



Extraordinary Joint Clinical and Care Governance Committee Minutes Wednesday 20 August 2025

Attendance

Members

Members: Stephen Brown (Chief Officer, IJB), Kat Jenkin (Head of Patient Safety, Quality and Risk), Dr Anna Lamont (Medical Director), 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)

1. Welcome and Apologies (Presenter: Chair)

J Stevenson (Vice-Chair) opened the meeting at 2.00 pm and welcomed members to the meeting.

Apologies received from I Taylor, (Orkney Island Council representative) Dr Louise Wilson (Director of Public Health), M Gemmill (Associate Director of Allied Health Professionals), Dr Kirsty Cole (Area Clinical Forum Chair), Laura Skaife-Knight (CEO).

2. Clinical Services Review Implementation Plan (Presenters: Medical Director, Executive Director of Nursing Midwifery, AHP and Chief Officer Acute (EDoNMAHP) and Chief Officer Integration Joint Board).

The Vice Chair confirmed that the meeting's purpose was to take assurance on governance arrangements and implementation plan with the intention to prepare for board-level discussions scheduled for 28 August 2025.

The Medical Director presented the Clinical Services Review (CSR) implementation plan outlining the governance arrangements, financial risks, and readiness for board-level discussion, with the group confirming assurance for moving forward to the public board.

The Medical Director confirmed that the implementation plan is the first formal presentation of the final CSR report to a Board subcommittee, at the request of the Board Chair and Chief Executive, and that the same paper will be presented at the Public Board meeting 28 August 2025 for assurance. The report has been shared with the Senior Leadership Team (SLT), extended SLT (ESLT), clinical engagement groups and will be shared wider following consideration by the Board.

The Medical Director highlighted the importance for ongoing engagement with clinical advisory groups and the importance of maintaining consensus, especially for recommendations with significant organisational transformation, emphasising that public communication would follow Board review and that further engagement would be required for areas lacking consensus.

Members discussed the financial risks associated with the CSR recommendations, clarifying that while some changes may be cost-neutral in the long term, most carry transitional costs require careful prioritisation.

Concerns were raised by I Grieve and J Stevenson in relation to costings and financial pressures. The Medical Director explained that each Horizon 1 recommendation in the CSR has been individually scored for financial and organisational risk, with some changes being easier to implement due to clinical consensus, while others, particularly those with the greatest potential savings carried higher risks and required further engagement.

The Chief Officer IJB described the approach of prioritising recommendations which will yield both improvements and savings, whilst acknowledging that some changes will require upfront investment. Members agreed that transformation would necessitate a spend-to-save approach and that further financial detail would be needed as implementation progressed.

I Grieve asked that any recommendations to the Board should note that, although cost neutrality is possible, there is a significant likelihood of additional expenses. Transformation will require accepting some transitional expenditure.

I Grieve asked for clarity on how the CSR aligns with Government Funding and Policy particularly for unscheduled care and frailty, clarifying the use of non-recurrent funds and the adaptation of national expectations to local context. The EDoNMAHP clarified that whilst there are new monies for planned care, unscheduled care funding is non-recurrent and already committed, and that the CSR recommendations align with the requirements for these funds.

The EDoNMAHP explained that government expectations for a frailty unit in each emergency department were being adapted locally due to organisational size, with funding used for consultant geriatrician support and comprehensive geriatric assessment, as well as supporting outpatient antibiotic therapies to prevent admissions. Orkney's small size necessitates a different approach to initiatives like 'hospital at home,' focusing instead on in-reach and outreach services, and leveraging the expertise of staff to deliver services that meet both local needs and government expectations.

The Chair asked for clarification on the process for pre-operative assessments for patients referred to the Golden Jubilee in Glasgow, confirming that most assessments are conducted locally, with rare exceptions due to referral pathways. The EDoNMAHP confirmed that the majority of patients do not travel to Glasgow for preoperative assessment, as these are conducted on Orkney, with only rare exceptions for specific medical reasons. The team now seeks to arrange local assessments in such cases where possible.

Decision/conclusion

Members discussed and agreed that governance arrangements are in place and that implementation readiness was sufficient for consideration by the Board at its meeting 28 August 2025.

3. AOCB (Presenter: Chair)

No other business was raised.

The meeting closed at 14.30

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 20 August 2025
Prepared By:	Rona Gold, Chair and Non-Executive Director	
Approved By:	Sam Thomas Executive Director of Nursing, Midwifery, Allied Health Profession (AHP's) and Chief Officer Acute Services	
Presented By:	Rona Gold, Chair and Non-Executive Director	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Joint Clinical and Care Governance Committee at its meeting on 20 August 2025		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
1. The Board is requested to consider the financial risks associated in implementing the Clinical Services Review (CSR) recommendations. It should be noted that, although some changes may ultimately prove cost-neutral, the majority will entail transitional expenditures that must be carefully prioritised and managed.	1. Medical Director to review and address the referral process for pre-operative assessments to ensure patients referred via Grampian are offered local assessment options where possible with an update brought to 1 October 2025 meeting. 2. Medical Director, EDoNMAHP and Chief Officer IJB to prepare clear public communication to distinguish the Clinical Services Review recommendations from recent media narratives and ensure accurate messaging for the public board. 3. Medical Director, EDoNMAHP and Chief Officer IJB to seek explicit Board support for a phased implementation recommendation, acknowledging current financial and resource constraints.
Positive Assurances to Provide	Decisions Made
1. Members discussed and agreed that governance arrangements are in place and that implementation readiness was sufficient for consideration by the Board at its meeting 28 August 2025.	1. None made.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> None noted. 	