



Joint Clinical and Care Governance Committee

Minutes

NHS Orkney

Tuesday, 30 July 2024 at 09:30 BST

Attendance

Present:

Members: Stephen Brown, Wendy Lycett, lynda.bradford, Darren Morrow, Ivan Taylor, Kirsty Cole, Julie Colquhoun, Rona Gold, Issy Grieve, Kat Jenkin, Laura Skaife-Knight, Jean Stevenson, Sam Thomas, Louise Wilson

Guests: Julie Colquhoun

Absent:

Members: Anna Lamont

1. Welcome and Apologies (Presenters: Chair)
No apologies were given.
2. Declarations of Interests – Agenda Items (Presenters: Chair)
No declarations of interest were raised.
3. Minute of Meeting Held 14 June 2024 (Presenters: Chair)
The minute was noted as an accurate record of the meeting held on 14 June 2024.
4. Chairs Assurance Report
Members noted the Chairs Assurance Report submitted to Board.
5. Matters Arising (Presenters: Chair)
Consideration was given to cross committee governance from the Chairs Assurance Report.
6. Action Log (Presenters: Chair)
The action log was discussed with corrective action taken and providing updates where required.
7. CHAIRS ASSURANCE REPORTS
 - 7.1. Infection Control Committee Chair's Assurance report - JCCGC2425-23 (Presenters: Director of NMAHP and Chief Officer Acute)
Members received and were assured from the discussion and content of the report.

7.2. Clinical Governance Committee Chair's Assurance Report - JCCGC2425-24 (Presenters: Medical Director)

Members received the Chairs Assurance Report from the first meeting of the Clinical Governance Committee. The Chief Executive noted that the report made reference to the Weekly Incident Review Group not meeting as a result of not being quorate. The Head of Patient Safety, Quality and Risk advised that this group is under review, having had issues with quoracy due to no Executive Director attendance, as a temporary measure, the Significant Adverse Event Reports are going to the Clinical Quality Group.

The Chief Executive asked where the Terms of Reference for the Clinical Governance Committee had been approved, expressing concerns that there are groups meeting and decisions being made with no approved Terms of Reference. After some discussion it was agreed that there should be a pause put on any further changes in the Clinical Governance space until such time as there has been opportunity to review in some detail at the Board Development Session in September. In addition a paper is to be presented to the next Joint Clinical and Care Governance Committee setting out the reporting and the governance structure.

The Director of Nursing, Midwifery, AHPs and Chief Officer Acute noted that the Audiology staffing concerns are raised under matters of concern in this report, reminding members that there have been reports received through the Committee and through the Board in this regard. She went on to say that if there are still concerns they should come back to the next meeting.

I Grieve acknowledged the paper, noting that there are items in the report from the Medical Director later in the meeting, which she would have expected to see coming to this Committee through this report as work done in the Clinical Governance Committee.

K Cole shared her lack of understanding as to where the Clinical Governance Committee fits in the structure, having been invited to attend the meeting was unclear as to the purpose of the invitation.

Members noted the report and agreed that assurance will only be gained once there is a greater understanding and more detailed discussion about the proposed structure, what the engagement has been in relation to the Committee purpose and benefits and what it is looking to achieve.

8. PEOPLE

8.1. Whistleblowing Quarterly Report – Quarter 1 - JCCGC2425-25 (Presenters: Chief Executive)

Members received and discussed the report, noting the positive impact of the Confidential Contacts.

J Stevenson asked about the reference to pressures in IP1 and IP2 which the Director of Nursing, Midwifery, AHP and Acute clarified this

referred to staffing levels where there were gaps waiting for new starts to come into post.

The Chief Executive gave an update in advising of one formal Whistleblowing concern being received and managed under the Whistleblowing Standards. She went on to say that there has been one referral to the National Whistleblowing Officer and an increase in concerns going to the Confidential Contacts.

Members heard that the recent iMatter Report shows little change in terms of speaking up, a follow up survey was issued which has raised issues around closing the loop and evidencing and fear of detriment in terms of speaking up. The Chief Executive reported having been challenged on the appropriateness of her leading in this space, which she advised would be moving to another Executive Director's portfolio from April 2025.

Members acknowledged the report taking assurance from the content and updates provided.

8.2. Social Work and Social Care Service Annual User Experience Report - JCCGC2425-26 (Presenters: Chief Officer IJB)

I Grieve acknowledged the Report, noting the importance of actively encouraging comments, she asked for assurance that a range of tools and methods were used to encourage the best level of engagement. The Head of Community Care gave assurance, advising that many of these services are also subject to regulatory inspection, which also forms part of the feedback, acknowledging people can be more content speaking to Inspectors than with Peers.

The Director of Public Health asked for an update in terms of how it could be made easier for children to raise concerns. The Head of Children, Families and Justice Services advised that there are a number of options being explored, acknowledged the significant improvement in advocacy access by children, advised they are currently looking at an APP called Mind of My Own which has been commissioned by other Councils.

The Director of Nursing, Midwifery, AHP and Chief Officer Acute shared a reflection on the increase in complaints received asking if future reports could show a triangulation of the themes and action plans. The Chief Social Work Officer acknowledged the increase, advising that the increase was as a result of a number of complaints from one person, with the complaints being very complex and multi-faceted in nature. He agreed that outcome and impact will be an addition to the report in the next year.

K Cole asked about the unexpected peak in stage 2 complaints acknowledging that receiving a complaint is challenging and stressful, asked what support and training is in place for staff. The Chief Officer advised that frontline staff and those in receipt of complaints are regularly trained. Members heard that there have been a number of changes in the structure in the Children and Families team in the last year, which

have resulted in the need to build new relationships, part of which will include how complaints are responded to.

Members were assured by the information presented, acknowledged the updates provided following questions and approved the annual report.

9. PATIENT SAFETY, QUALITY & EXPERIENCE

9.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee - JCCGC2526-27 (Presenters: Medical Director)

The Head of Patient Safety, Quality and Risk presented the risks aligned to the Committee. I Grieve asked about the cCube risk and was advised that this has now migrated.

J Stevenson asked for an update in relation to the colonoscopy backlog, the Director of Nursing, Midwifery, AHP and Acute gave an update on the training that has been taking place as well as continuing with the service. Members heard that the Centre for Sustainable delivery have been on site working closely with the team locally and observed all procedures, but full validation is still required, it was noted that this work reports in through the planned care improvement workstream. The Chair asked when we should expect to see the colonoscopy report. The Chief Executive, reflecting on previous conversations, suggested that further consideration is needed to ensure that there is good governance in respect of clinical activity.

Members heard that the risk in relation to colonoscopy be updated taking into account the CFSD visit. The Head of Patient Safety , Quality and Risk was asked to give a post meeting update in this regard.

K Cole raised points in respect of risk 509 - fragile medical workforce. She asked if there is something missing in this risk about the impact that the temporary workforce has on substantive staff. It was noted that the updates are historical. The Head of Patient Safety, Quality and Risk advised that this has been updated, with an update going to the SLT in August. The Director of Nursing, Midwifery, AHP and Chief Officer Acute advised members that the current medical rota has no gaps until December 2024, with a recruitment plan planned for Quarter 3.

The Chief Executive noted that there is new and emerging risk around the withdrawal of funding for the mobile MRI scanner which has been escalated directly to Scottish Government, this is relevant to Finance and Performance Committee, but poses a risk to patient experience and waiting times.

R Gold acknowledged the improvements in terms of risks being addressed and improved, and in some cases removed from the risk register, noting it feels like a more live process. It was noted there are a lot of linkages to workforce and recruitment which needs to be considered in cross committee governance.

Members discussed the report in detail acknowledging the improvements that have been made this far, and those planned.

9.2. Medical Director report including Clinical Strategy Update for Quarter 1 - JCCGC2526-28 (Presenters: Medical Director)

I Taylor referred members to the audits carried out in IP1 and IP2 in terms of PPE acknowledging the huge improvements achieved, it then goes on to reference the Excellence in Care work with the Senior Charge Nurse from IP2 on secondment to lead on this work, which then further in the paper refers to the absence of the SCN being a risk. The Director of Nursing, Midwifery, AHPs and Chief Officer Acute advised that the training in PPE had dropped during the COVID period, but training has now increased and showing significant improvement. She went on to share that there is no detriment to leadership in IP2, with 2 very competent Band 6's, supported by the Clinical Nurse Managers. There was some discussion about the value of the report coming to a governance committee, noting the content was operational in nature but also covered information that in many instances has been reported elsewhere.

L Wilson noted that the Cancer Improvement Plan has not been covered in this report as was stated during the Action Log item. She went on to ask about the reference to missed or incomplete appraisals in secondary care, asking for a time period for when this will be rectified.

K Cole noted the reference to software as a medical device, which she was very keen to understand a bit more about. She went on to ask what it means for NHS Orkney in terms of the reference to the laboratory not being accredited to UCAS.

The Chief Executive acknowledged that this report is a hugely helpful operational overview, but as a board assurance committee it is not what we would expect to see, notwithstanding the Medical Director report has lots of information that does not sit with the Medical Director. She went on to express concerns about the cross over with a number of other Committees, suggesting that in the context of changes to Clinical Governance, where does this report fit.

J Stevenson asked about the recruitment of the Tissue Viability Nurse, the Director of Nursing, Midwifery, AHP and Chief Officer Acute advised that this is still a requirement.

W Lycett noted that there is reference in the report to the lack of pharmacy on call service, advising that NHS Orkney is the only Board in Scotland who do not have that service, noting the challenges with getting this in place advising a proposal will come to SLT in next couple of months.

Members agreed that the report had been given scrutiny, agreed that feedback will go to the Medical Director, ahead of a revised version for the October meeting, acknowledging that the Director of Nursing, Midwifery, AHPs and Chief Officer Acute, The Director of Public Health and Chief Officer IJB should discuss with the Medical Director.

The Chief Executive suggested that the feedback needs to be considered in terms of clarity in terms of the new Clinical Governance structure.

9.3. Complaints and Feedback Quarter 4 report - JCCGC2425-29 (Presenters: Head of Patient Safety, Quality and Risk)

J Stevenson noted the number of people who go to the MSP rather than following the formal complaints process. The Head of Patient Safety, Quality and Risk advised members that there is no clear reason for this, as there are a number of options available to the public for raising complaints. The Chief Executive advised members that any complaints that come in through the MSP go through the recognised process, they do not jump the queue.

Members discussed the update presented in the report, receiving assurance from the discussion.

9.4. Mental Health Transfer Room - JCCGC2425-30 (Presenters: Medical Director)

Members noted the report.

10. PERFORMANCE

10.1. Integrated Performance Report (Quality and Performance) - JCCGC2425-31 (Presenters: Medical Director)

There was some discussion about DATIX system being used to raise concerns, resulting in 171 incident reports. The Head of Patient Safety, Quality and Risk advised that the DATIX system includes a Patient Experience module.

The Chair noted that the Committee had expected an update on Significant Adverse Events, she heard that 1 of the outstanding actions has been closed, one is waiting for sign off by the Commissioner and one has been reallocated for review. Members heard that the SAER and action plans are reviewed through the Clinical Governance Committee on a monthly basis.

Members discussed the report.

10.2. Mental Welfare Commission action plan update - JCCGC2425-32 (Presenters: Chief Officer IJB)

The Chief Officer provided an update in terms of the Mental Health Services acknowledging the Whistleblowing Concern raised by the Community Mental Health Team, in particular the staffing of the Mental Health Transfer Room and the lack of investment in information systems. Members heard that a peer review has being commissioned to look across the scheduled and unscheduled mental health services.

The Chief Executive asked for clarity in terms of the number of actions and improvement plans in this space, asked where the oversight is and how they get pulled together, and what does this committee need to see from an assurance perspective.

K Cole asked about the use of emergency transfer bed acknowledging the response from the Chief Officer of the IJB, who advised the use of the transfer bed is unusual in comparison to any other Board, however activity is not outwith then norm.

Members noted the update and the emerging issue.

11. POTENTIAL

- 11.1. Joint Clinical and Care Governance Committee workplan 2024/25 - JCCGC2425-33 (Presenters: Chair, Director of NMAHP and Chief Officer Acute)

Members agreed that the Chair and the Lead Executive, the Director of Nursing, Midwifery, AHP and Chief Officer Acute, along with the Chief Officer of the IJB would review the workplan taking into consideration many of the discussions held during the meeting.

12. PLACE

- 12.1. Health inequalities update - JCCGC2425-34 (Presenters: Director of Public Health)

Members were assured by the update presented in the report.

- 12.2. Child Health Review – update - JCCGC2425-35 (Presenters: Director of Public Health)

The Director of Nursing, Midwifery, AHP and Chief Officer for Acute Services thanked the Director of Public Health and the Team for the work that has gone into the improvements presented in the report. The Chief Executive acknowledged that the Director of Public Health has personally engaged with and kept the Health Visiting Team updated throughout the process.

Members acknowledged the value of the service provided by the Health Visiting Team, noting that a progress update will be provided by the Children's Services Manager.

13. Emerging issues (Presenters: Chair)

Emerging issues from the Medical Directors Report.

The need for greater understanding of the Clinical Governance Structure

POST MEETING ISSUES RAISED

1. Learning Disabilities Annual Health checks - aware we have completed 15% of the needed checks - circa 111pts. Next update to Scottish

Government is required in November, an action plan is being drafted and work to review the service.

2. Infection Control Workforce Strategic Plan - the self assessment has been submitted to Scottish Government and they have raised some concerns which they have agreed will be addressed in writing with actions if able. Governance will be via Infection Prevention Committee and will be noted in the chairs assurance report that comes to JCCGC.

14. AOCB (Presenters: Chair)

No additional matters were raised.

15. Agree items to be included in Chair's Assurance Report to Board (Presenters: Chair)

Colonoscopy Report - where and how will this feature in the governance system

Clinical Governance Structure - no approved terms of reference

Medical Director Report raised a number of items for escalation

Chair and Executive lead are working to approve the agenda setting for the meeting

Significant work underway in the mental health space to ensure safety and care of patients.

Child Health Review

Positive work that is being done to update the risk register with risks being addressed and removed

Positive to have the medical director report

Confidential Contacts - noted the great work they are doing

Public Health and population health planning influencing the CPP work

Social work Report - took assurance and approved

16. Items for Information and Noting Only

16.1. Ministerial Response to IRISR recommendations (Presenters: Chair)

The letter was noted.

16.2. Schedule of Meetings 2024/25 (Presenters: Chair)

Noted

16.3.

16.4. Record of Attendance (Presenters: Chair)

Noted