

NHS Orkney Board

30 April 2020

Purpose of Meeting

NHS Orkney Board's ***purpose*** is simple, as a Board we aim to **optimise health, care and cost**

Our ***vision*** is to ***'Be the best remote and rural care provider in the UK'***

Our **Corporate Aims** are:

- Improve the delivery of safe, effective patient centred care and our services;
- Optimise the health gain for the population through the best use of resources;
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;
- Create an environment of service excellence and continuous improvement; and
- Be trusted at every level of engagement.

Quorum:

Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member

Orkney NHS Board

There will be a meeting of **Orkney NHS Board** in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday 30 April 2020** at **10:00 a.m.**

Meghan McEwen
Chair

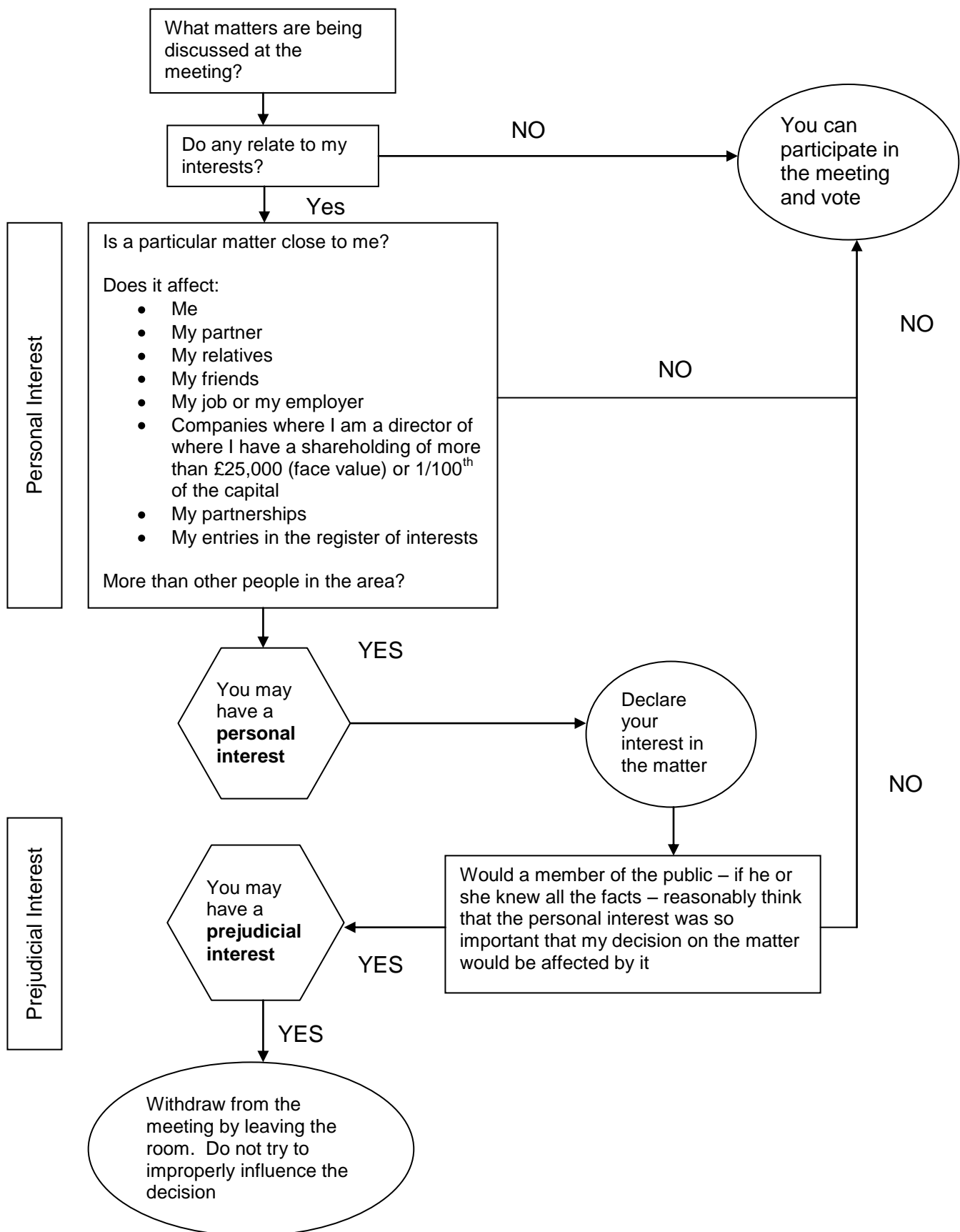
<i>Item</i>	<i>Topic</i>	<i>Lead Person</i>	<i>Paper Number</i>	<i>Purpose</i>
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 9 April 2020	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	Governance	Chair		
6.1	Interim Governance Arrangements	Chief Executive	OHB20 21-03	To <u>note</u> the roles and responsibilities and approve revised working arrangements
6.2	Key Legislation	Chair	OHB20 21-04	To <u>note</u> the legislation issued and amendments to practice
7	COVID 19			
7.1	Personal Protective Equipment (PPE)	Chief Officer/ Head of Support Services	OHB20 21-05	To <u>note</u> the current requirements and availability

Item	Topic	Lead Person	Paper Number	Purpose
8	Clinical Governance			
8.1	Reaffirming roles and responsibilities	Chief Executive	OHB20 21-06	To <u>reaffirm</u> the roles of Child Health Commissioner and Corporate Responsibility for Looked After Children
9	Finance and Performance			
9.1	NHS Overview of Services	Chief Quality Officer	OHB20 21-07	To <u>note</u> the status of services that are continuing, amended or stopped
10	Staff Governance			
10.1	Workforce Report	Head of Corporate Services	OHB20 21-08	To <u>note</u> the contents of the report and <u>discuss</u> the position in relation to non-essential travel
11	Audit and Risk			
	No items this meeting			
12	Any other competent business			
13	Committee Evaluation Reflection on meeting	Chair		

By Standing Invitation:

Sally Shaw, Chief Officer
Christina Bichan, Chief Quality Officer
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts Management
Julie Colquhoun, Head of Corporate Services

Declaring interests flowchart – Questions to ask yourself



Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday 9 April 2020** at **10:00am**

- Present**
- Meghan McEwen, Chair (VC)
 - Davie Campbell, Non Executive Board Member (VC)
 - David Drever, Non Executive Board Member
 - Caroline Evans, Non Executive Board Member (VC)
 - Issy Grieve, Non Executive Board Member (VC)
 - Steven Johnston, Non Executive Board Member (VC)
 - Fiona MacKellar, Employee Director (VC)
 - Gerry O'Brien, Chief Executive (VC)
 - Marthinus Roos, Medical Director
 - James Stockan, Non Executive Board Member (VC)
 - Jason Taylor, Non Executive Board Member (VC)
 - Louise Wilson, Director of Public Health (Phone)
- In Attendance**
- Julie Colquhoun, Head of Corporate Services (item 14)
 - Debbie Crohn, Head of Digital Transformation and Information Technology
 - Mark Doyle, Interim Director of Finance (VC)
 - Sally Shaw, Chief Officer, Integration Joint Board (VC)
 - Iain Stewart, Chief Executive Designate
 - Emma West, Corporate Services Manager (minute taker)

1 **Apologies**

Apologies were noted from D McArthur.

F MacKellar and C Evans were unsuccessful in connecting at the start of the meeting.

2 **Declarations of interests**

No declarations of interest on agenda items or in general were made.

3 **Minute of previous meeting held on 27 February 2020**

The minute of the meeting held on 27 February 2020 was accepted as an accurate record of the meeting and was approved on the motion of I Grieve, seconded by D Campbell.

- Page 9 amend to – 'S Johnston noted that there were currently some GP *AHPs*, *Nurses* and dentists with special interests.

4 **Matters Arising**

No matters arising were raised that weren't already on the agenda.

5 **Board Action Log**

The action log was reviewed and corrective action agreed on outstanding issues (see action log for details).

01-2019/20 – It was agreed that the action log should be amended to reflect that the action had been assigned to the Audit Committee but that work would still need to be completed around the risk appetite of the Board.

It was noted that there was a backlog of Internal Audit reports which had been delayed further due to the COVID situation, this and the risk item would be prioritised once Governance Committees were no longer stood down.

Governance

6 Temporary revised approach to Corporate Governance arrangements – OHB2021-01

The Chair presented the report which had been approved virtually by Board members, noting that the temporary arrangements would be reviewed at 4 weekly intervals.

D Drever noted that he had held informal discussions with Integration Joint Board (IJB) colleagues and voting members who were keen to see where the IJB sat within the revised governance arrangements. I Grieve added that that Clinical and Care Governance Committee also reported directly to the IJB and there were questions around how assurance would be sought from the NHS.

The Chief Officer noted that the Clinical and Care Governance Committee was a joint assurance committee and while the need for NHS Orkney to do business in alternative ways was recognised there was still a requirement for the IJB to obtain assurance.

The Chair questioned if there were specific areas of assurance that the IJB were requesting and was advised by I Grieve that further information on services commissioned that may now be on hold and the reasoning around this would be beneficial along with other areas of priority and progress. She stressed that additional work should not be created but information should be shared where possible.

It was noted that it would be useful to have a summary paper on services stood down.

Decision / Conclusion

The Board ratified the virtual approval of the temporary revised approach to corporate governance.

7 Videoconferencing and Telephone meeting protocol – OHB2021-02

The Chair presented the protocol for information and good practice.

Decision / Conclusion

The Board noted the Videoconferencing and Telephone meeting protocol and agreed to adhere to this.

COVID -19

8

- **Preparations**
- **Infrastructure**
- **Testing**
- **Assessment Centre**

The Chief Executive Designate provided information on the current patient pathway. He advised that if patients had symptoms they were advised to phone NHS24 on 111, they would then be triaged and put through to the Highlands and Islands Hub. The local assessment centre was open and operational and also being used for staff testing.

Members were advised that the Acute Ward in the Old Balfour could be used as a 30 bed surge ward if required and would be handed over from contractors in the next few days. All COVID19 patients would use the MacMillan door at The Balfour, those requiring ventilation would be moved into what was previously Day Surgery and had been converted to a 8 bed ventilation ward, there were currently 6 machines and 2 more on order, staff training on ventilation continued.

It patients required ventilation the aim was to stabilise them and then transfer them to the mainland, but realistically these patients may need to be treated and cared for in the Balfour if there was no capacity off island. The previous total bed number of 50 had been increased to 119; the potential use of surge area 5 would increase this further. It was estimated that Scotland was 6 weeks behind London and Orkney a further 2 weeks behind Scotland, if this modelling was correct the time from the 20 May onwards would be the peak for NHS Orkney.

Two testing machines had arrived and colleagues had been trained but there was a national shortage of testing kits and reagents, the Board had not been advised of when these would arrive, there would be a maximum capacity of 32 tests per day when fully stocked. Current testing was now more efficient than previously with results received within 24hrs.

D Drever questioned whether there were any indications whether development in island communities had any specifics and was advised that this was no different to the rest of Scotland other than the delay.

I Grieve questioned whether there was any indication of the spread of the virus within the community, The Chief Executive Designate advised that the only figures reported were the known positives and stressed the importance of social isolation.

It was proposed that NHS Scotland would start surveillance testing in the community to look at rates of infection. This was being carried out at a national level rather than for a particular health board and would be used to inform the Scottish position and national decision making.

I Grieve requested an update on Personal Protective Equipment (PPE), The Chief Executive Designate advised that the Board had a sufficient stock with recent orders having arrived, there was a limited stock nationally of long sleeved aprons and increasing the stock of these locally was being reviewed. It was vitally important that staff were wearing the right types of PPE for the procedures being carried out and clear instructions had been circulated to staff around this.

The Chief Executive agreed that it was essential that PPE formal guidance was

clearly articulated to staff and followed. He noted that even following the peak of cases the Hospital would remain busy depending on the length of patient stay. There were concerns that restrictions on lockdown could be raised before the Orkney peak and there would be a need to keep this under review and be sensible.

The Medical Director gave an update on the Scottish Ambulance Service (SAS) as there had been concern around the ability to lift patients off island and transfer them to the mainland. The SAS capacity had increased dramatically and work had also been completed to convert twin otter aircrafts to 2 patient carriers through Loganair, there were also 3 helicopters available for use.

The Chair questioned if the aircrafts were able to land in the Isles and was advised that the landing strips were not suitable. The Chief Executive Designate advised that coast guard and military helicopters were available to assist.

The Chair asked for an island specific pathway to be developed for Orkney and reported back to the next meeting.

C Evans joined the meeting

S Johnston gave an update on testing, advising that 50 tests had been carried out on staff and members of their households of these 41 had been NHS and 9 Local Authority, there had to date been no tests carried out on staff of SAS or third sector organisations. There were sufficient staff to carry out the testing at present, with 8 dental staff plus some Nurses and Doctors trained. Appropriate competencies in redeploying dental staff to these roles had been reviewed.

Decision / Conclusion

The Board noted the updates provided.

Clinical Governance

9 Children's Inspection

The Chief Officer advised that the Children's Inspection Report had been published in February 2020, Board members were already aware of the report content and recommendations. A full improvement plan had been produced and would be signed off by the Chief Officers Group (COG). The focus had been categorised into specific areas, Interagency protocols, policy and procedures, Corporate Parenting, Getting it right for every child and Governance of the Public Protection Committee.

An agile approach was being taken with meetings being held daily to progress actions and weekly to provide a more detailed review of delivery of the improvement plan and to satisfy that progress was being made.

The Looked After Children's Health Assessment had been completed along with work around the Child Protection Guidelines. The file audit of looked after children would be supported nationally, this would be provided remotely with a link from the Care Inspectorate.

Members were advised that there had been significantly less referrals coming into the service and there was a need to ensure that children were safe during the

COVID pandemic. Staff were reviewing all looked after children and those on the child protection register to consider how these children could best be supported. There was also a resource plan in place to be provided additional social work support along with the appointment of a temporary service manager to provide oversight, risk assessment and care planning.

The Chief Executive noted his support for the progression of the recommendations through the Chief Officers Group and stressed the importance of this work not being adversely affected by diverted resources to COVID-19.

The Medical Director raised concern around the lack of referrals and sought assurance that action was being taken to identify children and address the report recommendations. The Chief Officer gave assurance that those currently on the register and looked after children would continue to be supported but the lack of referrals raised concerns around those children not yet known to services. A number of initiatives were being considered including mobile phones and social media to maximise the interface with children, young people and their families.

Members noted that there were also links to pupils through teacher's online learning resources, support workers and guidance teachers.

The Chair questioned if those in changing economic situations could apply for free school meals and was advised that this information would be obtained from the education department.

Decision / Conclusion

The Board noted the update provided.

10 Screening Programmes

The Director of Public Health advised that on the 30 March 2020 the Scottish Government paused the national adult screening programmes with a review planned after 3 months. The programmes affected were:

- Breast Screening
- Cervical Screening
- Bowel Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Diabetic Retinopathy (Eye) Screening

The pregnancy and newborn screening programmes continue. The public were to remain aware of any symptoms or signs of the conditions being screened for and seek appropriate medical advice.

Decision / Conclusion

The Board noted the update provided.

11 Vaccinations

The vaccination programme continued with a particular emphasis on the childhood vaccination programme, with Boards supporting GP practices if there were issues with delivery. Immunisations were one of the important medical reasons for leaving home under government guidance.

There was an ongoing review of the adult shingles vaccination programme. The Vaccine transformation programme, part of the Primary care improvement plan and linked to the GP contract changes had been extended by a year

Members noted that an overarching report on all services that had been stood down should be provided for the next meeting. The Chief Executive Designate advised that services which continued included cancer, emergency maternity, diagnostics, dialysis, vaccinations and pregnancy screening, there had been national guidance to suspend all electives.

Decision / Conclusion

The Board noted the update provided.

12 Assurance to the Integration Joint Board

It was agreed that there was a requirement for clarity around the assurance mechanisms for the Integration Joint Board as the Clinical and Care Governance Committee had been stood down. The Chief Officer advised that this would be discussed formally at the Integration Joint Board.

The Chief Executive noted that as the IJB commissioned services from the Board and a decision had been agreed to stand down the Clinical and Care Governance Committee and provide assurance on delivery of services through the Board, the minutes and papers would be available for the IJB. As such he suggested that the IJB should focus on how assurance on the care elements would be provided.

Decision / Conclusion

The Board noted the update provided.

Finance and Performance

13 Year end out turn

The Interim Director of Finance advised that it was too early to report a final year end position but this was anticipated to be a break even position. He noted that invoices from some other Boards were outstanding and had been delayed due to priorities around COVID19, there was a need to agree inter board balances and resolution to this was being progressed.

Exceptional C19 Exposure

The Chief Executive questioned the planning assumptions on the COVID 19 budget spend and if there would be an allocation allowance in 2019/20 or if the expenditure would be in 2020/21. The Interim Director of Finance advised that the COVID19 budget costs were prepared and reported weekly, for 2019/20 this would amount to around £1/2 million and would be included on the balance sheet. The spend for 2020/21 was estimated in the region of £6m and this could increase significantly with additional beds.

D Campbell questioned the impact on savings target for 2020/21 and was advised that recurring savings were unlikely to be achieved in full in 2020/21 but it would depend on the length of the COVID19 outbreak and the effect on the Board.

Savings would look to be delivered as soon as the Board was back to business as usual.

Members requested that a paper around 'Business as Usual' and the preparations for this be presented at the next meeting of the Board.

Annual Accounts

Members were advised that the deadline for the completion of the Annual accounts had been extended from the 30 June to the 31 August 2020 but if work could be completed by the original deadline this would be preferred. Discussions continued with Auditors around how this would be progressed and supported. The Chief Executive noted the need to be realistic around capacity and the ability for Auditors to travel on island and business to be done remotely.

Annual Operational Plan 2020/21

Members were advised that Annual Operational Plans had been put on hold by the Scottish Government, 2020/21 budgets would be rolled forward and updated at a further stage.

Decision / Conclusion

The Board noted the updates provided.

F MacKellar joined the meeting

Staff Governance

- 14 The Head of Corporate Services joined the meeting for this agenda item.

Public Holidays 2020/21

Members were advised that after some discussion and consensus across Scotland it had been agreed that the Easter Monday Public Holiday on the 13 April 2020 would remain. There would be some exceptions with GP practices, laboratory services and radiology remaining open as normal.

Variation Orders

The Board were informed that a number of Scottish Government Circulars and Variation orders had been issued due to the fast changing situation. Some of the recent guidance issued informed around:

- An extension of the recruitment and retention reviewed to 31 March 2021,
- Postponement of some organisational pay and audit work
- New advice around the treatment of phased returns
- Changes in the rules around payment of overtime to those on band 8A and above
- Changes to fixed term staffing contracts to provide more security
- Guidance on school closures and carers leave.

It was agreed that a paper on the recent key legislation issued would be brought to the next meeting of the Board.

Transfer of Human Resources and Occupational Health Services

The Head of Corporate Services advised that Occupational Health and Human Resources Services had been brought back in house with effect from the 1 April 2020 but the transfer had in reality been earlier than this due to the withdrawal of the Grampian service. There had been some issues with the electronic systems but a paper process was in place while these were addressed.

The tenders for providing Consultant in Occupational Health provision had been reviewed and a preferred provider established from the three proposals received.

Human Resources were being provided in a business as usual way, but with some staff home working. The medical staffing advisor post had been recruited to and the new member of staff would start on the 29 April 2020, the new Human Resources Manager would start in June and recruitment to the Head of Human Resources post had been paused for the mean time.

J Taylor questioned the provision of Occupational Health services as there was currently only one trained nurse in post. The Head of Corporate Services advised that this was currently the case due to a variety of reasons but she was working closely with staff to increase capacity.

The Interim Director of Finance questioned whether a reduction in the SLA would be sought due to the early repatriation of services but was advised that this was not currently being pursued.

The Chair sought assurance that staff wellbeing was being prioritised in these difficult times and was advised that a sub group of Gold Command had been established to ensure that all staff were well informed and involved in decisions that affected them and that confidential supportive services were in place.

Staffing Across Roles/Boundaries

The Head of Corporate Services advised that some staff were being deployed across different areas and different roles but this was not substantially different to previous practice. Training and development was in place with over 30 nurses currently trained in ventilation skills. Scenario training was being carried out daily, along with on the job training to build more capacity into the service.

It was agreed that a position paper on current staffing levels, absence and training would be provided to the next meeting of the Board.

Decision / Conclusion

The Board noted the updates provided.

Audit and Risk

15 Risk Register

The Chief Executive advised that the risk register would be reported through the Board including risks specific to COVID 19 and the impact on the risk profile.

Decision / Conclusion

The Board noted the update provided and welcomed a paper to the next meeting.

16 Any other competent business

Endowment Trustees

D Campbell noted that the next full meeting of the Endowment Trustees would not take place on the 1 June 2020 and that community needs were substantial and current. Members agreed that this could be discussed further by the Board and an earlier meeting arranged if required.

Future Arrangements

17 Business as usual

The Chief Executive noted that work was required to plan how to maintain and support business as usual. There would be a need in the coming months to start releasing staff from COVID19 duties and freeing up resource to progress key items in the Annual Operational Plan. There would also be a need to consider what the new normal would look like and what opportunities could be learnt from and continued.

Decision / Conclusion

The Board noted the update and welcomed a report to the next meeting on progression and planning for business as usual.

18 Format of Reports

Members noted that there was a need to consider staff capacity and it was proposed to use a version of the current Board cover sheet rather than full Board papers going forward. These would include a summary, recommendation and key points.

It was suggested that Executive Leads and Committee Chairs use the time between meetings to virtually discuss items of business to ensure that papers fully encapsulated the thinking of all those involved.

Decision / Conclusion

The Board agreed with the summarised papers as a way forward in the short term to provide assurance while acknowledging capacity challenges.

19 Record of Attendance

The record of attendance was noted.

20 Evaluation – reflection on meeting

Members agreed that it had been a good meeting and that although the technology had not been perfect it had worked well and from an infection prevention viewpoint had been excellent.

It was noted that Microsoft Teams would be a better platform to hold virtual meetings but that much of the functionality was not available as members were not using Office365.

21 **Public Forum**

It had not been appropriate to convene the meeting in public due to the preventative measures put in place across the country, including social distancing. The Board papers had been published on website in line with current procedures.

NHS Orkney Board Action Log Updated 14 April 2020

Purpose: The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

No	Action	Source	Target date	Owner	Status / update
01-2019/20	<u>Blueprint for Good Governance</u> A re-assessment of the Board's approach to risk management clearly identifying the Board's Strategic Risks and introducing a closer alignment between key risks and the Board's governance structure.	Meeting 25 April 2019	Board Development Session 19 September 2019	Chair/Head of Corporate Services	Risk session held at 19 September Board Development Session acknowledging more work to be completed around risk and this has been captured on the Audit Action Log Assigned to the Audit Committee.
02-2019/20					

Completed actions deleted after being noted at following meeting

Not Protectively Marked

<p>NHS Orkney Board – 30 April 2020</p> <p>Report Number: OHB2021-03</p> <p>This report is for information and approval</p> <p>Interim Governance Arrangements</p>	
Lead Director Author	Gerry O'Brien, Chief Executive Gerry O'Brien, Chief Executive
Action Required	<p>The Board is asked to note the roles and responsibilities and approve revised working arrangements in relation to:</p> <ul style="list-style-type: none"> • Covid 19 • Business as Usual and Recovery
Key Points	<ul style="list-style-type: none"> • Governance arrangements have been amended to reflect a more agile requirement; • The key roles and responsibilities remain unchanged despite revised working arrangements; • There is a need for Governance Committees to operate in a revised format to support the work of the Board; • Executive Leads and Committee Chairs must establish the immediate priorities for their committees; • Given the nature and impact of Covid 19 the Board may wish to consider how the Population Health aspects are best reviewed.
Timing	This paper is to give further clarity on the short term Governance arrangements for the Board and its committees.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities;

6.1

	<ul style="list-style-type: none">• Create an environment of service excellence and continuous improvement; and• Be trusted at every level of engagement.
Appendix	<ul style="list-style-type: none">• NHS Orkney Governance arrangements

Interim Governance Arrangements

Introduction

The NHS and Social Care services face unprecedented demand as it responds to the Covid-19 Pandemic. Scotland, the wider UK and most international communities are facing prolonged stress to normal systems of work, socialisation and a major threat to economic wellbeing.

Covid 19, planning, preparedness and delivery has already fundamentally changed our approach to Governance in the short term. Whilst maintaining our absolute priority for due diligence and scrutiny, in the short term public health is best served by streamlining processes, streamlining decision making and importantly maintaining the principles of social distancing.

As we amend our well established processes it is essential that the short term arrangements are delivered in accordance with long established principles of good governance. Key principles that must be captured in our interim arrangements are:

- Leadership
- Effectiveness
- Transparency
- Participation
- Accountability
- Ethical Conduct
- Clarity
- Responsiveness
- Respect

These principles must be the foundation that support our key pillars of governance:

- Financial Governance
- Staff Governance
- Clinical and Care Governance
- Audit and Risk

The pillars of Governance have been and must continue to be the basis for how we conduct business. We shall certainly do business differently but we will not abandon our principles, no matter how short term.

Role of the Board

The role of the Board remains fundamentally unchanged. That role is to:

- Formulate strategy for the organisation, including the development annually of a local operational plan;
- Ensuring commitment and accountability by holding the organisation (all staff) to account for performance and the delivery of both improvement in population health and, individual experience of care; whilst operating with a context of affordability and sustainability, and
- Shaping a positive culture (open, just and fair) for the Board and organisation.

6.1

Membership of Orkney NHS Board carries with it a collective responsibility for the discharge of these functions. All members are expected to bring an impartial judgement to bear on issues of strategy, performance management, key appointments and accountability, upwards to Scottish Ministers and outwards to the local community.

The Board has agreed to a range of temporary amendments to Standing Orders to allow business to be conducted in a slightly different manner but the fundamental purpose of the Board remains unaltered and it retains its place as the ultimate provider of assurance to Scottish Ministers and the public.

At its meeting on 9th April 2020, the Board agreed to operate in a revised manner. To assist the Board to operate in this manner the Board members must necessarily be better briefed going into the meeting. This does not mean that all members need to be briefed on everything; rather it means that those members on various committees must be in a place that they can provide assurance to colleagues that a robust level of consideration and discussion has taken place prior to the Board. This is facilitated by sufficient, reliable information being available in a timely manner to support decision making and constructive challenge.

Role of Committees

The Board has previously established those committees that are necessarily required by statute, guidance, regulation and Ministerial direction and are necessary for the economical efficient and effective governance of its business.

Committees established by the Board are:

- Audit and Risk Committee
- Clinical and Care Governance Committee
- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee

The Board has agreed to a suspension of formal meetings of these committees. Business of these committees will be formally conducted through the Board but in order to utilise the time of the Board to best effect it is recommended that members of those committees utilise virtual meetings in order to fully explore any matters that need to be considered formally by the Board. These discussions will not constitute formal committee meetings in that there will be no formal issue of agenda, no formal minutes and no formal decisions, but they will assist the Chair and Lead Executive of each committee in making recommendations to the Board. Regular use of virtual meetings will also allow the business as usual aspects to continue, albeit in a limited form.

The role of each committee remains unaltered, apart from business arrangements, as set out in the most current Terms of Reference for each Committee.

Each committee should consider particular aspects of the current emergency situation and consider what assurance they can give to the Board over the

arrangements that we have in place, arrangements that we need to put in place and perhaps most importantly of all the planning assumptions that underpin those arrangements and the ability to adapt arrangements as assumptions change.

Area Partnership Forum

Although not a sub committee of the Board, the establishment of an Area Partnership Forum is a statutory requirement and a key facet of good governance. As with Board sub committees normal business arrangements are temporarily suspended. It is recommended that the Employee Director gives a formal update to each meeting of the Board as required and that these updates are supported by an informal virtual meeting involving the Employee Director, representatives of recognised Trade Unions, the Chief Executive and the Head of Corporate Affairs.

Accountable Officer

The Accountable Officer is the Chief Executive of NHS Orkney, and they are responsible to the Scottish Parliament for the economical, efficient and effective use of resources. The Chief Executive of NHS Orkney is also accountable to the Board for clinical, staff and financial governance, including controls assurance and risk management. This is a legal appointment made by the Principal Accountable Officer of the Scottish Government. (Public Finance and Accountability (Scotland) Act 2000 Memorandum to Accountable Officers for other Public Bodies). Board members should note that no changes have been made to the role, responsibilities and accountabilities of this post in the current emergency. Although we are conducting our business in a different manner, the CEO must ultimately provide the assurance to the Board and to Scottish Parliament over the economical, effective and efficient operation of the totality of services provided by NHS Orkney.

Management of Covid 19

In common with most other Boards across Scotland, NHS Orkney has initiated a Gold, Silver, Bronze command structure.

Gold command is responsible for the overall strategic deployment of resources to manage Covid 19. Gold command takes instruction from and reports directly to the Accountable Officer and the Chair of NHS Orkney. Gold command also receives directly guidance and instruction from Scottish Government. Iain Stewart is designated by the Accountable Officer as Gold Commander.

Silver command is responsible for the tactical deployment of resources to manage Covid 19 and takes its instructions from and reports directly to Gold Command. Malcolm Colquhoun is designated by the Accountable Officer as Silver Commander.

Bronze command is responsible for operational deployment of resources to manage Covid 19 and takes its instructions from and reports directly to silver command. Unlike Gold and Silver there is no one designated commander with a number of individuals being responsible for the operational aspects of response. A full listing of all bronze command groups together with nominated leads will be provided directly to Board members.

Business as Usual/Recovery Phase

Although a significant element of business has been stood down in the interim (see paper on this Board agenda), the organisational responsibility for the delivery of safe, effective health care remains and we must begin to think of how we will begin to reintroduce effective planning for a return to 'normal' business delivery and recovery. This will not require revised structures as this will be enacted through existing reporting lines, but will require the release of staff time from exclusively managing Covid 19 issues to slowly concentrating more of their time on daily delivery. This clearly must be carefully managed so as not to divert resources too early in the Covid 19 response.

The recovery process will be more involved than a simple return to business as usual. The Covid 19 pandemic will have long lasting economic and health impact and these must be assessed and strategies and plans developed to meet these new challenges. Already we can see from the epidemiology that the impact of Covid 19 is not proportionate to population with there being a far greater impact on the elderly population than other age groups. As well as disproportionate Covid 19 also impacts on the inequalities facing society with clear evidence of an increase in inequalities arising from Covid 19, inequalities will give rise to increased health inequalities.

Next Steps

Committee Chairs and Executive Leads must, via virtual technology, meet and agree the immediate workload for their respective groups. The workload will encapsulate:

- Covid 19 assurance
- BAU assurance
- Recovery assurance

How this assurance is obtained for each area may well be slightly different depending on topic area but there are undoubtedly a number of questions for each of our Governance Committees to begin to understand and articulate. We may wish to consider if current structures allow for sufficient discussion of Population Health aspects.

Not Protectively Marked

NHS Orkney Board – 30 April 2020 Report number: OHB2021-04 This report is for noting Key Legislation	
Lead Director Author	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	The Board is asked to: 1. Note the list of key documentation issued as attached at Appendix 1
Key Points	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents. The report also includes further information on the pausing of work programmes due to coronavirus along with Variation Orders and letters from the Scottish Terms and Conditions Committee (STAC)
Timing	The list of key documentation is presented to the Board at each meeting.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Consultations, Legislation and other publications affecting the NHS in Scotland

Topic	Summary
Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2020 (SI 2020/83) http://www.legislation.gov.uk/ssi/2020/83/contents/made	These Regulations are made under the Community Care and Health (Scotland) Act 2002, which, together with the Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002, provides that local authorities are not to charge for certain types of social care provided or secured by them.
Human Tissue (Authorisation) (Specified Type A Procedures) (Scotland) Regulations 2020 (SSI 2020/80) http://www.legislation.gov.uk/ssi/2020/80/contents/made	These Regulations specify medical procedures which may be carried out on a person for the purpose of increasing the likelihood of successful transplantation of a part of the person's body after the person's death and which are not for the primary purpose of safeguarding or promoting the physical or mental health of the person, known under the Human Tissue (Scotland) Act 2006 as "pre-death procedures "
Liability for NHS Charges (Treatment of Industrial Disease) (Scotland) Bill 2020 https://www.parliament.scot/parliamentarybusiness/Bills/114648.aspx	A Bill for an Act of the Scottish Parliament to enable the recovery, from those making compensation payments to people with an industrial disease, of contributions towards the costs incurred by the NHS in Scotland in treating those people; and for connected purposes.
Public Health etc. (Scotland) Act 2008 (Notifiable Diseases and Notifiable Organisms) Amendment Regulations 2020 (SSI 2020/51)	These Regulations amend the Public Health etc. (Scotland) Act 2008 Sch.1 Pts 1 and 2 to add coronavirus disease 2019 to the list of notifiable diseases and to add severe acute respiratory syndrome coronavirus 2 to the list of notifiable organisms.

Topic	Summary
http://www.legislation.gov.uk/ssi/2020/51/contents/made	

Pausing of Work Programmes during Coronavirus (COVID-19) - Health and Social Care Non Essential Work Programmes

The letter of the 30 March 2020 noted that in recognition of changing priorities, it had been agreed that the following programmes of work would be paused during this time:

- The introduction of the Independent National Whistleblowing Officer (INWO) role and the Whistleblowing Standards
- The Annual Staff Governance Monitoring for 2019/2020
- The National (Once for Scotland) Workforce Policies Programme
- iMatter (as already advised in the letter of 17 March 2020 from iMatter Programme Manager Liz Reilly)
- Distinction awards and discretionary points schemes (note that this updates arrangements set out in DL2020/4)

Circulars

The following amendments have been made due to COVID19 as detailed in DL(2020)04 to DL(2020)09 below:

- DL(2020)04 – Advises that Discretionary Points Scheme for Consultants will go ahead as normal in 2020-21 for work undertaken in 2019-20. The current arrangements for distinction awards will remain in place. Distinction awards will therefore continue to be frozen with no increase in the value of awards, no new awards and no progression through the award scheme during 2020-21. This was further update in the non essential work programmes letter dated the 30 March 2020 – see above.
- DL(2020)05 – This letter also sets out what is now expected of staff, line managers and NHS Scotland employers, in terms of the relevant HR policies, local arrangements, non-essential business and the deployment of staff.
- DL(2020)06 – Sets out pay and conditions of service for staff returning to work to assist in NHS Scotland's COVID-19 Response

6.2

- DL(2020)07 – Notes that all NHS Staff are to be designated as Category 1 or 2 Key workers for childcare provision and that this should be utilised as appropriate, it also sets out the provision for carers leave
- DL(2020)08 – Provides key messages to staff in regard to their Mental Health and Wellbeing and the Employers duty of care.
- DL(2020)09 – Gives further guidance around annual leave and public holidays including the provision for carry forward of unused 2019/20 annual leave due to COVID-19

Details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
DL(2020)02	04.02.20	Everyone matters: our workforce strategy
CMO(2020) 02	06.02.20	Changes to the childhood pneumococcal conjugate vaccine (PCV13) schedule from 6 April 2020.
CMO(2020)1.2	13.02.20	Novel coronavirus infection (COVID-19): updated case definition, notification under health risk state and arrangements for testing
CMO (2020) 03	19.02.20	Medical appraisal and revalidation quality assurance (MARQA) review 2018-2019
PCA(D)(2020)04	20.02.20	Amendment no 143 to the Statement of Dental Remuneration
CMO(2020)04	21.02.20	Novel coronavirus infection (COVID-19): new regulations coming into effect on Saturday 22 February 2020
CDO(2020)01	26.02.20	Position of Deputy Chief Dental Officer, Scottish Government, Edinburgh
PCA(O)(2020)01 (memorandum)	26.02.20	General Ophthalmic Services (GOS): Change in electronic connectivity solution for optometry practices and practitioners using RSA tokens; Update on other future changes to digital services applicable to all optometry practices and practitioners.
PCA(P)(2020)02	27.02.20	Pharmaceutical services: community pharmacy funding package 2020-21 to 2022-23
CMO(2020)05	27.02.20	Implementation of Hr-HPV primary testing
PCS(SDIA)2020/01	04.03.20	Scottish Distant Islands Allowance
PCS(AFC)2020/01	04.03.20	Pay and conditions for NHS staff covered by the Agenda for Change agreement
PCA(O)2020(2)	05.03.20	General Ophthalmic Services (GOS): Information and resources regarding novel

6.2

Reference:	Date of Issue:	Subject:
		coronavirus (COVID-19) for all community optometry practices and practice staff in Scotland.
PCA(M)(2020)02	05.03.20	COVID-19: Guidance on Planning and Responding to Primary Care GP Practice Capacity Challenges
CMO(2020)06	07.03.20	Interim patient pathways for management of confirmed COVID-19 cases in Scotland
PCA (P)(2020)03	09.03.20	NHS Pharmacy First Scotland : e-learning payment for contractors
PCA(P)(2020)04	09.03.20	Pharmaceutical Services: Drug Tariff part 7: dispensing pool payment
PCA(M)(2020)03	12.03.20	Near Me Guidance for GP contractors
PCS(DD)2020/01	12.03.20	Terms and conditions of service: consultants (Scotland) (2004); specialty doctor (Scotland) (2008); associate specialist (Scotland) (2008); NHS hospital medical and dental staff and doctors and dentists in public health medicine and the community health service (Scotland); leave and pay for new parents; child bereavement leave
DL(2020)05	13.03.20	Coronavirus (COVID-19): national arrangements for NHS Scotland staff
PCA(M)2020)04	13.03.20	Suspension of online booking systems
PCA(O)2020(03)	13.03.20	General Ophtalmic Services (GOS) – COVID-19: Domiciliary Eyecare Services and Practice Inspections
CDO(2020)02	17.03.20	NHS Dental Services
PCA(D)(2020)6	17.03.20	COVID-19 Guidance – NHS General Dental Services
DL(2020)04	19.03.20	NHS Scotland Consultants – Distinction awards and discretionary points scheme
PCA(O)(2020)04	20.03.20	General Ophthalmic Services (GOS) – COVID-19: Suspension of all routine community eye care services, and the move to providing only emergency and essential eye care; Financial measures to support community optometry practices; Other important COVID-19 updates.
CMO(2020)07	20.03.20	Continuation of immunisation programmes during COVID-19
PCA(P)(2020)05	22.03.20	Pharmaceutical services: additional extension of minor ailment services in

6.2

Reference:	Date of Issue:	Subject:
		response to COVID-19
CDO(2020)03	23.03.20	NHS Dental Services
CMO(2020)08	24.03.20	Guidance to medical practitioners for death certification during the COVID-19 pandemic
PCA(O)(2020)05	25.03.20	General ophthalmic services (GOS) – COVID-19 – Provision of emergency or essential eye care during ‘lockdown’; Clarification of financial support measures announced in PCA(O)2020(4); Emergency dispensing.
DL(2020)	30.03.20	Guidance for NHS Scotland Staff and Managers on Coronavirus
CDO(2020)04	30.03.20	NHS Dental Services
PCA(P)(2020)06	31.03.20	Additional pharmaceutical services minor ailment service amendment directions
CMO(2020)09	31.03.20	Abortion: Covid-19: Approval for Mifepristone to be taken at home and other contingency measures
PCA2020(O)06	02.04.20	General Ophthalmic Services - COVID-19: Face-to-face contact arrangements, including Personal Protective Equipment (PPE) requirements, Emergency Eyecare Treatment Centres (EETCs) and PPE supply for EETCs; Emergency/essential domiciliary eye care arrangements; Key worker status; Financial support for some self-employed individuals
PCA2020(D)7	02.04.20	COVID-19 Revised financial support measures
DL(2020)07	03.04.20	School closures and carer's leave
DL(2020)6	03.04.20	Pay and conditions of service for staff returning to work to assist in NHS COVID-19 response
PCA(P)(2020)07	07.04.20	Medicines collection service for shielding individuals
CMO(2020)10	09.04.20	Scottish immunisation programmes during the COVID-19 pandemic
PCA(D)(2020)08	09.04.20	COVID-19 NHS financial support measures and sources of other financial support
DL (2020) 08	14.04.20	Staff wellbeing and support: employers duty of care during COVID-19 pandemic
CDO(2020) 05	15.04.20	New national guidance on provision of urgent dental care during COVID-19

6.2

Reference:	Date of Issue:	Subject:
		Outbreak
DL(2020)09	16.04.20	Annual Leave and Public Holidays – COVID 19

STAC Letters

Reference:	Date of Issue:	Subject:
STAC(TCS01)2020	10.03.2020	Organisational Change Pay Protection
STAC(TCS02)2020	16.03.2020	Phased Return to Work
STAC(TCS03)2020	24.03.2020	Job Evaluation During Coronavirus
STAC(TCS04)2020	31.03.2020	Organisational Change Pay Protection
STAC(TCS05)2020	09.04.2020	Bank Workers in Very High Risk Categories

Variation Orders

Reference:	Date of Issue:	Subject:
Letter	18.03.2020	Overtime for Agenda for Change Band 8a and above during coronavirus outbreak – enables Boards to offer overtime at the standard rate specified in Agenda for Change Terms and conditions 3.1 where this is deemed helpful for the resilience of the service with additional pressures created by coronavirus.
Letter	24.03.2020	Extension to Estates Staff RRP
Letter	27.03.2020	Sick Leave as a result of Coronavirus – enables Boards to treat all staff who fall ill with Coronavirus as if they have the full entitlement to sick leave on full pay which is normally only available after 5 years of employment.
Letter	27.03.2020	Overtime for Executive and Senior Manager Staff during coronavirus outbreak – overtime can be offered where this is felt appropriate and with the approval of the Remuneration Committee
DL(2020) 5	03.04.2020	Use of Fixed Term Contracts – enables Boards to disregard the requirement within the Use of Fixed Term Contracts PIN Policy to place staff on the

6.2

Reference:	Date of Issue:	Subject:
		redeployment register at the end of their fixed term contract where these staff have been employed to assist NHS Orkney in dealing with COVID-19

Not Protectively Marked

NHS Orkney Board – 30 April 2020 Report Number: OHB2021-05 This report is for noting Personal Protective Equipment (PPE)	
Lead Director Authors	Iain Stewart, Chief Executive Designate Malcolm Colquhoun, Head of Support Services, Logistics & Contract Management. (Senior operations manager for Covid-19) Sally Shaw, Chief Officer / Executive Director, Orkney Health and Care.
Action Required	The Board is asked to note the current requirements and availability of PPE
Key Points	<ul style="list-style-type: none"> • The Management processes around PPE • NHS Orkney current stock • PPE provision within Social Care
Link to Corporate Objectives	The Corporate Objectives this paper relates to <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Benefit to Patients	To ensure that colleagues, patients, community and social care service users are treated safely and appropriately
Equality and Diversity	N/A

NHS Orkney Board

Personal Protective Equipment Update

Malcolm Colquhoun, Head of Support Services, Logistics & Contract Management

Purpose

To update the Board on the current requirements and availability of Personal Protective Equipment (PPE).

Recommendation

The Board is asked to note the PPE update report.

Background

During March 2020 NHS Orkney activated its incident management plan following the decision by the UK and Scottish Government to declare a pandemic. An emergency planning management structure has been established at three levels, Gold, Silver and Bronze. Various subgroups have now formed, one dedicated to PPE and is charged with ensuring continuity in our supplies. They have been given a specific remit around ensuring PPE is sourced and distributed in enough quantity across NHS Orkney. The group has also an oversight of the direct supply of PPE that goes directly to our Primary Care services.

This is a robust group formed of procurement, health & safety, resilience and senior clinical representation with an open invitation to the Employee Director to attend the daily meetings. All PPE is sourced directly from the National Distribution Centre (NDC) and distributed locally and nationally to three distinct areas:

- NHS Boards (where a stockpile has been created at the Balfour
- Direct to GP practices – an allowance supplied directly to practices from NDC based on patient numbers.
- Health and Social Care sector

NHSO representatives attend various local, regional and national meetings including a twice weekly national PPE meeting attended by the Single Point of Contact (SPOC) ensuring the Board is sighted on the flow of PPE into the UK, to the NDC and onwards. A daily bulletin of stock levels held by NDC is circulated to all Boards; in addition a service portal is available to Boards to ascertain national stock levels, estimated deliveries and potential shortages in the supply chain.

A similar incident management structure has been activated within Orkney Islands Council (OIC) and PPE has also been set up as a subgroup within this structure.

Health and social care partnership supplies of PPE should be sourced via National Services Scotland (NSS). The system of distribution has two elements to it;

- Push – this is a regular amount of PPE that will be distributed on a weekly basis
- Triage – where there is confirmed or suspected incidents of COVID 19 additional stocks can be order and delivered within 48 hours.

Current Sitrep – NHS Orkney

There are shortages of Fluid Resistant Nonsterile Sleeved Covid-19 Gowns however Orkney is due to receive a delivery of 800 of these on Friday 17 April 2020 and it is anticipated that the national orders of 244,000 will begin to flow from abroad. In addition, a Scottish company is beginning to manufacture this product to support the effort.

A secure stock control process has been developed by NHS Orkney to ensure that the correct PPE goes to the right place; any area can request stock via an ordering procedure and this is distributed on a daily basis to reduce the risk of multiple orders from the same location. The Assessment Centre is included in this process.

A snapshot of stock levels of PPE is forwarded to NDC daily; Table 1 below represents the PPE held by NHS Orkney Balfour site on the 15 April 2020.

Table 1: NHS Orkney PPE Stock at 15/04/20

FFP3 Mask Type	Alfa Solway 3030V	3,242
	Alfa Solway Alfa -S	109
	3M8833 National Stockpile	3,600
	3M8835	223
	3M1863 National Stockpile	16,716
	3M1873V National Stockpile	2,400
Visors	RPSC501A Visors & AS Visors	1,053
	Small Visor Frame	3,016
	Small visor lenses	7,400
Surgical Masks	Type 2R with Visors	37
	Type 2R without Visor	19,575
Gowns	Fluid Resistant Nonsterile Sleeved C19 Gowns	100
	Sterile Theatre Gowns	1,092
Misc	Aprons	7,800
	Gloves	10,800

Current Sitrep – Orkney Health and Care

In respect of Orkney Health and Care the situation is more fragile and confidence in the ability of NSS to supply to the potential requirements of the services is low. Initially the requirement was for every individual service to place orders. The Chief Officers of the three islands partnerships met with NSS to negotiate a system that worked for these partnerships. Currently orders are placed as a partnership area to cover in-house and commissioned services.

The 'push' element of the service has seen less than expected supplies coming through. Initially this was not an issue as there was no suspected or confirmed cases of COVID in any service area, however a change in guidance has led to supplies now being used.

PPE is discussed every evening between Scottish Government and Chief Officers where it has been clear that the system being used by NSS is not working for most and stocks are low.

Through the incident management structure in OIC, agreement has been reached that OIC will source additional stock to act as a 'buffer' in the event that NSS will not be able to supply necessary PPE or in case it is not delivered in time. The quoted 48 hours for delivery has actually taken over 1 week previously.

Dedicated resource has been allocated to PPE, its monitoring and interface with NSS but further resource is required and this has been escalated to the Senior Incident Management Team in OIC.

Not Protectively Marked

<p>NHS Orkney Board – 30 April 2020</p> <p>Report Number: OHB2021-06</p> <p>This report is for information and approval</p> <p>Reaffirming roles and responsibilities</p>	
Lead Director Author	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to reaffirm the roles of:</p> <ul style="list-style-type: none"> • Child Health Commissioner • Corporate Responsibility for looked after children
Key Points	<p>Child Health Commissioner</p> <p>DL (2019) 13 – The Role/Function of the Child Health Commissioner, sets out the essential role of the Child Health Commissioner (CHC) within NHS Boards, and their importance to the Scottish Government's aim of continuously improving outcomes for children and young people.</p> <p>The Director of Public Health is Child Health Commissioner for NHS Orkney.</p> <p>Corporate Responsibility for Looked After Children</p> <p>CEL 16 (2009) – Implementation of Action 15 of the Looked After Children and Young People: We can and must do better report, requested that each Territorial Health Board should nominate a Board Director who will take a corporate responsibility for Looked After children, young people and care leavers.</p> <p>In NHS Orkney the Director of Nursing, Midwifery, AHPs and Acute Services is responsible for the public protection of vulnerable adults and children and as such will fulfil this role.</p>

Timing	This paper is to reaffirm the roles as specified in the 2009 and 2019 circulars.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Appendices	<ul style="list-style-type: none"> • CEL 16 (2009) – Implementation of Action 15 of the Looked After Children and Young People: We can and must do better report • DL (2019) 13 – The Role/Function of the Child Health Commissioner

Dear Colleague

THE ROLE / THE FUNCTION OF THE CHILD HEALTH COMMISSIONER

This letter sets out the essential role of the Child Health Commissioner (CHC) within NHS Boards, and their importance to the Scottish Government's aim of continuously improving outcomes for children and young people. It supersedes CEL 19 (2011).

The Children and Young People (Scotland) Act 2014, places a requirement on Local Authorities and Health Boards through Children's Services Plans to identify local needs, priorities, and actions, and to develop solutions that address the needs of the children, young people and families they support. This aligns with Scotland's approach to promoting and improving the health and wellbeing of every child through Getting It Right For Every Child (GIRFEC).

All of the above reflect the values in Scotland's National Performance Framework, which aims to ensure all of Scotland's children and young people grow up loved, safe and respected so that they realise their full potential.

CHCs have a senior, professional leadership role in informing and influencing, and to ensure that health priorities are identified, understood and addressed in health service planning and integrated service planning partnerships with NHS Boards, local authorities and key agencies.

The Function of the Child Health Commissioner:

- The CHC will advocate both locally and nationally that the rights and interests of children and young people, as detailed in the UN Rights of the Child are recognised, promoted and acted on in the development and implementation of policies, strategies and services.

DL (2019) 13

Addresses

For information

NHS Chief Executives
NHS HR Directors
NHS Medical Directors
NHS Directors of Planning
NHS Finance Directors
NHS Nurse Directors
NHS Directors of Public Health
Chairs, Regional Planning Groups
Directors, Regional Planning Groups
Child Health Commissioners

Enquiries to:

Supporting Maternal and Child
Wellbeing Team
Improving Health and Wellbeing
Division
Scottish Government
Area 2B South
Victoria Quay
Edinburgh EH6 6QQ

Tel: 0141 244 3000

- The CHC will have a lead role in identifying the health needs of the infant, child and young person population. This will require an understanding of the role of strategic planning, public health, the specialist and non-specialist workforce and the operational resources required to meet this need.
- The CHC will have a lead role in the development and performance monitoring of local and regional child health strategy and improvement plans, ensuring equity of access to services in order to reduce health and social inequalities.
- Advocate for infants, children, young people and their families / carers across Health and Social Care systems and Community Planning Partnerships (CPPs) in relation to children's and adult service provision.
- Advise on and support the application of the Getting it Right for Every Child approach for all infants, children, young people and their families / carers across Health, Social Care systems and Community Planning Partnerships (CPPs) in relation to children's and adult service provision.
- The CHC will make a significant contribution to improving child health outcomes via their specific and unique role as a professional expert advisor to the NHS Board on all aspects of child health, health services and related policy and legislation.
- The CHC will advise on and promote the implementation and scrutiny of the health component parts of the Children and Young People (Scotland) (2014) Act and where required, integrated health and social care models as per the Public Bodies Act (Scotland) 2014.
- The CHC will provide, evidence based/rights informed child centred advice to NHS Boards on relevant policy
- The CHC will be part of a communication pathway to receive and impart relevant health information/intelligence regarding infants, children and young people across local, regional and national networks.

Whilst there is variation across all NHS Boards in relation to the role and function, job designation and description, it is vital that the CHC is fully supported within their local Health Board and wider systems and has access to appropriate resources to effectively undertake their role and responsibilities; including participation in the National Child Health Commissioners Group (NCHCG) to inform and recommend on national policy.

A number of priorities for the National Child Health Commissioners Group have been identified including:

- Improving outcomes for infants, children and young people with experiences that may compromise their chances across the life course
- Improving outcomes for Care Experienced Children and Young People.
- Driving improvement in transition, including to adult services, for children with disability, complex needs, mental health needs and/or long term medical conditions
- Horizon scanning: the CHCs will identify emerging risks or other issues, utilising local, regional and national contacts to plan, intervene and mitigate where possible
- Involvement in performance reviews of children and young people's services, including recommendations to address unwarranted variation.
- Contribution to key challenges such as child poverty, mental health and wellbeing and the development of trauma informed culture and practice across systems and services for infants, children and young people and their families.

The above will shape a structured agenda and annual work plan for the National Child Health Commissioners Group.

Yours sincerely,



Michael Chalmers
Director for Children and Families

Dear Colleague

**IMPLEMENTATION OF ACTION 15 OF THE LOOKED
AFTER CHILDREN AND YOUNG PEOPLE: WE CAN
AND MUST DO BETTER REPORT**

This letter is to advise NHS Board Chief Executives of the recommendations arising from the *Looked After Children and Young People: We Can and Must Do Better* report, and to request that Chief Executives ensure the recommendations are implemented within the timescales which accompany them.

Looked After Children & Young People: We Can and Must Do Better was published in January 2007. The report identified what was required to improve educational and other outcomes for Looked After children and young people and care leavers. In particular it recognised that educational attainment cannot be seen in isolation but is dependent on other life circumstances, including health and wellbeing, being addressed.

Caroline Selkirk, the Tayside Child Health Commissioner chaired the Being Emotionally Mentally and Physically Healthy Working Group – one of 8 groups which took forward the recommendations in *We Can and Must Do Better*. The group considered how we can ensure that Scotland's Looked After children and young people and care leavers benefit from access to a range of appropriate services designed to meet their emotional, mental and physical needs. Specifically, it considered how to address action 15 in *We Can and Must Do Better*.

CEL 16 (2009)

Date 28 April 2009

Addresses

For action
NHS Board Chief
Executives

For information
NHS Medical Directors
NHS Nursing Directors
NHS Child Health
Commissioners

Enquires to:

John Froggatt
Child and Maternal Health
Division
GR
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 0131-244 6926

Fax: 0131-244 4775

Point of contact:

john.froggatt@scotland.gsi.gov.uk

<http://www.scotland.gov.uk>

Action 15:

Each NHS Board will assess the physical, mental and emotional health needs of all Looked After children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to Looked After and accommodated children and young people, and to those in the transition from care to independence.

Next steps required:

- a) joint assessment and planning which takes into account the views of the young person and includes details of their particular health needs, including registration with a GP, dentist, regular health and dental checks, advice on sexual health, mental health and emotional wellbeing and access to any mental health services required.*
- b) NHS Scotland will scope the role and develop a competency framework for nurses of Looked After children and young people.*
- c) In partnership with NHS Scotland, Learning and Teaching Scotland will develop supports to ensure high quality sex and relationship education and drugs education.*

The Competency Framework Looked after and accommodated children and young people (LAAC) Nurses has been published, and work between NHS Health Scotland and Learning and Teaching Scotland on sexual health and relationship education is ongoing.

RECOMMENDATIONS

The Working Group has made the following recommendations, and these have been endorsed by the Implementation Board, of which I am a member, and by Ministers. The recommendations are:

- Each Territorial Health Board should nominate a Board Director who will take a corporate responsibility for Looked After children and young people and care leavers by 30 June 2009. Health Boards should let Child and Maternal Health Division know the name of the Director as soon as possible after that date.
- The Director will be responsible for ensuring that Health Boards fulfil their statutory duties under the Looked After Children Regulations 1996*. This will enable the Board, on the basis of information from local authority partners, to identify all Looked After children and young people and care leavers in their areas by 31 July 2009, including those who are Looked After at home and those placed from outwith their Health Board areas.
- The Director will also be responsible for the implementation of Next Step (a) under action 15 of *We Can and Must Do Better*, above. (Next steps (b) and (c) are in place)
- The Director will ensure that the Board offers every currently Looked After child and young person in their area a health assessment by April 2010. Any


new child or young person coming into the system from March 2010 should have a health assessment within 4 weeks of notification to the Health Board.

- The Director will ensure that the Board offers a mental health assessment to every Looked After child or young person. This recommendation should be phased in line with the implementation of “Mental Health of Children and Young People Framework for Promotion Prevention and Care” (FPPC) by 2015.
- The Director will ensure that for every Looked After child or young person who has general and mental health needs identified as part of their health assessment, the person undertaking that health assessment takes responsibility for ensuring their care plan is delivered/coordinated as appropriate.
- The Director will ensure, using existing systems, that the performance of the Board in carrying out general and mental health assessments for Looked After children and young people, and the health outcomes of those assessments, is reported annually to the Scottish Government.

A health assessment template for Looked After Children, which Health Boards may wish to use, is currently being developed and will be issued in the near future.

Annex A sets out further background and the relevant section of “Better Health Better Care: Action Plan”.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Derek Feeley', with a stylized flourish at the end.

Derek Feeley

Director of Healthcare Policy and Strategy

Background

At 31 March 2008 there were 14,886 children Looked After by local authorities. Of those, 43% were placed at home with parents, 16% were looked after by friends or relatives, 29% were Looked After by foster carers and 11% were in residential accommodation.

The Scottish Government is committed to ensuring all Looked After children and young people and care leavers get the support they need to enable them to be all they can be and to ensure that they are successful learners, confident individuals, effective contributors and responsible citizens. Historically, their outcomes across a range of indicators fall significantly below those of their peers.

It is essential that all services work together to improve outcomes for Looked After children and young people and care leavers, and this is reinforced in *These Are Our Bairns – guidance for community planning partnerships on how to be a good corporate parent* which was published on 9 September 2008. That guidance includes a chapter for health services and you will have received a copy together with a letter from Adam Ingram MSP, Minister for Children and Early Years. It can also be found at <http://www.scotland.gov.uk/Publications/2008/08/29115839/24>

Better Health, Better Care, Scottish Government, December 2007

www.scotland.gov.uk/Publications/2007/12/11103453/0

Our Most Vulnerable Children

We need to ensure a particular focus throughout early years and childhood on children who we know to be the most vulnerable in terms of health and wellbeing. These include disabled children, children who offend, children in homeless families, who are looked after or accommodated, who live in substance misusing households, are at risk in situations of domestic abuse and violence or live with parents who have mental health problems or learning disabilities. In many instances, these risk factors overlap and are strongly associated with poverty and deprivation. The new early years strategy will have a particular focus on improving outcomes for such groups and we will be working to ensure there is a continuum of care for vulnerable children and young people that supports them well beyond their early years.

Health for all Children (Hall 4) is a surveillance, assessment and need identification programme which provides NHS Boards with the foundation for working with young children, and the means of access to more intensive support for those with greater needs. We are working with NHS Quality Improvement Scotland to ensure its successful implementation and to support new ways of offering support through inter agency working.

We will work to ensure that our new strategies on drugs, alcohol and smoking prevention support the broader early years strategy and include approaches to protect children from the effects of substance misuse. This will, for example, include a commitment that NHS Boards will identify a lead maternity care professional to

help mothers stop drinking or smoking during pregnancy. In addition, we will implement the recommendations of Looked After Children and Young People: We Can and Must Do Better to improve the emotional, mental and physical health of these children and ensure that NHS Boards provide the support that the children require, including access to primary care and dentistry. As part of this commitment, NHS Education for Scotland has been commissioned to develop a competency framework to support the training and development of specialist nurses for looked after and accommodated children's nurses.

*The Looked After Children regulations are currently under review and are subject to consultation. NHS Boards will have considered their response to this consultation document, which is available at

<http://www.scotland.gov.uk/Publications/2008/10/27094011/0>

I would draw your attention in particular to the proposed Regulation 3 and Regulation 11 and accompanying schedules Regulation 3 which relates to the provision of health assessments to Looked After children and young people, and who can carry them out. Regulation 11 - proposes that every Looked After child should have a care plan and this must contain a medical report as required by the Regulations. In addition, where a local authority places a child who is looked after by them in a residential establishment, that authority must provide the person in charge of the residential establishment with written information about the child's background, health and mental and emotional development.

For more information on Looked After children and young people and care leavers, national developments and opportunities to network with other professionals, go to www.LTScotland.org.uk/lookedafterchildren .

Not Protectively Marked

<p>NHS Orkney Board – 30 April 2020</p> <p>Report Number: OHB2021-07</p> <p>This report is for noting</p> <p>NHS Overview of Services</p>	
Lead Director Author	Gerry O'Brien, Chief Executive Christina Bichan, Chief Quality Officer
Action Required	The Board of NHS Orkney is invited to: 1. To note the status of services that are continuing, amended or stopped.
Key Points	<p>In line with the national response to the Covid-19 pandemic NHS Orkney has implemented a number of changes to the level, type and location of services it provides.</p> <p>A scoping exercise is being undertaken by the QI Hub to fully map the extent of these changes and to identify learning which can inform future service delivery and transformation plans. However, the following update provides a high level summary of the changes introduced to date.</p> <p>Primary & Community Care:</p> <ul style="list-style-type: none"> • All patient requests for appointments are triaged by clinicians prior to patients being allocated an appropriate appointment or alternative advice. Telephone appointments are being widely used and Near me has been made available to general practices as an additional tool for avoiding face to face contact. This to protect clinical and admin staff from the risks of COVID while ensuring that patients can access appropriate and timely primary care. This is probably the largest change in our way of working, patients have been instructed to only attend Primary Care sites when they have been instructed to do so by the clinical teams. • To aid this, all practices have suspended online appointment booking for patients and implemented additional dedicated phone lines for prescription requests to free up the main phone lines to handle the greatly increased numbers of calls. • Aside from the increased use of telephone triage GP

	<p>practices have successfully implemented using NHS Near Me to avoid bringing patients into the Health Centres, so far around 100 patients have been seen by video link instead of face to face.</p> <ul style="list-style-type: none"> • To ease pressure on community pharmacies GP practices have asked patients to allow 7 days for the processing the preparing of their prescriptions, this is a change from 2/3 days advised previously. • The majority of immunisation programmes remain in place however there has been some pausing e.g shingles. • The national guidance for respiratory illness has been implemented and the NHS24 number widely publicised. Calls to NHS24 are passed to the local Assessment Centre which is in place to be the decision making hub for Covid-19 patients within the community as well as providing a local testing centre facility. • All primary care sites are supporting the national approach to shielding by identifying patients within their practice populations who fall within the criteria for receiving shielding letters. • NHS Orkney has developed buddy arrangements and Practice Down Plans with the GP contractors which will be implemented should any practice become unable to function. • Additional IT support has been provided to practices with regards to facilitate home working, where required for staff self isolating. • Where possible, sites have re-worked waiting areas to maintain social distancing for patients who are required to attend in person for their appointment. • The Specialist Nursing services have been largely suspended with this staff group having been redeployed to support the Assessment Centre. Urgent and very high risk patients are however being support as necessary. <p>AHP Services:</p> <ul style="list-style-type: none"> • Critical services provided by AHPs supporting COVID and non COVID Protected and Critical Functions have been identified and agreed with staff deployed to target these areas. • Additional physio capacity linking closely with dietetics and SLT to provide AHP response for Ventilation Unit. Education and Training undertaken. • AHP staff providing rehabilitation to support to step-down beds at Hamavoe House, Stromness, this is able to flex to meet variable demands, with ongoing review of rehabilitation.
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- Ongoing review of 7 day working and on call services for Physio, dietetics and SLT depending on demand.
- Significant shift in AHP workforce to support critical activity within acute and community settings in line with national guidance using stop, adapt, continue, amend & start approach. Currently all adult AHP activity being collated and documented in line with national template. This has been completed for children services.
- All AHP services engaged in Near Me usage and training.
- Starting to exploring AHP future models of care and developing a rehabilitation ethos.

Secondary Care:

- Routine elective Outpatient services have been suspended and visiting specialists are not coming on island. Referrals are being vetted electronically to ensure that any high risk/urgent need patients are identified, with digital being the first line approach for consultation should it be necessary. Advice only is being utilised wherever clinically appropriate.
- Urgent Suspected Cancer pathways remain in place and operational. Local cancer care via the Macmillan team remains in place although the location of service delivery has changed within the Balfour site to accommodate the reconfiguration of inpatient services in line with the Board's Mobilisation Plan.
- Increased resilience has been created in the capacity and ability of acute services to care for critically ill Covid-19 patients including ventilation and preparation for off island transfer. A Covid-19 Surge Unit has been developed along with a Ventilation Unit staffed from a mixture of local and additional staff who have been brought on island as part of our Covid-19 response.
- Surgical services have been suspended with the exception of emergency and urgent suspected cancer cases.
- Increased resilience has been developed within both the Laboratory and Imaging services with "2 team" models now in operation. Access to the full range of diagnostics remains available although measures such as suspending "walk in" patients for X ray are in place to minimise the risk of infection. Local testing for Covid-19 is being brought on stream and will be operational in the coming weeks.
- Delayed discharges have been brought down to and are being maintained at 0. This was supported by the opening of the final wing of Hamnavoe House as a step down facility (in line with the Orkney Health & Care Mobilisation Plan).
- Off island transfer for secondary care services not provided

on island remains in place for all pathways e.g trauma, maternity, paediatrics.

Support Services:

- Within Support Services staff who are able to carry out their duties from home are doing so with the aid of technology such as Microsoft Teams and VPN access where appropriate. Those who can't work from home are working within their usual locations however social distancing is being maintained through the reconfiguration of working environments where possible and in some areas rota's have been devised to minimise the number of staff in each working location at the same time.

Public Health:

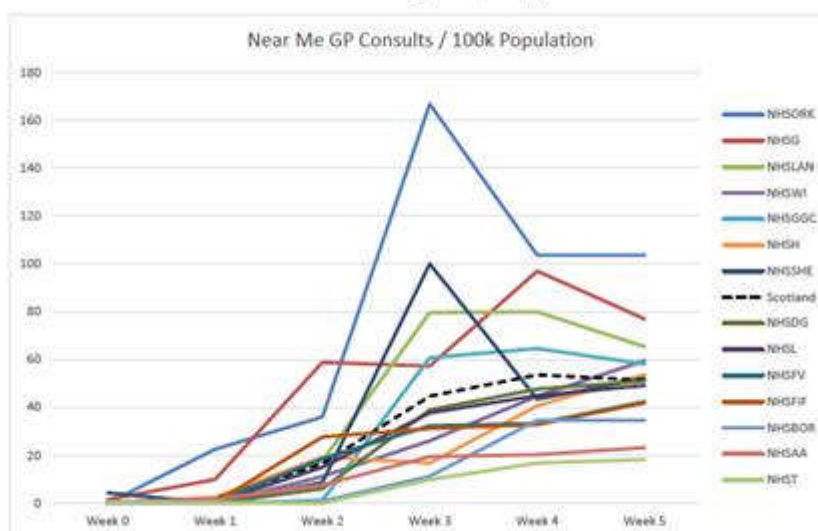
- Within Public Health, health protection elements around COVID-19 are being prioritised as well as ongoing health protection. Staff are being redeployed to support health protection and health improvement staff trained to support. There has also been increased demand in relation to resilience work.
- Blood born virus and Sexually transmitted infections work is continuing.
- The Vaccination transformation programme end date has been extended by a year to April 2022.
- *Screening* programmes other than newborn and women have been stopped. Pre school vision screening is delayed as input required from NHS Highland.
- The smoking cessation service has reduced with limited support being given to those with co-morbidities and pregnant. The National helpline has ceased.
- Child and adult weight and pre diabetes programme work has been significantly impacted.
- There is an increased focus on poverty with Health improvement staff attending the care of people group to ensure that people interacting with the health system are signposted to support in this difficult time.
- There is an increased focus on Mental health and wellbeing linked in to the care of people group.

NHS Near Me:

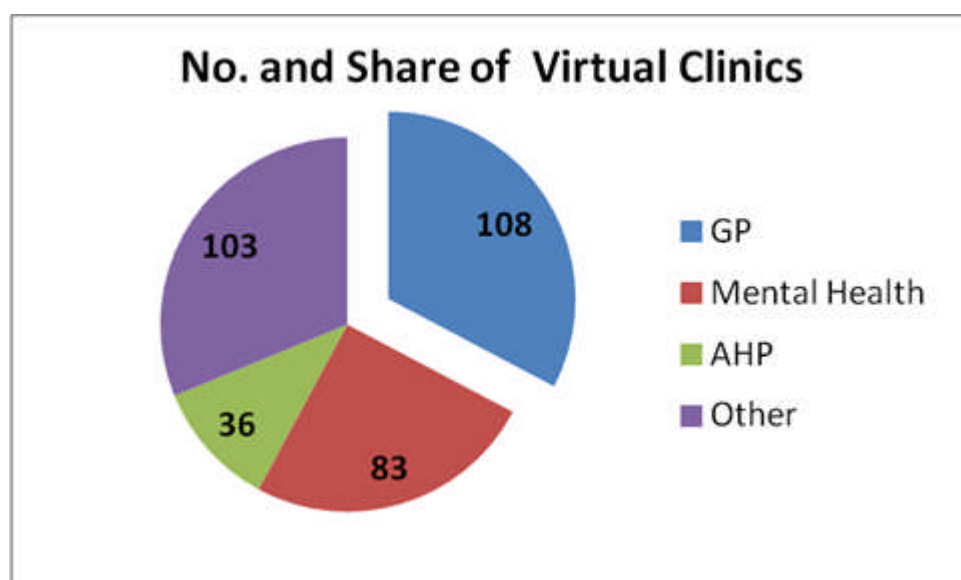
As part of the COVID-19 response, the initial focus for the use of Near Me was to fast-track the existing plans for GP roll-out, which involved equipping every Practice with dual screens, training and integration within existing appointment processes. With equipment

delays, laptops were issued as a temporary solution to enable GPs to see both patient and case notes on separate screens side by side during the consultation process. This allowed implementation and usage to be made with minimal delays. The uptake across GP Practices in Orkney has been very impressive and compares favourably with other Boards across Scotland as shown overleaf.

3: Near Me consultations for General Practice only per 100,000 population



In terms of Outpatients and other clinical services, uptake has also been encouraging, with much work going on with clinical and admin support across a range of specialties.



This increased usage has been secured locally over a 5-week period, with the foundations now in place for virtual clinics to be

	integrated within business as usual as part of our recovery plan and beyond.
Timing	To be considered at meeting of 23 rd April 2020.
Link to Corporate Objectives	<p>The corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement.
Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that an appropriate level of access to high quality, safe and effective care is available for the people of Orkney during the Covid-19 pandemic.
Benefit to Patients	Enabling of safe, effective and person centred care.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

Not Protectively Marked

NHS Orkney Board – 30 April 2020 Report Number: OHB2021-08 This report is for noting and discussion Workforce Report	
Lead Director Author	Iain Stewart, Chief Executive Designate Julie Colquhoun, Head of Corporate Services
Action Required	The Board is asked to:- <ul style="list-style-type: none"> • Note the contents of the report • Discuss our position in relation to non-essential travel
Key Points	<p>Approximately 83 additional colleagues have joined the organisation in the last month. This has been done in stages as need has increased.</p> <p>Essential training has taken place not only to ensure colleagues are adequately protected in the workplace, but to upskill to enable the appropriate levels of care in NHS Orkney.</p> <p>Guidance has been issued to all Boards in relation to restrictions in movement for staff, whilst there are risks associated with the movement of clinical staff, the Board may wish to consider the position of those non-clinical staff who could effectively work from home, or indeed stay on the islands.</p>
Link to Corporate Objectives	The Corporate Objectives this paper relates to:- <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and

	<ul style="list-style-type: none"> • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	Staff Governance Standards
Benefit to Patients	Safe and effective care
Equality and Diversity	Implementation of all circulars and guidance applies to all NHS Orkney employees

Not Protectively Marked

NHS Orkney Board – 30 April 2020

Workforce Report

Author - Julie Colquhoun

Section 1 Purpose

The purpose of this paper is to provide an update on our workforce response to COVID-19 .

Section 2 Executive Summary

The Coronavirus outbreak has necessitated a fundamental refocus and significant change across our workforce with all the non-urgent work put on hold and the need to build capability across our workforce to deal with the reasonable worst case scenario.

Essential training has taken place not only to ensure our colleagues are adequately protected in the workplace but to upskill staff to enable the appropriate levels of care in NHS Orkney.

Approximately 83 additional colleagues have joined the organisation in the last month this has been done in stages as need has increased.

Guidance has been issued to all Boards in relation to restrictions in movement for staff, whilst there are risks associated with the movement of clinical staff, the Board may wish to consider the position of those non-clinical staff who could effectively work from home or indeed stay on the islands.

Section 3 Recommendations

Note the contents of the report

Discuss our position in relation to non-essential travel

Section 4 Background

The Coronavirus outbreak has necessitated a fundamental refocus and significant change across our workforce, with all the non-urgent work put on hold and the need to

build capability across our workforce to deal with the reasonable worst case scenario.

This report gives a brief overview of some of the activity that has taken place in the last 4 weeks.

Training

Stage 1 – the first programme of training developed was in the Ventilation Unit (formerly Day Surgery). Scenario training events run by Dr Cripps supported by other Consultant Anaesthetists has taken place on a daily basis, initially large group training now more focussed small groups. 28 (headcount) nurses have been deployed to this unit, however in total approximately 46 nurses have been working on ITU competencies, this includes trained and untrained nurses, in preparation for surge. The current staffing model allows for the safe staffing of 4 ventilation beds. AHP staff, in particular the Physiotherapy Team have been involved in this training as they have an essential role to play supporting any patients in this unit.

Stage 2 - surge unit (formerly Macmillan) Nurse Manager Lynn Adam, supported by Carolynn Paterson, has led competency based training in surge, this is ongoing for all nurses (19 headcount) deployed to this area. When there are no patients in the surge unit staff attend scenario training in Ventilation as well as testing the flow from surge to ventilation.

Stage 3 - training in staff testing has taken place, Dentists and Dental Nurses deployed to the Community Assessment Centre (CAC) have been given full PPE and swab training along with all the other staff who have been deployed to this area (circa 36 headcount) including all support staff such as porters and cleaners.

Underpinning the competency based training has been continuous Face Fit Testing by accredited testers, this far 473 staff have been identified for testing. Of those staff 431 have passed and have an in date test, this equates to 91% of those identified as requiring a mask.

We are now in possession of 6 different types of mask in reasonable quantities and all of the 91% above have passed on at least one type.

43 Staff have been identified for work in the Surge or Vent unit only two of those have yet to be tested.

In addition to the Face Fit Testing the Infection Control Team have been carrying out in situ PPE training across all teams where it is needed, Secondary and Primary Care.

Recruitment

Approximately 83 additional colleagues have joined the organisation in the last month. This has been done in stages, as need has increased.

Stage 1 - all staff who were on our payroll as bank staff, across all disciplines were given the choice of taking up a 3 month contract of employment, rather than an “as and when” basis. 7 of our current payroll Consultant locums have taken on fixed term contracts for 3

months. DL (2020)5 gives clear direction on the management of fixed term contracts offered specifically for COVID-19 related work.

Stage 2 – social media campaign to get recently retired staff back into the workplace, with an accelerated recruitment process, which included a health and safety induction and training appropriate to the role – circa 45 (headcount) joined through this process. Contracts in this stage vary from bank to 3 months. DL(2020) 6 advises on the appropriate payments for all staff returning.

Stage 3 – agency staff – 14 agency nurses are in the Hospital as well as an additional junior Doctors taking the number from 8 to 12.

Stage 4 – In this rapidly evolving Covid-19 situation, a national work stream has been set up by NHS Education for Scotland (NES) following the joint statement by the Nursing & Midwifery Council (NMC) which supports the expansion of the nursing and midwifery workforce to support the Covid-19 outbreak. The NES recruitment portal has been established to facilitate emergency registrants across professional groups and support applications from returners and students to priority areas in health and social care across acute, primary, community and social care settings to support local mobilisation and surge planning. This group is represented by multiple stakeholders from HEI's; NES; HR colleagues; Practice Education Leads, NMC, Council of Deans with various sub-groups and a board lead from NHS Orkney. Similar work is taking place with AHP colleagues and heads of midwifery.

NHS Orkney welcomes this opportunity for students from RGU, Open University, UWS, Edinburgh of University and Glasgow to join our workforce and become valuable members of our workforce during this crisis. All students will be employed by the board through a NES model of employment. NMC have made the necessary adjustments through emergency standards whereby they will still be students in practice meeting their learning outcomes and competencies and be supported in practice by their line manager, mentors/supervisors and practice education staff. The main difference is that they will not be supernumerary in practice. Over the next two weeks, NHS Orkney will support up to 12 students across primary and secondary care services.

NES recruit and employ the students, carrying out all onboarding and issuing contracts. For any other staff recruited through the portal NES will support with issuing contract and assist with employee engagement data but NHS Orkney will employ.

Whilst recruitment has predominately focussed on The Balfour and Community Assessment Centre to date, a number of colleagues have been deployed to different areas to cover gaps, such as the appointment of a phlebotomist to support the Community East Team as some of their nurses have been deployed to the Ventilation Unit.

Work is ongoing across the Community and a subgroup has been established to consider the National Clinical Guidance for Nursing and AHP Community Health Staff.

Employee Absence Monitoring

All managers are asked to submit any new absences on a daily basis to the Workforce

Team. This information is then used to inform the Community Assessment Team of the need for staff testing. This includes the Independent GP Practices.

To date 48 tests have been requested from the Assessment Centre made up of testing of household members who are symptomatic and staff members who are symptomatic, to enable return to work. 2 positive test results were reported with the rest all negative. The Head of Community Care submits daily requests on behalf of social care staff.

Discussions with other key workers such as the Police, Fire, Scottish Ambulance Services and Robertsons Facilities Management are ongoing to consider support that can be offered.

Absence across NHS workforce has averaged around 17% over the last 4 weeks with equal numbers of non-COVID related absences to COVID related. These are monitored daily with the HR Team supporting managers with process around any absences.

All new starts brought in to support staffing pressures and additional work will have slightly different rights to those normally applied where staff have no reckonable service in relation to sick leave. A variation order issued on the 27th March gave all new starts an entitlement to a month of sickpay, on full pay in the event they are taken unwell from the disease. Further DL(2020)5 advises that absence that is related to COVID-19 should fall under the medical exclusion category, and would not count towards sickness absence triggers.

Travel

As per guidance issued (DL(2020)/3) home working should be considered where appropriate and practicable, and staff should be flexible in relation to their work location.

NHS Orkney took an early position on essential travel only and systems are in place with the ferries and Loganair to allow travel for NHS employees who have their NHS ID badge available. Ferries are refusing travel for non key workers.

NHS Orkney has a limited number of clinicians who travel to the mainland and to the outer isles. Previous guidance has been clear that where we have trainee doctors where place of work is different to home, travel back home is permitted. Whilst NHS Orkney has no specific powers to limit clinician travel required for work purposes and clinicians are bound only as the rest of the population with regard to travel, circumstances could be looked at on a case by case basis; a number of clinicians have already made the decision not to travel on and off island.

Whilst there are clear benefits to reducing the movement of our clinical workforce, this does also come with risk. The application of additional restrictions over and above the national restrictions for staff could reduce the willingness of staff to support NHS Orkney, in particular those locums that we depend on to cover our services.

NHS Orkney, however, should consider whether we could further reduce the travel of those staff who could effectively work from home. The guidance gives NHS Boards the ability to review arrangements on the movement of staff who could fulfil their roles from a place other than their normal place of work.

Where staff have been off island, returning to their place of work, the guidance around the need for self-isolation when symptomatic applies, as does the process for testing should this be necessary. Any staff member should ensure appropriate PPE is worn as this will protect the health of staff and also patients.