

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** on **Thursday 26 June 2020 at 14.00**

Present Issy Grieve, Non-Executive Board Member (Chair)
Steven Johnston, Non-Executive Board Member (Vice Chair & Chair of Area Clinical Forum - ACF)
David Drever, Non-Executive Board Member
Rachael King, Integrated Joint Board, (IJB) 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
Lynda Bradford (*Left at 15.15*)
Dawn Moody, Clinical Director of Primary Care
Sharon Ann Paget, Interim Chief Social Work Officer
Marthinus Roos, Medical Director
Heather Tait, Public Representative
Brenda Wilson Interim Director of Nursing
Louise Wilson, Director of Public Health
Heidi Walls, Committee Support

381 **Apologies**

Apologies had been received from, D McArthur, G O'Brien, Iain Stewart and Sally Shaw

382 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

383 **Minute of meeting held 4 June 2020**

The minute of the Clinical and Care Governance Committee meeting held on 4 June 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendment, on the motion of David Drever and seconded by Steven Johnston.

- Page 6, penultimate paragraph, final sentence – the word 'assurance' amended to 'governance'

384 **Matters Arising**

Roelf Dijkhuizen Resignation

The Chair acknowledged the above letter circulated to staff and published in the Orcadian and reassured members that the senior team was listening to the issues raised. She highlighted the ongoing work to reform the Clinical and Care Governance Committee that had been started prior to receipt of the letter and confirmed that due diligence regarding the quality and safety of patient care was in place.

The Chair further advised members that a request to inform staff more directly about the work of this committee, the Quality and Safety Group and the Clinical Strategy had been submitted to the NHS Orkney chair and new Chief Executive and the suggestion had been welcomed. An update for inclusion in the staff newsletter would be drafted and submitted as soon as possible.

Agenda Distribution List

It was noted that only three elected Orkney Island Council members were listed on the agenda distribution list and it was confirmed that it should be four and that a replacement for the vacant position would be sought.

Improvement Plan – Recruitment of Lead Nurse

The Interim Director of Nursing confirmed that a preferred candidate had been selected, but a follow up meeting to finalise arrangements was pending. It was hoped that a positive update would be provided at the next meeting.

Care Homes – Additional Clinical Responsibilities - CCGC 2021-08

The Chair of the ACF advised that he would seek an update on the noted concerns of clinicians regarding difficulties in the escalation of highlighted issues.

Recovery Plan - CCGC 2021-11

The chair noted that a verbal update on the remobilisation of care services would be provided at item 6.2.

Mental Health Update (Verbal)

The chair noted that a paper providing additional details had been included with the meeting papers at item 10.2.

Children Protection Improvement Plan Register - CCGC 2021-12

The Chair noted that although a request for a development session had been agreed at the last meeting, a lead for this piece of work had not been identified. In light of the current absence of the Chief Officer she asked if the chair of the IJB could provide an update on how key areas of work would be taken forward.

The Chair of the IJB advised members that at a recent meeting it had been agreed that a request under the appointment legislation had been made for a deputy Chief Officer and the outcome was pending. To further support interim arrangements she wondered if key areas of outstanding work could be highlighted to both health and social care chief executives and the Chief Officers Group. The NHS Orkney Chair agreed to take this forward.

S Sankey noted the importance of a development day and requested its addition to the action log to ensure members remained sighted on this item.

The Interim Director of Nursing noted that cross agency workshop with the Orkney Public Protection Committee (OPPC) and Chief Officers Group (COG) group had been held earlier in the week and suggested that the write up of the outcome may

help inform the arrangements and content of the proposed development session.

It was agreed that any further discussions regarding the proposed development session would be captured after the update to be provided at 10.1

385 **Action Log**

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

COVID 19

386 **Mobilisation Update - CCGC 2021 - 16**

The Chief Quality Officer presented the report to update members on the progress with the remobilisation of services paused due to the COVID 19 pandemic. She noted that the paper had been presented at the NHS Orkney Board meeting and highlighted the following:

The initial planning period was till the end of July 2020, but further developments to cover the period till the end of March 2021, with a particular focus on creating resilience for the winter period, were being prepared.

The whole system recovery group, set up to progress the development and implementation of the remobilisation plan, continued to meet weekly and work collaboratively on the operational challenges faced. It was noted that there was still a lot to do to ensure that all work was progressed and completed in a safe manner.

In response to feedback at the last meeting it was noted that the Employee Director and Chair of the Area Clinical Forum has joined the whole system recovery group, which strengthened staff side representation.

Although there were currently no visiting services, any patients that required urgent consultations or treatment were either accessing virtual appointments or travelling off island.

The timely resolution of a patient travel issue was highlighted as a positive example of successful partnership working.

The chair noted robust discussion at the board meeting regarding the remobilisation plans and highlighted the request for the Clinical and Care Governance Committee to seek an update on the impact of waiting lists at the next meeting.

The Chair of the IJB welcomed the assurance around ferry travel for patients, but sought reassurance on the arrangements for safe patient transfer by air.

The Medical Director confirmed that currently shielded patients were being transferred by air ambulance, unless a patient's consultant confirmed that transfer via a commercial flight would be acceptable. However, he noted that this was not within the normal remit of the air ambulance service and would be an unsustainable solution going forward as demand on restarted services increased. He confirmed that other island boards were using ferries and cabins, so there

were other options to be explored and alternative solutions were being sought.

It was noted that any patient journey carried risk and the level of risk would link to the distance and complexity of the journey and the number of contacts with others, however all staff strived to implement mitigation measures when travel was deemed necessary. It was agreed the Medical Director would update members on the outcome of planned discussion with Shetland at the next meeting.

Decision / Conclusion

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

387 Social Care Remobilisation Update

The Head of Community Care provided a verbal update and advised that many of the social and care services had not been paused, but had adapted as appropriate so that they could continue to operate through the pandemic.

Care home delivery had continued, but planned respite care and friends and family visiting had been suspended and strict physical distancing and Personal Protective Equipment (PPE) measures had been implemented.

Remobilisation guidance had just been received regarding the gradual reintroduction of visiting within care home and was due to be implemented from 3 July. The tight timescale was noted as a challenge, particularly as there were elements of the proposals that would need very detailed consideration. Orkney weather and the number of bed bound residents were highlighted as two examples of local challenges for the implementation of the outdoor visiting proposals.

It was anticipated that care homes would remain closed to planned respite, but emergency cases had been accepted.

Regular admissions had already begun to remobilise, but all activities were bound by the need to isolate individuals. Direct admission into rooms was an option for some patients, but arrangements for those with dementia were more challenging. In the short term an alternative building was being used and patients were transferred after fourteen days.

The help provided by the Infection and Prevention Control and Public Health teams, which had enabled other services to also continue to deliver was gratefully acknowledged. In particular support with the implementation of appropriate PPE had enabled safe delivery of care at home and helped implement communal living adaptations within supported accommodation settings.

Day services were highlighted as a significant service area, which remained closed. The importance of the socialisation and rehabilitation opportunities offered by these services was acknowledged and options for the use of technology as an alternative were being explored, but it remained an outstanding challenge.

Further work, with NHS Orkney Chief Quality Officer, on future iterations of the remobilisation plan was scheduled and included the discussion of arrangements

for wing four in Hamnavoe House.

D Drever asked if a finalised Orkney plan for care home visiting would be implemented by the 3 July date. The Head of Community care advised that everyone was keen to restart care home visiting, further described some of the very prescriptive elements, but confirmed that they were aiming to meet the deadline. A caveat that the easing of visiting restrictions would be revoked if any COVID symptoms were confirmed was highlighted.

The Chair of the IJB noted the value of respite care, as highlighted by comments after a recent presentation of the dementia strategy and asked if there was a sense of the impact of lockdown on Orkney carers.

The Head of Community Care agreed that it was a concern and advised that additional support packages had been an option explored in some service areas. However, the feedback was that carers had refused the offers and opted instead to continue with current levels of support, so that external footfall and contact was limited. She also noted that increased reports of carers struggling had not been recorded, with only one emergency respite issue raised. She assured members that regular contact with patient and carer representatives ensured communication channels were open and that increased demand as restrictions eased was anticipated.

S Sankey thanked all for the cooperation that was evident from the varied descriptions in meeting papers and verbal updates of NHS Orkney and Orkney Island Council working closely together and asked if transport arrangements would be a significant issue when day care services were remobilised.

The Head of Community Care confirmed it would be a challenge and advised that to comply with physical distancing requirements there would need to be more trips, so individual service access would be compressed into shorter periods of time. One alternative that would be explored would be for those with friends or families in a position to help, to pick up some of the transport commitment.

The chair thanked the Head of Community Care for the verbal update, noted that the guidance had only recently been received, but highlighted that a written update to capture further details would be very helpful.

Decision / Conclusion

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

388

Peripatetic Workers and COVID Transmission Risk CCGC 2021-17

The Vice Chair presented the report and noted that the protocol and SBAR included in papers would also be presented at the next staff governance committee. He advised members that the issue was not straight forward and wished to highlight that there had been differences of opinion and that debate about the right course of action was ongoing until recently.

He confirmed that a meeting with appropriate representation to review the current position had been held on 24th June. He noted new information regarding the false negative rate which influenced the decision not to adopt a 2 test process, the

implications highlighted by the BMA of positive tests on life insurance for clinical staff and the further development of public messages around face coverings.

It was also noted that although testing of peripatetic Health and Social Care Workers (PHSCWs) was not within national policy, it was felt that a voluntary test, in addition to all other measures, may provide some additional assurance. However, it was emphasised that care needed to be taken to ensure that false assurance wasn't taken from a test and that other measures were not relaxed.

The appended information leaflet was highlighted as an important aspect of the protocol, as was the provision of information to the public, to ensure staff were supported and protected from stigmatisation. It was noted that PHSCWs might see the most vulnerable people in our community and should have the ability to individually risk assess situations and ensure the appropriate PPE was worn.

Concern regarding the diagnostic rather than the screening nature of laboratory equipment was highlighted, but it was noted that other asymptomatic testing was being carried out already, such as for care homes, although they could access the social care portal. It was acknowledged that further work to ensure consistency on red and green segregation was required, but out with the scope of this piece of work.

It was noted that since the process had been implemented in May there had been issues around the availability of pre travel tests for inbound staff and timing issues for testing on arrival, but it was hoped that the protocol would provide additional detail and help address some of the issues identified.

The Director of Public Health recognised the work on the process described, but noted that the approach was not supported nationally by Health Protection Scotland or Public Health locally and that Occupational Health were providing local support. She confirmed that asymptomatic testing was being explored nationally, but the focus was to test and protect.

The Chair recognised the work of all those involved with this issue and acknowledged the challenges of the screening and testing balance.

In response to further discussion regarding testing the Vice Chair warned against a narrow focus on testing, noting that the protocol included lots of other information. He acknowledged that the testing element was the weak link, but gave assurance that he would work with the Medical Director or relevant others to resolve the issues identified.

The chair noted that as the current situation continued to evolve and government guidance changed it was unclear how long the protocol would be in place, but a decision on the current position and the information presented could be made.

The Medical Director confirmed that although challenging the process had been an interesting one and noted that the perfect shouldn't stand in the way of the good.

Decision / Conclusion

The committee reviewed the report and approved the protocol with a majority decision.

389 **Testing Update Covid19 - CCGC 2021-18**

The Director of Public Health presented the report advising that it was short update to assure members that the Test and Protect programme was up and running with a balance of the work between national and local teams. It was noted that the local health protection team would manage all complex cases.

In the event of an outbreak testing would be carried out locally with support from Grampian if required and it was highlighted that if symptoms were noticed people should come forward for testing as there was capacity.

Decision / Conclusion

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

390 **Care Home Testing Update - CCGC 2021-19**

The Director of Public Health presented the report and provided members with assurance that oversight of Care Home actions and testing was in place.

The interim Director of Nursing noted the comprehensive report and only wished to add that the cross agency partnership working had again proved really positive and the progress made had allowed meetings to be stepped back to an exception reporting status.

Decision / Conclusion

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

Governance

391 **Annual Committee Review- CCGC 2021-14**

The chair presented the updated Clinical and Care Governance committee Terms of Reference and Business Cycle for 2020-21. It was confirmed that a virtual process to ensure annual governance deadlines were met had approved both documents and they were presented to the committee for approval ratification.

Members discussed the areas of further work that would be required for both documents going forward but acknowledged the need to ensure progress made to date was captured within current reporting timescales. It was hoped that concerns noted would be addressed by December 2020

Decision / Conclusion

The committee ratified the approved Clinical and Care Governance Committee Terms of Reference and Business Cycle for 2020-21 by majority, whilst noting the concerns of IJB members.

392 **Clinical and Care Governance Committee Annual Report - CCGC 2021-15**

The chair presented the updated Clinical and Care Governance Annual Report for approval ratification.

Decision / Conclusion

The committee ratified the approved Clinical and Care Governance Committee Annual Report

Person Centred Care

393 **Complaints Performance Report April 2020 - CCGC 2021-20**

The Chief Quality Officer presented the report noting the attached papers as standard updates for quarters three and four, which had been delayed due to the COVID and highlighted that the full picture for the year was due to be submitted at the July meeting.

Members welcomed the report and particularly highlighted the impressive ongoing achievement of stage 1 complaint resolution.

Decision / Conclusion

The committee noted the update and were assured on recent performance regarding NHS Orkney complaints and feedback. It was hoped that the inclusion of a similar update for social services would soon be included in reports going forward.

Social Work and Social Care

394 **Children's Services Inspection Report Improvement Plan- CCGC 2021-21**

The Interim Director of Nursing presented the report noting the progress made against the Children's Services Improvement Plan and that as a dynamic document it presented information as at a fixed point in time, but confirmed that there were fortnightly scheduled updates.

It was confirmed that there was one overall plan and the attached report related to the health sub section.

The 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.

The Chair welcomed the updates and was impressed with what had been achieved in three weeks.

It was noted that the 12 August had been identified as a date for the reopening of schools and members sought an update on whether a plan to inform staff was in place.

The Interim Chief Social Work Officer advised members that she was unable to provide assurance regarding arrangements for schools but noted that a new Interim Chief Social Work Officer, J Lyon, had just started in post and would be attending future meetings.

Further reassurance regarding the timescales for completion of improvement actions as noted at Appendix 2, item 5.2.2 was sought. It was noted that it was difficult for members to see the evidence for the assurance provided in the papers and members queried whether any of the external agencies involved in the process had expressed any concerns.

The NHS Orkney Chair responded that she took assurance from the update regarding the regular meetings with the Care Inspectorate, Strategic Inspector.

The interim Director of Nursing provided further assurance explaining that each action within the health elements of the update had a further folder of information behind it which could be provided if required. She also advised that Health Care Improvement Scotland had expressed initial concerns regarding progress, but that since April they had been pleased with actions taken hence the move to step down the frequency of support meetings.

The Interim Chief Social Work Officer added that the plan was RAG rated and dated and that not many areas had fallen behind. She confirmed that any that had were identified and that the Strategic Inspector liaised with various agencies and no concerns had been raised at their weekly meetings as some delays due to COVID 19 had been expected.

Concerns about the structure and reporting arrangements of the COG were also raised and discussed. It was noted that the OPCC reported to COG, but the arrangements for the oversight and scrutiny of the latter were unclear and as leadership issues had been highlighted in the past it was essential that measures were in place to ensure appropriate future membership and governance.

Members welcomed the narrative and spreadsheet data provided and acknowledged the valuable progress made in three weeks. It was explained that revised iterations of such updates could not be seen often enough at meetings, as they helped to demonstrate progress. Inclusive partnership working, which allowed fresh perspectives and new ideas to be considered and incorporated, was warmly welcomed and was followed by the call from some members for the development session discussed under matters arising to be arranged as soon as possible. It was felt this would provide a further opportunity to seek full assurance with more detailed exploration of the issues raised.

The NHS Orkney Chair noted that it was only three weeks until the next meeting of the committee and was concerned that adding a further session to current

workloads could hamper current progress.

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.

It was agreed the NHS Orkney Chair would take this action forward.

Decision / Conclusion

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.

395 Mental Health Update - CCGC 2021-22

The Interim Director of Nursing presented the Mental Health Report noting it as formal follow up to the verbal update provided at the last meeting, which advised members of the establishment of a multi disciplinary, 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 end point 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 our of hours services which impacted on acute and urgent care pathways.

The Clinical Director of Primary Care updated members with a personal anecdote of the positive impact simple changes could make at an operational level. She explained how information gleaned at a weekly huddle had enabled her to confidently assess and plan the care for a urgent and complex out of hours mental health presentation that previously would have been a daunting and worrying contact. She was in possession of background information, knew who was on call and was able to seek swift and concise support which enabled a patient outcome at first point of contact. She also highlighted feedback on a similar and more recent experience from a new locum out of hours clinician.

The chair welcomed the update and noted the links to the issues raised in the ACF paper at item 12.1. The chair of the ACF summarised the issues outlined in his paper, confirmed that the issues raised remained a concern for GPs, but noted that immediately after the meeting papers were shared he received a response from both the Medical Director and Interim Director of Nursing on actions to tackle

the issues.

The Interim Director of Nursing advised members that she had hoped to join the GP Sub Committee meeting to listen directly to the concerns of GPs, but had been unable to attend. She noted that it was helpful to have the additional details to support and inform the ongoing work and confirmed that the Clinical Director for Primary Care, as well as two GPs, attended the task and finish group meeting which would help ensure that the concerns raised would be addressed. She also advised that if there were any urgent issues they should be addressed immediately and out with the group.

The Medical Director agreed that patient safety issues were a real concern and a key driver of the work undertaken and described by the Interim Director of Nursing. He noted that continuity of care had been improved with the recruitment of a locum consultant who had been in place for the last nine months, but noted that reliance on locum provision always carried a high level of risk and a substantive appointment would be the aspiration.

The Chair of the IJB asked how the task and finish group outcomes would inform the commissioning decisions of the IJB and also noted her concerns around the impact of service design implications on the recently completed Mental Health Strategy consultation.

The Interim Director of Nursing agreed that partners would need to ensure appropriate updates to the strategy were included in the final version. She acknowledged that there may be some administrative challenges around the consultation process, but highlighted the inclusive membership of the task and finish group and confirmed colleagues would work together to resolve any concerns.

A plea for the inclusion of a whole treatment centre approach in any development discussions was noted and supported by a further anecdotal example from the Clinical Director of Primary Care.

Decision / Conclusion

The Committee noted the update and progress made.

Risk

396 Risk Register Report - CCGC 2021-23

The Chief Quality Officer presented the update on active risks assigned to the Clinical and Care Governance Committee and noted that the committee had inherited a number of risks from the COVID 19 silver command structure.

Appendix 1 provided a summary of all the active risks and members were advised that all the risks were being reviewed as part of the return to business as usual and a change should be noted at the next meeting.

The Chair of the IJB highlighted her concerns regarding the cruise liner risk and queried the level of conversation with the harbor authority regarding the issue noted.

The Director of Public Health advised that NHS Orkney worked very closely with environmental and port health to ensure very strong processes were in place, but described a couple of scenario examples that demonstrated why, despite mitigation measures, an element of risk would remain.

The Interim Director of Nursing highlighted that the senior nursing team had noted that Healthcare Improvement Scotland were restarting inspections, as it was quite common for new hospitals to receive a visit.

Decision / Conclusion

The Committee reviewed the report and noted the assurances provided.

397 Internal Audit Report Clinical Governance Adverse Event Management - CCGC 2021-24

The Chief Quality Officer presented the report which highlighted areas of good practice and actions for improvement.

S Sankey highlighted the control assessments review as particularly good but queried the lack of public involvement in the review, especially noticeable in light of the recent issues with public communication.

The Chief Quality Officer welcomed the feedback and agreed that more work was needed to ensure effective feedback and patient experience mechanisms were in place, but noted an external facing event had not been held because the scope of the audit was to test internal processes.

Decision / Conclusion

The Committee noted the audit report and took assurance that the recommendations were being progressed.

Chairs reports from Governance Committee

398 Area Clinical Forum- Complex Cases update - CCGC 2021-24

The Chair of the ACF noted that the concerns and issues noted in the report had been discussed earlier as part of agenda item 10.2.

Decision / Conclusion

The Committee noted the concerns and took assurance that the issues raised were being addressed.

399 Emerging Issues

The Director of Public Health noted that as part of remobilisation screening process were moving forward and a limited start in July was anticipated.

400 Any other competent business

No other business was noted

401 **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:

- Mental Health Update
- Children's Inspection Report