

**Integration Joint Board**

**Date of Meeting: 26 January 2022**

**Title of Report: Chief Officer Report**

**Presented by: Fiona Davies**

**The Integration Joint Board is asked to:**

- Note the arrangements made to support an operational emergency response and potential impacts
- Note performance against Vaccination targets as per National Guidance
- Endorse a further thank you to all staff for their continued commitment to delivering community and hospital services to their communities and performance around vaccination delivery.

**1. EXECUTIVE SUMMARY**

The purpose of this report is to provide the IJB with a summary of the governance and decision making arrangements that were put in place as part of the response to the Omicron Covid-19 wave. It also highlights some of the main issues that have arisen and which continue to be managed as well. Also the potential implications of the decisions taken and outcome of National Guidance to support an accelerated vaccination programme for Covid-19.

Information presented is correct at time of publication and response activity will be adjusted as required to ensure best use of resource.

**2. INTRODUCTION**

The Health Service was placed on an emergency footing status on 10<sup>th</sup> December 2021 as a result of the then emerging Covid-19 Omicron variant. This was communicated formally by both NHS officials and senior politicians.

As a result Argyll & Bute HSCP put in place a series of governance processes to ensure that the local response was well informed, proportionate and well governed. The main priorities were to ensure continuity of life and limb services and accelerate the delivery of vaccinations (success in this area is reported separately). The response also sought to maintain key frontline services in localities if possible.

**3. DETAIL OF REPORT**

## Governance Arrangements

The key governance arrangements which were put in place immediately, and remain in place to date, include:

- daily recorded emergency planning meetings with all members of SLT invited representing strategic and professional leadership led by the Chief Officer;
- response to National Guidance and information requests
- feedback from and participation in resilience meetings (Local Resilience Partnership, Strategic and Tactical within NHS Highland and Argyll and Bute Council partners
- Operational huddles stepped up to daily
- additional holiday and weekend huddle meetings established over the festive period and now operating if deemed appropriate;
- Maintenance of Care Home Assurance and support for Care Homes and Care at Home provision through the Care Home Task Force
- Continued Care Home process of surveillance and closure if positive cases were identified in staff or residents, monitored daily
- Maintenance of staff testing and communication of updated information on self-isolation and return to work. .
- Continued adherence to infection control procedures and opportunity for staff refresh if required
- recorded decision logs and actions;
- service step down log created to identify non-essential services and pieces of work being temporarily stood down to free up resource if required;
- Staff Wellbeing and annual leave
- daily staff absence (Covid-19 and otherwise) monitoring from partners and re-deployment tracking to ensure critical services were resourced and prioritised; This is assessed as trend based as Live data may not be available.
- daily review of localised system demand pressures, impact of staff absences and unmet need reporting;
- detailed consideration of public health advice.
- Implementation of board wide directives e.g. temporary restrictions to hospital visiting;

The group seeks to ensure continuity of key services throughout and this has been achieved to date. Specific gaps were considered with the main pressure areas identified as being within acute services and care at home services. Options to redeploy staff to support these services were developed and continue to be progressed with assurance of the balance of risk and continuity of service.

## **Service Stand Down**

In order to ensure that management time was available to focus on the emergency response and provide the appropriate leadership to wider operational staffing of required. A number of pieces of work and regular meetings were delayed or stood down. These were discussed in detail, risk and impacts were considered carefully as part of the decision making process:

- delays to new systems implementation and the integrated performance reporting framework;
- delays to the development of the Strategic Plan, ICT Strategy and digital projects;
- Argyll and Bute transformation board and savings management meetings stood down but projects progressing as far as is practicable;
- NHS Highland Financial Recovery Board stood down;
- postponement of staff training and internal audit activity.

It is highlighted that these decisions, and others, are expected to have implications going forward potentially in governance or in performance against targeted activity. For example some of these actions relate to key strategic documents and formed the response to audit recommendations. This work will be progressed once the situation stabilises.

Review dates on the stand down of any identified activity have been identified if the response requirement lessens and the position is recoverable.

The position at time of publication is that impacts to service both legacy as identified in the Strategic Risk Register and through Covid-19 impact are being managed locally with no requirement to widen the ask to the LRP. Weekly reporting of the position is undertaken to the NHS Highland Board and also reporting to the Scottish Government Resilience Team as required.

## **Identified Priorities**

Strategic priorities are delivered in partnership with Health, Local Authority and wider partners.

Operationally we continue with partnership working across the sectors with key pieces of work in respect of the Omicron response including:

- delivery of the vaccination programme
- addressing staffing challenges and service pressures in acute services
- addressing un-met care needs within care at home services
- ensuring more accurate real-time data on staffing levels and absence is available
- working with NHS Highland to ensure clinical safety and governance standards are maintained
- Supporting staff wellbeing
- Ensuring accurate, consistent communication across partners to ensure both employer duties are undertaken and staff receive timely, accurate and concurrent information.

## **Vaccination Response**

National Targets by 31 December 2021 were to provide boosters to at least 80% of adults (18 and over) within the population of the HSCP area. The percentage measured reflected the number who were eligible i.e. had received 2 doses previously.

Argyll & Bute had 67,534 adults eligible for a booster vaccination and have provided 57,357 booster vaccinations (85%) exceeded the target. There is significant uptake with all age groups above 55 above 90%, 50-54 85%, 40-49 77% and 30-39 67%. 18-29 had the lowest uptake and may be impacted by eligibility from a previous second dose.

During planning it was calculated to meet the target the number of boosters required daily would have to exceed the previous highest vaccination day by 100% which was achieved.

There are approximately 60 COVID vaccination clinics across various locations in Argyll & Bute with a list of these online:

<https://www.nhshighland.scot.nhs.uk/COVID19/Pages/Vaccination-ArgyllBute.aspx>

The planned schedule goes up to March with more still to be added and further vaccination in eligible group such as under 18 years.

A really good source of info for the public remains the NHS Inform website where there is a wide range of health advice and also links to info on COVID and vaccine information and how to book your COVID vaccination booster.

<http://www.nhsinform.scot>

To date 87% of people in Argyll and Bute aged 18+ have now received their booster and out of the 32 council areas in Scotland A&B are in 8<sup>th</sup> position for the overall number of people vaccinated.

## **4. RELEVANT DATA AND INDICATORS**

Public Health, staff governance and other relevant partner data as required.

## **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

The report notes impact to the delivery of strategic documentation this is presented separately to the JB. As such the aim would be to continue to work to current strategic priorities until assurance is available that sufficient community consultation has been undertaken to validate a strategic position.

## **6. GOVERNANCE IMPLICATIONS**

### **6.1 Financial Impact**

Potential financial impact if savings or transformation targets are missed, Stand down activity will be reviewed at appointed dates to ensure that any opportunities to recover activity can be instigated.

## **6.2 Staff Governance**

Potential issues in redeployment of staff, we continue to work closely with Trade Unions and under HR policy guidance to ensure mitigate any risks.

## **6.3 Clinical and Care Governance**

Professional practice and guidelines remain the same and individuals care is considered on a case by case basis with a suitable assessment of risk based on the identified or changing needs of an individual. This is under an enhanced service scrutiny with assurances asked for due to potential impacts of lower staffing.

## **7. PROFESSIONAL ADVISORY**

SLT Emergency Planning has representation from all professional advisory at the most senior level to enable adequate challenge and mitigation of risk.

## **8. EQUALITY & DIVERSITY IMPLICATIONS**

There is potential for temporary service stand down/reduction based on staff numbers at short notice and this may impact on the equity of service provision. As noted within the clinical and care governance we seek to have an enhanced scrutiny process to ensure that staff have full awareness of those assessed as having a need and how that need is being addressed. Covid-19 is addressed as a risk within the Strategic Risk Register.

## **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

The HSCP continues to ensure that process is compliant.

## **10. RISK ASSESSMENT**

Risks and mitigation of risk is identified and recorded and actioned against operational risk registers with a route of escalation through the operational huddle to SLT. Process is in places for any potential further escalation to the NHS Highland Health Board or LRP.

## **11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT**

Some public engagement activity has been suspended due to potential for lack of engagement/ under-representation or staff unavailable at short notice. As noted this will be under review and if possible the position will be recovered as soon as possible.

## **12. CONCLUSIONS**

The Chief Officer welcomes the opportunity to present the operational update the Integration Joint Board for assurance and note continued thanks to staff across the partnership for their continued commitment and motivation in keeping their communities safe.

## **13. DIRECTIONS**

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

## REPORT AUTHOR AND CONTACT

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