

## Attendance

### Present:

Members: Councillor Lindsey Hall, Ryan McLaughlin, Councillor Ivan Taylor, Stephen Brown, Rona Gold, Issy Grieve, Anna Lamont, Wendy Lycett, Michelle Mackie, Meghan McEwen, Laura Skaife-Knight, Jean Stevenson, Sam Thomas, Louise Wilson

Guests: Debs Crohn, Elvira Garcia, Lynsey Harper, Tracy Myhill

### Absent:

Members: Lynda Bradford, Kirsty Cole, Morven Gemmill, Kat Jenkin, Joanna Kenny, Darren Morrow, Jarrard O'Brien

#### 1. Apologies (Presenters: Chair )

Apologies were noted from Kat Jenkin, Louise Willis, Darren Morrow and Louise Brewer,

#### 2. Declarations of Interests – Agenda Items (Presenters: Chair )

No declarations of interest were noted with regard to agenda items,

#### 3. Minute of Meeting held on 1 October 2024 (Presenters: Chair )

The minute of the Joint Clinical and Care Governance meeting held on 1 October 2024 were accepted as an accurate record of the meeting.

Chair of the Committee thanked J Stevenson for the excellent chairing at the last meeting.

The Chair of the Board asked for clarity on metrics within the Integrated Performance Report (IPR) and patient voice. The Chief Officer of the Integration Joint Board advised that actions in relation to the Mental Health peer review assurance report will be covered later in the meeting. Both updates will come to Committee in February 2025.

Councillor Hall asked for a correction to their name to read Lindsey Hall.

Councillors Hall and Taylor to be recorded as Committee members not guests,

Minutes of the meeting were approved with amendments listed above.

#### 4. Action Log (Presenters: Chair)

**Endoscopy Peer Review** - Committee Chair asked for clarity on feedback from the Centre for Sustainable Delivery (CfsD) endoscopy visit. The Medical Director continues to work with the Director of Nursing, Midwifery, Allied Health Professionals (AHP's) (DoNMAHP) and Chief Officer Acute Services on the recommendations from the review. A further update will be brought to the February Committee Meeting.

Report Authors are asked to be mindful of the use of acronyms in papers, all acronyms to be written in full.

The Chief Executive advised that a piece of work is required is required to set out the Boards approach to conducting peer reviews. This should include;

- Confirmation of peer reviews completed to date

- How peer reviews are commissioned including Terms of Reference, scope and outcomes
- Agreement on the governance route for the review
- How lessons learned will be shared following the review.

The Chief Executive confirmed the approach to conducting peer reviews will be undertaken during Quarter 4 of 2024/25.

Director of Public Health provided an update on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. Director of Public Health to bring an update paper to February Committee.

I Grieve asked for assurance on the NHS Grampian critical incident on Friday 29 November 2024. The DoNMAHP advised that NHS Orkney and NHS Shetland have direct communication channels with NHS Grampian. At no point during the critical incident were NHS Orkney patients affected, NHS Orkney continues to ensure that patients are re-repatriated where appropriate to do so.

**Decision / Conclusion**

The Committee agreed the action log would be updated accordingly.

5. Chairs Assurance Report

Members noted the Chairs Assurance Report.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

6. CHAIRS ASSURANCE REPORTS

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

Members noted the report from the Area Drugs and Therapeutics Committee .

Chair of the Committee asked for clarity on the term PGD - Patient Group Directive.

Medical Director highlighted the improvement work being undertaken by the NHS Orkney pharmacy team and savings being achieved.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

6.2. Quality Impact Assessment Chair's Assurance Report (Presenters: DoNMAHP )

Members noted the report from the Quality Impact Assessment (QIA) Group. The Committee Chair asked for timescales for completing Quality Impact Assessments. DoNMAHP to bring back an update to the next Committee meeting.

Chair of the Board sought clarity on how the impact on staff is measured and how assurance will be brought to Committee. Medical Director advised that NHS Orkney's QIA process has been highlighted as best practice by the Realistic Medicine Forum, Scottish Government have asked that the QIA process is shared across NHS Scotland.

Chair of the Committee thanked those involved in the the production of the QIA process.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

6.3. Infection, Prevention Control Committee Chair's Assurance Report (Presenters: DoNMAHP)

Members noted the report from the Infection, Prevention Control (IPC) Committee.

I Grieve asked for assurance on the new schedules for toilet flushing. DoNMAHP advised that there are no risks to patients of moving to the new schedule.

Chair of the Board asked for cross committee assurance regarding staff attending training and face fit testing. DoNMAHP advised work has been completed, this will be shared with Staff Governance Committee.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

6.4. Social Work and Social Care Governance Board Chairs Assurance Report  
(Presenters: Chief Social Work Officer)

Members noted the report from the Social Work and Social Care Governance Board. Chair of the Board asked that we celebrate the positive assurance from the Care Inspectorate on the work undertaken particularly work by the Fostering and Children's Services Team. Chief Officer Integration Joint Board (IJB) confirmed actions relating to the Mental Health Service are included in the Mental Health Improvement Plan. Committee Chair asked how the impact of Child friendly complaints process will be measured. A template and process has been developed but currently unable to measure the impact as the process has only recently been launched. There is a need to ensure the process is identical across the health and social care system.

Committee Chair sought clarity on when the work of Multi Agency Referral Assessment Conference (MARAC) will be aligned to the work of child exploitation. Any changes will come through the Chief Officers Group for assurance to Committee and the IJB.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

7. JCCGC Terms of Reference, Business Cycle and Workplan

The Committee reviewed the JCCGC Terms of Reference, Business Cycle and Workplan. Chief Executive Officer welcomed sight of the documents and thanked those involved in developing them.

The Chief Executive asked that the following be considered

- Patient experience/engagement - DoNMAHP to add patient experience/engagement to the workplan including planning with people guidance
- Pharmacy updates - Medical Director advised updates will continue to be discussed at JCCGC through the Chair Assurance Report from the Area Drugs and Therapeutics Committee
- Realistic Medicine/Values Based Medicine - Positive feedback has been received from Scottish Government.

Chair of the Board and Chief Executive confirmed we should only be producing Annual Reports which are absolutely necessary and mandated/essential to ensure so we focus our efforts in the right areas. Chair of the Board asked for clarity on the purpose of 3 minute briefings. DoNMAHP advised that 3 minute briefs or executive summaries are a way of providing assurance to Committee. The use of 3 minute briefings will be monitored with a formal review at the 12 month point.

**Decision / Conclusion**

Amendments to the Terms of Reference, Business Cycle and work plan were approved with the following amendments

**Business Cycle**

- Six monthly Realistic Medicine report to be added to the JCCGC Business Cycle for November 2025
- Patient experience/engagement including planning with people guidance to be added to the workplan
- Agreed the first meeting of the JCCGC 2025/26 will be April 2025
- Patient Safety, Quality, Experience and Place Corporate Strategy Strategic Objectives are overseen by JCCGC.

**Terms of Reference**

- Page 36 - Quality Impact Assessment Panel quarterly updates to be brought to Committee for noting
- Page 39 - items to be raised to other governance Committees to be added to all Committee agendas.

## 8. PATIENT SAFETY, QUALITY & EXPERIENCE

### 8.1. Corporate Risks aligned to the Joint Clinical and Care Governance Committee (Presenters: Medical Director )

The Medical Director presented the Corporate risks aligned to the Committee, advising one risk which has changed since the last meeting.

The risk score for colonoscopy surveillance has increased due to staffing challenges.

**Decision / Conclusion**

The Committee took assurance on the information provided.

### 8.2. Public Protection Accountability Assurance Framework (Presenters: Public Protection Lead)

The NHS Public Protection Accountability and Assurance Framework (PPAAF) was published by the Scottish Government in October 2022. The framework was developed in response to broad variations in public protection roles, functions, resourcing and governance within health boards leading to inconsistencies in lines of accountability; shared understanding of governance; and support for public protection services which is a statutory single agency requirement for all Boards.

The Chair of the Board asked for clarity on NHS Orkney's position in delivery against the Framework as the report was received by Senior Leadership Team September 2024. Public Protection Lead shared concerns regarding input and commitment to moving the PPAAF forward.

Committee Chair advised that there are other professionals across the public and Social Care system who can support with embedding the PPAAF.

Chief Executive acknowledged the need to establish a working group to embed the PPAAF across the Organisation.

Public Protection will be reflected in our Year 2 Corporate Strategy as a key priority.

Chair of the Board asked that Public Protection be added to the Corporate Risk Register and discussed at the SLT 16 December 2024.

Medical Director confirmed that adult support and protection is also part of the Turas modules and mandatory for all staff.

**Decision / Conclusion**

The Committee reviewed the report and agreed that public protection be moved forward as an improvement project with an update to the Senior Leadership Team in February 2025.

### 8.3. Maternity Services Annual Report (Presenters: Lead Midwife )

The Lead Midwife presented the Maternity Services Annual Report.

Committee Chair welcomed the paper noting engagement from the public. DoNMAHP thanked the team for producing the annual report.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

### 8.4. Chief Social Work Officer Annual Report (Presenters: Chief Social Work Officer )

Chair of the Board welcomed the annual report, particularly the inclusion of the voice of young people.

The Committee Chair welcomed how demographics were set out in the annual report.

Chief Executive advised that the Annual Report is an exemplar which should be shared across the Organisation.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

**8.5. Winter Preparedness Plan 2024/25 (Presenters: Director of Nursing, Midwifery, AHPs and Chief Officer Acute Services , Chief Officer )**

The DoNMAHP's presented the Winter Preparedness Plan 2024/25.

J Stevenson asked when e-Rostering would be rolled out. DoNMAHP's confirmed 95% of teams are now live with e-Rostering and we are seeing benefits of moving to the new system.

Medical staffing will be the final team to move to e-Rostering.

I Grieve welcomed the layout of the plan and sought clarity on surge capacity. DoNMAHP's advised surge capacity is covered in the Target Operating Model.

Chair of the Board asked how outcomes for ED 4-hour target will be measured over the winter period. DoNMAHP's advised Key Performance Indicators (KPI's) will be reported via the Integrated Performance Report exception report to Committee and onwards to Board for assurance.

Committee Chair asked for confirmation on timelines for completion of actions and financial plan. DoNMAHP advised that unscheduled care monies will be used for winter planning.

Clarification was sought by Committee Chair regarding staff sickness - this is captured through other Governance Committees.

**Decision / Conclusion**

The Committee recommended the Winter Preparedness Plan 2024/25 go to Board for approval with the addition of information on how performance will be measured, timescales, finance and staff sickness prior to onward approval by the Board.

I Grieve and Councillor Hall left the meeting at 4pm.

R McLaughlin joined the meeting at 4pm

**8.6. Public Health Protection Report (Presenters: Director of Public Health)**

Elvira Garcia (Consultant in Public Health) joined the meeting at 4pm and presented the Public Health Protection Report to Committee.

Chair of the Board welcomed the content of the report and asked for clarity on pages 4 and 5 of the report in relation to the Breast Screening Van not being on island during the period the report covers.

Consultant in Public Health advised that national breast screening data is provided by Public Health Scotland (PHS) annually hence it not being included in the report.

Chair of the Board asked for confirmation of the number of Health and Social Care workers receiving a Covid/Flu vaccinations asking if more needs to be done to increase uptake.

Communications have been issued to staff by the Executive team including The Orcadian.

Director of Public Health confirmed this is a national challenge and one PHS are aware of and are reflecting on messaging to staff recognising there is no national campaign.

Chair of the Board asked that the SLT look at how the Board increases uptake of Covid/Flu Vaccinations noting this is voluntary.

Chief Executive commissioned the Director of Public Health, Medical Director and DoNMAHP to issue a further joint communication to the Extended Senior Leadership Team to encourage the uptake of staff Covid/Flu Vaccinations.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided noting the points above.

**8.7. Quality, Safety and Experience Quarter 2 Report (Presenters: Medical Director)**

The Medical Director presented the Quality, Safety and Experience Quarter 2 Report. Chair of the Board asked what other metrics were available to measure Quality Experience in addition to complaints.

Medical Director advised that patient experience is monitored through the bi-monthly IPR and the roll out of Care Opinion.

Clr Taylor asked for assurance on the number of outstanding Serious Adverse Event Reviews (SAER's). Medical Director advised one of the challenges in the limitation of the DATIX system and the number of people who are trained to undertake reviews. There is a plan to move to a new system for recording SAER's, this will form part of the digital prioritisation exercise for 2025/26.

Medical Director confirmed that priority is given to reviews where patient harm has occurred. Chief Executive asked for assurance on the plan for addressing behaviours identified through complaints and how this is being built into our culture programme. Chief Executive will follow up with Medical Director, Chief Officer and DoNMAHP on dealing with complaints.

Behavioural standards have been built into the Corporate Strategy Quarter 4 deliverables, this work is being led by the Director of People & Culture.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

**8.8. Clinical Governance Group Terms of Reference (Presenters: Medical Director )**

The Committee discussed the Clinical Governance Group Terms of Reference.

The Committee Chair asked if the Chair of the Area Clinical Forum (ACF) should be included in the Clinical Governance Group Terms of Reference. Medical Director to confirm the Chair of the ACF be included in the extended membership,

Medical Director is leading a piece of work to review the role of Clinical Advisory Groups.

Chief Executive asked the Medical Director to bring the Clinical Governance Group Terms of Reference to the Extended Senior Leadership Team in January 2025.

**Decision / Conclusion**

The Committee approved the Clinical Governance Group Terms of Reference following confirmation of the addition of the Chair of the ACF.

**9. PEOPLE**

No items discussed

**10. PERFORMANCE**

**11. Emergency Department - Peer Review (Presenters: Executive Director of Nursing, Midwifery, AHP's and Chief Officer Acute Services)**

The Executive Director of Nursing, Midwifery, AHP's and Chief Officer Acute Services provided an overview of the Emergency Department (ED) Peer Review and delivery of the action plans.

J Stevenson and Chair of the Board asked for the timelines for implementation of the recommendations within the review.

DoNMAHP advised that NHS Orkney will be rolling out the Manchester Triage process, training will be delivered at The Balfour reducing the need for staff to travel to Aberdeen.

Paediatric life support training has been delivered to 24 members of staff across the health and care system.

DoNMAHP confirmed Advanced Nurse Practitioner (ANP's) are employed in the ED and that the report has been shared with staff in the ED.

Chief Executive acknowledged that clarity on all peer reviews is required

Chief Executive confirmed that Committee are not being asked to approve the recruitment of an ED Consultant. As this is a new post it will be subject to a full business case subject to scrutiny through Vacancy Control Panel.

**Decision / Conclusion**

The Committee reviewed the report and noted the information provided.

12. Integrated Performance Report (Quality and Performance) (Presenters: Medical Director )

The Medical Director presented the Quality and Performance chapters of the Integrated Performance Review for scrutiny and assurance on delivery.

Committee chair asked for assurance on the risk of care beds - Chief Officer of the IJB advised that despite staffing challenges we continue to operate at 97% occupancy. Alternative models (extra care housing, supported living) have been built into the IJB strategic plan.

The Board Chair asked that the Muscular Skeletal (MSK) targets are explored in detail to understand what additional support can be put in place to reduce waits in the MSK pathway. A digital solution is in the process of being deployed this will support reduction in waiting lists.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on the information provided.

13. Internal Audit Planning (Verbal update) (Presenters: Chair)

Committee discussed potential areas for internal audit to present to the Audit and Risk Committee Chair.

Board Chair asked Committee to maximise opportunities for learning from internal audits.

Chief Executive advised that the Corporate Leadership Team (CLT) are reviewing internal audit planning Thursday 5 December 2024.

**Decision/Conclusion**

Committee agreed that winter planning and public protection be presented to the Audit and Risk Committee Chair

14. POTENTIAL

No items discussed.

15. PLACE

No items discussed.

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

Medical Director updated on the national position with Physician Associates - due to the supervision requirements Physician Associates will not be introduced at NHS Orkney at this time.

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

18. AOCB (Presenters: Chair )

No AOCB discussed.

19. Items for Information and Noting Only

19 - Members noted the publication of new deliverables for the 2nd phase of the 'Healthcare Associated Infection Strategy 2024-2025'

19.1. Schedule of Meetings 2024/25 (Presenters: Chair)

Members noted the meeting dates for 2024/25.

19.2. Schedule of Meetings 2025/26 (Presenters: Chair )

Members noted the JCCGC schedule of meeting for 2025/26

19.3. Record of Attendance (Presenters: Chair)

Members note the record of attendance.



## COMMITTEE Chair's Assurance Report to Board

<b>Title of Report:</b>	Joint Clinical Care Governance Committee (JCCGC) Chairs Assurance Report	<b>Date of Meeting:</b> 2 December 2024
<b>Prepared By:</b>	Sam Thomas, Lead Executive	
<b>Approved By:</b>	Rona Gold, Chair	
<b>Presented By:</b>	Rona Gold, Chair	
<b>Purpose</b>		
The report summarises the assurances received, approvals, recommendations and decisions made by the <b>Joint Clinical Care and Governance Committee</b> at its meeting on <b>2 December 2024</b> .		

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
<ul style="list-style-type: none"> <li>Public Protection Accountability Assurance Framework to be added to Corporate Risk Register due to lack of progress being made to embed the framework across the Organisation. Committee agreed public protection should be taken forward as an improvement project - Senior Leadership Team to consider this and update to JCCGC in February 2025.</li> <li>It was agreed that a framework for peer reviews be developed to ensure a consistent approach to these. DONMAHP and Medical Director or working with the Chief Executive on this piece of work.</li> </ul>	<ul style="list-style-type: none"> <li>Quality Impact Assessment's will be adapted to include equality and diversity and children's rights, as per United Nations Convention on the Rights of the Child (UNCRC) going forward.</li> <li>Public Health Protection Report presented by Consultant in Public Health. Chair of the Board asked that Extended SLT look at how we increase uptake of Covid/Flu Vaccinations noting this is voluntary.</li> <li>The Emergency Department Peer Review was received, DoNMAHP to bring an update to Committee in February 2025 on the actions delivered.</li> <li>Members noted the JCCGC schedule of meeting for 2025/26 - consideration to be given to the first JCCGC being held in May 2025 to align with the other Governance Committees.</li> <li>Members noted the publication of new deliverables for the 2nd phase of the 'Healthcare Associated Infection Strategy 2024-2025'</li> </ul>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<ul style="list-style-type: none"> <li>Maternity Services Annual Report well received particularly engagement with the Community – members assured</li> <li>Chief Social Work Officer Annual Report well received – members assured. Chief Executive commended the Chief Social Work Officer Annual Report as an exemplar which should be shared across the Organisation.</li> <li>Chair commended the quality of papers</li> </ul>	<ul style="list-style-type: none"> <li>Minute of Meeting 1 October 2024 approved</li> <li>Chairs Assurance Reports for Area Drugs Therapeutic Committee, Quality Impact Assessment, Infection, Prevention Control Committee Social Work and Social Care Governance Board approved</li> <li>JCCGC Terms of Reference, Business Cycle and Workplan 2025/26 approved with amendments</li> <li>Winter Preparedness Plan 2024/25 - Committee recommend that the Plan go forward to Board for approval with the addition of information on how performance will be measured, timescales, finance and staff sickness</li> <li>The Committee approved the Clinical Governance Group Terms of Reference</li> <li>Members approved the Integrated Performance Report (Quality and Performance)</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<ul style="list-style-type: none"> <li><b>Meeting was well attended, ran slightly over time, papers were relevant and of a high quality. Use of acronyms was highlighted as something to be addressed in future papers.</b></li> </ul>	