Joint Clinical and Care Governance Committee - 4 February 2025 Minutes

NHS Orkney
04/02/2025 14:00GMT

Attendance

Present:
Members: Stephen Brown, Kirsty Cole, Debs Crohn, Rona Gold, Issy Grieve, Kat Jenkin, Anna Lamont, Wendy Lycett, Darren Morrow, Rachel Ratter, Laura Skaife-Knight, Jean Stevenson, Sam Thomas, Louise Wilson

Guests: Ivan Taylor

Absent:
Members: Morven Gemmill, Meghan McEwen, Ryan McLaughlin, Jarrard O'Brien

1. Apologies (Presenters: Chair)

Apologies were received from S Brown, L Hall and M McEwen.

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

No declarations of interest were noted with regard to agenda items.

3. Minute of Meeting held on 2 December 2024 (Presenter: Chair)

The minute of the Joint Clinical and Care Governance meeting held on 2 December 2024 were accepted as an accurate record of the meeting. It was noted K Cole had provide apologies.

4. Action Log (Presenter: Chair)

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

5. Chairs Assurance Report

Members noted the report.

6. CHAIRS ASSURANCE REPORTS

6.1. Area Drugs and Therapeutics Committee Chair's Assurance Report (Presenter: Medical Director)

Members noted the paper.

J Stevenson queried why the Stroke Pathway Consolidation would form part of the new orthogeriatric workstream. The Medical Director advised the TIA primarily focused around assessment of risks regarding frailty.

The Chief Officer noted the issue relating to Out-of-Hours Antiviral Availability. Members were advised that clarification had been sought and an update had been issued.

Members noted the movement in progress as well as the progress on Nitrous Oxide Decommissioning in A&E.

The Chair noted the collaborative engagement at the meeting and raised a query regarding the funding risks for High-Cost Medicines and what actions had been taken to manage the potential risk and where the tracking was evidenced. The Medical Director advised it was a standing risk around high cost medicine and was tracked through the Pharmacy Improvement Workstream.

The Medical Director highlighted there was agreement to formally approve formulary items locally to ensure clinical governance approval and validity in NHS Orkney.

Decision / Conclusion

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

6.2. Infection, Prevention Control Committee Chair's Assurance Report - no paper see below (Presenter: DoNMAHP)

There had been no meeting since the last time the Chairs Assurance was presented.

6.3. Social Work and Social Care Governance Board (SWSCGB) Chairs Assurance Report - No paper see below (Presenter: Chief Social Work Officer)

There had been no SWSCGB meeting's since the last time the Chairs Assurance was presented.

6.4. Clinical Governance Group Chair's Assurance Report - No paper submitted (Presenters: Medical Director)

December meeting deferred and re-scheduled for March 2025.

7. JCCGC Business Cycle and Workplan 2025/26 - verbal (Presenter: DoNMAHP)

Members discussed the approved JCCGC Business Cycle and Workplan for 2025/26 and agreed that reporting

Members discussed the reporting timeframes to ensure up to date data was captured and presented. The Chief Executive agreed that this included the Integrated Performance Report and an end-to-end review was taking place. A discussion would be held by the Chief Executive and report back to the Chair as an action.

D Morrow emphasised that in additional to the Annual Chief Social Work Officer report, up to date and relevant social work and social care strengths and areas for development would be provided to JCCGC through the Social Work and Social Care Governance Chair's Assurance Report.

The Chief Executive emphasised patient experience required further attention and an improved approach with developed patient experience programmes which would focus as a priority of the Corporate Strategy within quarter two. Patient and Public Engagement also required a clearer and strengthened approach from April 2025.

Decision / Conclusion

Members approved the addition of Integrated Performance Report (IPR) being added to each meeting.

8. PATIENT SAFETY, QUALITY & EXPERIENCE

8.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee (Presenter: DoNMAHP)

The Committee noted the report which provided an update and overview of the management of risks related to the committee. The top three lists were a new feature of the report and five risks had been added.

K Cole queried why clinical services were altogether under the Fragile Clinical Services risk and why there was no individual risk level assigned. The Medical Director advised it was not a risk about individual services, it was around fragile services and the circumstances that lead to the fragility. Individual risks were tracked at the Planned Care Programme Board. It was agreed the description would be made clearer. Outputs of the four specialities would be presented to the Finance and Performance Committee through the Planned Care Programme Board Chair's assurance report.

K Cole asked for clarity around the impact description for the risk in relation to Capacity within Mental Health Services whereby it described the impact on patients on a specific service rather than other services within the rest of system. Therefore, there were clear impacts on the mental health team capacity and effect on the emergency department and primary care services not captured as an impact of capacity of the mental health team. The Medical Director advised risks were specific on the impact being scored which formed part of the risk description.

K Cole asked what progress had been made in relation to the risk Organisational Clinical Policies and Procedures. The Director of Public Health advised an update was not due however the Clinical Policies and Procedures Oversight Group had met and included both clinical and non-clinical staff, a workplan had been developed which included engagement with workgroups. The Chief Executive advised there was a short life working group that focused on overdue policies, a progress report would be presented to SLT and the Board in February 2025.

The Director of Public Health highlighted that the committee was a joint committee with the IJB therefore should the committee require oversight of risks and mitigations on the health and social care side. The Chief Officer, IJB advised there was an IJB risk register which was presented to the Performance and Audit Committee.

Decision / Conclusion

The Committee noted the report and discussed the risks aligned to the Committee and took assurance on the progress on the risk register.

8.2. Public Protection Improvement Programme Update - No paper submitted (Presenter: Public Protection Lead)

No paper was received.

8.3. Quality, Safety and Experience Quarter 3 Report (Presenter: Medical Director)

The Medical Director presented the report advising it continued to develop as it matured the aim was to be able to provide much richer information around quality improvement

in relation to incidents and themes and trends, as well as work around Excellence in Care (EiC) and the Scottish Patient Safety Programme (SPSP).

J Stevenson requested assurance that the learning possibilities had been actioned following the downgrade of the SAE Review in relation to an urgent GI endoscopy. Members were advised there was an action for the team to construct an endoscopy pathway as part of the action plan monitored by the Clinical and Quality Group.

I Grieve welcomed progress made under complaints.
The Director of Public Health raised a query around expected training figures for Complaints and Feedback and Investigation Skills. Members were advised that the training was only required to be completed once and previous figures were lost during the transfer to Turas from LearnPro and were made aware of who should be completing the training.

K Cole noted the reference to an independent General Practice that had not reported contractor complaints during quarter 2 or 3 and if that had been followed up. Members were advised it had been followed up.

The Chair queried a reference within the cover paper stating there was no identified impact within the report in relation to equality and diversity including health inequalities and whether patient experience was measuring equality and diversity including health inequalities. The Medical Director advised it was captured as part of Care Opinion where data was not accessed/shared.

The Chair queried whether the suggestion in relation to supporting the process of referral whereby GPs would have direct access to endoscopy services, reducing the workload in surgical outpatient clinics and the delay in diagnosis had been actioned. The Medical Director advised there was no direct route into the actual endoscopy however work had been developed to on a direct access route for sponge capsule endoscopy.

The Chair requested clarity regarding the action in place around waiting times and accessing services concerns. Members were advised concerns differed from complaints therefore the concern was raised to individual services.

Decision / Conclusion

Limited assurance was provided due to the report being in a draft format to allow time for response and investigation time limits to be met. For incidents and stage two complaints, this was 20 working days.

8.4. Whistleblowing Quarter 3 Report (Presenter: Chief Executive)

The Chief Executive presented the report advising there were no whistleblowing concerns raised during Quarter Three of 2024/25. The whistleblowing case reported in 2022/23 referred to the Independent National Whistleblowing Officer in the first quarter for further consideration, was now in the review stage and was awaiting the outcome of the review. Decision had since been withheld.

The report summarised responses to the anonymous form for reporting concerns which was launched in the previous quarter.

The Chair thanked the Chief Executive for leading on the whistleblowing reporting and it was noted from April 2025 it would be reported to Staff Governance Committee with exceptions to JCCGC.

Decision / Conclusion

The Whistleblowing Quarter 3 report was noted and the transition of the Executive Lead from Chief Executive Officer to the Medical Director form 1 April 2025.

8.5. Water Safety Research Project (Presenter: Infection Prevention Manager)

The Infection Prevention Manager presented the report advising work was ongoing to remove 20 clinical hand wash stations within the inpatient areas, the funding had been set to include removal of all parts including the pipework and to make good with new IPS panels. The funding was currently being held by NHS ASSURE for this work and research project where staff and patient surveys were being completed to gather baseline perception data. The work was supported by the Water Safety Group and had been discussed at the Occupational Health & safety Committee and Infection Control Committee.

Following discussion members were advised the project would not proceed without assurance that there would not be additional costs in relation to the NPD contract.

Decision / Conclusion

Members noted the work underway on the Water Safety Research Project in conjunction with NHS ASSURE to review the clinical handwash basins within 20 of the inpatient's rooms only at The Balfour, with a plan for removal of these sinks supported by NHS ASSURE funding, and works would not progress without external funding.

9. PEOPLE

9.1. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Update (Presenter: Director of Public Health)

The Director of Public Health presented the report advising a local multiagency group chaired through the Education department at Orkney Islands Council had been set up and NHS Orkney participated in the group. This enabled shared learning at the local level and an understanding of activity across the system. The Improvement Service had a suite of supporting information on United Nations Convention on the Rights of the Child (UNCRC), and the plan was for services to undertake a self assessment of where they were in relation to UNCRC. This would start with the children's services which would then guide further activity.

The Chief Executive highlighted the requirement for details around actions that would be taken forward within detailed timescales.

I Grieve queried whether awareness training would be available on TURAS and was advised whilst not mandatory, staff were encouraged to undertake the training.

The Head of Children's Services and Community Justice suggested that three core areas of the legislation was advocacy, child friendly complaints processes and independent legal advice. It was suggested that the sub committee under the Children Services Strategic Planning group would develop a partnership wide implementation plan. Thereafter mandatory training should be put in place. This was an agreed action and an update on the governance structure would be presented at the next meeting.

Decision / Conclusion

Limited assurance was taken on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 update. Director of Public Health, Chief Officer IJB and Head of Children's Services & Criminal Justice to meet to discuss an approach to developing an action plan that is partnership wide, with possible governance through the Children's Services Strategic Planning sub- committee on UNCRC. An update would be provided.

10. PERFORMANCE

10.1. Four Hour Emergency Access Standard Expert Working Group Recommendations Report (Presenter: DoNMAHP)

The Director of Nursing, Allied Health Professionals, Chief Officer Acute Services presented a report from the National Four Hour Emergency Access Standard Expert Working Group on the new national 4 hour standard, advising that greater consistency in reporting of A&E performance across Scotland, was required.

Members noted that this required the current definition being amended to include all acute, medical, surgical and mental health emergencies bringing the definition more in line with current frameworks in other parts of the UK.

Local data had been assessed to understand any impact of the upcoming changes. Data suggested that the changes would not severely impact NHS Orkney's compliance (circa 0.03%), and patients currently not being held to the 4-hour standard have a similar equity of care to those held to the standard when considered in the context of the revised guidance.

Decision/Conclusion

Members noted the new guidance for adoption of the national 4 hour standard from December 2024.

10.2. Integrated Performance Report - Quarter 4 2024 25 and from April 2025 onwards (Presenter: Medical Director)

The Chief Executive apologised for there being no report and explained further work was required to understand the position.

10.3. Centre for Sustainable Delivery (CfSD) - Endoscopy Report - No paper submitted (Presenters: Medical Director)

No report received

11. POTENTIAL

11.1. Realistic Medicine 6 month update report (Presenter: Medical Director)

The Medical Director presented the report providing the Realistic Medicine (RM) 6-month update highlighting achievements against the NHS Orkney RM Action Plan, key challenges, and planned next steps. Feedback from the recent meeting with the national RM policy team had been highly positive, with specific commendations on NHS Orkney's leadership and innovative practices.

The RM Clinical Lead had actively engaged staff through quality improvement training, raising awareness of RM principles and their practical application. However, sustaining momentum remained a challenge given funding uncertainties and limited capacity. Scottish Government commended what had been done as exemplar.

Decision/Conclusion
Members received the 6-month update.

12. PLACE

13. Emerging issues and Key National Updates (Presenters: Chair)

The Chief Officer, IJB advised members that the National Care Services Part 1 had been dropped from the Bill which posed significant implications.

Members of the IJB had been updated on the on-going issues at St Rognvald's House whereby a large scale investigation went live in December 2024. The home had been closed to new admissions due to level of concerns around quality of care.

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

15. AOCB (Presenter: Chair)

16. Items for Information and Noting Only

Members noted information for noting.

16.1. Schedule of Meetings 2024/25 - 2025/26 (Presenter: Chair)

Members noted dates of future meetings.

16.2. Record of Attendance (Presenter: Chair)

Members noted attendance records.