

Not Protectively Marked

NHS Orkney Board – 25 June 2020

Clinical and Care Governance Committee Chair's Report

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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 4 June 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 4 June 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4 Issues Raised

1. Recovery Plan

The Chief Quality Officer presented the Committee with a high level summary around remobilisation, noting that many routine services had been stood down in March with a focus on emergency and urgent, the report focused on how services would now be re-established moving forward whilst also taking learning into account.

The initial first draft of the plan, to cover services to the 31 July 2020, had been submitted to the Scottish Government as requested, there was also a need to look forward to the whole of the financial year. The silver tactical group had been refocused to form a whole system recovery group and would continue to meet and develop the next iteration of the plan.

2. Children's Services Inspection plan

Members received updates from the Chief Social Work Officer and Interim Director of Nursing on progress with the recommendations raised in the Inspection report, from

both a Social Care and Health perspective.

Concern was raised over the formatting of the report, this was a working document and regularly evolving in line with progress made, which could make it difficult to understand the key improvements. This feedback was taken on Board and a more streamlined document would be provided to future meetings.

The Committee took assurance from the progress made and welcomed further updates, it was also agreed that a development style session would be useful to discuss the recommendations and progress of these in more detail.

Cross Committee Assurance

There were no issues to be escalated.

Appendices

- Approved minute from the Clinical and Care Governance Committee meeting held on 13 May 2020.

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** on **Thursday 4 June 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
Rachael King, Integrated Joint Board, 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
Sharon Ann Paget, Chief Social Work Officer
Marthinus Roos, Medical Director
Iain Stewart, Chief Executive Designate
Heather Tait, Public Representative
Brenda Wilson Interim Director of Nursing
Louise Wilson, Director of Public Health
Emma West, Corporate Services Manager (minute taker)

310 Apologies

Apologies had been received from, D McArthur, G O'Brien, D Moody, L Bradford and W Lycett.

311 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

312 Minute of meetings held 29 January 2020 and 13 May 2020

The minute of the Clinical and Care Governance Committee meeting held on 29 January 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendment, on the motion of David Drever, seconded by Steven Johnston.

- Page 4 – Clinical Strategy – ninth paragraph, last sentence amend to 'he noted that it was important to ensure that the Strategy was correct before seeking public consultation'

The minute of the Clinical and Care Governance Committee meeting held on 13 May 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendment, on the motion of David Drever, seconded by Meghan McEwen.

- Interim to be removed from title of Chief Executive

313 Matters Arising

Improvement Plan – Recruitment of Lead Nurse

Members were advised that there had been two applicants for the substantive post and interviews would take place on the 18 June 2020.

314 **Action Log**

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

COVID 19

315 **COVID 19 Update - CCGC 2021-06**

The Chief Executive Designate presented the situation report, providing a summary of:

- The current Covid-19 cases within Orkney
- Testing Criteria and arrangements
- Care Homes
- Remobilisation Planning
- Use of Teams Technology during Covid-19

J Richards noted that attention was focused around Care Homes and questioned measures being taken in other supported accommodation and housing, where the residents also lived and ate communally.

The Interim Director of Nursing advised that Kalisgarth would be visited within the next week, this visit had been delayed to reduce unnecessary travel. Further discussions were being held with partnership colleagues around supported accommodation although it was acknowledged that there was no specific Scottish Government guidance around this, anyone with Covid-19 symptoms would be tested with immediate effect.

S Sankey questioned why testing practices and data were not included in the paper. The Chief Executive Designate advised that the first minister had announced that testing data by area would be made available and future reports would include this. The Board would now test all symptomatic people over the age of 5 and there would be a media releases to advise the community, any members of the workforce that were required to travel were also being offered testing.

Decision / Conclusion

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

316 **Coronavirus and Care Homes update- CCGC 2021-07**

The Director of Public Health presented the report noting that care homes and their residents remained key areas of focus in relation to the management of the Covid-19 pandemic.

A new care portal would be active from the 8 June to support this work, but would be reviewed to ensure that this met local needs.

Decision / Conclusion

The Committee noted the action taken around care homes and the formation of a local oversight group.

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

The Interim Director of Nursing, Midwifery, AHP and Acute Services presented the update advising that the paper had been presented to the Board on the 28 May 2020.

The committee were asked to note the plan and actions to date and to take assurance around the quality and safety of resident care and for the provision of support to care homes within the Board area.

It was noted that there was an immediate requirement for vulnerable staff and residents to be supported, initial visits had been undertaken to provide assurance and support. All outcomes had been positive with a few minor actions being identified and addressed.

Testing would continue to be carried out and would be completed by community nurses already visiting facilities to reduce the footfall and risk of transferring infection, any issues would be immediately escalated.

Escalation planning and process were in place for any workforce shortages, with NHS bank staff contacted to ascertain if they would be willing to provide this support, input would also be available from the infection control team if required.

S Johnston noted that this had been discussed by the Board recently and had triggered a response from clinicians that they had difficulty raising concerns; there was a need for an honest appraisal and willingness to learn. Clinical staff did acknowledge the great work of care home staff in these times.

The Interim Director of Nursing welcomed any input from clinicians with concerns to ensure that these had been addressed.

S Sankey questioned what testing would take place and was advised that this would be on a weekly cycle and would include 6 staff and 6 residents from each care home. Any resident or member of staff who became symptomatic would have access to immediate testing.

R King welcomed the reassurance that the report provided and in particular the moves to limit the footfall, she noted that there was a requirement to understand staff concerns and for staff to be heard across all services.

The Interim Director of Nursing noted the positive flow of information due to the daily huddle direct from care homes in addition to the standard processes already in place. In addition to community nurses consideration was also being given to further multi-disciplinary working, to avoid additional visits from external clinical staff where possible.

Decision / Conclusion

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

318 **NHS Orkney Protocol for community testing of Covid19 - CCGC 2021-09**

The Director of Public Health presented the report advising that the protocol outlined a process for offering testing to all the recommended groups across Orkney, opening up local testing to all aged 5 years and over who were symptomatic.

R King raised concerns that some national systems were directing people to Thurso to receive a test and that this needed to be addressed, she also questioned whether those working within ferry services would be eligible for testing.

The Chief Executive Designate advised that those who work on ferries were in group 3 and as such were part of the priority testing categories, as were other transport operators. He acknowledged that the national website could direct members of the public, inappropriately, to national testing centres the local phone number to book a test was being widely advertised to avoid this.

S Johnston confirmed that those logging onto the UK portal, may be send a self-test kit, or directed to the nearest national centre, he acknowledged that this was not a suitable local solution and even though the telephone number was promoted widely they were unable to amend the national website. The Director of Public Health noted that NHS inform was also promoting the local Orkney number.

Decision / Conclusion

The committee approved the protocol, subject to a minor amendment to numbering and delegated the updating of this to the Testing Sub group in line with national guidance.

Governance

319 Ethical Support Group Terms of Reference - CCGC 2021- 10

The Medical Director presented the paper for approval, he noted that there had so far been no requirement to use the group but it was essential that the mechanisms were in place to support clinicians in make difficult decisions. The ethical advice and support group and had been established as per government guidelines.

Members were advised that Out of Hours the NHS Grampian service would be used and any none urgent advice would be discussed and provided through the scheduled meetings.

The Chair questioned the membership of the group and was advised that this was a wide range to provide independent ethical support rather than solely clinical advice.

D Drever questioned the reporting protocols and it was agreed that the Group would report through the Clinical and Care Governance Committee to the Board with the Medical Director leading on this.

Decision / Conclusion

The Committee approved the Ethical Support Group Terms of Reference and agreed that reporting would be through Committee, led by the Medical Director.

Safe and Effective Care

320 Recovery Plan - CCGC 2021-11

The Chief Quality Officer presented the update and a high-level summary around remobilisation, she noted that many routine services had been stood down in March with a focus on emergency and urgent, the report focused on how services would now be re-established moving forward taking current learning into account.

Members were advised that the initial first draft to cover services to the 31 July 2020 had been submitted to the Scottish Government as requested, but there was also a need to look forward to the whole of the financial year. The silver tactical group had been refocused to form a whole system recovery group and would continue to meet and develop the next iteration of the plan.

Clinical governance was also being stood back up through a process of reinstating the standard processes and meetings to ensure good clinical governance was in place.

M McEwen questioned the reporting route for the new recovery group along with staff side representation. She was advised that the Terms of Reference were currently being written but it was proposed that general reporting would be through the Senior Management Team with any clinical issues raised to Clinical and Care Governance Committee, Staff Side representation would be considered to ensure that the group had the correct membership.

R King questioned if, when restarting clinical services, appointment times would consider the current limited transport timetable for those in the isles. She asked that this be considered as partnership approach to meet the needs of the population.

The Chief Quality Officer advised that transport issues has been raised and would be considered, part of the remobilisation involved only taking in a face to face appointment if absolutely necessary.

R King took reassurance from this but noted that the wider issues around accommodation, childcare etc all need to be addressed through a partnership approach.

Decision / Conclusion

The committee noted the update and requested a similar paper around how care services were being adapted and remobilised to the next meeting.

321 **Mental Health Update- CCGC 2021-11**

The Interim Director of Nursing provided a verbal update around the current review of mental health services and provision and advised that a paper providing more detail would be brought to a future meeting.

Members were advised that a number of strands were being reviewed, a Multi-disciplinary group had been established across sectors to consider the availability of Community Mental Health Services and acute pathways, the group would meet fortnightly to progress actions with relevant attendees at each meeting.

Priority areas included documentation and record keeping, sharing of information, the acute care pathway and Out of Hours provision. Previous reviews and recommendations were being considered along with the progress made in previous years. There was also consideration being given to learning disabilities as there was not a current clinical service along with cross over work with the recommendations from the children's inspection report.

The Chair welcomed the verbal update provided as this had been an area of concern for a substantial length of time, the Multi-disciplinary approach was noted as being

especially useful in moving forward this work.

D Drever also welcomed the update around work being undertaken, he noted that previous reviews had been fragmented and this gave assurance around progress, he questioned where third sector representation would occur,

The Interim Director of Nursing advised that the Multi-disciplinary group would have Third Sector representation, how this would be best provided was still being considered.

R King also welcomed this from an Integration Joint Board perspective, there had been concerns emerging around the requirement for a clinical lead along with the educational element of supporting young people as part of this journey.

Decision / Conclusion

The committee noted the update and welcomed a paper at a future meeting.

Social Work and Social Care

322 Children Protection Improvement Plan Register - CCGC 2021-12

The Chief Social Work Officer presented the report advising that the improvement plan followed from the inspection report and was broken down by area, the most recent updates were included in the paper but this was an ongoing process with fortnightly updates being included. She highlighted the following:

- A file audit had been completed and initial verbal feedback had been positive.
- Development of a suite of procedures and policy guidance continued with a focus on child protection guidance and in collaboration with Scottish Government colleagues.
- The Lead Nurse post had been advertised and interviews were to proceed.
- Work continued with education to improve partnerships, the group were working with action for children to take this forward.
- National initiatives around young people reported missing were progressing, these were in the early stages and would be implemented within Orkney when finalised.
- Responsibilities as Corporate Parents were being reviewed through a partnership approach.

R King noted that the format of the reporting had been amended and now felt unwieldy and difficult to understand, she proposed a RAG status report with timelines to make the documentation clearer and linked to the overarching recommendations, for consistency and continuity.

S Sankey supported this, noting that all actions should be combined into one document. He noted that leadership was not highly mentioned in the report and there was no mention of the chief officer's group, assurance at a strategic level needed to be explored in more detail.

It was agreed that the reporting would be streamlined, the report and action plan had both been attached for information but time would be spent reviewing the format and links to the overall partnership plan.

D Drever welcomed the work and progress being made but raised concerns that he was unable to take full reassurance due to the presentation and difficulty ascertaining the priorities. He welcomed the opportunity to feed into a wider development session around this work to give it the time and discussion it deserved and take forward the key priority areas.

M McEwen noted the need to consider the actual differences the changes made to vulnerable and looked after children in the community and also welcomed a further seminar to address this more fully.

The Chief Social Work Officer responded on the version control issues noting that all updates were made through the change management team and recorded in one plan which was an evolving working document.

The Chief Quality Officer noted that there should be an evaluative framework considering the how the differences would be measured for a child, it was recognised that this was a requirement and an area that would be reviewed once the foundations were in place.

Decision / Conclusion

The Committee noted the plan issued but welcomed the report in another format to gain assurance and welcomed a further development session to discuss this in more detail.

323 Children's Services Inspection Progress Update - CCGC 2021-13

The Interim Director of Nursing presented the report noting that the detailed Healthcare Improvement Plan had been created, it was dynamic and referenced the overall partnership plan. The plan and processes would support the improvements required to bring Children's services to the required standard to protect and improve the lives of children and young people in Orkney.

The multidisciplinary group continued to meet weekly to progress and monitor the plan, this would move to fortnightly in the near future.

Decision / Conclusion

The Committee took assurance from the progress made and welcomed further updates at future meetings.

324 Emerging Issues

No emerging issues were noted

325

Annual Committee Review- CCGC 2021-14

This item was deferred.

326 Clinical and Care Governance Committee Annual Report - CCGC 2021-15

This item was deferred.

327 **Any other competent business**

Inspections

Members were made aware that Healthcare Improvement Scotland were restarting the healthcare environment, older peoples and acute care inspections.

328 **Agree items to be brought to Board or Governance Committees attention**

It was agreed that the following issues would be highlighted to the Board through the Chair's Report:

- Recovery plan
- Children's services inspection plan