

Not Protectively Marked

NHS Orkney Board – 27 August 2020

Clinical and Care Governance Committee Chair's Report

Author Issy Grieve, Chair
Clinical and Care Governance Committee

Section 1 Purpose

The purpose of this paper is to highlight the key items for noting from the discussions held at the meeting on the 16 July 2020.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised.

Section 3 Background

This report highlights key agenda items that were discussed at the virtual Clinical and Care Governance Committee meeting on 14 July 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Members should note that a verbal update on these items was provided at the Board meeting on the 16 July 2020 due to the timing of the meetings.

Section 4 Issues Raised

4.1 Children's Inspection Improvement Plan

Members had discussed the progress around the Children's Inspection Improvement plan, with external attendance at the meeting from agencies involved, this had given a higher degree of assurance and would continue to be monitored.

4.2 Mental Health Update

Members had received an update around Mental Health, including the task and finish group, consideration to the way Mental Health Services were delivered in Orkney and the work around the Mental Health Strategy.

Cross Committee Assurance

There were no issues to be escalated.

Appendices

- Approved minute from the Clinical and Care Governance Committee meeting held on 26 June 2020.

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** on **Tuesday 14 July 2020 at 13.00**

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

In Attendance Christina Bichan, Chief Quality Officer
Lynda Bradford, Acting Head of Health and Orkney Health and Care (*Left 15.30*)
Wendy Lycett, Principal Pharmacist
David McArthur, Director of Nursing, Midwifery, AHP and Acute Services
Dawn Moody Clinical Director of Primary Care (*from 13.24*)
Marthinus Roos, Medical Director
Heather Tait, Public Representative
Brenda Wilson Interim Director of Nursing
Louise Wilson, Director of Public Health
Tam Baillie Independent Chair Orkney Public Protection Committee (*for item 7.1*)
Maureen Berry Public Protection and Children's Health Service Lead (*for item 7.1*)
Neil Gentleman, Strategic Inspector, Care Inspectorate (*for item 7.1*)
David Campbell, Non Executive Board Member
Heidi Walls, Committee Support

462. **Apologies**

Apologies had been received from Michael Dickson, S Johnston, J Lyon and S Shaw

463. **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

464. **Minute of meetings held 4 June**

The minute of the Clinical and Care Governance Committee meeting, held on 26 June 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendments, on the motion of D Drever and seconded by R King.

Page 2, paragraph 7, final sentence should be amended to read, *'In light of the current absence of the Chief Officer she asked if the chair of the IJB could provide an update.'*

Page 4, paragraph 5, first sentence, *'home'* should read *'homes'*

Page 4, paragraph 8, start of second sentence, *'particularly'* should read *'particular'*

Page 5, paragraph 4, second sentence, *'Orkney Island Council'* should read *'Orkney Islands Council'*

Page 8, first paragraph, first sentence, add the word *'pandemic'* after COVID

Page 9, paragraph 5, second sentence, *'OPCC'* should read *'OPPC'*

Page 11, paragraph 8, *'harbor'* should read *'harbour'*

465. **Matters Arising**

391 Roelf Dijkhuizen Resignation

The chair confirmed that an update for inclusion in the staff newsletter had been drafted and submitted, but wasn't included. This was confirmed as an oversight and inclusion in the next edition was anticipated.

Post meeting note: The chair confirmed that the first Clinical and Care Governance Committee update for staff had been included in the 17 July edition of the staff newsletter.

391 Agenda Distribution List

The IJB Chair confirmed that an appointment to the vacant elected Orkney Islands Council members post on the Clinical and Care Governance committee was in progress and that details of the new post holder would be passed on as soon as formal processes had been completed.

313 Improvement Plan – Recruitment of Lead Nurse

The Interim Director of Nursing confirmed that L Harper had been appointed to the post of Public Protection Lead Nurse and was due to start in October or November this year. She also noted that links with Grampian for mentorship and peer support were being put in place to ease the transition of a significant relocation.

Post meeting note: The Director of Nursing, Midwifery, Allied Health Professions and Acute Services confirmed that the new Public Protection Lead Nurse was due on island in December and was anticipated to start in post January 2021

317 Care Homes – Additional Clinical Responsibilities - CCGC 2021-08

The Chair noted that as the Chair of the Area Clinical Forum (ACF) was on leave, an update on concerns of clinicians regarding difficulties in the escalation of highlighted issues would be deferred to the next meeting.

Post meeting note: In response to these concerns the Deputy Director of Nursing liaised with the clinician who raised the initial concerns shortly after the June meeting of Clinical and Care Governance Committee. Since then Brinkies Wing at Hamnavoe House has been stood down. There continues to be daily submissions from each care home, on the national electronic Huddle template which provides detail of resident numbers, numbers of covid tests, staffing numbers etc. This is reviewed daily by the senior team in Orkney including public health and nursing and if necessary (i.e. if there are any concerns) a meeting is convened. The additional responsibilities for the care homes placed upon the Executive Nurse Director by the Cab Sec has been extended until June 2021.

The initial concerns related to inadequate consideration given to the infection risk posed by the transfer of patients and movement of staff in and out of the care home. This has undoubtedly subsequently improved, however, the ongoing issue, which was not addressed, was other governance issues around transfer and clinical responsibility. The model of extended clinical care in the community was supported in principle by the clinicians involved but if NHSO were to use such a model again better governance would

be essential.

322 Children Protection Improvement Plan Register - CCGC 2021-12

The IJB Chair updated members that in response to the request for the appointment of a depute Chief Officer, J Mundell had advised IJB members that further discussion with the NHS Orkney Chief Executive on this issue was pending.

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services asked if there was a timeline and whilst the inevitable delay in progress due to interim NHS Orkney Chief Executive arrangements was acknowledged, it was hoped there would be an update soon.

The NHS Orkney Chair confirmed that in support of the request for interim arrangements for the current absence of the Chief Officer, key areas of outstanding work had been highlighted.

Post meeting note: The Chief Executive advised that Gillian Morrison, Executive Director of Corporate Services for Orkney Islands Council, had agreed to act in the role of Chief Officer for the Orkney Integrated Joint Board from the 31 August 2020.

393 Mobilisation Update - CCGC 2021-16

It was noted that a waiting times update was included on the agenda at 8.5

The Medical Director updated members on the arrangements for patient travel advising that he had seen the Shetland plan and it had been adapted for Orkney, just before the new shielding guidance which made it possible for patients to travel by air. He noted that some further work with public health and infection control colleagues was required to ensure a process was in place and that adaptations would continue to be made in response to guidance updates.

The Chair welcomed the update and as further changes were anticipated, highlighted travel arrangements as an item for further review at the October meeting.

Post meeting note: The Medical Director advised that patients were flying to appointments in Aberdeen, within the constraints of the timetables. A new development highlighted was that flights to Inverness and Glasgow will cease from the latter part of October. Numbers of patients on these flights are small, with only 6 patients flying to Glasgow in the last 3 months, and none to Inverness. However, numbers of patient going to, especially, Glasgow will hopefully increase in the near future as remobilisation gains pace, and it will be especially difficult for these patients to make their way back from the Golden Jubilee, a few short days after hip and knee replacements.

394 Social Care Remobilisation Verbal Update

The chair noted that it would be helpful for members to see a written Social Care Remobilisation update as an agenda item at the next meeting.

400 Complaints Performance Report April 2020 - CCGC 2021-20

The Chair highlighted members request for the addition of a Complaints Performance

Reporting paper for Social care, as well as health and noted it as an item to add to the next meeting.

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

The Chair noted the outstanding query regarding the arrangements for the reopening of schools and hoped that the new Interim Chief Social Work Officer would be able to provide an update at the October meeting.

The Chair noted that a decision on the next steps regarding a development session would be discussed after item 7.1

402 Mental Health Update - CCGC 2021-22

The chair anticipated that any items regarding this issue would be addressed under item 8.3 on the agenda.

403 Risk Register Report – CCGC 2021-23

The IJB Chair highlighted that she had noted that a meeting with public health and the harbour authority would be helpful to clarify understanding of the cruise liner risk, but agreed to follow up outside the meeting.

466. **Action Log**

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

Governance

467. **Children's Inspection Team Discussion**

The chair welcomed the Independent Chair of the Orkney Public Protection Committee, (OPPC), the Public Protection and Children's Health Service Lead and the Strategic Inspector, Care Inspectorate who had been invited to join the meeting to provide external perspective and assurance on Orkney's progress against the Children's Services Inspection Report Improvement Plan.

The Chair explained that the Clinical and Care Governance Committee was an integrated committee of both NHS Orkney and Orkney Islands Council Social Care and reported to both the NHS Orkney Board and Integrated Joint Board. She described how members had struggled to gain assurance on inspection governance and on the pace and clarity of achievement against the improvement plan, so had agreed at the last meeting to seek additional input from partner agencies.

A comprehensive update was provided by each of the external representatives and the following key themes were highlighted:

Staffing

The impact of COVID 19 had created added challenges to the recruitment of key people, but after a difficult period a new interim Chief Social Work Officer was in post and a helpful and stabilising influence was anticipated. Key gaps in staffing was identified as a major issue and the historic use of temporary and agency solutions highlighted as barrier to the achievement of sustained change and stability.

Culture

An additional staffing pressure highlighted was a tendency to spread the responsibilities of vacant posts across existing members of the team, rather than seeking replacements.

Leadership

The Chief Officer's Group had taken on the highlighted issue of unsatisfactory leadership and had started the improvement process by leading a development day which concluded with agreement on the following actions:

- A development day for elected members
- A development day for children, young people families and professionals
- A review of the OPPC and COG memberships
- A review of resources and staffing requirements
- A review of the Improvement Plan in light of Development Day themes

Reviews

The recent completion of a complex Significant Case Review was highlighted and members were advised it had raised some issues regarding the organisation of health services, particularly for those in an island setting and where services were provided off island. A further case of concern regarding the health service response to a child and the subsequent identification of matters involving other services had led to the initiation of a Single Agency Review and a proposal for an Inter-Agency Learning Review.

It was noted that there were lots of lessons to learn but, despite the difficult circumstance, members were reassured that there was an overall sense of drive and desire for adopting changes and making improvements.

Audit

Audit was identified as one the main tasks in the improvement plan and looking at how quality assurance processes were embedded was a key focus. Members were advised that an audit report had been submitted after a first file review and a culture of involvement, evidence of good collaboration and good placement for looked after children away from home were positive highlights. Record keeping, difficulties accessing the PARIS system and ensuring quality assurance processes, the identification of neglect, permanency planning and the recording of availability of family work were noted as the areas of concern.

It was noted that a second stage review would follow and that the last stage would be a multi agency review.

Guidance

This was an area identified as a significant gap and members were advised that clear progress had been made. Some further activity to ensure a seamless approach was require, but work was progressing well and members should take assurance that robust measures were being put in place.

Pace of progress

Members were advised that concern regarding the initial pace of progress were justified, but since March this year it had improved with clear focus and drive evident and signs of delivery in a number of different areas. A need for investment in child protection was highlighted, but progress with the recent appointments of the Independent Chair of the

OPPC and the Lead Nurse was noted.

In response to a query regarding IJB representation and the role of the OPPC, the Independent Chair noted that in terms of public protection a multi agency approach was taken and the key issue was to ensure the right people were involved. A review of the membership of both groups was noted as an outcome of the recent OPPC/COG development day, so all options were open for consideration. Although from a strategic decision making perspective some representation was a given, he was happy to consider suggestions for options which would work for Orkney.

In reply to a query regarding the reporting, accountability and governance of COG the Strategic Inspector advised members that as he didn't really have a clear understanding of the Orkney issues, he would need to take the enquiry away with him and discuss further at a later date. Members agreed that the planned development day for elected members would be an appropriate opportunity to explore these issues further.

It was noted that staffing issues had often been a challenge, but this was the first time they had been discussed, that PARIS had long been identified as a flawed system and that training for staff on how to spot areas of concern should not be underestimated. Orkney often scored highly as one of the best places to live and members were keen to ensure this was also the case for all children.

The OPPC Independent Chair noted the consensus for change and was reassured by the eagerness for progress, but cautioned members against too keen a focus on pace as not all changes would be immediate. He highlighted that it had taken a couple of years to progress to the current position and to achieve successful improvement change needed to be sustainable and embedded and would require patience and steadfastness.

On behalf of all members the chair warmly thanked all those involved in the work described and welcomed the detailed information and high level assurance provided by the update and was particularly reassured about plans for a development day for elected members, which would offer an opportunity for further scrutiny and assurance. She wished all well with the ongoing work and noted that further updates would be provided through normal reporting routes.

Decision / Conclusion

The Committee took assurance that timely improvement progress was being made and appropriate inspection governance was in place.

Safe and Effective Care

468. Quality and Safety Group Update CCGC 2021-26

The Chief Quality Officer presented the update to members and confirmed that although development work to address the need for changes to the group had been delayed due to COVID 19, it had just restarted. Monthly meetings were scheduled and a good level of engagement and clear direction for the next meeting had been achieved.

In response to feedback, a revised Terms of Reference had been drafted and two key issues for the Clinical and Care Governance Committee regarding role, function and communication were highlighted.

The Chair appreciated the challenge of implementing a significant change in direction and welcomed the update on the restart of work.

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services congratulated the Chief Quality Officer and Medical Director on the significant work undertaken so far, noting that what had been achieved created the potential for a hugely significant cultural change.

The Medical Director noted a key shift of emphasis away from the managerially driven critique of written reports and action plans, which had suppressed operational engagement and participation, to a clinically directed, cross discipline forum for free flowing discussion . It was anticipated that key concerns regarding the quality and safety of patients would be raised during this process and any issues which required more detailed scrutiny or formal reporting would be initiated by clinical staff leading to enhanced engagement in appropriate governance and proposed solutions.

It was confirmed that the Medical Director was the chair of the Quality and Safety group and it was hoped that the revised Terms of Reference would address the potential for remit overlap with the Area Clinical Forum, but it was acknowledged that this would need to be closely monitored.

The IJB Chair noted the health focussed membership of the group and raised a wider governance query regarding the scrutiny of delegated services.

The Chair noted that that Quality and Safety Group Chair's report and minutes would be submitted to the Clinical and Care Governance Committee and members would decide if onward escalation to NHS Orkney Board and the IJB was required. The Chief Quality Officer agreed to review the reporting lines section of the draft Terms of Reference to reflect this.

The NHS Orkney Chair noted that the discussions highlighted the importance of role clarity and explained that the Area Clinical Forum remit was to advise whilst the Quality and Safety Group role was to provide assurance.

The Director of Public Health asked how the Quality and Safety group were supporting some of the significant clinical issues raised in the Scottish Public Services Ombudsman report and was concerned at the committee's level of oversight and assurance.

The chair confirmed that the oversight and scrutiny remit of the Clinical and Care Governance Committee was a key element of the ongoing development work.

Members agreed that the new Quality and Safety Group format might not get everything right at the start so closer monitoring would be needed, but it also needed to be given space and time to develop.

The Chief Quality Officer, reflecting on earlier discussion, wondered whether further consideration of the quality and performance of delegated services was warranted, if it was felt that current reporting did not provide appropriate levels of assurance.

Decision / Conclusion

The Committee noted the update provided.

Post meeting note: The Chief Quality Officer confirmed that the reporting section of the Quality and Safety Group draft Terms of Reference had been reviewed with the Medical Director. It was felt that as the forum, under current arrangements, was a delivery group the reporting arrangements as drafted, were felt to be appropriate.

469. Significant Adverse Event (SAE) Update CCGC 2021-27

The Chief Quality Officer noted the return of a full SAE report, which updated members on the current position. She explained that some of the sign off processes had been slightly longer due to COVID-19 redeployments, but advised that these had now returned to normal.

It was agreed that the inclusion of internal audit report updates would be useful going forward.

In response to the reference in the report regarding a missed fracture the Medical Director confirmed that the morning review process had picked up the error.

Decision / Conclusion

The Committee took assurance that Significant Adverse Events were being handled in line with the Learning from Clinical Incidents Policy.

470. Mental Health Service and Strategy Update CCGC 2021-28

The Acting Head of Health and Orkney Health and Care presented an update on current activity in Mental Health and the status of the Mental Health Strategy.

It was noted that the use of Near Me had been very successful, but a query regarding older patient uptake was highlighted.

It was acknowledged that there had been some difficulties, but it was hoped that once restrictions were eased it would become a more workable technology as older patients would have increased family support for set up in the home. It was confirmed that the approach was regarded as one of a range of tools as telephone and face to face contacts were also available. National recognition for the mental health patient uptake of Near Me was also highlighted.

Concerns regarding the impact of delays on the progress of the Mental Health Strategy, feedback on the wordy and inaccessible format of the draft document and the exclusion of the wealth of comments and outputs from additional work since the close of the consultation were raised.

It was confirmed that if all the related work over recent months was not captured it would be a missed opportunity and it was noted that links via a working group had been made to ensure that all appropriate developments were included.

Members, whilst acknowledging the comments above, also emphasised the need for a

sense of urgency around the progress of the Mental Health Strategy. It was noted that it would be a continuous process, which would be open to adjustment and they looked forward to the submission of a comprehensive document.

The NHS Orkney Chair confirmed that the purpose of a strategy was to provide a framework within which delivery bodies could operate.

The Acting Head of Health and Orkney Health and Care confirmed a commitment to submit a document to the next Integrated Joint Board meeting and agreed that it should be a dynamic and iterative.

Decision / Conclusion

The Committee noted the update in relation to staffing and service delivery and took assurance that the work on the Mental Health Strategy was moving forward.

471. Duty of Candour Annual Report CCGC 2021-29

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services presented the Duty of Candour Annual Report, which showed the adoption and implementation of Duty of Candour in NHS Orkney services.

He explained that when unintended or unexpected events happened, which resulted in death or harm as defined in the Act, those affected must be made aware. They must also understand what had happened and receive an apology from the care provider. He also highlighted that the requirement on the organisation to formally report did not replace or override an individual's requirement to make an apology as a professional when these events occurred.

Members were advised that although the number of reported cases seemed low, a very well structured approach to duty of candour in terms of apology to patient, investigation and patient and family involvement in the process was in place. The table in the report, demonstrating the prescriptive criteria for high level reporting, was also highlighted.

The chair welcomed the report and highlighted that the process, which had only been introduced two years ago, had been helpful in producing key learning and detailed improvements.

S Sankey asked whether cases with delayed reporting, such as the one described in the report, was unusual and the Director of Nursing, Midwifery, Allied Health Professions and Acute Services advised that some cases were clear cut and others more subtle, but confirmed that the incident was escalated as soon as it was identified.

J Richards highlighted a recent contact from a family regarding NHS Orkney's handling and response to a complaint and noted how reassuring it had been to hear of an example where the acknowledgement of an issue and implementation of corrective action had resulted in a positive conclusion.

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services welcomed the feedback, which he confirmed he would relay to the Patient Experience Officer.

Decision / Conclusion

The Committee reviewed the report and took assurance on performance.

472. Elective Waiting Times Update CCGC 2021-30

The Chief Quality Officer presented a brief update on the current position noting that many services had been paused during the pandemic, but they were now remobilising in line with national documentation and strategic directions.

It was noted that there were instances where outpatient waits had increased, however a good position with regard to urgent care had been maintained and the use of the Near Me approach had been maximised to minimise the impacts of COVID -19. Patient access to off island care and the return of some visiting services was also confirmed.

An increase in the backlog of inpatient waits was also noted, but it was better than expected and further improvements were anticipated with the remobilisation focus.

The Chair asked how confident services areas with the highest waits felt about decreasing the levels noted.

The Chief Quality Officer acknowledged the relatively high dermatology rates, but confirmed that visits were planned and Near Me was operational. Ear nose and throat (ENT) services were more of a challenge, but it was recognised that ENT services across Scotland had been impacted and NHS Orkney was moving in line with guidance available. Ophthalmology was the biggest pressure, but this was no change to the position pre COVID -19 and recruitment to a global citizen post was confirmed so it was hoped they would be on island from September and some improvements in capacity could be anticipated. Investment in a new glaucoma pathway was also highlighted.

It was noted that Urology services were commissioned from Grampian, so whilst figures may have been included as a specific item in a previous paper they were not routinely reported.

The Chair welcomed the update noting that it was not without concern, but was assured that a decrease in the figures could be anticipated in the October report.

Decision / Conclusion

The committee reviewed the update and sought additional assurance on performance

Policies for Approval

473. Prevention, Control & Management of VHF & Ebola CCGC 2021-31

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services presented the policy for approval and noted that the work had been started last year so, whilst it might seem a bit out of the blue, it was overdue.

He explained that there was no suggestion that an outbreak was expected, but the tourist season did present a fairly significant increase in footfall and this policy would provide clinicians with clear guidance. He noted that the timing was particularly appropriate with the recent increase in Personal Protective Equipment training and although it dealt with

different scenarios the basic principles and processes were the same.

The Director of Public Health also highlighted the number of volunteers from Orkney that worked abroad and the importance of having a method to review and manage anyone who felt unwell upon their return.

Decision / Conclusion

The committee approved the policy subject to the highlighted formatting amendments.

Medicines Management

474. Area Drugs Therapeutic Committee (ADTC)

The Principal Pharmacist provided a verbal update noting the challenge of sustained meeting attendance, but confirmed that medical representation and a lead had been agreed and a meeting was scheduled for August.

It was noted that the membership and terms of reference were to be reviewed and agreed along with a work and action plan.

Decision / Conclusion

The committee welcomed the update and looked forward to a further report at the October meeting.

Person Centred Care

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

The Chief Quality Officer presented the standard annual Patient Feedback Report which built on the regular quarterly updates to the committee. She highlighted the decrease for the second year in the number of complaints received since the introduction of the new complaints handling procedure and a good complaints training update rate from staff groups.

It was noted that changes in practice were starting to embed and this was evidence by the increase in attempts to resolve issues at stage one. However the increasingly complex investigation complaints often took longer than hoped, particularly when single handed practitioners or services with rotating work patterns were involved.

An increased use of MSP and advocacy service access routes was also noted.

The Chair asked if NHS Orkney was better as an organisation in making patients aware that they can complain.

The Chief Quality Officer hoped there had been just such an improvement, particularly since the move into the new building with the installation of new screens and boxes along with information on the process. She confirmed that there was still work to do around the care opinion, but hoped that would be picked up next year.

Potential for confusion with some of the language around response, acknowledgement and timescales along with some figure anomalies were noted, which the Chief Quality

Officer accepted and agreed to feedback.

The IJB Chair highlighted the health focussed nature of complaint reporting and noted that there could be emerging themes across services areas that were not captured.

The Chief Quality Officer noted that the current report fulfilled the NHS duty to provide the information presented, but agreed that a balanced picture for delegated IJB services was not reflected. She confirmed that identifying themes was a key part of the complaints process, but noted that other service data would be held in different places, but agreed to liaise with the Chief Officer regarding inclusion in future reports.

The Chair agreed that a comparable care complaints report should be requested and added to the agenda for future meetings.

The Interim Director of Nursing highlighted the approach evidenced in the *'You told us: We Listened'* examples on page 19 of the report as a particularly positive example of the work in practice.

It was noted that it was the prerogative of complainants to choose whichever route they preferred to access complaints processes, but S Sankey wondered if the increased use of MSP and advocacy services signified a lack of access to standard routes.

The Chief Quality Officer was not unduly concerned and noted that in a small community success could perpetuate patterns of access and often the more complex cases that returned if an outcome was not what had been hoped for would use one of these alternative routes.

The Medical Director also noted that the independent GP practices had their own complaints procedures.

Decision / Conclusion

The committee noted the comprehensive report and sought appropriate assurance after additional review.

Social Work and Social Care

476. Children's Services Inspection Report Improvement Plan- CCGC 2021-33

The Interim Director of Nursing presented the report, noting that the updates were iterative and changed frequently.

She confirmed that the multidisciplinary short life working group continued to meet fortnightly to progress and monitor the plan, that health attendance at the Chief Officers' Group ensured health aspects of the partnership action plan were updated and the meetings with M Berry from Health Care Improvement Scotland continued to provide advice, support and assurance that there was appropriate progress.

It was noted that a significant amount of additional information and evidence to support actions taken was available, if required, but one area for further work was how to evaluate and evidence that individual actions taken had made an improvement and impacted on children's lives.

The Interim Director of Nursing assured members that she was encouraged that the actions were moving toward completion, but also noted that many of the actions created new actions, which further emphasised the ongoing nature of the process.

Credit to M Mackie for leading work on the development of a pre birth guidance and pathway, which had received highly complimentary feedback from colleagues, was also highlighted.

The Chair noted that it was clear a number of actions had been completed and recognised the dynamic nature of the work.

The IJB Chair welcomed the report, but highlighted a similar concern to the one noted earlier in the meeting regarding the absence of an update on the full spectrum of services.

The Chair clarified that as a comprehensive report had recently been provided at the last additional meeting and a new Chief Social Work Officer had just started in post it had been agreed that a further full update would be provided at the October meeting.

The Interim Nursing Director confirmed that all the health actions that had been reported in the update presented had been reference back to the overall action plan.

The IJB Chair acknowledged current pressures, but noted the importance of recording the requirement for balanced reporting.

Decision / Conclusion

The Committee noted the current position and reviewed the progress made.

Risk

477. Risk Register Report - CCGC 2021-23

The Chief Quality Officer presented the update on active risks assigned to the Clinical and Care Governance committee. She noted that as no new risks had been assigned since the update presented at the last meeting, the update was very short. It was confirmed that a fuller and more accurate picture of the updated position would be submitted to the October meeting.

Decision / Conclusion

The Committee noted the update provided and agreed there were no risks for escalation to Audit Committee.

478. Emerging Issues

Pandemic Update

The Director of Public Health provided verbal assurance that the work with care homes continued, as did the offer of testing for members of staff. In addition, Scottish Government had requested some surveillance testing, which would be led and implemented locally by Occupational Health. She also confirmed that Test and Protect was in place and work around the appropriate division of national and local input was

ongoing.

Red & Green Pathways

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services confirmed an agreed position on red and green pathways had been reached and adherence to appropriate signage was being reinforced.

479. **Any other competent business**

The Chair highlighted the email which was circulated with meeting papers on behalf of Age Scotland on Friday 10 July 2020 and included the Draft Orkney Dementia Strategy 2020 – 2025, shared for consultation. She noted that contact details for feedback were included in the message and encouraged members to participate.

The IJB Chair highlighted that a review of the logos included on report templates would be useful and the Chair agreed that this issue would be taken forward as part of the ongoing committee development work.

480. **Agree items to be brought to Board or Governance Committees attention**

It was agreed that there were no issues to be highlighted to the Boards through the Chair's Report: