

Joint Clinical and Care Governance Committee Minutes 2 April 2025

Attendance

Members: Stephen Brown (Chief Officer, IJB), Dr Kirsty Cole (ACF Chair), Debs Crohn (Head of Improvement), Rona Gold (Chair), Kat Jenkin (Head of Patient Safety, Quality and Risk), Dr Anna Lamont (Medical Director), Darren Morrow (Head of Children, Families and Justice Services and Chief Social Work Officer), Laura Skaife-Knight (Chief Executive), Jean Stevenson (Vice Chair), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Issy Grieve (Non-Executive Board Member),

Guests: Lauren Flett - Senior Charge Midwife, Lynda Bradford (Head of Health and Community Care), Elvira Garcia (Consultant in Public Health), Louis Willis (Service Manager (Children's Health Services), Hannah Casey (Public Health Manager)

1. Apologies (Presenter: Chair)

Apologies received from M Gemmill (Associate Director Allied Health Professions), Ryan McLaughlin (Employee Director). I Taylor (Orkney Island Council representative)

2. Staff Story - Green Maternity Project - Hip Dysplasia scanning (Guest: Lauren Flett - Senior Charge Midwife)

L Flett, Senior Charge Midwife, attended to present the Green Maternity Challenge, a UK-wide initiative focused on sustainable maternity care, by implementing a local newborn ultrasound screening program to reduce stress and carbon emissions from travel. The Royal College of Obstetricians and Gynecologists (RCOG), the Royal College of Midwives (RCM) and the Sustainable Healthcare Coalition (SHC).

The efforts were highly commended, and it was noted that NHS Orkney was the only Scottish team out of 8 teams, and this was due to the dedication to patients and family experiences provided by the maternity service.

The Chief Officer- Integration Joint Board (IJB) asked for further information in relation to challenges and barriers faced throughout the process and the need for constant perseverance as in his opinion, it was an excellent proposal.

3. Declarations of Interests – Agenda Items (Presenter: Chair)

Item 13.4 Public Health Report - Sexual Health and Blood Borne Viruses Report. Dr K Cole highlighted that she was a clinician of the Nordhaven Clinic.

4. Minute of Meeting held on 4 February 2025 (Presenter: Chair)

The minutes of the Joint Clinical and Care Governance meeting held on 4 February 2025 were accepted as an accurate record of the meeting.

5. Action Log (Presenter: Chair)

The action log was discussed with corrective action taken and providing updates where required.

6. Chairs Assurance Report - 4 February 2025 (Presenter: Chair)

Members noted the Chair's Assurance report.

7. Feedback from National Meetings (Presenters: DoNMAHP, Medical Director)

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services and the Medical Director provided a verbal update from the Scottish Association of Medical Directors and Scottish Executive Nurse Directors National meetings.

The Medical Director advised that the national Scottish Association of Medical Directors meetings were typically in confidence which limits what could be shared at the subcommittee meeting. Permission had been sought to share the agenda of the meetings. Where discussions included information currently in the public domain, this would be shared. This included at the last meeting discussion of the impact of incorrect results being issued to Royal College of Physician examinations in 2023, including supporting those doctors affected by incorrect results.

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute advised there had been discussions around the output of the Nursing and Midwifery Task Force which had been published. Changes to the transmission-based precautions were also discussed which would affect face mask requirements and face fit testing across both acute and the HSCP. There was an update on the Health Visiting action plan which had been published and shared with teams. Further discussions were around Health Inspectorate Scotland (HIS) inspections and national learning from these.

The Chief Executive thanked the presenters and requested an update from the Director of Public Health at future meetings.

Decision/Conclusion

Members welcomed and noted the updates.

8. CHAIRS ASSURANCE REPORTS

**8.1. Chair's Assurance Report - Area Drugs Therapeutic Committee
JCCGC25256-01 (Presenter: Medical Director)**

The Medical Director received questions from committee members in relation to the report of the meeting held on the 10 February 2025.

Dr K Cole queried whether the item under positive assurance for Acute Coronary Syndromes (ACS) included discussions on the management of ACS pre-hospital, in particular patients and clinicians that would be on the isles and would need to manage the condition before transferring to the Balfour. The Medical Director advised it was the understanding that it was inpatient care, however, would look to identify whether there was any relevance specifically to the isles. Guidance had been adopted from Grampian.

Decision/Conclusion

Members received escalated items and took assurance on performance

8.2. Infection, Prevention Control Committee Chair's Assurance Report JCCGC25256-02 (Presenter: Director of Nursing Midwifery, AHP and Chief Officer Acute)

The Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services received questions from committee members in relation to the report of the meeting held on 5 February 2025.

It had been raised through the Infection Control Committee Chair's Assurance Report, Occupational Health's concerns for TB screening currently within Orkney. This was echoed by the Area Clinical Forum chair and there was agreement that clarity on progress made would be shared with Clinical Governance groups, led by Joint Clinical Care Governance Committee Exec Lead.

The Chief Executive escalated some compliance concerns regarding the new hospital contract, including some relating to water maintenance, which were being explored. A paper setting out proposed strengthened arrangements for governance and performance management arrangements would go to the 22 May 2025 Finance and Performance Committee, with any quality/safety concerns being escalated to Joint Clinical and Care Governance Committee, to ensure cross Committee working and assurance.

Members requested that there were no acronyms in future reporting and to be mindful to be clear on where things were happening and led by who.

Decision/Conclusion

Members received escalated items and took assurance on performance

8.3. Social Work and Social Care Governance Board (SWSCGB) Chairs Assurance Report JCCGC25256-03 (Presenter: Chief Social Work Officer)

The Chief Social Work Officer received questions from committee members in relation to the report of the meeting held on 4 March 2025.

The Chief Executive requested clarity in relation to the out-of-hour social work rota. Members were advised that due to vacancies, the rota resulted in a small number of staff taking place which caused unhappiness, and they were not satisfied with the remuneration whilst on shift. Agency staff had been explored as an opportunity to support the permanent workforce and conversations with HR were on-going in relation to renewing financial remuneration, to be in line with other out-of-hour rotas within the service.

Decision/Conclusion

Members received escalated items and took assurance on performance and noted the excellent outcome from the Care Inspectorate review of Adult Support and Protection Services undertaken with significant progress achieved in all areas inspected.

8.4. Clinical Governance Group Chair's Assurance Report JCCGC25256-04 - Paper not received (Presenter: Medical Director)

No paper was received from the Clinical Governance Group meeting.

8.5. Chairs Assurance Report - Risk Management (RMG) (Presenters: Medical Director)

The Medical Director received questions from committee members in relation to the report from the meeting held on 12 February 2025.

L Hall requested and received a description of risk jotters.

The Chief Executive questioned whether a meeting had taken place in relation to the concern around lack of capacity to complete Significant Adverse Event Reviews (SAER), with expected timeframes not being completed and therefore learning not being shared in a timely manner. Members were advised a meeting had taken place and the next steps would be provided at the next Risk Management Group.

Decision/Conclusion

Members received escalated items and took assurance on performance

9. JCCGC Annual Report - JCCGC25/26-05 (Presenter: Chair)

The Chair presented the Committee Annual Report noting that the Joint Clinical and Care Governance Committee held a development session on the 25 March 2025 to discuss committee effectiveness during the year including any concerns, successes and areas for focus moving forward. These areas of discussion formed part of the Annual Report that was provided for approval by

the Committee before submission to the Audit and Risk Committee and ultimately Board.

Decision / Conclusion

The Committee reviewed the report and approved for submission to the Audit and Risk Committee and Board with minor amendments to be made to the attendance record.

10. PATIENT SAFETY, QUALITY & EXPERIENCE

10.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee - JCCGC25/26-06 (Presenter: Executive Director of Nursing Midwifery, AHP and Chief Officer Acute Services)

The Head of Patient Safety, Quality and Risk presented the Corporate Risks aligned to the Joint Clinical and Care Governance Committee.

The Committee noted the report which provided an update and overview of the management of risks related to the committee. The top five risks were detailed within the report.

Decision/conclusion

Members took assurance on progress on the latest Corporate Risk Register.

10.2. Mental Health Peer Review - JCCGC25/26-07 (Presenter: Head of Health and Community Care)

The Head of Health and Community Care received questions in relation to the Mental Health Peer Review paper, the review which was commissioned by the Chief Officer IJB, Orkney Health and Social Care Partnership, and the Executive Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute Services. Barry Muirhead, Associate Director of Nursing for Mental Health and Learning Disability in NHS Highland, carried out the review.

J Stevenson asked whether there had been discussion in relation to the suggestion of any patient with a stay beyond 12 hours in the transfer room should be transferred to a standard care area with the need for mental health trained staff to be based on individual risk assessment and need. Members were advised that this was potentially the most debate worthy suggestion as the mental transfer room could be regarded as being deliberately separate and isolated to provide seclusion. Another issue was the availability of streamline patient beds.

Dr K Cole referenced what seemed to be a discrepancy in regard to a lack of understanding from the community mental health team around what was reasonable to be managed in general practice and primary care and vice versa or if there was a language problem where primary care was actually referring to

primary care, mental health services and not general practice. Members were reminded that there were no primary care mental health services at present, therefore the reason why presentations had been referred to the community mental health team. It was concluded that the Associate Director of Nursing for Mental Health and Learning Disability in NHS Highland recognised within the framework there was a gap.

Dr K Cole emphasised that GPs were indeed having to manage situations beyond their expertise and encounter uncomfortable positions and manage highly complex patients without support from psychiatric colleagues therefore creating an unsafe environment. It was asked if there was potential for that to be recognised in terms of prioritising how psychiatric consultant sessions were looked at as per the report. The Chief Officer, IJB stated that this was an absolute priority in terms of mental health provision and primary care. It was featured through the primary care improvement planning and through suicide prevention task force and the prevention action plan.

The Chief Executive questioned whether the report had been shared with staff and the teams involved. Members were advised the report would be provided to staff following oversight of the committee.

It was agreed to have in future JCCGC, one report on the combined actions within the Mental Health Peer Review report and the Mental Health Assurance report, alongside previous actions already underway on mental health.

Decision/conclusion

Members received the review and took assurance of the actions required.

10.3. Fostering, Adoption and Permanence Panel - JCCGC25/26-08 - Item deferred to July Committee (Presenter: Head of Children, Families and Justice Services and Chief Social Work Officer)

No paper received.

Decision/conclusion

Members agreed the item would be deferred to July Committee

10.4. Quality, Safety and Experience Report - JCCGC25/26 - 09 (Presenter: Medical Director)

The Medical Director received questions in relation to the Quality, Safety and Experience Report.

Members were advised that whilst the training was not able to be mandatory, Senior Charge Nurses had been encouraged to complete the training.

The report highlighted work underway to address reviewing and closing incidents, and serious and adverse events (SAEs), this includes regular meetings and training for those in management and leadership positions.

Decision / Conclusion

Members agreed on the content and layout and took assurance.

10.5. Centre for Sustainable Delivery Endoscopy review - outcomes and improvement plan -JCCGC25/26 -11 (Presenter: Medical Director)

The Medical Director presented the report summarising the findings and recommendations from the Centre for Sustainable Delivery (CfSD) and the National Endoscopy Training Programme (NETP) regarding NHS Orkney's endoscopy services.

Members welcomed the report including the steps taken steps to address risks through a bid submitted to the Scottish Government for backlog clearance, workforce transformation, and integration with the Clinical Services Review (CSR) to establish long-term service model. More detail and actions from the recommendations would go as a further update to the July meeting of JCCGC.

J Stevenson questioned what standards and guidelines were being used if there were no national standards or guidelines to follow. Members were advised that the peer review was undertaken by the exemplary service lead for Scotland and that there were targets in terms of the number of polyps that are removed in terms of lower endoscopy. Guidance was available in terms of the amount of sedation used. There was clinical guidance, however, it was not used to report national quality measures.

Dr K Cole queried whether the report findings put forward a need to identify other systems or clinical processes where the organisation relied on itinerant staff or where there had been challenges or familiarities with local policies, procedures, guidelines and equipment.

The Chief Executive sought clarity around what had been achieved since July 2024, what was yet required in terms of achieving recommendations and requested a timeline for future reporting. It was also requested that the committee received the full Centre for Sustainable Delivery (CfSD) report to ensure good governance.

Decision / Conclusion

Members noted the report.

10.6. Process for undertaking peer reviews (internal and external) - JCCGC25/26 - 12 (Presenters: Medical Director, Director of Public Health, Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services , Chief Officer Integration Joint Board)

The Committee were advised that the lack of a standardised process for peer reviews in NHS Orkney had resulted in significant gaps in executive awareness and oversight. Notably, the peer review of colonoscopy services was only brought to the attention of the Medical Director and Chief Executive on the day of the visit. Therefore, a standard approach to peer reviews was required to ensure there was approval at an executive level, communicated to relevant teams in advance, and appropriately resourced to maximise their value.

The Chief Executive welcomed the report and formal and standard approach to peer reviews, commissioning, sign off, oversight and governance. A discussion with the executive team had taken place with regards to oversight of external reviews, peer reviews both clinical and corporate that were already in the system.

Decision/conclusion

Members took assurance on the agreed process for undertaking future Peer Reviews, ensuring standardisation and involvement of key stakeholders in the planning and approval, which will improve quality and effectiveness of recommendations.

10.7. Children's Health Assurance Update - JCCGC25/26 -13 (Presenter: Service Manager (Children's Health Services))

The Service Manager (Children's Health Services) received questions in relation to the update provided on the Health Visitors and School Nurses teams.

Following a concern around finances in relation to the Band 6 School Nurse attending a Trauma Informed Developmental Care Conference in Boston, it was confirmed that this was fully funded externally.

Decision/conclusion

Members welcomed the update and received positive assurance from the comprehensive update on Children's Health Services in Orkney, covering work of Health Visitors and School Nurses.

10.8. Primary Care - Dental Services Update JCCGC25/26 -13 (Presenter: Director of Dentistry)

The Director of Dentistry provided an update highlighting access to dental services in Orkney has been strained for some time and dentistry had been previously highlighted by both the Integration Joint board and Board of NHS Orkney as a fragile service. The problems included routine dental care and specialist services.

The Director of Nursing, Midwifery, APH's and Chief Officer Acute welcomed the comprehensive paper and questioned whether there had been any actions

taken in relation to the aspiration to 'grow your own'. Members were advised nothing had yet taken place in conjunction with any other department or formal process. Members were made aware that there was a need to recruit dental nurses which may require innovative ideas.

The Chair emphasised the brilliant report and the links between independent and public health space.

The Director of Dentistry advised there had not been an Area Dental Committee for some time therefore there was a gap in providing the Board with information. Work remained in progress around re-establishing the advisory committee and it was agreed that the Medical Director and Chief Officer IJB would follow up on the progress status.

There had, however, been a meeting that brought everyone together both from independent and public dental services which enabled open and honest discussions, including challenges faced.

It was agreed that an update to the action plan within the Dentistry paper should be considered at the October JCCGC meeting.

Director of Dentistry left the meeting

Decision/conclusion

Members welcomed the update and received assurance.

11. PEOPLE

No papers received.

12. PERFORMANCE

12.1. Integrated Performance Report - April 2025 JCCGC25/26 -15 (Presenter: Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services)

The Chair invited questions to each relevant director in terms of the Integrated Performance Report.

Dr K Cole queried why cervical screening did not have a Red, Amber, Green (RAG) status. Members were advised that data from cervical screening was received from national data which required to be validated, however there had been a delay.

The Chief Executive advised that each chapter of the report should be scrutinised by the committee, in detail and challenge areas that were off track. It was agreed that the item would feature at the top of agendas moving forward.

Decision / Conclusion

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

12.2. Mental Health Assurance Update - JCCGC25/26 -16 (Presenters: Head of Health & Community Care)

The Head of Health and Community Care presented the report and received questions in relation to the activity within Mental Health Services during the period of 1 September 2024 to 28 February 2025 including recent service delivery progress and challenges.

Members discussed the high number of Freedom of Information requests (FOI) and whilst it was good the information was available; it was time-consuming within a small team.

Dr K Cole expressed that GPs were provided with mixed information around adult ADHD referrals and access to treatment for patients diagnosed with ADHD. The Chief Officer IJB advised that work would be carried out to ensure GPs were clearly cited.

Decision/conclusion

Members welcomed the update and received assurance.

12.3. Public Health Report - Burden of Disease - JCCGC25/26 -17 (Presenter: Public Health Manager)

The Public Health Manager received questions in relation to the update on trends in respiratory ill-health in Orkney and key public health activities in relation to respiratory health.

I Grieve welcomed the reflective reports and data sharing, however, raised a question about the public health information provided in relation to the impact from the additional 250 workforce that would be brought to the island over the next 5 years through work provided by an energy company. Members were advised a discussion would be held at the next Orkney Sexual Health and Blood Borne Viruses Network meeting. It was agreed that a further discussion would be held at an executive level to include precautions that could take place locally and learning from similar events in Shetland.

J Stevenson raised concern around the slight increase in Chronic Obstructive

Pulmonary Disease (COPD). The Medical Director advised that the effects of COPD were a long-term effect therefore any effect in terms of reductions of

smoking would have to apply to the populations moving to Orkney and would need to refer to what had been happening over the last 20-30 years.

The Chair queried how people living within areas with high radon levels were engaged with and whether there was data that identified how many people had lung cancer as an effect of living in the area. The Medical Director advised that there was an annual indicative atlas of radon produced by the Scottish Government.

Decision/conclusion

Members welcomed the update and received assurance.

12.4. Public Health Report - Sexual Health and Blood Borne Viruses Report - JCCGC25/26 -18 (Presenter: Locum Consultant in Public Health)

Members were provided with the opportunity to ask any questions in relation to the Sexual Health and Blood Borne Viruses Report. No questions were received.

Decision/conclusion

Members welcomed the update and received assurance.

12.5. Primary Care Improvement Programme Update - JCCGC25/26 -19 - Item deferred (Presenters: Head Primary Care Services)

Item deferred to July meeting.

13. POTENTIAL

No papers received.

14. PLACE

No papers received.

15. Emerging issues and Key National Updates (Presenter: Chair)

The Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services advised members that the peer review into the emergency departments in Greater Glasgow and Clyde was published on 27 March 2025. This has been discussed within the executive team and at SLT in relation to next steps. A self-assessment would be made against the 41 recommendations that were applicable. The report would be presented to JCCGC and to Board in August 2025.

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

Members discussed areas to be included within the Chair's Assurance Report.

17. AOCB (Presenter: Chair)

18. Items for Information and Noting Only

18.1. Complaints Policy - JCCGC25/26-0 (Presenter: Head of Patient, Safety and Quality)

Members noted updated Complaints Policy. Dr K Cole observed that an area missing from the report was the support provided to staff in receipt of a complaint. Members were advised the report was based on processes and how they were followed and that there were standing operating in place that were under review to include a staff and well-being programme which would help support staff in terms of complaints. It was agreed that the Director of People and Culture and the Executive Director of Nursing, Midwifery, AHP and Chief Officer Acute Services would have further discussion and report back to the committee.

18.2. Documentation for noting

Members noted the following

18.2 -Sexual Health and BBV - NHS Board Visits - Invitation letters - November 2024 - NHS Orkney

18.3. Schedule of Meetings 2025/26 (Presenter: Chair)

Members noted dates of future meetings

19. Implementation of the Effective Cancer management Framework - Cancer Improvement Plan JCCGC25/26 - 010 - Paper not received (Presenter: Medical Director)

No paper received,