

NHS Orkney Board

Minute of meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** in the **Brodgar Room, Balfour Hospital** on **Wednesday 29 January 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 Rachel King, Integration Joint Board, Chair Meghan McEwen Non Executive Board Member Gerry O'Brien, Interim Chief Executive Steve Sankey, Integration Joint Board Member Kevin Woodbridge, Integration Joint Board Member
In Attendance	Christina Bichan, Chief Quality Officer Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Work Officer Marthinus Roos, Medical Director Sally Shaw, Chief Officer Heather Tait, Public Representative Louise Wilson, Director of Public Health (<i>from 14.30</i>) Heidi Walls, Committee Support (minute taker)
666	Apologies Apologies had been received from, D McArthur and C Nicholson
667	Declarations of Interest – Agenda Items No interests were declared in relation to agenda items.
668	Minute of Meeting held on 9 October 2019 The minute of the Clinical and Care Governance Committee meeting held on 9 October 2019 was accepted as an accurate record, subject to the correction listed below, and was approved on the motion of G O'Brien and seconded by M McEwen. <i>Page 3 last paragraph amended to read "The content and implications of the update were discussed in depth, but it was agreed that the priority was to be aware of the issues so that appropriate plans could be made. It was confirmed that the item would closed on the action log."</i>
669	Matters Arising <u>433/01-2019/20 & 05-2019/20, 435 & 437 Quality and Safety Group</u> The chair highlighted the number of items that recorded progression of items to the Quality and Safety Group, which had not met for some time and noted the issues would be discussed further under the Quality and Safety Group's Chair's Report on the agenda. <u>262 Primary Care Improvement Plan</u> S Johnston enquired whether Integrated Joint Board (IJB) direction on key priorities had been provided and S Shaw confirmed it had. She noted that discussions had been

	<p>measured and cautious and that it would not be possible to achieve all aspirations, but there were ongoing discussion with Scottish Government and prioritisation would be required to ensure the most appropriate use of funding.</p> <p>R King highlighted that at a recent ministerial strategic group the cabinet secretary had taken a keen interest in link workers and there was a concern that they were not being employed where they should be. Members confirmed that local link workers were appropriately placed.</p>
670	<p>Action Log</p> <p>The Committee reviewed the updated Action Log. (see action log for details)</p> <p><u>07-2018/19 Status Report -Mental Health Strategy and Service Delivery Plan</u></p> <p>The Chief Officer noted that the consultation on the draft strategy had been extended at the request of the Blide Trust to ensure the voices of all the right people were included and confirmed it would close mid February.</p> <p>The chair noted that the final draft was due to be submitted to the March 2020 IJB meeting so it was anticipated that the final version would be available for the next meeting of the committee.</p> <p><u>01 – 2019/20 Regional Clinical Services Update Report</u></p> <p>The Medical Director explained that over the last year there had been an attempt to pull together a regular meeting for regional medical, nursing, and other senior clinicians to meet and lead clinical governance, but it had been unsuccessful.</p> <p>The Chief Executive updated members further and advised that at a recent North of Scotland Chief Executives meeting it had been agreed that Chief Executives, Directors of Public Health, Medical Directors, and Nursing Directors would be invited to an event on 28 April 2020 to work through how regional clinical governance issues should be addressed.</p> <p><u>06 – 2019/20 Area Clinical Forum Cross Committee Assurance Report</u> Members noted the update that had been provided in the action log.</p>
	<p><u>Governance</u></p>
671	<p>Clinical and Care Governance Committee Terms of Reference- CCGC1920 –50</p> <p>The chair noted that the draft revised Terms of Reference were included for comment prior to the annual committee development session scheduled for the 24 February 2020 and offered to take note of any feedback from members. The following areas for further discussion were highlighted:</p> <p><u>Section 1.2 Composition</u> It was confirmed that the inclusion of the Chair of the Area Partnership Forum (Employee Director) was incorrect and should be amended to the Chair of the Area Clinical Forum</p>

	<p><u>Section 1.2 In Attendance</u> A query with regard to the requirement for nominated deputies was highlighted in relation to the public representative. It was agreed that this would be desirable and the Chief Executive would work with the Chief Quality officer to address this.</p> <p>It was also agreed that further consideration should be given to patient group representation to ensure it was at an appropriate level.</p> <p><u>Section 1.4 Quorum</u> It was agreed that to ensure parity with the IJB the quorum should be amended to two Orkney Islands Council Members</p> <p><u>Section 1.5 Remit</u> The examples of sources of information were noted and a query regarding the inclusion of Duty of Candour was raised for further discussion.</p> <p>Decision / Conclusion</p> <p>The chair thanked members of the executive team for the work to date and noted that whilst a Once for Scotland approach could be in place within the next year, the comments noted would be fed back and contribute to an updated remit in the interim.</p>
672	<p>Clinical and Care Governance Committee Risks Controls and Assurance Framework- CCGC1920 –51</p> <p>The chair noted that the draft Clinical and Care Governance Committee Risks Controls and Assurance Framework was also included for comment prior to the annual committee development session scheduled for the 24 February 2020 and offered to take note of any feedback from members. The following areas for further discussion were highlighted:</p> <p><u>General</u> Amend so that table headings show on every page and add an acronym glossary.</p> <p><u>Page 2</u> Complete the pharmacy section S Johnston noted a query with regard to the last box and entries in the assurance on controls and gaps in control columns. It was agreed appropriate wording to update this section with regard to the patient safety alert update given in the action log would be made.</p> <p><u>Page 9</u> A query as to whether specific health and care service should be delineated (drug and alcohol) was raised and it was agreed that this would be discussed further at the development session</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the draft and comments were noted.</p>
673	<p>Clinical Strategy - CCGC1920 –52</p> <p>The Medical Director presented the Clinical Strategy update noting the hard work on the initial draft by The Director of Public Health. He highlighted that the current version was</p>

a consultation document with a focus on seeking input on what was required from range of individuals and groups with the detail of how it would be achieved to be discussed later.

It was confirmed that the draft document and a comments prompt sheet had been widely distributed and discussed at various staff groups and that feedback had been directed to a generic email inbox. It was noted that the consultation closing date was the 31 January so any members who had not yet responded were encouraged to do so.

It was confirmed that once the initial consultation feedback had been collated and finalised there would be a public consultation and a final draft was scheduled to be submitted to NHS Orkney Board meeting on 21 May 2020.

S Johnston confirmed that the draft had stimulated lots of discussion at various staff group development sessions so there would be plenty of feedback to be considered for the final draft.

The Chief Officer highlighted that in recent months a number of draft strategic plans had been circulated and noted it would be helpful if common objective and outcomes language could be used.

D Drever noted that the degree of staff enthusiasm and engagement that had been generated was positive and it was agreed that whilst the public consultation would be led by Health Scotland it would be in partnership with local stakeholders.

R King acknowledged the level of work and detail and the positive overarching impression but noted a concern regarding duplication of content from multiple stakeholders and the risk of presenting a confused message to members of the public.

The Chief Executive confirmed that the document was an NHS Orkney clinical strategy and had not come out of the Strategic Planning Group.

The Director of Public Health also highlighted the excellent response from the clinical community, stressed the need to ensure this was not lost and emphasised that presenting the burden of disease and the reshaping of services was the key focus as this stage. She confirmed that the document had been drafted for a clinical audience and turning it into a public facing document would need further work.

D Drever confirmed that there were very strong imperatives on NHS Orkney to have a strategy and agreed there was a need to share it and hope colleagues would be able to use it and agree to align as appropriate. He noted that he was not unduly concerned about public perception as if they were able to get the strategy right it would be right for the public.

Feedback that local children were very concerned about Orkney levels of adult smoking was highlighted and it was agreed that the Chief Officer and The Chair would raise the concern at the next alcohol and drugs partnership meeting.

The Chair encouraged all members who wished to ensure their comments were included in consultation feedback to send them to the email address circulated by S Johnston during the meeting. She also highlighted the importance of clinical leadership of the strategy and noted it should help inform the direction of travel for the Strategic Programme Board of the IJB.

	<p>Decision / Conclusion</p> <p>The Committee reviewed and discussed the draft Clinical Strategy.</p>
	<p><u>Safe and Effective Care</u></p>
674	<p>Quality and Safety Group Chairs report – CCGC1920 - 53</p> <p>The chair provided members with a brief update on the background for this report, noted that there had not been a quorate meeting since August 2019 and that it had been identified that a redesign of this part of the governance structure was required.</p> <p>The Chief Quality Officer advised that further to the update provided at the last meeting a revised Terms of Reference, which was attached at Appendix 1, had been drafted with a focus on a refreshed Quality and Safety Group which would be clinically led and management enabled. The aim was to engage a broad spectrum of clinicians in a free and open forum where all aspects of service issues could be discussed.</p> <p>It was recognised that some of the broader areas of business such as person centred care and population health may not fit with the refreshed model and further work would be required.</p> <p>The Medical Director advised that the group should have two functions. One was an official remit to ensure national guidance was followed, appropriate consultation on organisational documentation was completed and audit data reviewed and managed but he also stressed the importance of the services involvement in these processes. The second focus was to shift away from a report driven format and ensure the outcomes of meetings were a thermometer for the organisation by allowing and supporting staff to raise difficult issues in a safe and communal environment.</p> <p>The chair thanked members for the report and the additional helpful context and asked how assurance would be provided to the Clinical and Care Governance Committee that identified issues had been addressed.</p> <p>The Medical Director advised that the most important assurance would be that a forum was in place where issues were tabled and discussed and it was agreed that reports and minutes of meetings would be submitted to the committee.</p> <p>A query regarding protected time for clinicians to be involved in such meetings was raised and it was confirmed that this would be part of the Healthcare Staffing Programme and identifying best times to meet would be part of a workshop planned as the next stage in the refresh process.</p> <p>The Director of Public Health recognised the importance of a free and open forum, but also emphasised the importance of a consistent and systematic approach and advised that there was still work to be done to ensure there were clear reporting lines and that duplication of work was avoided.</p> <p>The Chief Executive confirmed his expectation that staff included on the membership of such groups would be expected to attend meetings as a core element of their remit and that this represented a significant organisational investment in the safety of services.</p> <p>S Johnston highlighted a concern that the draft remit had several areas in common with</p>

	<p>the role of the Area Clinical Forum, but noted he was keen that there was joint working to avoid duplication and pressure on staff capacity.</p> <p>The Chief Quality Officer advised that monthly reports with outcomes and an annual report would be produced to ensure opportunities for members to seek assurance that issues were being discussed.</p> <p>The Medical Director confirmed that the process was a flexible one and as long as there was focus on the key principles the group could be adapted as appropriate.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and took assurance from the update provided.</p>
675	<p>Significant Adverse Event Update (SAE) – CCGC1920- 54</p> <p>The Chair highlighted the update included in papers and noted that members had no further questions.</p> <p>Decision / Conclusion</p> <p>The Committee noted the report and took assurance from the update.</p>
676	<p>Elective Care Access Update – CCGC1920-55</p> <p>The Chief Quality Officer presented the report which provided members with an update. She highlighted that performance in relation to waiting time targets was reported to and monitored by the Finance and Performance Committee and updates were provided to members to ensure they were sighted on any areas where long delays may have contributed to quality of care issues.</p> <p>Significant improvements regarding trauma and orthopedics were noted, whilst ophthalmology was highlighted as the most significant challenge due to reliance on locum providers since the resignation of a visiting consultant. Recruitment to the vacant post was not expected to be complete before May 2020, but local resolutions were in place to maintain service provision.</p> <p>Members discussed a query regarding the arrangements when insufficient capacity in another health board had an impact on local service delivery. It was noted that the arrangements could differ between health boards, but on this occasion it was confirmed that a set fee was charged for providing a service and this could be stopped so locum cover could be arranged locally.</p> <p>It was noted that this issue has been discussed at North of Scotland meetings and it was felt moves towards regionalised capacity should help mitigate some of the challenges noted.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the update and took assurance from the improvements made and mitigation actions taken.</p>

677	<p>Six Monthly Report on Adults with Incapacity– CCGC1920- 56</p> <p>The Alzheimer Scotland Clinical Nurse Specialist presented the report to members, highlighted the areas of sustained improvements and noted areas for further development.</p> <p>In summary The Alzheimer Scotland Clinical Nurse Specialist noted that although there had been some really good improvements and there was assurance around compliance there was also some disappointment that progress had plateaued. She also acknowledged that it was perhaps time to think differently, but highlighted a number of new initiatives, which she hoped would help address concerns.</p> <p>The Chair welcomed the comprehensive analysis of the data and the improvements made. She also noted that improvement plateaus were not uncommon and was assured that a range of measures to address the development areas had been identified.</p> <p>S Sankey noted that the numbers given in the report were shown as a percentage figure and wondered if it was possible to advise how many patients affected by dementia would be in hospital at any one time. The Alzheimer Scotland Clinical Nurse Specialist advised that there were no mechanisms to identify such specific figures.</p> <p>R King noted the audit overview in the appendix and the zero return for the number of 4AT submitted and asked for a sense of the number of files requested and whether there was a role for someone to ensure these were provided.</p> <p>The Alzheimer Scotland Clinical Nurse Specialist advised that a post diagnostic support worker had just been recruited, which would support the roll out of the integrated care pathway as well as earlier identification of pre admission incapacity. She also advised that NHS Orkney was part of a national improvement programme which, whilst not directly addressing capacity, would raise the profile of 4AT and capacity assessments. Some of the issues around responsibility would also be addressed through a standard operating procedure and further training was planned along with a potential trial of more user friendly documentation.</p> <p>The Chair welcomed the report and noted that the audit demonstrated that although there remained areas for further development there had been significant improvement in the last three years.</p> <p>Decision / Conclusion</p> <p>The Committee noted the reviewed and discussed the audit results.</p>
678	<p>Healthcare Staffing Programme– CCGC1920-57</p> <p>The Senior Nurse, Nursing and Midwifery Workload and Workforce Planning Programme (N&MWWP) presented the report, which provided members with an update and elaborated on the key points noted in the report provided.</p> <p>The chair noted the good process that was ongoing and the challenges presented by the unique configuration of NHS Orkney and the Senior Nurse (N&MWWP) confirmed that the national tools, which had been based on the central belt, didn't quite fit for any remote and rural setting.</p> <p>S Sankey highlighted the comment in the report conclusion regarding the inaccuracy of</p>

	<p>a cost neutral implementation and asked if there was a figure on the real term costs. It was noted that as there were a number of cost factors it was difficult to quantify and members agreed that highlighting the need for island impact assessment with Scottish government would continue.</p> <p>Decision / Conclusion</p> <p>The Committee noted the report, the progress on outputs from workforce tools and noted that ongoing work.</p>
679	<p>Mental Health Update CCGC 1920-58</p> <p>The Chief Officer presented the staffing and service delivery update report to members highlighting the local full time locum psychiatrist recruitment and additional agency community psychiatric nurses and the subsequent reduction of the waiting time for adult psychiatry.</p> <p>Ongoing work to review the service level agreement with Grampian was also discussed and further work with Scottish Government regarding waiting times was scheduled for the end of February. Work to provide more support to Children and Adolescent Mental Health Services using agency staff, whilst pre employment checks for a permanent post replacement was completed, were also noted.</p> <p>S Sankey wondered why NHS Orkney had been able to secure a locum replacement when Grampian had struggled and it was suggested that the absence of a bed on call would have been an attractive element of a local recruitment process.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update report and looked forward to the production of the Mental Health Strategy.</p>
680	<p>SAS Issues Update CCGC 1920-59</p> <p>The Medical Director presented an update to advise members of complaints from GPs and the Out of Ours Service regarding the increased demand to provide cover when road ambulance crews were unable to attend patients after a 999 call.</p> <p>It was noted that initially cover requests had been occasional, but had gradually increased to become routine and on one weekend there had been six requests to attend cases. It was also highlighted that there had been one two hour period when no cover had been available.</p> <p>The Medical Director advised members that the issue had been raised with the Scottish Ambulance Service (SAS) Regional General Manager and had led to a broader discussion regarding the number of ambulances and crew on island. He confirmed that whilst he was not yet assured that the service was resourced appropriately, he could confirm work was underway to address the concerns.</p> <p>The Chair expressed her concern at the issues raised, but it was agreed that the responsibility for service provision lay with SAS.</p> <p>The Chief Executive agreed that the situation described in the report was untenable and confirmed it was an issue he had also escalated and discussions were ongoing.</p>

	<p>Decision / Conclusion</p> <p>The Committee noted and discussed the report and agreed it should be escalated to the board.</p>
681	<p>Radiation Incidents Update – CCGC 1920-60</p> <p>The chair noted the radiology service update which highlighted the implementation of an improved process to reflect the June 2019 legislation changes.</p> <p>Decision / Conclusion</p> <p>The Committee noted the report.</p>
	<p><u>Policy Ratification</u></p>
682	<p>There were no items as this meeting.</p>
	<p><u>Medicines Management</u></p>
683	<p>There were no items at this meeting.</p>
	<p><u>Person Centered Care</u></p>
684	<p>Complaints and Feedback Performance Report Quarter 2 – December 2019 CCGC 1920-61</p> <p>The Chair noted the report for quarter two of the 2019/20 financial year which updated members on the recent performance relating to complaints and feedback.</p> <p>It was noted as a standard report and members agreed assurance that appropriate mechanisms were in place was provided.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed and noted the report.</p>
685	<p>Scottish Public Services (SPSO) Annual Letter CCGC 1920-62</p> <p>The Chief Quality Officer highlighted the inclusion in papers of the SPSO annual letter for information.</p> <p>Decision / Conclusion</p> <p>The Committee noted the annual SPSO letter</p>
	<p><u>Population Health</u></p>
686	<p>Detect Cancer Early– CCGC1920-63</p> <p>The Director of Public Health presented the Detect Cancer Early report and reminded</p>

	<p>members that the performance for Orkney was influenced by small numbers and the 3 yearly cycle of the breast screening van presence on island.</p> <p>Decision / Conclusion</p> <p>The Committee welcomed the detailed and comprehensive report and took assurance from the information provided.</p>
	<p><u>Social Work and Social Care</u></p>
687	<p>Chief Social Work Officer's Quarterly Report – CCGC 1920-64</p> <p>The Chief Social Work Officer presented an update which provided commentary on social work matters for the period to the 15 January 2020 and highlighted three key issues for the quarter.</p> <p>The chair highlighted the requirement for the committee to be sighted on the challenges raised in the report and members acknowledged the difficulties presented by the span of the fostering services enquiry remit.</p> <p>The chair highlighted that The Chief Social Work Officer was shortly due to move on to a new role, so thanked him on behalf of members for his work on the committee and wished him well for the future</p> <p>Decision / Conclusion</p> <p>The Committee noted the Chief Social Workers commentary.</p>
688	<p>Children's Services Inspection Report – CCGC 1920-65</p> <p>The Chief Officer presented an update on the current position regarding the Children's Services Inspection Report.</p> <p>It was noted that key officers had reviewed the draft report and submitted comments and it was anticipated that the final report would be published in late February.</p> <p>The chair enquired whether local concerns were taken on board at the points of accuracy meeting with the inspection team and The Chief Officer advised that there remained areas of disagreement. She advised of an intention to submit further measured feedback, but confirmed that going forward the focus would be the thirteen areas identified in the self assessment</p> <p>Decision / Conclusion</p> <p>The Committee noted the current position</p>
	<p><u>Chair's reports from Governance Committees</u></p>
689	<p>Area Clinical Forum (ACF) Cross Committee Assurance Report</p> <p>S Johnston presented the ACF report and highlighted the key messages escalated from the last meeting.</p>

	<p><u>cCube</u> S Johnston noted this issue, which had been raised by the advisory groups, was ongoing, but since the report had been written there had been changes to software and offers of training.</p> <p>R King raised a child protection concern, but S Johnston provided assurance that whilst some time lag issues had been noted, mechanisms to access records urgently were in place.</p> <p>The Chair confirmed monitoring of the issue should continue and advised that a further report should be submitted if the issues identified were not resolved.</p> <p><u>CMHT Complex Cases – GP Perspectives</u></p> <p>S Johnston highlighted concerns raised at the GP Sub Committee regarding support for GPs managing patients with very complex mental health needs.</p> <p>In response to a query from the Chair, S Johnston confirmed he had taken some assurance from the updates provided today, but members were keen to understand the issues more clearly and it was agreed that S Johnston would liaise with GP Sub Committee and submit a paper to the next Clinical and Care Governance Committee meeting.</p> <p><u>Pathway and Protocol Processes and Procedures Developments</u></p> <p>S Johnston advised members that the key concern raised related to the processes for the development of pathway, protocol and procedure documents as the guideline document referred to in the report had been sorted.</p> <p>Members agreed it was important that appropriate consultation was sought when new documents were drafted, but also acknowledged the need to balance this with the requirements to implement operational guidance.</p> <p>It was noted that there was an NHS Orkney procedure for developing strategies, policies, guidelines and protocols which was currently under review.</p>
690	<p>Finance and Performance Cross Committee Assurance Report</p> <p>The Chair highlighted the Finance and Performance report to members and noted the following issues for discussion.</p> <p><u>Point of Care Testing</u></p> <p>Members were advised that as GP practices purchased their own point of care testing equipment, it did not go through the hospital procurement process so had no formal assurance in place.</p> <p>It was noted that the item had been escalated to the committee because of clinical concerns and as some members remained unassured it was agreed the Chief Executive would write to the lead GP.</p> <p><u>Mental Health Waiting Times</u></p> <p>M McEwen noted that this item had been addressed during the meeting so further</p>

	review was not needed.
	<u>Risk</u>
691	<p>Risk Register</p> <p>The Chief Quality Officer presented and reviewed an on screen version of the current risk register.</p> <p>Decision / Conclusion</p> <p>The Committee noted the current position</p>
692	<p>Agree risks to be escalated to the Audit Committee</p> <p>No risks were escalated to the Audit Committee</p>
693	<p>Emerging Issues</p> <p>The Director of Public Health provided an update on the current position with regard to the Coronavirus and noted the rapidly changing global situation. She advised members that NHS Orkney was linked into the incident management mechanisms led by Health Protection Scotland, that reports were submitted every day and that a number of guidance documents, which had been shared locally, were available on the Health Protection website</p> <p>Members were assured that oversight of the ongoing situation was in place.</p>
694	<p>Any other competent business</p> <p>No other items were raised.</p>
695	<p>Agree items to be brought to Board or Governance Committees attention</p> <p>It was agreed to raise the following issues to the Board through the chair's report:</p> <ul style="list-style-type: none"> • SAS issues update
	<u>Items for Information and noting only</u>
696	<p>Schedule of Meetings</p> <p>The Committee noted the schedule of meetings for 2020/21</p>
697	<p>Record of Attendance</p> <p>The Committee noted the record of attendance.</p>
698	<p>Committee Evaluation</p> <p>The chair thanked members for an interesting and positive meeting</p>

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** on **Wednesday 13 May 2020 at 13.00**

Present	<p>Issy Grieve, Non Executive Board Member (Chair) Steven Johnston, Non Executive Board Member (Vice Chair) David Drever, Non Executive Board Member Rachel King, Integrated Joint Board, Chair Meghan McEwen, NHS Orkney Chair Gerry O'Brien, Interim Chief Executive Steve Sankey, Integration Joint Board Member Iain Stewart, Chief Executive Designate John Richards, Integration Joint Board Member</p>
In Attendance	<p>Christina Bichan, Chief Quality Officer (<i>left at 14.30</i>) Wendy Lycett, Deputy Director of Pharmacy Sharon Ann Paget, Interim Head of Children and Families, Criminal Justice and Chief Social Work Officer (<i>left at 14.30</i>) Marthinus Roos, Medical Director Sally Shaw, Chief Officer Heather Tait, Public Representative Brenda Wilson Interim Director of Nursing, Midwifery, AHP and Acute Services Louise Wilson, Director of Public Health Julie Colquhoun (for item 3.1) Dawn Moody Sara Lewis (<i>joined at 13:17</i>) Heidi Walls, Committee Support</p>
131	<p>Apologies</p> <p>The Chair welcomed members to the virtual meeting and before starting business wished to acknowledge the highly valued contribution made to NHS Orkney, Orkney Council and this committee, by the late Councillor Kevin Woodbridge.</p> <p>Apologies had been received from, D McArthur.</p>
132	<p>Declarations of Interest – Agenda Items</p> <p>No interests were declared in relation to agenda items.</p>
	<p><u>COVID 19</u></p>
133	<p>Workforce - CCGC 2021-01</p> <p>The Head of Corporate Service presented an update on the workforce response to COVID 19 in relation to the temporary staffing situation. She explained the rationale adopted and highlighted the steps taken, since early March 2020, to increase capacity.</p> <p>She advised members that in line with other boards, additional staff had been offered temporary contracts until the end of May 2020 and noted that at a recent Gold Command meeting, the need for a decision on the next steps was highlighted, as notice would need to be served if the additional staff recruited were no longer required.</p>

	<p>The Head of Corporate Services advised members that the issue was being presented to the committee as the decision was more complex than a straight renewal of contracts. She explained how it involved not only the requirement to ensure an ongoing response to the Coronavirus outbreak, but the workforce implications of staff shielding, vent and assessment centre staffing, the return to electives and the pending track, trace and isolate programme.</p> <p>It was noted that a task and finish group had been established to focus on this work and a Red Amber Green (RAG) risk assessment approach was being used to support the decision making process. It was agreed that a more detailed breakdown would be submitted to the Staff Governance Committee.</p> <p>The NHS Orkney Chair asked if a clinical risk assessment for the range of options had been completed and The Head of Corporate Services confirmed the risk was recorded on the COVID 19 risk register and a RAG assessment had been applied to each individual identified.</p> <p>S Sankey asked if all bona fida Coronavirus costs would be covered by the Scottish Government and the Chief Executive Designate confirmed that they were. He explained that costs were being tracked and any costs over £100,000 required special approval.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update, the options and the complexity of the issues highlighted and agreed that a more detailed breakdown would be submitted to the Staff Governance Committee and a recommendation provided to the next board meeting for a decision.</p>
134	<p>Testing – Peripatetic Workers - CCGC 2021-02</p> <p>The Medical Director presented a report which advised members of the identified risk of transmission of COVID 19 by peripatetic Health Care Workers and outlined the options for enhancing the existing Health Protection Scotland mitigation guidelines.</p> <p>He noted that Orkney had been fortunate in the low rate of COVID19 infections to date and explained the desire to maintain this by responding to the concerns raised about the highlighted risk. He emphasised the potential for poor patient, political and confidence issues if options to mitigate the risk were not explored and where viable implemented.</p> <p>The Medical Director provided members with peripatetic Health Care Worker examples and explored some of the mitigation options considered. He advised members that discussions had been extensive and at time challenging, but the Area Clinical Forum (ACF) had held an extraordinary meeting to consider the issue and had concluded with unified support for testing.</p> <p>The Chair of the ACF confirmed that a meeting had been held on 1 May. He explained that to ensure appropriate balance of discussion the invite had been extended across staff groups as the time constraints had meant they were unable to progress through the usual advisory group governance structure. He advised members that, whilst not popular, other options such as staff staying on islands or isolating had been considered and that the agreement to test was not unanimous, but had been strongly supported.</p>

	<p>He highlighted that the recommendation made was an extension to the guidelines already in place and not an alternative and emphasised that testing would be on a voluntary basis.</p> <p>The Chair of the ACF advised members that there was growing evidence that Health and Social Care Workers were a significant risk factor for transmission and that asymptomatic testing was of value.</p> <p>In response to questions the following points of clarity were noted. Testing would be for staff travelling between Orkney and the mainland not inter isles travel and would cover health and social care staff.</p> <p>It was agreed that any decisions made would be a measured response in relation to the overall context and that further work with Human Resources was required with regard to terms and conditions issues for staff testing positive.</p> <p>The Chair of the ACF clarified that the recommendation in the paper to link a study in collaboration with the Scottish Research Council to the introduction of testing had been dropped.</p> <p>Decision / Conclusion</p> <p>Members approved the recommendation to introduce the screening of Health and Social Care professionals travelling between Orkney and the mainland.</p>
135	<p>Testing – Essential Workers- CCGC 2021-03</p> <p>The Chief Executive Designate presented the report and advised members that currently NHS Orkney, in accordance with NHS Scotland guidance, undertakes COVID 19 testing of the group 1 patient cohort only, but that a request to expand its testing to include essential workers in categories two, three and four had been received.</p> <p>He described the challenges of the current provision for testing of groups two, three and four and highlighted that as NHS Orkney was currently working at about 25% of its testing capacity, it could work with colleagues and offer local testing via the COVID 19 assessment centre (CAC) and the Balfour Microbiology Service. He advised members that the Orkney Local Emergency Coordination Group (OLECG) had already prepared a process which could be implemented if agreed.</p> <p>Members confirmed their support of the report presented noting the integral role of staff across the categories in supporting the stay at home message, but highlighted the importance of a process to ensure laboratory capacity prioritisation, workforce implications for the CAC and an appropriate communications message.</p> <p>The Chief Executive Designate agreed the importance of the communications message and confirmed that a draft press release had already been prepared with a focus on maintaining the consistent message. He also advised members that OLECG had, in addition to the categories noted in the paper, developed a prioritisation criteria and that a process to ensure available stock levels did not drop below an agreed threshold would be in place.</p> <p>The Chair of the ACF highlighted recent work at the CAC to clarify testing priorities and off island batch testing options, which would help with a move to this next stage.</p>

	<p>It was noted that whilst a clear communication message would be issued the UK testing scheme would still be an option that individuals could choose to access.</p> <p>In response to concerns regarding a potentially overwhelming number of requests the Chief Executive Designate thought this was unlikely as the process was for essential workers only and he confirmed that support from the army would be available, if required.</p> <p>Decision / Conclusion</p> <p>The committee reviewed and discussed the options presented and approved the recommendation to expand testing of key workers to all four categories, where capacity exists and does not impact on testing for clinical needs.</p>
	<p><u>Governance</u></p>
<p>136</p>	<p><u>Ethical Support - CCGC 2021-04</u></p> <p>The Medical Director presented the report and highlighted the new ethical challenges faced by clinicians since the COVID 19 outbreak. He described the local work undertaken in response to government guidance regarding the implementation of appropriate support systems to provide ethical guidance to clinicians on a 24 hour basis. A requirement for group membership to include clinicians and lay members rather than senior managers was noted.</p> <p>The Medical Director also described his own experience of membership of the Grampian Ethical Support Group, noting the wide ranging membership which offered a breath and depth of expertise. From that group, a rota of three people provided urgent advice 24/7. He noted that the requirement for urgent middle of the night support was minimal and often of a practical nature.</p> <p>The Chief Executive Designate confirmed that the governance reporting route for this group would be to board via the Clinical and Care Governance Committee and advised that only the main paper regarding the Ethical Advice and Support Group was presented for a decision. The addendum regarding the out of hours element would be deferred.</p> <p>The Integrated Board Chair enquired about the role of lay members on the Grampian group and queried their inclusion in the local group.</p> <p>The Medical Director confirmed they were active contributors asking valuable lay member perspective questions.</p> <p>The Chief Executive Designate confirmed that the local group would be small at this stage and advised that the governance reporting route noted earlier would provide non executive representation.</p> <p>Decision / Conclusion</p> <p>The Committee approved the main paper presented regarding the Ethical Advice and Support group but a decision on the out of hours addendum was deferred.</p>

	<u>Safe and Effective Care</u>
137	<p>Utilisation of PPE in settings/sustained transmission- CCGC 2021-05</p> <p>The Director of Public Health presented the report and highlighted that the paper did not obviate the need for local risk assessment in relation to particular situations or for employers to protect staff and noted that a change in the pattern of cases or current lockdown restrictions could change the current position.</p> <p>It was explained that the level of Personal Protective Equipment (PPE) during sustained transmission varied across settings, but a concern that there was a potential for high usage of gowns and visors where other equipment providing appropriate levels of protection could be used was highlighted.</p> <p>It was further confirmed that to keep both members of staff and patients safe, Health Care Workers would undertake situational risk assessments to ensure the appropriate level of PPE was worn.</p> <p>Ensuring that appropriate support for such decision making was available for staff in care homes was highlighted and the Interim Director of Nursing, Midwifery, AHPs and Acute Services confirmed input from the NHS Orkney Infection Control Manager would be sought.</p> <p>It was confirmed that the Consultant Microbiologist and Infection, Prevention and Control Doctor had taken a lead in the advice provided.</p> <p>Decision / Conclusion</p> <p>The committee noted and approved the recommendations presented.</p>
	<u>Social Work and Social Care</u>
138	<p>Children's Services Inspection Report - Improvement Plan Action Plan CCGC 2021-05</p> <p>The interim Director of Nursing, Midwifery, AHPs & Acute Services and Chief Officer provided members with a verbal update.</p> <p>The interim Director of Nursing, Midwifery, AHPs & Acute Services confirmed that she was leading on the health elements of the action plan and a short life working group had been meeting weekly and had identified a number of key themes. Regular meetings were also held with Health Improvement Scotland and good progress had been made.</p> <p>The Chief Officer confirmed that the improvement plan had just been approved at the Chief Officers Group meeting on the understanding that it was a dynamic and evolving area of work and summarised key actions taken.</p> <p>It was confirmed that the re advertised post for a named Lead Nurse for Public Protection was due to close on 28 May 2020.</p> <p>In response to a query regarding plans for the improvement of communication with looked after children and the inclusion of mental health issues, it was confirmed that this would need to weave through every action. Members were advised that Quality Improvement support and guidance would be sought to ensure processes were</p>

	<p>effectively implemented and demonstrable progress made. A planned review of mental health services was also highlighted and the need to ensure close links and a crossover for the mental health of both children and parents/guardians was noted.</p> <p>The importance of collective ownership across the partner agencies was highlighted and members were advised that this issue was being addressed and some shared vision work would be led by the Interim Chair of the Public Protection Committee.</p> <p>Decision / Conclusion</p> <p>The Committee noted the comprehensive verbal update provided on the actions taken against the improvement plan and members were reassured and looked forward to sight of an updated plan at the next meeting.</p>
139	<p>Emerging Issues</p> <p>No emerging issues were noted</p>
140	<p>Any other competent business</p> <p>The Chair highlighted ongoing work to update and refresh the Clinical and Care Governance Committee Terms of Reference and the Risks and Controls Assurance Framework and noted that further discussions regarding committee membership would be held to ensure balanced health and social care representation.</p> <p>The Chief Executive Designate clarified the following points regarding the testing of essential workers at item 3.3</p> <ol style="list-style-type: none"> 1. We cannot insist that colleagues returning to Orkney are tested 2. Returning colleagues should be tested before travelling by a national testing centre 3. After testing, contact with COVID-19 patients should be avoided if possible 4. If there was an exceptional reason why colleagues couldn't be tested before travel and believed they were in contact with the virus, a test can be undertaken on Orkney
141	<p>Agree items to be brought to Board or Governance Committees attention</p> <p>It was agreed that the following issues would be highlighted to the Board through the Chair's Report:</p> <p>COVID Workforce plan COVID Testing of Peripatetic Workers COVID Testing of Essential Workers</p>