



**Integrated Governance Committee
Extraordinary meeting – Covid-19
Tuesday 21 April 2020 at 3.45pm
MS Teams**

Present Mrs Lesley Bowie (Chair)
Mr Bob Martin (Vice Chair)
Ms Linda Semple, Non-Executive Board Member
Miss Lisa Tennant, Non-Executive Board Member
Mr John Rainey, Non-Executive Board Member

In Attendance Mr John Burns, Chief Executive
Prof Hazel Borland, Nurse Director
Mrs Kirstin Dickson, Director of Transformation and Sustainability
Ms Sarah Leslie, HR Director
Mr Derek Lindsay, Director of Finance
Dr Crawford McGuffie, Medical Director
Mrs Shona McCulloch, Head of Corporate Governance
Ms Ashleigh Kennedy, Corporate Secretary
Mrs Angela O'Mahony, Committee Secretary (minutes)

ACTION

1. Introduction and Apologies for Absence

1.1 The Board Chair, Mrs Lesley Bowie, welcomed members to this extraordinary meeting to receive an update and assurance on the way Board is managing Covid-19 and the range of governance issues that require consideration during the current situation.

1.2 Apologies were noted from Mr Michael Breen.

Mrs Bowie advised that Mr Breen had been in contact to give his support for the papers and guidance being presented to the Committee which demonstrated the depth of work being carried out by the Management Team. Mr Breen appreciated, in particular, some of the protocols that required to be put in place and the extremely difficult decisions that staff will require to make across the entire Health and Social Care system.

2. Declaration of Interests

There were no declarations noted.

3. Overview of NHS Ayrshire & Arran's Emergency Planning approach to Covid-19

Covered under item 7.

4. Healthcare Governance

4.1 General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Health Protection Scotland (HPS) guidance supporting working differently in response to Covid-19

The Nurse Director, Prof Hazel Borland, highlighted guidance issued jointly by Chief Nursing Officers and professional regulatory bodies on 12 March 2020 supporting temporary changes to practice for health and care professionals across the UK in the event of a Covid-19 epidemic. Prof Borland explained that Boards have a responsibility to ensure that staff receive appropriate education and training should they be required to deliver a different role.

The Medical Director, Dr Crawford McGuffie, advised that GMC had provided guidance acknowledging the need for different working roles, outlining new resource limitations and advising that medical staff should follow GMC guidance on Good Medical Practice in making clinical decisions and delivering safe medical practice.

4.2 Chief Nursing Officer (CNO) guidance on changing the staffing guidelines for Critical Care

The Nurse Director, Prof Borland, advised that a joint statement had been issued by CNO and a range of professional bodies on 25 March 2020 in relation to the need to develop immediate critical care nursing capacity. Prof Borland advised that registered staff may have to increase their patient cohort in response to the current Covid-19 situation. Staff moving to critical care would require a level of supervision with tasks delegated based on the professional judgement of critical care nurses. Prof Borland gave assurance that Board had taken cognisance of the guidance in building critical care capacity within ICUs.

Prof Borland advised that workforce modelling activity in preparation for the Health and Care Staffing Bill had been paused due to Covid-19. Prof Borland gave assurance that national and regional West of Scotland workforce planning discussions were ongoing in response to Covid-19.

4.3 Healthcare Associated Infection (HAI)

4.3.1 Prioritisation of Infection Prevention and Control Team (IPCT) programme

The Nurse Director, Prof Hazel Borland, highlighted temporary changes agreed by Scottish Government to routine HAI surveillance requirements to enable IPC teams to fulfil their critical role in providing IPC advice to frontline clinicians in response to Covid-19.

Prof Borland gave assurance that Board was working in line with national guidance. As reported to Board on 30 March 2020, IPCT was currently focusing on alert organisms, outbreak management and water safety, as well as interpretation and translation of regularly updated guidance from

HPS and Public Health England. All other IPCT business would be picked up again when the organisation moved to recovery mode.

4.3.2 HAI Scribe and risk assessment

The Nurse Director, Prof Hazel Borland, advised that the HAI Scribe process normally undertaken for alterations to estates and facilities was not currently being followed given the speed with which alterations were required, particularly within Acute hospitals, in response to Covid-19. Prof Borland gave assurance that a risk assessment approach was being adopted in close liaison with Infection Control and she understood that a similar approach was being adopted across regional West of Scotland Boards. Prof Borland advised that any change to the fabric of buildings was temporary and screens and other temporary structures would be removed as Board moved to recovery mode.

4.3.3 Covid-19 four country guidance from Public Health England (PHE)

The Nurse Director, Prof Hazel Borland, reported that PHE had advised that there was sustained transmission of Covid-19, with a variable rate of transmission across the UK. Prof Borland and the Medical Director, Dr Crawford McGuffie, had reviewed the current situation in NHS Ayrshire & Arran and recommended that there be a change to sustained transmission status. The Chief Executive and Emergency Management Team (EMT) (note that EMT is the Gold group leading the response under emergency planning arrangements), had accepted this recommendation. Board will now move to implement the appropriate use of personal protective equipment (PPE) for all patients and clients regardless of Covid-19 status. Prof Borland advised that a number of other Boards had taken a similar approach.

Prof Borland outlined visitor arrangements for patients with confirmed or suspected Covid-19 receiving end of life care. Prof Borland gave assurance that local arrangements reflected guidance issued by the Chief Medical Officer.

Prof Borland presented Frequently Asked Questions provided for staff for the management of Covid-19 and use of PPE where there was sustained community transmission. Prof Borland advised that HPS had shared a 24 hour consultation with Board on new guidance to be issued on 23 April and IPCT and PH were currently pulling together feedback to meet the response deadline.

Prof Borland gave assurance, in response to a question from a Committee member, that she was leading work on PPE and the situation was being discussed daily at EMT meetings. There was a well-established Bronze team (a bronze team is an operational team under emergency planning arrangements) of clinical staff across sites meeting daily and working closely with the Procurement team on PPE supplies. A formal escalation plan was being developed for reporting issues with PPE supplies and this would be presented to EMT for consideration later in the week.

Prof Borland gave further assurance that Board currently had all relevant PPE required. PH and Health Protection Teams were in regular communication with care homes and community facilities. PH had today advised that they had been in contact with care homes which were confident about PPE supplies and the level of support provided by HPTs to positively manage patients and staff.

Prof Borland highlighted that Scottish Government had recently entered into an agreement with care homes across Scotland to provide PPE supplies direct to them and logistical arrangements were currently being put in place.

The Medical Director, Dr Crawford McGuffie, gave assurance, in response to a question from a Committee member, that the position in regard to the PPE supply chain for GPs had improved over the past 10 days and GPs currently had sufficient supplies.

4.4 **Ethical decision making framework**

The Medical Director, Dr McGuffie, advised that Scottish Government had issued guidance on 3 April, Ethical Advice and Support Framework, for use during the Covid-19 epidemic. NHS Ayrshire & Arran had previously established an Ethical Advice and Support Group to support clinicians with complex decision making in the current epidemic. The group had met virtually on three occasions. Dr McGuffie had been delegated by the Chief Executive as Responsible Officer and was receiving updates following each group meeting. Dr McGuffie proposed that the group's progress be reported through Healthcare Governance Committee and Integrated Governance Committee.

**HB/
SMcC**

4.5 **Covid-19 supplementary national Child Protection guidance**

The Nurse Director, Prof Hazel Borland, highlighted Covid-19 supplementary national child protection guidance issued by Scottish Government on 31 March 2020. Prof Borland advised that the guidance had been reviewed by Board and there were no changes required to local practice. Local Authorities and Health and Social Care Partnerships had put in place all necessary arrangements.

The Chief Executive gave assurance that there was very active engagement through Chief Officer Groups in East, North and South Ayrshire which were meeting regularly to discuss how to mitigate the impact of Covid-19 in relation to child protection and vulnerable communities.

Outcome: **Committee members noted the guidance provided by professional regulatory bodies in support of health and care professionals to deliver services in response to Covid-19.**
With regard to the Ethical Advice and Support Framework, Committee members endorsed the

group's reporting arrangements through Healthcare Governance Committee and Integrated Governance Committee at a future date, once governance committee meetings have resumed.

5. Information Governance

5.1 Freedom of Information Scotland Act 2002 (FOISA)

The Medical Director, Dr Crawford McGuffie, advised that as part of the Coronavirus (Scotland) Act 2020, changes had been made to FOISA in relation to the maximum time for responding to a request, from 20 to 60 working days. Dr McGuffie gave assurance that while Board's ambition was to respond to requests within 20 working days, the new guidelines would provide greater flexibility in gathering information and responding to FOI requests which could be very complex.

Outcome: Committee members noted the changes to legislation in respect of FOI response times during Covid-19 and were assured of the approach being taken to manage requests during the current Covid-19 situation.

5.2 Emergency Care Summary extension to other Primary Care contractors

The Medical Director, Dr Crawford McGuffie, advised that in light of the outbreak of Covid-19 in Scotland, the Scottish Government had informed Health Boards that they may provide access to the emergency care summary to community pharmacists and pharmacy technicians, as well as community optometrists and community dentists providing emergency care, as part of their Covid-19 response.

Committee members received assurance of the processes in place to widen access and ensure users are aware of their responsibilities. Dr McGuffie clarified, in response to a question from a Committee member, that these were temporary arrangements in response to Covid-19 and the position would be reviewed towards the end of the current situation.

Outcome: Committee members noted the guidance from Scottish Government and were assured by the processes put in place to widen ECS access.

5.3 Working from home

The Medical Director, Dr Crawford McGuffie, advised that during Covid-19 there was a need for staff to work in different ways and in accordance with Government guidance many staff were working from home. Dr McGuffie set out the process being followed to ensure effective working and information governance arrangements were in place.

Dr McGuffie reported that the benefits of using applications such as WhatsApp and similar mobile messaging tools to manage activity across the organisation during Covid-19, were recognised. He emphasised that any usage should be in line with Board's Information Security policy. To ensure users had access to approved tools, Microsoft Teams had been rolled out across NHS Ayrshire & Arran and provided an approved tool for instant messaging, audio and video calls and meetings.

Members discussed the use of mobile messaging tools and while members recognised the current need, there was concern at the risk of information being shared inappropriately and a need to closely monitor the position. Dr McGuffie emphasised that these communication tools should not be used to send messages containing patient identifiable or business sensitive information.

Outcome: Committee members were assured by the process to ensure staff have appropriate tools to support working remotely and that effective information governance arrangements are in place.

Committee members were assured that the extended use of mobile messaging applications would be closely monitored and an assurance report provided at a future Information Governance Committee meeting.

CMcG

6. Staff Governance

6.1 Staff Wellbeing

The HR Director, Ms Sarah Leslie, presented a report on activities taking place across the organisation to promote Staff Wellbeing. Ms Leslie emphasised that supporting the workforce to stay well was particularly important at this time of intense pressure due to Covid-19.

Ms Leslie outlined the significant changes made to the staff care model and additional services being provided, for example, staff sanctuaries at both Acute hospital sites for use by all acute and community based staff and improved access to Specialist Psychology support for staff working in high risk areas. Staff wellbeing suites had opened at both Acute hospital sites with a range of facilities available and positive feedback had been received from staff. Prof Borland highlighted that staff wellbeing suites were providing the opportunity for a range of staff from different disciplines and teams to sit together and develop a different level of relationships and team working.

Ms Leslie advised that looking forward a core group of stakeholders will carry out a formal de-brief on staff wellbeing activity over the pandemic and develop options for the future delivery of a comprehensive and joined up function to support staff in the recovery period and beyond.

Members commended the positive changes made and additional services being provided to promote and support staff wellbeing which

were invaluable for staff working in the current difficult situation. The Endowment Committee Chair, Mr Bob Martin, welcomed that a request had been made for core funding to support important staff wellbeing activity as the Endowment Fund was no longer able to provide funding on an ongoing basis.

Ms Leslie provided an update on the progress of the PPE fit-testing programme for tight-fitting FFP3 disposable respirator masks and highlighted challenges associated with the change of mask models provided.

Ms Leslie advised that a PPE team had been established, led by the Nurse Director, Prof Hazel Borland and significant efforts made to increase capacity to deliver fit-test training at both Acute hospital sites. Ms Leslie explained that the mask supply situation was fluid and Board was having to quickly adapt and build capacity to increase fit-test training to suit the mask type available, prioritising staff in high risk areas.

Prof Borland advised, in response to a question from a Committee member, that a new supply of FFP3 masks was expected and fit-test training had already begun and the fitting success rate will be closely monitored. Prof Borland explained, in response to a question from a Committee member, that this mask would not fit all staff and there was a requirement for a range of masks to fit face size to enable staff working in priority areas to continue to safely care for patients.

Ms Leslie highlighted that Board's change of Covid-19 status to sustained transmission will require a further increase in training capacity.

Outcome: Committee members were assured by the update provided and commended the positive changes made and additional services provided to promote and support staff wellbeing.

Committee members were assured by arrangements for Personal Protective Equipment mask face-fit testing.

6.2 Variation orders

The HR Director, Ms Sarah Leslie, presented a report on recent NHS Scotland Variations to national Terms and Conditions to give the service flexibility and support during Covid-19, including more flexible payment structures, temporary arrangements for payment of overtime and clarification in relation to sickness absence reporting. Ms Leslie gave assurance that financial expenditure associated with staffing costs was being monitored and specific financial codes implemented to ensure Covid-19 staffing costs were identified.

Outcome: Committee members noted the NHS Scotland Variations to national Terms and Conditions.

6.3 **Suspension of non-essential training, performance appraisal and iMatter**

The HR Director, Ms Sarah Leslie, reported that there had been a temporary postponement of the iMatter survey, performance appraisal and non-essential training to enable line managers and staff to focus capacity on direct service delivery during the current Covid-19 situation. Ms Leslie gave assurance that the changes will be reviewed in June 2020 and a recovery plan agreed to maintain corporate focus on staff experience and learning in 2020/21.

Outcome: Committee members supported the temporary suspension of the iMatter survey, performance appraisal and non-essential training during the Covid-19 situation.

6.4 **Change to induction**

The HR Director, Ms Sarah Leslie, outlined temporary changes to Board's current staff induction process to ensure new starts and colleagues returning to NHS Ayrshire & Arran during the pandemic were provided with appropriate induction training and support.

The Head of Corporate Governance, Mrs Shona McCulloch, advised that Non-Executive induction arrangements had been paused during the pandemic and would recommence at a later date.

Outcome: Committee members supported temporary changes to NHS Ayrshire & Arran's induction programme in response to Covid-19.

6.5 **Fast track recruitment**

The HR Director, Ms Sarah Leslie, provided an update on temporary changes to the organisation's recruitment process to ensure new starts and colleagues returning to NHS Ayrshire & Arran during the pandemic are recruited and appointed rapidly through a condensed recruitment process. These temporary changes will be reviewed in June 2020.

Ms Leslie highlighted that the organisation was temporarily proceeding to recruitment on receipt of one satisfactory employment reference and a risk assessment would be undertaken to establish if a preferred candidate could be appointed prior to receipt of confirmation of Protection of Vulnerable Groups (PVG) membership, should they be working with young children and/or vulnerable adults. In addition, new starts may be employed without Occupational Health clearance, except for those staff involved in exposure prone procedures.

Outcome: Committee members were assured by the temporary changes to NHS Ayrshire & Arran's current recruitment processes in response to Covid-19 and

commended staff involved for the significant work undertaken to date.

7. Performance Governance

7.1 Mobilisation Plans overview

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, reported that as part of the Scottish Government response to the management of Covid-19, each NHS Board had been asked to submit a Mobilisation Plan detailing key actions and changes in activity in health and care services in response to Covid-19. NHS Ayrshire & Arran and the three Health and Social Care Partnerships (HSCPs) had submitted a joint Covid-19 Mobilisation Plan to Scottish Government on 24 March. Individual plans for Acute Services and the three HSCPs were then redrafted and submitted on 3 April 2020.

Mrs Dickson advised that all NHS Board had been asked to submit weekly financial returns to Scottish Government detailing financial planning for the management of the Covid-19 response detailed within the Mobilisation Plan. The Programme Management Office (PMO) had developed a Covid-19 Mobilisation Tracker detailing all actions from respective mobilisation plans and providing a whole system approach for NHS Ayrshire & Arran in terms of governance, assurance, scrutiny and tracking. Table top stress test exercises were also taking place, led by designated Military Liaison Officers, to assess local mobilisation plans and ensure they are fit for purpose. The Nurse Director and HR Director advised that stress test exercises already conducted had been very helpful and there had been considerable learning working with Military Liaison Officers. Mrs Dickson explained that the Mobilisation Plan would continue to change as the Covid-19 situation evolved.

Outcome: Committee members noted the development of NHS Ayrshire & Arran's Mobilisation Plan in response to Covid-19 and were assured of the systems and procedures in place to scrutinise, monitor and manage delivery against the plan.

7.2 Revenue implications of Mobilisation Plan

The Director of Finance, Mr Derek Lindsay, outlined local financial governance arrangements to enable additional spend to deliver NHS Ayrshire & Arran's Mobilisation Plan and mechanisms to allow an audit trail of Covid-19 expenditure. Mr Lindsay advised that Scottish Government had confirmed that additional funding will be made available to cover additional Covid-19 costs. Mr Lindsay explained that Board would not be seeking Scottish Government funding should it be possible to re-purpose existing facilities for Covid-19 activity, for example, increased ward capacity due to cancellation of elective procedures.

Mr Lindsay detailed the latest financial reporting submitted to Scottish Government, which included monthly cost trends, details of additional

Covid-19 Acute bed modelling and an approval tracker for Mobilisation Plan spending. Board had also been asked to provide detailed costs for each of the three Health and Social Care Partnerships. Mr Lindsay explained that Scottish Government approval was required for individual projects with a full year cost in excess of £750,000. Mr Lindsay clarified, in response to a question from a Committee member, that financial reporting included expected underachievement of savings in health and social care due to Covid-19.

Outcome: Committee members considered and noted the unbudgeted costs associated with the expansion of capacity to deal with Covid-19 and financial governance arrangements put in place by Scottish Government. Committee members were assured that Financial Management Reports in 2020/21 will identify Covid-19 costs separately.

7.3 Escalation Framework

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, advised that work to agree an Annual Operational Plan and associated Financial Recovery Plan for 2020/21 had been paused by Scottish Government to allow a national and local response to the Covid-19 pandemic. Scottish Government had written to advise that NHS Ayrshire & Arran's position on the NHS Scotland Escalation Framework would remain in place, however, Board should continue to strive to maintain and improve performance and financial issues, and the recovery process will be picked up in due course when possible. The Chief Executive had provided assurance that while Board was very focused on the immediate Covid-19 challenges, the organisation will maintain a focus on robust financial management and governance.

Outcome: Committee members noted the latest position in relation to NHS Ayrshire & Arran's status on the NHS Scotland Performance Escalation Framework. Committee members fully supported the approach being taken by the Executive team in response to the current Covid-19 pandemic.

7.4 Annual Operational Plan (AOP) Letter from Scottish Government

The Director for Transformation and Sustainability, Mrs Dickson advised that a Board workshop had taken place to discuss NHS Ayrshire & Arran's AOP for 2020/21 and the latest version had been submitted to Scottish Government at the end of February 2020. Mrs Kirstin Dickson, advised that Scottish Government had written to Board to advise that work to agree the AOP and associated Financial Recovery Plan for 2020/21 had been paused to allow Board to focus on its response to the Covid-19 pandemic. Scottish Government had advised that the AOP submitted by NHS Ayrshire & Arran had been paused and would be used as a baseline position to form the basis of a recovery plan to be progressed as Board moved to the recovery phase.

Outcome: Committee members noted the latest position in relation to NHS Ayrshire & Arran's Annual Operational Plan for 2020/21.

7.5 Off contract procurement

The Director of Finance, Mr Derek Lindsay, informed Committee members that to enable NHS Ayrshire & Arran to respond quickly to the current Covid-19 emergency, there had been a change to the procurement tendering process, in accordance with Board's Standing Financial Instruction section 19.9, to allow off contract procurement of some items of PPE. Mr Lindsay explained that while PPE was largely supplied through the NHS National Distribution Centre, the massive increase in demand as a result of Covid-19 and worldwide shortages had resulted in a requirement to source some PPE locally.

Mr Lindsay advised that during the current circumstances, an award of business or purchase may be approved without competition but only after the Director of Finance and Assistant Director of Finance (Governance and Shared Services) have reviewed evidence submitted in a Tender Waiver Request Form. Mr Lindsay gave assurance that approved Tender Waiver Requests will continue to be reported routinely through Audit Committee.

In the absence of the Audit Committee Chair, Mr Michael Breen, the Board Chair advised that Mr Breen had been in contact to report that he had discussed tender exemptions with the Director of Finance and supported the approach being adopted.

Outcome: Committee members supported the change to the procurement tendering process.

8. Audit and Risk

The Chief Executive reported that NHS Ayrshire & Arran was developing a Covid-19 risk register which would be presented and monitored through the Audit Committee.

Outcome: Committee members were assured that a risk register for Covid-19 was being developed.

9. Looking Ahead

The Director for Transformation and Sustainability, Mrs Kirstin Dickson, reported that she was developing a scoping document outlining NHS Ayrshire & Arran's recovery process across the whole health and care system in response to Covid-19. Mrs Dickson advised that Board was still in the response stage and the recovery process would require a longer term, step based approach to enable a return to a degree of normal service provision. Mrs Dickson emphasised the need to take on

board learning and good practice from the current situation in shaping the future service delivery model.

The Board Chair, Mrs Lesley Bowie, advised that Board Chairs had met on 20 April and received an update from the Chief Social Policy Adviser at Scottish Government, Professor Carol Tannahill, on post-Covid-19 renewal. Mrs Bowie suggested that it would be helpful for Mrs Dickson to liaise with Prof Tannahill in developing NHS Ayrshire & Arran's recovery process.

10. Key issues to report to the NHS Board

Committee agreed that the following key issues should be reported to the NHS Board meeting on 25 May 2020:

- HGC - To highlight the significant number of guidance notes being received and the level of change that the organisation has been required to undergo in recent weeks.
- SGC – To report the positive staff wellbeing work taking place, for example, provision of a staff sanctuary and the approach being adopted in relation to training and iMatter.
- PGC – To highlight the approach being adopted to develop the Mobilisation plan and financial reporting arrangements to track Covid-19 related costs. .
- Audit and Risk – To report development of a specific Covid-19 risk register.
- Corporate governance – To give assurance that the Committee discussed and supported actions being taken to manage the current Covid-19 situation covering the full range of Board's Governance Committees.

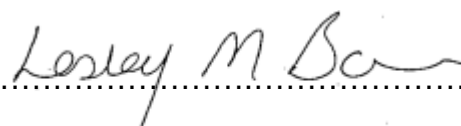
11. Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group (RRSAG)

There were no risk issues to report to RRSAG. A risk register was being developed covering Covid-19 related risks.

12. Any Other Competent Business

Committee members recognised that the current Covid-19 situation was dynamic, rapidly evolving and presented difficult challenges for the organisation. Committee members commended all staff involved for their hard work and commitment to do everything possible to mitigate the effects of Covid-19 in Ayrshire and Arran.

13. Date and Time of Next Meeting – To be advised

Signed (Chair)  Date 18-May-2020