

# NHS Orkney Board

## 16 July 2020

### Purpose of Meeting

NHS Orkney Board's ***purpose*** is simple, as a Board we aim to **optimise health, care and cost**

Our ***vision*** is to ***'Be the best remote and rural care provider in the UK'***

Our **Corporate Aims** are:

- Improve the delivery of safe, effective patient centred care and our services;
- Optimise the health gain for the population through the best use of resources;
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;
- Create an environment of service excellence and continuous improvement; and
- Be trusted at every level of engagement.

### Quorum:

Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member

## Orkney NHS Board

There will be a virtual meeting of **Orkney NHS Board** on **Thursday 16 July 2020**  
at **10:00 a.m.**

Meghan McEwen  
**Chair**

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	<b>Apologies</b>	Chair		To <u>note</u> apologies
2	<b>Declaration of interests</b>	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	<b>Minutes of previous meetings held on 25 June 2020</b>	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	<b>Covid-19</b>			
6.1	NHS Orkney Remobilisation Plan - Update	Chief Quality Officer	OHB2021-35	To <u>note</u> the update provided
7	<b>Clinical Quality and Safety</b>			
7.1	Infection Prevention and Control Annual Report	Director of Nursing, Midwifery, AHP and Acute	OHB2021-36	To <u>review</u> and <u>seek assurance</u> on performance

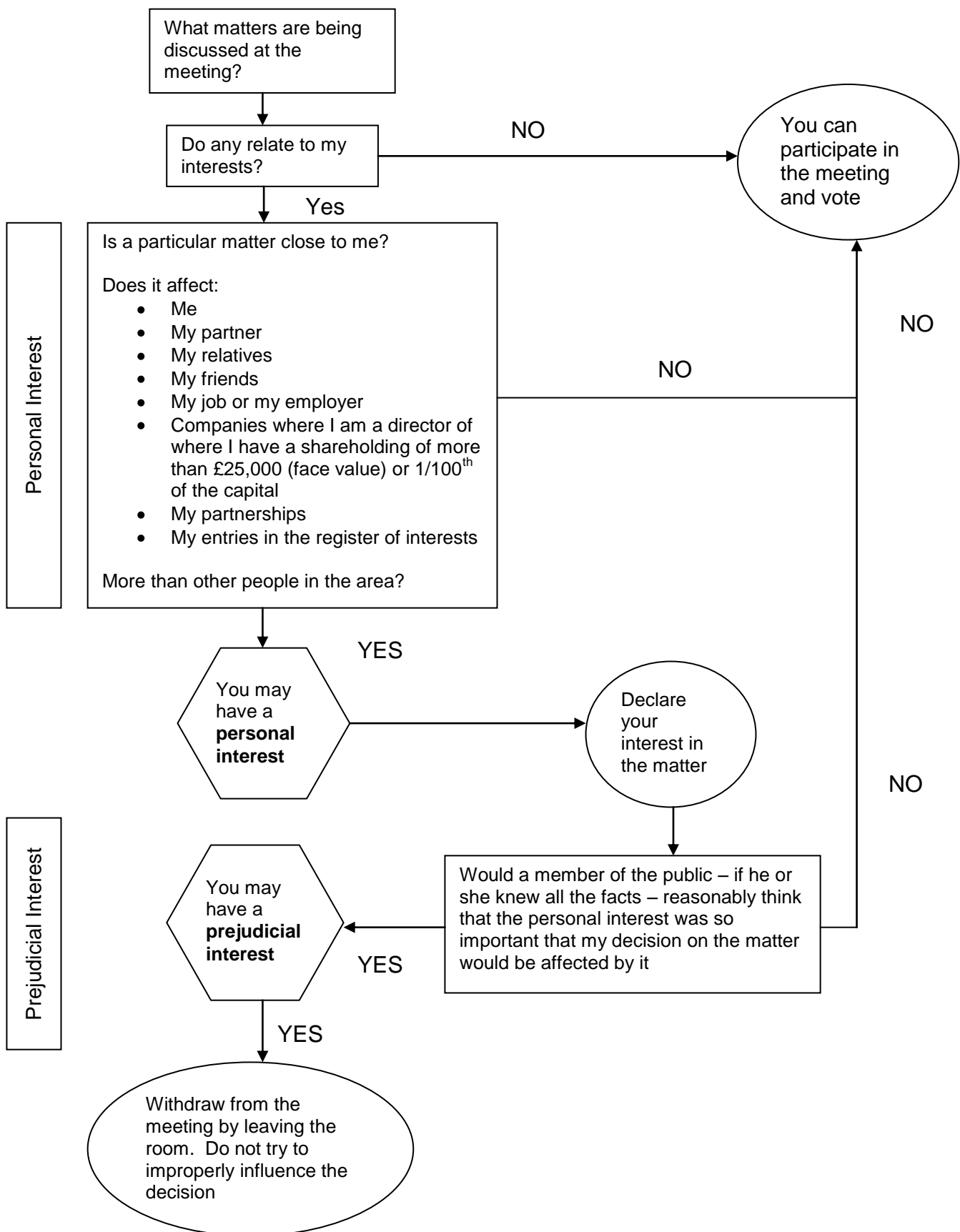
Item	Topic	Lead Person	Paper Number	Purpose
Services				
7.2	Infection Prevention and Control Report	Director of Nursing, Midwifery, AHP and Acute Services	OHB2021-37	To <u>review</u> and <u>seek assurance</u> on performance
7.3	Clinical and Care Governance Committee Chairs report and minute from meeting held 4 June 2020	Clinical and Care Governance Committee Chair	OHB2021-38	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
7.4	Area Clinical Forum Chairs report and minute from meeting held 2 June 2020	Area Clinical Forum Chair	OHB2021-39	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>8</b>	<b>Person Centred</b>			
8.1	Patient Feedback Annual report 2019/20	Chief Quality Officer	OHB2021-40	To <u>approve</u> for submission to the Scottish Government by the 30 September 2020
<b>9</b>	<b>Workforce</b>			
9.1	Staff Health and Wellbeing	Head of Corporate Services	OHB2021-41	To <u>note</u> the key points in the report
<b>10</b>	<b>Risk and Assurance</b>			
10.1	Chairs report Audit and Risk Committee and minutes of meeting held on 2 and 25 June 2020	Audit and Risk Committee Chair	OHB2021-42	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
10.2	Summary from Sharing Intelligence for Health and Care Group	Chair	OHB2021-43	To <u>note</u> the summary provided

Item	Topic	Lead Person	Paper Number	Purpose
11	Any other competent business			
12	Items for Information			
12.1	Key Legislation	Chair	OHB2021-44	To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action
12.2	Record of Attendance			To <u>note</u> attendance record
12.3	Evaluation	Reflection on meeting – led by Chair		

**By Standing Invitation:**

Sally Shaw, Chief Officer  
Christina Bichan, Chief Quality Officer  
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts Management  
Julie Colquhoun, Head of Corporate Services

## Declaring interests flowchart – Questions to ask yourself



## **Orkney NHS Board**

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 25 June 2020** at **11:30am**

<b>Present</b>	<p>Meghan McEwen, Chair  David Drever, Vice Chair  Davie Campbell, Non Executive Board Member  Caroline Evans, Non Executive Board Member  Issy Grieve, Non Executive Board Member  Fiona MacKellar, Employee Director  David McArthur, Director of Nursing, Midwifery, AHP and Acute Services  Gerry O'Brien, Chief Executive  Marthinus Roos, Medical Director  James Stockan, Non Executive Board Member  Jason Taylor, Non Executive Board Member  Louise Wilson, Director of Public Health</p>
<b>In Attendance</b>	<p>Christina Bichan, Chief Quality Officer  Mark Doyle, Interim Director of Finance  Claire Gardiner, Senior Audit Manager, Audit Scotland  Iain Stewart, Chief Executive Designate  Emma West, Corporate Services Manager (minute taker)  Gillian Woolman, Audit Director, Audit Scotland</p>

### **Apologies**

Apologies were noted from S Johnston.

### **Declarations of interests**

No declarations of interest on agenda items or in general were made.

### **Minute of previous meeting held on 28 May 2020**

The minute of the meeting held on 28 May 2020 was accepted as an accurate record of the meeting and was approved.

### **Matters Arising**

No matters arising were raised.

### **Board Action Log**

The action log was reviewed and corrective action agreed on outstanding issues (see action log for details).

### **Covid-19**

#### **Coronavirus (COVID-19) Testing update – OHB2021-25**

The Director of Public Health presented the report advising that nationally work progressed on recruitment of contract tracers and the digital case management system, local health protection teams would manage all complex cases. Work continued to further develop the Test and Protect service locally to ensure sustainability.

J Stockan noted the need to understand the differences between positive test results and transmission within the community, the community needed to have full trust in public health services and it was essential that communication was clear.

### **Decision / Conclusion**

The Board took assurance on the range of testing programmes in place.

### **Coronavirus (COVID-19) Care Homes update – OHB2021-26**

The Director of Public Health presented the report noting that care homes and their residents remained key areas of focus in relation to the management of the Covid-19 Pandemic.

Members were advised that the Social Care Portal, part of the UK Government testing programme, was now active and enabled care homes to order Covid-19 tests for asymptomatic staff. Any staff or residents with symptoms would continue to be tested locally.

The Director of Nursing, Midwifery, AHP and Acute Services noted that clarity was awaited of the separation of roles between Nursing Directors and the inspection regime to ensure that there were no conflicts of interest and the responsibilities were clearly established.

### **Decision / Conclusion**

The Board noted the actions taken around care homes and the use of the social care portal for testing.

### **NHS Orkney Remobilisation Plan update – OHB2021-27**

The Chief Quality Officer presented the report, highlighting the following:

- The remobilisation of paused services was being undertaken in line with national guidance and clinical prioritisation.
- Development and implementation of the overall remobilisation plan was being facilitated by the Whole System Recovery Group, the group met on a weekly basis and reported to the Senior Management Team.
- Feedback from the Scottish Government on the first version of the plan had been positive with no changes required. It was noted that this was an iterative process; the document and planning period would require to be extended and guidance around this was awaited.
- Strategy deployment was being used to operationalise the plan and provide a robust mechanism for tracking and reporting.
- A summary of the risks relating to mobilisation had been provided, guidance and environmental planning continued to change and this was challenging for all services, the engagement of staff had been very positive.

The Chair noted that she would like to see more formal governance around the Whole System Recovery Group: including reporting arrangements, scrutiny and challenge. Members were advised that the Terms of Reference for the Group were being finalised and assurance provided that robust governance would be in place.

D Campbell noted that many services already had long waiting times and these had been further compounded by the Covid-19 pandemic, he questioned whether these challenges could be addressed within the financial envelope available. The Chief Quality Officer advised that this would be considered on a service by service basis. The Annual Operational Plan set out improvements to access, there would be a need to revisit these trajectories and service models within the new working environment.

The Employee Director noted that the initial plans had required staff side involvement, she was now part of the task group to strengthen this representation and also welcomed the discussions held around remobilisation at the Area Partnership Forum.

The Chair noted that the equality impacts of the plan should be noted, addressed and progressed.

### **Decision / Conclusion**

The Board noted the update provided.

### **Governance**

#### **Governance Committee Annual Reports for 2019/20 – OHB2021-28**

The Chief Executive noted that the Governance Committee Annual reports were presented in order to assist the Board in conducting a regular review of the systems of internal control and to provide scrutiny and assurance.

#### **Audit and Risk Committee**

D Drever Chair of the Audit Committee reflected that the committee had a challenging year due to the delay of the internal audit reports, this process had been reflected on and reviewed moving forward. He noted that the committee were very conscious of the current circumstances and challenges of Covid-19 and were ready to deal with these over the coming year.

#### **Finance and Performance Committee**

D Campbell presented the report advising that membership had been amended to better reflect requirements and provide assurance.

#### **Clinical and Care Governance Committee**

I Grieve presented the report advising that the Committee had discussed the developing Clinical Strategy, this had not been complete due to Covid-19 and would be remodelled in light of this and monitoring of progress would continue in 2020/21. The Committee had also considered work around the reformation of the Quality and Safety Committee. The Committee had faced challenges aligning the Terms of Reference, Workplan and Risk Controls and Assurance Framework with requirements of both the Health Board and Integration Joint Board, these were being positively addressed.

The Director of Nursing, Midwifery, AHP and Acute Services noted that he had been impressed with the diligence of the Committee and application of assurance as items had progressed, he noted that there was a need further review overall governance



processes and involvement across the Board.

The Chief Executive supported I Grieve and members of the committee in the challenges to ensure that Clinical and Care Governance was a truly integrated committee.

#### Staff Governance Committee

C Evans presented the report advising that Committee had refocused on the Staff Governance standards and the responsibilities of both the employer and staff against these. The committee had been well attended and progressed items with the required actions and assurances in year.

#### Remuneration Committee

Members noted that the Remuneration Committee had been chaired by I Kinniburgh before his term with NHS Orkney ended, it was noted that a further development session on the remit of the committee would be welcomed in 2020/21.

The Chief Executive noted that the Remuneration Committee had formally taken over as the Discretionary Points committee with an amendment to the Terms of Reference and membership, this had enabled the Board to address the backlog and were up to date with the Discretionary points process before this had been stood down due to Covid-19, which was an excellent achievement.

#### **Decision / Conclusion**

The Board noted the Governance Committee annual reports and the assurance contained within.

#### Annual Accounts

##### **Annual Accounts for year 2019/20**

The Board were asked to consider and adopt the Annual Accounts for 2019/20 as recommended by the Audit Committee.

It was noted that the Accounts would not become public documents until laid before parliament. The Chief Executive advised that the accounts would be signed electronically this year.

#### **Decision / Conclusion**

The Board approved the Annual Accounts for 2019/20 as recommended by the Audit Committee and authorised the Interim Director of Finance and Chief Executive to sign on behalf of the Board.

#### **Annual Audit Letter**

G Woolman presented the Annual Audit letter advising that an unqualified audit opinion had been issued for the NHS Orkney 2019/20 Annual Accounts. The accounts provided a true and fair view of the transactions undertaken within 2019/20.

#### **Decision / Conclusion**

The Board noted the Annual Audit letter and authorised the Chief Executive and Interim Director of Finance to sign the accounts

*The Annual Accounts for 2019/20 were signed electronically by the Chief Executive and Interim Director of Finance.*

### **Clinical Quality and Safety**

#### **Clinical and Care Governance Committee Chairs report and minute from meeting held 13 May 2020 – OHB2021-29**

I Grieve, Chair of the Clinical and Care Governance Committee, presented the report advising that the Committee would next meet on the 26 June 2020.

M McEwen noted the information around the Whole System Recovery Group and the need to consider the language around the silver tactical group being refocused.

It was noted that the minute stated that all Covid-19 costs would be met by the Scottish Government and even through this may have been the understanding at the time it was not entirely accurate, it was noted that this would be addressed at the next meeting.

#### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes.

#### **Area Clinical Forum Chairs report and minutes from meetings held 4 February and 1 May 2020 – OHB2021-30**

Members had received the Area Clinical Forum Chairs report for information and assurance.

#### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes.

### **Workforce**

#### **Staff Governance Committee Chairs report and minute from meeting held on 25 February 2020 – OHB2021-31**

C Evans, Chair of the Staff Governance Committee provided members with and update from the meeting held on the 25 May 2020, highlighting the following areas of discussion:

- Staff compliance with statutory and mandatory training
- Data protection and the use of password protection and secure databases.

The Employee Director noted the importance of supporting staff and teams in the move back to the new normal and managing the stress, anxiety and wellbeing of staff during this time.

#### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes.

It was agreed that a paper on staff wellbeing and support would be brought to the next meeting of the Board.

### **Organisational Performance**

#### **Finance and Performance Committee Chairs report and minute from meeting held on 6 May 2020 – OHB2021-32**

D Campbell, Chair of the Finance and Performance Committee provided members with an update from the meetings held on the 28 May and 17 June 2020 highlight the following items of discussion:

- The Performance Management Report continued to be reviewed
- The successful roll out of the Near Me project had been reviewed
- The Semi-Annual operations reviews review of the The Balfour Hospital had been presented
- The Technology Enabled Care Strategy 2020-2023 was supported in principle but it was acknowledged that further work was required before Board approval.
- The Financial Performance Management Report continued to be reviewed
- Local Mobilisation plan updates would continue to be considered at all meetings of the Committee
- An Annual accounts update had been provided.

### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes

### **Risk and Assurance**

#### **Audit and Risk Committee– Chairs report and minute of meeting held on the 20 May 2020**

D Drever, Chair of the Audit and Risk Committee presented the report advising that the Committee had met on the 2 June 2020 and the following were agreed to be highlighted to the Board:

- The External Audit report on equalities had been received which demonstrated compliance
- The Internal Audit Progress Report was presented
- A positive report had been received regarding workforce strategy
- The Annual Accounts for 2019/20 had been concluded and the final version would be taken to the Committee and the Board on the 25 June for approval.
- Members had reviewed the use of virtual meetings and agreed that these were more focused and succinct and that this should be continued moving forward.

The Interim Director of Finance added that the Internal Audit post implementation review of Balfour had been brought in to the 2020/21 Internal Audit plan.

### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes.

## **Any other competent business**

### **Committee workload**

The Chair paid tribute to the Committee Leads and Chairs for picking up and progressing the additional workload, meetings and changing priorities due to the Covid-19 pandemic. She also gave thanks to the committee support staff who had responded gracefully and professionally when picking up this additional work and to all staff who had submitted papers under significant time pressures. She welcomed a move back towards Business as Usual and a more even pattern of meetings and assurance.

### **Chief Executive Retirement**

Board members gave detailed and heartfelt thanks to the Chief Executive for the work he had led on in his time with NHS Orkney, in particular his guidance, vision and expertise.

Members noted that he had always been honest, open, reliable, supportive and willing to help and many gave individual thanks for the help they had received in their areas of work, the Committees they Chaired and their welcomes to NHS Orkney on first appointment.

Members noted that Gerry would be missed by all and wished him and his wife all the best for the future.

G O'Brien reflected that he had been very fortunate in his 34 years in the health service, a third of which had been in Orkney, he noted that he had been tremendously happy at the Scottish Ambulance Service and coming back to Orkney was the only thing that could have made him leave. He gave thanks to the many staff that he had worked with including his former Chief Executive and the Chairs. He summarised that he had been extremely fortunate in his career and wouldn't swap any of it, but he had now come to a point in his life where he had changed priorities.

### **Items for noting**

#### **Key Legislation**

Members noted the key legislation issued.

#### **Record of attendance**

Members noted the record of attendance.

#### **Evaluation – reflection on meeting**

Members agreed that it had been a positive meeting and the technology had worked well.

#### **Public Forum**

It had not been appropriate to convene the meeting in public due to the preventative measures put in place across the country, including social distancing. The Board papers had been published on website in line with current procedures.

Craig Taylor from the Orcadian Newspaper attended the meeting virtually.

## NHS Orkney Board Action Log Updated 26 June 2020

**Purpose:** The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

No	Action	Source	Target date	Owner	Status / update
01-2020/21					

Completed actions deleted after being noted at following meeting

## Not Protectively Marked

<p><b>NHS Orkney Board – 16 July 2020</b></p> <p><b>Report Number: OHB2021-35</b></p> <p><b>This report is for noting.</b></p> <p><b>NHS Orkney Remobilisation Plan Update</b></p>	
<b>Author</b>	Christina Bichan, Chief Quality Officer
<b>Action Required</b>	<p>The Board of NHS Orkney is invited to:</p> <ol style="list-style-type: none"> <li>1. To <b><u>note</u></b> the update provided</li> </ol>
<b>Key Points</b>	<p>NHS Orkney's developing Remobilisation Plan sits within the context of the national, overarching document "<a href="#"><u>Re-mobilise, Recover, Re-design: The Framework for the NHS Scotland</u></a>" for dealing with the immediate and long-term impact of Covid-19.</p> <p>A letter to Board Chief Executive's from Christine McLaughlin, Director of Planning within the Health and Social Care Directorate of Scottish Government on 3 July (Appendix 1) sets out a requirement for first draft remobilisation plans to be built upon and extended to cover the period up until 31 March 2021 the with a focus on the 3 priorities of the Remobilise, Recover, Redesign framework.</p> <p>Work is progressing to develop the next iteration of the plan in line with the guidance provided, ahead of the deadline of 31 July 2020.</p>
<b>Timing</b>	To be considered at the July 2020 meeting of the Board
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> </ul>

## 6.1

	<ul style="list-style-type: none"><li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li></ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	This work is contributing to the 2020 vision by seeking to ensure access to high quality, safe and effective care is available for the people of Orkney.
<b>Benefit to Patients</b>	Access to safe and effective healthcare services in a way which takes into account and seeks to minimise the risks associated with Covid-19.
<b>Equality and Diversity</b>	Equality and diversity and the addressing of inequity is integral to the development of our plan. The draft plan will be subject to Equality and Diversity Impact Assessment.



## 1.0 Introduction

- 1.1 NHS Orkney's developing Remobilisation Plan sits within the context of the national, overarching document "[Re-mobilise, Recover, Re-design: The Framework for the NHS Scotland](#)" for dealing with the immediate and long-term impact of Covid-19.
- 1.2 The Covid-19 pandemic has resulted in unprecedented impact on population health and wellbeing, and the way in which services are delivered at a time of crisis.
- 1.3 As we define and deliver our Remobilisation Plan there is a significant opportunity to capitalise on the increased appetite for change, innovation, new models of delivery and to transform our approach to improving health and wellbeing within Orkney.

## 2.0 Background

- 2.1 The first draft of the Remobilisation Plan was submitted to Scottish Government on 25 May 2020 and positive feedback was received. The initial planning period covered the period up until 31 July 2020 and within that period saw the resumption of many services which had been paused since the start of the pandemic as outlined in the last update. During the initial phases of remobilisation services have resumed for those who are urgently in need of care in line with the adopted remobilisation principles:

- System-wide, safe and person centred
- Clinical prioritisation
- Agile, flexible and responsive
- Realistic Care provided locally, regionally, nationally as clinically appropriate
- Protecting our Workforce
- Digitally enabled
- Data enabled

- 2.2 A letter to Board Chief Executive's from Christine McLaughlin, Director of Planning within the Health and Social Care Directorate of Scottish Government on 3<sup>rd</sup> July (Appendix 1) sets out a requirement for this to be extended to the remainder of the financial year with a focus on the 3 priorities of the Remobilise, Recover, Redesign framework:

- Moving to deliver as many normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19; and
- Preparing health and care services for the winter season, including replenishing stockpiles and readying services.

## 3.0 Progress Update

- 3.1 The terms of reference for the Whole System Recovery Group were approved by SMT and the group continues to meet regularly to keep abreast of the rapidly changing environment. Group membership includes representation from across clinical and non-clinical service areas as well as the Employee Director and Chair of the Area Clinical Forum.

### 3.2 Key matters of business since the last update have been:

- Developing greater clarity on the long term Covid-19 and non Covid-19 pathways within acute and community services
- Better understanding and articulation of the impact of these pathways on staffing
- Planning for the resumption of screening programmes and flu vaccination roll out
- Embedding new ways of working within elective surgical pathways
- Responding to changing guidance in regards to PPE within health care premises and visiting within inpatient settings
- Implementing changes to the Covid-19 Assessment Centre operating model as a first step in increasing sustainability
- Progressing the implementation of test and trace including preparing for the go live of the data feed which will support the process
- Further extending the roll out of NHS Near Me and promoting the national evaluation to enable learning from the experience of patients
- Clinical review and prioritisation of those who are waiting for care and communication with those affected
- Remobilisation of Dental Services in line with national phasing
- Implementation of physical distancing measures across all sites
- Preparing for the launch of the national Pharmacy first initiative

3.3 The restart of clinical services is considering the positive changes and transformation that have taken place and exploiting opportunities for redesign. To inform this the initial scoping work undertaken to learn from the experience of Covid-19 within Orkney's health and care services is being further developed to seek greater reach with the mechanisms for best achieving this being informed by discussion at the Area Partnership Forum's next meeting.

3.4 Nationally, planning leads from all health boards are meeting weekly with Scottish Government colleagues to build a cohesive approach to recovery planning including the identification of areas where a once for Scotland approach would be beneficial such as the scheduling of urgent care.

3.5 Locally, to aid services in planning for the next phase of remobilisation a template and planning guide has been provided along with the offer of facilitation, data, improvement and planning support. Alongside this the RSA Future Change Framework "Bridges to the Future" guide has been widely shared and is being advocated as a useful means for planning the post Covid-19 future, encouraging journeys into the new and the resistance of a retreat into business-as-usual. Additionally, opportunities for regional working and innovative cross Board solutions are being explored along with the roll out of new technologies such as Colon Capsule Endoscopy.

3.6 With a relatively tight timeline for submission of next drafts a ten working day period has been allocated for the development of service templates. Given the limited capacity within teams and the clinical demand frontline staff are facing the challenge of ensuring robust and appropriate involvement can be achieved within this timescale is not insignificant however those providing support to the process will work flexibly to ensure the needs of clinical teams can be accommodated.

## **4.0 Quality/Patient Care**

- 4.1 The basis of remobilisation and recovery is to build on the changes brought about by the crisis in a way that enhances patient care and locks in operational improvements, whilst also manages the backlog of non-COVID patients and builds resilience for future waves of the pandemic.

Consideration of the effects of interrupted care on those with long term conditions and the potential for increased presentation from those who have delayed accessing care are critical factors which are being included in service planning given the well evidenced risks in these areas associated with the pandemic.

Development of a core data set which will record and monitor progress with the remobilisation of services is being taken forward nationally and the inclusion of broader measures relating to quality of care and clinical prioritisation in addition to standard access measures is being considered. Central to service planning at a local level is the definition of measures of which will enable teams to know that they are making a difference and to evidence the quality of care provided.

## **5.0 Workforce**

- 5.1 Workforce planning is an integral element of remobilisation and mechanisms are in place to ensure workforce matters are actively and timeously considered. The need for staff rest and recuperation has been discussed within Area Partnership Forum and a clear direction given to managers to ensure this is being actively promoted.

## **6.0 Financial**

- 6.1 Scottish Government is working with all Territorial Boards to calculate the financial impact of Covid-19. Financial impact includes direct costs of creating additional capacity and the lost opportunity to realise savings through planned savings schemes which have been interrupted by the pandemic. This process is overseen by the Director of Finance and the Head of Finance actively participates in the Whole System Recovery Group.

## **7.0 Risk Assessment/Management**

- 7.1 Central to remobilisation is the assessment and management of risk at an organisational, service and patient level. Risks are recorded and mitigated at the most appropriate level with comprehensive clinical risk assessment being used to inform decision making at a service and patient level in line with direction issued by the Scottish Association of Medical Directors.

## **8.0 Communication, Engagement and Involvement**

- 8.1 A communication plan is in development to support the remobilisation, recovery and renewal process and the input of the Area Partnership Forum, Area Clinical Forum and the Patient Public Reference Group is being sought to shape our communication and engagement activities.



E: Christine.McLaughlin@gov.scot

To: NHS Territorial Board Chief Executives  
cc NHS Territorial Board Chairs  
NHS National Board Chief Executives/Chairs  
IJB Chief Officers  
LA Chief Executives, COSLA

Dear Colleagues

## **COVID-19: RE-MOBILISATION: NEXT PHASE OF THE HEALTH & SOCIAL CARE RESPONSE**

I am writing to you to commission the next iteration of Re-mobilisation Plans, building upon the previous commission requested by John Connaghan on 14 May, to cover the period from August 2020 until March 2021.

I would like to acknowledge up front the scale of what has been planned and achieved in this first phase of re-mobilisation. This next iteration of planning is designed to build on that achievement as we continue the journey of Re-mobilisation, Recovery and Re-design, with whole system focus.

The achievements of the last few months have been underpinned by a clear and common purpose and that is something we are very keen to maintain. In that spirit, this letter sets out our ask of you, alongside the planning assumptions which should form the basis of your response. I also invite you to set out what you will need from the Scottish Government in order to be able to effectively deliver your plans, to help us structure our response to those plans.

With a critical focus on the public health agenda going forward, there is a need to ensure that the next phase of re-mobilisation places safety alongside delivery and financial sustainability as the three core pillars of the re-mobilisation process and that this is reflected in the Re-mobilisation Plans.

Plans should be developed and submitted in partnership with the IJB(s) in your area and should continue to be informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to Test and Protect and PPE, which are so critical to safeguarding both staff and patients alike. The key messages in the initial commissioning letter of 14 May remain valid as we plan ahead and this letter should be read alongside it, not least in relation to: the necessity of enabling more people to have more of their care in a person centred manner, at home or in the community; ensuring quality and safety in all that we do; and engaging with all key stakeholders.

The remainder of this letter provides further context for the areas that should be reflected within this next iteration of your plan.

### **Response to the Re-mobilise, Recover, Re-design Framework**

The [Re-mobilise, Recover, Re-design: The Framework for NHS Scotland](#), (Framework) published on 31 May sets out three core tasks over the first 100 days:

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19; and



- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

Your plan should reflect these aims as well as looking onwards through the winter period and into next year. This includes providing full details of your plans for winter 2020/21, ensuring sufficient capacity and resource is in place to respond to specific winter pressures while dealing with a potential second wave of COVID-19 and also planning for EU Exit.

Building on your work to date, your plan should be built around the seven principles set out in the Framework and should confirm how you intend to achieve the eight objectives held in it. Also in line with the Framework you are asked to plan for the following:

1. **Surge capacity** for Covid-19 patients is maintained to ensure capacity/ resilience in the system to respond to any future rise in cases;
2. **Patient and staff safety** are ensured by appropriate streaming of Covid/non-Covid-19 pathways (plus continuing systems of staff support & wellbeing across health and care);
3. **We retain and build our public health capacity** to provide a robust, sustainable service including delivery of all components of Test and Protect, taking account of new developments as they emerge;
4. **Strict infection prevention and control** measures remain in place;
5. **Covid-19 screening and testing** policies are fully and consistently implemented in line with national guidance, with Boards obliged to flag any risks to implementation;
6. **Inter-dependencies** are factored in including workforce, transport, training and development;
7. **High quality care** is delivered **including patient experience** and person-centred approaches to care;
8. **New and effective ways of working** are maintained and built upon – avoiding reversion to previous working practices; subject to extant guidance on appropriate public engagement and participation, as set out in the Cabinet Secretary's associated letter to Board Chairs of 25 June;
9. **The impact of physical distancing** measures across the health and care sector on **capacity** is continually assessed.

You will be well aware of the requirement to protect our core capacity to respond to the continuing impacts and any potential resurgence of the virus, while also continuing to **safely and incrementally** restore services as you move towards recovery. Plans should continue to cover all measures being taken in relation to Covid-19 including the level of agility built in and ability to respond at speed, as well as any innovations which have been incorporated into routine practice over past months.

Your plan should set out how you will:

- Manage the backlog of planned care (to minimise harm);
- Ensure unmet demand is managed and ensure safety e.g. referrals and community based services;
- Manage the Covid-19 and non Covid-19 unscheduled care demand, recognising that ED attendances and acute hospital admissions are increasing; sustaining new, effective methods of delivery, and developing the principle of moving to a scheduled care model for urgent care; and
- Increase the focus on whole system working further through the recovery period and as we consider future opportunities to accelerate transformation and re-design of the system.

While some additional information will be sought later in the year, this next iteration of your plan should set out how you will respond, on a whole system basis, to the complex and interdependent challenges which are likely to face the health and care system over the winter period. This task will require clinically driven and locally tailored approaches to risk assessment and mitigation encompassing increased levels of demand with more complex and acute presentations, Influenza, Norovirus,

inclement weather, coupled with the need for robust staff and public Influenza vaccination programmes; backlog management and capacity restrictions amongst other challenges.

I recognise that work will already have begun on responding to these issues and would expect to see included in your plans information on the high level planning assumptions underpinning your proposed approach to winter as well as more concrete plans for maintaining effective service delivery.

Moving forward innovation, will continue to be vital in making best use of the full resources of Health Boards and IJBs nationwide, embedding mutual aid and partnership working. You should seek to fully utilise the support of National Boards, particularly NHS24, SAS, Golden Jubilee and the training and other opportunities offered by NHS Lothian, as well as continuing to work closely, via IJBs, with the third and independent sectors in respect to social care as well as local primary care providers. I expect your plans to set out in detail how you have engaged with these bodies (including other territorial Health Boards) and how you plan to work with them going forward.

### **Assessment of Risk and Plans for Mitigation**

In framing your plan to March 2021 it is important to recognise and respond to the range of challenging, complex and interdependent risks which are likely to face the health and care system and I would ask that your plan sets out the actions being taken to mitigate these risks, including:

- The continued requirement to and consequences of responding to Covid-19;
- Unscheduled care attendances and admissions returning to pre-Covid levels;
- The exigencies of winter, including the risks of Influenza;
- The backlog of patients requiring care and treatment as well as previously unidentified pent up demand;
- Sub optimal productivity, including the impacts of continued physical distancing and IPC strategies;
- Health inequalities, and the need to ensure access to critical health services for vulnerable groups; and
- Staff exhaustion and trauma, related to the demands of the Covid-19 response to date.

### **Renewal**

The Framework includes three renewal objectives to support reform:

1. Engage the people of Scotland to agree the basis of our future health and social care system;
2. Embed innovations, digital approaches and further integration; and
3. Ensure the health and social care support system is focused on reducing health inequalities.

Your plan should highlight any local work planned that will support the delivery of these objectives.

### **Health Inequalities**

The pandemic has exposed and exacerbated deep-rooted health and social inequalities. Reducing health inequalities is a key part of our renewal work and it would be helpful to set out how your plan supports this objective and strengthens local community engagement, through a clear statement of the short to medium term priorities including those that specifically address the issues raised in John Connaghan's recent letter to Boards about race equality.

We will continue to work closely with analytical partners across the Scottish Government, NRS, PHS and the NHS to consider how we can better understand the impact of Covid-19 on the people of Scotland, especially given the emerging evidence around disproportionate impacts of Covid-19 on ethnic minority communities and those living in more deprived areas.

## Public Health Workforce and Planning

The public health workforce has been central to Scotland's response to Covid-19 and has been critical to meeting the first WHO condition for moving out of lockdown; "that there is a sustained containment of community transition." Continued investment and support for public health is essential to ensuring we meet the second condition ie "sufficient health system and public health capacities are in place".

Plans should address the capacity and resilience of public health services in responding to the current actual or potential new significant threats to public health. They should provide an overview of current health protection and health improvement priorities, provision and preparedness. Public health research, data and intelligence are key to managing the Covid-19 response and Boards should be working closely with Public Health Scotland to inform service planning and public health interventions.

## Clinical Priorities

The clinical priorities set out in the letter of 14 May from John Connaghan remain valid, and I expect that you will now be able to provide more detail about the "how and when" of your progression towards a wider range of services being restored. In structuring your description of that restoration process, you will wish to take account of the whole system model of Clinical Priorities set out in the Framework which identifies headings related to Primary Care, Emergency Care, Urgent Care, Planned Care, Community Care and Social Care - with Maternity, Paediatric and Mental Health Services threaded thought all of these elements, all under pinned by appropriate testing and screening.

Evidence is already emerging about the physical and mental health impacts on the population as a result of Covid-19. Your plans should include an outline of how rehabilitation services will be remobilised and should include the provision of services for those affected by Covid-19. This should cover both community and hospital settings making use of both digital technology and more traditional face-to face services.

## Primary, Community and Social Care

Planning in line with the 'Route map to recovery' is well underway to fully restore primary and wider community services in a safe and proportionate way. Given the majority of patients are managed in primary and community care settings, the plans to strengthen the primary care response needs to be at the forefront of those mobilisation plans, particularly in the management of and access to urgent care, both in and out of hours.

As lockdown measures ease, NHS dental services are following a phased route map; widening access and enabling practices to open and community optometry practices, which will be crucial in supporting the remobilisation of hospital eye services, are resuming face-to-face emergency and essential eye care. As routine eye care services resume, referral pathways need to be clear to ensure that patients with ocular pathology are managed in the most appropriate setting. The roll out of NHS Near Me will help in continuing to support optometry patients access these and other community care services in a safe, timely and person centred way.

Practices in both optometry and dentistry, as well as general practice and community pharmacy sectors will need continued Board support as they move forward in increasing service provision, particularly with regard to accessing advice and information to support risk assessment for staff.

The launch of the national pharmacy first service at the end of July will enable patients to access a wide range of enhanced minor ailment support provided by community pharmacists. GP practices and wider MDT's should work together with community pharmacy colleagues in their Cluster to support and enable shared learning and approaches to local pathways which best meet the needs of their local populations. As secondary care services open up to elective work this will increase the workload on both community nursing and AHP services. The capacity released by the cancellation of

elective surgery has enabled community nurses to support care homes during this outbreak. However, careful consideration of community based resources will now be required to ensure that this support can continue as part of the recovery process alongside the delivery of a wider range of vital services in the community – services which will be particularly important for vulnerable adults and children.

AHPs have also continued to provide essential community services, including in Care Homes, for example urgent podiatry care. All AHP services are now expected to open up for non-urgent care and your plans should set out how this will be rolled out across your Board area with a blended approach of in person and virtual care.

In order to remain open and to provide a full range of general medical services such as managing complex undifferentiated urgent care and long term conditions, it will be important to ensure Covid-19 care pathways are managed in separate streams. GP Practices need to remain Covid-free by continuing to sustain and make use of Covid Hubs. The Community Hubs and Assessment Centres need to continue to support General Practice and the whole system by triaging Covid-19 cases away from practices and A&E where clinically appropriate and safe to do so. In conjunction with the work being established under the auspices of the Strategic Group for redesigning Urgent Care I would encourage Boards to highlight within their local plans any opportunities to apply the learning from the Covid Hub pathway to support whole system management of other urgent care pathways.

Health and Social Care Partnerships will need to work closely with GP subcommittees and with other local contractor committees to consider wider-system support in managing pressures. This may include consideration of new ways of delivering existing programmes such as seasonal flu vaccinations as capacity is impacted by the need to manage backlogs as well as the increased time required by the adoption of enhanced infection control measures critical to safe screening services.

The essential role of Care Homes and Care at Home Services should also be clearly acknowledged in your plans, both as essential elements in themselves of a whole system approach to the provision of health and social care for the entire population but also with regard to their critical contribution to a sustainable model of acute care provision. These services will continue to require your support and input as we move towards recovery and your plans should indicate how this will be delivered.

Again, we would stress that this is an opportunity to consider new ways of working as part of a wider, whole system approach, building on the experiences and learning from this pandemic. This should take into account the importance of well- functioning and active primary-secondary care interface groups, supporting service transformation.

## **Mental Health**

It is anticipated that demand for mental health services will grow in the coming months as a direct response to the pandemic but also as a consequence of anticipated impacts of an economic downturn. Policy officials will continue to work with NHS Boards to model demand associated with the pandemic, as well as working to meet the need which existed previously. During the first phase response all urgent and emergency NHS Mental Health Services continued. As restrictions ease, increasing numbers of individuals will need to be treated, including through face to face contact in community health teams and in home visits. In this next phase we anticipate that NHS Boards and their partners will restart mental health services that have been paused, when it is safe to do so and we will look to see this described in the next iteration of plans. The plans should also reflect and build upon some of the innovative ways services have continued to be delivered during the response and set out how these will continue; including digital solutions and new models of service delivery such as Mental Health Wellbeing Hubs and Mental Health Assessment Units.



## Acute Care

Within the acute sector, it has been an incredible achievement to quadruple Scotland's base ICU capacity and to make provision to repurpose 3000 beds as surge capacity to support the response to Covid-19. Boards should continue to maintain contingency plans, which should include an ability to double ICU capacity within one week and treble in two weeks, in extremis and as required.

The next iteration of your plan should set out how you will continue your work to date on the remobilisation of both Covid-19 and non Covid-19 acute care services. This should include how that progression will reflect the recently published [framework](#) for recovery of cancer surgery.

On urgent care, we acknowledge the engagement to date with all NHS Chief Executives and the Academy on the *Redesigning Urgent Care Programme* and recognise the need to meet short, medium and long term goals for immediate changes in unscheduled care attendances while still on an emergency footing. Your plan should indicate how you are developing safe and effective pathways of care in preparation for the winter period and developing sustainable solutions to deliver equitable and person centred pathways of care across the whole system for all unscheduled care. John Connaghan will be in contact under separate cover to provide further guidance on the next stages of this redesign process.

The need for rapid review and management of the backlog of patients waiting for planned care applies across the board, but will be particularly critical for urgent patients who have been paused for diagnostic endoscopy or radiology investigations. This backlog review process needs to be set within a context of active clinical prioritisation and a recognition of the impact of continuing use of PPE and enhanced IPC requirements on service and workforce capacity.

## Supporting Delivery

You will be aware of the need to continue to comply with all applicable guidance and best practice, including those related to Covid-19 such as PPE and physical distancing. You have recently received, from the Chief Nursing Officer (dated 29 June), a summary of guidance relating to nosocomial infection which straddles the Covid-19 response and infection control generally. Your plan should clearly state how this guidance is being implemented, the impact it has on your ability to deliver services, and what steps you are taking to address any limitations arising from it. This should cover not just innovations in delivering the services but any alternatives being stepped up to provide an interim solution.

I have already mentioned the importance of digital innovation in improving service delivery and the patient experience; NHS Near Me has played a vital role in delivery of services, but is just one example. Use of digital options more generally to reduce unnecessary travel, such as remote patient monitoring, is actively encouraged and consideration should be given to things like online appointment bookings, approaches to home working for staff and the overall capacity of your digital teams to deliver innovation effectively. I also encourage you to continue to explore and implement new models of care - many of which are now tried and tested through pilot work - where these offer opportunities to support service delivery, as well as relying on tried and tested approaches where that is most appropriate. The resources of the new Centre for Sustainable Delivery at the Golden Jubilee Hospital as well as Scottish Government's Digital Health and Care team stand ready to continue to support you on this.

I am aware Boards are looking to re-instate full governance arrangements to replace the lighter structures implemented to facilitate an agile national response to Covid-19. Richard McCallum will be writing to you shortly to offer some feedback on the updated governance plans that he received on 19 June. It is our intention, going forward, to implement a "Once for Scotland" governance model that will deliver a consistent, coherent and cohesive approach on governance across all Boards. This

work will be led by Richard McCallum as Co-Chair of the NHS Board Chairs' Corporate Governance Steering Group.

### **Ensuring Plans are Robust and Informed**

Engagement and consultation with all of your partners and stakeholders continues to be a fundamental tool in your planning process for these next phase plans and the requirements set out in the letter of 14 May remain vital in this regard. The ability to successfully implement this next round of plans will rely to a significant degree on the extent to which they dovetail with local IJB planning on the commissioning of delegated services and your plans should therefore make clear where service delivery will be broadly consistent across your entire geographical area and where bespoke arrangements may be required to suit the circumstances of a specific IJB.

I have already referred in this letter to the need to ensure that both local and national resources are utilised to their maximum potential. Clearly this can only take place with full and detailed communication and co-operation and so your plans should clearly state what engagement has taken place with all stakeholders, and how that engagement has informed the preparation of your plans.

To support that communication process, I would invite you to describe in your plan the key learning points from your experiences over the last few months and how these are being taken forward as part of the remobilisation process. You may wish to consider the key things that went well, what you would do differently and what you would keep going, as part of a process of learning and improvement. There are also clear benefits in the sharing of ideas, and I would encourage you to share your draft plans with other Boards during the preparation phase.

### **Supporting the Workforce**

Supporting staff wellbeing is critical and the welfare of the workforce is a fundamental interdependency that cuts across every aspect of re-mobilisation planning. The evidence base and learning from previous pandemics demonstrates clearly the need to provide on-going support to promote both physical and psychological wellbeing during this next re-mobilisation phase, and it is clear that you should also be looking to consolidate and embed systems of support for the longer term. I would ask that your plan sets out how these matters are being addressed in partnership and how and where support to the workforce has been actively considered. This should include the role of the Area Partnership Forum, Area Clinical Forum and Employee Director.

I would like to draw your particular attention to the on-going need to actively promote rest and recuperation and would expect your planning to address the need to ensure that departments and services are pro-actively supporting staff to take unused leave. Service planning should take an anticipatory approach to workforce demand as you simultaneously look to bring activity back on-line whilst also facilitating staff leave.

Service decisions taken now will have a longer-term impact on staff training, development and ultimately on workforce supply. As you will be acutely aware, there has been significant disruption to clinical placements for nursing, midwifery, the allied health professions and for undergraduate medics and junior doctors. There will be on-going challenges associated with recovering some of this lost time and with delivering new placement activity, as we move through the remobilisation process.

We are working at a national level, 4-country basis to explore alternatives wherever possible to ensure that staff in training can access placement time and demonstrate the competences required, including by means of alternative forms of assessment, to allow progress through training pathways. I would expect to see in your plans how the provision of clinical placement and training activity will be adequately prioritised to minimise the longer-term risk of a disruption of workforce supply.

## Finance

Your response to this commission should also include an assessment of financial implications. Richard McCallum will work with NHS Directors of Finance and Integration Authority Chief Finance Officers to agree a template for completion to ensure consistency across the sector. So far, anticipated costs that relate to Boards' response to Covid-19 exceed the consequentials that have been confirmed by HM Treasury. It is absolutely critical that Boards are clear on what are genuine net additional costs and where there is scope for offsetting savings. Spend projections will be subject to ongoing review and scrutiny.

Financial assessments will be further developed in line with confirmation of baseline Covid-19 costs, with our approach as follows:

- 14<sup>th</sup> August – initial Quarter 1 returns and indicative full year financial forecasts;
- End August – recommencement of formal monthly financial performance reporting;
- Mid-September – finalisation of Quarter 1 Reviews and updated forecasts, followed by agreement of funding allocations.

## Timescales

Please send the next iteration of your plan to me **by Friday 31 July**, copied to [NHSAnnualOperatingPlans@gov.scot](mailto:NHSAnnualOperatingPlans@gov.scot).

I will also be in contact with National Health Board Chief Executives separately to ensure coherence of plans to support this effort.

Should you have any questions on specific policy areas, please make contact directly with them or through the mailbox above.

To complement your plans, we will follow up on a core data set which we will ask you to complete to enable us to record and monitor progress with the remobilisation of services. This will be updated on a rolling quarterly basis, with the first submission to cover July to end September 2020.

Finally, I recognise that your planning will be contingent on certain assumptions on Covid-19 infection levels and that plans may have to change locally or nationally depending on developments. To that end the planning process to March 2021 will be an iterative process, and acknowledging that we remain on an emergency footing, I would expect to stay in regular dialogue with you throughout this process.

Yours sincerely



**CHRISTINE MCLAUGHLIN**  
Director of Planning

## Not Protectively Marked

<b>NHS Orkney Board Meeting – 16 July 2020</b>  <b>Report Number: OHB2021-36</b>  <b>This report is for discussion and providing assurance on performance</b>  <b>Infection Prevention and Control Annual Report 2019-20</b>	
<b>Lead Director Author</b>	David McArthur, Director of Nursing, Midwifery, AHPs and Acute Services Rosemary Wood, Infection Control Manager
<b>Action Required</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• <b><u>Discuss</u></b> and <b><u>note</u></b> the annual report</li> </ul>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Annual Report for noting</li> </ul>
<b>Timing</b>	An Infection Prevention and Control Report is presented to the Board bi-monthly in the Scottish Government's prescribed template. This is the annual report for the year.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Nurture a culture of excellence, continuous improvement and organisational learning</li> <li>• Improve the delivery of safe, effective and person-centred care and our services</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
<b>Benefit to Patients</b>	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
<b>Equality and Diversity</b>	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control

## 7.1

	Precautions (SICPS) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.
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# Infection Prevention and Control Annual Report 2019-20



Created by: Rosemary Wood - Infection Control Manager  
Sarah Walker – Infection Prevention & Control Nurse Specialist  
Catherine Edwards – Infection Prevention & Control Nurse  
Supported by: Becky Wilson Infection Control Doctor/Consultant Microbiologist.

## Foreword

What a year it has been for all staff both exciting and daunting. Moving to a new build was one of excitement and apprehensiveness for all, changing daily practices to accommodate patient pathways to ensure seamless patient care. It has not all been straight forward, staff have embraced the change thrown themselves into getting it right and just when they thought routines were established and staff more familiar with the new layout, the increased daily step endurance going from one side of the healthcare facility to the other along came our biggest challenge to date COVID-19. You could say every infection prevention controls dream job or worst nightmare.

Our lovely healthcare facility has been transformed from a building site to a beautiful accommodating facility into a one way controlled environment. Although this has been a great deal of work for everyone adapting once more to the next challenge our facility has certainly provided the space to adapt and control patient pathways to ensure no crossover. It has empowered staff to step up and take control of the situation, to refresh and develop skills, supporting colleagues every inch of the way. It has changed practice moved services and provided opportunities to develop new ways of working keeping up with the national agendas.

This report reflects some good news stories and some challenges for improvement. The infection prevention and control motto is for reduction of infection where possible through identifying the cause and support improvement work.

New initiatives have been established and tougher targets dates to be achieved as more surveillance is undertaken to support the monitoring and where required reduction.

***Infection Prevention & Control is everyone's business.***

## **The Team**

### **Management Team**

Gerry O'Brien & Ian Stewart Chief Executive

Marthinus Roos, Medical Director & David McArthur HAI Executive Lead

Becky Wilson, Consultant Microbiologist, Infection Control Doctor

Rosemary Wood, Infection Control Manager

### **Infection Prevention & Control Nursing Team**

Sarah Walker, IPC Nurse Specialist

Catherine Edwards, IPC Nurse

## **Introduction**

Preventing and controlling Healthcare Associated Infection (HAI) continues to be a challenge in healthcare. The inpatient cost of HCAs originating in Scotland's acute hospitals was estimated to be £137 million a year with an additional 318,172 bed days required in order to care for patients with HAI. A significant proportion of HCAs are considered to be avoidable.

The purpose of this Infection Prevention & Control (IPC) Annual Report is to provide an overview of the IPC activities over the past twelve months highlighting key changes, challenges and service achievements along with identification of areas for improvement for NHS Orkney for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020.

During this period the IPCT had focussed on assisting teams with settling into the new build, new ways of working for teams, commencing baseline audits of all areas, and building a "picture" of how infection prevention & control processes and procedures are impacted within the new healthcare facility "The Balfour". Reinforcing of the Healthcare Associated Infection Standards (2015) and processes and procedures aligned with the National Infection Prevention and Control Manual.



The latter quarter of the year has been focussing on staff training, reconfiguration of the wards and departments, policies and procedures in the preparation and management of the developing COVID-19 situation which has, as all are aware, overtaken our everyday lives.

## Executive Summary

### ***Clostridioides* (formerly *Clostridium*) *difficile* infection (CDI)**

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI where possible is therefore essential and an important patient safety issue.

The standard is to achieve a reduction in *Clostridioides difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages 15 & over)

NHSO performance in 2019/2020  
Healthcare associated cases per 100,000 bed days (ages 15 & over) was 0 cases.

Community associated cases per 100,000 populations (ages 15 & over) **1 case**

**LPD TRAGET ACHIEVED**



### **Staphylococcus aureus Bacteraemia (SAB)**

*Staphylococcus aureus* (*S. aureus*) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. Infection can occur if *S. aureus* breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP TARGET: The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance

**9 cases**

**TARGET NOT ACHIEVED**



### **Hand Hygiene**

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

**TARGET ACHIEVED**



### **Surgical Site Infection (SSI)**

SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

NHSO performance in 2019/2020

**Total procedures = 60**

**Caesarean sections -1 case**

**Hip Arthroplasty - zero**

**Large bowel – 2 case**



### **Outbreaks of Infection**

The role of the IPC Team in healthcare is to prevent, prepare for, detect and manage outbreaks of infection. In 2019/2020 in NHSO, there were no outbreaks of infection.

The last norovirus outbreak was February 2011



If you get **norovirus**, avoid direct contact with others until at least 48 hours after your symptoms have stopped.



### **Incidents**

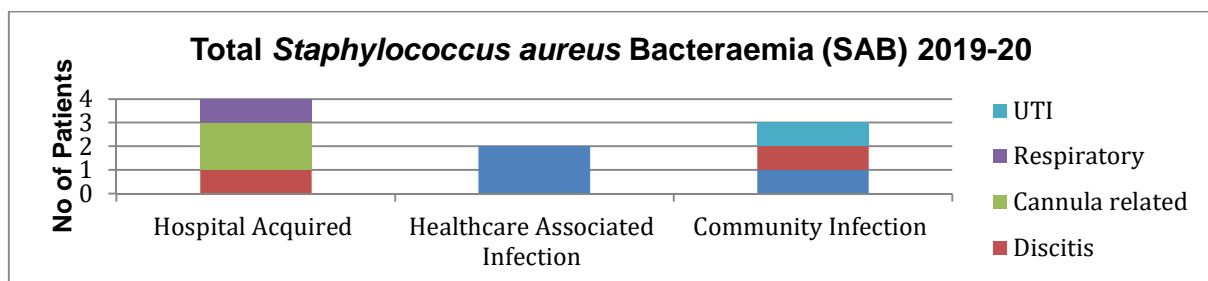
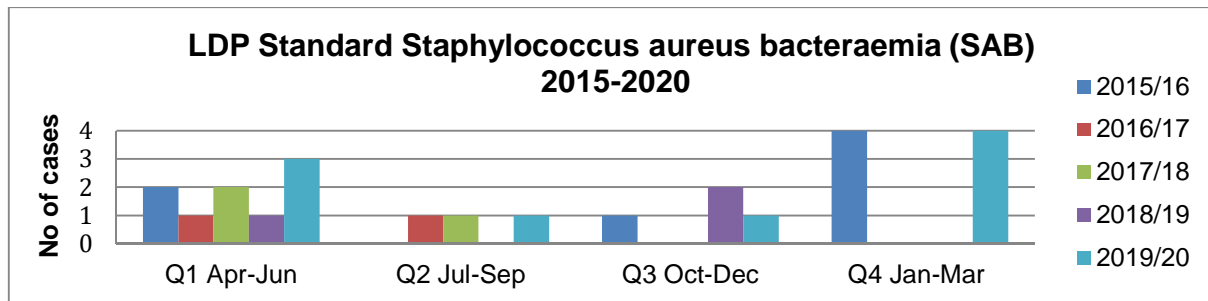
In 2019/20, two incidents were reported to Health Protection Scotland

- One represented an investigation into a higher incidence of infection
- One related to CDU

Both were resolved quickly

## HAI Surveillance – LDP Targets

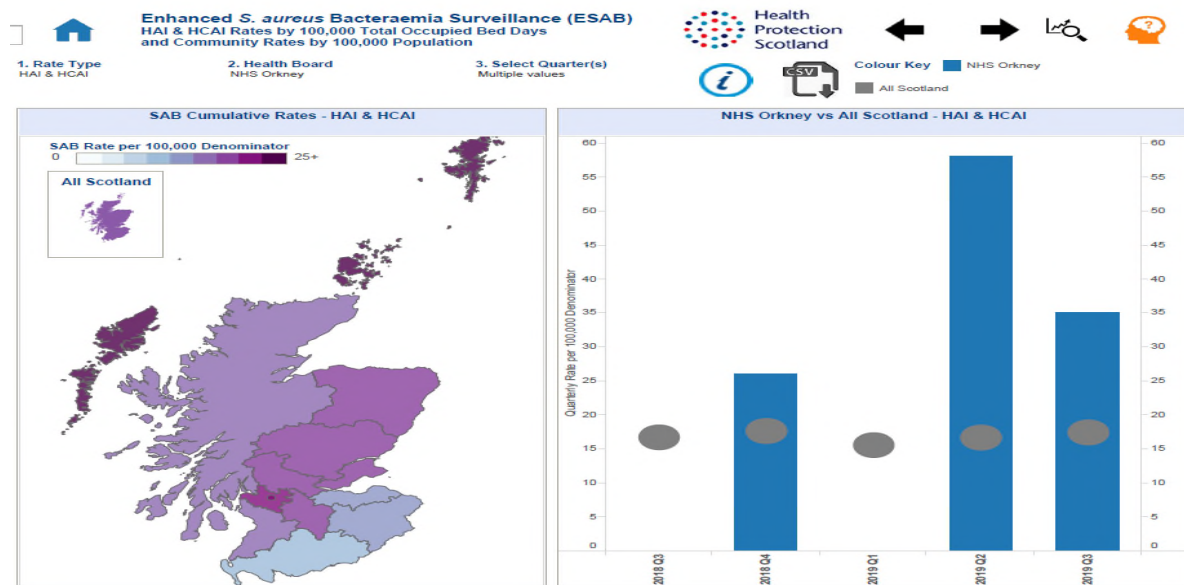
### *Staphylococcus aureus* Bacteraemia



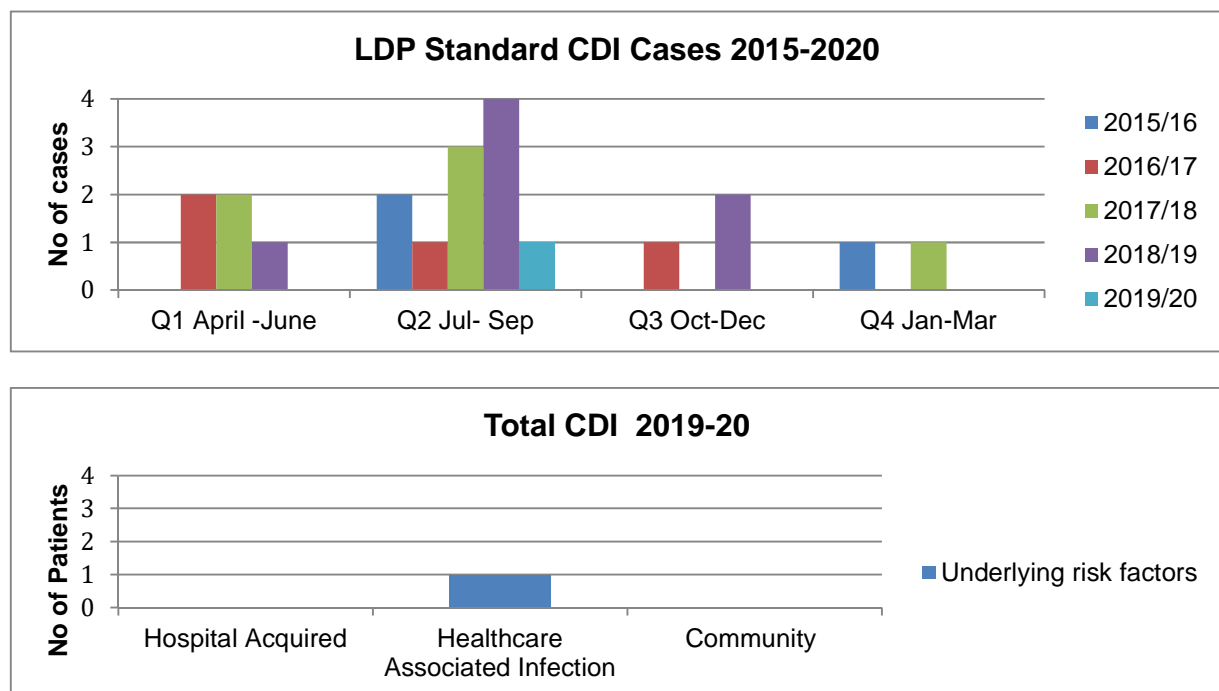
Total 9 cases, data reflects all positive cases, de-duplicated within 14 days. Any samples taken in hospital after 48 hrs of admission are considered hospital acquired and any cases with any medical intervention (e.g. Venepuncture) within 30 days prior to samples being taken are considered Healthcare Associated Infections. True community cases have had no medical intervention within 30 days of sample collection.

Each individual SAB is investigated by the IPCT together with clinical teams in order to institute any necessary action. Improvement work for any invasive devices related SAB is undertaken with teams, as these are considered as avoidable. Enhancing the use of recognised invasive bundle tools for measuring specifics to alert staff, to ensure regular review and act on preventative measure or any early signs of infection.

The data below compares NHS Orkney with the rest of Scotland although comparisons cannot be made lightly as small numbers such as in our Board create huge variations in percentage scoring with one case often means that as a board the compliance is well outside the national average.



## Clostridioides difficile infection (CDI)



Total cases 1, as this is a single case, in depth cause of infection has not been identified as this may result in the case being identifiable.

## Multi Drug Resistant Organism Clinical Risk Assessment (CRA)

The current Key Performance Indicator has been developed in order to measure compliance at a Scottish level on an annual basis. The CRA was developed initially to address risk of Meticillin resistant *staphylococcus aureus* (MRSA) at time of admission; however, this has further developed to encompass a more resistant pathogen known as carbapenemase-producing *Enterobacteriaceae* (CPE).

There is a minimum number of records that require to be submitted each quarter by boards NHSO aims to submit over the required number in order to understand that this is an essential patient safety assessment.

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

NHSO continues to be above the average NHS Scotland compliance rate for undertaking the CRA for all new admission and elective surgery.

Below is current data for the 4 most recent quarters for NHSO, and for Scotland

MRSA Uptake	2018_19 Q4	2019_20 Q1	2019_20 Q2	2019_20 Q3
Orkney	97%	100%	94%	94%
Scotland	83%	89%	88%	88%
CPE Uptake	2018_19 Q4	2019_20 Q1	2019_20 Q2	2019_20 Q3
Orkney	97%	93%	88%	91%
Scotland	81%	86%	86%	85%

## Escherichia coli (E. coli) Bacteraemia Surveillance

Whilst discussing Board surveillance of infection, it should be mentioned that over the past 4-5 years, the IP&C team have been undertaking pilot study and then mandatory surveillance of all *E.Coli* bacteraemia within the Board, which was a requested by the Scottish Government Health

and Social Care Directorate requested an in-depth analysis of the epidemiology of *E.Coli* bacteraemia. *Escherichia coli* (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some can make individuals unwell. When this pathogen gets into your blood stream, it can cause a bacteraemia. This can be as a result of an infection such as:

- urinary tract
- surgery
- inappropriate use of medical devices

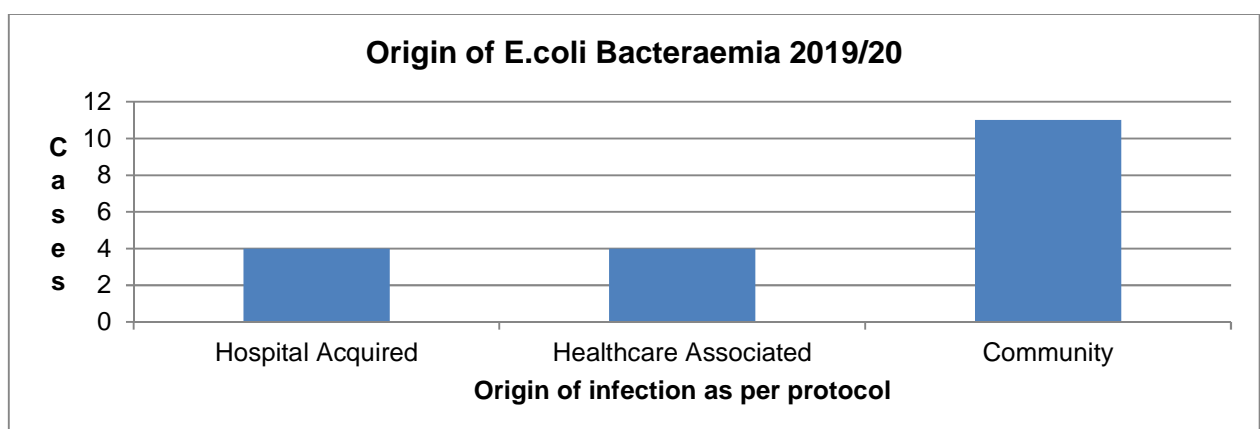
But sometimes the source of the bacteraemia cannot be identified.

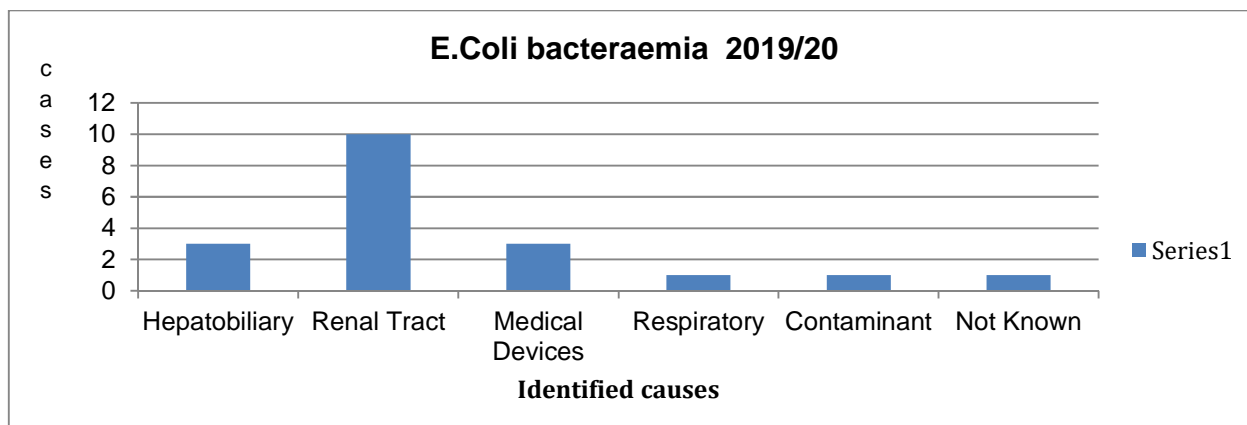
*E. coli* is currently the most common cause of bacteraemia in Scotland. As a result, the Scottish Government Health and Social Care Directorate (SGHSCD) requested an in-depth analysis of the epidemiology of *E. coli* bacteraemia.

This work will be moving forward as an LDP over the next few years with a stepped anticipated reduction of 50% in this type of bacteraemia by 2024.

In the last year as a baseline for reduction NHSO has recorded 19 *E.coli* bacteraemia cases, with a range of the causes mentioned above.

Below is a breakdown of origin, as described in the HPS Protocol and related causes

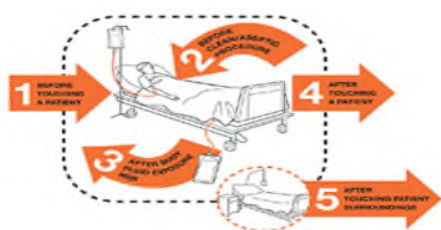




## Hand Hygiene Monitoring Compliance

Hand hygiene is a term used to describe the decontamination of hands by various methods including routine hand wash and/or hand disinfection which includes the use of alcohol gels and rubs.

The World Health Organisation outline “5 key moments for hand hygiene”. These key opportunities define when health-care staff should perform hand hygiene.



1. **Before touching patient**
2. **Before clean/aseptic procedure**
3. **After body fluid exposure risk**
4. **After touching patient**
5. **After touching patient surroundings**

Hand Hygiene quality assurance, usually undertaken by IP&C Team has been challenging in the new healthcare facility, due to the single patient rooms. Hand hygiene is usually undertaken behind closed door, and this would be in line with the key moments indicated by WHO. The IP&C Team have had to be innovative with the way they undertake any quality assurance of hand hygiene in this respect. The main change is to delegate responsibility to the person in charge of the ward or department during a given time period. It is their responsibility to audit compliance against the 5 moments for their team and monitor technique, this allows a wider staff group to be included and deflects away from the Hawthorne effect (also referred to as the observer effect) which is suggested may occur when observed by a staff member from

outside the ward team. The Hawthorne effect is the alteration of behaviour by the subjects of a study due to their awareness of being observed (Oxford English Dictionary, N.D). This technique also empowers the team to tackle any nonconformity with hand hygiene at the time and with the staff member directly.

Where smaller teams are unable to undertake this method, IP&C continue to support these audits in the usual way.

The IP&C team continue to monitor, and where needed address hand hygiene and dress code compliance daily with individual staff members and when undertaking Departmental Quality Assurance Audits.

Another factor considered in Scotland for hand hygiene data is collated on Discovery by the amount of alcohol-based hand Rub that is purchased by each Board the data is based on litres of ABHR per 1000 total occupied bed days. As the below data shows NHSO are have above average purchase/usage of ABHR



## Surgical site infections

NHS Orkney IPCT is required to undertake surgical site infection surveillance for three procedures undertaken within the Balfour. Surveillance is undertaken on: all Caesarean Sections, elective and emergency, Large Bowel operations, on all cases where there is some element or pre theatre work- up, (cases taken directly to Theatre from the Emergency Department, are not included) and lastly on all orthopaedic hip surgery. In Orkney this is all hip trauma surgeries as electives are not undertaken here.



In the last year, there have been two infections recorded out of a total of sixty procedures.

Below is a breakdown of procedures over the last year.

Category of procedure	Operations	Infections	Lower Limit	SSI Rate (%)	Upper Limit
Caesarean section	24	1	0.0	4.2	20.8
Large bowel surgery	19	1	0.0	5.3	26.3
Reduction of long bone fracture	1	0	0.0	0.0	100.0
Repair of neck of femur	16	0	0.0	0.0	18.8

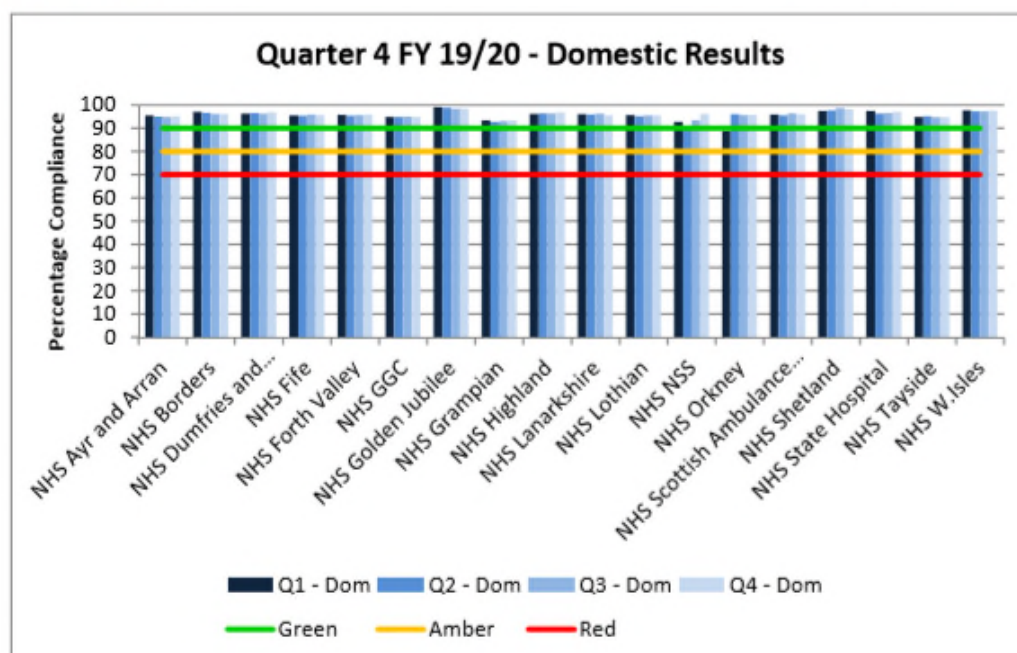
## Cleaning and the Healthcare Environment

The National Target is to maintain compliance with standards above 90%. Data taken from NHS Scotland National cleaning Compliance Report Performance 2019/20



## 4. Domestic Services - Graphs

### Domestic Cleaning Services Monitoring Tool – NHS Boards' Performance



Health Board	1 <sup>st</sup> Quarter Apr - June 2019/2020	2 <sup>nd</sup> Quarter July - Sept 2019/2020	3 <sup>rd</sup> Quarter Oct - Dec 2019/2020	4 <sup>th</sup> Quarter Jan - March 2019/2020
<b>NHSSCOTLAND</b>	<b>95.3</b>	<b>95.2</b>	<b>95.3</b>	<b>95.3</b>
NHS Ayrshire and Arran	95.4	95.0	94.8	95.0
NHS Borders	97	96.6	96.1	96.1
NHS Dumfries and Galloway	96.2	96.5	96.2	96.9
NHS Fife	95.4	95.3	95.9	95.6
NHS Forth Valley	95.7	95.3	95.6	95.8
NHS Greater Glasgow and Clyde	94.9	94.8	95.0	94.9
NHS Golden Jubilee	99	98.8	98.4	98.4
NHS Grampian	93.3	92.7	93.1	93.3
NHS Highland	96.2	96.4	96.4	96.7
NHS Lanarkshire	96	95.9	96.2	95.5
NHS Lothian	95.6	95.1	95.5	95.5
NHS NSS SNBTS	92.7	91.0	93.4	96.2
NHS Orkney	88.6	96.0	95.6	95.7
NHS Scottish Ambulance Service	95.9	95.4	96.3	96.0
NHS Shetland	97.3	97.6	98.7	98.1
NHS State Hospital	97.4	96.2	96.5	96.9
NHS Tayside	94.8	95.1	94.7	94.8
NHS Western Isles	97.7	97.3	97.3	97.4

Quarter 1 Apr-Jun 2019 highlights amber status, this highlighted transition period from old Balfour to New Healthcare Facility where domestic teams were pulled between 2 sites. It was also agreed not to carry out any corrective work in relation to the environment of old build. Therefore areas where there was scuffed paint on walls, damage to flooring was not rectified during this period unless it was within a clinical area or there was a potential infection risk to patient. A risk assessment was undertaken for this.

## Antimicrobial Stewardship



From the 1930s to the 1960s, **14 classes of antibiotic** were introduced, but since 1968 there have been only five new drug classes developed. Since 1984, no new registered classes of antibiotics for human treatment have been developed.

## Antimicrobial Point Prevalence Audits for Balfour Hospital, Orkney June 2019 & January 2020

NHS Orkney monitors compliance with their antimicrobial prescribing guidelines. One of the methods used is point prevalence audit (PPA) of antimicrobial prescribing across all hospital wards. A PPA captures data on antimicrobial prescribing on a given day and can be compared against audit standards and practice in other hospitals. It was agreed in July 2014 (the first regular PPA) that Balfour hospital wide PPAs would be performed twice yearly.

This audit, although only a snapshot with a small number of patients, demonstrates continued consistency in some elements of good antimicrobial stewardship. Due to small numbers anything less than 100% compliance, will result in the standards not being met. Additionally, the reported percentages fluctuate significantly between audits making it challenging for consistency in improvement to be accurately demonstrated.

Areas that require improvement include:

- Clarification of allergy
- Appropriate microbiological sampling
- documentation of indication of antibiotics at time of prescribing for topical agents
- documentation of duration of antibiotics/review date of antibiotics at time of prescribing

## PPA Results

	Jun-18	Feb-19	Jun-19	Jan-20
No. of audited wards	5	5	5	5
No. of patients audited	35	42	26	38
No. of patients receiving antibiotics	10	16	13	12
Percentage of patients receiving antibiotics	29%	38%	50%	32%
No. of Indications for which antibiotics were prescribed	10	11	13	6
Total number of antibiotics prescribed	14	10	11	12

## Catheter Associated Urinary Tract Infection (CAUTI)

CAUTI data collection and surveillance of infection continues in hospital with this being the fourth year that data has been collected and feedback and support to teams being maintained through the IPCT. Departments are actively assessing their patients need for urinary catheter before insertion and daily, although in the preceding six months this could be improved. However, to date this hasn't impacted on a higher than usual CAUTI rate with a total of three CAUTI infections being identified in the last year, which is phenomenal.

The information gained through hospital data collection has been shared with the Social Care Link Staff as an area of good practice and they're role in reducing CAUTI and UTI in the community, particularly referring to signs and symptoms of CAUTI and UTI and the reiteration of the National Hydration Campaign.

Unfortunately, the work to have community re-evaluation of urinary catheters by either a Urology Specialist or Continence Nurse is still not achieved, making community improvement in removing urinary catheter more challenging, once patients have an unsuccessful trial without catheter, which is problematic.

The teams are monitoring the "days between infections" as the best indicator and easy to understand data point for our patients and the general public, but the IPC team are also monitoring usage rates within departments, although in the latter quarter this has not been possible, due to unprecedented COVID-19 work.

**Inpatient 2** have currently achieved **218 days** since the last infection, with one infection in the last year with an average usage over the preceding nine months of 9.96% of patients requiring a urinary catheter. The dependency of patients in this ward makes it challenging to do early removal but staff continue to remove catheter at the earliest possibility, thereby reducing the risks to patients in their care.

**Inpatients 1** have currently achieved **190 days** since last the infection, their usage continues to fluctuate. The average usage rate within the area is running at 5.47% for the preceding 9 months. IP 1 have had two CAUTIs in the last year, again this would be considered as excellent work

**High Dependency Unit** continues to have no CAUTIs with an amazing **1999 days** since the last infection, which was in December 2016! This reflects the amount of work involved in ensuring catheters are well managed and removed in a timely fashion. It is a regular part of their every day work and patients being transferred to an IP 1 bed from HDU and who do not warrant hourly urine volume measurements continue to have urinary catheters removed prior to transfer. Their usage rate fluctuates on patient dependency and in recent months occupancy rates have been quite low in the unit, which reflects the low usage rate for this type of care area with an average usage rate of 4.3% in the preceding nine months.

**Orkney Macmillan Unit** continues to astound with an amazing **1406 days** since the last CAUTI in the unit which was in May 2016. Again, dependency and patient condition also plays a huge part in this department, staff do not insert catheters here unless this is for patient comfort or those admitted with long term urinary catheters from community settings. **Their average usage rate is 11%**, in the preceding nine months and like all departments small patient numbers will result in higher percentage scores and greater variances

This CAUTI work along with the National Catheter Passport work and the National Hydration Campaign will impact on E.Coli Bacteraemia rates, with the biggest causative factor for *E.coli* Bacteraemia being CAUTI and UTI; it also impacts on antibiotic prescribing rates, multi drug resistant organisms and *Clostridioides difficile* infection (formerly known as *Clostridium difficile* infection). Therefore this work along with the improvement work on UTI, initiated by Dr Jack Cunningham and IPCN Catherine Edwards, who are both members of the NHSO Antimicrobial Management Team, will impact on patient safety by reducing the incidence of *E.coli* bacteraemia.

### **UTI improvement work**

Following the success of the CAUTI programme, and the national Hydration campaign, further ways to reduce treated UTIs have been identified and explored. Part of Catherine's Edwards (IPCN) work last year towards a BSc involved a large inquiry into exploration of practice, including an action plan for implementing improvements identified as a result. This inquiry focused on diagnosis of UTIs in older people in the acute setting and found:

- UTIs are the most common HAI in Scotland ([HPS 2016](#)),
- up to 50% of patients over 65 will present with asymptomatic bacteriuria (ASB)
- and that treatment is not advised in those who have ASB ([PHE 2018](#)),
- there is confusion regarding recognised symptoms of UTI
- symptoms frequently incorrectly attributed as signs of UTI are actually recognised symptoms of dehydration

The inquiry has highlighted there is room for considerable improvement in reduction of number of patients identified and treated for ASB in the older 65 demographic in the acute setting. Targeted education sessions with staff can help address this, and it was hoped to have this underway already. Unfortunately, the move to the new build and the settling in period, followed by the current COVID-19 situation has meant that to date this has not yet been rolled out within the hospital.

Some education sessions have been possible in Primary Care, with Jack Cunningham, a GP trainee raising involved in the AMT, in raising awareness of the Scottish Antimicrobial Prescribing Group's UTI diagnosis tools at the regular meeting of Orkney's GPs, and also an education session with the community nursing team in Dounby.

It is hoped to build on both in the near future. Jack is moving to pastures new and his ongoing support in this will be very much missed but his expertise and enthusiasm will benefit patients wherever he goes

## **The National Catheter Passport**

The IP&C Team continue to support the embedding of the National Catheter Passport, both in primary, secondary and social care. The passport has been reviewed and updated with all feedback received from local teams' feedback through the Scottish Urinary Tract Infection Network via IP&C team, ensuring our local voice is heard in the updated version.

## **Care Home Link Staff**

As mentioned previously the link staff group continues with the group working on urinary tract infection prevention.

The IP&C team continue to support the care homes in all aspects of infection prevention & control, both formally through the Link Staff Group but also on an adhoc basis.

Unfortunately, these meeting haven't been as frequent as previously wished due to the move to the new healthcare facility and then with the Covid-19 preparation.

Support has been offered to the Care Home Managers and staff on Covid-19 preparations to support the HPS guidance. This involved face to face training for donning and doffing of PPE, refresher hand hygiene, infection prevention and control precautions (SICPs) and transmission based precautions (TBPs), which are to be undertaken when caring for a suspected or confirmed COVID case. Furthers staff education was offered for enhanced environmental cleaning and resident care equipment cleaning. Information and pragmatic support around social distancing, wearing of masks as single or sessional use and generally supporting teams with all new national guidance sent out to Care Homes.

Assurance visits have been undertaken by the IPC team. These visits were welcomed by the Care Home staff and demonstrated the level of good working relationships between IPC and Care Home staff. It also demonstrated the level of commitment made by the Care Home staff in the implementing infection prevention & control best practice.

## **Hydration Campaign**

This campaign continues to be reinforced with teams to ensure that staff are still ensuring that this important strategy for reducing risks of UTI and CAUTI is reinforced with patients.

It is important to note that staff also need to be self-aware of their hydration levels when working and this was reinforced by the IP&C team on moving to the new build and new ways of working. Initially staff were discouraged from having fluids whilst working, but this was addressed through teams and staff actively encouraged to maintain fluid intake whilst working.



Central Decontamination Unit (CDU) Audit Inspections Unannounced and announced.

**Central Decontamination Unit audit on the 5<sup>th</sup> November 2019 old Balfour** –all

requirements of ISO13485:2016 were generally effectively implemented within the management system.

The management system generally met the requirements of MDD 93/42/EEC Annex V 3.2

Limited for Sterility/methodology/Article 12. 3 minor non conformities requiring attention were identified and rectified.



CDU moved from old Balfour to New Balfour 31<sup>st</sup> October 2019

First assessment of new Balfour CDU facility 20th February 2020

Re certification audit found no non-conformities this is an excellent result for NHS Orkney which means BSI will re issue ISO 13485 certification for the next 3 years.

The management system has effectively implemented. The system addresses the scope of registration and is in accordance with the company objectives, applicable requirements of the management standard & BSI Conditions of Contract. The result of this assessment is a recommendation for certification.

**ISO 13485:2016** All requirements of ISO13485:2016 are effectively implemented within the management system. **MDD** The management system meets the requirements of MDD 93/42/EEC Annex V 3.2 Limited for Sterility/Metrology/Article 12.



## **Education**

### **Transmission Based Precautions**

Education has been focussed this year on Transmission Based Precautions (TBPs) and Personal Protective Equipment (PPE). The move to The Balfour, and new ways of working had been challenging for staff and the need to refresh staff minds on the use of TBPs as essential despite patients being cared for in single rooms.

Aerosol Generating Procedures (AGPs) was also addressed whilst delivering TBP training so staff were up to date with the changes to the AGP procedures, after an update to the National Infection Prevention and Control Manual.

This training was delivered to the multidisciplinary team to refresh and reinforce the rationale behind TBPs and the PPE required for each of the three TBPs. This was well received by staff and pre-empted the preparations for COVID-19, which was advantageous, as this ensured staff were update to date with modes of infection transmission.

### **COVID-19**

A huge amount of work has been undertaken on PPE in the preparedness for COVID-19 with updates constantly being delivered as the PPE guidance changed over time to ensure teams were always fully equipped to deal with the developing situation. Teams have been made aware of what PPE is recommended for each of the care areas and the work being undertaken and this work continues on a daily basis.

### **Staff Education**

Catherine has completed the first year of a two-year course towards gaining a BSc (Hons) in Nursing Practice. The first year's module was 'Exploring Practice', culminating in a thorough evaluation of high-quality literature and evidence-based practise, and a final essay relating to the student's place of work. This was: 'An inquiry into the diagnosis of UTIs in older people in the acute setting.' and included an Action Plan to implement findings. The IPC team were keen for these to be implemented. See previous section on UTI improvement work.

## Summary

It has indeed been a challenging year, but a very rewarding one with the move to our amazing new facility. The new working has been challenged by the arrival of SARS-CoV-2 but we have still met many of the targets set for HAI, including *C. difficile* infection (only 1 case), surgical site infection and hand hygiene compliance. Although our SAB numbers were higher than previous years, and did not meet targets each of the hospital acquired infections were investigated fully by the IPCT together with clinical teams. *E.coli* bacteraemia screening pilot work has been very useful, and demonstrates we will have a challenge ahead in order to comply with reduction targets. However, the CAUTI and UTI improvement work locally is very positive and is amazing with good (and some outstanding) figures of 'time since last infection'. IPC staff together with AMT members have been building on this good work over the year, especially with further education in the care home setting together with the hydration campaign. Our environment cleaning and estates monitoring compliance have remained consistently above national requirements and multi-drug resistant organism admission screening also remained consistently above the national average. Since early 2020, SARS-Co-V 2 has seen a huge impact in the demands on the IPCT and the team have worked extremely hard to try and ensure the safe provision of the healthcare service in Orkney. No doubt you will hear more about this in next year's report, so till then please stay safe

Becky Wilson

NHS Grampian/NHS Orkney

Consultant Microbiologist

& Infection Prevention and Control Doctor

## Not Protectively Marked

<b>NHS Orkney Board Meeting – 16 July 2020</b>  <b>Report Number: OHB2021-37</b>  <b>This report is for discussion and noting</b>  <b>Infection Prevention and Control Report</b>	
<b>Lead Director Author</b>	David McArthur DoNMAHP HAI Executive Lead Rosemary Wood, Infection Control Manager
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the HAIRT report and Annual Report 2019/2020</li> <li>• Note the performance for surveillance undertaken</li> <li>• Note the detailed activity in support of the prevention and control of Healthcare Associated Infection</li> </ul>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) is 0 cases at time of report for Q1 Apr-Jun. NHS Orkney is within its LDP for 2020-2021. (RAG Status <b>GREEN</b>)</li> <li>• NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) 0 cases to date at time of report Q1 (Apr-Jun 2020). NHS Orkney is within its LDP for 2020-2021. (RAG Status <b>GREEN</b>)</li> <li>• MRSA Screening Clinical Risk Assessment for Q1 is 86% for both MRSA and for CPE which is the lowest compliance for NHSO for some time and has not met the national minimum target of 90%uptake. (<b>AMBER</b>)</li> <li>• 105 hand hygiene observations were undertaken during the first and second weeks of June 2020. An overall of 96% for both opportunity and technique.(<b>GREEN</b>)</li> <li>• NHS Scotland National Cleaning Services Domestic 95% and Estates 99 %for month of May 2020 .(<b>GREEN</b>)</li> <li>• Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland.(RAG Status <b>GREEN</b>)</li> <li>• Education/guidance updates continues by the IPC team at the request of departments, the main topic being Transmission Based Precautions.</li> </ul>
<b>Timing</b>	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.

<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Create an environment of service excellence and continuous improvement</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
<b>Benefit to Patients</b>	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
<b>Equality and Diversity</b>	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions.

A report card summarising Board wide statistics can be found at the end of section 1

#### LDP Standard 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 for *Staphylococcus aureus* bacteraemia (SAB)

The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance.

NHS Orkney's *Staphylococcus aureus* bacteraemia (SAB) for LDP Q1 (Apr-Jun ) 2020 is 0 cases at time of this report .

LDP Standard 1 <sup>st</sup> April 2020 -31 <sup>st</sup> March 2021 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero.		
Quarter 1.	April - June	Zero (at time of report)
Quarter 2	July - September	
Quarter 3	October - December	
Quarter 4	January - March	

#### *Clostridium difficile*

The standard is to achieve a reduction *Clostridium difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages 15 & over). Small changes in the number of *Clostridium difficile* infection (CDI) cases in NHS Orkney, will significantly affect the overall compliance. Every board aims for zero cases or a reduction in previous year. Although Health Protection Scotland has set a target of 3 cases per year for our board, NHSO aim for zero preventable cases.

NHS Orkney *Clostridium difficile* infection (CDI) for LDP Q1 (Apr-Jun 2020) is 0 cases at time of this report.

LDP Standard 1 <sup>st</sup> April 2020 - 31 <sup>st</sup> March 2021 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	Zero (at time of this report)
Quarter 2	July-September	
Quarter 3	October-December	
Quarter 4	January- March	

An uptake of **90%** with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal

Local data submitted awaiting confirmation is 86% compliance for both MRSA & CPE. This score is the lowest NHSO has had in a very long time and results have been shared with teams to ensure the CRA protocol is followed and action taken within the 24 hour period. This is being monitored through the daily 'huddle'.

<b>MRSA Summary</b>	<b>CPE Summary</b>
Total number of patients 30	Total number of patients 30
Number of patient CRA'd 26	Number of patient CRA'd 26
Number of patients with positive CRA 6	Number of patients with positive CRA 6
Compliance with CRA (all patients) 87%	Compliance with CRA (all patients) 87%
Number of patients within swabbing policy 7	Number of patients within swabbing policy 7
Number of patients swabbed per policy 6	Number of patients swabbed per policy 6
Compliance with swabbing 86%	Compliance with swabbing 86%
Number of patients with positive MRSA swab 1	Number of patients with positive CPE swab 0

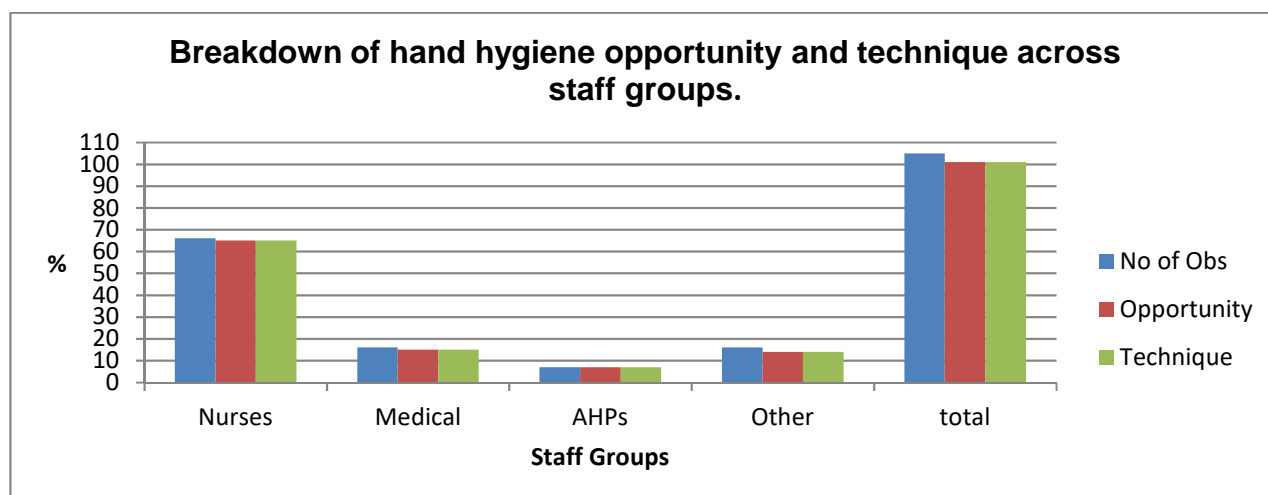
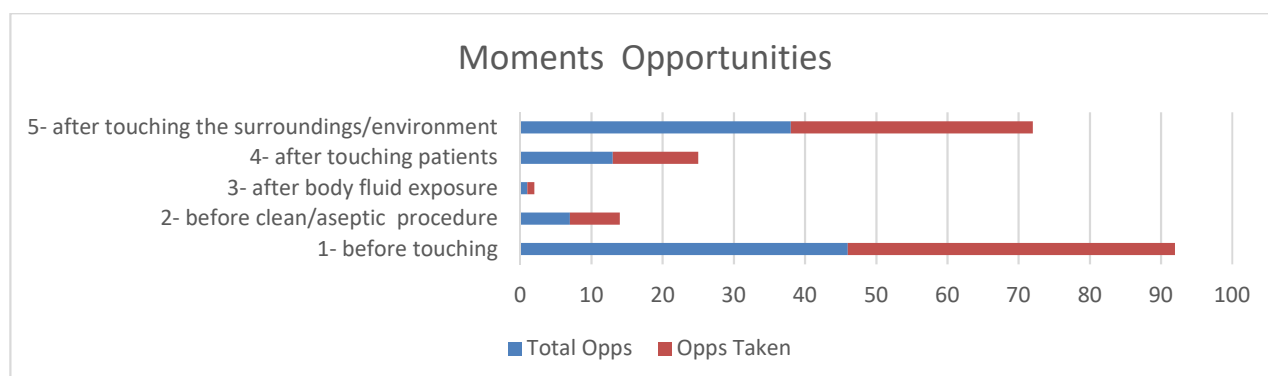
## Hand Hygiene

Hand hygiene compliance is through observation whilst visiting departments and any non compliance is addressed at time with staff member. It is the responsibility of each and every one of us to ensure hand hygiene is performed whether you are a staff member or a member of the public visiting. Department leads play an important role in ensuring best practice is maintained at all times.

In patient areas are frequently audited to ensure there is alcohol based hand rub available either in corridor or in each patient room or clinical space.

Hand hygiene audit 1-16<sup>th</sup> June 2020

	No Observed	Opportunity taken	Technique
Nurses	66	65	65
Medical	16	15	15
AHPs	7	7	7
Other	16	14	14
Total	105	101	101
Compliance against opportunity 96%			
Compliance against technique 96%			
Compliance against opportunity and technique is 96%			



Additional screening in line with Scottish Government COVID patient testing has been applied throughout the organisation.

## Cleaning and the Healthcare Environment

**The National Target is to maintain compliance with standards above 90%**

The NHS Scotland National Cleaning Services audit results for Jun 2020

**Score are as follows in table below**

Area	Domestics	Estates
In patients (audited x 2)	97% 96%	100% 100%
Day Unit & theatres (audited x 2)	95% 95%	98% 100%
Renal (audited x 2)	96% 96%	100% 100%
Emergency department	99%	100%
Maternity	97%	100%
Clinical Support (Non Clinical)	79%	100%
In patients 2	95%	100%
Macmillan (Surge)	96%	100%
In patients Unit 1	96%	100%

Clinical Support area scored an amber result of 79% the main focus was on toilets, refuse, furniture and fittings, low level dust, glass and floors. Domestic Supervisors feedback these results to teams to ensure areas of concern are rectified.

## **IP&C audits – update**

The Infection Prevention & Control Team continue to undertake the Quality Assurance audits as resource allows, the unplanned workload has increased significantly around COVID-19 and everything it brings. The IPCT continue to offer advice, facilitate with any adjustments throughout the organisation as remodelling of services develops.

IPCT are also involved in the assurance and support visits to all Care Homes and are currently continuing to support community and social teams in meeting the CNO letter 15<sup>th</sup> June 2020 as directed by the Accountabilities for Executive Nurse Directors. These visits have demonstrated the good working collaboration between the IPCT, community nursing and social care with the Care Home teams and how much the staff have embraced and implemented Infection Prevention and Control throughout their everyday practice.

## **Outbreaks/Exceptions**

(Reported are those that are assessed as AMBER or RED using the HPS Hospital Infection Incident Assessment Tool (HIIAT)

There has been one report submitted:- NHSO had a data exceedance of SARS-CoV-2 infection amongst HCW in the surge unit in the Balfour Hospital in early April 2020. This was investigated fully by an IMT, and action was undertaken to implement risk reduction measures as appropriate. The origin of the cluster was not able to be determined. HPS had asked for notification of nosocomial clusters or staff or patients in non-COVID wards only to be reported via a HIRT. Although this incident occurred in a COVID positive area, it was still reported to HPS in the interests of full disclosure. Confirmation was given that further follow-up was not required unless concerns raised locally.

## **COVID-19 update**

NHSO remains at 9 confirmed cases. The IPCT are providing advice and expertise to the local clinical teams, the IPC team monitor all COVID-19 positive cases to assist with the provision of overall case numbers.

## **Norovirus**

There has been no hospital ward or bay closures due to norovirus since last report. Last reported hospital outbreak was February 2012. The latest figures on norovirus reported to HPS by NHS Boards show increased norovirus activity <http://www.hps.scot.nhs.uk/giz/norovirusdashboard.html>. Therefore NHS boards are to implement their active plans.

## **NHS Orkney Surgical Site Infection (SSI) Surveillance**

NHS Orkney participates in a national infection surveillance programme relating to specific surgical procedures such as Caesarean sections, hip fractures and large bowel surgery. This is coordinated by Health Protection Scotland (HPS) using national definitions and methodology which allows comparison with overall NHS Scotland infection rates. These results are now being fed through NSS Discovery for Boards to view.

## **Education update**

On-going delivery of training on standard infection control precautions (SICPs) and transmission based precautions (TBPs) for all agency nursing, AHPs and locums to provide additional support to staff in embedding the National Infection Prevention & Control Manual as many staff come from out



with Scotland. Preparedness for dealing with a patient presentation in both primary or secondary care for patient presentation whether suspected or confirmed COVID-19. This has significantly increased the workload for the team ensuring all staff groups within NHS Orkney supported and prepared.

The IPCT have delivered some face to face training with both Hospital and Care Home staff in line with stipulated guidance. This is now being shared wider to the Home Care teams as a resource to enhance any infection prevention & control training already undertaken by teams.

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information for each acute hospital and key non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition there is a single report card which covers all non acute hospitals [which do not have individual cards] and a report card which covers *Clostridium difficile* specimens identified from non hospital locations e.g. GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). The national reports are official statistics which undergo rigorous validation which means final national figures may differ from those reported here. However these reports aim to provide more detailed and up-to-date information on healthcare associated infection activities at local level than is possible to provide through the national statistics.

### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month.



#### Healthcare associated cases

For each hospital the total number of cases for each month are included in the report cards. These include those that are considered to be **hospital acquired** i.e. reported as positive from a laboratory report on samples taken more than 48 hours after admission and **healthcare associated** in which the patient has a positive sample taken from within 48 hours of admission and the patient has also had healthcare interaction in the previous 30 days for SAB or 12 weeks for *Clostridium difficile*.



#### Community associated cases

For community associated cases, the patient has had no healthcare interaction as specified in the time frame above, however the specimen was obtained from a current hospital in-patient that did not meet the reporting criteria for a healthcare associated case.

More information on these organisms can be found on the HPS website:

#### ***Clostridium difficile*:**

<http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

#### ***Staphylococcus aureus* Bacteraemia**

<http://www.hps.scot.nhs.uk/haic/sshaip/mrsabacteraemiasurveillance.aspx?subjectid=D>

### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The Board report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/hai>

## NHS ORKNEY REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

C = contaminated sample

P = Provisional not yet validated.

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Healthcare Associated	0	1	1	0	0	1	0	1	0	1	1	1	0	0	0
Community Associated	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Total	0	1	2	0	0	1	0	1	0	1	2	1	0	0	0

### *Clostridium difficile* infection monthly case numbers

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun- 20
Healthcare Associated	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Community Associated	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### New Balfour Cleaning Compliance (%) Domestic

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20		
Board Totals	97%	97%	95%	96%	96%	94%	94%	95%	96%	96%	95%	95%		

### New Balfour Estates Monitoring Compliance (%)

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20		
Board Totals	98%	98%	99%	99%	99%	99%	100%	100%	99%	100%	99%	100%		

Not Protectively Marked

<b>NHS Orkney Board – 16 July 2020</b>  <b>Report Number: OHB2021-38</b>  <b>This report is for noting</b>  <b>Clinical and Care Governance Committee Chair's Report</b>	
<b>Lead Director Author</b>	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 26 June 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:
<b>Timing</b>	The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance.
<b>Benefit to Patients</b>	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## **Not Protectively Marked**

**NHS Orkney Board – 16 July 2020**

### **Clinical and Care Governance Committee Chair's Report**

**Author** Issy Grieve, Chair  
Clinical and Care Governance Committee

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#### **Section 1 Purpose**

The purpose of this paper is to highlight the key items for noting from the discussions held at the meeting on the 26 June 2020.

#### **Section 2 Recommendations**

The Board is asked to:

1. Review the report and note the issues raised.

#### **Section 3 Background**

This report highlights key agenda items that were discussed at the virtual Clinical and Care Governance Committee meeting on 26 June 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

#### **Section 4 Issues Raised**

##### **1. Children's Services Inspection Report Improvement Plan**

The Interim Director of Nursing presented members with a report noting the progress made against the Children's Services Improvement Plan. Meetings of the short life working group had been reduced to fortnightly to allow more time for operational teams to carry out actions and care for patients and the bi-weekly meeting with Health Care Improvement Scotland had been stepped down to monthly. The Interim Director of Nursing continued to attend Chief Officer's Group fortnightly to provide health progress updates and noted the success of the workshop earlier in the week held virtually on Teams.

A description of the wider communication work and an ongoing discussion regarding a new system for record keeping was provided and the Interim Director Nursing assured members that she was encouraged by and comfortable with the progress made.

The Interim Chief Social Work Officer summarised the briefing note included with papers and confirmed that although there were still areas for further work, such as record keeping, she was confident that children were safe.

It was agreed that the requirement to ensure appropriate governance without impeding operational progress was a difficult balance, but the discussions were concluded with agreement to the proposal to invite the Strategic Inspector and Chair of the Public Protection Committee to the next meeting, so that an external perspective on Orkney's progress could be sought as an interim measure.

The Committee noted the progress made against the improvement plan, took some assurance from the evidence provided but looked forward to opportunities for further oversight and scrutiny.

## **2. Mental Health Update**

The Interim Director of Nursing presented the Mental Health Report noting it as a formal follow up to the verbal update provided at the last meeting, which advised members of the establishment of a multidisciplinary, cross-section and cross-agency task and finish Group to review and propose service redesign for mental health services in Orkney.

It was noted that although continuous improvement would be an ongoing aim, the task and finish group were looking for an endpoint of parity between mental and physical health and care services.

The Interim Director of Nursing advised members that the group continued to meet every two weeks and noted that there was a real opportunity for innovation and new ways of working. She also noted that the membership of the group had broadened to include Third Sector partners, with representation from Age Scotland and the Blide Trust.

Areas identified as priorities for improvements were highlighted as clinical leadership, documentation, record keeping and information sharing, particularly for out of hours services, which impacted on Acute and Urgent Care pathways.

The Committee noted the update and progress made.

## **Cross Committee Assurance**

There were no issues to be escalated.

## **Appendices**

- Approved minute from the Clinical and Care Governance Committee meeting held on 4 June 2020.

## NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of Orkney NHS Board on **Thursday 4 June 2020 at 14.00**

**Present** Issy Grieve, Non Executive Board Member (Chair)  
 Steven Johnston, Non Executive Board Member (Vice Chair)  
 David Drever, Non Executive Board Member  
 Rachael King, Integrated Joint Board, Chair  
 Meghan McEwen, NHS Orkney Chair  
 Steve Sankey, Integration Joint Board Member  
 John Richards, Integration Joint Board Member

**In Attendance** Christina Bichan, Chief Quality Officer  
 Sharon Ann Paget, Chief Social Work Officer  
 Marthinus Roos, Medical Director  
 Iain Stewart, Chief Executive Designate  
 Heather Tait, Public Representative  
 Brenda Wilson Interim Director of Nursing  
 Louise Wilson, Director of Public Health  
 Emma West, Corporate Services Manager (minute taker)

### 310 Apologies

Apologies had been received from, D McArthur, G O'Brien, D Moody, L Bradford and W Lycett.

### 311 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

### 312 Minute of meetings held 29 January 2020 and 13 May 2020

The minute of the Clinical and Care Governance Committee meeting held on 29 January 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendment, on the motion of David Drever, seconded by Steven Johnston.

- Page 4 – Clinical Strategy – ninth paragraph, last sentence amended to 'he noted that it was important to ensure that the Strategy was correct before seeking public consultation'

The minute of the Clinical and Care Governance Committee meeting held on 13 May 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendment, on the motion of David Drever, seconded by Meghan McEwen.

- Interim to be removed from title of Chief Executive

### 313 Matters Arising

#### Improvement Plan – Recruitment of Lead Nurse

Members were advised that there had been two applicants for the substantive post and interviews would take place on the 18 June 2020.

## 314 **Action Log**

The Committee reviewed and updated the action log. (See action log for details)

### **COVID 19**

## 315 **COVID 19 Update - CCGC2021-06**

The Chief Executive Designate presented the situation report, providing a summary of:

- The current Covid-19 cases within Orkney
- Testing Criteria and arrangements
- Care Homes
- Remobilisation Planning
- Use of Teams Technology during Covid-19

J Richards noted that attention was focused around Care Homes and questioned measures being taken in other supported accommodation and housing, where the residents also lived and ate communally.

The Interim Director of Nursing advised that Kalisgarth would be visited within the next week, this visit had been delayed to reduce unnecessary travel. Further discussions were being held with partnership colleagues around supported accommodation although it was acknowledged that there was no specific Scottish Government guidance around this, anyone with Covid-19 symptoms would be tested with immediate effect.

S Sankey questioned why testing practices and data were not included in the paper. The Chief Executive Designate advised that the first minister had announced that testing data by area would be made available and future reports would include this. The Board would now test all symptomatic people over the age of 5 and there would be a media releases to advise the community, any members of the workforce that were required to travel were also being offered testing.

### **Decision / Conclusion**

The Committee noted the update provided and took assurance that the appropriate arrangements remained in place and would continue to be reviewed.

## 316 **Coronavirus and Care Homes update - CCGC2021-07**

The Director of Public Health presented the report noting that care homes and their residents remained key areas of focus in relation to the management of the Covid-19 pandemic.

A new care portal would be active from the 8 June to support this work, but would be reviewed to ensure that this met local needs.

### **Decision / Conclusion**

The Committee noted the action taken around care homes and the formation of a local oversight group.

### 317 **Care Homes – Additional Clinical Responsibilities - CCGC2021-08**

The Interim Director of Nursing, Midwifery, AHP and Acute Services presented the update advising that the paper had been presented to the Board on the 28 May 2020.

The committee were asked to note the plan and actions to date and to take assurance around the quality and safety of resident care and for the provision of support to care homes within the Board area.

It was noted that there was an immediate requirement for vulnerable staff and residents to be supported, initial visits had been undertaken to provide assurance and support. All outcomes had been positive with a few minor actions being identified and addressed.

Testing would continue to be carried out and would be completed by community nurses already visiting facilities to reduce the footfall and risk of transferring infection, any issues would be immediately escalated.

Escalation planning and process were in place for any workforce shortages, with NHS bank staff contacted to ascertain if they would be willing to provide this support, input would also be available from the infection control team if required.

S Johnston noted that this had been discussed by the Board recently and had triggered a response from clinicians that they had difficulty raising concerns; there was a need for an honest appraisal and willingness to learn. Clinical staff did acknowledge the great work of care home staff in these times.

The Interim Director of Nursing welcomed any input from clinicians with concerns to ensure that these had been addressed.

S Sankey questioned what testing would take place and was advised that this would be on a weekly cycle and would include 6 staff and 6 residents from each care home. Any resident or member of staff who became symptomatic would have access to immediate testing.

R King welcomed the reassurance that the report provided and in particular the moves to limit the footfall, she noted that there was a requirement to understand staff concerns and for staff to be heard across all services.

The Interim Director of Nursing noted the positive flow of information due to the daily huddle direct from care homes in addition to the standard processes already in place. In addition to community nurses, consideration was also being given to further multidisciplinary working, to avoid additional visits from external clinical staff where possible.

#### **Decision / Conclusion**

The committee noted the update and took assurance for the information provided.

### 318 **NHS Orkney Protocol for community testing of Covid19 - CCGC2021-09**

The Director of Public Health presented the report advising that the protocol outlined a process for offering testing to all the recommended groups across Orkney, opening up local testing to all aged 5 years and over who were symptomatic.



R King raised concerns that some national systems were directing people to Thurso to receive a test and that this needed to be addressed, she also questioned whether those working within ferry services would be eligible for testing.

The Chief Executive Designate advised that those who work on ferries were in group 3 and as such were part of the priority testing categories, as were other transport operators. He acknowledged that the national website could direct members of the public, inappropriately, to national testing centres the local phone number to book a test was being widely advertised to avoid this.

S Johnston confirmed that those logging onto the UK portal, may be send a self-test kit, or directed to the nearest national centre, he acknowledged that this was not a suitable local solution and even though the telephone number was promoted widely they were unable to amend the national website. The Director of Public Health noted that NHS inform was also promoting the local Orkney number.

## **Decision / Conclusion**

The committee approved the protocol, subject to a minor amendment to numbering and delegated the updating of this to the Testing Sub group in line with national guidance.

## **Governance**

### **319 Ethical Support Group Terms of Reference - CCGC2021-10**

The Medical Director presented the paper for approval, he noted that there had so far been no requirement to use the group but it was essential that the mechanisms were in place to support clinicians in make difficult decisions. The ethical advice and support group and had been established as per government guidelines.

Members were advised that Out of Hours the NHS Grampian service would be used and any none urgent advice would be discussed and provided through the scheduled meetings.

The Chair questioned the membership of the group and was advised that this was a wide range to provide independent ethical support rather than solely clinical advice.

D Drever questioned the reporting protocols and it was agreed that the Group would report through the Clinical and Care Governance Committee to the Board with the Medical Director leading on this.

## **Decision / Conclusion**

The Committee approved the Ethical Support Group Terms of Reference and agreed that reporting would be through Committee, led by the Medical Director.

## **Safe and Effective Care**

### **320 Recovery Plan - CCGC2021-11**

The Chief Quality Officer presented the update and a high-level summary around remobilisation, she noted that many routine services had been stood down in March with a focus on emergency and urgent, the report focused on how services would now be re-established moving forward taking current learning into account.

Members were advised that the initial first draft to cover services to the 31 July 2020 had been submitted to the Scottish Government as requested, but there was also a need to look forward to the whole of the financial year. The silver tactical group had been refocused to form a whole system recovery group and would continue to meet and develop the next iteration of the plan.

Clinical governance was also being stood back up through a process of reinstating the standard processes and meetings to ensure good clinical governance was in place.

M McEwen questioned the reporting route for the new recovery group along with staff side representation. She was advised that the Terms of Reference were currently being written but it was proposed that general reporting would be through the Senior Management Team with any clinical issues raised to Clinical and Care Governance Committee, Staff Side representation would be considered to ensure that the group had the correct membership.

R King questioned if, when restarting clinical services, appointment times would consider the current limited transport timetable for those in the isles. She asked that this be considered as partnership approach to meet the needs of the population.

The Chief Quality Officer advised that transport issues has been raised and would be considered, part of the remobilisation involved only taking in a face to face appointment if absolutely necessary.

R King took reassurance from this but noted that the wider issues around accommodation, childcare etc all need to be addressed through a partnership approach.

### **Decision / Conclusion**

The committee noted the update and requested a similar paper around how care services were being adapted and remobilised to the next meeting.

### **321 Mental Health Update - CCGC 2021-11**

The Interim Director of Nursing provided a verbal update around the current review of mental health services and provision and advised that a paper providing more detail would be brought to a future meeting.

Members were advised that a number of strands were being reviewed, a Multi-disciplinary group had been established across sectors to consider the availability of Community Mental Health Services and acute pathways, the group would meet fortnightly to progress actions with relevant attendees at each meeting.

Priority areas included documentation and record keeping, sharing of information, the acute care pathway and Out of Hours provision. Previous reviews and recommendations were being considered along with the progress made in previous years. There was also consideration being given to learning disabilities as there was not a current clinical service along with cross over work with the recommendations from the children's inspection report.

The Chair welcomed the verbal update provided as this had been an area of concern for a substantial length of time, the Multi-disciplinary approach was noted as being especially useful in moving forward this work.

D Drever also welcomed the update around work being undertaken, he noted that previous reviews had been fragmented and this gave assurance around progress, he questioned where third sector representation would occur,

The Interim Director of Nursing advised that the Multi-disciplinary group would have Third Sector representation, how this would be best provided was still being considered.

R King also welcomed this from an Integration Joint Board perspective, there had been concerns emerging around the requirement for a clinical lead along with the educational element of supporting young people as part of this journey.

## Decision / Conclusion

The committee noted the update and welcomed a paper at a future meeting.

## Social Work and Social Care

### 322 Children Protection Improvement Plan Register - CCGC2021-12

The Chief Social Work Officer presented the report advising that the improvement plan followed from the inspection report and was broken down by area, the most recent updates were included in the paper but this was an ongoing process with fortnightly updates being included. She highlighted the following:

- A file audit had been completed and initial verbal feedback had been positive.
- Development of a suite of procedures and policy guidance continued with a focus on child protection guidance and in collaboration with Scottish Government colleagues.
- The Lead Nurse post had been advertised and interviews were to proceed.
- Work continued with education to improve partnerships, the group were working with action for children to take this forward.
- National initiatives around young people reported missing were progressing, these were in the early stages and would be implemented within Orkney when finalised.
- Responsibilities as Corporate Parents were being reviewed through a partnership approach.

R King noted that the format of the reporting had been amended and now felt unwieldy and difficult to understand, she proposed a RAG status report with timelines to make the documentation clearer and linked to the overarching recommendations, for consistency and continuity.

S Sankey supported this, noting that all actions should be combined into one document. He noted that leadership was not highly mentioned in the report and there was no mention of the chief officer's group, assurance at a strategic level needed to be explored in more detail.

It was agreed that the reporting would be streamlined, the report and action plan had both been attached for information but time would be spent reviewing the format and links to the overall partnership plan.

D Drever welcomed the work and progress being made but raised concerns that he was unable to take full reassurance due to the presentation and difficulty ascertaining the

priorities. He welcomed the opportunity to feed into a wider development session around this work to give it the time and discussion it deserved and take forward the key priority areas.

M McEwen noted the need to consider the actual differences the changes made to vulnerable and looked after children in the community and also welcomed a further seminar to address this more fully.

The Chief Social Work Officer responded on the version control issues noting that all updates were made through the change management team and recorded in one plan which was an evolving working document.

The Chief Quality Officer noted that there should be an evaluative framework considering the how the differences would be measured for a child, it was recognised that this was a requirement and an area that would be reviewed once the foundations were in place.

### **Decision / Conclusion**

The Committee noted the plan issued but welcomed the report in another format to gain assurance and welcomed a further development session to discuss this in more detail.

#### **323 Children's Services Inspection Progress Update - CCGC2021-13**

The Interim Director of Nursing presented the report noting that the detailed Healthcare Improvement Plan had been created, it was dynamic and referenced the overall partnership plan. The plan and processes would support the improvements required to bring Children's services to the required standard to protect and improve the lives of children and young people in Orkney.

The multidisciplinary group continued to meet weekly to progress and monitor the plan, this would move to fortnightly in the near future.

### **Decision / Conclusion**

The Committee took assurance from the progress made and welcomed further updates at future meetings.

#### **324 Emerging Issues**

No emerging issues were noted

#### **325 Annual Committee Review - CCGC2021-14**

This item was deferred.

#### **326 Clinical and Care Governance Committee Annual Report - CCGC2021-15**

This item was deferred.

#### **327 Any other competent business**

Inspections

Members were made aware that Healthcare Improvement Scotland were restarting the healthcare environment, older peoples and acute care inspections.

**328 Agree items to be brought to Board or Governance Committees attention**

It was agreed that the following issues would be highlighted to the Board through the Chair's Report:

- Recovery plan
- Children's services inspection plan

## Not Protectively Marked

<p><b>NHS Orkney Board – 16 July 2020</b></p> <p><b>Report number: OHB2021-39</b></p> <p><b>This report is for noting</b></p> <p><b>Area Clinical Forum Chair's Report</b></p>	
<b>Author</b>	Steven Johnston, Chair Area Clinical Forum
<b>Action Required</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <u>Note</u> the report and <u>seek assurance</u> on performance</li> </ol>
<b>Key Points</b>	<p>This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 30 June 2020 and it was agreed that these should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> <li>• Technology Enabled care and C Cube – update from development session</li> <li>• Amendment to the Terms of Reference</li> </ul>
<b>Timing</b>	The Area Clinical Forum highlights key issues to the Board following each meeting.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.
<b>Benefit to Patients</b>	Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.

<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.
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## **Not Protectively Marked**

**NHS Orkney Board – 16 July 2020**

## **Area Clinical Forum Chair's Report**

**Steven Johnston, Area Clinical Forum Chair**

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### **Section 1 Purpose**

The purpose of this paper is to provide the minute of the meeting of the Area Clinical Forum and to highlight the key items for noting from the discussions held.

### **Section 2 Recommendations**

The Board is asked to:

1. Review the report and note the issues raised.

### **Section 3 Background**

This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 30 June 2020 and it was agreed that these should be reported to the NHS Orkney Board.

### **Section 4 Issues Raised**

#### **Development session update – Technology Enabled Care and C Cube**

Members noted the update from the Development Session held on the 3 March 2020 around Technology enabled care and C-cube, members had received a presentation from D Crohn, Head of Digital Transformation and IT.

The outcome from the session is attached for reference.

#### **Amendment to the Terms of Reference**

The Area Clinical Forum Terms of Reference had been updated and presented for approval, the main changes related to the addition of representation from the GP Sub and Hospital Sub Committees to ensure a wide range of representation in light of the current lack of a functioning Area Medical Committee.

Other minor amendments had been made in line with other committees of the Board. The amendments to the Terms of Reference were approved.



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## Appendices

- Outcome from Development Session 3 March 2020
- Approved minute from the Area Clinical Forum meeting held on 2 June 2020

## Area Clinical Forum

*'The primary purpose of the ACF is to distil the work of the Advisory committees and to be a conduit of information and opinions between the clinical community and the Board.'*



### Summary of the joint Area Clinical Forum Development Session held Tuesday 3<sup>rd</sup> March 2020

#### Technology Enabled Care and C-cube

<b>Present:</b>	<i>Steven Johnston</i>	<i>ACF Chair</i>
	<i>Rona Harcus</i>	<i>OT and PEL</i>
	<i>Sarah Smith</i>	<i>PT (neuro)</i>
	<i>Katrina Kelday</i>	<i>Clinical Admin</i>
	<i>Kelly Reid</i>	<i>Clinical Admin</i>
	<i>Ryan McLaughlin</i>	<i>eHealth Facilitator</i>
	<i>Debs Crohn</i>	<i>Head of Digital Transformation and IT</i>
	<i>Amanda Manson</i>	<i>Cardiac Nurse</i>
	<i>Judy Sinclair</i>	<i>EIC Lead Nurse</i>
	<i>Michelle Mackie</i>	<i>Lead Midwife</i>
	<i>Nigel Pendrey</i>	<i>Senior Dental Officer/Chair ADC</i>
	<i>Kate Smith</i>	<i>Radiographer/Chair TRADAC</i>
	<i>Roelf Dijkhuizen</i>	<i>Clinical Quality Advisor</i>
	<i>Dexter Kambarami</i>	<i>CAMHS</i>

#### Technology Enable Care

The session opened with the following presentation from Debs Crohn, Head of Digital Transformation and IT:

<https://spark.adobe.com/page/e1opaGzMnG00m/>

A summary of recent developments was provided and discussion around a shift in focus in eHealth towards how we work with our partners including across social care. Feedback on the strategy is sought, setting out the roadmap for the next 3 years. The priorities need to be set and feedback from clinicians is sought. The move to new hospital and healthcare facility has consumed significant resource and there now needs to be a review of the infrastructure and a review of the Service Level Agreement (contract) of services hosted by NHS Grampian, with hope for some repatriation.

The vision still stands: *"To enable, connect and empower people to use technology to reshape and improve services which support person-centred care and improve outcomes"*

To build resilience there needs to be appropriate support for clinicians in the IT dept.

Some of the priorities for the year 2020/21 were laid out:

- Office 365 – Web-based applications which can be accessed anywhere on a variety of devices and has to be implemented by September 2020. Microsoft Teams is a component of O365 which provides an innovative means of conducting business including a space to hold meetings, blog-style discussions, a document repository,
- Hospital Electronic Prescribing Medicines Administration (HEPMA) – seeking clinical volunteers for the roll out
- Primary Care – re-provisioning of IT equipment and establishing a single system across all of the GP practices in Orkney, in conjunction with GP sub. It is essential for this system capability to interact with other systems in addition to Order Comms capability.
- Outpatient appointments – options are being considered including those which give the citizen (patient) more access and choice in addition to appointment reminders. In addition, further roll out of Near Me (*Attend Anywhere*) is being prioritised to reduce the need for face to face consultations. There has been use of this in Health and Social care in Hoy and piloted in heath in Sanday.
- Community Electronic Patient Record – This item stimulated a significant amount of discussion. Community nursing are still paper based which leads to inefficiencies, clinical risk and a significant proportion of clinical time spent on administrative tasks. There was great enthusiasm towards the potential use of MORSE, an electronic patient record system which can be used offline, has GPS capability offering protection for lone workers and links with other patient systems and calendars. Such a system could be applied to other areas which provide services in the community including CMHT, health visitors, AHP teams (e.g. S&LT).

A network of Digital Champions has been established to support staff with the many developments in technology enabled care. There is a desire to build skills within the workforce.

### **C-Cube**

Ryan McLaughlin, eHealth Facilitator gave a brief outline of c-cube, highlighting that it is not designed to be a live case management system and the issues with it are well known. There are risks with continuing use of paper. However, during a recent session with the developers there were 2 positive developments:

1. The addition of Optical Character Recognition which will allow for the easy identification of specific types of document (such as Operation note or Kardex).
2. A fix for error messages which lead to frustrating crashes and sign-outs

There was discussion around the amount of duplication of paperwork which is sent to different places where ideally there should be a single system to record the information and this is then communicated to wherever necessary.

There have been concerns about not being able to access information, either because it is difficult to find or because it has pending scanning and this poses a clinical risk and child protection concerns have also been raised. Scanning time has been reduced and currently down to just one day.

The medical records team are in the process of creating a catalogue to help guide users on the location of the various forms which are scanned in. Once complete this can be shared with staff.

## Risks and opportunities

Debs Crohn then outlined some of the perceived risks and opportunities.

- **Risks**
  - Lack of skills, experience and knowledge within the workforce
  - Lack of staffing resources to deliver priorities identified in the TEC strategy
  - Functionality of Trak as a Community Electronic Patient Record
  - Information is currently stored in different systems
- **Opportunities**
  - Review Service Level Agreement with Grampian
  - Redesign IT Service Desk
  - Work with business to streamline processes across Health and Social Care
  - Consultation with service managers on refreshed TEC strategy
  - Workforce development - mentoring scheme for Digital Champions
  - National recognition for the work NHSO with Digital Champions

## Group Discussion

A group discussion was then held to outline the priorities, challenges and support needed to allow the change to happen.

- **Priorities**
  - Community EPR
    - Due to themes which cut across to other areas
      - Freeing up clinical time
      - Joined up systems between disciplines/agencies
      - Stop generating paper
      - Stop duplication of process
      - Allow necessary data to be collected easily
  - Bring existing systems up to full capacity/capability
  - Stable IT which works consistently
  - Ensure there is the means to maintain any system and support users
  - It was acknowledged that there are pieces of work being driven by the deadlines being set at a national level such as O365, HEPMA, primary care etc.
- **Challenges**
  - Meeting and managing expectations
  - Financial constraints
  - National priorities/constraints
  - Setting the right priorities at the beginning and designing systems which fit rather than making the service fit around the IT system available.
  - Getting systems to work at other sites (not just The Balfour)
  - Support for staff in the form of IT training
- **Support to make the change happen**
  - Real time support for clinicians whilst seeing patients
  - Clinically led initiatives
  - Problems resolved in a timely fashion to avoid frustration and disengagement
  - Stable infrastructure
  - Good understanding of the needs of the service
  - Clear communication and effective means of dialogue

**Steven Johnston**

**Chair, Area Clinical Forum**

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Tuesday 2 June 2020 at 12.15pm.**

**Present:** Steven Johnston – ADC, Chair  
Nigel Pendrey – ADC, Secretary  
Helen Clouston – NAMAC  
Kirsty Cole, GP (GP Sub Group)  
Lindsey Kolthammer – TRADAC  
Kate Smith - TRADAC

**In Attendance:** Marthinus Roos, Medical Director  
Louise Wilson, Director of Public Health  
Heidi Walls (Committee Support)

## 9 Apologies

The Chair welcomed members to the Teams forum and noted the meeting focus was to review outstanding issues and discuss options for recovery and reset.

Apologies were received from Dawn Moody, Moira Flett and D McArthur

## 10 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

## 11 Minute of meeting held 4 February 2020

The minute from the meeting held on the 4 February 2020 was accepted as an accurate record of the meeting, and was approved on the motion N Pendrey and seconded by K Smith

### Minute of meeting held 1 May 2020

The minute from the meeting held on the 1 May 2020 was accepted as an accurate record of the meeting, subject to the amendments noted below and was approved on the motion of N Pendrey and seconded by H Clouston

- Page 4, second paragraph, first sentence amended to read 'J Fraser queried if a locum needs some assurance of income in the event of a positive test result.
- Page 4, fourth paragraph, third and final sentences amended to read 'The capacity of the NHSO laboratory to test needs to be considered and reassurance given that symptomatic staff would be prioritised ahead of asymptomatic individuals. Finally, clarity was required around coordinating testing out with Orkney.
- Page 4, fifth paragraph, first two sentences amended to read 'R Dijkhuizen responded that with continuing positivity of testing appropriate guidance will be followed and clarified that this proposal was not going against any existing guidelines but further measures *in addition* to guidelines were proposed. Individual staff members need to have an awareness of the risk they may carry.

12 **Matters Arising**111 ADC

The Chair highlighted the patient travel issues and it was agreed this should be added to the action log to ensure progression.

111 AMC

The Chair asked if there had been any progress with the proposal for the delegation of AMC business to the Hospital and GP sub committees. It was confirmed that a brief process to formalise this arrangement was needed and K Cole advised she was happy for this to be progressed as soon as possible. It was agreed guidance from the Corporate Services manager would be sought regarding the arrangements and the item would be added to the action log.

111 GP Sub Committee

K Cole advised members that the Primary Care Improvement Plan had been formally halted by Scottish Government in response to the COVID 19 pandemic, but confirmed that the committee had met formally for the first time last week. M Firth had attended and the reestablishment of some of the work streams was being explored and it was confirmed that B Wilson was undertaking a wider review of Mental Health. Initial steps with the establishment of a phlebotomy service had been taken as part of the Community Treatment and Care work stream.

113 Clinical Engagement Update

The importance of ensuring the work around clinical engagement was not lost as a result of the current circumstances was highlighted. It was agreed the introduction of the Teams forum had been a help and was a positive development which should be taken forward and would be added to the action log.

114 Clinical Strategy Update

L Wilson confirmed that work on the Clinical Strategy had paused and also advised members that things had moved on and changes would be needed to be made. It was also noted that the new Chief Executive would be considering his vision of the direction to be taken.

M Roos confirmed that the work completed so far was already outdated as COVID 19 had changed so many things, but especially how patients were managed. He advised that now was not the time to consider a revamp as the impacts of COVID 19 were ongoing and a second wave remained a possibility. He also noted that strategic work such as the discussions around reset and recover was happening now but an update to the long term strategy was on hold.

The chair highlighted the importance of some of the priorities set in the first version of the strategy and was not sure how they would be reset. To ensure they would be included going forward it was agreed the item would be added to the action log.

It was agreed that there were no items arising from the minute of the meeting held on Friday 1 May as it had been a one item agenda. It was confirmed that the outcome of the meeting had been noted at both the Clinical and Care Governance Committee and Board and the principle

## 7.4.2

for testing had been approved and implemented. The subsequent detailed protocol had been widely reviewed and had been submitted for inclusion at the next Clinical and Care Governance Committee and Staff Governance Committee.

### 13 **Area Clinical Forum Action Log/ Recurring Agenda Items for Area Clinical Forum**

The Action Log was reviewed and corrective action agreed on outstanding issues (see action log for details).

#### 04 – 19/20 Outpatient Rooms

The chair asked if there had been any discussions regarding this issue and L Kolthammer advised that they had started, but she was unsure of the outcome. She also noted the challenges presented by the physical distancing requirements as there was not enough space for all disciplines to restart and comply. Various options and prioritisations were being discussed.

K Cole was pleased to note the item on the agenda as, pre COVID 19, the GP practices based within the Balfour site had been approached by secondary care colleagues asking if rooms could be borrowed as they didn't know how to access outpatient facilities.

She also noted that although not directly affected similar issues regarding the appropriate number of patients in clinical and waiting areas had been experienced.

M Roos noted that issues such as patient numbers, appointment frequency, physical versus virtual review and cleaning requirements would all take some time to resolve. He noted that whilst currently we were not in sustained transmission the future was unknown. He also highlighted the implications of the health debt that was being created by the current restrictions and that it would need to be addressed going forward.

It was noted that the Mental Health team had moved out to the old Heilendi building and might provide some relief.

The chair noted that this issue would be added to the agenda for the next meeting on 30 June 2020.

#### 07 – 19/20 Symptom control in the Last Day of Life: Adult Guidelines

It was confirmed that S Tomison had met with D McArthur to discuss concerns regarding the document, but not J Fee. It had been suggested that the issues raised would be fed back to J Fee so that changes could be made, but it was noted that if changes were to be made it would need to be resubmitted for approval.

K Cole confirmed that if changes had been made which would have an impact for doctors then it would need to go back to the GP Sub Committee.

The Chair highlighted the importance of addressing the issues with the document, particularly as it related to end of life care. H Clouston agreed to take it forward.

It was agreed that the more general issue of the dissemination of guidelines and protocols should remain on the agenda and the Chair confirmed it was an issue that ACF Chairs' Group had been asked to assist with nationally prior to COVID 19.

### Governance

#### 14 **Covid-19 Incident Management – Resetting, Recovering and Renewing**

The Chair noted the paper which had been presented at Board and outlined the COVID 19 command structure and the future arrangements for post COVID 19 reset, recover and renew.

L Wilson noted that there were a number of national pieces of work regarding this programme and highlighted the importance of ACF involvement in some of the work streams.

K Cole noted that she couldn't see any reference to a care home sub group and M Roos advised it had probably come online after the paper was written. L Wilson confirmed that the executive demands of the care home group meant it would report to Clinical and Care Governance Committee and Board.

K Smith asked about the membership of the groups and how the groups related to day to day work. L Wilson advised that the groups had been set up to manage identified risks and each of these had been passed on to the leads of the appropriate governance committee.

The Chair suggested that it was within the gift of the ACF to request sight of approved minutes of any new committee but confirmed he would seek further clarify and report back.

### Covid-19

#### 15 **Access to appropriate Personal Protective Equipment (PPE)**

The Chair clarified that the paper presented had come from NHS Lothian and had been raised at the ACF chairs group. He advised members that on receipt of the information he had contacted S Walls who confirmed that NHSO had received some of this stock, but it had been quarantined based on this information.

K Cole advised members that this type of mask had been sent to GP practices unless it had subsequently been removed, but also highlighted that there were currently two separate Primary and Secondary Care PPE supply chains so would raise this issue at the next PPE Group meeting on Thursday.

The Chair advised members that any concerns regarding the quality or quantity of PPE could be escalated through the ACF forum.

*Post meeting note: Email circulated to primary care to ensure any supply of these masks was returned and that they should not be used.*

*M Roos left the meeting*

### Professional Advisory Committee Updates

#### 16 **Advisory Committee Reports**

##### **ADC**

N Pendrey confirmed that the ADC had not met since February 2020 and that only emergency treatment in accordance with government guidelines was currently being provided. It was noted that use of the Teams forum may be a challenge for some, but would be explored as an option for meetings going forward.



*K Smith left the meeting*

### **AMC**

It was noted that an update had been provided under matters arising.

### **APC**

There was no update available for this item

### **GP Sub Committee**

In addition to the update provided earlier under matters arising, it was noted that there had been some informal meetings during the peak of the pandemic, but there were no items for formal escalation to ACF. K Cole confirmed that most current conversations regarded the impact of remobilisation plans in the Balfour and Primary Care Improvement Plan work.

### **Hospital Sub Committee**

There was no update available for this item

### **NAMAC**

It was noted that there had been no meetings since February 2020 but plans for a restart were being made.

### **TRADAC**

It was noted that the last meeting, on the 27 February had been a development session and the next meeting via Teams was scheduled for 11 June 2020

The chair confirmed until there was a return to normal business, shorter monthly ACF meetings would be held via Teams. There was discussion around access to Teams for clinical staff in order to resume the business of the professional advisory committees.

*Post meeting note: The Chair confirmed that independent dental colleagues will have access to Teams so virtual meetings possible. With regards to all advisory committees and access to a laptop or PC with webcam being difficult for some clinicians, it should be noted that physical meetings should still be discouraged wherever possible. MS Teams is accessible via personal smartphone or tablet devices and free WiFi is available throughout The Balfour. Technology is being introduced across NHSO sites to allow access to NearMe (Attend Anywhere) which will also lead to better access to Teams.*

### **For information and noting**

#### **17 Key legislation issued**

Members noted the key legislation issued since the last meeting

K Cole noted some COVID 19 Adults with Incapacity guidance which she couldn't see in the list but she thought would be useful for secondary care colleagues. She agreed to send the link to E West for onward distribution to the Hospital Sub Committee.

#### **18 Correspondence**

No correspondence had been received.

### 19 **Agree any items for onward reporting:**

It was agreed that the following items would be reported to:

Clinical and Care Governance Committee

- The Chair confirmed he would provide a verbal ACF update to the Clinical and Care Committee which was due to meet in a couple of days and would highlight the planned restart of advisory groups.

The Board

- Confirm that the ACF was meeting again and that there were plans to restart the advisory groups meetings
- Highlight that the ACF were keen to engage and help drive the shaping of plans to reset, recover and renew which would in time include a refresh of the draft Clinical Strategy.

### 20 **Any other competent business**

#### Command Structure

K Cole highlighted that since the initial stand down of the COVID 19 command structure there had been a concern that a gap had been created and the outcome of discussions had been the establishment of a new group called, The Whole System Recovery Group. She confirmed that the membership of the group reflected that of the stood down silver command, but noted that there was no direct ACF representation, although both K Cole and J Fraser attended in their GP Sub and Hospital Sub Committee roles.

The Chair confirmed he was unaware of this development and noted the ongoing duplication challenge faced by the ACF when similar groups were established.

L Wilson explained that the health board had been required to submit a remobilisation plan and she believed this group had been established to lead its delivery. She advised that there was a much broader remit to be addressed and described how she thought there would be space for both groups to run in parallel.

The Chair noted that meeting structures often presented a barrier to the timely implementation of required actions, but was optimistic that the introduction of the Teams forum would offer opportunities to overcome this going forward.

#### Technology Enabled Care

The Chair sought feedback from members regarding the corporate communications regarding Technology Enable Care, the pending transfer to Office 365 and the data and email cleansing requirements as D Crohn was concerned that the message had not reached clinicians.

It was highlighted that although some were aware, the message had not been widely received. It was also noted that whilst initially very helpful, there was now an element of newsletter fatigue and if important messages were being missed it was essential that alternative

## 7.4.2

engagement mechanisms were sought.

K Cole highlighted that whilst Skerryvore and Heilendi practices were based on the Balfour site they operated via a hosted site so IT issues were often more complicated. She noted that this also meant they did not have G drive access so was not sure if they would be included in the Office 365 rollout.

The Chair advised that there had been work to scope the implications of the move to Office 365 and thought that all those affected would have been approached. K Cole confirmed she would seek clarity.

### 21 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

### 22 **Record of Attendance**

Members noted the record of attendance.

### 23 **Committee Evaluation**

The Chair reviewed the first meeting via Teams and felt it was a more successful forum than any of the VC dial in options used previously

## Not Protectively Marked

<b>NHS Orkney Board – 16 July 2020</b>  <b>Report Number: OHB2021-40</b>  <b>This report is for approval</b>  <b>Patient Feedback Annual Report – 2019/20</b>	
<b>SMT Lead Author</b>	Christina Bichan, Chief Quality Officer Julie Tait, Patient Experience Officer
<b>Action Required</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• <u>Approve</u> for submission to the Scottish Government by the 30 September 2020</li> </ul>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• The number of complaints received has decreased in the second year since the introduction of the new Complaints Handling Procedure.</li> <li>• During the year we have received and handled 73 Early Resolution Complaints and 46 Investigation Complaints.</li> <li>• Two complaints received at Early Resolution stage went on to be escalated to Investigation Stage.</li> <li>• 89% of Early Resolution complaints have been responded to within the 5day timescales.</li> <li>• 39% of Investigation complaints were responded to within 20 days.</li> <li>• Waiting times and the quality and experience of clinical care have been the main themes this year.</li> <li>• The majority of complaints were recorded within Acute Services.</li> <li>• There has been an increase in patients contacting their MSP to make a complaint on their behalf.</li> <li>• Staff uptake of Complaints and Feedback training modules continues to be positive.</li> </ul>
<b>Timing</b>	To be considered at the July 2020 meeting.

<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	<p>This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety, with the person at the centre of all decisions.</p>
<b>Benefit to Patients</b>	<p>Patients generally provide feedback because something has gone wrong, they want to share their experience or they wish to complement our services. Feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are providing safe, effective and person-centred care which is informed by the experience of those who use our services.</p>
<b>Equality and Diversity</b>	<p>EQIA - N/A</p> <p>NHS Orkney operates a Complaints Handling Procedure which is accessible and participative for any patient, family member or service user.</p>



# **Patient Feedback Annual Report**

## **2019-2020**

## Foreword

The 2019-20 Patient Feedback Annual Report details how NHS Orkney has received, responded to and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person centred care approach focussed on:

- respect and holism
- power and empowerment
- choice and autonomy
- empathy and compassion

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff to help us continue to learn and improve thus providing the best possible health care to the population of Orkney.

2019/20 has been an exciting and challenging year with the move to our new hospital and healthcare facility, The Balfour in June 2019 and the Covid-19 pandemic in early 2020. The move to the new facility offered an exciting opportunity for engagement and we have sought to gather and learn from public feedback in these early months. Throughout the move and in meeting the challenges posed by Covid-19 staff have worked tirelessly to ensure services remain person centred whilst at the same time responding to significant changes throughout the year. Although there has been an overall increase in the number of complaints received this year, performance in addressing these complaints in a timely manner has improved and the majority have been addressed at stage 1 which is a positive indicator that our staff and services have remained focussed on providing high quality care that has the patient, their families and carers at the heart during this time of significant change.

*Christina Bichan*  
**Chief Quality Officer**  
**NHS Orkney**

## Section 1

### Encouraging and Gathering Feedback

- 1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.
- 1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:
- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us;
  - Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
  - Feedback Leaflets are available throughout our health care locations which can be posted in Comments Boxes located in various departments and services or posted using our freepost address.
  - Since moving into our new hospital and healthcare facility, the Balfour, we introduced welcome boards at the entrances to all our wards and areas. These include a comments box and space for information sharing. We are very encouraged by the number of patients who have used this facility since the Balfour opened its doors in June 2019.





## 8.1

- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We also post regularly on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.
- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool. We have also used Survey Monkey to ask our patients about their experience at our Central Reception and to gather feedback on future plans to invite patients to hospital appointments via text or email.
- Our Young Volunteers have continued to gather feedback as part of our ongoing Real-time Inpatient Feedback project.

- 1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.
- 1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is available throughout our hospital and healthcare services. A link is available in the information we provide to patients during the initial complaint stages and also on our website.
- 1.6 We encourage our patients to talk to us by ensuring our staff are aware of the various methods of leaving feedback. We have provided posters, leaflets, "Can I Help You" guidance and information on Patient Opinion and PASS to our GP Practices, Dental Practices, Senior Management Team, Service Managers and Senior Charge Nurses.

### 1.8 **Complaint process experience**

Regrettably, evaluation of the Complaint process experience in 2019/20 has not been completed in time to inform this annual report. Each year short surveys are sent out to a random selection of complainants at year end however due to the Covid-19 pandemic this has not yet been undertaken.

This process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, particularly when the response is not their expected outcome.

## Section 2

### Encouraging and Handling Complaints

#### 2.1 Hospital and Community Services:

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position.

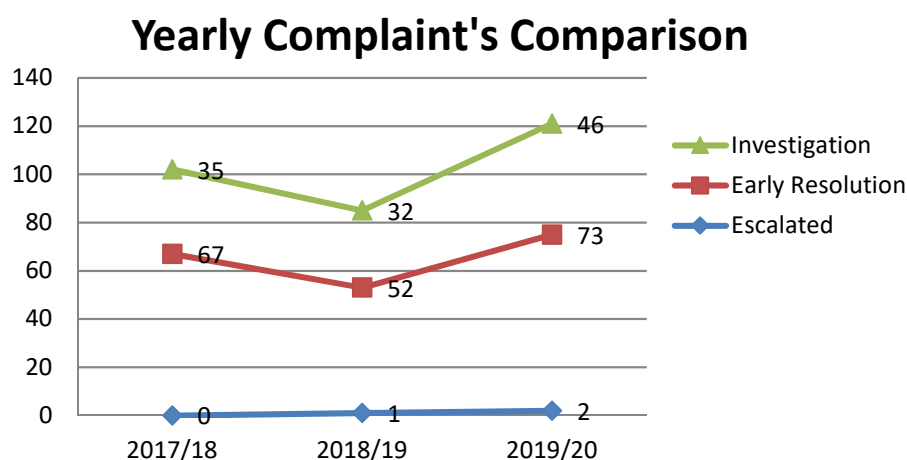
##### 2.1.1 Early Resolution and Investigation Complaints

Total Number of Complaints	Total
Number of Complaints Received	122

Number of Complaints Closed at Each Stage	Total	As a %
Number of Early Resolution Complaints Closed	73	100%
Number of Investigation Complaints Closed	46	100%
Number of Escalated Investigation Complaints	2	100%

\*1 complaint was withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow.

The following chart shows comparisons between our complaints over the last three years. There has been a 42.35% increase in complaints in 2019/20.



In the year previously, 2018-19, we investigated 52 Early Resolution complaints, one Escalated stage complaint and 32 Investigation Stage complaints, 85 in total. In 2019/20, this total is 121.

We improved our investigation process during 2017-18 in an attempt to offer reassurance to complainants that their complaint has been investigated and reviewed robustly. Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

### 2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

#### Early Resolution complaints

	Number	As a % of all complaints closed at stage one
Number of complaints upheld at stage one	29	40%
Number of complaints not upheld at stage one	24	33%
Number of complaints partially upheld at stage one	20	27%
<b>Total stage one complaints outcomes</b>	<b>73</b>	<b>100%</b>

#### Investigation complaints

	Number	As a % of all complaints closed at stage two
<b>Non-escalated complaints</b>		
Number of non-escalated complaints upheld at stage two	19	41%
Number of non-escalated complaints not upheld at stage two	12	26%
Number of non-escalated complaints partially upheld at stage two	15	33%
<b>Total stage two, non-escalated complaints outcomes</b>	<b>46</b>	<b>100%</b>

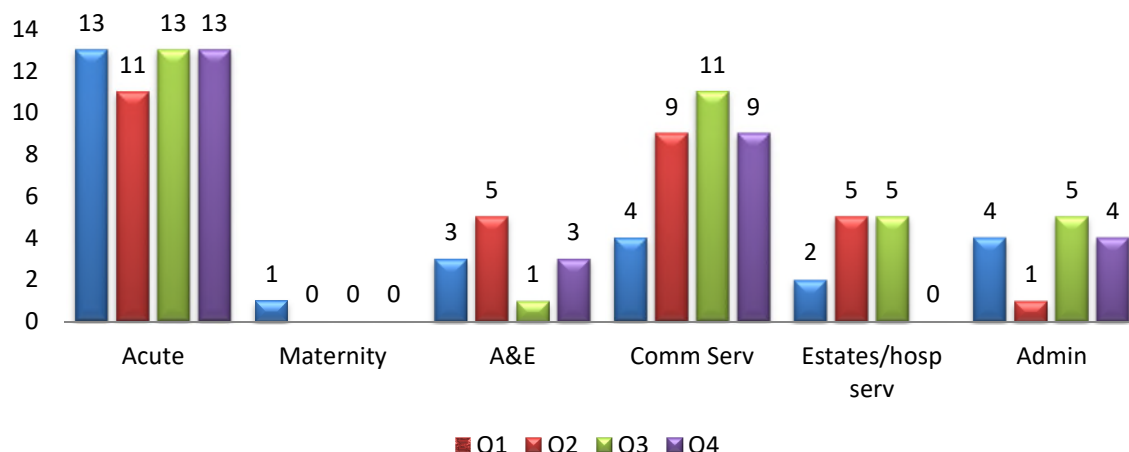
#### Escalated complaints

	Number	As a % of all escalated complaints closed at stage two
<b>Escalated complaints</b>		
Number of escalated complaints upheld at stage two	1	50%
Number of escalated complaints not upheld at stage two	0	-
Number of escalated complaints partially upheld at stage two	1	50%
<b>Total stage two escalated complaints outcomes</b>	<b>2</b>	<b>100%</b>

### 2.1.3 Service Areas:

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

### Complaints by Service Area



### 2.1.4 Response Times:

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report on the following information as one of the key performance indicators of the CHP.

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one within 5 working days.	65	89%
Number of non-escalated complaints closed at stage two within 20 working days	1	50%
Number of escalated complaints closed at stage two within 20 working days	18	39%
<b>Total number of complaints closed within timescales</b>	<b>84</b>	<b>69%</b>

The 39% response rate to Stage 2 complaints is disappointing but is a slight improvement on the 36% of last year. In line with the direction of the Clinical and Care Governance Committee, investigation quality has been the primary concern. Additionally a number of the complaints were subject to delays due to staff focus being redirected to planning and support for services in managing the Covid-19 Pandemic. The 89% response rate to Stage 1 complaints is an increase in 12% from last year and evidence that staff handling these complaints respond quickly and efficiently. Stage 1 complaints are the most

effective way to respond to complaints for our patients. A quick reply from the staff involved has the best outcome for all involved.

### 2.1.5 Trends and Emerging Themes:

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. However, waiting times and care experience make up a number of the Early Resolution complaints whilst communication, clinical care quality and experience are identified as the main themes within Investigation complaints.

### 2.1.6 Alternative Dispute Resolution:

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

## 2.2 Family Health Services (not including salaried GPs/Dentists):

<b>NHS Board Managed Primary Care services;</b>	
General Practitioner	<b>7</b>
Dental	<b>1</b>
Ophthalmic	<b>n/a</b>
Pharmacy	<b>0</b>
<b>Independent Contractors - Primary Care services;</b>	
General Practitioner	<b>13</b>
Dental	<b>4</b> *Q4 figs only – no return received for Q1/Q2/Q3
Ophthalmic	<b>1</b>
Pharmacy	<b>1</b>
<b>Total of Primary Care Services complaints</b>	<b>27</b>

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 8 complaints were made during the year relating to this service which accounts for 30% of Family Health Services complaints.

### 2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 23 complaints or concerns had been received, compared to 33 from 2018-19. Complaints relate mostly to clinical care whilst waiting times was the main theme in the previous year.

### 2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1<sup>st</sup> April 201 – 31<sup>st</sup> March 2020, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Payment for emergency medical treatment for EU nationals.	Advice provided regarding individual cases, personal insurance, payment of NI contribution and EHIC card requirements.
Waiting time for orthopaedic inpatient appointment.	Investigation showed patient had unacceptable delay. Every effort made to attempt to rectify situation to allow for satisfactory outcome for patient. Appointment arranged at earliest opportunity.
Lack of Psychiatry support	Advised that discussion had been taking place and Locum cover had been secured for providing a number of months cover.

### 2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

During the year 2019/20, PASS provided advice and support to 43 clients who made a complaint, raised a concern or an enquiry about the NHS. This is slight increase from last year when the number of clients utilising this service to seek support on making a complaint or raising a concern were 35.

### 2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2019/20, the Ombudsman independently investigated two complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure. Three complaints were investigated by the SPSO in the previous year.

## 8.1

SPSO have advised they felt further investigation of one complaint was not proportionate and did not uphold the concerns raised. The second case currently remains open at the investigation stage.

Complaint	Outcome	SPSO Recommendation and Action Taken
Clinical care, staff attitude, miscommunication issues and lack of follow up in relation to hospital admission	Not proportionate for further investigation.	N/A
Unreasonable delay in treating injuries and not identifying an injury.	Under Investigation	

### 2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:

Thank you for providing the care my Mum needed not only last month but also in her other scheduled and unscheduled visits. It was a great comfort to me that you could find a room for her, make her as comfortable as possible, and that I could stay with her to the end.

Good evening!  
I just want to thank all the nurses and doctor very much for their help and care! I twisted my ankle while I was on holiday in Orkney....  
...I am very grateful and relieved that the accident went so smoothly and I was able to continue my journey. A huge thank you to everyone!

You are all simply amazing at your jobs & felt in such Good hands. \*

Please pass on my sincerest thanks to all of the staff on the ward and in AGE who treated me and helped to keep me reassured, fed and watered during my stay.

## Section 3

### The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

#### *Our patients can expect*

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

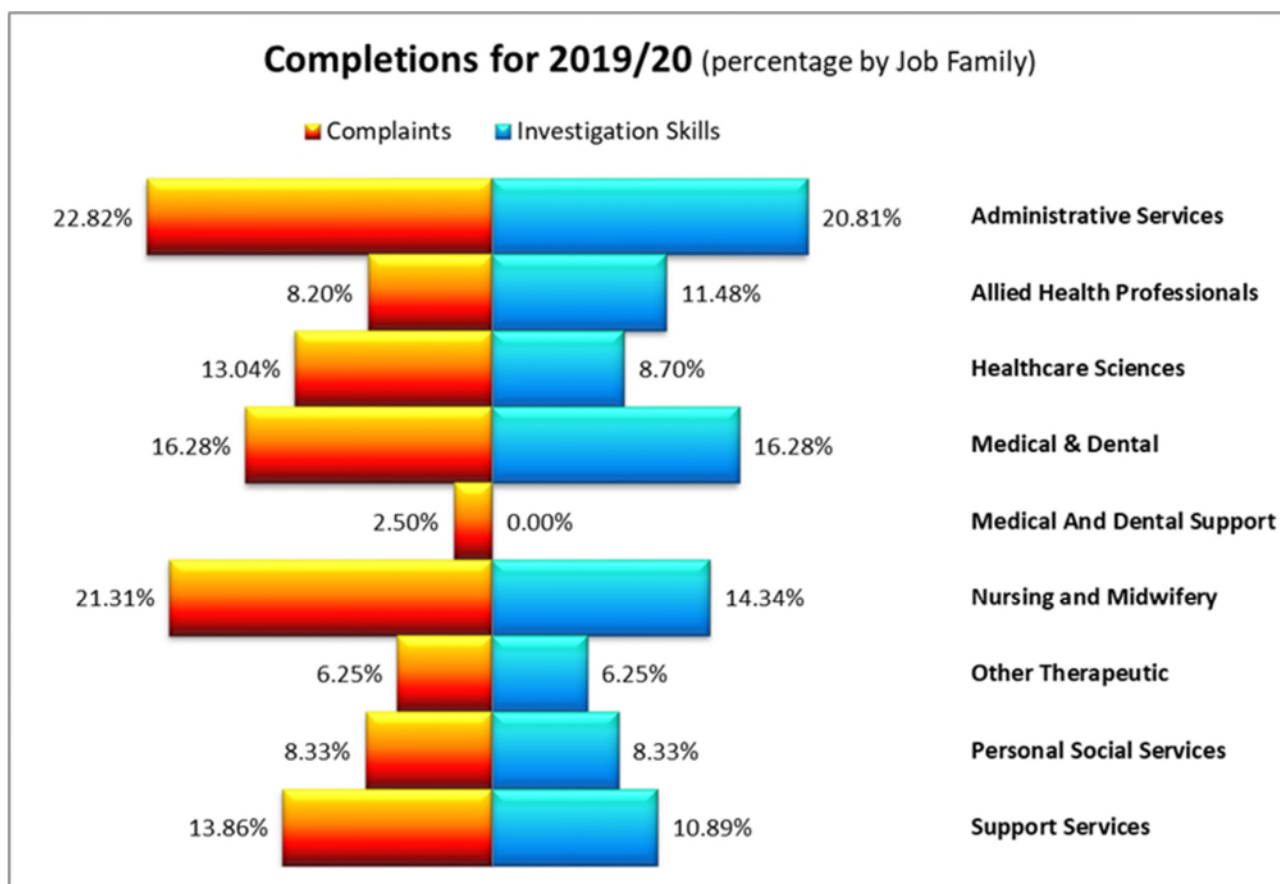
#### *We also make a commitment to our staff and what they can expect:*

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

- 3.1 In practice we are using i-matter to further improve engagement with staff across our services and are building capacity and capability in the use of improvement methodology to ensure we are able to act on the feedback we receive and make measurable improvements in the quality of care provided.
- 3.2 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.
- 3.3 NHS Orkney's Staff Conference in November 2019 focussed on *Dignity at Work* and included sessions from Andrew Moore, Head of Excellence in Care at Health Improvement Scotland on "Learning from Patient Experiences". Other sessions included "Courageous and Compassionate Conversations" and "Realistic Medicine". Staff were encouraged to attend these events as part of their ongoing professional development.
- 3.4 NHS Orkney offered staff the opportunity to undertake a local *Customer Service Training* course at the local college. This was aimed at frontline administration staff who are often the staff who come into contact with our patients before any clinician.
- 3.5 In November 2019, health and social care staff attended "Strength-Based (Good) Conversations" Workshops facilitated under the Community Led Support initiative.
- 3.6 NHS Orkney staff continue to access the e-learning Complaints and Feedback and Investigation Skills modules. We believe this shows a commitment by staff to ensure they are able to acknowledge, address and respond to complaints and concerns raised by our patients.



Completion Rates for current staff are as follows –



## Section 4

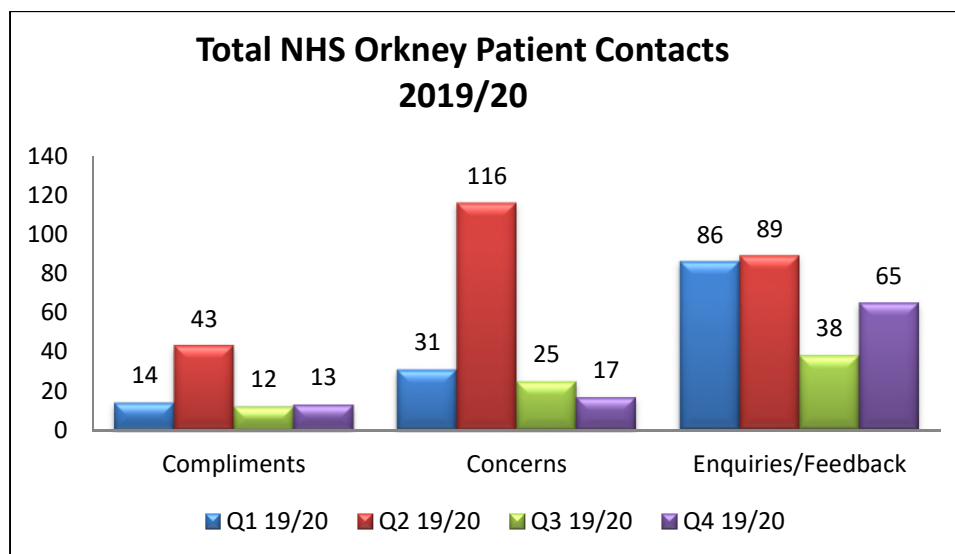
### Improvements to Services

- 4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.
- 4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patient's family member was not able to be with patient during time in A&E.	Communication issue between reception and nursing staff resulted in a misunderstanding.	Training issues identified and progressed.
Dermatology waiting time for an appointment.	Patient had not been given an appointment within the agreed review timescale.	Appointment arranged as soon as possible. Dermatology services are now provided by an alternative Health Board to ensure more access for Orkney patients.
Patient attended for surgical procedure which could not take place as equipment was not available.	Equipment was not checked prior to procedure and on day of admission was found to be out of date.	New process now in place for ordering this par
Family not informed of discharge of family member to local care home.	All other arrangements for discharge were carried out however, call to family was overlooked.	Staff reminded at morning huddle and complaint reviewed as part of ongoing discharge process improvements.
Patient checked in for outpatient appointment and waited in waiting room for 40 minutes before being told clinician was off sick.	Clinician had called in sick previous evening and unfortunately staff had been unable to contact patient. Appointments not cancelled on electronic system.	Review of process for short-notice cancelling of appointments to ensure main reception staff are aware that clinic is not going ahead.

- 4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality and Safety Group. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.

The spike in feedback during Q2 was due to the move to the new hospital when patients, staff and visitors were encouraged to share their experiences and feedback with us.



Some examples of where this has taken place are:

We received a substantial amount of feedback from patients regarding following the transfer of hospital services to The Balfour healthcare facility.	All feedback was considered, where appropriate responded to and again, when appropriate, action taken.
A number of enquiries from visitors to the islands requesting information on available medical services relevant to particular conditions. This was similar to enquiries made by people intending to move to Orkney.	Advice and signposting to services
Requests for access to various services including mental health support, travel information, audiology and orthopaedics.	Advice and signposting to services
A number of requests for access to medical records, patient information and clinical documentation have been received since the introduction of GDPR.	We have staff in place to deal with this type of request and all patients are referred to this service.
Following the outbreak of coronavirus, we were inundated with offers of help and support from the people of Orkney. This ranged from offers of volunteers to cake, facemasks and hand gel.	All correspondence was signposted or responded to.

- 4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.

- 4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

## Section 5

### Accountability and Governance

- 5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report which is submitted to the Clinical and Care Governance Committee. Complaints reports are also shared with Quality & Safety Group.

Non-Executive Directors who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality and Safety Group are reported to the Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Patient Feedback Quarterly Reports/Complaints Performance Report and an Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Clinical Quality Improvement Advisor, Chief Quality Officer, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing and AHP's before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

## Section 6

### Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

## 6.1 Blether's

In December 2019, we supported the introduction of "Blether"s – a place for the Orkney community to come along for a friendly and confidential blether with professional advisors from a range of organisations. Blether's were introduced as part of the Community Led Support initiative to work with communities inclusively to co-produce solutions for what matters to them.

'BLETHER' is the name that the Orkney community chose to call the meeting hubs. The drop in sessions were held in a number of venues in Kirkwall, in St Margaret's Hope and Sanday but were unfortunately halted due to the coronavirus pandemic.

*Building connections | Local communities | Everyone welcome | Talking together | Helping each other | Easy to access | Regular and reliable*

**Come along and join us for a**

# Blether

A place to have a face to face blether about:

- ❖ Social care
- ❖ Support for those who care for others
- ❖ Living independently
- ❖ Emotional well-being
- ❖ Physical well-being

**Selbro Resource Centre**  
**Scott's Road, Hatston**  
**Kirkwall**

**Date:** 29<sup>th</sup> January 2020  
**Time:** 1400 – 1600

"What matters most to me?" "I would like to know more about....."

**Do you need to have a**

# Blether ?

Providing advice, support and information for folk in our Community

Come along to a drop in session where you can...

- Meet with a range of professionals
- Get advice on social care issues, benefits or family support
- Speak to someone about your physical or emotional well-being
- Support or help with independent living or information for carers

The "Blether" hubs are a place where you can have a friendly and confidential chat with professional advisors from a range of organisations, such as Health, Social Work, THAW, Social Security Scotland, Third sector partners

*Blethers are advertised on Radio Orkney and on social media*

## 6.2 Young Volunteers

We have been lucky enough to attract groups of Young Volunteers from Kirkwall Grammar School (KGS) and Stromness Academy (SA) to carry out our Inpatient Experience Survey during September and March of this year.

Two young adults from SA came along to an induction session at Voluntary Action Orkney where Laura Leonard, Youth Development Officer and Julie Tait, Patient Experience Officer undertook a session on issues such as confidentiality, technical aspects of how to gather the feedback and communication. The young volunteers then visited the hospital over a six week period during March, into April 2019 and then again, in our new hospital, in February and March 2020.

Over each 6 week period, we gathered real time feedback information from patients across the hospital in our Acute Ward, Assessment & Rehabilitation Ward, Macmillan Unit and Maternity Unit.

The feedback has been extremely positive with, for example only one patient scoring lower than a score of 8/9 in the overall experience question. In short summary of the February/ March 2020 survey:

- Patients felt listened to
- Patients felt involved in decisions about their care
- Patients felt they have been given information in a clear way
- Patients agreed that the facilities were clean and that refreshments were tasty and healthy

## 6.3 New Hospital Feedback Improvements

Our staff listened to patients and visitors to our new hospital, The Balfour, following the transfer of services and we shared our actions on the public information screens throughout the various areas and departments.

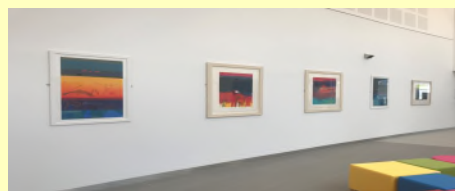
Here are some of the improvements we have made:

**You told us:**  
*“There should be benches at the drop off & taxi points”*



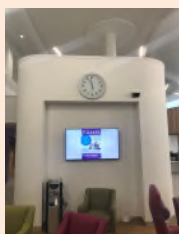
**We listened...** and have placed benches around The Balfour entrance to let you rest, wait or just enjoy the weather.

**You told us:**  
*“The atrium is lacking colour and joy!”*



**We listened....** and added colour and life with art and furniture.

**You told us:**  
*“I can’t see a clock anywhere?”*



**We listened...** There are now clocks in many areas around The Balfour.

**You told us:**  
*“Bigger and better signs in main areas would help.”*



**We listened...** We have changed the signs in the hub area so they are larger and clearer.

## 6.4 Firestarter Festival 2020

Staff and patients from NHS Orkney and a variety of other organisations were invited by the Orkney Scottish Health Council Local Office to take part in the design and creating of a

navigation aid aimed at assisting patients with complex needs in finding their way around the local health and care landscape.

NHS Orkney acknowledged that patients have a difficult time sometimes in navigating their journey and that we could learn from patients and their families. The Firestarter Festival was a good place to “start the fire” on how we could begin to think this would work, who it would work for and what it would look like.

The creative session was facilitated by the Scottish Health Council and the Pier Arts Centre. Patients and staff shared their stories and worked together, creatively, to bring together ideas of how we could make this better for the people we look after.



## Section 7

### Summary and Conclusions

## 8.1

- The number of complaints received has increased 42.5% increase in complaints from 85 in the previous year to 122 in 2019/20.
- During the year we have investigated 73 Early Resolution Complaints and 46 Investigation Complaints.
- We received two complaints at Early Resolution stage which were later escalated to Investigation Stage.
- 89% of Early Resolution complaints have been responded to within the 5 day timescales. A positive increase from 77% in 2018/19.
- 39% of Investigation complaints were responded to within 20 days. A small increase from 36% in 2018/19. Some delays can be attributed to the challenges of the Covid-19 pandemic.
- Trends are difficult to identify due to the wide range of topics identified. However, the timeliness, quality and experience of clinical care have again been identified.
- The majority of complaints were recorded within Hospital Acute Services.
- Our staff continue to undertake the online Complaints and Feedback training modules regularly.
- NHS Orkney have listened and acted on feedback given during the move of services to the new hospital



## Not Protectively Marked

<p><b>NHS Orkney Board – 16 July 2020</b></p> <p><b>Report Number: OHB2021-41</b></p> <p><b>This report is for noting</b></p> <p><b>Staff Health and Wellbeing</b></p>	
<b>Author</b>	Julie Colquhoun, Head of Corporate Services
<b>Action Required</b>	<p>The Board is asked to: -</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the key points in the report</li> </ul>
<b>Key Points</b>	<p>NHS Orkney, like all employers, have a moral and statutory duty of care to protect employee's health and safety and provide a safe environment to work, as set out in NHS Orkneys Health and Safety Strategy and Staff Health and Wellbeing Strategy.</p> <p>DL (2020) 8 sets out clearly the expectation on all Boards in relation to our statutory duty. In addition, the Cabinet secretary for Mental Health, in her letter of 26 March 2020, set out her vision for support to Health and Social Care staff across all Boards.</p>
<b>Timing</b>	COVID action plan review 31 July 2020
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to: -</p> <ul style="list-style-type: none"> <li>• <b>Improve</b> the delivery of safe, effective patient centred care and our services;</li> <li>• <b>Optimise</b> the health gain for the population through the best use of resources;</li> <li>• <b>Pioneer</b> innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• <b>Create</b> an environment of <b>service excellence</b> and continuous improvement; and</li> <li>• <b>Be trusted</b> at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	Workforce 2020 Implementation Plan

## 9.1

<b>Benefit to Patients</b>	Health and wellbeing of staff contributes to safer, more effective care.
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## Not Protectively Marked

### NHS Orkney Board

**Insert Subject** Staff Health and Wellbeing

**Insert Author** Julie Colquhoun

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#### **Section 1 Purpose**

The purpose of this paper is to provide an update on the response to the Scottish Governments circular DL (2020) 8 around Staff Health and Wellbeing during COVID-19. In addition, the paper lays out the strategic framework that will inform a refresh of NHS Orkney's Staff Health and Wellbeing Strategy.

#### **Section 2 Executive Summary**

NHS Orkney, like all employers, have a moral and statutory duty of care to protect employee's health and safety and provide a safe environment to work, as set out in NHS Orkneys Health and Safety Strategy and Staff Health and Wellbeing Strategy.

DL (2020) 8 sets out clearly the expectation on all Boards in relation to our statutory duty. In addition, the Cabinet secretary for Mental Health, in her letter of 26<sup>th</sup> March, set out her vision for support to Health and Social Care staff across all Boards.

#### **Section 3 Recommendations**

**Note** the contents of the report

#### **Section 4 Background**

Safe and Well at Work: Occupational Health and Safety Strategic Framework for NHS Scotland is a person-centred strategic framework provides a national statement of aims and priorities, together with a clear framework for delivering improvements in the occupational health, safety and wellbeing of NHS Scotland staff and sets out how NHS Scotland Boards should approach occupational health and safety to keep staff motivated and healthy, engaged and safe. It aims to:

- Ensure consistent and effective organisational commitment to improving the health, safety and wellbeing of all staff;
- Demonstrate that improved health and wellbeing of staff is clearly linked to improvements in patient care; and

- Demonstrate clear links to the Quality Strategy and Staff Governance Standard.

NHS Orkneys Staff Health and Wellbeing strategy, was developed in consultation with staff responding to the strategic drivers such as NHS Scotland's Staff Governance Standards, Workforce 2020 Implementation Plan and The Health and Safety at Work etc. Act 1974. The Staff Health and Wellbeing Strategy is due for refresh, work had begun in this regard prior to COVID-19.

On 26<sup>th</sup> March 2020, Cabinet Secretary for Mental Health Clare Haughey published a letter praising the extraordinary work and commitment of health and care staff, acknowledging the significant challenges posed by the pandemic, and naming the vital need to care for the mental health and wellbeing of the workforce. The Secretary encouraged the maintaining of existing workplace support mechanisms, the creation and dissemination of new resources, and clear signposting to support through trade unions and professional bodies. The Secretary also included key messages and suggested that leadership teams discuss their local implementation. An action plan was developed in line with the requirements of DL (2020)8 (Appendix 1 reviewed June 2020) which is due to be reviewed at the next Staff Health and Wellbeing meeting towards the end of July 2020.

Boards were asked to nominate a dedicated Mental Health and Wellbeing Champion who would liaise with and support the organisation in providing connectivity between frontline clinicians through to the Minister influencing future policy and commissioning of services. Rev Gordon Jones, NHS Orkney's Spiritual Care Lead is NHS Orkneys Mental Health and Wellbeing Champion.

The Head of Corporate Services has, as delegated by the Gold Command Group, lead on the implementation of a Staff Health and Wellbeing Support system to support NHS Orkney and Orkney Health and Care workforce. This system is a tiered approach, triaged from the NHS Orkney dedicated telephone number and e-mail address, supported by the Community Mental Health Service who then refer/signpost relevant to the situation.

Extensive work has taken place to promote the service as well as a number of self-help resources that have come in to the Board for dissemination.

In addition, a dedicated room has been sourced where staff can meet with someone from the services to listen or chat.

## **Section 5                      Next Steps**

### **COVID-19**

The short life working group will continue to meet and discuss further ways to support the workforce. Our Health and Wellbeing Champion continues to attend the national meetings and feeds into the group on learnings, ideas and ways that we can potentially improve.

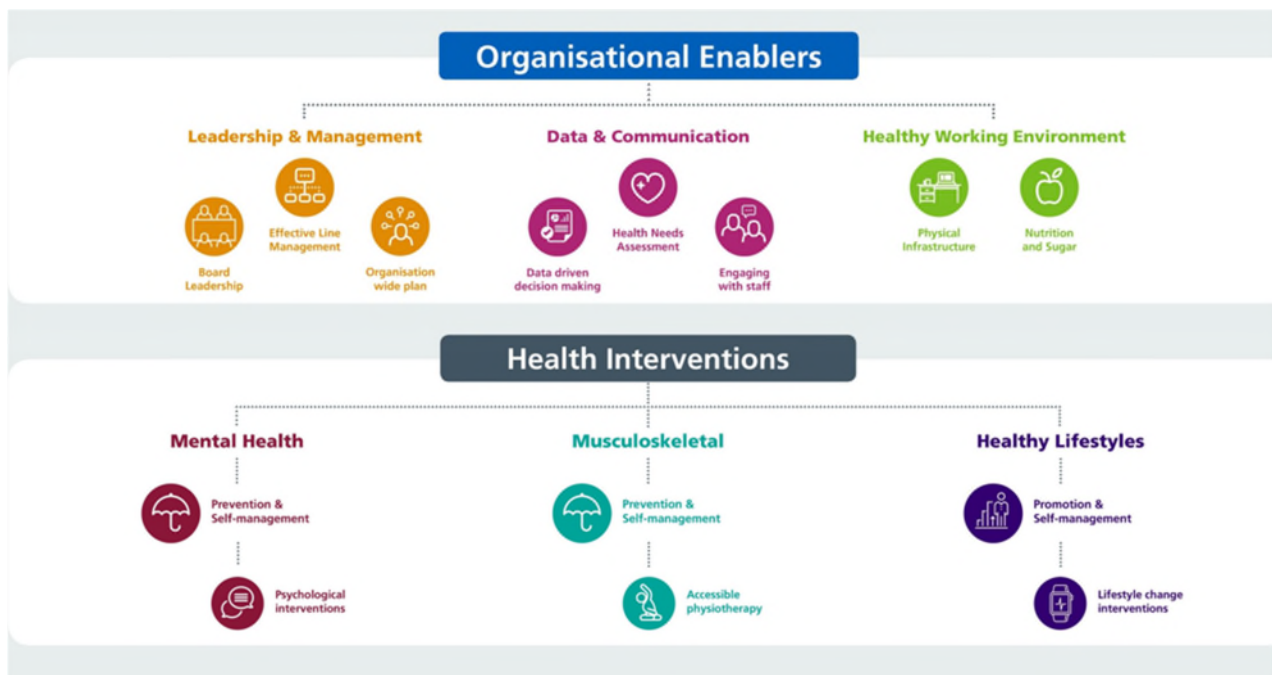
The OD and Learning Team are developing a COVID Tree to capture experience throughout the COVID period, establishing themes from staff on what they think has

gone well, not so well and what we could do to improve or learn from. The COVID trees will be available in clinical and non-clinical areas.

### Strategy Development

Whilst continuing to maintain the staff health and wellbeing support line, stood up for COVID, there is a need to restart the work on the development of the strategy in line with the NHS Workforce Health and Wellbeing Framework, looking at the enablers and the interventions as a basis for our improvement work (see figure 1).

**Figure 1**



## **Section 6 Consultation**

Engaging, listening and adapting from feedback across staff groups has informed the actions to improve.

# 9.1

## Appendix 1

**It is important for employers to ensure employees have access to basic wellbeing provisions, to enable staff to maintain their own wellbeing. They should ensure wellbeing practices are reviewed and established to enable staff to:**

### Key (Priority)

Date Entered/ (Removed)	Action	Action Owner	Review Date	Current Status	Next Review Date	
14/04/2020	Frequently access hand washing facilities and have adequate supplies of hand sanitisers and hand cream, to prevent dermatitis.	Sara Rendall and Sara Murray	31/07/2020	All areas including those non-clinical areas have been supplied with additional sanitisers and cream and Skin Surveillance responsible persons asked to closely monitor issues with skin		High
14/04/2020	Keep hydrated, this is especially important for staff wearing PPE for long periods of time.	Ward Managers	31/07/2020	Water dispensers available to staff this action has been raised from low to medium priority on review due to the need to wear masks continuously in clinical areas.		Medium
14/04/2020	be involved in any decisions relating to changes to their working hours or arrangements.	HR Manager	31/07/2020	Where staff have had changes to area of work, working pattern etc this has been done by individual consultation and with consent.		Low
14/04/2020	Have regular breaks to reduce the onset of fatigue and associated risks - additional arrangements may need to be considered where staff are working longer shifts and/or additional hours. This could involve the repurposing of offices or other areas into rest spaces, for use both during and after shifts for those who do not feel safe to drive home immediately	Head of Estates	31/07/2020	A number of changes have been made across the clinical and non-clinical areas to ensure that adequate, and safely distanced rest areas are in place for staff.		Complete

14/04/2020	Know where to go to access local support, for example occupational health contacts, staff support information and psychological support provisions for accessing counselling or other provisions.	Head of Corporate services	31/07/2020	considerable communications have been issued on the set up and means of contact for the Staff Health and Wellbeing hub, with regular issuing of information and resources.	
14/04/2020	Raise concerns and seek reassurance and to explore and agree solutions with their line manager where required.	All Managers	31/07/2020	Line management structures should enable this but from a staff governance standards perspective need clarity on effectiveness	
14/04/2020	Have an effective safety induction for staff redeployed to a new area to ensure they are familiar with emergency procedures, reporting procedures and all the equipment they may be asked to use.	All Managers with OD and Learning	31/07/2020	All new starts induction and pre-employment checks monitored and departmental fire check lists issued in respect of departmental induction	
14/04/2020	Feel confident that appropriate security arrangements are in place to protect them from the potential of increased violence and abuse, including community staff that may be targeted if they are carrying sanitizer and PPE.	Head of Support Services	31/07/2020	Support and guidance has been issued, no incidents have been reported	
14/04/2020	Be able to access information regarding available both short and longer-term psychological support and counselling services to deal with prolonged exposure to increased levels of anxiety and stress. This may include signposting to services provided out with the NHS as many will prefer to use non-employer led services.	Staff Health and Wellbeing Group	31/07/2020	4-tiered service in place as well as independent support through larger board should people want to access it, up to date communications issued every 3 - 4 weeks.	

## Not Protectively Marked

<b>NHS Orkney Board – 16 July 2020</b>  <b>Report Number: OHB2021-42</b>  <b>This report is for assurance, comment and approval</b>  <b>Audit and Risk Committee – Chair’s Report</b>	
<b>Lead Director Author</b>	Mark Doyle, Interim Director of Finance David Drever, Audit and Risk Committee Chair
<b>Action Required</b>	The Board is asked to:  1. To <b><u>note</u></b> the report 2. <b><u>Seek assurance</u></b> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Thursday, 25 June 2020 and 7 July 2020.
<b>Timing</b>	The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Audit and Risk Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.



## 10.1

<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

**Not Protectively Marked**

**NHS Orkney Board**

**Subject**     Audit and Risk Committee Chair's Report

**Author**     David Drever, Audit and Risk Committee Chair

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## **Section 1            Purpose**

The purpose of this paper is to highlight key items for noting from the discussions held at the meetings of the Audit and Risk Committee which took place on Thursday, 25 June and Tuesday, 7 July 2020.

## **Section 2            Recommendations**

The Board is asked to:

1. **Review** the report

## **Section 3            Background**

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Thursday, 25 June and Tuesday, 7 July 2020.

## **Section 4            Discussion**

### **4.1     Digital Strategy Internal Audit Report**

Members were presented with the Digital Strategy Internal Audit report, which was also the final report from the 2019/20 schedule of works. The report was a positive one, noting that NHS Orkney's procedures reflected good practice in a number of areas, including:

- The development of an annual operating plan
- The programme plan is maintained to allow progress in Technology Enabled Care (TEC) to be monitored and was presented to each Technology Enabled Care Programme Board (TECPB)

The report also identified some areas for improvement which would strengthen NHS Orkney's control framework:

- Setting out a formal timetable for the production and approval of the TEC Strategy

- Amend the TEC Strategy to clearly set out how planned activities are aligned to the Corporate Plan and national Digital Health and Social Care Strategy
- Clearer articulation in the TEC Strategy of longer-term outcomes for patients and staff
- Development of a high-level financial plan for delivering the TEC Strategy in 2021/22 and 2022/23
- Reconsider whether the Chair of the TECPB should be chaired by a senior clinician.

#### **4.2 NHS Orkney Annual Accounts 2019/20**

The Interim Director of Finance presented the NHS Orkney annual accounts for year ended 31 March 2020, seeking a recommendation of Board approval. The accounts had been reviewed in full by the Audit and Risk Committee on Tuesday, 2 June 2020, with all comments reviewed and incorporated where appropriate.

The Audit and Risk Committee made a recommendation of Board approval, following this the accounts would be submitted to the Scottish Government by the 30 June 2020 and then laid before parliament in September.

#### **4.3 Information Governance – Data breaches**

An in-depth discussion took place at the Tuesday, 7 July 2020 meeting of the Audit and Risk Committee regarding Information Governance within NHS Orkney in light of two recent data breaches. Members of the Committee were informed that the two incidents were not linked and were genuine errors. They were also assured that work was being undertaken looking into the circumstances around the breaches to gain key learning as well as making NHS Orkney's processes and procedures with regards to the handling of information more robust.

#### **4.4 Information Governance Group – Chair's Report**

Members wished to bring to the attention of the Board the issue of engagement and commitment from senior managers in relation to attending Information Governance Group meetings. It was possible that attendance was down to issues with capacity, however, it was imperative that the Information Governance Group meetings be better attended to ensure that the Group were addressing the real issues and were able to agree actions in a timely manner.

The Audit and Risk Committee also felt that line managers were required to take more accountability for the compliance of their staff with information governance processes and procedures and to ensure the completion of statutory and mandatory information governance training.

## **Appendices**

### **Appendix 1      Approved minute from Tuesday, 2 June 2020**

## Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 2 June 2020** at **11:30**

**Present:** David Drever, Chair  
Davie Campbell, Vice Chair  
Fiona MacKellar, Employee Director (joining from 12:40)  
Jason Taylor, Non-Executive Director

**In Attendance:** Mark Doyle, Interim Director of Finance  
David Eardley, Chief Internal Auditor, Scott Moncrieff  
Claire Gardiner, Senior Audit Manager  
Gerry O'Brien, Chief Executive  
Keren Somerville, Head of Finance  
Iain Stewart, Chief Executive Designate  
Matthew Swann, Internal Auditor, Scott Moncrieff  
Gillian Woolman, Audit Director, Audit Scotland  
Gemma Pendlebury, Committee Support

### 263 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting.

### 264 **Apologies**

There were no apologies to be received, however it was noted that C Bichan would be attending the meeting late.

*Post meeting note: C Bichan was unable to attend the meeting and so the Risk and Assurance paper would be deferred to the next meeting on Thursday, 25 June 2020.*

### 265 **Declarations of Interest**

No interests were declared.

### 266 **Minutes of previous meeting held on 3 March 2020 and 5 May 2020**

The minute of the Audit and Risk Committee meeting held on Wednesday, 20 May 2020 were received by the Committee and approved as a true and accurate record of the meeting, subject to the below amendments:

- External Audit, Section 2: This would be modified to read "...however management were now keen to adhere to the original deadline of the 25 June 2020, which they had reassessed as once more looking achievable. G Woolman advised that external audit would strive to do their best having only recently been advised of this change in timetable.

### 267 **Matters Arising**

There were no matters arising additional to the agenda.

## 268 **Action Log**

The Action Log was reviewed and corrective action agreed on outstanding issues (see Action Log for details).

### **External Audit**

## 269 **Equalities External Audit Report – ARC2021-**

G Woolman introduced the Equalities External Audit Report to the Committee, advising that all Accountable Officers were required to comply with the duty of Best Value placed upon them. As such, it was an auditable requirement and subject to scrutiny.

The external audit report concluded that there were appropriate arrangements in place to demonstrate compliance with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

There were a small number of areas for improvement highlighted by the report, and these areas were already identified by the Senior Management and Executive Team.

J Taylor raised a query regarding the gender pay gap and whether the figure noted within the external audit report was taking into consideration any enhancements received by locum clinicians. G Woolman responded that the report only took into consideration hourly rates.

The Chief Executive agreed with the report findings that there was a need for further understanding regarding the gender pay gap, especially as to whether the findings were distorted by the proportion of female-identifying staff employed upon the Agenda for Change pay scale as well as the number of male-identifying staff employed on the Hospital, Medical and Dental Staff pay scale.

The Audit and Risk Committee Chair queried whether this was characteristic of all health boards and as to whether NHS Orkney could use the statistics of other remote and rural health boards as a scale of comparison. The Chief Executive agreed that this would be a valuable piece of work for investigation by the Staff Governance Committee as all health boards were required to publish the information on their websites.

### **Decision / Conclusion**

The Audit and Risk Committee received the external audit report on equalities and took assurance of NHS Orkney's performance.

*G Woolman withdrew from meeting at 11:48*

### **Internal Audit**

## 270 **Internal Audit Progress Report**

D Eardley presented the Internal Audit Progress Report to the Committee, highlighting that progress with the revised 2019/20 plan (as discussed and agreed at previous meetings) was on track for completion by Friday, 12 June 2020.

## Decision / Conclusion

The Audit and Risk Committee accepted report and took assurance of progress.

## Internal Audit Reports

### 271 Workforce Strategy Internal Audit Report – ARC2021-17

D Eardley presented the Workforce Strategy Internal Audit Report to the Audit and Risk Committee, highlighting the following items:

- It was a positive report, with few issues arising
- There were many examples of good practice to be taken from the findings of the report, such as:
  - The strategic approach to the identification of training needs prioritised within each clinical area;
  - Service Area Plans considering local and national initiatives, future priorities and workforce established in each clinical area; and
  - A Transition Group managing the process of bringing HR and Occupational Health services back within NHS Orkney, with a clear project plan in mind.
- There was one area for improvement identified and the report recommended that appraisals be used to inform training need along with appropriate monitoring of the completion of that training.
- In connection, it was noted that the completion rate of appraisals and statutory and mandatory training could be improved upon.

The Interim Director of Finance raised a concern that the Head of Corporate Services was both the Audit Sponsor and Key Contact and that this would create a conflict of interest, however, D Eardley gave assurance that there was a wider range of staff members who were involved in discussions leading to the completion of the internal audit. The fact that the Head of Corporate Services was noted under both roles was merely a factual accuracy. If there were felt to be issues, the appropriate segregation of duties would highlight this.

The Head of Corporate Services clarified for the Audit and Risk Committee members that A Catto, HR Manager for NHS Grampian, had provided some context for the report in relation to job evaluation and sickness absence.

The Employee Director queried whether the paper would be presented to the Staff Governance Committee and Area Partnership Forum, however the Chief Executive confirmed that the report was part of NHS Orkney's audit cycle and not the process of workforce planning itself. Any actions to come from the report would be delegated to the Staff Governance Committee where appropriate, which would, in turn, be filtered through to the Area Partnership Forum for consultation and action.

D Campbell queried whether the impact of COVID-19 and the timing of the report were factors to be considered in the low numbers around appraisal completion, however the Head of Corporate Services informed that at no time over the past had there been such a low update in appraisals.

It was agreed that a plan would be required for driving engagement around appraisals higher.

## **Decision / Conclusion**

The Audit and Risk Committee noted Workforce Strategy Internal Audit Report and were assured of process and procedures in place.

### **272 Internal Audit Plan 2020/21**

There were no new comments or updates to be discussed with the Committee regarding the Internal Audit Plan for 2020/21, however it had been included on the meeting agenda to ensure it remained in sharp focus and that once all internal audit reports for 2019/20 were completed, work could begin to move forward with this item.

*The Head of Corporate Services withdrew from meeting at 12:05*

## **Internal and External Audit Recommendations**

### **273 Internal and External Audit recommendations follow up report**

Members were reminded that this item was included on the agenda to note the status and provide an update on any internal and external audit actions and approve their amended timescale.

There was no updated regarding this item, however it was key to ensure it was reinstated on future Committee agendas.

*Post meeting note: Committee Support reinstated this item on the Audit and Risk Committee agenda template to ensure it was addressed at future meetings.*

## **Annual Governance Statement**

### **274 Draft Directors' Subsidiary Statement on Governance**

The Interim Director of Finance presented the Directors' Subsidiary Statement on Governance noting that this was an important part of triangulating information available to the Chief Executive and supported compilation of the governance statement for inclusion in the annual accounts.

He read out the statement in full to ensure that Audit and Risk Committee members were content with the statement and were confident that there were no further risks that they were aware of to be highlighted.

## **Decision / Conclusion**

The Audit and Risk Committee received and noted the Directors' Subsidiary Statement on Governance and were assured that adequate and effective internal control framework had been in place.

### **275 Draft Annual Audit Assurance Statement**

The Interim Director of Finance presented the draft Annual Audit Assurance Statement representation letter for review and comment.

He advised that there had been no significant issues raised to Audit and Risk Committee.

## **Decision / Conclusion**

The Audit and Risk Committee received and noted the draft Annual Assurance Statement representation letter.

### **276 Orkney Health Board Endowment Fund Governance Statement**

The Treasurer presented the Governance Statement noting that NHS Orkney were required to prepare consolidated financial statements incorporating the Orkney Health Board Endowment Funds. Accordingly, an important part of the assurance required by the Chief Executive is a statement from the Chair of the Endowment Fund Sub Committee confirming whether the Committee has fulfilled its remit and whether there have been adequate and effective governance arrangements in place for the year under review.

## **Decision / Conclusion**

The Audit and Risk Committee noted the Orkney Health Board Endowment Fund Governance Statement that provided assurance to the Chief Executive that the Committee had fulfilled its remit and there were adequate and effective governance arrangements in place for the year under review.

### **277 Significant Issues that are Considered to be of Wider Interest – Draft letter to the Scottish Government – Health Finance Division**

The Chief Executive presented the letter of 'Significant Issues that are Considered to be of Wider Interest' to the Committee, advising that the letter was for noting. He also advised that the letter was informing the Scottish Government that NHS Orkney had no significant issues for declaration. The Committee were assured that the terminology 'Significant Issues' was a widely and generally used term.

## **Decision / Conclusion**

The Audit and Risk Committee approved draft letter.

## **2019/20 Annual Accounts**

### **278 NHS Orkney Draft Annual Accounts for year ended 31 March 2020**

The Interim Director of Finance presented the draft annual accounts for year ended 31 March 2020 to the Committee, providing an opportunity for members to make any comments. Members were reminded that the Accounts would not be made public until they were laid before Scottish Parliament in September.

The Interim Director of Finance highlighted the following:

- The Board was required under section 86(3) of the National Health Service (Scotland) Act to prepare annual accounts and it was the role of the Audit and Risk Committee to consider the accounts and recommend approval by the Board
- No material issues had been raised and a clean audit opinion was expected.



## 10.1.1

- The accounts included a Corporate Governance report including the Directors Report, Statement of Board Members and Accountable Officers responsibilities and Governance Statement
- The Board had met all three financial targets that it was monitored against.

The Core Revenue Resource Limit final position was £59k under spend. The comparative underspend from 2018/19 was £27k.

The Core Capital Resource Limit was £3.206m for the year, net of receipts, against which there was net investment of £3.205m.

2019/20 had seen continued financial pressures relating to essential cover from medical staffing to maintain staffing levels and provide safe clinical services, however, this was recognized within the Scottish Government, providing £2.50m financial aid.

The Board delivered against its savings target of £750k, of which £118k was delivered recurrently, the balance being achieved on a non-recurring basis through various areas of underspends, including vacancies.

The Health Board contribution to Integration Joint Board (IJB) funding for devolved health services, and the subsequent commissioning income from the IJB for those services delivered by the Health Board, is a distinct and separate transaction from the operational expenditure incurred delivering those services. The consequence of this in the Health Board's accounts, is expenditure of £34.884m (2018/19 £32.246m) and income of £34.884m (2018/19 £32.246m).

IJB staffing expenditure had increased by 12%, from £29.732m in 2018/19 to £33.407m in 2019/20, with the largest proportionate increase relating to 6% superannuation increase, 3% pay award and an increase in agency expenditure of £1.4m.

NHS Orkney held a bank balance at year end of £1.378m, and this was considered a prudent balance to hold for ongoing creditor payments.

Members of the Committee felt that the papers provided a detailed narrative for the annual accounts.

The Chief Executive noted that there had been a significant increase in staffing levels. The Head of Finance provided clarity that the increase was partially due to the impact of COVID-19 on the months prior to year-end. It was agreed that this should be incorporated into the final narrative.

The Chief Executive also requested clarity around the status of the IJB reserve and the Interim Director of Finance clarified that it related to funds carried forward that had not been spent. There were further discussions planned with the Chief Finance Officer of the IJB and members were cautioned that the figure display was subject to some adjustment once those discussions had concluded.

J Taylor queried a change in the pension tables for senior members of staff, noting that the cash equivalent transfer value figure was higher in 2019 than 2020. He queried whether this was a typographical error and if the data had been input incorrectly. The Interim Director of Finance clarified that the information was

provided by the Public Pensions Agency, though he would investigate further and amend as appropriate.

## **Decision / Conclusion**

The Audit and Risk Committee received draft Annual Accounts and noted that they would return to the Committee in their final form at the next meeting on Thursday, 25 June 2020.

### **279 Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2020**

The Endowment Fund Treasurer presented the Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2020, reminding members that as a registered charity it was necessary to provide the annual accounts to the Office of the Scottish Charity Regulator (OSCR).

The annual accounts had been audited by Scholes, Chartered Accountants, who had undertaken a comprehensive review including looking at the Charter and banking arrangements. K Alexander highlighted the following:

- Income had decreased to £59k during 2019/20, this was due to investment management costs and purchases made during and as a result of the move to the new hospital facility
- New bid applications were being actively encouraged, especially upon restricted funds
- Support was being continued for the staff travel scholarship
- The overall fund had decreased by £383k partially due to large spend and also the downturn in investments
- There was a high movement in debtors due to the recognition of a donation of £90k from the Stewart Endowment Fund in the previous year
- The Restricted Balance Fund reduced to £98k. Of that, 69% was held by MacMillan Cancer
- The Trustees Report and the Independent Auditor Report would both be signed at the meeting to be held on Thursday, 4 June 2020

D Campbell queried why there was noted a negative donation in the Endowment Fund Annual Accounts, and the Treasurer explained that the funds were moved into the General Fund for areas no longer able to utilise them.

## **Decision / Conclusion**

The Audit and Risk Committee received the Endowment Fund Annual Accounts for 2019/20.

*K Alexander withdrew from meeting at 12:33*

## **Information Governance**

### **280 Information Governance Chair's Report and minutes of meeting held on 3 December 2019 and Terms of Reference**

Members noted that the Head of Corporate Services had left the meeting and so a verbal update regarding the Information Governance Group could not be received. A written Chair's Report would be requested for the next meeting.

A discussion took place recognising that there had been recent media coverage of a data breach. The incident was currently being investigated by the Information Commissioners Office (ICO) to ascertain if they required NHS Orkney to take further rectifying action than had already been taken, i.e. writing to inform patients' whose information had been involve in the incident.

The Chief Executive assured the Audit and Risk Committee that the breach had been caused by an unfortunate, singular, administrative error that was not at risk of recurring.

The Employee Director noted that there was some support required for the individual and a potential training need for members of staff regarding Information Assets and ownership, storage and management of that data.

The Chief Executive Designate agreed, stating that Information Governance was an area of statutory and Mandatory training that all staff were required to understand.

## **Decision / Conclusion**

The Audit and Risk Committee noted the minutes from the Information Governance Group meeting held on 3 December 2019 and the revised Information Governance Group Terms of Reference.

The Committee also agreed to delegate to the Information Governance Group a piece of work ensuring that Information Asset Owners were contacted and that Information Asset Registers were up-to-date, holding only required information. The Information Governance Group would report back to the Audit and Risk Committee on progress at future meetings.

## **Risks**

### **281 Risks and Assurance – ARC2021-25**

This item would be deferred until the following meeting as discussed in the 'Apologies' section of this minute.

### **282 Risks escalated from Governance Committees**

There were no risks escalated from other Governance Committees.

## **Governance**

### **Governance Committee Annual Reports 2019/20**

### **283 Remuneration Committee Annual Report 2019/20 – ARC2021-26**

The Committee received the Remuneration Committee Annual Report for 2019/20.

## **Decision / Conclusion**

The Audit and Risk Committee approved the Annual Report.

## 284 **Clinical and Care Governance Committee Annual Report 2019/20 – ARC2021-27**

The Committee received the Clinical and Care Governance Committee Annual Report for 2019/20.

### **Decision / Conclusion**

The Audit and Risk Committee approved the Annual Report.

## 285 **Audit and Risk Committee Annual Report 2019/20 – ARC2021-28**

The Audit and Risk Committee received the annual report for 2019/20 in draft format. Members were invited to make comment should it require amendments; however, members were content with the document.

### **Decision / Conclusion**

The Audit and Risk Committee approved the Audit and Risk Committee Annual Report 2019/20.

### **Governance Committee Workplans 2020/21**

## 286 **Clinical and Care Governance Committee Workplan 2020/21 – ARC2021-29**

The Audit and Risk Committee received the Clinical and Care Governance Committee Workplan for 2020/21.

### **Decision / Conclusion**

The Audit and Risk Committee noted the Workplan.

### **Governance Committee Terms of Reference 2020/21**

## 287 **Clinical and Care Governance Committee Terms of Reference 2020/21 – ARC2021-30**

The Committee received the Clinical and Care Governance Committee Terms of Reference for 2020/21.

The Chief Executive noted that there was an error within the Committee membership and that rather than there being four members of Orkney Island Council sitting on the Committee, it should read three.

### **Decision / Conclusion**

The Audit and Risk Committee approved the Terms of Reference subject to the amendment of the above-mentioned typographical error.

## 288 **Agreed items to be brought to the attention of Board or other Governance Committees**

There were no items to be escalated to the Board or other Governance Committees.

289 **Any Other Competent Business**

No other competent business was raised.

**Items for Information and Noting only**

290 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

291 **Record of Attendance**

The Committee noted the record of attendance.

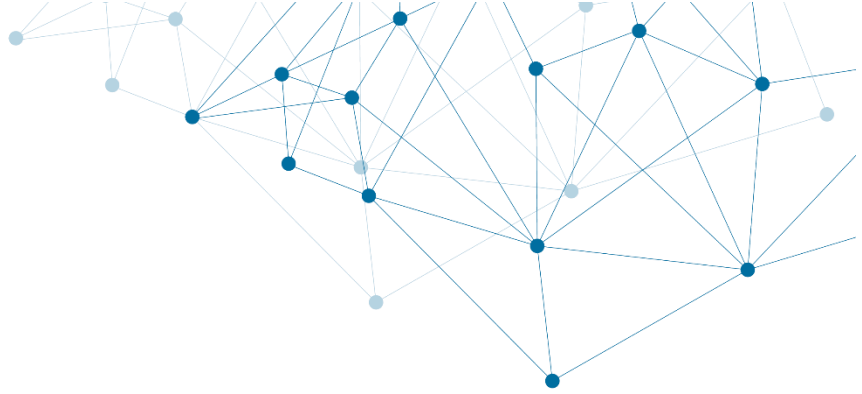
292 **Committee Evaluation**

Committee members agreed that the meeting had progressed well and felt it important to note that a one-hour virtual meeting was proving to be more succinct and focused than a two-hour meeting face-to-face. All members agreed that conducting the committee via virtual means sharpened focus, intensity and quality of the meetings and that this should be kept in mind for future reference.

*Meeting closed at 12:47*

Not protectively marked

<p><b>NHS Orkney Public Board – 16 July 2020</b></p> <p><b>Report Number: OHB2021-43</b></p> <p><b>This report is for noting</b></p> <p><b>Summary from Sharing Intelligence for Health and Care Group</b></p>	
<b>Lead Author</b>	<p>Meghan McEwen, Chair</p> <p>Emma West, Corporate Services Manager</p>
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the main findings from the report</li> </ul>
<b>Key Points</b>	<p>The letter summarises the main points discussed collectively as seven national organisations.</p> <p>The Group's overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.</p>
<b>Timing</b>	<p>The Sharing Intelligence for Health &amp; Care Group considered NHS Orkney at their meeting on 17 February 2020, as part of the routine annual programme of work</p>
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• <b>Improve</b> the delivery of safe, effective patient centred care and our services;</li> <li>• <b>Optimise</b> the health gain for the population through the best use of resources;</li> <li>• <b>Create</b> an environment of <b>service excellence</b> and <b>continuous improvement</b>; and</li> <li>• <b>Be trusted</b> at every level of engagement.</li> </ul>



Date: **6 May 2020**

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Gerry O'Brien  
Chief Executive  
NHS Orkney  
Garden House  
New Scapa Road  
Kirkwall  
Orkney  
KW15 1BQ

**This report is embargoed until  
10:00 on Thursday 25 June  
2020.**

Dear Mr O'Brien

## **SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP**

The Sharing Intelligence for Health & Care Group (referred to as 'the Group') considered NHS Orkney at our meeting on 17 February 2020, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations<sup>1</sup>.

The Group's overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to NHS Orkney, including a range of information which is already in the public domain. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

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<sup>1</sup>The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.

## NHS Orkney

When we considered NHS Orkney on 17 February 2020, the partner agencies on the Group found it helpful to learn from each other about various aspects of the health and social care system in Orkney. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered for the residents of Orkney. We acknowledge that work is already being carried out locally to respond to these issues, sometimes with input from one or more of the partner agencies on the Group. As part of our annual programme of work we will continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today's health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards. When we considered NHS Orkney a year ago, we noted there had been a number of changes in senior leadership. The senior leadership of NHS Orkney continues to be in flux, with forthcoming changes to your Chair and Chief Executive posts. While your Director of Finance post has been vacant since 2018, the appointed auditor confirmed that the interim part-time arrangements in place during 2019 provided appropriate support.

Audit Scotland's progress report<sup>2</sup> on health and social care integration across Scotland highlighted the importance of collaborative leadership across the different components of local health and social care systems. We noted that a joint inspection of services for children and young people has been carried out. While the inspection findings had not been published at the time of our meeting, we understand that collaborative leadership is one of the themes covered by the inspection. In the meantime, the Care Inspectorate explained that there have also been changes to the senior leadership relating to integrated health and social care services in Orkney.

The appointed auditor reported that NHS Orkney continues to have satisfactory arrangements to support good governance and accountability. We noted that NHS Orkney has carried out a self-assessment against the Scottish Government's Blueprint for Good Governance, and areas for improvement identified are risk management (in common with many other NHS boards) and the development of a long term clinical strategy. Following from this, we noted from published meeting papers of your Board that the Area Clinical Forum has identified that clinical engagement, and the operation of your Professional Advisory Committees, requires strengthening. We are interested to learn more about your educational governance, as NHS Education for Scotland reported that you had a relatively low score on this from the GMC National Training Survey.

As highlighted in our annual summary report for 2018-2019<sup>3</sup>, care systems across the country are experiencing unprecedented financial pressures. We noted that NHS Orkney achieved financial balance in 2018/19, and this was achieved following an additional late funding allocation of £1.8m from the Scottish Government to fund essential locum cover. NHS Orkney continues to face significant financial challenges, and the latest projection is that the required savings are not going to be met in 2019/20.

We acknowledge the level of capital investment in Orkney's health and social care services with the opening of the new Balfour Hospital in June 2019, and the construction of two new care homes. The first of these opened in Stromness in January 2020 and plans are in place to build a further home in Kirkwall. The Group recognises that new facilities provide

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<sup>2</sup> [www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress](http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress)

<sup>3</sup> [http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/sharing\\_intelligence/sharing\\_intelligence\\_2018-2019.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2018-2019.aspx)



opportunities to reconsider staffing models and structures which might be more attractive to candidates when undertaking recruitment.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we considered NHS Orkney in 2019, we acknowledged that your vacancy rate for consultants is markedly higher than the national average. Public Health & Intelligence explained that this continues to be the case (39% versus 8%, respectively), and areas particularly affected are general psychiatry and general surgery. Your rate of nursing vacancies (11%) is also relatively high compared with the Scottish average (6%) – although the vacancy rate for Allied Health Professionals is in line with the national level. The appointed auditor indicated that vacancies were now being advertised more widely in medical journals in an attempt to improve recruitment. The Care Inspectorate explained that there are recruitment challenges across the wider care system, and these are exacerbated by issues relating to geography, low unemployment and availability of housing. However, turnover of staff in regulated services is lower than the national average.

Our meeting on 17 February 2020 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services in Orkney. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Orkney has been involved with nationally-led quality improvement work. A sustained improvement with the cardiac arrest rate has been a success. There is, however, a sustained deterioration noted in falls and pressure ulcers – and NHS Orkney has acknowledged further work is required to address these.

In summary, the Group acknowledged that there is ongoing flux in the senior leadership of NHS Orkney, combined with some challenges with finances, workforce, and clinical engagement. The Group therefore agreed that four of the seven agencies (Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, NHS Education for Scotland) will reconvene once the report from the joint inspection of children's services has been published. The purpose of this is to make a decision about whether or not there are any additional actions beyond any already planned that any of these agencies need to take.

We hope you find this summary of our discussions helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support your work to deliver high quality care for the residents of Orkney then please don't hesitate to let us know.

Yours sincerely



Alastair McLellan  
Co-Lead for Quality  
NHS Education for Scotland



Ann Gow  
Director of Nursing, Midwifery &  
Allied Health Professionals & Deputy  
Chief Executive  
Healthcare Improvement Scotland

## Not Protectively Marked

<b>NHS Orkney Board – 16 July 2020</b>  <b>Report number: OHB2021-44</b>  <b>This report is for noting</b>  <b>Key Legislation</b>	
<b>Author</b>	Emma West, Corporate Services Manager
<b>Action Required</b>	The Board is asked to:  1. <u>Note</u> the list of key documentation issued as attached at Appendix 1
<b>Key Points</b>	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents.
<b>Timing</b>	The list of key documentation is presented to the Board at each meeting.

## Key Documentation issued by Scottish Government Health and Social Care Directorates

### Circulars

Details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
<b>PCA(O)(2020)10</b>	19.06.2020	General Ophthalmic Services (GOS): COVID-19 recovery planning: phase 2 details
<b>DL(2020)17</b>	19.06.2020	Intra-NHS Scotland Information Sharing Accord 2020
<b>DL(2020)18</b>	23.06.2020	Human resource aspects of Foundation and Speciality Training Programmes: changeover dates for 2020-21
<b>DL(2020)19</b>	23.06.2020	F1 induction and shadowing arrangements
<b>CMO (2020)16</b>	23.06.2020	Use of serology testing for COVID-19 in Scotland
<b>CDO(2020)08</b>	24.06.2020	NHS Dental Services Phase 3 – Remobilisation
<b>CMO(2020)17</b>	26.06.2020	Scottish seasonal flue vaccination programme 2020/21
<b>PCS (AFC) 2020/2</b>	29.06.2020	Pay during annual leave
<b>PCA(P)(2020)13</b>	01.07.2020	Additional Pharmaceutical services: NHS Pharmacy First Scotland: directions and service specification

**NHS Orkney - Board - Attendance Record - Year 1 April 2020 to 31 March 2021:**

[illegible]

# 12.2

<b>Attending</b>								
C Bichan							Attending	
J Colquhoun	Head of Corporate Services	Attending						
D Crohn	Head of Digital Transformation and Information Technology	Attending						
C Gardiner	Senior Audit Manager, Audit Scotland						Attending	
B Wilson	Interim Director of Nursing			Attending	Attending	Attending		
G Woolman	Audit Director, Audit Scotland						Attending	