



# Joint Clinical and Care Governance Committee Minutes Thursday 3 July 2025

## Attendance

**Members:** Stephen Brown (Chief Officer, IJB), Dr Kirsty Cole (Area Clinical Forum Chair), Debs Crohn (Interim Head of Corporate Governance), Rona Gold (Chair), Kat Jenkin (Head of Patient Safety, Quality and Risk), Dr Anna Lamont (Medical Director), Darren Morrow (Head of Children, Families and Justice Services/Chief Social Work Officer), Laura Skaife-Knight (Chief Executive), Jean Stevenson (Vice Chair), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Issy Grieve (Non-Executive Board Member), Wendy Lycett (Interim Director of Pharmacy), Lyndsey Hall (Orkney Island Council Elected Representative)

## Guests

Hannah Casey (Public Health Manager), Lynsey Harper (Public Protection Lead), Elvira Garcia (Consultant in Public Health), Sarah Walker (Head of Infection, Prevention and Control) and John Daniels (Head of Primary Care).

## 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 )

R Gold opened the meeting at 1.30 pm and welcomed members to the meeting.

Apologies received from I Taylor, (Orkney Island Council representative), Dr L Wilson (Director of Public Health), M Gemmill (Associate Director of Allied Health Professionals)

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 raised.

### **4. Minutes of Joint Clinical and Care Governance Committee - 2 April 2025 (Presenter: Chair)**

The minutes of the Joint Clinical and Care Governance Committee meeting held on 2 April 2025 were accepted as an accurate record of the meeting.

Dr K Cole asked that minutes were consistent going forward including her job title being correct.

### **5. Action Log (Presenter: Chair)**

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

### **6. Chair's Assurance Report (CAR) from meeting 2 April 2025**

Members noted the Chair's Assurance report from the meeting held on the 2 April 2025.

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

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

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

Dr K Cole asked for clarity on the fragile services risk in relation to the timescales for the ophthalmology peer review timescales. The Medical Director confirmed that the peer review has been shared with members, An Ophthalmology workshop has taken place as part of the Clinical Service Review (CSR) the 3 pathways arising from the review are now in the planning phase. Dr K Cole noted that the risk was last reviewed in January 2025. A further update will be provided as part of the CSR.

The Chair acknowledged that some of the mitigating actions do not state what actions are planned or who is the risk owner making it challenging for Committee to take assurance on risk management.

Dr K Cole asked for timescales on the NHS Highland Service Level Agreement Reviews,

L Hall asked for an update on capacity within Mental Health Services in relation to training for staff. The EDoNMAHP confirmed that training has now taken place. Narrative to be updated in the risk register to reflect on-going recruitment of Band 6 and Band 7 within the service.

The Chair asked for mitigating actions to be added to the risk register, including a link to the overarching Mental Health Plan. The Chief Officer IJB confirmed that the plan will be shared with Committee including mitigating factors. The Chair confirmed that the mitigating actions were not included in the update due to timing of the report being produced.

The Chair asked for clarity on risks that had been downgraded and the criteria for the risk being reduced. The EDoNMAHP advised that the risk in relation to reduced capacity at The Balour has been downgraded as a result of the risk assessment at that time being low. However, the situation has now changed, and the risk will be reviewed considering the changes.

#### **Decision/conclusion**

Members took assurance of progress on the latest Corporate Risk Register

### **8. Integrated Performance Report (IPR) (Presenter: Executive Director of Nursing Midwifery, AHP and Chief Officer Acute)**

The Chair invited questions on the Integrated Performance Report (IPR).

The Consultant in Public Health advised that the target in relation to smoking cessation is incorrect and confirmed that the target remains off track but is expected to come back on track over the year.

The CEO asked if capacity in relation to undertaking Serious Adverse Event Reviews (SAER's) is due to staffing capacity. The Medical Director advised that there are sufficient people trained to undertake SAER's. The CEO asked for clarity on this position as previously it was stated that not enough people were available to undertake the reviews. The Medical Director confirmed that this was in relation to the backlog of SAER's, however as these are clearing capacity is not as big an issue as it has been previously.

The Head of Patient Safety Quality and Risk advised that one of the challenges in relation to SAER's is due to the high number of complex SAER's, however assurance was provided on current performance noting that several staff have left the organisation who were trained in SAER's. A risk jotter has been developed by the Clinical Governance Group; this will be brought to the next JCCGC meeting in October 2025.

The CEO asked what the timescale for completing the training for SAER's is noting this has been ongoing for some time.

J Stevenson asked for clarity on the significant risk on the lack of digital maturity and how this will impact on our ability to accelerate digital transformation. The Head of Patient Safety Quality and Risk confirmed that the digital maturity risk has been downgraded due to the amount of work and mitigation actions which have been put in place with a clear focus on the 3 priorities identified in our Corporate Strategy.

The Chair asked for clarity on when the deep dive on the Paediatric Early Warning Scores (PEWs) will be complete. The EDoNMAHP advised that the way the PEWs scores are recorded has changed, our Practice Education Facilitator advised that training will be undertaken for staff to ensure the changes are embedding in custom and practice.

The Chair asked for confirmation on the data referred to for screening and Measles, Mumps, Rubella data in the population health section. The Consultant in Public Health confirmed that the data is correct and is the latest data advising that data is being validated by our local Vaccination team.



### **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 Chair thanked the EDoNMAHP for the paper, and the CEO for introducing feedback from National Meetings to the JCCGC agenda.

The EDoNMAHP provided an update from the Scottish Executive Nurse Directors (SEND) meeting held in June 2025.

The CEO asked where the Board is in relation to Maternity Peer Review. The EDoNMAHP advised that the Board has agreed the Terms of Reference for the maternity Peer Review, once reviewers are in place a benchmark will be undertaken against the Maternity Review of NHS Tayside. The aim is to have the review complete by the end of Quarter 3 2025/26.

### **Decision/conclusion**

Members welcomed and noted the update from SEND, noting the following updates were not received

- Scottish Association Medical Directors (SAMD)
- Directors of Public Health (DPH)
- Chief Officers Meeting

## **10. CHAIR'S ASSURANCE REPORTS**

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

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

The Medical Director advised that the CAR is the report from the February meeting and advised that the meeting in May did not take place but asked members to note the information in relation to prescribing puberty blockers which was an emerging matter - this will be included in the next Chairs Assurance Report.

The Chair asked for confirmation on what is meant by pathways for clinical pathways and policies. The Medical Director advised this relates to decisions made.

Chairs should ensure that dates for actions to be completed are included in Chairs Assurance Reports as well as not using acronyms.

The May 2025 CAR will be brought to the next meeting.

### **Decision/Conclusion**

Members took assurance from the update.

## **10.2. Infection, Prevention Control Committee (IPCC) Chair's Assurance Report JCCGC25/26 - (Presenter: EDoNMAHP)**

The EDoNMAHP received questions from committee members in relation to the report of the IPCC meeting held on 4 June 2025.

The Chair asked if the risk in relation to pest control should be on the corporate risk register. The Infection Prevention and Control Lead advised that an improvement plan is in place with Robertsons who provide facility management at The Balfour.

The Chair asked what the impact is of the removal of the Highly Contagious Infection Disease (HCID) competency framework, The Infection Prevention Control Lead confirmed that there is a national workstream looking at the framework and confirmed the national body has removed the framework. However, local permission has been granted by the IPCC to use the framework in the absence of a national framework which is welcomed by staff.

### **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 Childrens Services, Criminal Justice and Chief Social Worker) - No paper recieved**

No Chairs Assurance Report received due to timing of the meeting.

Verbal assurance provided by the Head of Children's Services, Criminal Justice and Chief Social Worker that the Social Work and Social Care Governance Board continues to meet within its cycle.

Two Chairs Assurance Reports will be brought to Committee in October 2025.

## **10.4. Clinical Governance Group Chair's Assurance Report and action notes JCCGC25/26 - (Presenter: Medical Director )**

The Medical Director received questions from committee members in relation to the report of the Clinical Governance Group (CGG) meeting held 10 June 2025 and action notes from the meeting held 11 March 2025.

Dr K Cole asked for clarity on splash zone and the risk associated with it and the implications of this for Primary Care. The Infection Prevention and Control lead advised that this covers all splash zones across The Balfour. The Head of Patient Safety, Quality and Risk advised that the risk currently is on the acute risk register and not the Orkney Health and Care Risk Register.

J Stevenson asked for confirmation on the governance for research. The Head of Patient Safety, Quality and Risk advised that this is in relation to all research being undertaken across the Organisation this includes ethical consideration. The Medical Director confirmed that a Service Level Agreement (SLA) is in place with NHS Highland if ethical research is required.

The Chief Officer IJB asked that consideration be given to research across the Community Planning Partnership in the context of this decision.

The EDoNMAHP asked for confirmation that the CGG was quorate noting the number of apologies at the meeting and non-attendance from key services. The Head of Patient Safety, Quality and Risk confirmed that the meeting was quorate in line with the Terms of Reference.

#### **Decision/Conclusion**

Members received escalated items and took assurance on performance

## **11. PLACE**

### **11.1. Public Health Burden of Disease Update (Guest: Hannah Casey - Public Health Manager)**

Hannah Casey - Public Health Manager, joined the meeting at 14.30

The Public Health Manager took questions on the Public Health Burden of Disease paper.

Interim Director of Pharmacy asked for confirmation on the increase in the number of referrals to the childhood weight management service and asked if these has resulted in increased waiting times. The Public Health Manager advised that capacity is available to meet the number of referrals being received.

J Stevenson thanked the Public Health team for the paper.

CEO asked who is involved in developing the Good Food Nation Plan and was keen to understand the governance route. The Public Health Manager advised that Sharon Keyes is the lead for NHS Orkney working in partnership with Orkney Island Council. Once the act is enacted Orkney has 12 months to implement the recommendations. The Public Health Manager advised that as there is not currently a plan in place governance has not been confirmed.

EDoNMAHP advised that the local food plan and weight management plan should come through JCCGC. Chief Officer IJB advised that 1 plan for Orkney should be delivered advising that once the plan has been approved by the Community Planning Partnership it will come through JCCGC for good governance.

Dr K Cole asked for confirmation on involvement in the physical wellbeing strategy and where this is being brought through the Board's governance system. The Public Health Manager advised that this work has been ongoing for several years, this is currently being taken through Orkney Island Council governance. Concerns were raised in relation to visibility within the Board on the physical wellbeing strategy.

Committee raised concerns regarding the lack of visibility on the development of joint strategies like the Physical Well-being Strategy as this is resulting in limited assurance being taken by Committee. The CEO advised that operational governance review has identified that the Place strategic objective is less developed and advised that the Population Health Framework provides an opportunity to bring this work together.

The Chair asked if any of the interventions have measurable data that could be shared with Committee. The Public Health Manager advised that data is shared with the Clinical Governance Group and Public Health Scotland (PHS).

Dr K Cole asked for confirmation of Orkney's position on the delivery of weight loss medication and what the plans are noting our small local services. The Medical Director acknowledged that national guidance has not yet been issued, bariatric patients in Orkney are referred to NHS Grampian. Information will be shared with Committee once available.

#### **Decision/conclusion**

Members welcomed the update and took assurance on the Public Health Burden of Disease Update (Weight Management)

The Public Health Manager left the meeting at 15.07

### **11.2. Public Health Report - Sexual Health and Blood Borne Viruses (BBV) Report JCCGC25/26 - (Presenter: Consultant in Public Health)**

The Consultant in Public Health Manager took questions from members on the Sexual Health and Blood Borne Viruses (BBV) Report.

The Chief Officer IJB asked if there is any more work that could be undertaken to increase the number of people being tested for Hepatitis C. The Consultant in Public Health advised that this was raised with Scottish Government at their last visit. The Alcohol and Drugs Service have tried to raise awareness; work continues with the Alcohol and Drugs Partnership to reach those at risk from injecting opioids.

Dr K Cole declared a clinical conflict of interest in relation to developing a PREPP pathway for Orkney when one is already in place through the Nordhaven Clinic at The Balfour Visit. The Consultant in Public Health suggested that a conversation would be useful at the next Sexual Health Network.

The Chair asked if the Blood Borne Virus Improvement Plan would be shared with Committee. The Consultant in Public Health confirmed that outcomes and a gap analysis from the Scottish Government's visit will be forwarded to the CEO and Director of Public Health, this will be shared with the Sexual Health Network prior to being presented to Committee.

#### **Decision/conclusion**

Members received the update and took assurance

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

### **12.1. Safety, Quality and Experience Quarter 4 Report 2024/25 (Presenter: Medical Director)**

The Chair invited questions on the Safety, Quality and Experience Quarter 4 Report 2024/25.

J Stevenson sought clarity on why falls with and falls without harm could not be provided. The Head of Patient Safety Quality and Risk advised that there is no national definition of falls with harm. The EDoNMAHP and Head of Patient Safety, Quality and Risk are looking at a local definition of harm, noting that national reporting will not be able to be changed. Training has



taken place with Inpatient (IP) 1 and IP2 staff, this has led to a reduction in the number of falls supported by our Excellence in Care Lead.

J Stevenson asked how visibility issues could be resolved given our wards are built on a curve. The EDoNMAHP advised that patients who are at risk of falls are placed in sight of the nurse's station to mitigate the risks.

**Decision/conclusion**

Members received and approved the Safety, Quality and Experience Quarter 4 Report 2024/25.

**12.2. Duty of Candour and Significant Adverse Events Annual Report 2024/25 (Presenter: Medical Director)**

The Head of Patient Safety, Quality and Risk took questions on the Duty of Candour and Significant Adverse Events Annual Report 2024/25 noting the information has been brought to Committee over the past 12 months.

The Medical Director advised that consideration needs to be given to when the Duty of Candour is applied in the Significant Adverse Events process.

**Decision/conclusion**

Members received and approved the Duty of Candour and Significant Adverse Events Annual Report 2024/25

**12.3. Duty of Candour - Organisational Duty of Candour Procedure Non-statutory Guidance - Revised March 2025 (Presenter: Medical Director)**

The Head of Patient Safety, Quality and Risk presented the Organisational Duty of Candour Procedure Non-Statutory Guidance - Revised March 2025. The Chair asked members to review the Duty of Candour Procedure Non-Statutory Guidance - Revised March 2025.

**Decision/conclusion**

Members received and noted the Organisational Duty of Candour Procedure Non-statutory Guidance - Revised March 2025

**12.4. NHS Orkney Patient Feedback (Complaints) Annual Report 2024/25 (Presenter: Medical Director)**

The Head of Patient Safety, Quality and Risk presented the NHS Orkney Patient Feedback (Complaints) Annual Report - 2024-25.

**Decision/conclusion**

Members received and approved the NHS Orkney Patient Feedback (Complaints) Annual Report - 2024-25

**12.5. Infection Prevention Annual Report 2024/25 (Presenter: Executive Director of Nursing Midwifery, AHP and Chief Officer Acute)**



The EDoNMAHP presented the Infection Prevention Annual Report 2024/25.

**Decision/conclusion**

Members received and approved the Infection Prevention Annual Report 2024/25.

**12.6. Primary Care Improvement Plan (PCIP) Annual Update (Presenter: Head of Primary Care)**

The Head of Primary Care presented the Primary Care Improvement Plan (PCIP) Annual Update.

Dr K Cole asked for clarity on NHS Orkney's spending allocation of Primary Care Improvement funding. The Chief Officer IJB acknowledged that there had been challenges in relation to posts being filled.

Dr K Cole asked for confirmation on advice taken by the Central Legal Office (CLO) on delivery of the Primary Care Improvement Plan as there is a risk associated with regulated services. Chief Officer IJB advised that no Board in Scotland is fully compliant. GP Sub Committee and Primary Care Management Team will be involved in mapping out what is required, the Integration Joint Board will be required to consider what level of risks would be accepted.

Dr K Cole asked for timescales on defining the risk and when this will be presented to the IJB. The Chief Officer advised that a paper will be taken to the IJB in September 2025.

Head of Primary Care outlined the risks of not delivering regulated services in terms of what wouldn't be delivered. One option would be to agree to a local solution with support from the CLO noting that the Board is not in a position to deliver everything with the amount of funding the Board receives.

The Interim Director of Pharmacy advised that whilst we are not delivering pharmacotherapy and Community Treatment Assessment Centre (CTAC) work is underway at a national level.

The Chair thanked the Head of Primary Care for the paper and asked for confirmation on relevant stakeholders and requested these be named where possible in future reports. Chief Officer IJB confirmed that the PCIP and utilisation of the funds requires IJB sign off, Committee will be kept updated on progress.

Dr K Cole advised that the report has not yet been taken through the GP Sub-Committee noting that it would be useful to ensure relevant stakeholders are clearly set out in papers going forward.

**Decision/conclusion**

Members received and took assurance on the Primary Care Improvement Plan (PCIP) Annual Update

**12.7. Psychiatric Emergency Plan (Presenter: Head of Health & Community Care)**

The Chair invited questions on the Psychiatric Emergency Plan.

The Chair asked that report authors are clear on who is referred to as stakeholders noting that the list of stakeholders is lengthy.

L Hall asked for confirmation on what is being referred to by non-ferry linked isles. Chief Officer IJB advised that clarity is required re ferry linked isles and stakeholders.

Dr K Cole advised that text was missing from flow chart, and reference was made in relation to key workers.

Clarity required on what is meant by Risk Assessment Matrix (RAM) as set out in Page 269.

The Chair asked for clarity on when the review of distress brief interventions would be complete as set out on page 238. The Chief Officer IJB confirmed that the plan will be reviewed on a 12 monthly cycle. Paper to come back to Committee in 12 months.

#### **Decision/conclusion**

Members received and took assurance on the Psychiatric Emergency Plan.

### **12.8. Public Protection Assurance Framework Update (Presenter: Public Protection Lead)**

The EDoNMAHP presented the Public Protection Assurance Framework Update.

The Chair invited questions from members.

Dr K Cole welcomed the report and asked for the areas that have been partially completed what the plan is for completing the actions. Public Protection Lead advised that further stakeholder engagement is now required to populate the improvement plan with clear timelines.

CEO advised that it was challenging to take assurance on progress are there are gaps in the paper for example timelines and action owners

EDoNMAHP thanked those involved in getting the plan to where it currently is noting that more work is required. Public Protection is on our Corporate Risk Register, there is a role for the Public Protection Committee to support the development and implementation of the PPP Assurance Framework. Included in the paper is who is employed in Public Protection in other Health Boards, noting that the Board in an outlier in terms of delivering Public Protection.

The CEO advised that it is unclear what is required, by who and when.

The Chair asked that additional support be identified to populate the Assurance Framework and structure required to ensure the Board is assured we are meeting our legal requirement.

The Head of Children's Services, Criminal Justice and Chief Social Worker acknowledged that Public Protection must take a multi-agency approach, improved links with the Public Protection Committee are required. Public Protection is one of the areas which will be subject to inspection by Scottish Government.

The Chair asked if there was a mentor that could be identified to support partnership working with the Public Protection Lead.

The CEO asked for confirmation on the touch points to ensure the work is monitored over the next 6 months. EDoNMAHP advised this will be undertaken by the 4 sub-groups of the Public Protection Committee.

EDoNMAHP to bring updated self-assessment taking a multi-agency approach with oversight from the Public Protection Committee sub-groups to be brought to January 2026 Committee.

#### **Decision/conclusion**

Members received the update, taking limited assurance on the implementation of the Public Protection Assurance Framework noting this is on our Corporate Risk Register.

L Hall left the meeting at 16.10 - the Committee were no longer quorate.

L Harper left the meeting at 16.15

### **12.9. Joint Inspection of Adult Support and Protection – Progress Review (Presenter: Head of Health and Community Care)**

The Chair invited questions from members on the Joint Inspection of Adult Support and Protection Progress Review noting this has been discussed at the Integration Joint Board.

The Chief Officer IJB asked Committee to recognise that since the adult support and protection inspection, it's important to acknowledge the progress that the multi-agency teams have made over the last few years in this area and the positive output achieved since the inspection.

#### **Decision/conclusion**

Members noted the report.

### **12.10. NHS Greater Glasgow and Clyde Emergency Department Review and NHS Orkney Self-assessment (Presenter: EDoNMAHP)**

The EDoNMAHP presented the NHS Greater Glasgow and Clyde Emergency Department Review and NHS Orkney Self-assessment. The self-assessment will be discussed at Senior Leadership Team 10 July 2025.

The Medical Director asked if the risks outlined in the paper will be linked into the Risk Management Group. EDoNMAHP advised that the risks will come through the Risk Jotter process. The QR code for patient feedback requires further work and linkages with patient experience team.

Chief Officer IJB asked if there was anything of specific relevance for Committee which needs to be considered. Whilst there are 41 recommendations, 25 of these relate to NHS Orkney.

EDoNMAHP advised that this exercise has not been undertaken by all Boards.

Dr K Cole asked for confirmation on the action on patient safety feedback - feedback mechanisms are in place Head of Patient Safety Quality and Risk is working with colleagues in the Emergency Department (ED) to reduce duplication of effort.

Dr K Cole asked for confirmation on appraisals rates for staff in the Emergency Department. The EDoMANHP advised that leaders in ED are ensuring appraisals are undertaken for all staff.

J Stevenson welcomed that the Manchester triage training is taking place.

The Chair asked for updates at quarterly meetings to ensure progress is monitored as per the action plan within the report.

The Chair thanked the EDoNMAHP for the breadth of the work that's being undertaken. Committee were pleased to see the pro-active approach taken by NHS Orkney on the NHS Orkney Self-assessment against the NHS Greater Glasgow and Clyde Emergency Department Review. This shows a shift in terms of taking a real learning and improvement approach.

**Decision/conclusion**

Members reviewed the action plan and took assurance of actions being taken

**12.11. Quality Impact Assessments (Presenter: EDoNMAHP)**

Committee received an update on Quality Impact Assessments noting that the governance route is from a clinical and patient safety perspective.

Dr K Cole asked for clarity on the autism pathway referenced in appendix 1. The Chief officer IJB advised that this is a timing issue.

**Decision/conclusion**

Members received the update.

**13. PERFORMANCE**

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

No emerging issues or Key National Updates not already covered on the agenda were discussed.

**15. 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

**Matters of concern**

- Lack of visibility on the development of joint strategies like the Physical Well-being and Weight Management strategies resulting in limited assurance being taken by Committee.
- Limited assurance taken on the implementation of the Public Protection Assurance Framework noting this sits on our Corporate Risk Register.

### **Decisions made**

- Safety, Quality and Experience Quarter 4 Report 2024/25 approved.
- Duty of Candour and Significant Adverse Events Annual Report 2024/25 approved.
- NHS Orkney Patient Feedback (Complaints) Annual Report - 2024-25 approved.
- Infection Prevention Annual Report 2024/25 approved

### **Positive assurance provided**

- Assurance taken
  - Corporate Risk's aligned to Committee
  - Integrated Performance Report
  - Area Drugs and Therapeutics Committee.
  - Infection Prevention Control Committee
- Process for undertaking research
- Sexual Health and Blood Borne Viruses (BBV) Report
- Primary Care Improvement Plan (PCIP) Annual Update
- Psychiatric Emergency Plan.
- NHS Orkney Self-assessment against the NHS Greater Glasgow and Clyde Emergency Department Review.

## **16. AOCB (Presenter: Chair)**

The Medical Director asked for it to be noted that the safety quality and experience report has now been in place for a year. The report contains a lot of positive feedback which has been shared with the organisation.

Having completed a one-year cycle, the report presented was the 4th report.

The Chair thanked the Medical Director for their comments, recognising that sometime papers are skimmed over when assurance is clear from the papers and that there has been lots of positives throughout this committee meeting.

## **17. ITEMS FOR INFORMATION AND NOTING ONLY**

Members welcomed and noted the following paper

### **17.1. Centre for Sustainable Delivery Endoscopy review report (Presenter: Medical Director)**

Members noted the Centre for Sustainable Delivery Endoscopy review report.

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

Members noted the future meeting dates.

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

Members noted the record of attendance 2025/26.

### **17.4. Date of next meeting - Wednesday 1 October 2025**

Next meeting will take place Wednesday 1 October 2025.

The meeting closed at 17.00.

## Joint Clinical and Care Governance Committee Chair's Assurance Report to Board

<b>Title of Report:</b>	<b>Chair's Assurance report from the Joint Clinical and Care Governance Committee</b>	<b>Date of Meeting: 3 July 2025</b>
<b>Prepared By:</b>	Rona Gold, Chair and Non-Executive Director	
<b>Approved By:</b>	Sam Thomas Executive Director of Nursing, Midwifery, Allied Health Profession (AHP's) and Chief Officer Acute Services	
<b>Presented By:</b>	Rona Gold, Chair and Non-Executive Director	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the Joint Clinical and Care Governance Committee at its meeting on <b>3 July 2025</b> .		

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
<ol style="list-style-type: none"> <li>1. Committee raised concerns regarding the lack of visibility on the development of joint strategies like the Physical Well-being and Weight Management strategies resulting in limited assurance being taken by Committee. The operational governance review has identified that the Place strategic objective is less developed and advised that the Population Health Framework provides an opportunity to bring this work together.</li> <li>2. Limited assurance taken on the self- assessment against the Public Protection Assurance Framework noting this sits on our Corporate Risk Register and the work that has been carried out to date. Updated self-assessment taking a multi-agency approach with oversight from the Public Protection Committee sub-groups to be brought to January 2026 Committee.</li> </ol>	<ol style="list-style-type: none"> <li>1. Outcomes from the Scottish Government visit will be discussed and shared with the Sexual Health Network prior to being presented to Committee.</li> <li>2. Primary Care Improvement Plan (PCIP) to be taken to GP sub-committee and Integration Joint Board (IJB) with assurance being brought to Committee October 2025.</li> <li>3. Distress Brief Interventions paper to come back to Committee in July 2026.</li> <li>4. NHS Orkney Self-assessment of the NHS Greater Glasgow and Clyde Emergency Department Review discussed – as the meeting was not quorate at that point, self-assessment to be sent to members for comment. Quarterly updates to be brought to Committee.</li> </ol>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<ol style="list-style-type: none"> <li>1. Assurance taken on the Corporate Risk's aligned to Committee, noting that there are some improvements to be made to the way risks are written and mitigated.</li> <li>2. Members took assurance on performance presented in the Integrated Performance Report.</li> <li>3. Assurance provided on the work underway by the Area Drugs and Therapeutics Committee.</li> <li>4. Assurance provided on performance of the Infection, Prevention Control Committee.</li> <li>5. Assurance provided through the Public Health Report - Sexual Health and Blood Borne Viruses (BBV) Report.</li> </ol>	<ol style="list-style-type: none"> <li>1. Safety, Quality and Experience Quarter 4 Report 2024/25 approved.</li> <li>2. Duty of Candour and Significant Adverse Events Annual Report 2024/25 approved.</li> <li>3. NHS Orkney Patient Feedback (Complaints) Annual Report - 2024-25 approved.</li> <li>4. Infection Prevention Control Annual Report 2024/25 approved.</li> </ol>

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| <ol style="list-style-type: none"> <li>6. Committee received and noted the Organisational Duty of Candour Procedure Non-Statutory Guidance - Revised March 2025.</li> <li>7. Assurance taken on delivery of the Psychiatric Emergency Plan.</li> <li>8. Committee were pleased to see pro-active approach taken by NHS Orkney on the NHS Orkney Self-assessment against the NHS Greater Glasgow and Clyde emergency Department Review.</li> </ol> |  |
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**Comments on Effectiveness of the Meeting**

- The Chair recognised that sometimes papers are 'skimmed over' where there is positive assurance due to the size of the agenda, and this can result in positive outcomes not being noted in detail.
- Lots of positive discussions throughout the committee.
- Committee noted the substantive continuous improvement and breadth of information contained in reports enabling routine assurance to be taken.
- Future reports to be clear when using acronyms to spell these out for ease of understanding.