

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 10:00am on Thursday, 24 September 2020 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr M Hill (Vice-Chair)(In the Chair); Mr M Ash; Mr M Connor; Dr P Donald; Ms F Ireland; Mrs K Kasper; Mr A McCann; Cllr D Milligan; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Mr T Waterson and Professor M Whyte.

Executive Board Members: Mr C Campbell (Chief Executive); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare).

In Attendance: Mrs J Campbell (Chief Officer, Acute Services); Mrs J Butler (Director of HR & OD); Mr C Briggs (Director of Strategic Planning); Mr D A Small (Director of Primary Care Transformation); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications & Public Engagement); Ms K Dee. Deputy Director of Public Health and Health Policy at NHS Lothian; Mr C Marriott, Deputy Director of Finance, NHS Lothian; Mr A Payne (Head of Corporate Governance); Ms L Guthrie (Lead Infection & Prevention Control Nurse, NHS Lothian)(Item 62.1) and Mr C Graham (Secretariat Manager, Corporate Governance Team).

Apologies for absence received from Mrs E Robertson (Chair); Dr R Williams; Cllr G Gordon; Ms C Hirst; Mr W McQueen; Cllr J McGinty; Mr J Crombie (Deputy Chief Executive); Ms T Gillies (Executive Medical Director) and Mrs S Goldsmith (Director of Finance).

59. Declaration of Financial and Non-Financial Interest

59.1 The Chair reminded members that they should declare any financial and non- financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

59.2 There were no declarations of interest.

60. Chair's Introductory Comments

60.1 Mr Hill informed the Board that this additional meeting had been called so that the Board may consider the Four-Country Infection Prevention on Guidance for the Remobilisation of Health and Care Services and the Board's proposed approach. The Board needs to agree its position so that executive management can proceed quickly to respond to the situation.

61. Items for Approval

61.1 Minutes of Previous Board Meeting held on 12 August 2020 - Mr Hill confirmed that there were amendments and clarifications required to the minutes following notifications from Cllr O'Donnell and Mr Murray. The minutes would therefore be removed from the consent agenda for the meeting and would be brought back to the Board meeting on 14 October 2020. This allowed time for the amendments and clarifications to take place.

62. Items for Discussion

62.1 Four-Country Infection Prevention on Guidance for the Remobilisation of Health and Care Services

- 62.1.1 Professor McMahon introduced the report recommending that the Board note the publication of the four-country guidance which was published on the 21 August 2020, with the expectation that it be implemented from 7 September 2020.
- 62.1.2 Professor McMahon explained that most Boards, including Lothian, had not implemented the guidance. The guidance requires the introduction of Green, Red and Amber pathways. The guidance was to work to the two-metre rule where possible, with risk assessments to be carried out for services and sites where this was not possible, along with the use of hierarchy controls to mitigate risk. Colleagues are currently working on the risk assessments, developing what the pathways would look like, as well as taking forward actions around patient safety, personal protective equipment ('PPE'), cleaning and signage. It may take two-three weeks to complete the risk assessments.
- 62.1.3 Professor McMahon outlined that the work was being undertaken in partnership with the staff-side. The Board noted that the proposal would be to have oversight of implementation of the guidance through the weekly Strategic Group for PPE which in turn would advise the Executive Leadership Team of any operational challenges. The Board's Healthcare Governance Committee would be the designated governance committee to have oversight and routine updates would be taken there as required, and where appropriate to the Board. If the Board agreed to the proposal, there were communications to staff and patients that had been prepared. This includes the development of patient information leaflets to set out control measures that would be in place, and to help patients understand what is visible and not visible to them e.g. ventilation, environmental control.
- 62.1.4 There was discussion on how the pathways would work, and how quickly they could be implemented if agreed. The discussion considered the need for flexibility of spaces being used, along with the challenges and implications around restricting visiting within the Green pathway. The discussion also included the implications of the pathways on testing of staff, the reinforcement of staff messaging in relation to PPE and infection control, and national testing of staff working with vulnerable client groups. Ms Campbell advised that she did not think it would be possible to have a dedicated whole site for the green pathway, however it may be possible to create dedicated green areas within sites.
- 62.1.5 Mr Waterson detailed the opinions and concerns that had been raised from staff-side colleagues. The Board noted that opinions on the move from 2-metres to 1-metre were now almost aligned, however there remained a disagreement with regard to the type of PPE which the guidance states should be used in the green pathway, which includes operating theatres. The guidance does not require FFP3 face masks to be worn, and this is a change from what staff have been previously using, and are comfortable with using. Mr Waterson highlighted that the staff-side do not support this change of practice, and this could lead to a dispute with trade unions.

- 62.1.6 Professor McMahon stated that any staff member with anxiety or concerns in relation to PPE would still be able to request an individual risk assessment. Ms Guthrie explained the risk-based approach to PPE, and added that all guidance documents had gone through professional royal colleges and trade unions. There is a precautionary approach being taken to Aerosol Generating Procedures (AGPs) and enhanced PPE. For AGPs there were no circumstances where a guarantee could be given that no risk exists, however where a patient coming into hospital and had self-isolated for 14 days (2 Covid-19 incubation periods), there could be confidence that the patient is truly negative for Coronavirus. Consequently there would therefore be no additional risk to staff undertaking clinical duties. and the guidance in relation to PPE could be followed. This was advice from the highest scientific level. Ms Guthrie also highlighted that the people within the operating theatre departments who were affected by the change in practice represented a small number of staff. Miss Ireland confirmed that the Area Clinical Forum would also be supportive of the principle of a risk assessment approach to the implementation of the guidance
- 62.1.7 Professor McMahon confirmed that a national discussion would need to take place and that any changes to national guidance would be honoured and worked through at local level.
- 62.1.8 There was further discussion on the staff-side concerns; levels of PPE and risk; pathways capacity; cleaning regimes; limiting of staff moving between pathways where possible; having protected Green pathways; and monitoring of the levels of infection within staff.
- 62.1.9 The Board acknowledged the staff-side concerns which Mr Waterson raised, and that it would be appropriate to escalate them through established channels. Mr Campbell reiterated that the Board will follow national guidance, and apply risk assessments to manage the risk associated with specific situations, issues or concerns. If there was a change in national guidance, then the Board would observe that revised guidance.
- 62.1.10 The Board agreed to approve the approach to the guidance and agreed to the following recommendations:
1. NHS Lothian should, where possible, work within the 2-metres guidance as set out in the four-country guidance
 2. Service areas that require to undertake a risk assessment, using the hierarchy of control as set out in the guidance are intensive care units, respiratory services, endoscopy, theatres with some work required in mental health, maternity and neonatal units. Each risk assessment will be reviewed and signed off by the Executive Leadership Group
 3. The weekly Strategic Group for PPE will have oversight of the implementation of the guidance and in turn advises the Executive Leadership Team of any operational challenges
 4. The Board's Healthcare Governance Committee will be the designated governance committee to have oversight and that routine updates will be taken there as required, and where appropriate to the Board
 5. To note the communications to staff that have been developed.
 6. To note that in relation to the 'Green' pathway NHS Lothian may have to introduce limited or no visiting within this pathway to protect patients and staff and keep the pathway as free of COVID as possible.
 7. That the identified staff-side concerns be raised at the appropriate national groups, e.g. national groups for Board Chief Executives, Nurse Directors and Medical Directors – **CC/AMcM/TG/TW**

63. Future Board Meetings

63.1 The next Board meetings will be on 14 October and 09 December 2020.

64. Any Other Business

64.1 There was no other business.

65. Standing Order 5.23 Resolutions to take Items in Closed Session

65.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Signed by the Chair
Date 14/10/20