

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of Orkney NHS Board on **Tuesday 26 January 2021 at 13.00**

Present	<p>Issy Grieve, Non-Executive Board Member (Chair) Steven Johnston (Vice Chair) Michael Dickson, Interim NHS Orkney Chief Executive David Drever, Non-Executive Board Member Rachael King, Integrated Joint Board, (IJB) Chair Meghan McEwen, NHS Orkney Chair John Richards, Integration Joint Board Member Steve Sankey, Integration Joint Board Member Heather Woodbridge, Integration Joint Board Member</p>
In Attendance	<p>Christina Bichan, Head of Assurance and Improvement Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice Mary McFarlane, Interim Director of Pharmacy Heather Tait, Public Representative Louise Wilson, Director of Public Health Wendy Lycett, Principal Pharmacist Jacqui Hirst, Interim Service Manager – Children’s (For action log item @ 13.15) Wendy Lycett, Principal Pharmacist (For item 10.1 @13.30) Heidi Walls, Committee Support</p>
899.	<p>The chair opened the meeting with an acknowledgement to the late Jeremy Richardson, noting his contribution as a member of the NHS Orkney Board and as previous chair of this committee.</p> <p>The Chair also noted the retirement of Chris Nicholson, Director of Pharmacy and warmly welcomed Mary McFarlane, Interim Director of Pharmacy and Heather Woodbridge, IJB member to the meeting.</p> <p>Apologies</p> <p>Apologies had been received from Lynda Bradford, David McArthur, Dawn Moody, Gillian Morrison, and Marthinus Roos.</p> <p>The chair noted that staff absence would mean the meeting, although quorate, would have a reduced level of clinical input.</p>
900.	<p>Declarations of Interest – Agenda Items</p> <p>No interests were declared in relation to agenda items</p>
901.	<p>Minute of meetings held 27 October 2020</p> <p>The minute of the Clinical and Care Governance Committee meeting held on 27 October 2020 was accepted as an accurate record of the meeting and approved on the motion of David Drever and seconded by Steven Johnston, subject to the following amendments,</p> <p>Page 1, In attendance section, <i>J Lyon</i> should be amended to read <i>Jim Lyon</i> Page 3, fourth paragraph, first sentence, the word ‘addressed’ should be amended to read ‘highlighted’. Page 4, third paragraph, first sentence, the word ‘hearted’ should be amended to read</p>

	<p><i>'heartened'</i></p> <p>Page 4, fourth paragraph, the end of first sentence should be amended to read 'and acknowledged it as <i>an</i> area for improvement'</p> <p>Page 4, fourth paragraph, start of second sentence should be amended to read 'Previously there had been a reliance <i>on</i> the dissemination of information'</p> <p>Page 4, final eleventh paragraph, final sentence should be amended to read, 'He suggested that <i>a clear matrix should be developed</i> so that there could be confidence that practitioners were meeting outcomes for patients'</p> <p>Page 6, start of first sentence should be amended to read, 'It was an approach tried <i>in</i> Orkney'</p> <p>Page 6, fourth paragraph, first sentence, the words '<i>get on with</i>' should be amended to read '<i>now see progress</i>'</p> <p>Page 6, fourth paragraph, end of sentence should be amended to read, 'but felt the vision <i>did not quite capture this</i>'</p> <p>Page 12, ninth paragraph, first sentence the words '<i>neurological conditions</i>' should be amended to read '<i>paediatric neurodevelopmental</i>'</p>
902.	<p>Matters Arising</p> <p>It was agreed that outstanding updates for this item would be added to the action log for review at the next meeting.</p>
903.	<p>Action Log</p> <p>The Committee reviewed and updated the action log. (See action log for details)</p> <p>04 – 2020/21 – Paediatric Autism/Neurological Conditions Pathway</p> <p>The Interim Children's Service Manager joined the meeting for this item and provided a verbal update and Paediatric Autism was highlighted as the only currently defined pathway working across NHS Orkney and Orkney Islands Council but there was national and local intent for there to be one paediatric neurodevelopmental pathway.</p> <p>An Autism Spectrum Disorder (ASD) coordination group meets monthly and a similar approach to discuss all children of concern was under consideration, but challenges relating to capacity for paediatrician input, leadership and support of the clinical team, waiting lists, outstanding requests for admin support and staff absence were noted and discussed.</p> <p>In response to queries the Interim Chief Executive agreed that there were some accountability issues around the management of services, but confirmed if the executive team were sighted a response would be provided.</p> <p>The NHS Orkney Chair queried links with the Children Inspection report and was advised that whilst child protection was the focus on the inspection report there were indirect links which were being reviewed.</p> <p>D Drever asked if school closures had created delivery issues and the Interim Children's Service Manager confirmed there were implications as it was difficult to observe children in context, but work to mitigate issues had been undertaken.</p> <p>Members noted the update provided and the agreed a full report to update on the issues raised should be scheduled for the next meeting.</p>

	Operational Planning
904.	<p>Planning and Delivery Update CCGC 2021- 50</p> <p>The Head of Assurance and Improvement presented the update highlighting the stepping up and stepping down care model to ensure that those most in need of care have access.</p> <p>The inevitable build-up of a backlog was acknowledged, but the mitigation offered by the use of virtual interventions was also highlighted.</p> <p>The Chair questioned whether it was feasible for small boards to deliver on the detailed requirements contained within the NHS Scotland letter appended to the update.</p> <p>The Head of Assurance and Improvement agreed it would be a challenge for all boards and that the scale of the task would not be underplayed, but was heartened by the new degree of realism and expectation of Scottish Government representatives, particularly in relation to elective care. She noted that there would be ongoing conversations at board level as to what could be prioritised.</p> <p>In response to queries regarding planning for issues such as clinical space and access to realistic data on connectivity issues, the Head of Assurance and Improvement advised that challenges around clinical space had been an identified issue before the additional impacts and changes of recent events and was part of ongoing work. Equally model of care changes and the opportunities offered by NearMe technology would be considered going forward.</p> <p>The Head of Assurance and Improvement, further to a question regarding the chronic pain Service, explained that it was similar to other visiting services. A small amount of clinical capacity for patients who required ongoing management of chronic pain had been provided for a long time, but work with primary care and community colleagues to develop a wider approach was in progress.</p> <p>The Vice Chair advised members that he would be working with the Head of Assurance and Improvement on ACF involvement with a couple of the standout challenges around back to normal and discharge planning raised in the appended NHS Scotland letter.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update and took assurance.</p>
905.	<p>North of Scotland Services Update CCGC 2021- 50</p> <p>The Acting Medical Director presented a short update paper which highlighted key meetings relating to North of Scotland regional work.</p> <p>Members agreed it was useful to hear about the work taking place and looked forward to receiving further updates, as appropriate.</p> <p>Decision / Conclusion</p> <p>The Committee noted the service update provided.</p>

	<u>Safe and Effective Care</u>
906.	<p>Quality Forum Chairs Report CCGC 2021 - 52</p> <p>The Acting Medical Director presented the report highlighting that she had chaired the last two meetings of the forum and noted that as the group was still in a forming stage and learning where to focus and how to take things forward she was heartened by the issues being addressed..</p> <p>The Chair acknowledged the current stage of the group, was keen to encourage further development and was reassured by the level of clinical discussion and challenge evidenced in the minutes but wondered who would be monitoring highlighted actions.</p> <p>The Head of Assurance and Improvement agreed that taking ownership of issues and self-monitoring actions, rather than handing on to another team was a different but key area of work for the group and the acting Medical Director had helped to highlight it as a key focus for all group members.</p> <p>Members further discussed shared concerns around the interface between the Clinical and Care Governance committee and the Quality Forum and finding an appropriate balance of empowerment and assurance.</p> <p>Digital connectivity issues were also highlighted, but it was noted that clinical care could be delivered in a number of different ways and whilst digital solutions were acknowledged as an enabler it was important to ensure clinical care and the outcomes achieved should be the forum's key focus.</p> <p>The Chair noted the importance of the issues raised and concluded the discussions by highlighting the section at the end of the Quality Forum minutes where issues for escalation could be captured and confirmed its use would be monitored going forward.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report, noted the assurances provided and looked forward to the forum's future developments.</p>
907.	<p>Performance Report CCGC 2021 - 53</p> <p>The Head of Assurance and Improvement presented a position statement on development work being progressed to respond to recommendations for improvements following participation in the national Quality of Care Approach.</p> <p>The Chair welcomed the update, noting the Quality Framework as a critical tool for work moving forward.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update</p>
908.	<p>Redesign of Urgent Care Update CCGC 2021 - 54</p> <p>The Head of Assurance and Improvement presented the report noting that the changes to local urgent care pathways went live in December 2020 as part of the implementation of the national programme.</p> <p>Members were advised that in terms of shifting activity there had not been a significant</p>

change with a continuation of hospital presentations. However, it was noted that there had been a soft launch locally and the applicability of national programmes for local geographical circumstances was a key issue.

The development of excellent working relationships with other islands boards and NHS Highland was highlighted as a positive longer-term implication of the programme and work with ambulance and out of hours colleagues, as well as the Isle of Care Network, was helping to progress work in the right direction.

The NHS Orkney Chair highlighted the importance of recognising that national programmes were not always applicable to outer islands and that inequalities were exacerbated by geography, particularly in relation to urgent care access and the secondary care support of remote clinicians.

In response to a query regarding the use of informal feedback, particularly in relation to the mental health pathway, the Head of Assurance and Performance confirmed that data was reviewed on a weekly basis and provided information on the common contact streams. The data was provided nationally and currently there was no local assessment in place, but work on how the information could be collated in the future was being considered.

It was noted that an Equality Impact Assessment, which included an isles element, was available on the Scottish Government website, but it was noted that a query on how it linked to the Islands Bill was an issue that had been highlighted with the national team and the final version was pending.

The Vice Chair advised members that he had received reports that there had been a good reduction in Emergency Department attendance and better experiences, but wondered whether the right things were being measured so that a local assessment of success could be made and if so how was it reported.

The Head of Assurance and Improvement explained that we were directed on what to report and not what to measure so the data that was required was submitted, but she also noted that different and more regular information was sent to NHS Highland and there was a weekly meeting to review whether the right outcomes for patients were achieved. She provided examples of how improvement conversations identified issues and noted that C Siderfin was the lead for the programme and that engagement for softer evidence was the key, as the numbers were too small if only data reviewed.

A concern that a the lack of enough data for assessment would negatively impact the outer islands was raised, but The Head of Assurance and Improvement advised that the pathway for outer islands hadn't changes but they had been unable to put to put a localised stop on the wider communication which had presented challenges. Some other boards were also having to look at localised messaging and suggestions to ensure the mechanisms were right for local communities would be welcomed.

The NHS Orkney Chair highlighted the project nationally as a huge success and noted that whilst some of the project outcomes might not benefitted all members of the local population, its transformational nature and ensuing collaborative thinking had.

It was agreed that a six-monthly report to update on the progress and outcomes of the programme would be useful.

Decision / Conclusion

The Committee reviewed the report and took assurance on performance.

	<u>Medicines Management</u>
909.	<p>Area Drugs Therapeutic Committee (ADTC) CCGC 2021 - 55</p> <p>The Principal Pharmacist joined the meeting to present the report and provided members with an update on the work of the Area Drugs Therapeutic Committee.</p> <p>The relaunch of the reviewed terms of reference that had been aligned with other boards and aimed to ensure the committee was able to provide strategic leadership on all aspects of medicines management was highlighted as was the continued development of services in Primary Care.</p> <p>Oversight of The North of Scotland Regional Hospital Electronic Prescribing and Administration (HEPMA) project was also noted as a significant focus for the committee.</p> <p>In response to a query regarding pharmacist representation at the GP Sub Committee, the Principal Pharmacist confirmed that responses had been received and were pending final confirmation.</p> <p>The Chair welcomed the detailed report which identified several changes and challenges, but showed great reflection and a clear plan. She was pleased the committee was meeting regularly again and looked forward to future updates.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and noted the high degree of assurance provided.</p>
910.	<p>Future of Pharmacy: A Strategic Overview of Pharmacy in Orkney and Shetland CCGC 2021 - 56</p> <p>The interim Director of Pharmacy presented the above report which had been submitted in place of the Annual Report to provide a strategic overview of services and was offered to inform organisational decisions which would need to be made in the coming months. She outlined the three main sections of the report and summarised the key points.</p> <p>The Vice Chair asked if there were plans to set up an Area Pharmaceutical Committee (APC) and whether the Redesign of Urgent Care (RUC) work would help with directing patients.</p> <p>The Interim Director of Pharmacy confirmed an APC would be looked at in the coming months and noted that Orkney and Shetland had many similar issues to address. She agreed that community pharmacy needed to be highlighted in RUC work as it was an area where there was progress to be made.</p> <p>Members welcomed the comprehensive document, but raised several queries including geographical implications, links with local further education, IJB commissioning and the consultation and engagement process.</p> <p>The Principal Pharmacist provided some assurance that work was progressing in collaboration with Primary Care and advised members that the author had consulted with Director of Pharmacy colleagues, the local team and Scottish Government. She also confirmed it had not been through the NHS Orkney committee process so had not been officially considered or adopted and the thoughts and opinions were offered as a discussion point to be progressed, as appropriate.</p> <p>Members contemplated escalating the report for further reading to the board and IJB but</p>

	<p>agreed that as the report had generated many questions it required further discussion and consideration and invited the Interim Director of Pharmacy to submit a further report to the July 2021 meeting.</p> <p>Decision / Conclusion</p> <p>The Committee noted and commented on the paper and looked forward to the next update.</p>
	<p>Person Centred Care</p>
911.	<p>Health Complaints Performance Report for Quarter 2 CCGC 2021-57</p> <p>The Head of Assurance and Improvement presented the update on the current position regarding complaints performance noting the challenge of competing priorities, but highlighting the number of stage one resolutions as a positive.</p> <p>The chair noted that as complaints were actively sought it was acceptable to see the submission a higher number, but asked what had changed within acute services to account for the diminished number of complaints.</p> <p>The Head of Assurance and Improvement explained that each complaint was reviewed on its own merit, but it was an area which received a high number of complaints and discharge was a theme which had been identified as an area for improvement. She added that external support to lead work to build collective clinical will to make changes was ongoing.</p> <p>J Richards updated members on issues relating to noise from the siting of the play area and highlighted an outstanding action which the chair recommended should be followed up directly with the Interim Chief Executive.</p> <p>The NHS Orkney Chair sought clarification of the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations, alongside a requirement for additional assurance on the communication of learning from Significant Adverse Events (SAEs)</p> <p>The Vice Chair noted that the Quality Forum reviewed SPSO reports and recommendations, but it was agreed that both issues should be escalated for a view and comment from the Audit and Risk Committee.</p> <p>Decision / Conclusion</p> <p>The committee noted and took assurance</p>
912.	<p>Social Care and Social Work Complaints Performance CCGC 2021-58</p> <p>The Interim Chief Social Work Officer presented the report highlighting the good stage one data and noted the importance of ensuring regular communication if more complex cases were delayed. He also noted the opportunity for learning as the most valuable element of the process, hoped there would be an opportunity to identify any themes across services but also highlighted a resource gap as an ongoing challenge.</p> <p>Members warmly welcomed the first submission of the report, but suggested that narrative to explain how service areas seek feedback, to describe the nature of complaints and the service areas covered along with any common themes and the changes made as a result of complaints received would be useful additions.</p>

	<p>Decision / Conclusion The committee noted the report</p>
913.	<p>NHSO Equality and Diversity Annual Report CCGC 2021-59</p> <p>The chair explained that the Equality and Diversity Manager's commitments had been rescheduled at short notice, so he was unable to join the meeting to present the above report.</p> <p>Members noted that any comments or queries relating to the attached document could be submitted to committee support for onward circulation and, if appropriate, could be captured as a post meeting note in the minute.</p> <p>Decision / Conclusion The committee noted the report.</p>
	<p><u>Population Health</u></p>
914.	<p>Public Health Update CCGC 2021-60</p> <p>The Director of Public Health presented a brief update report noting that the focus of the department continued to be the public health management of COVID-19. She highlighted NHS Orkney as the highest performing board and gave credit and thanks to all staff for the collaborative work to achieve this.</p> <p>At a national level, participation in the national incident management team, which advises Scottish Government on policy, continued and Directors of Public Health were working closely to ensure resources were utilised in the most effective and efficient manner.</p> <p>J Richards passed on positive feedback from a constituent who had received comprehensive information and support after raising concerns about a family member and wished to offer sincere thanks for the superb response.</p> <p>Members agreed that commendation of the whole organisation support provided by the Public Health, Primary Care and Pharmacy teams on the pandemic response and the exceptional work on the delivery of the vaccination programme should be noted to board members.</p> <p>Decision / Conclusion The committee noted the update</p>
	<p><u>Social Work and Social Care</u></p>
915.	<p>Joint Inspection of Services for Children and Young People in Need of Care and Protection Update - CCGC 2021-61</p> <p>The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the update report, highlighting the core areas of progress and identified gaps and delays.</p> <p>The Chair, referring to the second page of the plan within the report and the update that education procedures were at an advanced stage, asked what that meant for operational staff and whether there were clearer timescales for completion.</p> <p>The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice</p>

	<p>noted the children and families’ procedures were pending but would be delivered by the end of the month.</p> <p>Members were particularly concerned about progress on the local service for Forensic Medical Examination, which was highlighted as a red item in the plan.</p> <p>The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice described the frustrations caused by the lack of understanding of island and remote communities but advised that it had been made clear that national models would not be appropriate. He confirmed that the island view was represented, but the complexities and geographical challenges were not easily overcome.</p> <p>Members seeking assurance that timescales in the report were being met were advised by the Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice that there was some slippage and whilst there was acceptance of a requirement for assurance, he could not confirm they would be met.</p> <p>Actions to strengthen governance and accountability was noted as a positive and confirmation that there would be an annual report in relation to governance arrangements from the Chief Officers Group was provided.</p> <p>It was noted that the attached report was overseen by the Chief Officers Group and the Chair concluded by highlighting that the report had been submitted for noting and it was hoped that the update to the next meeting would provide some assurance.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update report</p>
<p>916.</p>	<p>Chief Social Worker’s Annual Report - CCGC 2021-62</p> <p>The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the annual report and highlighted that apart from the issues discussed in the last item, the two biggest challenges were recruitment and the implications of COVID-19.</p> <p>The Chair welcomed the comprehensive report but confirmed that as an integrated committee she would hope to see performance reporting for delegated services and looked forward to the opportunity to discuss this further at the Clinical and Care Governance Committee annual development session in March 2021.</p> <p>Decision / Conclusion</p> <p>The Committee noted the report</p>
	<p>Chairs Reports from Governance Committee</p>
<p>917.</p>	<p>Ethical Advice and Support Group Chairs Report CCGC 2021- 63</p> <p>The Chair noted that the attached report covered the establishment of the Ethical Advice and Support Group, the trial run of an urgent meeting which had gone well and the update that one request for ethical advice had been received.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update</p>

	Risk
918.	<p>Corporate Risks Aligned to Clinical and Care Governance Committee CCGC 2021-64</p> <p>The Head of Assurance and Performance provided an update on progress with the realignment of risk and was pleased to report that a refreshed report which would identify the risks assigned to the Clinical and Care Governance Committee would be provided to the next meeting.</p> <p>It was noted that significant operational work around making the right thing to do the easiest thing was still required and the next meeting of the Risk Forum was scheduled for February 2021.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update provided and took assurance on progress.</p>
919.	<p>Agree any risks to be escalated to Audit Committee</p> <p>The Committee agreed that clarification of the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations alongside a requirement for additional assurance on the communication of learning from Significant Adverse Events (SAEs) should be escalated for a view and comment from the Audit and Risk Committee.</p>
920.	<p>Emerging Issues</p> <p>The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice highlighted an issue regarding the lack of a whole system approach for young people involved in offending.</p> <p>The Chair asked if there was any immediate risk and he advised that whilst there was no direct risk the partnership was left without a consistent approach for the treatment of young people.</p> <p>It was noted that this item would be added to the Chief Officer Group agenda</p>
921.	<p>Any other competent business</p> <p>In response to a query relating to the attendance record it was confirmed that annotation to indicate when individuals attended meetings for specific items was usually added to the first section of the minute. Delayed arrival or early departures were also usually noted in this way, although the move to virtual meetings had made this harder to observe and capture.</p>
922.	<p>Agree items to be brought to Board or Governance Committees attention</p> <p>Members agreed that commendation of the whole organisation support provided by the Public Health, Primary Care and Pharmacy teams on the pandemic response and the exceptional work on the delivery of the vaccination programme should be noted to board members.</p>