

Minute of the Joint Clinical and Care Governance Committee

Wednesday 2 July 2026

Attendance

Jean Stevenson (Non-Executive Board Member, Vice Chair, Orkney Islands Council OIC Elected representative NHSO), Debs Crohn (Head of Corporate Governance), Councillor Rachael King (OIC Voting member IJB), David Campbell, Board Chair), James Goodyear (Interim Chief Executive), Fiona Mackay (Non-Executive Board Member), Wendy Lycett (Interim Director of Pharmacy), Dr Louise Wilson (Director of Public Health), Darren Morrow (Head of Children's Services, Criminal Justice and Chief Social Worker), Kat Jenkin (Head of Patient Safety, Quality and Risk), Ryan McLaughlin (Employee Director, Non-Executive Board Member), Sam Thomas, Executive Director of Nursing, Midwifery, AHPs and Chief Officer Acute Services EDoNMAHP), Dr Anna Lamont (Medical Director), Stephen Brown (Chief Officer – IJB), Dr Elvira Garcia (Consultant in Public Health Medicine), Lynda Bradford (Head of Health and Community Care).

Guests

John Daniels (Head of Primary Care Services), Hazel Aim (Senior Corporate Governance Officer – minutes), Morag Linklater (Midwife), Lauren Flett (Senior Charge Midwife – Maternity), Steven Johnston (Director of Dentistry) for items 1 – 5 and 11.3

1. Cover Page

Joint Clinical and Care Governance Committee's Purpose

The Chair reminded members that the purpose of 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 Officer IJB, or nominated depute, is present.

2. Apologies (Presenter: Chair)

Jean Stevenson (Vice-Chair, OIC) opened the meeting at 2.00 pm, welcoming members.

Apologies received from Dr Kirsty Cole (Chair Area Clinical Forum), Issy Grieve (Non-Executive Board Member), Sarah Walker (Head of Infection Prevention), Councillor Ivan Taylor (OIC IJB Voting member), Councillor Lindsay Hall (OIC IJB Voting Member) and Rona Gold (Chair, Non-Executive Board Member).

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

3. Staff Story – Morag Linklater (Presenter: EDoNMAHP)

The Committee received a staff story from Morag Linklater, Midwife, who had recently been named a DIASY Honouree in recognition of the exceptional compassion, clinical excellence, and personal dedication she demonstrated in maternity services over 43 years. Morag reflected on the privilege of working as a midwife in Orkney and emphasised that high quality maternity care is delivered through strong teamwork, with each member of the team contributing to the care and support provided to women, babies and families.

L Flett highlighted the value of the Orkney maternity model, noting that the service supports women from fertility care through to postnatal checks, enabling staff to build meaningful relationships with families.

Members recognised the wider importance of maternity services to island communities, including their contribution to family confidence, community resilience and the attractiveness of Orkney as a place to live and work. Discussion also noted the benefits of the new hospital environment, including facilities that allow partners or family members to stay and the availability of the birthing pool, while acknowledging the positive legacy of the former maternity unit.

The Committee expressed appreciation to Morag, Lauren and the wider maternity team for their commitment, compassion and sustained contribution to care in Orkney.

Decision/conclusion

The Chair thanked Morag Linklater for sharing her staff story. The Committee noted the strength of maternity teamwork, continuity of care and the value of compassionate, person-centred services for women, babies, families and the wider Orkney community.

4. Declarations of Interests Agenda Items (Presenter: Chair)

No declarations of interest were recorded.

5. Minute of Joint Clinical and Care Governance Committee 8 April 2026 (Presenter: Chair)

The Committee reviewed the minutes of the Joint Clinical and Care Governance Committee meeting held on 8 April 2026. The Chair noted she had not attended the previous meeting and invited Fiona MacKay, as previous Chair, to comment before members reviewed the minute.

Decision/conclusion

Members approved the minute of the Joint Clinical and Care Governance Committee meeting held on 8 April 2026 as an accurate record.

6. Chair's Assurance Report (CAR) from meeting 8 April 2026 (Presenter: Chair)

F MacKay highlighted the key points from the Chair's Assurance Report from 8 April 2026, noting that the Committee had received broad assurance across annual and quarterly reports, including Realistic Medicine, quality and experience, mental health, children's health and quality impact assessment. Positive performance was noted across maternity and paediatric early warning scores, Stage 2 complaints, CAMHS and psychological therapies.

F MacKay reminded committee of the concern related to ultrasound and radiology capacity and staffing. The Medical Director confirmed that the ultrasound backlog had been cleared, with no current waiting list, although recruitment was not yet complete.

Decision/conclusion

Members took assurance from the Chair's Assurance Report from the meeting held on 8 April 2026.

7. Action Log (Presenter: 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.

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

The Head of Patient Safety, Quality and Risk advised that the corporate risks aligned to the Committee were up to date. Improvements to the corporate risk update process have been approved by the Risk Management Group (RMG) and would progress through Audit and Risk Committee. The revised approach will strengthen updates by clearly linking numbered mitigating actions to progress updates, timescales and responsible leads.

Members noted that work had taken place with the Chief Officer – IJB and that the next report would be presented jointly by NHS Orkney and the Chief Officer - IJB, although the format may differ to reflect the alignment of the two risk registers.

The Board Chair asked if cross-cutting corporate risks, including finance, leadership and digital, should be included within committee reports. The Head of Patient Safety, Quality and Risk clarified that the report was filtered to JCCGC risks, but that wider high-rated corporate risks were included where they could affect clinical and care governance. Members noted that each corporate risk is assigned to a named committee for oversight, assurance and governance.

Decision/conclusion

Members took assurance from the corporate risks aligned to the Joint Clinical and Care Governance Committee.

9. Integrated Performance Report (IPR) (Presenter: EDoNMAHP)

The EDoNMAHP presented the Integrated Performance Report (IPR), which provided overall good assurance across patient safety, governance and some population health measures.

Members discussed the increase in Stage 2 complaints, noting that no specific theme had been identified, although communication remained the most common issue. The number of upheld Stage 2 complaints remained low and would continue to be monitored.

Members also noted ongoing challenges with significant adverse event review timescales, particularly where external input or reviews were involved.

Councillor R King raised concerns in relation to strengthening community metrics within future IPRs, including pressure ulcers and care delivered at home. Limited vaping data and the impact of small numbers on MMR uptake rates were also noted.

Decision/conclusion

Members took assurance from the Integrated Performance Report.

10. CHAIR'S ASSURANCE REPORTS

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

The Medical Director presented the Area Drugs and Therapeutics Committee Chair's Assurance Report, advising that the Committee continued to develop its ways of working and was increasingly operating effectively, supported by pharmacy and GP representation.

In response to a query on Hospital Electronic Prescribing Medicines Administration (HEPMA), the Interim Director of Pharmacy clarified that the issue related to a regional

upgrade rather than the current system in use. User acceptance testing had identified patient safety concerns with the new version, and implementation had been paused until these were addressed. Members were reassured that the current HEPMA system remained in place and was being used appropriately.

Decision/conclusion

Members took assurance from the Area Drugs and Therapeutics Committee Chair's Assurance Report.

10.2. Infection, Prevention Control Committee Chair's Assurance Report 26 May 2026 (Presenter: Infection Prevention Manager)

The EDoNMAHP presented the Infection Prevention and Control Committee Chair's Assurance Report from 26 May 2026, highlighting work on High Consequence Infectious Disease (HCID) preparedness, Personal Protective Equipment (PPE) donning and doffing training, face fit testing and water safety.

Members were advised that HCID PPE availability had been escalated nationally and that the training compliance deadline had been extended to March 2027 due to national supply issues. Stakeholders across acute, community, social care, care homes, dentistry and pharmacy will be brought together to support a consistent whole-system approach to revised transmission-based precautions and training.

Members discussed sector representation, face fit testing and PPE costs. The EDoNMAHP advised that relevant sectors had been reminded that infection prevention and control is a shared responsibility. Face fit testing compliance had reduced since the COVID-19 period, although most acute teams were now achieving approximately 70–80% compliance, with work underway to improve access to testing across all settings. The Committee also noted the potential financial impact of increased PPE requirements and FFP3 mask use.

Decision/Conclusion

Members took assurance from the Infection Prevention and Control Committee Chair's Assurance Report.

10.3. Social Work and Social Care Governance Board (SWSCGB) Chair's Assurance Report 7 May 2026 - (Presenter: Head of Children's Services, Criminal Justice and Chief Social Worker)

The Head of Children's Services, Criminal Justice and Chief Social Work Officer presented the Social Work and Social Care Governance Board Chair's Assurance Report from 7 May 2026. Members noted a busy agenda, with key focus on staffing pressures, self-evaluation, audit activity, policy and procedure development, and practice improvement.

Significant staffing challenges remained across community care, including care homes and care at home, with sickness absence adding pressure.

Positive assurance was noted from the Care Inspectorate six-month assurance report, which showed progress in the improvement journey and inspection grades. Children's services had made significant progress, while adult services were beginning to experience greater pressures.

Members discussed risks linked to the new care home facility and were advised that existing risks would transfer as services moved from St Rognvald's House. A bespoke recruitment campaign was planned, although recruitment could create gaps elsewhere in the system. Wider social care transformation work was also commencing, including review of staffing models, rotas and ways to make social care careers more attractive.

The Committee also discussed pressures relating to looked-after children and placement availability. Members noted the national children's placement crisis and that, while Orkney had not experienced the most extreme pressures reported elsewhere, the local system remained fragile. Work was underway to review children's residential provision, develop a business case for a second four-bed children's residential home, and continue foster care recruitment.

Members noted that Orkney was managing the current position and had reduced the number of children placed outwith Orkney, although some placements outwith the area may still be required where needs cannot be safely met locally.

Decision/Conclusion

Members took assurance from the Social Work and Social Care Governance Board Chair's Assurance Report.

10.4. Clinical Governance Group Chair's Assurance Report 16 June 2026 (Presenter: Medical Director)

The Medical Director presented the Clinical Governance Group (CGG) Chair's Assurance Report from 16 June 2026. The Medical Director advised that the appendix had not been included in the papers and agreed that it should be circulated after the meeting.

The Medical Director advised that Significant Adverse Event Reviews (SAERs) and the ultrasound service had already been discussed. Work is underway to improve clinical governance reporting so that reports are shorter, more focused and better reflect key escalations and areas of concern or improvement.

In response to a query on research governance and ethics, the Medical Director advised that NHS Orkney has a process to determine whether ethics approval is required, but this is no longer required as the Board has not needed to use an ethics committee to date. The existing agreement with NHS Highland is being ended as it has not been used; if required, an ethics panel could be assembled locally or support sought from a neighbouring Board on an ad hoc basis.

Decision/Conclusion

Members took assurance from the Clinical Governance Group Chair's Assurance Report.

11. PATIENT SAFETY, QUALITY & EXPERIENCE

11.1 Social Work and Social Care Service Annual User Experience Report (Presenter: Chief Officer - IJB)

The Chief Officer – IJB presented the Social Work and Social Care Service Annual User Experience Report. Members noted that 30 complaints had been received, with no major themes of concern, and that compliments were approximately three times higher than complaints. Members welcomed the positive examples and testimonials included in the report.

Members noted the low number of complaints in the context of service activity, with reductions in care at home and children and family social work services. The report highlighted positive working relationships and culture as key staff motivators, reinforcing the importance of support, relationships and team working.

In response to questions, members were advised that complaints categorised as quality or level of service can reflect a mismatch between service user expectations and what services are able or required to provide. Further context and analysis of these categories may be helpful in future reports.

The Head of Children's Services, Criminal Justice and Chief Social Work Officer advised that work to strengthen culture and relationship-based practice may be contributing to the reduction in complaints, with further training planned. Communication, particularly around service changes, remained an important area of focus.

Decision/Conclusion

Members took assurance from the Social Work and Social Care Service Annual User Experience Report.

11.2 Quality, Safety and Experience Quarterly Report (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the Quality, Safety and Experience Quarterly Report. Incident reporting had increased in Quarter 4, which was considered positive, while overdue incidents had also risen slightly but had since reduced significantly and continued to be actively managed with service teams.

Members noted that a Clinical Nurse Manager was now in post to support teams with incident reporting and management. Quality improvement work continued through Excellence in Care (EiC) and the Scottish Patient Safety Programme (SPSP), and

future reports would be amended to provide clearer quarterly updates. Patient experience reporting compliance had also improved.

The Committee discussed the need to present community and hospital incident data more clearly, including incidents in patients' homes and falls. The report currently includes NHS community services but not social care, and data is reviewed thematically rather than by setting.

Members also discussed primary care contractor complaints reporting. Some quarterly data had not been received in time, although it was usually provided later. Independent contractors are required to submit information on complaints annually, with quarterly reporting provided by agreement to support earlier identification of themes and trends.

Decision/Conclusion

Members took assurance from the Quality, Safety and Experience Quarterly Report.

11.3 Primary Care Dental Services Update (Presenter: Director of Dentistry)

The Director of Dentistry updated members on primary care dental services, including the sudden closure of a Kirkwall dental practice following concerns identified through a combined practice inspection. The practice had a very small number of NHS patients, so the impact on NHS patients was considered limited.

External advice was sought and an incident management team convened. Following testing of decontamination equipment, the infection prevention and control risk to patients was assessed as negligible. Matters of probity and professional conduct had been referred to the General Dental Council, which had imposed restrictions and subsequently suspended the practitioner. Members noted that further detail could not be provided while the regulatory process remained ongoing.

Members noted progress towards reopening NHS dental registration, subject to workforce stability. Participation data, which shows whether registered patients had contact with a dentist in the previous two years, was considered a more meaningful access indicator than registration data and showed improvement.

Workforce pressures were discussed, particularly dental nursing. NHS Orkney had agreed to recruit trainee dental nurses to support longer-term sustainability, recognising this may create short-term pressure. Special care dentistry had been affected by sickness absence, although the position was improving and locum support was maintaining access for urgent and acute care.

Members were assured that patients with pain, infection or acute need continue to be seen, and that sedation services had continued where supported by other team members. However, routine check-ups for some special care patients had not been delivered to the same level as would be possible with a full-time special care dentist in post.

Members discussed learning from the practice closure, including business continuity and governance where private and NHS dentistry overlap. NHS Orkney had acted to secure records, manage clinical waste and support patients, and national discussions were underway on the future role of NHS Boards in private dental governance.

Positive progress was also noted in orthodontics, with reliance on weekend locums being replaced by a more sustainable model involving a locally employed senior dentist developing a special interest in orthodontics under consultant supervision.

The Medical Director commended the response to the practice closure and the effectiveness of the inspection process. Members were advised that more than 2,200 courses of NHS treatment had been delivered during Quarter 4, providing assurance that NHS dental activity continued. The Committee also welcomed the public dental service's willingness to embrace change and work collaboratively as part of an Orkney-wide dental system.

Decision/Conclusion

Members took assurance from the Primary Care Dental Services Update.

11.4 Public Protection Accountability Assurance Framework Update (Presenters: EDoNMAHP, Chief Officer – IJB)

The EDoNMAHP presented the Public Protection Accountability Assurance Framework (PPAF) update. Members noted significant local progress, including publication of the NHS Orkney Public Protection Policy and Safeguarding and Children's Supervision Policy, following national work to address inconsistencies in public protection assurance arrangements.

The Committee noted the national move towards a strengthened multi-agency public protection approach. Orkney's existing multi-agency relationships provided a positive foundation, although further work is required to embed policies into practice and strengthen performance and assurance arrangements.

Members noted that NHS Orkney has one public protection lead and no wider tier of specialist public protection nurses, reflecting the organisation's size while supporting close multi-agency working. An annual NHS Orkney public protection report will be brought to JCCGC to provide clearer assurance on NHS Orkney's contribution and governance arrangements.

Members agreed that a shorter, action-focused update setting out progress and next steps would be brought to the next JCCGC meeting to support scrutiny of delivery.

Decision/Conclusion

Members took assurance from the Public Protection Accountability Assurance Framework update.

11.5 GLP-1 Report (Presenter: Medical Director)

The Medical Director presented the GLP-1 report for information and clinical governance assurance. Members noted increasing public and clinical interest in

GLP-1 medicines, including their use in weight management and emerging wider clinical indications.

NHS Orkney's current position is similar to other Scottish Boards, with no resourced local pathway for routine prescribing due to monitoring, support and service capacity requirements, and alignment with the relevant NHS Grampian formulary/pathway. Members noted pressure from the public and clinicians, and that a limited pathway may emerge over the next year.

The Director of Public Health highlighted recent Scottish Medicines Consortium advice relating to cardiovascular disease and queried whether this should be considered separately from weight management. It was noted that safe implementation would require an agreed pathway, staffing resource and monitoring arrangements. Members also noted the likely cost pressures, potential longer-term benefits, and the need to continue working with NHS Grampian and learning from national and regional approaches.

Decision/Conclusion

Members took assurance from the GLP-1 Report.

11.6 HIS Unannounced Inspection Report – Maternity Services (EDoNMAHP)

The EDoNMAHP presented the HIS Unannounced Inspection Report for Maternity Services, published that morning. Members noted the exceptionally positive findings, which recognised compassionate, patient-centred and well-functioning services, strong multidisciplinary teamwork, positive feedback from women and families, and 12 areas of good practice.

The report included two recommendations and nine requirements, with no patient safety concerns identified. The action plan had been developed with the maternity team and reflected areas already known through existing improvement work and the external peer review. Members noted that the HIS action plan, peer review action plan and any future national maternity recommendations would be triangulated to avoid duplication.

Members welcomed the report and noted the importance of proactive local and internal communications, particularly given wider national reporting on maternity services. The maternity team had been briefed prior to publication and were proud of the outcome. National learning, including from the Ockenden report, would be considered through national maternity networks and reviewed locally where relevant.

Progress against the action plan would be overseen through the Maternity Clinical Governance Group, with assurance flowing through the Clinical Governance Group and JCCGC as appropriate.

Decision/Conclusion

Members approved the recommendations and associated action plan for the HIS Unannounced Inspection Report for Maternity Services.

11.7 NHS Orkney Patient Feedback Annual Report 2025/26 (Presenter: Head of Patient Safety, Quality and Risk)

The Head of Patient Safety, Quality and Risk presented the NHS Orkney Patient Feedback Annual Report 2025/26. Members noted that complaints had reduced and response timescale compliance had improved. Communication and staff attitude remained the main themes, while complaints relating to waiting times had reduced.

The complaints satisfaction survey response rate had improved to around 50%, although responses remained generally negative and often appeared to reflect dissatisfaction with complaint outcomes rather than the complaints process.

Members noted positive progress with Care Opinion, with responses increasing during the final quarter and doubling compared with the previous year. NHS Orkney's participation in the Scottish Patient Safety Programme Patient Reported Experience Measures work was welcomed, with updates to be included in future quarterly reports.

Members were assured that learning from complaints is identified, shared with staff and supported by actions where required. Future reporting could explore common themes between NHS patient feedback and social work and social care user experience reports, while recognising that separate reports are required for Scottish Public Services Ombudsman purposes.

Positive assurance was noted from the low number of Ombudsman referrals, both of which were closed without further investigation, and from there being no escalated complaints during the year. The contribution of the Patient Experience Officer was recognised.

Decision/Conclusion

Members approved the NHS Orkney Patient Feedback Annual Report 2025/26 for submission to the Board.

12. STRATEGIC OBJECTIVE PERFORMANCE

12.1. Duty of Candour Annual Report 2025/26 (Presenter: Medical Director)

The Medical Director presented the Duty of Candour Annual Report 2025/26. Members noted that no adverse events met the organisational duty of candour criteria during the reporting period, with no deaths, permanent harm or cases reaching the statutory threshold.

Five significant adverse event reviews had been commissioned during the year, four of which remained open and would be reported once concluded. Of two reviews carried forward from the previous year, one had closed and did not meet the duty of candour threshold, while the other remained paused due to external agency involvement.

Where reviews had closed, the expected process had been followed, including apology where appropriate, meetings offered, views listened to and learning shared. Learning included strengthening staff communication when reviews are commissioned and ensuring procedures are documented rather than reliant on a single point of knowledge. Local guidance had also been aligned with the revised national framework.

The Head of Patient Safety, Quality and Risk clarified that NHS Orkney follows the principles of duty of candour even where the statutory threshold is not ultimately met, including contact with patients or families, apology where appropriate, meetings if requested and open communication throughout the review process.

Decision/conclusion

Members approved the Duty of Candour Annual Report 2025/26 for publication.

12.2 Quarterly Public Health Report (Presenter: Director of Public Health)

The Director of Public Health presented the Quarterly Public Health Report, highlighting the successful transition to the new national child health system, with some workarounds remaining. Members also noted progress with the new meningococcal vaccination programme, planning for winter COVID-19 and flu vaccination, and a range of health improvement activity, including weight management services and digital options.

Members discussed smoking cessation activity within mental health services, which was off track due to limited stakeholder engagement and wider staff pressures. The team continues to explore ways to improve engagement and promote support, including through additional information in letters.

The Committee also noted planned brain health roadshows across island and mainland communities, with a focus on working with other services and promoting events through NHS Orkney communication channels to maximise reach.

Decision/conclusion

Members took assurance from the Quarterly Public Health Report.

12.3 Maternity External Peer Review Action Plan (Presenter: Interim Deputy Director of Nursing and Lead Midwife)

The EDoNMAHP presented the Maternity External Peer Review Action Plan, following the peer review considered in April 2026. Members noted that the action plan aligned with the HIS Maternity Services inspection themes, including guidance, standard operating procedures, clinical governance, oversight and environmental considerations.

Members were advised that significant improvement work was already complete or underway, including establishment of the Maternity Clinical Governance Group and strengthened governance and risk meetings.

The Committee noted ongoing environmental challenges within the maternity unit, particularly around privacy and bereavement care, but recognised the team's flexible use of available space to support women and families.

The peer review and HIS inspection actions will be taken forward in a coordinated way to avoid duplication, with assurance through maternity governance arrangements, the Clinical Governance Group and JCCGC.

Decision/conclusion

Members took assurance from the Maternity External Peer Review Action Plan.

13 STRATEGIC OBJECTIVE - PLACE

14 Emerging Issues and Key National Updates

The EDoNMAHP provided an update on the HIS Unannounced Inspection Report for Acute Services, noting that the report remained embargoed at the time of the meeting.

Members were advised that the action plan had already been submitted.

Decision/conclusion

Members noted the update on the HIS Unannounced Inspection Report for Acute Services.

15 Agree Items to be included in Chair's Assurance Report to Board

Matters of Concern

- No matters of concern or issues to be escalated to the Board

Major Actions Commissioned/Work Underway

- Patient experience – Stage 2 complaints monitoring and reporting back to Committee
- Serious Adverse Events Reviews report to be brought to October 2026 meeting.
- Public Protection Accountability Framework (PPAF) update to committee 4 February 2026.
- Awaiting confirmation funding for MRI Business case.

Positive Assurances

- Staff Story from Morag Linklater following her DAISY Honorary award.
- There is no ultrasound backlog or waiting list for the service.
- The public dental services update provided assurance on public and general dental services.
- The Corporate Risk Register and Integrated Performance Report

- Chair's Assurance Reports for Area Drugs and Therapeutic Committee; Infection, Prevention and Control Committee; Social Work and Social Care Governance Board and Clinical Governance Group.
- Social Work and Social Care Service Annual User Experience Report
- Quality, Safety and Experience Quarterly Report.
- Significant progress has been made in embedding the Public Protection Accountability Framework (PFAF).
- Healthcare Improvement Scotland (HIS) inspection of Maternity Services.
- Maternity external Peer Review Action Plan.
- Public Health Quarterly Report
- Maternity external Peer Review Action Plan.

Decisions Made

- Minute and Chairs Assurance Report of Meeting 8 April 2026.
- Healthcare Improvement Scotland (HIS) Inspection action plan (Maternity Services) approved.
- NHS Orkney Patient Feedback Annual Report 2025/26 approved for onward submission to the Board
- Duty of Candour Annual Report 2025/26 approved for publication.

15 AOCB

The Board Chair asked for an update on the MRI business case. The Medical Director advised that NHS Orkney had received correspondence indicating an expectation that funding for the current year would continue and that work should proceed on that basis. However, members noted that definitive confirmation had not yet been received and that the current position appeared to relate to a one-year extension only.

The Medical Director advised that NHS Orkney would continue to emphasise to Scottish Government colleagues the need for clear confirmation of funding for the current year and a definitive longer-term decision on future MRI provision and funding.

Decision/conclusion

Members noted the update on the MRI business case.

16 Items for Information and Noting Only

17.1 Documentation for Noting

- Feedback Scottish Association Medical Directors (SAMD) - Item not received
- Feedback Scottish Executive Nurse Directors (SEND)
- Collaborative Community Care Group (CCCG) Chair's Assurance Report 2 April 2026
- IPCC Terms of Reference - 2026-27-Approved

17.2 Schedule of Meetings 2026/27

- Members noted the schedule of meetings 2026/27.

17.3 Record of Attendance 2026/27

- Members noted the Record of Attendance 2026/27.

18 Evaluation of Meeting

Chair noted quality of reports

The meeting closed at 17:00