

## **NHS Orkney Board**

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** on **Tuesday 27 October 2020** at **13.00**

- Present**
- Issy Grieve, Non-Executive Board Member (Chair)
  - Steven Johnston (Vice Chair)
  - Michael Dickson, Interim NHS Orkney Chief Executive
  - David Drever, Non-Executive Board Member
  - Rachael King, Integrated Joint Board, (IJB) Chair
  - Meghan McEwen, NHS Orkney Chair
  - John Richards, Integration Joint Board Member
  - Steve Sankey, Integration Joint Board Member
- In Attendance**
- Christina Bichan, Head of Assurance and Improvement
  - Lynda Bradford, Interim Head of Health and Community Care
  - Chris Nicolson, Director of Pharmacy
  - J Lyon, Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice
  - Dawn Moody Clinical Director of Primary Care
  - Gillian Morrison, Interim Chief Office
  - Marthinus Roos, Medical Director
  - Heather Tait, Public Representative
  - John Trainor, Head of Clinical Governance and Quality Improvement
  - Brenda Wilson, Project Lead Nurse
  - Louise Wilson, Director of Public Health
  - Kim Wilson, Deputy Director of Nursing
  - Suzanne Roos, Consultant Psychologist and Professional Lead for Psychological Therapies (*for Autism Diagnosis Pathways action log item*)
  - Heidi Walls, Committee Support

### 701 **Apologies**

Apologies had been received from David McArthur, Director of Nursing, Midwifery, AHP and Acute Services

### 702 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

### 703 **Minute of meetings held 14 July 2020**

The minute of the Clinical and Care Governance Committee meeting held on 14 July 2020 was accepted as an accurate record of the meeting and approved subject to the following amendment.

Bottom of page 2 - addition to final sentence of the post meeting noted so it reads - *“better governance would be essential to ensure that responsibilities and decision making are clear and communicated effectively.”*

704 **Matters Arising**

391 Agenda Distribution List

It was confirmed that a report regarding vacant elected OIC membership would be submitted to the Policy and Resources Committee on 24 November 2020.

393 Mobilisation Update - CCGC 2021-16

Members noted the post meeting update and highlighted concerns regarding the impact on patients travelling to the Golden Jubilee Hospital via Glasgow and for Ophthalmology services via Inverness.

The Interim Chief Executive noted that as the Golden Jubilee services were only just restarting services the impact of changes on the Glasgow route were currently limited. He informed members that NHS Orkney was working closely with Tayside in response to the more significant implications of changes to the Inverness route, such as clinicians travelling to Orkney to provide on island services.

It was also noted that any update to tier arrangements may impact further and that these issues would be the subject of ongoing debate.

The chair thanked the Medical Director for the post meeting note provided, but highlighted concern regarding the additional issues raised. It was agreed the item should be escalated to the Chief Executive and Board to raise with Loganair.

474 Area Drugs Therapeutic Committee (ADTC) Verbal update

The Chair noted that whilst this had been on the agenda it had been agreed to defer this item to the next meeting. It was confirmed the committee had held one meeting and as the next meeting was scheduled for November there were no minutes to review.

475 Patient Feedback Annual Report 2019/20 CCGC 2021-32

The Chair advised members that it was agreed to only include a health complaints report at this meeting and confirmed the addition of a care report would be anticipated from the January 2021 meeting.

705 **Action Log**

The Committee reviewed and updated the action log noting that the verbal update on the Autism Diagnosis Pathway would be taken later in the meeting (See action log for details)

**Operational Planning**

706 **COVID 19 Health Remobilisation Update CCGC 2021- 35**

The Head of Assurance and Improvement presented the NHS Orkney Remobilisation update and highlighted that all services were offering routine provision, but with reduced capacity in order to comply with infection control and physical distancing.

Work was also ongoing to increase community capacity and Scottish Government approval of the remobilisation plan was secured in September 2020.

Looking ahead it was noted that there would be a need to balance the demands of winter pressures and the second wave with the remobilisation, but progress was currently on track.

The Chair of the IJB queried whether the barriers to accessing outpatient clinical space noted in item 3.6 of the report related to the pressure of red /green zones.

The Head of Assurance and Improvement confirmed that capacity had been reduced and time slots increased, which reduced the availability of rooms for services to work from so it was key to ensure all services have access to delivery.

The Chair advised members that the Area Clinical Forum had also addressed this issue and understood that the current position was secure, but she also highlighted that the follow up question would be what next.

The NHS Orkney Chair noted that at some stage Orkney may be moved up the new tier arrangements and sought assurance that there would a local voice in the step back down of elective services.

The Head of Assurance and Improvement was aware that Scottish Government were asking all health boards to identify trigger points and be clear about where the needs would be and advised members that consultants were actively reviewing lists so they would be in a good position to respond and ensure plans were in place.

The Medical Director highlighted that the prioritisation of cases would be a key factor going forward. He advised that NHS Orkney were doing alright now, but bigger boards would have problems which would impact our patients.

The Vice Chair noted that previously the remobilisation update had been an iterative process, but the attached report was a finalised document and asked if it was likely to be revisited, especially considering current circumstances.

The Head of Assurance and Improvement replied that she thought it was unlikely as the next stage of planning had started and she thought that going forward it would be more of an ongoing dialogue with perhaps exception update reporting.

D Drever highlighted table 1 in the report and ask how it linked with the risk register.

The Head of Assurance and Improvement confirmed the table was an analysis of the risks associated with the remobilisation plan as written and further assessment of how that would sit within the risk register was ongoing work in progress.

## **Decision / Conclusion**

The Committee noted the update and took assurance

## **Safe and Effective Care**

### **707 Quality Forum Chairs Report CCGC 2021 CCGC 2021- 36**

The Medical Director presented the Quality Forum Chair's report noting that the group had been reconstituted from scratch. Initial meetings had been focussed on planning and identifying the changes needed to achieve greater engagement and create a forum where issues could be highlighted, and communal wisdom used to solve problems.

Greater enthusiasm and improved attendance had been noted so members were pleased with the results so far.

In response to a query from the Chair, the Medical Director confirmed that the forum Terms of Reference were complete.

The Chair, having reviewed the minutes, was hearted by the number of clinical staff in attendance and asked if all those needed were in attendance and asked if minutes were circulated wider than forum membership.

The Head of Assurance and Improvement noted the latter as a topic of some discussion at the last meeting and acknowledged it as area for improvement. Previously there had been a reliance of the dissemination of information by members, but to ensure a wider and more reliable process a communication item had been added to the agenda.

The Vice Chair confirmed that the Area Clinical Forum received copies of Quality Forum minutes.

The NHS Orkney Chair asked if the Quality Forum actively reviewed learning outcomes from the Morbidity and Mortality meetings and Significant Adverse Event reviews.

The Head of Assurance and Improvement confirmed that the forum was a key part of the learning from clinical incidents process and she described instances where people had made connections to their area from the findings of reviews submitted.

The Chair asked if the move away from a managerially to clinically led forum provided enough challenge and assurance.

The Head of Assurance and Improvement felt it was developing and noted that more people were actively participating than previously, but she hoped it would develop further.

It was agreed that as a key issue this should be reviewed again in a few months.

The Interim Chief Executive asked if there was assurance that learning was taking place when things go wrong and questioned whether it was acceptable to wait for things to improve if there was practice leading to poor outcomes for patients. He suggested that there should be a clear matrix so that there could be confidence that practitioners were meeting outcomes for patients.

## **Decision / Conclusion**

The Committee took some assurance from the points made but noted some outstanding challenges which would require ongoing scrutiny.

708 **Integrated Staffing Programme CCGC 2021- 37**

The Deputy Director of Nursing presented a brief update on the Integrated Staffing Programme and noted that the programme had recommenced at the end of September and that the work required had expanded from the original remit so the projected completion date had slipped to 2022.

Key risks and issues noted included clinical leadership and time to lead and concerns regarding organisational awareness of the financial implications of the programme.

Overall support for the programme was highlighted, links with L Hall for a HR view had been made and the staff involved were pleased to see the work restarted.

**Decision / Conclusion**

The Committee were pleased to hear of the restarted programme and noted the update.

709 **Mental Health Strategy CCGC 2021- 38**

The Interim Chief Officer presented the draft Mental Health Strategy noting the timing of an extra IJB meeting and that any comments from members would be fed back verbally.

It was recognised that the production of the strategy had been a work in progress for some time, but it was important to get it right and include the mental health impacts following the first wave of the COVID 19 pandemic. It was noted that as it was not over yet there would be ongoing implications for mental health services and care, particularly in relation to long COVID 19.

Viewed as the business of everybody with implications across the boards, wide engagement, including third sector input had been undertaken and many comments received and producing the strategy alongside all other objectives in a diminished service with limited capacity had been challenging.

Once approved at board level a group would be convened to finalise an action plan which would be included in the commissioning implementation plan.

The Chair thanked L Bradford for the comprehensive document and that confirmation that an action plan would follow once the strategy had been approved answered her main question.

The NHS Orkney Chair, noting the importance of third sector, was pleased to see their contributions incorporated. She then sought clarity regarding references to Orkney Health and Care (OHAC) in the context of the report.

The Chief Officer agreed that there was insufficient clarity around this subject and noted there had already been a suggestion that the term partnership be added to the OHAC title.

It was explained that the IJB was a legal entity and in Orkney there were two parent bodies NHS Orkney and Orkney Islands Council and that OHAC was the joint service that delivered the function of the IJB. It was agreed that further work was needed to provide clarity.

Members further discussed assurance issues around the range of delegated functions, but it was agreed to move on as the mental health strategy was the focus of this item.

S Sankey echoed the positive comments on third sector engagement, noted the report as testimony to the partnership approach and asked about psychiatric provision for older people.

The Acting Head of Health and Orkney Health and Care noted the Shetland model was one where an older people psychiatrist would use video conference to discuss individual

cases. It was an approach tried Orkney with Grampian colleagues pre pandemic, but they had been unable to fully implement due to staff shortages. It was hoped that when the Grampian staffing situation improved it would be revisited.

Noting mental health and wellbeing as a key issue of recent meetings of the Orkney youth forum, John Richards sought assurance that the voice of young people was listened to.

The Acting Head of Health and Orkney Health and Care described a dedicated session which had been held with M Swannie and the Child and Adolescent Mental Health Services to hear their concerns and those comments were fed back. She also noted that the strategy was viewed as live and iterative and she would be happy to talk with any other groups, as appropriate.

The Vice Chair welcomed the excellent document, was eager to get on with the action plan and implementation phase and noted the multiple mention of prevention but felt the vision not quite captured.

The Director of Pharmacy was also pleased to see the final version and further to the vice chairs comment regarding prevention, wished to highlight the term treatment. One of the end results of any psychiatric outcome or any intervention is treatment and he thought it would be good to see measurement of medicine related content in the action plan.

The Chief Officer acknowledged the very valuable and pertinent comments and agreed that delivery would be the key marker of success for the strategy. She advised members that working closely with the Head of Assurance and Improvement, a performance framework would need to be developed so that timely delivery could be demonstrated on a regular basis, but also highlighted that a performance and development officer was a current key vacancy.

The IJB Chair appreciated the level of work from all and the breadth of engagement and noted the actions around mental wellbeing of Orkney and the strategic priorities as the stand out positives and was pleased to hear it was viewed as iterative and was keen to see how it progressed.

D Drever particularly liked the accessibility of the document as it was long but readable and covered a wide range of topics. He also welcomed the small but good section on substance abuse and was pleased to see the look to the future with narcotics anonymous and the psychological therapies services. He was also enthused by the learning outcomes of the pandemic around virtual contacts and how direct access to patients at home could be achieved.

## **Decision / Conclusion**

The Committee reviewed the report and noted a majority recommendation for IJB and NHSO board approval.

### **710 Mental Health Improvement Update CCGC 2021- 39**

The Project Lead Nurse presented an update on the progress of the Mental Health Task and Finish Group noting the wide membership, strong engagement with the third sector and the establishment of three initial workstreams. It was hoped that the work would fit with the national mental health strategy, the 2020 vision as well as the local strategy.

It was noted that the diverse membership had led to the group becoming a bit unwieldy,

but with the help of the quality improvement team a workshop had been held in August, which had identified some quick wins and actions along with some longer term aims.

The importance of the work being led by the Community Mental Health Team was noted, as was the ongoing challenge of capacity and delivering improvement whilst maintaining business as usual.

The Chair acknowledged the benefit of receiving both reports which had made it clear that active progress was being made.

## **Decision / Conclusion**

The Committee noted the update and were assured that work was in place.

### **711 Good Parenting Plan CCGC 2021- 40**

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the Good Parenting Plan and noted it had been widely circulated and approved by the council and the Partnership Board. Feedback from the recent NHS Orkney Board had also been received.

The Orkney looked after population was noted as a relatively small number with about 42 children and young people and this was proportionate for the size of the authority.

The report was standalone but also sat within, and formed part of, the overall multi agency improvement plan and work with children, young people and vulnerable families.

A key point highlighted was the organic nature of the plan and the need for consistent active listening throughout the implementation of actions identified, to ensure that previous work was built on and that children and young people have a meaningful say.

An example from a recent engagement was described. It was noted that whilst several initial attempts at engagement were resisted, feedback, once started, was forthcoming and valuable with three areas for immediate improvement identified and addressed. This confirmed that there was more that could be done.

Members warmly welcomed the report and it was agreed that when the workplan for the committee was reviewed it would be added as an annual report.

Further comments included a request for the additional vulnerability and barriers faced by isles children and young people to be included in the next iteration, approval of the renamed plan and its vision and a query regarding governance which the Chief Officer noted as an action.

### **Decision / Conclusion**

The Committee noted and commented on the plan

### **Policies for Approval**

#### **712 Management of Controlled Drugs in Secondary Care Policy CCGC 2021- 41**

The Director of Pharmacy presented the updated policy noting minimal changes and highlighted the new reporting arrangements in the appendices as the main amendment.

With the move to implement the hospital electronic prescribing and medicines administration system underway, he noted that more fundamental changes would be likely to follow soon, but this update would ensure the policy remained current and appropriate and provided assurance the controlled drugs were handled appropriately

### **Decision / Conclusion**

The Committee approved the update of the Management of Controlled Drugs in Secondary Care Policy

#### **713 Patient Access Policy Update CCGC 2021- 42**

The Head of Assurance and Improvement presented the updated Patient Access Policy noting that there were no dramatic differences.

She explained that it had been double checked for compliance and minor amendments had been made. It had also been well circulated with good discussion and feedback incorporated. One caveat regarding some minor typing errors which would be amended prior to board submission was noted.

The Vice Chaired appreciated the opportunity for the Area Clinical Forum to review the update and suggested that the reference to trauma informed practice was adapted to accommodate mental health and that developments as a result of Covid 19 were also included.

### **Decision / Conclusion**

The Committee approved the policy update subject to the amendments noted.

#### **714 NHS Orkney Public Protection Guidelines CCGC 2021- 43**

The Project Lead Nurse presented the guidelines noting them as part of the overall improvement plan following inspection and highlighted that they had been produced in partnership across all organisations.

S Sankey suggested an addition to the introductory section, noting the Children



(Equal Protection from Assault) (Scotland) Act 2019 as a new piece of relevant legislation and agreed to email the details for inclusion as appropriate.

The NHS Orkney Chair sought assurance that the document would be circulated to all those that needed to see it and the lead nurse confirmed that it had been added to the blog but acknowledged that that didn't provide confirmation that it had been read.

All colleagues were asked to ensure appropriate circulation and it was hoped the Public Protection Lead Nurse coming in to post would have a role in taking this forward.

### **Decision / Conclusion**

The Committee noted the guideline.

### **Person Centred Care**

#### **715 Health Complaints Performance Report Quarter 1 CCGC 2021- 44**

The Head of Assurance and Improvement presented the quarter one report which provided an update on performance and included information on complaints received and patient contacts and feedback forms.

The Chair highlighted the increase in complaints but noted that this could be taken as a positive result of actively seeking feedback and ensuring that issues were picked up, dealt with as appropriate and lessons learnt.

The Head of Assurance and Improvement highlighted that opportunities to take learning back into teams was constantly sought and thought this had been captured in the report.

In response to a query the Head of Assurance and Improvement explained that the care opinion referred to at item 12 was an online portal where members could log on and share experiences. She noted that there was wide participation nationally but low take up in Orkney

The Chair noted that the report demonstrated a broad spread of complaints rather than a focus on singular areas, which provided good assurance.

### **Decision / Conclusion**

The committee noted the report and took assurance

### **Population Health**

#### **716 Winter Plan CCGC 2021- 45**

The Head of Assurance and Improvement presented the winter plan update noting that a delay in the release of the national winter planning guidance and funding confirmation had meant a final version of the plan could not be submitted for this meeting.

However, work had progressed since the update was written and she was able to confirm that the final operational planning meeting had just been held and the timeline for the final draft was the end of the week.

## **Decision / Conclusion**

The committee noted the update

### **717 Public Health Update Report CCGC 2021- 46**

The Director of Public Health presented the Public Health Report highlighting that a recruitment process for Test and Protect contact tracers closed last week so a review was due soon, care home work continued with a strengthened on call system and the flu vaccination programme was up and running.

In addition, Covid-19 planning was underway, health improvement work had been reduced to support contact tracing and the community morbidity report had been well received.

The Interim Chief Executive noted the Public Health Team was working exceptionally hard

and asked whether the learning from the first wave of the pandemic had highlighted any key areas to prioritise or do differently as we moved into the second wave.

The following key points were noted

- The speed at which things happened and the speed at which large organisations could respond. It was noted that plans needed to be as well developed as possible whilst remaining flexible.
- Avoiding multiple demands being cascaded down different routes which were difficult to manage by working with Scottish Government
- Although branded as a Public Health remit, ensuring the community were kept on board with restrictions needed to be a whole system co-operation. The difficulties of this were acknowledged but were noted as the best way to keep safe.

The Vice Chair appreciated the update and was particularly interested in the health inequalities and asked how the focus required on the issues highlighted was ensured

The Director of Public Health noted that clearly the Covid-19 pandemic had widen the inequalities seen and explained that using the Health Inequality Impact assessments was really important and noted it was a role for everyone to be a champion.

The Chair of the IJB noted the report as a really important read and highlighted that although it was an internal NHS document it had relevance across the economy with some really stark and concerning statistics, particularly in relation to children and young people.

She asked if the document would be shared more widely and other members agreed they would like to see further accountability on the issues raised and sought assurance around the next steps.

The Director of Public Health confirmed she was happy for it to be shared more

widely and to take comments. She further advised that the public health improvement teams should be part of this process, but staff were currently pulled to deliver on health protection so welcomed the suggestion that broader action across the community should be taken.

J Richards noted the fuel poverty figures in the report and highlighted that it was difficult to get a clear understanding of the extent of fuel poverty across Orkney and was shocked to note figures close to 90% for some sectors of the community.

The Interim Chief Executive agreed that understanding community impacts was an important discussion to be had but noted that it was not within the remit of NHS Orkney to fix all issues and it would be a question across the partnerships on how these issues were moved forward.

### **Decision / Conclusion**

The committee noted the comprehensive Public Health update and assurance was taken

### **Social Work and Social Care**

#### **718 Children and Young People's Joint Inspection Action Plan- CCGC 2021- 47**

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the report, acknowledged the concerns of the committee on this issue but noted

the plan as an important basis for moving forward.

Child protection using a traffic light approach was noted as the first and most important priority along with getting it right for every child and the need to ensure more general child welfare. Other key themes highlighted included:

- Partnership working
- Good parenting plan
- Importance of an underpinning self-evaluation process
- Delivery of key actions within appropriate timescales
- Support and challenge process
- Collective engagement
- Confidence in ability to make progress and achieve actions identified

The Chair noted that the reduction from 41 to 33 actions provided great reassurance

The IJB Chair asked if the amber and red actions were achievable in a timely manner and whether there was an overarching sense that progress was heading in the right direction.

The Chief Social Work Officer acknowledged the importance of the comments and linked them to the earlier discussions and the importance of the 'so *what next*' questions. He confirmed that whilst there may be certain quick win actions it was much more important to ensure that staff understood their role and could act effectively when matters were raised.

The key issue was to embed front line assessment mechanisms and full assurance couldn't be provided until there was good evidence that changes, and

delivery had been implemented.

The Chief Officer added emphasis on the leadership role for all services on these issues noting that the worst element of the inspection was that it wasn't foreseen and the need to ensure continued dynamic leadership throughout the process to ensure that standards implemented were maintained was key. Interim leadership roles and the pressures of Covid 19 were highlighted as particular challenges and made monitoring capacity even more crucial.

The Chair noted that the issues raised by the inspection outcomes had caused the committee a great deal of concern, but confirmed that the reporting had provided a welcome and higher level of security as really good progress had been demonstrated and a clear way forward identified.

### **Decision / Conclusion**

The Committee noted the progress of the improvement plan and looked forward to further assurance around implementation plans.

### **Chair's Reports from Governance Committee**

#### **719 ACF Chairs Report CCGC 2021- 48**

The Area Clinical Forum Chair presented the report from the August meeting and updated members on the progress made with the highlighted concerns regarding clinical space.

He confirmed that the Old Balfour site as well as Heilendi were now in use and arrangements until the end of March 2021 were in place, but also noted that the issues were not just Covid-19 related and would need to be revisited.

Autism Diagnosis Pathways was also highlighted as an area of concern raised, but it was noted as the next agenda item for discussion.

The Medical Director noted that a series of workshops had been set up by the Executives and one of the agenda items was the effective use of outpatients' space and the booking systems so he was hopeful that improvements could be anticipated.

### **Decision / Conclusion**

The Committee noted the update and took assurance that action had been taken to address the issues raised.

#### **720 Autism item from action log**

The Consultant Psychologist and Professional Lead for Psychological Therapies joined the meeting to provide an update on the Autism Diagnosis Pathways item.

She described her role as the Adult Autism Pathway Coordinator and clarified that the paediatric and adult pathways were different and separate.

She advised members that requests for assessments were open to anyone in the adult population so not just those within the learning difficulties or mental health services and that what we offered was a lot more than most other boards with only Glasgow, Lothian and Ayrshire and Arran offering a similar service.

The current process had been working well for the last couple of years with 14 assessments and 12 ASD diagnoses delivered by a private Glasgow based service, after local triaging, in line with Sign guideline 145.

The Chair welcome the update which provided assurance on a clear pathway for adults but noted the need to seek an update on the route for children.

The Vice Chair noted that ACF members had highlighted the need for a wider neurological conditions pathway as there was currently a 2-year waiting listing. He reassured members that support was available for patients waiting for diagnosis but the process had been fraught with confusion for some time so clarity would be welcomed.

### **Risk**

#### **721 Corporate Risk Register- CCGC 2021- 49**

The Head of Assurance and Improvement presented a brief Corporate Risk Register update noting that at the time of writing there were no risks assigned to the Clinical and Care Governance Committee.

Members were also advised that a strategic approach to risk and actions following on from a recent board session were being taken forward and all risks sat within the Datix system were being reviewed and would be taken to the next risk forum.

### **Decision / Conclusion**

The Committee noted the update provided.

#### **722 Agree any risks to be escalated to Audit and Risk Committee**

The Committee agreed there were no risks for escalation to Audit Committee.

#### **723 Emerging Issues**

No emerging issues were noted

#### **724 Any other competent business**

No other competent business was noted

#### **725 Agree items to be brought to Board or Governance Committees attention**

It was agreed that the recent development regarding cessation of flights to Inverness and Glasgow should be escalated to the Chief Executive and the board along with the update and progress of the Mental Health Strategy.