted the information and took account of the verbal update on the deaths by suicide in Orkney in 2023.

## **C84 Death Certification Review Service – Annual Report 2022/23**

The Medical Director presented the annual report instigated by the Scottish Government to review deaths to ensure accurate certification and improve quality.

Locally, NHS Orkney were commended in the use of the system therefore should continue to strive for further improvement such as moving to an entirely electronic recording system and encouraging medical staff to take advantage of the advice readily available in circumstances of doubt.



### **Decision / Conclusion**

The committee noted the report.

#### **C85 Speech and Language Service Pressures Update**

The Associate Director, Allied Health Professions presented the report providing an update on the consequences for people with speech, language, communication and swallowing needs.

Work with the IJB had taken place to look at the most fragile services, which were dietetics and speech and language therapy. Progress had been made with regards to the Integration Performance Report highlighting the extent of demand for the services.

Members were advised with the additional of a WTE Band 6 Speech and Language Therapist for children and young peoples' services would bring the clinical staffing complement from 2.25 to 3.25 WTE posts. The postholder would commence on 19 February 2024.

Adult services had been significantly challenging due to the vacant team leader post since January 2023 and other vacant posts. Locum cover had been beneficial to address gaps however, this was inconsistent and had not addressed all adult groups.

Members were assured there would be mutual aid provided by a highly experienced Lead Speech and Language Therapist who would be in Orkney for 3-6 months to provide support and clinical service delivery in the interim.

The committee discussed the use of digital utilisation and were assured that Orkney offered a high percentage of 'attend anywhere'. NHS Orkney was the first Partnership and Board to offer a completely digital service to users.

The Chair requested clarity around the risk to the quality of care identified within the report. Members were advised adults with learning disabilities were at a higher risk of death by choking than the rest of the adult population and children at age 5 with a speech, language and communication disorder were five times more likely to be behind their peers at age 11 and were 30% more likely to not be in employment.

### **Decision / Conclusion**

The committee noted the report.

#### **C86 Status of Strategies, Policies and Procedures - JCCGC2324-25**

The Corporate Records Manager presented the report providing an update on NHS Orkney's Strategies, Policies and Procedures.

The Medical Director thanked the Corporate Records Manager for the excellent work that had been carried out to date and discussed the procedure of reviewing strategies, policies and procedures. It was requested that the report would feature at the quarterly NHS Orkney Clinical Care Governance Committee.

Members were assured that clinical policies that were pertinent to a team were displayed in the relevant department with a signature sheet next to the policy. Policy authors were responsible for distributing approved documentation.

The Chief Executive thanked the Corporate Service Records Manager for their leadership and reminded members that work had progressed regarding the policy framework review and the need to amalgamate with the operational governance review.

### **Decision / Conclusion**

Members noted the report, examined and considered the implications.

#### **C87 Children's Health Services Assurance Report JCCGC2324-26**

The Service Manager (Children's Health Services) presented the report providing assurance around Children's Health Services in Orkney. The initial report covered Health Visitors and School Nurses, with the Associate Director Allied Health Professionals providing assurance for the Paediatric Physiotherapists, Paediatric Occupational Therapists and the Speech and Language Therapy team.

The report identified positive achievements and areas that required further work to improve service delivery.

#### School nurses

All assessments at Primary 1 were complete and all Looked After Children health reviews remained up to date.

There was currently no enuresis service within the School Nursing team. The service was looking to re-introduce upon successful recruitment as it was an identified gap, particularly for children requiring pad assessments.

School Nurses were currently using C-Cube with limited access to PARIS. Both School Nurses and Health Visitors are required to be on the same system to enable continuity of care for children on transfer to school. Members were assured that the main communication method was face-to face contact via an effective and efficient paper method.

#### Health Visiting

Visits had now been offered to all families that had missed assessments for their children and letters were being sent to every family to remind them of who their named Health Visitor was and to encourage them to attend any appointments that have been missed.

A survey to families that are in receipt of Health Visiting services gave a mixed response with some negativity about the service that they have received which was a sobering read. 61% of respondents felt that the service they received was either good or excellent.

Upcoming projects for Children's Health Services were provided within the report.

The Chief Officer emphasised the impact and stability the Service Manager had

contributed to the service.

#### **Decision / Conclusion**

The Committee reviewed the report and took assurance.

*Medical Director left the meeting*

#### **C88 Infection Prevention Committee Chair's Assurance Report - JCCGC-2324-27**

The Executive Director of Nursing, Midwifery, AHPs and Chief Officer Acute, presented the report highlighting the following items which had been discussed by the Infection Control Committee at their meeting on the 20 December 2023.

- The group meet on a quarterly basis
- The report details the challenges and positive steps

#### **Decision / Conclusion**

The Committee noted the report.

### **Medicines Management**

#### **C89 Area Drugs Therapeutic Committee (ADTC) minutes**

The minutes were provided for noting.

#### **Decision / Conclusion**

The committee noted the minutes.

### **Population Health**

#### **C90 Public Health Update- JCCGC2324-29**

The Director of Public Health presented the report providing an update on key public health activity undertaken as follows:

- The strategic plan was accepted by NHS Orkney Board in October 2023 and subsequently submitted to Scottish Government. Work was underway to complete the baseline matrix for 2022/23 which had been requested by March 2024.
- There was a national concern around a potential resurgence of measles and meningococcal disease within the population, with those with uncomplete vaccination at a highest risk. A number of actions were being put in place to address this issue.
- The uptake rate for the MMR booster (2nd dose) for children aged 6 years between June 2022 and June 2023 in Orkney was 96.2%, the highest in Scotland and well above the 95% desirable threshold.
- Local response to the first UK human case of Influenza A(H1N2)v. Annual scenario training implemented in response to this.
- The next iteration of the Joint Health Protection Plan was being developed with colleagues from the Environmental Health and Port Health departments

in the Orkney Island Council (OIC).

- The COVID-19 and influenza vaccination uptake had been generally higher in Orkney than in Scotland.

The public health annual report highlighted activity undertaken from April 2022 to March 2023, primarily by the public health department and covered work around health protection, screening and health improvement. The period remained one dominated by the COVID-19 pandemic which had affected the lives of so many across the world as well as Orkney.

The Chief Officer thanked the Director of Public Health, welcomed the insights provided by the report, and gave special thanks to the Sara Lewis.

### **Decision / Conclusion**

The committee noted the report.

#### **C91 Emerging Issues**

none

#### **C92 Any other Competent Business**

There was no other competent business.

#### **C93 Items to be brought to the attention of the IJB, Board or other Governance Committees**

The JCCGC required guidance and direction from the Board on how best to have community voice within the business of the JCCGC to meet the intended outcome of community representation on Committee (see ToR) whilst not placing the responsibility of this on one person.

Rona – would you like to add anything here?

### **Items for Information and noting**

#### **C94 Schedule of meetings 2024/25**

Members noted the schedule of future meetings.

#### **C95 Record of attendance**

Members noted the record of attendance.