

Item 5.2.

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board on Tuesday 13 July 2021 at 13.00**

**Present** Steven Johnston, Non-Executive Board Member (Chair)  
Joanna Kenny, Non- Executive Board Member (Vice Chair)  
Rachael King, Integration Joint Board (IJB) Vice Chair (Vice Chair)  
David Drever, Non-Executive Board Member  
John Richards Integration Joint Board Member  
Heather Tait, Public Representative  
Gail Anderson, Third Sector Representative

**In Attendance** Stephen Brown, IJB Chief Officer (Executive Care Governance Lead)  
Louise Wilson, Director of Public Health and Acting Medical Director (Executive Clinical Governance Lead)  
Christina Bichan, Head of Assurance and Improvement  
Julie Colquhoun, Head of Corporate Administration (*joined 13.20*)  
Michael Dickson, Interim NHS Orkney Chief Executive (*joined 13.10*)  
Mary McFarlane, Interim Director of Pharmacy  
Dawn Moody, Associate Medical Director Primary Care  
Lynn Adam Healthcare Staffing Lead Nurse (*for item 9.4*)  
Gillian Coghill The Alzheimer Scotland Clinical Nurse Specialist (*for item 9.9*)  
Lynda Bradford for items (6.2 & 9.11)  
Heidi Walls, Committee Support

**C47 Welcome and Apologies**

The chair welcomed Gail Anderson to her first meeting and noted that as the Director of Nursing, Midwifery & AHPs was currently off work some agenda items had been deferred. It was also noted that G Coghill and L Adam would join near the start of the meeting to present items 9.10 & 9.4.

Apologies had been received from D McArthur, S Sankey, J Lyon and K Wilson.

Regarding meeting quorum, the Chief Officer was noted as the nominated depute for the Chief Social Work Officer.

**C48 Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items

**C49 Minute of meetings held 9 June 2021**

The minute of the Clinical and Care Governance Committee meeting held on 9 June 2021 was accepted as an accurate record of the meeting and approved on the motion of D Drever and seconded by S Brown.

**C50 Matters Arising**

**27 April 2021 Meeting**

**40 Local Child Poverty Action Report 2020-21 – JCCGC 2122-23**

Members were advised that a timeline for a draft strategy had been confirmed and that an additional meeting to approve the final version before the September Scottish Government deadline may be required. A commitment to ensure wide engagement prior to final

submission for approval was noted.

### **56 Health Complaints Performance Report Quarter 3 JCCGC 2122-1**

The Head of Corporate Administration confirmed that MSP queries do not go on to become complaints.

### **66 Draft TOR & Business Cycle 2021-2022 – JCCGC 2122-21**

The Head of Corporate Administration confirmed that further work on committee documentation was in progress.

#### **C51 Action Log**

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

#### **Strategy**

#### **C52 Clinical Strategy**

The Chief Executive updated members, noting that an outline Clinical Strategy update paper would be presented to Area Partnership Forum. He acknowledged the value of previous engagement work but highlighted broader public engagement as the critical next step and advised that it was hoped that a clear strategy should be in place by the end of the year.

#### **C53 Mental Health Strategy Implementation Update JCCGC 2122-25**

The Head of Health and Community presented the Mental Health Strategy Implementation update highlighting the establishment of a Mental Health Strategy Steering group. Members were advised that work had been undertaken to populate an action plan and a further action prioritisation session was scheduled for August 2021 after which tasks to progress year one priorities would be undertaken as soon as practicable.

In addition to strategy work an update on the ongoing work of the task and finish work groups and the receipt of Scottish Government funding for CAMHS was provided. It was noted both workstreams, if approved, would improve mental health and support service delivery.

In response to queries it was confirmed that the steering group had broad representation from the different specialist teams as well as wide range of third sector organisations and that whilst a fixed term remote recruitment approach for the ongoing Service Manager vacancy was not ideal it was an option for consideration. It was noted that whilst the approach might raise workforce expectations this could be managed and would help inform a wider approach to remote working as organisations move out of the pandemic. The risk and consequences if recruitment challenges remained unresolved over a longer time were also noted.

#### **Decision / Conclusion**

The Committee welcomed the update and noted that whilst progress had been slower than anticipated the developments made despite the challenges highlighted were acknowledged and members were assured and looked forward to further updates.

## **Operational Planning**

### **C54 Planning and Delivery Update JCCGC 2122 - 26**

The Head of Assurance and Improvement presented the update highlighting delivery of the third remobilisation plan and four notable developments since the last meeting captured in section four of the report. She also highlighted that remobilisation plan four was also expected soon so service engagement to start that work was in progress and would also support winter planning.

The chair noted that short notice periods from Scottish Government leading to tight deadlines were always disappointing but welcomed the anticipatory work noting that it was also important to be mindful of patient and public expectations.

#### **Decision / Conclusion**

The Committee reviewed the report and took assurance on progress.

### **C55 Regional Clinical Services Update JCCGC 2122 - 27**

The Acting Medical Director presented the Regional Clinical Services update report highlighting the work in relation to cancer and blood transfusion service.

The chair warmly welcomed the update, noting the value of being sighted on work across the region and it was confirmed that monitoring mechanisms such as the local cancer group were in place.

In response to a query regarding screening services delays, the Head of Assurance and Improvement confirmed that there were longer than normal waiting times which would continue for some time, but NHS Orkney was in a better position than many other boards. She advised that the remobilisation of services continued to address the backlog and noted a strong prioritisation framework across Scotland which informed work and clinical prioritisation had been used throughout the process. Patients that needed to go off island were experiencing longer waits, but access was increasing, and the ongoing process was under continual review.

#### **Decision / Conclusion**

The Committee noted the service update provided.

## **Governance**

### **C56 Whistleblowing Quarterly Report JCCGC 2122 - 28**

The Head of Corporate Administration presented the Whistleblowing quarterly reporting highlighted that no concerns had been raised in the first quarter and that going forward the report would be presented in the same format as the complaints report as the key performance indicators were the same.

Members were advised that awareness raising work was ongoing but currently reports on the staff update of the TURAS learning module were not available, but it was hoped systems improvements would address this in the future.

Members noted that the report provided assurance from the point a concern was raised but queried whether effective measures were in place to ensure staff across all sectors felt able to raise concerns.

The Head of Corporate Administration confirmed that the size of the organisation did present a barrier and concerns that staff could be identified had been raised. Recent feedback had been received that the move to HR as a reporting route had provided some reassurance, but it was agreed that it was harder to capture and assess this element and work was ongoing.

**Decision / Conclusion**

The Committee reviewed the report and took assurance.

**Safe and Effective Care**

**C57 Quality Forum Chairs Report JCCGC 2122 - 29**

The Acting Medical Director presented the Quality Forum report highlighting the start of work on policies, the deep dive into inpatient falls, the review of terms of reference and the identification of investigation champions across the organisation.

The variety of topics and work covered by the forum was also noted.

**Decision / Conclusion**

The Committee reviewed the report and took assurance

**C58 Quality Forum Annual Report JCCGC 2122 – 30**

The Acting Medical Director presented the Quality Forum Annual Report noting the number of changes over the reporting year and slight change in direction in the latter stages of the period. Members were advised that the report provided a high-level summary of the work which had been through the forum and that the refreshed clinical focus had been generally welcomed by attendees. It was noted that there remained opportunities for further development and the forum successes and challenges section of the report, particularly in line with policy and procedure and Office 365 roll out, was highlighted.

In response to queries the Acting Medical Director assured members that they were sighted on key issues discussed at Quality Forum noting the chair's report and meeting minutes which were submitted to every committee meeting. A regular item on the Quality Forum agenda where issues were reviewed and identified for escalation as appropriate was also highlighted.

Focussed meetings which covered key issues improved attendance but juggling clinical and meeting demands was particularly difficult under current circumstances so although room for further improvement was noted members were assured that progress had been made.

Members also noted that as a forum, meetings were less formal than a governance committee and use of a Quality Forum Teams page which provided real time information on ongoing work was highlighted. It was confirmed that service managers were no longer included in the membership and the paperwork would be updated.

**Decision / Conclusion**

The Committee reviewed the report and took assurance.

**C59 Performance Report JCCGC 2122 - 31**

The Head of Assurance and Improvement presented the performance update noting the

impact on the Health Improvement team of increased surveillance and reporting requirements and highlighting the development of a Quality of Care self-assessment template.

### **Decision / Conclusion**

The Committee received the update on performance and sought assurance but looked forward to additional information in the next report.

#### **C60 Integrated Staffing Programme Update JCCGC 2122 - 32**

The Healthcare Staffing Lead Nurse presented the quarterly update on progress with the implementation of the Health and Care (Staffing) (Scotland) Act noting that very little had been done at a national level due to the pandemic and the election but noting that work was just starting to come back on line and highlighting the next steps noted in the papers key points.

In response to a query the Healthcare Staffing Lead Nurse noted that comparative data on progress within other boards was not currently available but was anticipated in August 2021. She also noted that other bigger Boards had been working on this since 2019 so had more mature processes in place.

In response to queries regarding staffing and staffing model implications the Healthcare Staffing Lead Nurse noted that circumstances changed but the core purpose was about identifying the funded establishment and the training staff needed to do their job and to ensure that they were able to work in a way which was safe for both practitioner and client.

The Chief Executive noted that it was about the sustainability of healthcare and the fundamental challenge of balancing what was essential, needed and possible. Safe staffing should inform the process and different models may offer the opportunity for improved services.

H Woodbridge noted that feedback from healthcare providers had highlighted that resident practitioners found it harder to maintain skills than colleagues from the central belt locations.

Members agreed that the most appropriate vehicle to move work forward should be informed and guided by the Healthcare Staffing Lead Nurse and engagement with senior colleagues would provide further direction.

### **Decision / Conclusion**

The Committee received the update on key developments and noted the highlighted risks

#### **C61 Joint Inspection of Services for Children and Young People in Need of Care & Protection Update JCCGC 2122 - 33**

The Chief Officer presented the update on the progress of the Joint Inspection of Services for Children and Young People in need of Care and Protection noting that a verbal update on the key messages from the Care Inspectorate findings had been provided at a recent Chief Officers' Group meeting and a draft (embargoed copy) written report had been anticipated but remained pending. The final report for publication was expected to be late August 2021.

The key messages highlighted included care inspectorate recognition of the work completed and procedures in place, progress in collaborative working and positive feedback from staff. Some areas for further work such as consistency on decision around

thresholds for neglect and multi-agency chronology of significant events were also noted. The challenge for staff making the improvements at the same time as dealing with the pandemic was also noted.

Members were assured that there were no surprises with the issues raised by the Care Inspectorate as gaps where improvements needed to be made had been identified. It was noted that the written report may highlight further elements for discussion but nothing major was anticipated and there would be an opportunity to discuss and negotiate around language used for the final report.

It was noted that overall, the feedback was positive, and the work undertaken and willingness to make sustainable changes to meet needs of children was recognised. The final publication was expected to be 24 August 2021.

Members welcomed the update and opportunity to review and comment on final language, noted the work undertaken and the impact on staff and looked forward to sight of the final report.

### **Decision / Conclusion**

The Committee received the update and took assurance on progress

#### **C62 Learning from Clinical Incidents Annual Report JCCGC 2122 - 34**

The Acting Medical Director presented the Learning from Clinical Incidents Annual report noting the work around how clinical incidents were managed from a policy perspective, the high level summary of some of the adverse events and progress made along with the learning summaries which were now produced and shared.

In response to a query regarding nationally shared documents and access to learning from other areas it was confirmed that national systems for learning were in place and more generic learning summaries which provided thematic information.

The Head of Assurance and Improvement confirmed local participation in community of practice around learning from events which was in a closed environment, but the information was disseminated and shared more widely.

The chair welcomed the return of Morbidity and Mortality meetings as a mechanism for learning.

In response to queries regarding the feedback, identification and follow up mechanisms in place for patients off island and under the care of other health boards it was confirmed that health boards work closely together and aim to work across systems for complaints.

It was noted that whilst it would be difficult to change the processes of other boards any feedback that identified issues would allow local processes to address concerns but it was agreed, particularly for patients reluctant to use formal complaints processes that further work could be done to ensure robust mechanisms around shared patient journeys.

The Head of Assurance and Improvement highlighted the issue as one to raise through the national adviser event network noting that although collaborative work was already in place it would be a good opportunity to build on this.

In response to a query in relation to critical incidents raised by members of staff and the follow up mechanism for patients if they hadn't submitted a complaint the Head of Assurance of Improvement advised members that Duty of Candour processes were in place and described how recent work had identified that despite falling outside the Duty of

Candour parameters, systems had captured good examples of conversations between services and patients.

It was also noted that patient and carer involvement was a key part of the significant adverse event review process and although there wasn't direct engagement with every patient, if no complaint made, access to the patient experience route was widely encouraged and promoted.

In response to a concern regarding the mental health impact on patients experiencing COVID related delays in cancer care the Head of Assurance and Improvement advised that there was no easy solution to the challenge of long delays, but information was shared and where there were very long waiting times or lack of timeline clarity efforts were being made to ensure good communication was in place so that patients were reassured that they were on a list.

The impact on primary care from patients seeking updates was noted and pending work for patient guidance and clinical triage to identify and focus on those most likely to struggle with delays was highlighted.

#### **Decision / Conclusion**

The Committee review the report and took assurance

#### **C63 Care Home Assurance Report JCCGC 2122 – 35**

The Interim Director of Acute Services presented the Care Home Assurance Report noting that it had been introduced during Covid 19 but was ongoing.

It was confirmed that the oversight guidance related to registered care homes, but it was noted that support was also available to other areas.

The Chief Executive highlighted the high uptake of Lateral Flow Testing and the positive work around partnership working noting how it demonstrated the value of working together and ignoring boundaries.

#### **Decision / Conclusion**

The Committee reviewed the report and took assurance of the performance of care homes.

#### **C64 Redesign of Urgent Care Update JCCGC 2122 - 36**

The Head of Assurance and Improvement presented an update on progress since the Redesign of Urgent Care went live in 2020 as part of phase one of the national programme and preparing for winter. Some flow shift was noted but there were no significant changes to highlight and it was confirmed that enhanced local and national communications had taken place.

There had been a recent national meeting so consideration to aligning phase two with planning was underway. At this stage a review of local data and in-depth analysis of the presentations and interventions would help inform the delivery of second phase development.

In providing assurance that inequalities were not being created by redesign the Head of Assurance and Improvement confirmed that it was crucial that good pathways and links for calls coming into 111 were in place so that the aim of right person first time was achievable. It was confirmed that there was broad representation and involvement in this work.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance on performance

#### **C65 Annual Report on Adults with Incapacity JCCGC 2122 - 37**

The Alzheimer Scotland Clinical Nurse Specialist presented the Annual Report on Adults with Incapacity. The report acknowledged the background surrounding the report, as well as actions that had been completed to date since the initial audit in 2017. It further highlighted the areas for continued development and improvement, specifically:

- Consistency in the use of 4AT assessment on admission and timely assessment of capacity
- Documentation of discussion with proxy decision makers
- Request for copy of legal powers and retention on file
- Documentation of section 47 certificates and treatment plans
- Personalised care plans for people experience cognitive difficulty in Acute Ward
- Recognition and management of delirium
- Robust systems to communicate cognitive status of all patients at point of transfer

The challenge of capacity issues going forward were noted but members were reassured and keen to celebrate the fact that the service had been maintained and improved throughout the difficult times of the COVID-19 pandemic.

The importance of carer consultation in the audit process was highlighted and the Alzheimer Scotland Clinical Nurse Specialist confirmed engagement with carers would be a key part of future assurance work.

It was agreed that as there were changes ahead it would be prudent to monitor and audit as appropriate and relax going forward if positive results were maintained

### **Decision / Conclusion**

The Committee reviewed the report and assurance was provided

#### **C66 Mental Health Services Assurance Report JCCGC 2122 - 38**

The Chief Officer presented the Mental Health Service Assurance Report and members received a proposal that the Committee receive a bi-annual assurance report on various work elements, progress, and performance of mental health services within Orkney, with the first report scheduled to be presented at the October 2021 meeting.

It was proposed that a report be brought to JCCGC that would provide details on the following:

- The status of progress relating to the funding streams, including any particular implementation challenges and plans to address these.
- The key performance data relating to wait times in Psychological Therapies and CAMHS.
- Details of detentions and other significant case work which has had an opportunity cost to the service.
- New referrals to the community mental health team and waiting lists.
- An overview of mental health related DATIX activity.
- Details relating to Adverse Events, investigations, findings and actions.
- A summary of any complaints received that relate to mental health services, the themes



that emerge from these and any actions being taken as a result.

- An overview of the staffing situation, highlighting any gaps or difficulties that may be impinging on the services' ability to deliver effectively.

The Chief Executive noted that a range of benchmarks might be useful, and it was agreed this would be discussed further outwith the meeting.

The Head of Health and Community Care highlighted the impact of the current out of hours arrangements noting that the same people provided cover during the day and night, which had a knock-on effect to the service provided.

Issues around the flexibility of Scottish Government funding for patients with long term trauma was raised and it was agreed that as an island system there should be opportunities to step back and assess what was in place, what needs to be in place and identify the challenges. It was noted that some funding strands were very specific, but this was a challenge faced across professions and there was a collective will to look at best practice elsewhere and see what more could be done locally.

The Head of Health and Community Care confirmed that an update paper regarding highlighted issues for Child and Adolescent Mental Health Services was due at the next Finance and Performance Committee and was optimistic that reporting could be restarted by September 2021. *Post meeting note: It was confirmed that a report was submitted to the Finance and Performance meeting on 23/9/2021*

It was confirmed that the Assurance report would be jointly prepared by the Head of Community Health and Care and the Director of Nursing, Midwifery and Allied Health Professionals, thus ensuring a rounded and holistic approach to oversight. Although six monthly updates were proposed, JCCGC members asked for an update report to the January 2022 meeting in the first instance and agreed to review the future frequency of reporting from there.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance

### **Medicines Management**

#### **C67 Future of Pharmacy Update JCCGC 2122 - 39**

The Interim Director of Pharmacy presented the update on the operational position of the Pharmacy Service in relation on the Future of Pharmacy paper first received at the January 2021 meeting which highlighted three areas of Pharmacy Services – hospital, community and general practice.

Staffing challenges with the hospital technical team, ongoing work on HEPMA and the significant challenges faced in community areas but dependent on national implementation were highlighted.

Since the original paper was completed in December 2020 changes had continued to take place at a national level with new expectations around training and skills acquisition for both pharmacists and pharmacy technicians. It was acknowledged that whilst this would require new thinking locally it would also bring new opportunities to develop both the staffing complement and the service. Consideration of the recruitment of a new Director of Pharmacy as a joint post between Orkney and Shetland was also highlighted.

With regards to community pharmacy, this was considered the area of biggest challenge

and area with least influence but can't prescribe. In order to deliver this there was the need to get prescribers in each shop and team and make the shift to dispensing by a technical team so the pharmacist could be freed to provide the care. It was noted that several national drivers needed to be in place before some developments could progress.

The appointment of L Steel to a two-year research scholarship in simulation training with Robert Gordon was celebrated.

In response to concerns over prescription management in NHS Orkney the Interim Director of Pharmacy advised that the GP team were involved with work around the issues but noted it as a long-term process.

Members welcomed the comprehensive and high-quality report and the chair noted that going forward an annual pharmacy report would be anticipated

### **Decision / Conclusion**

The Committee received the update and were assured on progress

### **Person Centred Care**

#### **C68 Health Complaints Performance Report for Quarter 4 JCCGC 2122 - 40**

The Head of Corporate Administration presented the update on the current position regarding complaints performance noting the following key points:

- Q4 saw the highest quarterly number of complaints received by NHS Orkney, recording 44 in total
- Nearly half this number related in some way, or had an aspect related to the Covid-19 Pandemic
- 7 of the 8 Stage 2 complaints received were responded to within the 20 working day timescale
- OHAC complaints doubled from last quarter
- Independent GP complaints increased and saw the highest number reported of this financial year

Issues highlighted for further consideration included clarity regarding the presentation of information regarding MSP engagements and the synchronisation of reporting timescales.

### **Decision / Conclusion**

The committee reviewed the report and were assured on performance.

#### **C69 Social Care and Social Work Complaints Performance JCCGC 2122 - 41**

The Chief Officer presented the Social Care and Social Work Complaints Performance Report and agreed that the synchronisation and combined reporting of complaints performance should be explored.

The reduction in stage 2 complaints and complaints regarding the donning and doffing of PPE were highlighted as were some of the compliments received which were just as important as complaints for learning.

Further to earlier discussions regarding concerns raised via the MSP route members were advised that these concerns sat aside from current processes and probably weren't yet

incorporated but agreed it was an important theme to capture and feed into future work.

### **Decision / Conclusion**

The committee reviewed the report and took assurance on performance

## **C70 Health Care Complaints Performance Annual Report JCCGC 2122 - 42**

The Head of Corporate Administration presented the Health Care Complaints Performance Annual Report noting that the number of complaints had increased on the previous year, and that 108 early resolutions and 27 investigations had been completed.

The decrease in level two complaints which demonstrated the improvements in early resolutions which had more than doubled in the last year was highlighted as were the many compliments received during pandemic.

Members welcomed the evidence of a move towards a learning culture

In response to a query relating to the trends and emerging themes around care experience, it was confirmed that discharge was one area that had been identified and more detailed follow up work on this issue was underway. Communication had also been highlighted as a prominent theme in relation to concerns raised and work with service areas to improve was ongoing.

The stages and timescales of complaints were confirmed as 5 working days to deal with an early resolution issues and 20 days working days for a stage 2 investigation. It was noted that an investigator could request an extension if it was felt an investigation could not be completed within anticipated timescales and the focus on these occasions was to ensure complainants were kept informed and up to date.

The Chair noted, as highlighted in the previous items, that the aim going forward would be for members to receive either an annual update from both health and social care or one combined report.

### **Decision / Conclusion**

The Committee reviewed the report for information noting recent board approval.

### **Population Health**

## **C71 Public Health Update JCCGC 2122 - 43**

The Director of Public Health presented the Public Health update which outlined key pressures, noted that these were mostly Covid-19 related and highlighted that NHS Orkney were fully engaged with the nationally advised actions in relation to a national cervical screening incident.

It was also noted that the breast screening van was in Orkney and that NHS Orkney continued to perform really well on delivery of first and second vaccinations.

### **Decision / Conclusion**

The committee reviewed the update and took assurance

*NB: 16.00 – A number of attendees left the meeting for other commitments at this point and as the meeting was no longer quorate the meeting was concluded. The chair confirmed that remaining agenda items would be reviewed and either dealt with virtually or carried forward to the next meeting.*

*At the request of the Chair, remaining members proposed that the sustained improvement relating to previous concerns regarding Adults with Incapacity and a summary of the Mental Health Assurance report should be escalated to the next Board meeting via the Chair's report.*