



Joint Clinical and Care Governance Committee - 14 June 2024 Minutes

Friday, 14 June 2024 at 09:30 BST

Present:

Members: Kirsty Cole, Anna Lamont, Rona Gold, Laura Skaife-Knight, Jean Stevenson, Sam Thomas, Louise Wilson

In attendance: Wendy Lycett, Darren Morrow, Kat Jenkin

1. Apologies

The Chair welcomed members acknowledging the attendance and work done for the additional meeting to ensure the reports were given scrutiny prior to the next Public Board meeting on 27 June 2024.

Apologies were received from S Brown, Chief Officer (IJB), I Taylor and I Grieve, Non-Executive - it was noted that Kirsty Cole, Non-Executive was deputising for I Grieve as a member.

2. Declarations of Interests – Agenda Items

There were no declarations of interest raised in relation to agenda items.

3. Minute of Meeting Held 3 April 2024

The minutes of the Joint Clinical and Care Governance Committee meeting held on 3 April 2024 were approved as an accurate record of the meeting.

4. Matters Arising

The Chair referred to two items for updates:

- Integration of Care Opinion into patient experience framework - the Medical Director confirmed this had been to the Senior Leadership Team.
- Mental Health Assurance Report - the Chief Executive advised that there is a Mental Health Welfare Commissioning action plan which is reported through the Committee, however following speak up concerns there is a broader piece of work is underway to support the Mental Health Team.

5. Annual Reports

5.1. Duty of Candour and SAER Annual Report - JCCGC2425-18

The Head of Safety, Quality and Risk presented the Annual Report advising members that the Duty of Candor principals are applied to all significant adverse events. She went on to advise that Duty of Candor

reporting is a requirement as set out in the Duty of Candor Procedure (Scotland) Regulations 2018, and the report should include the numbers of serious adverse events (SAE) and the numbers of time Duty of Candor (DoC) was applied. It should also include how we applied DoC and how this process is managed. A template is provided as guidance for NHS Boards to support them with completion of the report.

The Head of Safety, Quality and Risk asked members to note that there remain three open SAE reviews and these will be included in the following year's report, in the same vein that the remaining open SAE reviews from the previous year have been included in this report. Members were asked to recommend to the Board for approval. J Stevenson referred to information in the report about the prevalence of pressure ulcers. She asked if it would be possible to have sight on the data, and any improvements that have come as outcomes to complaints, to see if there is improvement. The Head of Safety, Quality and Risk advised that this is something that is under review with a view to reporting through the Integrated Performance Report. The Director of Nursing acknowledged the issues in terms of tissue viability advising members that there is currently dependence on NHS Grampian to support NHS Orkney, however she advised that the business case for a Tissue Viability Nurse has been supported and this is progressing well towards recruitment.

The Director of Public Health asked how confident we are that we are picking up all the incidents that require Duty of Candor in addition to those that are seen as significant adverse events. The Head of Safety, Quality and Risk advised that all incidents that come in through the incident management process are reviewed and those issues that are raised through patient feedback, and act upon these accordingly. The Chief Executive asked about the governance route for reporting on actions, she noted that the report presented some actions complete, some ongoing and some on track. In addition, she asked if there is Orkney Health and Care (OHAC) representation at the Weekly Incident Review Group. The Head of Safety, Quality and Risk confirmed OHAC attendance at the Clinical Quality Group where all action plans are reviewed and not recorded as completed until signed off by the Clinical Quality Group.

Members **approved** the Duty of Candor Report, for onward submission to the Board.

5.2. Health Complaints Performance Annual Report - JCCGC2425-19

The Medical Director presented the report acknowledging the commitment to respond to concerns from patients. She went on to note

that whilst the main focus of the report is on complaints, the report does acknowledge the positive feedback received.

The Head of Patient Safety, Quality and Risk reminded members that the report is developed to accommodate the KPIs that the Scottish Government set. She went on to say that there has been a drop in the number of complaints, since the last annual report, noting that the highest category is communication.

The Director of Public Health acknowledged the report suggesting the detail gives important insight into the experience of our patients. She went on to ask about accessibility for children and young people -should they wish to raise complaints and concerns. The Head of Safety, Quality and Risk advised of new guidance recently received for managing complaints from children and young people which is being looked at alongside the current complaints policy. It was acknowledged that in implementing Care Opinion, it offers much more accessibility for young people.

The Chief Executive noted the balance between the areas for improvement and those areas of success. She asked for an update in terms of the patient experience surveys that have taken place across the organisation in the last year, asking where they are reported in respect of our internal governance. She also asked that any national surveys that are completed are reported through the appropriate governance structure. The Head of Safety, Quality and Risk advised that work is planned to programme in internal clinical audits and patient's surveys, which will be reported through the Clinical Quality Group and Clinical Governance Committee

J Stevenson, noting the issue in the report about sharing private and confidential information in the Emergency Department (ED) reception, advised members that this is an area where she receives lots of complaints from the public. The Director of Nursing advised that where people feel uncomfortable sharing confidential information when they come into the Emergency Department the triage room can be used. The Chair asked how we know that the improvements, such as this in the ED, are making a difference. The Medical Director advised that reporting will go through the new Clinical Quality Group and Clinical Governance Committee and onto the Joint Clinical and Care Governance Committee. The Chair welcomed this.

K Cole acknowledged the detail in the report and the ability to identify trends and themes, particularly the way the data was broken down in the primary care data sets, with subsequent data sets showing. However, she noted that there is not a similar breakdown for the Acute Services, which means there is no ability to understand the areas that are getting

more complaints than others, or understand the themes and being able to put in improvements accordingly. The Medical Director advised that there is not the data to validate the themes advising that one of the objectives this year is to increase the data and routes to gather feedback. Members were assured on the work taking place to improve the quality of data. The Chair queried why training outlined in the report, as supportive to staff in managing complaints, was not mandatory, given the importance of this matter for the organisation.

A discussion took place in relation to training, members noted that there is some training done as part of the induction process for new staff, that there is specific training for those investigating complaints but no mandatory training specific to handling complaints. The Head of Safety, Quality and Risk advised members that as implementation of Care Opinion progresses, training will be made available for staff. The Chair asked about when the KPI's for Scottish Government would be known and it was discussed that this was overdue and expected at any time. The Committee acknowledged that the Annual Report may be subject to change if the KPI's for the Scottish Government reporting, when released, were different to those in the submitted report.

Members **approved** the report for onward submission to the Board.

5.3. Infection Control Annual Report - JCCGC2425-20 (Presenters: Director of NMAHP and Chief Officer Acute)

The Director of NMAHP and Chief Officer Acute presented the report acknowledging the work done by the Infection Control Manager and team who have maintained the standards and are achieving against the majority of the nationally set standards, respecting as a small organisation, with small numbers it can be presented as high percentages.

Members discussed and acknowledged the section in terms of antimicrobial stewardship, noting the feedback from K Cole and The Head of Pharmacy in resourcing appropriate drugs. It was agreed that an additional line should be added to the report prior to going on to Board.

ACTION: The Director of Nursing, Midwifery, AHP and Acute Services agreed to add, sharing with colleagues and the Chair prior to submission to Board to acknowledge this as a current and emerging impact of potential significance.

Members **approved** the report for onward submission to the Board.

5.4. Whistleblowing Standards – Annual Report 2023/24 - JCCGC2425-21

5.5. The Chief Executive presented the Annual Report, highlighting key points:

- No formal whistleblowing concerns have been raised in the year.
- 30 concerns raised from a speak up perspective.
- Significant learning from a case in raised 2022/23, which is still a live case, the report shows the learning so far.
- Lack of clarity where services straddle OHAC and NHS Orkney on where to go to if you need to speak up.
- 3 confidential contacts now trained.
- Lot of work been done to communicate the different ways to speak up
- Quarterly meetings with Chief Executive, the Non-Executive Whistleblowing Champion and the confidential contacts, sharing learning locally and national learning.
- iMatter results just published show the questions in the speak up remain the same.
- The Report sets out the priorities for the year ahead.

Members **approved** the report for onward submission to Board.

5.5.1. Whistleblowing Champion – Assurance Statement JCCGC2425-22

The Chair noted the statement, in the absence of the Whistleblowing Champion, acknowledged the assurance taken from the relevant opinion in the statement.

Members approved the Assurance Statement.

6. **Emerging issues**

The Chair raised the Antimicrobial Stewardship section of the Infection Control Annual Report, and lack of available drugs.

K Cole highlighted the lack of specific data for complaints data for Acute services to be able to review the feedback re specific departments, she advised members that she is not assured that if there are themes, we can see or address them.

7. **AOCB**

There were not additional matters raised.

8. **Agree items to be included in Chair's Assurance Report to Board**

Matters were raised throughout the meeting.

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

Title of Report:	Chair's Assurance report from the Joint Clinical and Care Governance Committee	Date of Meeting: 27 June 2024
Prepared By:	Julie Colquhoun, Corporate Governance Lead	
Approved By:	Rona Gold, Committee Chair	
Presented By:	Rona Gold, Committee Chair	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the committee at its meeting on 14 June 2024		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> • . • Lack of specific data for complaints data for Acute services to be able to review the feedback re specific departments, not assured that if there are themes, we can see or address them. • Committee requested 'closing of the loop' on improvements from patient complaints to ensure actions undertaken in set timescales and learning and improvement evidenced. • Health Complaints annual report contains KPI's that are expected to be required for reporting to Scottish Government (SG) in September 2024. As KPI's are still to be confirmed the report may require adjustment for SG return. 	<ul style="list-style-type: none"> • On the issue of antimicrobial stewardship, it was raised in the Committee that it is not possible to identify the reason that a non-first line antibiotic has been prescribed. Information about the management of medicine shortages was added to Infection Control Annual Report to provide a fuller context and was noted by the Committee as an emerging issue that may be of relevance in future items to Committee. • Work is planned to programme in internal clinical audits and patients surveys, which will be reported through the Clinical Quality Group and Clinical Governance Committee and onto JCCGC.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> • Health Complaints annual report contains areas for improvement for patients alongside areas of success and positive feedback from patients. 	<ul style="list-style-type: none"> • Approval of the Duty of Candour and SAER Annual Report for onward submission to the Board on 27 June 2024 • Approval of the Health Complaints Performance Annual report for onward submission to the Board on 27 June 2024 • Approval of the Infection Control Annual Report for onward submission to the Board on 27 June 2024 • Approval of the Whistleblowing Standards Annual Report for onward submission to the Board on 27 June 2024. • Approval of the Whistleblowing Champions Assurance Statement for onward submission to the Board on 27 June 2024.