



# Joint Clinical and Care Governance Committee Minutes Wednesday 1 October 2025

## Attendance

Stephen Brown (Chief Officer, IJB), Dr Kirsty Cole (Area Clinical Forum Chair), Debs Crohn (Interim Head of Corporate Governance), 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), James Goodyear (Interim Chief Executive), Jean Stevenson (Chair), Councillor Lindsay Hall (Orkney Island Council Elected Representative), Ryan McLaughlin (Employee Director – Non-Executive Director), Fiona Mackay (Non-Executive Director), Michelle Mackie (Deputy Director Nursing/Lead Midwife),

## Guests

Elvira Garcia (Consultant in Public Health), Sarah Walker (Head of Infection Prevention), John Daniels (Head of Primary Care), Steven Johnstone (Director of Dentistry), Lynda Bradford (Head of Health and Community Care), Lou Willis (Service Manager Childrens Services).

## 1. Cover Page

### Joint Clinical and Care Governance Committee's Purpose

The Joint Clinical and Care Governance Committee (JCCGC) (the Committee) provides assurance through oversight of NHS Orkney and the Integrated Joint Board. The scope of the Committee's oversight fulfils the purposes of:

- The function of the non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- The function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- the requirements set out in MEL (1998)75, MEL (2000)29 and HDL (2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland.

### Quoracy:

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of NHS Orkney, one of whom must be the Chair or Vice Chair, and two Orkney Island Council voting members of the Integration Joint Board. Meetings will not take place unless at least one Clinical Executive Director of NHS Orkney and the Chief Social Work Officer, or nominated depute, is present.



## **2. Apologies (Presenter: Chair)**

J Stevenson (Chair) opened the meeting at 1.00 pm and welcomed members.

Apologies received from Councillor I Taylor, (Orkney Island Council representative) Dr L Wilson (Director of Public Health), M Gemmill (Associate Director of Allied Health Professionals), R Gold (Non-executive Director), S Thomas (EDoNMAHP), Wendy Lycett (Interim Director of Pharmacy), Morven Brooks (CEO, Voluntary Action Orkney), I Grieve (Non-Executive Director)

Elvira Garcia attended the meeting on behalf of Dr Louise Wilson and Michelle Mackie for Sam Thomas.

Members agreed the meeting was quorate in line with the Boards Code of Corporate Governance

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

Fiona Mackay (Non-executive Director) declared an interest in agenda item 12.3 Clinical Services Review Progress Report.

## **4. Minutes of Joint Clinical and Care Governance Committee – 3 July and 20 August 2025 (Presenter: Chair)**

Minutes of the Joint Clinical and Care Governance Committee meeting held on 3 July 2025 were accepted as an accurate record of the meeting noting the correction to Cllr Hall's name.

Minutes of the extraordinary Joint Clinical and Care Governance Committee meeting held on 20 August 2025 were accepted as an accurate record of the meeting.

### **Decision/conclusion**

Members approved the minutes of the Joint Clinical Care Governance Committee 3 July and 20 August 2025.

## **5. Chair's Assurance Report (CAR) from meeting 3 July and 20 August 2025**

The Chair presented the Chair's Assurance Reports from the meeting held on the 3 July and 20 August 2025.

### **Decision/conclusion**

Members took assurance on the Chair's Assurance reports from the meetings held on the 3 July and 20 August 2025.

## **6. Action Log (Presenter: Interim Head of Corporate Governance)**

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

### **Decision/conclusion**

Members noted the action log updates.

## 7. Corporate Risks aligned to the Joint Clinical and Care Governance Committee - (Presenter: Medical Director)

The Chair invited questions in relation to the Corporate Risks aligned to the Joint Clinical and Care Governance Committee.

The Medical Director advised that there are 2 additional risks which have been added to the Corporate Risk Register noting that the new risks are not for the JCCGC and are being managed by other governance committees.

Cllr L Hall asked for confirmation on the risk in relation to clinical leadership capacity and engagement and the impact this may have on patient care and asked how the risk would be measured.

The Head of Patient Safety, Quality and Risk advised that the risk was raised in relation to clinicians attending meetings and not in relation to patient safety or care. The Medical Director advised that there is a risk of a risk in relation to clinical leadership capacity and the impact this may have on patient care, however mitigations are in place to ensure patient safety is not impacted by the risk.

The CEO confirmed that there is limited capacity in our clinical teams to engage in our corporate governance, but this will not impact on clinical delivery.

F MacKay asked if risks could be presented to provide more information on the risk rather than just the risk title. The Head of Patient Safety, Quality and Risk advised that full risk is available in Appendix 1, the change to how risks are presented was at the request of Committee.

F MacKay asked if the surveillance colonoscopy backlog risk would be back on track by the end of the financial year. The Medical Director advised that progress has been made in relation to the backlog, whilst there is likely to be a small waiting list by the end of the year, assurance was provided to Committee.

The Medical Director advised Committee that changes within the Quality, Risk and patient experience team will result in capacity challenges within the team.

L Hall asked for confirmation on what is referred to as significant harm. The Medical Director advised that there are 3 categories of harm.

- 1 Significant/permanent harm
- 2 Harm that is reversible
- 3 Harm that could have occurred but hasn't due to mitigations in place.

The Head of Patient Safety, Quality and Risk advised that significant harm referred to in the context of the report is in relation to category 1 significant harm.

The Chair asked if the increase in falls is classed as significant harm. The Head of Patient Safety, Quality and Risk advised that there are no category 1 events related to falls. The Deputy Director of Nursing/Lead Midwife advised that the Board has signed up to the Scottish Safety Programme, this is specifically looking at reducing the number of falls.

F MacKay welcomed the changes to the IPR, noting that all the maternity indicators are on track.



The Chair asked for confirmation on the PEWs scores and compliance rates. The Head of Patient Safety, Quality and Risk advised that PEWs scores are for children in paediatric wards. NHS Orkney does not have an impatient paediatric ward, updates are required to the PEWs paperwork to ensure compliance when documenting observations, training is also underway for all staff.

#### **Decision/conclusion**

Members took assurance of progress on the latest Corporate Risk Register

### **8. Integrated Performance Report (IPR) (Presenter: Medical Director)**

The Medical Director invited questions on the Integrated Performance Report drawing members to section 3 of the report. The IPR has a slightly different format from previously shared with members, new information is now provided with an action focused narrative.

The CEO welcomed the format of the report and asked for an update on our complaint response due to the number of complaints not meeting our response rates as set out in our internal framework. The Head of Patient Safety, Quality and Risk advised that there have been significant changes and absences within our nursing teams which have impacted on our ability to meet our timeframes. There has also been an increase in the number of complex stage 2 complaints across multiple organisations increasing our response rates. The Patient Experience team are working on a training package for our nursing teams on how to review and respond to complaints.

The CEO asked if there are any other qualitative measures used on how we respond to complaints. The Head of Patient Safety, Quality and Risk advised that capacity within the team is limited, work has started on the roll-out of Care Opinion across the Organisation.

#### **Decision/conclusion**

Members noted the report and took assurance where Key Performance Indicators (KPI's) are off track and the improvement actions in place to bring deliverables back on track.

### **9. Feedback from National Meetings (Presenters: Medical Director, Chief Officer Integration Joint Board, Executive Director of Nursing Midwifery, AHP and Chief Officer Acute, Consultant in Public Health)**

The Deputy Director of Nursing/Lead Midwife invited questions on the Scottish Executive Nurse Directors (SEND) meetings. No questions were raised.

The Chief Officer IJB presented an overview from the national Chief Officers network.

F MacKay asked if there were any updates in relation to the Health and Care Reform agenda. The Chief Officer advised that conversations were focused on opportunities and challenges, early discussions have commenced in Orkney.

#### **Decision/conclusion**

Members welcomed and noted the updates from SEND and Chief Officers network noting the following updates were not received: Scottish Association Medical Directors (SAMD) and Directors of Public Health (DPH)

## 10. CHAIR'S ASSURANCE REPORTS

### 10.1. **Area Drugs and Therapeutics Committee Chair's Assurance Report - (Presenter: Medical Director)**

The Medical Director asked members if they had any questions in relation to the report of the meeting held 23 May 2025 advising members that the committee is now well attended and effective.

#### **Decision/Conclusion**

Members took assurance from the update.

### 10.2. **Infection, Prevention Control Committee Chair's Assurance Report - (Presenter: Infection Prevention Manager)**

The Infection Prevention Manager asked members if they had any questions arising from the Chair's Assurance Report from the meeting held 10 September 2025.

The Chair asked for an update on pest control at The Balfour. The Infection Prevention Manager advised that work is underway to address the issue and will be resolved by the next Committee.

The Employee Director asked for confirmation on the low number of staff undertaking face-fit testing. The Infection Prevention Manager advised that there is a need to ensure clinical areas have staff covered with FP3 masks considering an update to the Infection Prevention Manual. All new staff are face-fit tested as part of the induction process.

#### **Decision/Conclusion**

Members received escalated items and took assurance on performance.

### 10.3. **Social Work and Social Care Governance Board (SWSCGB) Chair's Assurance Report - (Presenter: Head of Children's Services, Criminal Justice and Chief Social Worker)**

The Head of Children's Services, Criminal Justice and Chief Social Worker invited questions in relation to the Chair's Assurance Report from the Social Work and Social Care Governance Board 17 June 2025, noting the date of the meeting and the report presented.

A further meeting of the Board took place in September 2025 – Chair's Assurance Report will be presented at the next meeting.

The investigation at St Rognvalds has now concluded, the outcome of the Care Inspectorate's investigation recognised the improvements that have been made, a phased return of residents to St Rognvald's will now take place.

Whistleblowing concerns have been raised in relation to Enable Orkney – an investigation is underway with the senior management team.

The Chair welcomed the first admissions at St Rognvald's.

**Decision/conclusion**

Members received escalated items and took assurance on performance.

**10.4. Clinical Governance Group Chair's Assurance Report - (Presenter: Medical Director)**

The Head of Patient Safety, Quality and Risk received questions from committee members in relation to the report of the Clinical Governance Group meetings held in August and September 2025.

The Head of Patient Safety, Quality and Risk advised that the Clinical Quality Group Chairs Assurance Report was submitted to Committee in error, this should have been included in the resources section on Onboard for information only.

The risk escalated in relation to national and not local capacity in relation to serious adverse event reviews and concerns raised by the advocate general in timeliness of reviews being completed. A piece of work has commenced to identify and source training for SAER's this will be presented at the next CGG meeting.

Positive assurance provided on clinical guidelines being brought to Clinical Governance Group along with quarterly flash reports.

Dr K Cole asked for clarity on GP led triage and allocations being managed by GPs. The Medical Director advised that an ask will be coming out to GPs shortly via the Head of Primary Care for expressions of interest for practices to be involved in the pilot.

L Hall asked for clarity on why there are 2 groups – Clinical Governance Group and Clinical Quality Forum. The Medical Director advised that the difference between the 2 groups is that one is quarterly, one is monthly with different remits.

**Decision/Conclusion**

Members received escalated items and took assurance on performance.

**11.PLACE**

**11.1. Public Health Annual Report 2024/25 - (Guest: Elvira Garcia – Consultant in Public Health)**

Elvira Garcia presented the Public Health Annual Report 2024/25 highlighting the strong partnership working and commitment to reducing health inequalities and prevention focus.

The Medical Director thanked the Public Health Team for the work on the report.

F MacKay welcomed the annual report and asked that the actions be included within service planning going forward.

The Employee Director thanked the team for the enormous amount of work undertaken by the Public Health Team.

Dr K Cole acknowledged our uptake rates for vaccinations and asked if any further work is required to improve uptake rates for pneumococcal vaccinations.

The Consultant in Public Health advised that this will be discussed at the Vaccination Management Group. The Medical Director asked members to promote the safety of vaccinations recognising the number of missed vaccinations over the past few weeks.

The Chair asked for the number of Abdominal Aortic Aneurysms (AAA) picked up through AAA screening, Consultant in Public Health to share the data with members.

The Head of Patient Safety, Quality and Risk asked for confirmation of the number of births in Orkney during 2023. Consultant in Public Health to confirm if this is in relation to the number of births in Orkney or births for Orkney residents.

**Decision/conclusion**

Members welcomed and took assurance from the public health annual report 2024/25.

## **12.PATIENT SAFETY, QUALITY AND EXPERIENCE**

### **12.1. Annual Social work and Social Care Services Experience Report 2024/25 (Presenter: Head of Childrens Services, Criminal Justice and Chief Social Worker)**

The Head of Childrens Services, Criminal Justice and Chief Social Worker presented the Annual Social work and Social Care Services Experience Report 2024/25.

The report was well received noting the positive work that is taking place within our social care teams.

**Decision/conclusion**

Members welcomed the Annual Social Work and Social Care Services Experience Report 2024/25.

### **12.2. Safety, Quality and Experience Quarter 1 Report 2025/26 - (Presenter: Head of Patient Safety, Quality and Risk)**

The Chair invited questions on the Safety, Quality and Experience Quarter 1 Report 2025/26 The Medical Director highlighted the excellent improvement activity undertaken in realistic medicine and excellence in care projects.

The Head of Patient Safety, Quality and Risk advised that 2 Serious Adverse Event Reviews are overdue, reports have now been received, the reviews will be completed shortly. There are currently over 300 open incidents, this is a significant reduction from this time last year when there were over 500 open incidents.

Quality improvement projects are taking place across the organisation; this includes Primary Care.

Cllr L Hall asked for confirmation on the compliments received in our Dental Services. The Head of Patient Safety, Quality and Risk advised that the compliment is in relation to in-house dental services.

The Chair was hesitant to accept the phrase “delays in securing community care placements” within the comment on page 10 of the report which states “Falls remain a persistent issue despite mitigation efforts, largely due to patient complexity and delays in securing community care placements.” The Medical Director advised that the number of falls referred to in the report are in relation to patients who are medically fit for discharge and mobile but require longer term care in a care home setting, advising that patients who are fit for discharge are more mobile, this increases the risk of falls (without harm) occurring.

The CEO asked if the data could be split to identify those individuals who are medically fit for discharge. The Head of Patient Safety Quality and Risk advised that our incident management system is not fit for purpose and data would need to be reviewed manually. All falls are reviewed by the patient safety, quality and risk team, assurance provided to Committee that no falls with harm have occurred.

The Employee Director acknowledged that the issue of falls has been raised through the Occupational Health and Safety Wellbeing Group.

F MacKay asked if trajectories have been set for reducing the number of incidents. The Head of Patient Safety, Quality and Risk advised that the aim is to close 100 incidents per month, recognising capacity and vacancies within our nursing teams.

**Decision/conclusion**

Members received and approved the Safety, Quality and Experience Quarter 1 Report 2025/26.

**12.3. Clinical Services Review Progress Update - (Presenter: Medical Director)**

The Medical Director presented an update on the Clinical Services Review (CSR) update recognising that Fiona MacKay was part of the review team.

Actions and recommendations from the CSR are being taken forward with Executive and Clinical Leads, project initiation documents are being developed.

The CSR review is being presented at clinical advisory groups.

Cllr L Hall confirmed that they are assured by what is being presented.

**Decision/conclusion**

Members received, noted, and supported the Clinical Services Review update.

The Head of Health and Community Care joined the meeting at 15:10.

#### **12.4. Mental Health Assurance Report (Presenter: Head of Health and Community Care)**

The Head of Health and Community care presented the Mental Health Assurance Report and confirmed that there is 1 WTE psychiatrist in post. Work commenced in August on identifying a psychiatric model for Orkney. We continue to perform well for waiting times across our Mental Health services.

Cllr L Hall asked for confirmation on the number of adults on the waiting lists and the process for accessing the service. Head of Health and Community Care advised that a triage process is in place for those on waiting lists.

The Community Psychiatric Liaison Nurse has been appointed, work continues with MORSE Community Electronic Patient Record, with a go live date of November 2025.

Dr K Cole asked for confirmation on the psychiatric consultant support for older adults and the impact this is having on other areas of the system. Head of Health and Community Care advised that there are a small number of patients which are seen when in crisis, remote support is being considered.

Dr K Cole asked for post diagnostic support for neuro-divergent patients and asked for an update on what patients are being told. A full-time psychology post has been created to support post diagnostics; an early priority will be to review the waiting lists and patient communications.

The Head of Patient Safety Quality and Risk asked for confirmation of how long the longest patient has been waiting for an appointment for the neuro-divergent service, the plan for reducing the backlog and what communications have been issued to patients on the waiting list. The Head of Health and Community Care advised that the longest waits are 2 years, work is in progress to reduce the backlog. All patients have been contacted by the team in relation to waiting times.

##### **Decision/conclusion**

Members received and noted the Mental Health Assurance Report.

Director of Dentistry joined the meeting at 15.15.

#### **12.5. Children's Health Assurance Report - (Presenter: Service Manager Children's Health)**

The Service Manager Children's Health presented the Children's Health Assurance Report. The therapy team now sits within the Children's services team; challenges remain in the Speech and Language and Occupational Therapy teams due to absences.

The Head of Children's Services, Criminal Justice and Chief Social Worker advised that significant work is underway to support new pathways for neuro-developmental waiting lists, this includes a review of the pathway.

##### **Decision/conclusion**

Members received and noted the Children's Health Assurance Report.

F MacKay left the meeting at 15.30.

- 12.6. Medical Advisor role to Fostering, Adoption, Kinship and Permanency Panel - (Presenter: Head of Childrens Services, Criminal Justice and Chief Social Worker) – paper deferred to next committee meeting.**

Head of Primary Care joined the meeting at 15:50.

- 12.7. Quality Impact Assessment (QIA) Update - (Presenter: Deputy Director Nursing/Lead Midwife)**

The Deputy Director Nursing/Lead Midwife presented the Quality Impact Assessment update.

11 of the projects have been assessed, 29 projects are in the pipeline.

Cllr L Hall congratulated the team on the savings achieved to date.

The Medical Director acknowledged that the pre and post QIA has been commended by Scottish Government, this was noted by Committee.

**Decision/conclusion**

Members received and took assurance on the update.

**13. PEOPLE** – no papers presented to committee.

**14. PERFORMANCE**

- 14.1. Primary Care Services Update (Presenter: Head of Primary Care)**

The Head of Primary Care presented the primary care services update. Ongoing transformation work continues within our Community Nursing Teams and Isles Network of Care.

The CEO thanked the Head of Primary Care for the report and asked for confirmation on custody suite. The Head of Primary Care advised that the custody suite is managed by colleagues in Inverness. Recent inspection highlighted nothing that was not already known.

The Chair asked for confirmation on the work underway in relation to care on ferry-linked isles. The Head of Primary Care advised that robust conversations are taking place with elected members and Scottish Ambulance Service to ensure we create substantive support and integrated working on the Isles in the future.

Dr K Cole asked for an update on the integration referred to in the out-of-hour GP practice section. The Head of Primary Care advised that the current model does not allow for integration, however as part of the Clinical Services Review, a full review will be undertaken to identify any potential integration opportunities across boundaries and services.

**Decision/conclusion**

Members welcomed and noted the update.

**14.2. Primary Care - 6 Month Dentistry Update (Presenter: Director of Dentistry)**

The Director of Dentistry presented a 6-month dentistry update to Committee. An inspection of our public dental services has been completed since the last meeting. Inspectors have indicated no further inspections are required. There have been positive developments in terms of recruitment, however challenges remain in our specialist services.

The CEO noted the improvements and asked if the Board is sighted on demand and capacity models, and how visible this is to the dental community. Management data is available to the Board, data is limited, we are seeing a positive shift in those registering in Orkney.

The Director of Dentistry advised that the Board has no control or visibility on dental practices unless the practice approaches the Board.

The Employee Director asked members to celebrate the work being done within our dental services and specialist services. The Director of Dentistry advised that substantive recruitment is underway for an orthodontic specialist, who will be able to train in-house staff. An additional locum is supporting the reduction of dental backlogs, training has taken place on sedation, conversations have taken place with NHS Grampian to ascertain if they are able to support.

The Head of Primary Care recognised the work undertaken within our dental services under the leadership of the Director of Dentistry. We have seen a 75% reduction in the dental waiting lists.

The relationship between the Board and the Clyde-Munro group has strengthened over the past 12 months, a joint press release will be issued shortly to celebrate the work that has been delivered to improve our dental services.

**Decision/conclusion**

Members took assurance on the 6 monthly dentistry updates.

**15. POTENTIAL – no papers presented**

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

The Chief Officer IJB advised that a meeting took place 30 September 2025 in relation to exploring the Public Service Reform agenda which is progressing across Scotland to improve the way services are delivered across Orkney. There is a need for clinical engagement in this space, members will be kept in the loop as this work moves forward.

The Employee Director advised that a North of Scotland (NoS) workshop is taking place on Friday 3 October 2025.

Infection, Prevention Manager left the meeting at 16:01.

## 17. Agree items to be included in Chair's Assurance Report to Board (Presenter: Chair)

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

### Positive assurance

- Positive assurance taken on the reduction in the colonoscopy surveillance backlog.
- Key Performance Indicators in our maternity services on track
- Public Health Report 2024/25
- Annual Social work and Social Care Services Experience Report 2024/25
- Quarter 1 Safety, Quality and Experience Report.
- Mental Health Assurance Report.
- Children's Health Assurance report
- Quality Impact Assessments commended by Scottish Government
- Primary Care Services update and the transformation underway in our Community Nursing and Isles Network of Care service
- Assurance on the work being delivered within our dental and specialist dental services.

## 18. AOCB (Presenter: Chair)

The Medical Director advised that the first Mortality and Morbidity (M&M) Meeting has taken place, an update will be brought to the next meeting via the Clinical Governance Group (CGG) Chair's Assurance Report.

The CEO thanked the Chair for leading the meeting.

The Chair thanked report authors for their papers and the positive work being delivered.

## 19. ITEMS FOR INFORMATION AND NOTING ONLY

Members welcomed and noted the following paper.

### 19.1. Podiatry Waiting List update (Presenter: Chief Officer IJB)

Members noted the podiatry waiting list update report.

### 19.2. Members noted the following documents

- SNBTS TT Annual Update Report 2024/25 NHS Orkney
- Children's Annual Report
- Patient Safety Commissioner - circular to NHS Boards on appointment of first Commissioner - DL (2025)19 - August 2025
- Audiology Quality Management Update - August 2025
- Rehabilitation and Recovery Self-assessment Letter from NHS Scotland Chief Operating Officer
- Rehabilitation and Recovery - Once for Scotland Rehabilitation Approach. Self-assessment guidance
- Rehabilitation - Once for Scotland Rehabilitation Approach - Self Assessment tool - V2 - 2025 (1)



- Maternity and Neonatal Monitoring Cover Letter - NHS Orkney
- Maternity and Neonatal Monitoring Template - Annual - 1 Sept 2024 - 31 Aug 2025
- Acting SPSO letter to CEOs re updated Principles
- 2024 SNAP Scottish hip fracture Audit outliers report and action plan
- 2024 SNAP Scottish Stroke Care Audit outliers report and action plan
- Information Sharing Protocol - Public Protection and Community Safety

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

Members noted the future meeting dates.

**19.4. Record of Attendance 2025/26 (Presenter: Chair)**

Members noted the record of attendance 2025/26.

The meeting closed at 16:10