



Joint Clinical and Care Governance Committee Minute

Wednesday 4 February 2026

Attendance

Stephen Brown (Chief Officer, IJB), Dr Kirsty Cole (Area Clinical Forum Chair), Debs Crohn (Head of Corporate Governance), Dr Anna Lamont (Medical Director), James Goodyear (Interim Chief Executive), Jean Stevenson (Orkney Island Council Elected Representative), Councillor Lindsay Hall (Orkney Island Council Elected Representative), Fiona Mackay (Non-Executive Board Member), Councillor Ivan Taylor (Orkney Island Council Elected Representative), John Daniels (Head of Primary Care) and Wendy Lycett (Interim Director of Pharmacy)

Guests

Dr Elvira Garcia (Consultant in Public Health)

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 Social Work Officer, or nominated depute, is present.

2. Apologies (Presenter: Chair)

R Gold (Chair) opened the meeting at 1.00 pm, welcoming members and extending a welcome to Fiona Mackay (Non-Executive Board Member).

Apologies received from Dr Louise Wilson (Director of Public Health), Morven Brooks (CEO, Voluntary Action Orkney), Issy Grieve (Non-Executive Director), Kat Jenkin (Head of Patient Safety, Quality and Risk), Tammy Sharp, (Director of Performance and Transformation and Deputy CEO) and Sarah Walker (Infection Prevention Control Lead).

Dr Elvira Garcia attended the meeting on behalf of Dr Louise Wilson.

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

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

No declarations of interest were recorded.

4. Minutes of Joint Clinical and Care Governance Committee – 1 October 2025 (Presenter: Chair)

Minutes of the Joint Clinical and Care Governance Committee meeting held on 1 October 2025 were accepted as an accurate record of the meeting.

On page 5, section 10.2, the Chair requested an update on pest control at The Balfour hospital. The EDoNMAHP reported that 99% of work is complete, with the contractor asked to provide assurance on the final outstanding action.

Decision/conclusion

Members approved the minutes of the Joint Clinical Care Governance Committee 1 October 2025.

5. Chair's Assurance Report (CAR) from meeting 1 October 2025.

The Chair presented the Chair's Assurance Reports from the meeting held on the 1 October 2025 noting this was presented to Board in December 2026.

Decision/conclusion

Members took assurance on the Chair's Assurance reports from the meetings held on the 1 October 2025.

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

The action log was discussed with corrective action taken and providing updates where required. Members were content to close the items listed on the action log, triple AAA data will be circulated to members following the meeting.

One action remains open in relation to smoking cessation targets, this is now included in the Integrated Performance Report discussed later in the meeting.

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.

Councilor Hall requested clarification regarding the risks presented. The Medical Director explained that the document provides an overview of the risks aligned with the Joint Clinical Care Governance Committee for scrutiny and assurance, and that these identified risks are included in the Board's Corporate Risk Register.

Councilor Hall requested clarification on risk 122-25 (inability to offload Scottish Ambulance Service (SAS) vehicles). The EDoNMAHP explained that this risk is in relation to patient flow issues in the busy Emergency Department (ED), which can delay transfers from SAS. Mitigation involves reserving a designated bed in the ED for incoming patients. Councilor Hall suggested the risk should be low due to the area's population size.

The Medical Director reminded colleagues that the impact column is the impact of the risk should it occur.

J Stevenson requested clarification on new risk C-2026-01 (delivery of mandated digital projects) and existing risk C-2024-02 (lack of organisational digital maturity). The Medical Director recommended consolidating these two digital risks, which will be discussed at the next Risk Management Group meeting in February 2026, although previous discussions favored keeping them separate. EDoNMAHP noted that the digital risk was not updated in the current paper due to timing constraints.

I Taylor requested an update on risk 122-25 (insufficient capacity in social care). EDoNMAHP confirmed ongoing recruitment challenges and said the risk is being reframed for review by the Risk Management Group in February 2026. The Chair noted that the risk score is rising, and the Committee could not confirm the effectiveness of current mitigations.

Dr Kirsty Cole requested clarification on risk 1227 (recruitment in Mental Health Services). The Chief Officer IJB confirmed it is the same post and the risk register terminology will be updated.

I Taylor requested an update on the fragility of clinical leadership risk (1225) and the recruitment workshop timeline. The Medical Director stated the workshop is scheduled for the week beginning 9 February 2026, recruitment is paused, and a formal update will be provided at the next meeting after the workshop.

The Chair asked for an update on the Public Protection training noting the last update was in November 2025. The EDoNMAHP advised that work is underway, an update will be brought to Committee April 2026.

Dr. K Cole expressed concern regarding the frequency at which risks are updated based on their risk scores and inquired about the possibility of making updates prior to the JCCGC meeting. The Medical Director responded that updates pertaining to low-risk items would not be presented to Committees, noting that the updating of risks currently occurs more frequently than necessary. A key challenge identified is ensuring that risk owners consistently update their respective risks.

The Interim CEO suggested that only updated risks should be brought to the Committee, and that low-level risks should not be shared, this would help the Committee focus on scrutinising significant risks and their management. The Medical Director pointed out that the cover paper highlights the most critical risks and asked members to consider what information should be presented to the Committee in the future, given that the risk register will not be shared.

F Mackay asked for a consistent approach to sharing risks across all Governance Committees.

Decision/conclusion

Members took assurance on the process, noting that the last updates were in November 2025.

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

The Chair invited questions on section 3 of the Integrated Performance Report. The EDoNMAHP highlighted a decline in MEWS performance, an increase in vaccination rates to 53%, and strong smoking cessation results.

Committee noted the complaints response times.

J Stevenson noted that bloodspot screening is at 84.6% (target 100%), shortfall is due to capacity and staffing constraints, assurance provided this has been resolved.

J Stevenson asked when a report on obesity would be presented to Committee. The Consultant in Public Health confirmed that a weight management report will be presented at the next meeting, with the late paper to be circulated to members for information.

The Interim CEO expressed concern regarding the high number of patients falls within our inpatient setting, highlighting that this trend coincides with increased Delayed Transfers of Care. The Interim CEO requested a comprehensive review of patient falls data. The Medical Director acknowledged ongoing challenges with the definition of a fall and noted that a previous deep dive had already been conducted, which prompted consideration of removing this metric from the Integrated Performance Report (IPR). It was confirmed that a repeat analysis remains an option. The EDoNMAHP stated that patient falls are a focus of the Excellence in Care programme, with most incidents relating to a single patient who places themselves in a place of safety resulting in an incident report. Efforts are underway to enhance the presentation of data to the Committee to provide reassurance that patients are not experiencing harm due to falls. The EDoNMAHP assured Committee that no patient has come to harm because of a fall.

The Interim CEO requested that EDoNMAHP evaluate how patient fall data is presented, ensuring it gives sufficient assurance to the Committee.

The Interim Director of Pharmacy questioned whether a review of the capacity to conduct Serious Adverse Event Reviews is necessary, considering the number of outstanding reviews. The Medical Director responded that this continues to be an ongoing issue, as training remains a challenge due to vacancies within the core workforce.

Dr. K Cole inquired about the existence of a national indicator for when SAERs should be conducted. The Medical Director clarified that there are established national procedures which the Board must follow, and SAER processes are initiated when necessary. All pending SAERs require involvement from multiple Boards; their delay is not only due to a shortage of reviewers. This issue is documented in our Risk Register, which includes appropriate mitigation measures.

Decision/conclusion

Members discussed the IPR 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. CHAIR'S ASSURANCE REPORTS

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

The Chair asked members if they had any questions in relation to the report of the meeting held 3 December 2025 advising members that the committee is now well attended and effective.

Dr. K Cole welcomed the update on consultants requesting medication through Primary Care and suggested extending this work to include care setting patients. The Medical Director responded that existing guidance is clear, and the current effort focuses on negotiating between primary and secondary care prescribing, with full consultation from both the GP Sub Committee and hospital clinicians.

J Stevenson requested clarification on medicines of low clinical value. The Medical Director explained the purpose of this work, and the Interim Director of Pharmacy noted that assessing low clinical value is a Scottish Government mandate within the 15-box grid, which evaluates clinical benefit to patients.

Decision/Conclusion

Members took assurance from the update.

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

The EDoNMAHP asked members if they had any questions arising from the Chair's Assurance Report from the meeting held 1 December 2025.

I Taylor requested an update on the Care Homes Group referenced in the Chair's Assurance Report. The EDoNMAHP reported that the clinical nurse manager for community is now chairing the Collaborative Care Homes Group, resolving the previous issue.

The Chair requested confirmation of actions from the Chair's Assurance Report and clarification on matters to escalate to the Committee or Board. The EDoNMAHP noted the report is from December 2025, and the latest meeting was held on 4 February 2026.

There remains a risk of higher costs due to limited financial resources and storage space for Personal Protective Equipment.

The EDoNMAHP confirmed that the water tank issue is related to ongoing issues with Robertsons Facilities Management, which are still under discussion.

Decision/Conclusion

Members received escalated items and took assurance on performance.

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

The Chief Officer IJB invited questions in relation to the Chair's Assurance Report from the Social Work and Social Care Governance Board 9 January 2026.

The Chair inquired about the individual responsible for the whistleblowing report referenced in the Chair's Assurance Report. The Chief Officer responded that discussions have been held with the Head of Patient Safety, Quality and Risk to determine whether this should be produced as a consolidated report for both organisations. The SWSCGB will continue to progress this work.

The Chair stated that the IJB has requested a Care Home report, which should be reviewed by the JCCGC before being submitted to the IJB and requested that this report also be presented to both the JCCGC and the SWSCGB.

The Chief Officer IJB advised that a conversation has taken place with the Chair of the IJB in relation to the ask, it was felt that the report would not be appropriate for the JCCGC. The Chief Officer IJB confirmed that Executive Nursing Directors were asked to pick up external scrutiny of Care Homes as a legacy from COVID. It was agreed that the EDoNMAHP will bring a Care Homes Report to Committee April 2026.

Decision/conclusion

Members received escalated items and took assurance on performance.

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

The Medical Director invited questions from committee members in relation to the Clinical Governance Group Chairs Assurance Report from the meeting held 2 December 2025. Key risks to escalate are in relation to capacity to deliver SAERs and clinical engagement in the reviews, this remains a challenge.

Decision/Conclusion

Members received escalated items and took assurance on performance.

J Stevenson left the meeting at 15:32.

10. STRATEGIC OBJECTIVE - PLACE

10.1. Port Health Memorandum of Understanding (MoU) (Presenter: Medical Director)

The Medical Director provided an overview of the Port Health Memorandum of Understanding, which has been revised to address previously identified governance gaps, clarify statutory roles, information sharing, indemnity, and escalation, and reflect current staffing and operational arrangements across NHS Orkney and Orkney Islands Council.

The document has now been agreed in principle by both organisations, with NHS Orkney executive sign-off completing a process to formally embed port health arrangements within each organisation's governance framework, where previously no approved MoU existed.

Approval provides legal and operational assurance that port health functions can be exercised lawfully and consistently, reducing organisational risk in the event of routine activity or a significant public health incident involving vessels or aircraft

Members were advised that the changes outlined below have been made to the MoU circulated with the meeting papers

- Responsible Executive: approval now recorded directly under the Director of Public Health, rather than acting arrangements.
- MoU more explicitly described as part of both NHS Orkney and Orkney Islands Council governance frameworks and clearer accountability arrangements.
- Legal and indemnity clarity improved, including explicit confirmation that named officers are covered by organisational indemnity and that formal authorisation is required to exercise Port Health functions.
- Command, control and escalation wording tightened, with clearer escalation routes
- Information-governance wording refined, with clearer articulation of lawful bases for information sharing under UK GDPR.
- Appendices clarified so that updates to authorised officers (Appendix 6) and contact details (Appendix 7) are explicitly classed as administrative updates that do not require full re-approval.
- Minor editorial amendments throughout, including formatting, consistency of terminology and removal of residual drafting comments; no change to statutory duties or operational arrangements.

Head of Corporate Governance confirmed that in line with our Code of Corporate Governance there is no requirement for the MoU to be presented to Board, assurance will be provided to the Board via the Chair's Assurance Report.

The Chair asked that any further amendments or changes required by Dr K Cole and the EDoNMAHP meet with the Public Health Team, with the MoU being brought back to Committee in April 2026.

Decision/conclusion

Members took assurance on the Port Health Memorandum of Understanding.

11. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

11.1. Safety, Quality and Experience Quarter 2 Report 2025/26 - (Presenter: Head of Patient Safety, Quality and Risk)

The Chair invited questions on the Safety, Quality and Experience Quarter 2 Report 2025/26. The Medical Director highlighted the excellent improvement activity undertaken in realistic medicine and excellence in care projects.

The Chair noted the improved closure rates for incidents. The Medical Director highlighted that the number of overdue incidents is now down to its lowest level for several years, progress continues to be made on reducing the backlog of incidents.

I Taylor questioned why complaints training rates are tracked if the training is not mandatory. The Chief Officer IJB explained that it's useful to know how many staff can conduct reviews. The Medical Director clarified that the rates are shared simply to highlight changes, while the focus remains on mandatory training.

Interim Director of Pharmacy noted that complaints in relation to independent contractors may not be accurate and asked if a piece of work needs to be undertaken in relation to encouraging complaints being reported. The Medical Director advised that this is the Quarter 2 report, and data which has been proactively shared with the Board.

F Mackay welcomed inclusion of our behavioral standards framework and asked how we will know we are making progress against the framework. The Interim CEO advised that our Director of People and Culture is undertaking this piece of work, this will be reported through our Staff Governance Committee. The Medical Director advised that the report is in relation to patient experience side of the behavioral framework rather than staff relationships.

The Chair asked what the Board is doing to address concerns in relation to waiting times which has been raised as concern by patients. The Medical Director noted that our Health Board currently has fewer patients waiting over 52 weeks than most others, aiming for zero such cases by 31 March 2026. Urgent cases are always given priority, and various improvements have been made to our outpatient service, including expanding capacity and adding permanent staff members. Members were reminded that while reducing outpatient appointment wait times leads to improvement, it also results in an increase in the number of patients on our inpatient waiting lists.

The Interim CEO asked members to remember that whilst performance is an improving position, long waiting times impact negatively on our patients, this continues to be monitored by the Finance and Performance Committee.

Dr. K. Cole inquired whether compliments are solicited from our independent contractors in the same manner as complaints. The Medical Director clarified that while complaint data is requested, submission of such information is voluntary, and there is no obligation for independent contractors to provide it. Members were encouraged to share positive news stories with the Corporate Communications team for possible inclusion in the Weekly Staff Bulletin.

Decision/conclusion

Members welcomed the Safety, Quality and Experience Quarter 2 Report 2025/26.

Dr Elvira Garcia left the meeting at 16:04

11.2. His Majesty's Inspectorate of Constabulary in Scotland (HMICS) - Draft Custody Inspection Report - (Presenter: Head of Primary Care)

The Head of Primary Care presented an overview of His Majesty's Inspectorate of Constabulary in Scotland Custody Inspection Report.

F Mackay, Dr K Cole and the Interim Director of Pharmacy noted that this report requires a once for Scotland approach noting linkages have been made with NHS Highland and the additional work required by the Head of Primary Care.

The Head of Primary Care acknowledged that conversations took place with Inspectors in relation to the number of Policies and Procedures which are not relevant for our population. Inspectors were keen to find a middle ground, recognising commonality of approach across the East of Scotland.

The Chair welcomed the report, noting collaboration in responding to the inspection, and suggested seeking implementation funding from the Scottish Government. The Chief Officer IJB proposed requesting support from the Community Justice Partnership.

Head of Primary Care to bring progress report to the JCCGC July 2026 meeting.

Decision/conclusion

Members received and took assurance from the inspection report.

11.3. Maternity Peer Review - (Presenter: Interim Deputy Director of Nursing/Lead Midwife)

The EDoNMAHP provided a verbal date on the recent maternity peer review. The review has now been completed, executive summary has been received and discussed.

In January, we conducted a Maternity peer review and received highly positive feedback regarding the quality of our services. Staff particularly commented on feeling safe to raise concerns, the positive culture within our maternity services, and effective pathways with other Health Boards. Peer reviewers highlighted opportunities for enhancement, specifically recommending more proactive engagement with our risk management and clinical governance team.

Users raised concerns in relation to separate entrance for maternity and the lack of a bereavement room at the Balfour.

An action plan is being developed by the Maternity Service to address these recommendations prior to an inspection over the next 12 months by Health Improvement Scotland.

Full report and action plan will be presented to Committee April 2026.

The Chair congratulated the maternity team for engaging with peer review.

Decision/conclusion

Members received and noted the update.

12.

STRATEGIC OBJECTIVE - PERFORMANCE

12.1. Approval of JCCGC Core Documents 2026/27 (Presenter: Chair)

The Chair presented the JCCGC Core Documents 2026/27 to Committee for approval

The Chair asked that the Nursing Care Homes Report be added to the Business Cycle and Workplan 2026/27.

F Mackay asked that consideration be given in relation to reporting of the Clinical Services Review to avoid being presented to several Committees. The EDoNMAHP advised that this will be reviewed noting the purpose of the Committee.

Dr K Cole asked for confirmation of third sector or public representation on the Committee – the Chair advised that this will be discussed at the Committee Development session in March 2026 noting the need for a process to be in place to support those attending and the opportunity to create a group to support those with lived experience.

Head of Corporate Governance reminded members of the need to complete the committee self-effectiveness questionnaire by Friday 20 February 2026.

Dr A Lamont left the meeting at 16.30

Decision/conclusion

Members approved the following JCCGC Core Documents for 2026/27

- Terms of Reference
- Business Cycle and Workplan 2026/27
- Reporting Timetable 2026/27

12.2. Chief Social Work Officer (CSWO) Annual Report (Chief Social Work Officer)

The Chief Officer IJB invited questions on the Chief Social Work Officer Annual Report to Committee noting the Chief Social Work Officer was not in attendance at the meeting,

The Chair questioned whether the low number of MARAC cases was due to Orkney's population size or capacity issues and asked if collaboration with a neighbouring health board was possible. The Chief Officer IJB explained that there is still a reluctance to report domestic violence in Orkney, highlighting the need to encourage more people to come forward. The Chief Officer IJB also confirmed that collaborative work with neighbouring health boards is already taking place.

The Chief Officer of the IJB informed the Committee that recent allegations regarding the Chief Social Work Officer have appeared on social media, including claims of an ongoing police investigation. Police Scotland has confirmed that there is no such investigation underway. The IJB and Orkney Islands Council continue to support the Chief Social Work Officer. Additionally,

a briefing paper is being prepared for IJB members, Elected Members, and NHS Orkney Board Members.

Decision/conclusion

Members welcomed the Chief Social Work Officer Annual Report.

13. Emerging issues and key National updates (Presenters: Medical Director, Chief Officer Integration Joint Board, Executive Director of Nursing Midwifery, AHP and Chief Officer Acute, Consultant in Public Health)

The EDoNMAHP invited questions on the Scottish Executive Nurse Directors (SEND) meetings. No questions were raised.

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)

14. 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

- Corporate risks associated with JCCGC
- Integrated Performance Report (IPR)
- Assurance provided via the Area Drugs and Therapeutics Committee
- Assurance provided from the Infection, Prevention Control Committee
- Assurance taken on the work of the Social Work and Social Care Governance Board (SWSCGB)
- Assurance taken in relation to Clinical Governance via the Clinical Governance Group
- Port Health Memorandum of Understanding
- Overdue incidents are now down to its lowest level for several years
- Quarter 2 Safety, Quality and Experience Report.
- His Majesty's Inspectorate of Constabulary in Scotland (HMICS) - Draft Custody Inspection Action Report
- Peer review of maternity services with strong engagement from our maternity team.
- Chief Social Work Officer Annual Report
- Management of Drug Harms Standard Operating Procedure noted

Risks to be escalated to the Board

- The Public Health Report late paper
- Limited financial resources and storage for Personal Protective Equipment (PPE)
- Insufficient clinical engagement for Serious Adverse Event Reviews



Work underway

- Social care system capacity risk will be reviewed by the Risk Management Group in February 2026.
- EDoNMAHP will review how patient fall data is presented to the Committee and shared with members before the next meeting.
- Consultant in Public Health to provide Weight Management Service update at Committee meeting in April 2026.
- Port Health Memorandum of Understanding – Members to provide feedback to Consultant in Public Health.

Decisions made

- Minutes and Chairs Assurance Report from meeting held 1 October 2025 approved
- JCCGC Terms of Reference, Workplan and Reporting schedule 2026/27 approved.

15. AOCB (Presenter: Chair)

16. ITEMS FOR INFORMATION AND NOTING ONLY

Members welcomed and noted the following papers

- Management of Drug Harms Standard Operating Procedure
- JCCGC Reporting Timetable 2025/26
- Record of Attendance 2025/26
- Information Sharing Protocol - Public Protection and Community Safety

The meeting closed at 16:50