

## Borders NHS Board



Meeting Date: 2 April 2020

<b>Approved by:</b>	Cliff Sharp, Medical Director Nicky Berry, Director of Nursing, Midwifery and Acute Services
<b>Author:</b>	Laura Jones, Head of Clinical Governance and Quality
<b>QUALITY &amp; CLINICAL GOVERNANCE - COVID 19 RESPONSE - ADJUSTMENTS TO THRESHOLDS OF TREATMENT AND SCOPE OF PRACTICE</b>	
<b>Purpose of Report:</b>	
<p>The purpose of this report is brief the Board on the areas where thresholds for treatment will need to be adjusted and where staff will be required to adjust their scope of practice as demand increases and each stage of the pandemic plan is enacted. This report has been considered in detail by the Board Clinical Governance Committee.</p>	
<b>Recommendations:</b>	
<p>The Board is asked to <b>note</b> the report and <b>approve</b> the work underway by clinical and managerial teams to ensure the safest service can be delivered to all patients at a time of unprecedented demand.</p>	
<b>Approval Pathways:</b>	
<p>This report has been reviewed by the Board Executive Team and Board Clinical Governance Committee 20 March 2020.</p>	
<b>Executive Summary:</b>	
<ul style="list-style-type: none"> <li>• The scale of patient demand which will be presented by COVID 19 will be unprecedented and will place enormous demands on NHS services over the coming 6 months</li> <li>• If the status quo continues resources in the form of staffing, beds, equipment, supplies and medications will not meet the level of demand if they reach the anticipated levels being seen in other countries and predicted by the Scottish Government.</li> <li>• To ensure resources are used to best effect to maximise the potential to provide care and treatment to as many patients as possible and to save as many lives as possible adjustments will be required to thresholds of treatment and the scope of clinical practice.</li> <li>• Clinical teams across Clinical Boards and Corporate Services are working tirelessly to prepare and to ensure as many patients can be treated as possible and are advising of the adjustments required linking with national societies, the Scottish Government and professional councils where possible to inform these adjustments.</li> </ul>	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	Aligned to Scottish Government response to COVID 19

	and emerging guidance from the Scottish Government, General Medical Council (GMC), Nursing and Midwifery Council (NMC), AHP professional bodies and national societies where it exists.
<b>Patient Safety/Clinical Impact</b>	Oversight of patient safety, person-centred care, clinical effectiveness, research and innovation, and quality improvement sit within the Clinical Governance and Quality portfolio and are reported by exception in this report.
<b>Staffing/Workforce</b>	Service and activities will be adjusted to meet the unprecedented demand anticipated on NHS services.
<b>Finance/Resources</b>	There will be additional cost associated with the Board wide response to COVID 19.
<b>Risk Implications</b>	This present significant risk to all areas of the Boards responsibilities.
<b>Equality and Diversity</b>	Compliant
<b>Consultation</b>	The content of this paper has been reported to the COVID 19 Strategic Group and Board Clinical Governance Committee.
<b>Glossary</b>	General Medical Council (GMC) Nursing and Midwifery Council (NMC) Allied Health Professionals (AHPs)

## Situation

In preparation for the unprecedented demands COVID 19 will place on NHS services NHS Borders has initiated detailed pandemic planning across all services. This planning is based on national trajectories of demand for local services and NHS Borders own modelling of the resulting resource requirements. This paper summarises the areas where thresholds for treatment will need to be adjusted and where staff will be required to adjust their scope of practice as demand increases and each stage of the pandemic plan is enacted.

## Background

Each Clinical Board has begun preparations for COVID 19, as each stage of their plans are enacted there will be a requirement to alter thresholds for treatment and to adjust scope of clinical practice to accommodate the growing patient demand, severity of patient presentation and availability of resources. Clinical teams have been working together to analyse the predicted demand against staffing and resource levels and have identified a numbers of areas where current and event surged levels of resources will not meet demand without adjustments to thresholds of care and individuals scope of practice.

## Assessment

Table 1 provides a summary by Clinical Board of the areas where thresholds will need to alter and where scope of practice will need to adjust to meet patient demand. The detail of each area listed is currently being reviewed by clinical teams who are actively linking with colleagues from across NHS Scotland and national societies, colleges, professional councils and the Scottish Government to inform how each adjustment will be made:

Area	Necessary adjustments
<b>Acute Services</b>	
Intensive Care and High Dependency	Admission to intensive care
	Criteria for resuscitation
	Variation of standards for high dependency care
	Reduction in the provisions of a critical care outreach service as intensive care staffing requirements increase with demand
	Staff to patient ratios
Inpatient Medical and Surgical Care	Criteria for admission to hospital
	Cohorting of suspected infectious patients
	Cohorting of medical and surgical patients
	Cohorting of paediatrics and maternity
	Stage 4 of acute services plan requires paediatrics and maternity to stay on top floor with risk assessed exposure to air flow systems from ward 12 and 16
	Approach to moving delayed patients on to next stage of care
	Criteria for cardiac monitoring
	Criteria for oxygen provision
	Criteria for critical care review in inpatient areas
	Completion of DNACPR extended to specialist nursing
	Thresholds for non-invasive ventilation
	Routine outpatient consultations will cease
	Routine elective admission for surgery will cease (inpatients and day cases)
	Increased use of spinal or regional anaesthesia to reduce the use of aerosol generated anaesthesia
	Trauma pathways for some expedited cases will change to remove theatre and anaesthetic involvement where possible
	Expedited discharge for patients moved onto oral antibiotics
	Tertiary referral, investigation and intervention for urgent cases, including cardiology and respiratory services reliant on tertiary service access
	Adjustments to medical physics approaches to maximise the use of equipment in line with government requests
	Unable to comply with new confirmation of death process
	Unable to fully comply with Duty of Candour legislation
	Placement of patients in non-clinical areas
	Staff to patient ratios
	Emergency registration of student nurses currently in management placements
	Surgical and paediatric medical and nursing staff supporting patients outwith their normal patient group
	Staff groups working outwith scope of practice
	Postponement of medical revalidation for 1 year
	Standards for clinical documentation and discharge information
Cancer Care	Delayed initiation of treatment based on risk and benefit
	Level 1 post-operative care in non-high dependency area
	Alternative pathways/treatment choice variation due to ability to provide follow up care
	Alterations to urology and breast cancer pathways

Palliative Care	Accelerated palliative care at home requiring medication administration by families
<b>Mental Health and Learning Disabilities</b>	
	Risk thresholds will be adjusted in relation to frequency of contact with patients
	Routine outpatient appointments will cease
	Face to face consultation for patients risk assessed as requiring it
	Restricted contact with patients who fall in the CVOID 19 vulnerable group criteria
	Interpretation of Adults with Incapacity Legislation will be brought in line with approach in other NHS Boards to facilitate movement of patients
	Psychiatric patients will be located in an alternative place of care to enable Lindean ward to be released to Acute service response
	Respite services and day hospital service closure
	Timescale for response to public protection cases, risk threshold will not change
	Staff groups working outwith scope of practice
	Staff to patient ratios
<b>Primary and Community Services</b>	
	Community hospital scope of clinical practice will increase and require IV antibiotics
	GPs moving to telephone triage and only face to face where clinical assessment required
	Adjusting threshold for admission to hospital to keep patients at home
	Closure of minor injury units in the out of hours period and weekends
	Review of patients under care of social work and NHS community teams to ensure one point of contact only
	Routine outpatient appointments will cease
	Revisions to community pharmacy opening to enable them to process priority workload
	Adjustments to community pharmacy dispensing and supervision
	Staff groups working outwith scope of practice
	Staff to patient ratios
<b>Corporate Services</b>	
	Staff groups working outwith scope of practice including deployment to health care support roles

This list is not yet comprehensive and will evolve over the coming week as plans in acute services, primary and community services and mental health and learning disabilities services develop, and when awaited guidance is issued from national societies and the Scottish Government.

The attached letter and supporting statements from the professional bodies for medicine, nursing and midwifery and AHPs has been sent to all NHS Borders staff and independent practitioners as an agreed action following consideration of this paper at the Board Clinical Governance Committee. This letters indicates the Board Executives Team support for actions they will need to take in relations to adjusting thresholds and working outwith normal scope of practice in response to this pandemic.

**From:** Staff Involvement

**Sent:** 27 March 2020 13:25

**Subject:** STAFF SHARE | COVID-19 | Statement of Support from the Board Executive Team

**Importance:** High

## Statement of Support for All Professionals, Staff Groups and Independent Contractor Colleagues

Dear Colleagues

We would like to thank you all for your hard work and commitment to both patient care and your colleagues as we continue to prepare for our imminent Covid-19 related challenges. We have been overwhelmed by how staff across the organisation and independent contractor colleagues have pulled together to make the best preparations possible to care for our patients in the period ahead of us where we anticipate there will be unprecedented demand on the National Health Service (NHS).

In order to meet this demand we will have to adjust our thresholds of treatment and enable our workforce and colleagues to work beyond their usual scope of practice to ensure we can provide the appropriate care and treatment for our patients. This has been discussed with NHS Borders Clinical Governance Committee who fully support and recognise the adjustments needed to deal with the challenges ahead.

We know that many of you are concerned about the pressures that clinicians will likely face in the coming weeks. Difficult ethical decisions may arise when we can no longer offer the same level of care and treatment to every patient which would be possible in non-pandemic circumstances. The joint statements for Medical, Nursing and Midwifery and Allied Health Professionals (AHPs) (links below) make it clear that clinicians must be supported if and when they need to depart, possibly significantly, from established procedures in order to care for patients in the highly challenging but time-bound circumstances of the peak of an epidemic.

[Medical Staff](#)

[Nursing and Midwifery Staff](#)

[Allied Health Professionals](#)

An extract from the joint statement issued by the statutory health and care regulators on 3<sup>rd</sup> March 2020: (<https://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus>) confirms that:

*“We recognise that in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. Our regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations. They support professionals by highlighting the key principles which should be followed, including the need to work cooperatively with colleagues to*

*keep people safe, to practise in line with the best available evidence, to recognise and work within the limits of their competence, and to have appropriate indemnity arrangements.*

*We recognise that the individuals on our registers may feel anxious about how context is taken into account when concerns are raised about their decisions and actions in very challenging circumstances. Where a concern is raised about a registered professional, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. We would also take account of any relevant information about resource, guidelines or protocols in place at the time."*

This concern extends to all our staff; clinical and non-clinical, from across Support Services, each Clinical Board, and our Independent Contractors. Where we are asking you to support our front line response to Covid-19 we recognise that for many of us this means working outwith our normal departments, shift patterns and scope of practice.

As the lead professionals and Directors for NHS Borders we want to reiterate and reinforce this message of support and assure you of the full and ongoing backing of NHS Borders Board Executive Team as we meet the challenges ahead. As the situation evolves we will circulate guidance to support decision making, and will assist you in your work by keeping you informed of pressures in different service areas and where new or different triage protocols for access to treatment may need to be implemented.

We hope this is helpful and assures you that NHS Borders is fully supportive of you.

If you have any queries please get in touch with any one of us.

Yours sincerely

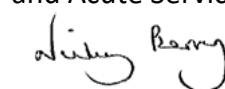
Ralph Roberts  
Chief Executive



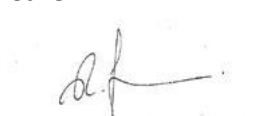
Cliff Sharp  
Medical Director



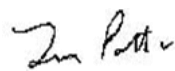
Nicky Berry  
Director of Nursing, Midwifery  
and Acute Services



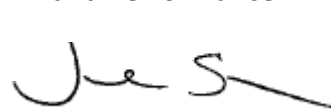
Rob McCulloch Graham  
Chief Officer Health & Social  
Care



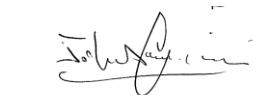
Tim Patterson  
Director of Public Health



June Smyth  
Director of Strategic Change  
and Performance



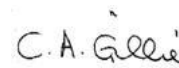
John Cowie  
Director of Workforce



John McLaren  
Partnership Director



Carol Gillie  
Director of Finance





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12 March 2020

Dear colleagues

## **Supporting Nurses and Midwives across the UK and Nursing Associates (England only) in the event of a COVID-19 epidemic in the UK**

Let us start by thanking you, we know that you and your colleagues have been working exceptionally hard, and you should know that the work you are doing is having a real impact.

If COVID-19 becomes an established significant epidemic in the UK, NHS services across the health and care sectors will be put under extreme pressure. This pressure will inevitably be exacerbated by staff shortages due to sickness or caring responsibilities. It will be a challenge, but we are confident that nursing and midwifery professionals will respond rapidly and professionally. We want to assure colleagues that we recognise this will require temporary changes to practice, and that regulators and others will take this into account.

A significant epidemic will require health and care professionals to be flexible in what they do. It may entail working in unfamiliar circumstances or surroundings or working in clinical areas outside of their usual practice for the benefit of patients, individuals and the population as a whole. This can be stressful, and we recognise that you may have concerns about both the professional practicalities and implications of working in such circumstances.

We need to stick to the core principles of nursing and midwifery practice. As registered professionals you are expected to practice in line with the NMC code and use judgement in applying the principles to situations that you may face. However, these also take account of the realities of a very abnormal emergency situation. We want nursing and midwifery professionals in partnership with patients and those individuals that we care for, to use their professional judgement to assess risk and to make sure people receive safe care, informed by the values and principles set out in their professional standards. A rational approach to varying practice in an emergency is part of that professional response.

It is the responsibility of the organisations in which you work to ensure that you are supported to do this. They must bear in mind that clinicians may need to depart, possibly significantly, from established procedures in order to care for patients in the unique and highly challenging but time-bound circumstances of the peak of an epidemic.



We expect employers, educationalists, professional bodies and national NHS organisations to be flexible in terms of their approach and the expectations of routine requirements. Health and care professional regulators, including the NMC have already committed to take into account factors relevant to the environment in which the professional is working.

Due consideration should and will be given to health and care professionals and other staff who are using their skills under difficult circumstances due to lack of personnel and overwhelming demand in a major epidemic. This may include working outside their usual scope of practice. The health and care regulators have already released a joint statement to explain this: <https://www.nmc.org.uk/news/news-and-updates/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus/>

We are now working with the NMC to enable people to come back to work and to invite our final year student nurses and midwives to come into clinical practice to support us over the next few months.

Finally, we would like to thank you all for all the efforts you are already making. Many nursing and midwifery professionals across the NHS, public health and care services have already made major contributions to the response to COVID-19. We are very proud of the response of the professions in all areas of practice in their response to this challenge. It has been exemplary. We are confident of the commitment, dedication and hard work that nursing and midwifery professionals have and will continue to have in the very testing event of a significant epidemic in the UK.

Your professionalism and work has never been more vital or more valued.

Yours sincerely



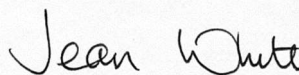
Ruth May  
Chief Nursing Officer, England



Fiona McQueen  
Chief Nursing Officer, Scotland



Charlotte McArdle  
Chief Nursing Officer, Northern Ireland



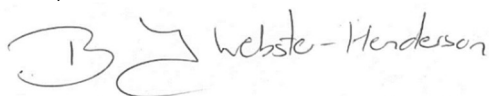
Jean White  
Chief Nursing Officer, Wales



Dame Donna Kinnair  
CEO, RCN



Andrea Sutcliffe  
Chief Executive and Registrar, NMC



Professor Brian Webster-Henderson  
Chair, Council of Deans of Health



Gill Walton  
Chief Executive, RCM



## SUPPORTING DOCTORS IN THE EVENT OF A COVID19 EPIDEMIC IN THE UK

If COVID19 becomes an established significant epidemic in the UK, NHS and HSC services in primary and secondary care and public health across all four nations will be put under extreme pressure. This pressure will inevitably be exacerbated by staff shortages due to sickness or caring responsibilities. It will be a challenge for our profession. We are confident doctors will respond rapidly and professionally and want to assure colleagues that we recognise this will require temporary changes to practice, and that regulators and others will take this into account.

A significant epidemic will require healthcare professionals to be flexible in what they do. It may entail working in unfamiliar circumstances or surroundings, or working in clinical areas outside of their usual practice for the benefit of patients and the population as a whole. This can be stressful and you may have concerns about both the professional practicalities and implications of working in such circumstances.

We need to stick to the basic principles of being a good doctor. All doctors are expected to follow GMC guidance and use their judgement in applying the principles to the situations they face, but these rightly take account of the realities of a very abnormal emergency situation. We want doctors, in partnership with patients, always to use their professional judgement to assess risk and to make sure people receive safe care, informed by the values and principles set out in their professional standards. A rational approach to varying practice in an emergency is part of that professional response.

It is the responsibility of GP practices, hospitals, trusts and health boards to ensure that clinicians working in their organisations are supported to do this. They must bear in mind that clinicians may need to depart, possibly significantly, from established procedures in order to care for patients in the highly challenging but time-bound circumstances of the peak of an epidemic.

We expect employers, educational supervisors, professional bodies, and national NHS and HSC organisations to be flexible in terms of their approach and the expectations of routine requirements. Healthcare professional regulators, including the GMC, have already committed to take into account factors relevant to the environment in which the professional is working, including relevant information about resources, guidelines or protocols in place at the time.

Due consideration should and will be given to healthcare professionals and other staff who are using their skills under difficult circumstances due to lack of personnel and overwhelming demand in a major epidemic. This may include working outside their usual scope of practice. The healthcare regulators have already released a joint statement to explain this. <https://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus>

We are determined to ensure the long-term prospects of doctors in training are not compromised. The GMC, together with the education bodies in the four nations, are considering this.

Finally, we would like to thank you all for all the efforts you are already making. Many doctors across the NHS, HSC and public health services have already made major contributions to the response to COVID-19. We are very proud of the response of the medical profession in many disciplines whether clinical, public health or laboratory to this challenge. It has been exemplary. We are confident of the commitment, dedication, professionalism and hard work the whole profession has and will continue to have in the very testing event of a significant epidemic in the UK.



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Academy of Medical Royal Colleges



General Medical Council

Dr Frank Atherton  
**Chief Medical Officer for Wales**

Dr Catherine Calderwood  
**Chief Medical Officer for Scotland**

Dr Michael McBride  
**Chief Medical Officer for Northern Ireland**

Professor Chris Whitty  
**Chief Medical Officer for England**

Professor Stephen Powis  
**National Medical Director**  
NHS England and NHS Improvement

Dr Colin Melville  
**Medical Director and Director of Education and Standards**  
GMC

19 March 2020

## **Supporting allied health professionals and allied health professional support workers during the COVID-19 epidemic in the UK**

As we enter unprecedented times in the NHS and wider health and social care services, we wanted to write to you firstly to thank you for the exceptionally hard work you and your staff are doing and secondly to offer you our support.

The World Health Organization has declared the COVID-19 outbreak to be a pandemic, and the Prime Minister has declared that the UK is moving into the delay phase of fighting the virus, which will put the NHS and wider health and care services of all four nations under extreme pressure. This pressure will inevitably be exacerbated by staff shortages due to sickness or caring responsibilities. It will be a challenge, but we are confident that allied health professionals (AHPs) and their support workforce will respond rapidly and professionally. We want to assure colleagues that we recognise this will require temporary changes to practice and that regulators and others will take this into account.

A significant epidemic will require healthcare professionals to be flexible in what they do. It may entail working in unfamiliar circumstances or surroundings or working in clinical areas outside their usual practice for the benefit of patients, individuals and the population as a whole. This can be stressful, and we recognise that you may have concerns about both the professional practicalities and implications of working in such circumstances.

We need to keep to the basic principles of AHP best practice. As registered AHPs, you are expected to follow Health and Care Professions Council (HCPC) and General Osteopathic Council (GOsC) guidance and use judgement in applying the principles to situations that you may face. However, these also take account of the realities of a very abnormal emergency situation. We want AHPs, in partnership with patients and individuals we care for, to use their professional judgement to assess risk and to make sure people receive safe care, informed by the values and principles in our professional standards of conduct, performance and ethics. A rational approach to varying practice in an emergency is part of that professional response.

It is the responsibility of the organisations in which you work to ensure you are supported to do this. They must bear in mind that clinicians may need to depart, possibly significantly, from established procedures to care for people in the unique and highly challenging but time-bound circumstances of the peak of an epidemic.

We expect employers, educationalists, professional bodies and national NHS organisations to be flexible in terms of their approach and the expectations of routine requirements. Healthcare professional regulators, including the HCPC and GOsC have already committed to take into account factors relevant to the environment in which the professional is working.

Due consideration should and will be given to AHPs and other staff who are using their skills under difficult circumstances due to lack of personnel and overwhelming demand in a major epidemic. This may include working outside an individual's scope of practice. The healthcare regulators have already released a joint statement to explain this: <https://www.hcpc-uk.org/registrants/updates/2020/how-we-will-continue-to-regulate-in-light-of-novel->

[coronavirus/](#) and <https://www.osteopathy.org.uk/news-and-resources/news/joint-statement-covid-19-coronavirus/>

We are also determined to ensure the long-term education of students is not compromised. This will be given appropriate consideration by all the relevant bodies.

Finally, we would like to thank you all for the efforts you are already making. Many AHPs and their support staff across the NHS and public health services have made major contributions to the response to COVID-19. We are very proud of the response of the professions in all areas of practice in their response to this challenge. It has been exemplary. We are confident of the commitment, dedication, professionalism and hard work that the AHP workforce has and will continue to have over the course of this significant pandemic.

Yours sincerely



Suzanne Rastrick OBE  
Chief Allied Health Professions Officer (England)  
NHS England & NHS Improvement, Health Education England and the Department of Health & Social Care



Llywodraeth Cymru  
Welsh Government

Ruth Crowder  
Prif Gynghorydd Proffesiynau Perthynol i Iechyd / Chief Allied Health Professions Advisor  
Llywodraeth Cymru Welsh Government



Jennifer Keane  
Chief Allied Health Professions Officer  
Department of Health, N Ireland

Carolyn A McDonald



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Carolyn McDonald  
Chief Allied Health Professions Officer (Scotland)  
Scottish Government

John Barwick



John Barwick  
Chief Executive and Registrar  
Health and Care Professions Council

Matthew Redford



General  
Osteopathic  
Council

Matthew Redford  
Acting Chief and Registrar  
General Osteopathic Council

Andy Burman



Andy Burman  
Chair  
Allied Health Professions Federation

Brian Webster-Henderson



Council of  
Deans of Health

Professor Brian Webster-Henderson  
Chair  
Council of Deans of Health