

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of Orkney NHS Board on **Wednesday 13 May 2020 at 13.00**

Present	<p>Issy Grieve, Non Executive Board Member (Chair) Steven Johnston, Non Executive Board Member (Vice Chair) David Drever, Non Executive Board Member Rachel King, Integrated Joint Board, Chair Meghan McEwen, NHS Orkney Chair Gerry O'Brien, Interim Chief Executive Steve Sankey, Integration Joint Board Member Iain Stewart, Chief Executive Designate John Richards, Integration Joint Board Member</p>
In Attendance	<p>Christina Bichan, Chief Quality Officer (<i>left at 14.30</i>) Wendy Lycett, Deputy Director of Pharmacy Sharon Ann Paget, Interim Head of Children and Families, Criminal Justice and Chief Social Work Officer (<i>left at 14.30</i>) Marthinus Roos, Medical Director Sally Shaw, Chief Officer Heather Tait, Public Representative Brenda Wilson Interim Director of Nursing, Midwifery, AHP and Acute Services Louise Wilson, Director of Public Health Julie Colquhoun (for item 3.1) Dawn Moody Sara Lewis (<i>joined at 13:17</i>) Heidi Walls, Committee Support</p>
131	<p>Apologies</p> <p>The Chair welcomed members to the virtual meeting and before starting business wished to acknowledge the highly valued contribution made to NHS Orkney, Orkney Council and this committee, by the late Councillor Kevin Woodbridge.</p> <p>Apologies had been received from, D McArthur.</p>
132	<p>Declarations of Interest – Agenda Items</p> <p>No interests were declared in relation to agenda items.</p>
	<p><u>COVID 19</u></p>
133	<p>Workforce - CCGC 2021-01</p> <p>The Head of Corporate Service presented an update on the workforce response to COVID 19 in relation to the temporary staffing situation. She explained the rationale adopted and highlighted the steps taken, since early March 2020, to increase capacity.</p> <p>She advised members that in line with other boards, additional staff had been offered temporary contracts until the end of May 2020 and noted that at a recent Gold Command meeting, the need for a decision on the next steps was highlighted, as notice would need to be served if the additional staff recruited were no longer required.</p>

	<p>The Head of Corporate Services advised members that the issue was being presented to the committee as the decision was more complex than a straight renewal of contracts. She explained how it involved not only the requirement to ensure an ongoing response to the Coronavirus outbreak, but the workforce implications of staff shielding, vent and assessment centre staffing, the return to electives and the pending track, trace and isolate programme.</p> <p>It was noted that a task and finish group had been established to focus on this work and a Red Amber Green (RAG) risk assessment approach was being used to support the decision making process. It was agreed that a more detailed breakdown would be submitted to the Staff Governance Committee.</p> <p>The NHS Orkney Chair asked if a clinical risk assessment for the range of options had been completed and The Head of Corporate Services confirmed the risk was recorded on the COVID 19 risk register and a RAG assessment had been applied to each individual identified.</p> <p>S Sankey asked if all bona fida Coronavirus costs would be covered by the Scottish Government and the Chief Executive Designate confirmed that they were. He explained that costs were being tracked and any costs over £100,000 required special approval.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update, the options and the complexity of the issues highlighted and agreed that a more detailed breakdown would be submitted to the Staff Governance Committee and a recommendation provided to the next board meeting for a decision.</p>
134	<p>Testing – Peripatetic Workers - CCGC 2021-02</p> <p>The Medical Director presented a report which advised members of the identified risk of transmission of COVID 19 by peripatetic Health Care Workers and outlined the options for enhancing the existing Health Protection Scotland mitigation guidelines.</p> <p>He noted that Orkney had been fortunate in the low rate of COVID19 infections to date and explained the desire to maintain this by responding to the concerns raised about the highlighted risk. He emphasised the potential for poor patient, political and confidence issues if options to mitigate the risk were not explored and where viable implemented.</p> <p>The Medical Director provided members with peripatetic Health Care Worker examples and explored some of the mitigation options considered. He advised members that discussions had been extensive and at time challenging, but the Area Clinical Forum (ACF) had held an extraordinary meeting to consider the issue and had concluded with unified support for testing.</p> <p>The Chair of the ACF confirmed that a meeting had been held on 1 May. He explained that to ensure appropriate balance of discussion the invite had been extended across staff groups as the time constraints had meant they were unable to progress through the usual advisory group governance structure. He advised members that, whilst not popular, other options such as staff staying on islands or isolating had been considered and that the agreement to test was not unanimous, but had been strongly supported.</p>

	<p>He highlighted that the recommendation made was an extension to the guidelines already in place and not an alternative and emphasised that testing would be on a voluntary basis.</p> <p>The Chair of the ACF advised members that there was growing evidence that Health and Social Care Workers were a significant risk factor for transmission and that asymptomatic testing was of value.</p> <p>In response to questions the following points of clarity were noted. Testing would be for staff travelling between Orkney and the mainland not inter isles travel and would cover health and social care staff.</p> <p>It was agreed that any decisions made would be a measured response in relation to the overall context and that further work with Human Resources was required with regard to terms and conditions issues for staff testing positive.</p> <p>The Chair of the ACF clarified that the recommendation in the paper to link a study in collaboration with the Scottish Research Council to the introduction of testing had been dropped.</p> <p>Decision / Conclusion</p> <p>Members approved the recommendation to introduce the screening of Health and Social Care professionals travelling between Orkney and the mainland.</p>
135	<p>Testing – Essential Workers- CCGC 2021-03</p> <p>The Chief Executive Designate presented the report and advised members that currently NHS Orkney, in accordance with NHS Scotland guidance, undertakes COVID 19 testing of the group 1 patient cohort only, but that a request to expand its testing to include essential workers in categories two, three and four had been received.</p> <p>He described the challenges of the current provision for testing of groups two, three and four and highlighted that as NHS Orkney was currently working at about 25% of its testing capacity, it could work with colleagues and offer local testing via the COVID 19 assessment centre (CAC) and the Balfour Microbiology Service. He advised members that the Orkney Local Emergency Coordination Group (OLECG) had already prepared a process which could be implemented if agreed.</p> <p>Members confirmed their support of the report presented noting the integral role of staff across the categories in supporting the stay at home message, but highlighted the importance of a process to ensure laboratory capacity prioritisation, workforce implications for the CAC and an appropriate communications message.</p> <p>The Chief Executive Designate agreed the importance of the communications message and confirmed that a draft press release had already been prepared with a focus on maintaining the consistent message. He also advised members that OLECG had, in addition to the categories noted in the paper, developed a prioritisation criteria and that a process to ensure available stock levels did not drop below an agreed threshold would be in place.</p> <p>The Chair of the ACF highlighted recent work at the CAC to clarify testing priorities and off island batch testing options, which would help with a move to this next stage.</p>

	<p>It was noted that whilst a clear communication message would be issued the UK testing scheme would still be an option that individuals could choose to access.</p> <p>In response to concerns regarding a potentially overwhelming number of requests the Chief Executive Designate thought this was unlikely as the process was for essential workers only and he confirmed that support from the army would be available, if required.</p> <p>Decision / Conclusion</p> <p>The committee reviewed and discussed the options presented and approved the recommendation to expand testing of key workers to all four categories, where capacity exists and does not impact on testing for clinical needs.</p>
	<p><u>Governance</u></p>
136	<p><u>Ethical Support - CCGC 2021-04</u></p> <p>The Medical Director presented the report and highlighted the new ethical challenges faced by clinicians since the COVID 19 outbreak. He described the local work undertaken in response to government guidance regarding the implementation of appropriate support systems to provide ethical guidance to clinicians on a 24 hour basis. A requirement for group membership to include clinicians and lay members rather than senior managers was noted.</p> <p>The Medical Director also described his own experience of membership of the Grampian Ethical Support Group, noting the wide ranging membership which offered a breath and depth of expertise. From that group, a rota of three people provided urgent advice 24/7. He noted that the requirement for urgent middle of the night support was minimal and often of a practical nature.</p> <p>The Chief Executive Designate confirmed that the governance reporting route for this group would be to board via the Clinical and Care Governance Committee and advised that only the main paper regarding the Ethical Advice and Support Group was presented for a decision. The addendum regarding the out of hours element would be deferred.</p> <p>The Integrated Board Chair enquired about the role of lay members on the Grampian group and queried their inclusion in the local group.</p> <p>The Medical Director confirmed they were active contributors asking valuable lay member perspective questions.</p> <p>The Chief Executive Designate confirmed that the local group would be small at this stage and advised that the governance reporting route noted earlier would provide non executive representation.</p> <p>Decision / Conclusion</p> <p>The Committee approved the main paper presented regarding the Ethical Advice and Support group but a decision on the out of hours addendum was deferred.</p>

	<u>Safe and Effective Care</u>
137	<p>Utilisation of PPE in settings/sustained transmission- CCGC 2021-05</p> <p>The Director of Public Health presented the report and highlighted that the paper did not obviate the need for local risk assessment in relation to particular situations or for employers to protect staff and noted that a change in the pattern of cases or current lockdown restrictions could change the current position.</p> <p>It was explained that the level of Personal Protective Equipment (PPE) during sustained transmission varied across settings, but a concern that there was a potential for high usage of gowns and visors where other equipment providing appropriate levels of protection could be used was highlighted.</p> <p>It was further confirmed that to keep both members of staff and patients safe, Health Care Workers would undertake situational risk assessments to ensure the appropriate level of PPE was worn.</p> <p>Ensuring that appropriate support for such decision making was available for staff in care homes was highlighted and the Interim Director of Nursing, Midwifery, AHPs and Acute Services confirmed input from the NHS Orkney Infection Control Manager would be sought.</p> <p>It was confirmed that the Consultant Microbiologist and Infection, Prevention and Control Doctor had taken a lead in the advice provided.</p> <p>Decision / Conclusion</p> <p>The committee noted and approved the recommendations presented.</p>
	<u>Social Work and Social Care</u>
138	<p>Children's Services Inspection Report - Improvement Plan Action Plan CCGC 2021-05</p> <p>The interim Director of Nursing, Midwifery, AHPs & Acute Services and Chief Officer provided members with a verbal update.</p> <p>The interim Director of Nursing, Midwifery, AHPs & Acute Services confirmed that she was leading on the health elements of the action plan and a short life working group had been meeting weekly and had identified a number of key themes. Regular meetings were also held with Health Improvement Scotland and good progress had been made.</p> <p>The Chief Officer confirmed that the improvement plan had just been approved at the Chief Officers Group meeting on the understanding that it was a dynamic and evolving area of work and summarised key actions taken.</p> <p>It was confirmed that the re advertised post for a named Lead Nurse for Public Protection was due to close on 28 May 2020.</p> <p>In response to a query regarding plans for the improvement of communication with looked after children and the inclusion of mental health issues, it was confirmed that this would need to weave through every action. Members were advised that Quality Improvement support and guidance would be sought to ensure processes were</p>

	<p>effectively implemented and demonstrable progress made. A planned review of mental health services was also highlighted and the need to ensure close links and a crossover for the mental health of both children and parents/guardians was noted.</p> <p>The importance of collective ownership across the partner agencies was highlighted and members were advised that this issue was being addressed and some shared vision work would be led by the Interim Chair of the Public Protection Committee.</p> <p>Decision / Conclusion</p> <p>The Committee noted the comprehensive verbal update provided on the actions taken against the improvement plan and members were reassured and looked forward to sight of an updated plan at the next meeting.</p>
139	<p>Emerging Issues</p> <p>No emerging issues were noted</p>
140	<p>Any other competent business</p> <p>The Chair highlighted ongoing work to update and refresh the Clinical and Care Governance Committee Terms of Reference and the Risks and Controls Assurance Framework and noted that further discussions regarding committee membership would be held to ensure balanced health and social care representation.</p> <p>The Chief Executive Designate clarified the following points regarding the testing of essential workers at item 3.3</p> <ol style="list-style-type: none"> 1. We cannot insist that colleagues returning to Orkney are tested 2. Returning colleagues should be tested before travelling by a national testing centre 3. After testing, contact with COVID-19 patients should be avoided if possible 4. If there was an exceptional reason why colleagues couldn't be tested before travel and believed they were in contact with the virus, a test can be undertaken on Orkney
141	<p>Agree items to be brought to Board or Governance Committees attention</p> <p>It was agreed that the following issues would be highlighted to the Board through the Chair's Report:</p> <p>COVID Workforce plan COVID Testing of Peripatetic Workers COVID Testing of Essential Workers</p>