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Sponsoring Director:	**Chief Executive**

NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

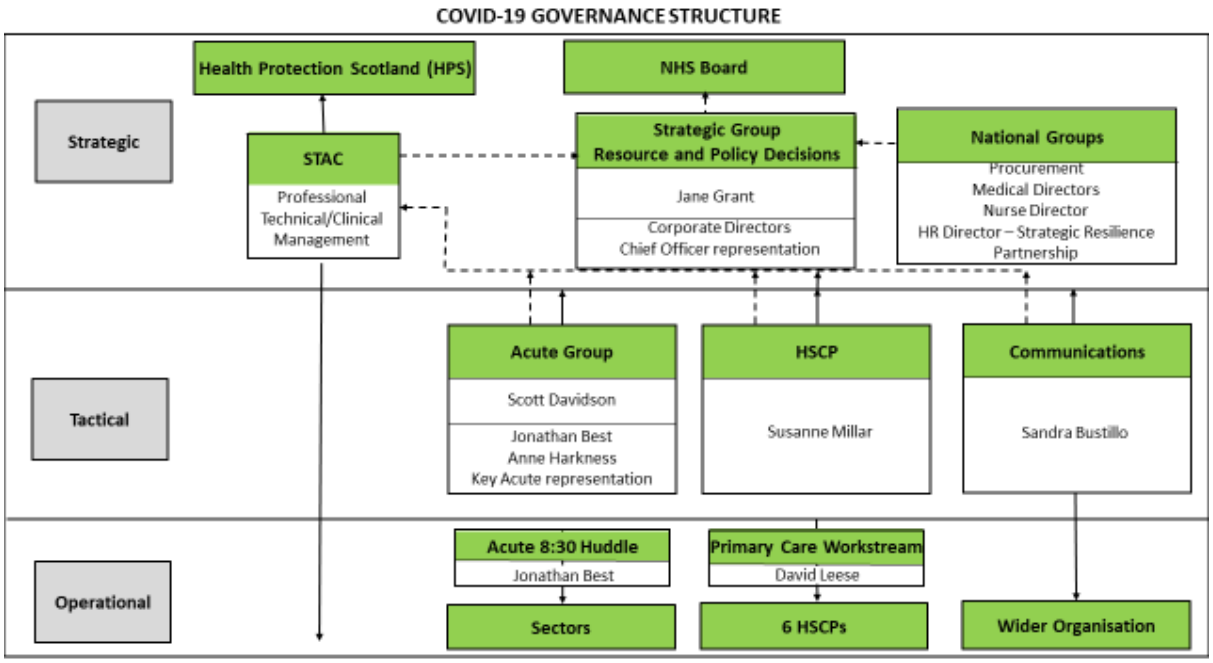
Interim Board Summary 15th April 2020

1.0 PURPOSE OF PAPER

1.1 The purpose of the paper is to update the Interim Board on the overall position in respect of the NHS Greater Glasgow and Clyde (GGC) response to manage COVID-19 and provide assurance to Board members.

2.0 APPROACH

2.1 The NHSGGC governance response framework to COVID-19 continues to work well. The diagram below illustrates the groups established at Strategic and Tactical level, feeding down to the operational response. The role of the IMT has been reviewed since the previous COVID-19 Brief presented to the Interim Board, and as the pandemic has progressed, it has evolved into a Scientific Advisory and Technical Cell (STAC). The STAC has a formal Terms of Reference, continuing to provide information to/receive guidance from, Health Protection Scotland supporting the overall response. The STAC provides a forum for discussion of emerging scientific and technical issues, in particular in relation to microbiological, infection control, occupational health and public health aspects of the outbreak.



2.4 Level of Patient Activity

2.4.1 Modelling and scenario planning has continued over the past 2 weeks, led by the Public Health Protection Unit (PHPU).

2.4.2 As of 17th April 2020, 1794 patients in NHSGGC had tested positive, with 580 inpatients across our hospital sites and 67 patients in ITU across the main sites. The numbers have stabilised over recent days, however, no conclusions can be drawn from this at this stage. Appendix 1 provides some key trend data of metrics considered by the SEG daily.

3.0 CURRENT POSITION

3.1 Mobilisation Plan

3.1.1 As advised previously, all NHS Boards were required to submit a Mobilisation Plan to the Scottish Government covering all services by 19th March 2020. The plan represents a whole system response to the service challenges presented by the evolving situation, and is being updated in response to new guidance. A further update to the Plan was submitted detailing additional actions regarding HSCPs and finance. Increasing data requests are submitted daily to the Scottish Government, covering many aspects of the Mobilisation Plan.

3.2. Strategic Executive Group

3.2.1 The SEG continues to meet on a daily basis at 1200 through the medium of Microsoft Teams. The following provides an update of the key issues considered.

3.3 Workforce

3.3.1 Activity continues to ensure the workforce is supported, providing guidance, recruiting additional staff and managing absence.

3.3.2 Staff Absence

Availability of staff has continued to be a challenge in the past 2 weeks. The reason for self-isolating is now reducing (Appendix 1), but there has been an increase of those shielding due to underlying health conditions as a result of confirmation of severe conditions, and clarity on guidance for pregnant workers, with support being provided to these individuals. There has been an increase in staff testing and for symptomatic household members, which has allowed staff members to return to work in advance of 14 days.

As of 17th April 2020, a total of 2223 (2870 previous COVID-19 Brief) staff were absent form work due to a COVID-19 related issue. Many of these staff were self-isolating, either themselves or due to a household contact 706 (1823 previous COVID Brief). Other staff absence was due to underlying health conditions and carers / parental leave. A small number of staff (74) were absent due to a positive COVID-19 diagnosis.

3.3.3 Recruitment

Bulk recruitment processing is continuing across a number of job families, with a focus on nursing, midwifery, healthcare support workers and estates and facilities. All recruitment has been targeted and co-ordinated through the Staff Bank, and we have developed online inductions through collaboration with HR, Health and Safety and Practice Development Teams. We have increased orientation shifts on wards, and reviewed the overall induction pack. In addition, we have offered placements to 600 student nurses to the Board, who are now in post.

We have also received notification of potential candidates who applied through the Accelerated National Recruitment Portal. NHSGGC have been advised of 3382 individuals who we are currently vetting and reviewing skills and competencies. It should be noted that a number of these individuals may have already been engaged through student placements or previous returners.

3.3.4 Reassignment of Staff

In addition to the non-clinical Reassignment Orientation Pack, a clinical version has now been developed in partnership. Alongside this, consideration is being given to those clinical staff who may be available for reassignment to higher priority roles across the Board. The document outlines key principles and general guidance and support for staff who may be asked to move.

3.3.5 Wellbeing and Support

We are seeing very positive usage of the wellbeing and support initiatives put in place.

Staff Relaxation & Recuperation (R&R) Hubs

Staff R&R Hubs are now open at the campuses of Queen Elizabeth University Hospital, Glasgow Royal Infirmary, Royal Alexandra Hospital, Vale of Leven, Inverclyde Royal and in Gartnavel General Hospital.

The Hubs have been well received, with approximately 150 staff members attending each day in all of the sites.

The aim of the Hubs is to give members of staff the space to relax and recuperate away from their clinical work environments. Each Hub has different spaces: Café Space for eating and drinking, Active Space with games and possibly gym equipment, Quiet Space for Relax/Reflection. The Hubs are open to all members of staff 24 hours a day and spaces are large enough to accommodate social distancing of users. As a reminder, other health and wellbeing measures includes:

- COVID-19 Staff Support Line for all Health and Social Care Staff
- Acute Psychology Staff Support Service (APSSS)
- Occupational Health Counselling Service
- Chaplaincy Service
- Mindfulness Based Stress Reduction (MBSR)

3.4 Volunteers

3.4.1 At the outset of the COVID-19 situation, action was taken to protect all current volunteers, which included the suspension of all volunteers in the higher risk categories e.g. age, health etc. and suspension of all traditional non-essential volunteer roles. A revised list of proposed "other duties" to offer assistance across a number of areas was initiated e.g. facilities related, general admin, general housekeeping support, transport etc.

3.4.2 Since the Scottish Government's appeal on volunteering, NHSGGC has received approximately 700 offers of support. All volunteers are now being interviewed by telephone/ What's App video calls, with six existing/experienced volunteers (ex NHS staff) supporting telephone interviews with HR. Due to the volume, there is a backlog of interviews with new arrangements being put in place to expedite these.

3.4.3 A Standard Operating Procedure is being put in place to ensure easy access to all the detail as required for both staff and volunteers. Volunteering tasks have been grouped into four key areas, namely Nursing; Facilities; Catering and Administration, to support appropriate placement of volunteers once they have been formally recruited into the volunteer bank.

3.4.4 The HSCPs have agreed that the key community links with volunteers should be through their Third Sector Interfaces (TSIs), and have also identified named officers that will receive communications from the Corporate Hub Team and disseminate as appropriate, locally.

3.5 Acute Care

3.5.1 The Acute Tactical Group continues to meet 3 times per week feeding into the SEG. The Acute Division twice daily calls with all sites to plan the day, and review at the the end of each day continues.

3.5.2 Elective care

The impact of ceasing routine elective work as of 23rd March 2020 is under review, acknowledging it will have significant implications on waiting lists in 2020/21. Revised targets for next year will need to be set at a realistic level, and will be a key part of the recovery plan. Urgent and cancer work continues, with clinicians considering priorities on a case by case basis. On average we are continuing to see about 300 new Out-patients and 600 return out-patients per day, the vast majority of which will be remote consultations. Theatre activity is in the region of 120 cases per day. Routine elective work was cancelled from 23rd March 2020, allowing staff training and mitigating an element of self-isolation absence.

3.5.3 Patient management

All sites continue to use the patient placement processes established, such that patients being tested for, or who have been diagnosed with, COVID-19 will be placed in a separate area from other patients. On all major sites, a red pathway with areas for COVID-19 patients have been established. This allows the separation of staff, and assists with infection control precautions. Patient and staff pathways have been reviewed, including dedicated areas for PPE donning and doffing, and for the storage of waste. Colour coded pathways have also been introduced within our acute sites to separate COVID-19 patients from non COVID-19 patients, staff and visitors.

3.5.4 ICU

As highlighted previously, additional ICU capacity has been created following the reduction in elective activity across all sites and the redeployment of theatre and other staff. A further programme of expansion is in development to deliver four times our usual number of adult Intensive Care beds, with the original doubling of capacity now in place (45 baseline beds, now 100 beds open). As of the 17th April, 78 beds were occupied, 67 of which were confirmed/suspected COVID patients.

Appropriate equipment continues to be sourced and co-ordinated, working with national procurement, including additional ventilators. The Royal Hospital for Children has provided spare ventilator capacity to the Glasgow Royal Infirmary.

The creation of additional beds has required staff from theatres and recovery to be deployed to Intensive Care, and the work by Intensive Care staff to train and support their colleagues has been exceptional. Physiotherapy staff have also changed their ways of working to provide additional support, and ensure a seven day service.

3.6 HSCPs

3.6.1 The HSCP Tactical Group continues to meet daily at 1630, supported by a primary care workstream call at 0830 each morning. This group considers all aspects of community and primary services.

3.6.2 Primary Care

The Primary Care position is monitored on a daily basis to ensure services continue to be delivered at a local level. There are now 9 practices (out of 235) at Level 2; these are all temporary closures of branch surgery sites with services still being provided from the main practice premises.

A Primary Care Escalation Plan has been developed and makes provision for:

- All relevant guidance has been circulated to practices as required, advising on all aspects of managing patient demands and advise on how they can adapt service responses within the levels of escalation
- All practices have updated Business Continuity Plans and buddying arrangements
- Practices all providing telephone triage as first line avoid suspected cases attending the practice, and have suspended online appointments, in line with national guidance
- Practices have now set up ‘Attend Anywhere’ systems with support from eHealth

- Practices have remove access in place key staff to be able to work from home in the event of self-isolation, and also to support access to other practice systems for buddying arrangements
- Practices to seek authorisation for any additional requests managed suspension of services. At present this mainly relates to temporary branch surgery closures.

The establishment of the new assessment centres for patients with COVID-19 symptoms aims to support the continuing ability to see patients with other symptoms within core general practice.

If the number of practices at levels 2 and 3 increase, HSCPs will work with their practices to ensure arrangements are supported through buddy practices where possible to ensure that services can continue to be provided for patients, in line with the arrangements set out in the national escalation guidance.

3.6.3 Community Optometry

In line with national guidance, we have advised Community Optometrists to suspend routine eye examinations. Where practices are unable to open, they are advised to provide clear information to patients to attend the nearest open community optometrists for any urgent eye problem (to avoid patients contacting their GP or accessing EDs). We have identified Independent Prescriber Optometrists who are willing to see urgent cases to reduce requirement for onward referral.

3.6.4 Community Pharmacy

Work is underway to redeploy a proportion of GP based pharmacy staff in to community pharmacy to support the increased demand for medicines and to maintain the community pharmacy network. Minor Ailments Service (MAS) has been extended in line with NHS Circular: PCA (P) (2020) 5 allowing community pharmacists to offer MAS consultations to additional groups presenting at the pharmacy. Access to additional supplies of COPD rescue medication via the community pharmacy unscheduled care PGD is being implemented.

3.6.5 Oral Health

All services have been prioritised and delivered in line with advice from the Chief Dental Officer for Scotland. Practices have ceased delivery of direct dental care but continue to be available to provide advice, analgesia and antibiotics via telephone. Elective activity within secondary care dental services ceased when all elective activity was suspended. Emergency dental care continues to be available, supported by clinical triage processes. Appropriate clinical pathways have been put in place for services to people who are, or are suspected to be, positive for COVID-19. A range of remote and digitally enabled options are being utilised to support the clinical triage and risk assessment process, such as Attend Anywhere.

Daily updates are being provided to support practices.

3.6.6 Delayed Discharges

Work has been undertaken to reduce delayed discharges in the acute sector. Performance remains variable. As at 17th April 2020, there were a total of 180 patients delayed across HSCPs, 130 of which were in Acute, this is a rise of 15 since the previous report.

A significant number (32%) of people are waiting to be discharged in NHSGGC awaiting decisions in line with AWI legislation. Dialogue continues with the Scottish Government to consider emergency powers to allow AWI patients to be moved to an alternative safe place of care with appropriate legal authority, which would lead to further reductions and provide additional capacity.

All local authorities are working to protect social work input into hospitals, enhance it where possible, and to ensure there are no delays to decision making on discharge, or delays to placement. Local Authority Commissioning Teams and Community Services are supporting care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed COVID-19. Commissioning Teams are also intervening directly to support the discharge of patients with more complex needs to identified placements.

3.6.7 Triage hubs / Community Assessment Centres (CACs)

There are 7 COVID-19 Assessment Centres (CAC) established across NHSGGC with the latest of these opening in Eastwood on 15th April 2020. The function of the centres is to assess patients with COVID-19 symptoms maximising the numbers of people who can be cared for in the community, with re-direction to hospitals for those with the most serious illness. Directing patients to the assessment centres minimises the exposure of patients and staff using GP practices for COVID-19. The centres are geographically located across the HSCPs predominately serving local populations.

Previous high level modelling work detailed available physical capacity across all centres based on 100% efficiency and use of rooms. The modelling work has now been further refined based on the SOPs being developed for each centre. This reflects the planned appointment times and also takes into account the clinical/staff capacity available in each centre. Based on this work, capacity available across all assessment centres totals 3470 appointments per week, if centres operate with the full staffing resource. At the present time this adequate to meet the demand profile.

3.6.8 Mental Health

Mental health services have also been involved in detailed service planning including:

- Business Continuity Plans in places for all inpatient sites, including staff guidance
- All new admissions will be admitted to Single Room En-suite Facilities where possible
- All patient discharges to be expedited where possible – consideration for discharge if patient has had one or more successful passes
- All elective admissions cancelled unless clinically contraindicated
- All enhanced levels of observation to be reviewed twice daily
- In an attempt to minimise gathering of patients, all groups/group-work will be cancelled. This will include the closure of the Recreational Therapy Department(s) and DBT groups.
- Medical supplies and equipment will be reviewed and sourced where appropriate to ensure that patients care be cared for in a mental health setting.
- PPE will be reviewed and restocked as required, in line with HPS

Across NHSGGC Community Mental Health Teams (CMHT) BCPs have been developed for all community services, which include; SMS texting to patients to move to telephone consultations where possible, cancelling group consultations, the implementation of Attend

Anywhere in all CMHTs, cancellation of routine physical health checks and maintenance of OOH Crisis and ED support.

3.6.9 Addictions

From 23rd March 2020, all NHSGGC Tier 4 services to new admissions have gone to one site with all admissions managed from a single, central waiting list. Capacity for admitting urgent cases, based on needs, will be maintained for as long as possible, with all day services patients safely discharged. In community services, we are planning to maintain reception and capacity for urgent responses, whilst minimising face to face contact where possible. Prescribing is an essential service; contingency plans include redaction to reduce bases that prescribing staff cover, increase in length of prescriptions and reduction in supervision to recognise a likely reduction in pharmacy capacity. Contingency Prescribing Guidance is in development, and home visits will be triaged and managed in keeping with Mental Health and HPS advice.

3.6.10 Care Homes

Care homes have a vital role to play in providing a safe, caring environment for people to live. In NHSGGC we want to ensure staff can continue to care for some of the most vulnerable in our society during COVID-19 Pandemic. The six partnerships in NHSGGC currently deliver and commission residential and home care services through a wide range of internal and external provision.

It is recognised that elderly people are particularly vulnerable to COVID-19 virus; this is even more so for those people living in care homes where a significant proportion of them will be living with frailty, many will have multiple health conditions and physical dependency, and some are in their last year of life. We want to support Local Authority and care home providers to protect their staff and residents, ensuring that each person is getting the right care in the appropriate setting for their needs. We recognise how important it is for care homes to have access to the right knowledge, staff and resources so they are equipped to deliver care at all times, but it is even more critical we do so at this challenging time.

NHSGGC is committed to supporting care homes and residents, and offer this in the following ways:

- To provide appropriate information, guidance (including infection control) and support to safely admit, accept discharges from hospital, and care for patients during the pandemic
- To ensure the right information is available and the right support to care for people within their care home
- To ensure the right equipment and supplies, this includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal doffing and disposal so that staff can provide care safely and that they are appropriately protected
- To offer psychological support to staff working in care homes through the NHSGGC Network
- To offer training opportunities and support to all care homes in NHSGGC through Webinars

All NHSGGC Commissioning teams are and will continue to have contact with all independent care homes on a daily basis in order to monitor and support the care home. The expectation is that the number of residents with COVID-19 diagnosis and symptoms is reported to the Care Inspectorate, however, it is also important for this to be reported to each HSCP. This intelligence is collated on a daily basis and shared with key colleagues,

including Public Health, and will help to inform how we provide support should there be an outbreak in a care home. When we have specific information, we are better placed to target support and advice where it's needed most.

Each care home will have a named point of contact with their HSCP, who will offer help to monitor and support the managers of the care homes as and when required.

The 6 local HSCPs have worked together on a GGC wide approach and an overarching outline of the support available is almost complete.

3.6.11 Public Protection

All partnerships continue to work to delivery their core statutory public protection duties. Public protection is an umbrella terms that generally encompasses the following areas of work:

- Child and Adult Protection services,
- Multi-Agency Public Protection Arrangements (MAPPA), which focuses on assessing and managing the risks posed by sexual and violent offenders,
- Multi-Agency Risk Assessment Conferences (MARAC), where agencies and aim to manage the risk of future harm to people experiencing domestic abuse,
- The work of local partnerships that are focussed on reduction of domestic abuse and violence against women; and
- The work of local Alcohol and Drug Partnerships

In order for public protection work to be effective, a multi-agency and multi-disciplinary approach is necessary. Social work, health, education, police, the Scottish Children's Reporter Administration, fire service and third and independent sector staff are all key partners and their effective engagement in public protection decision making processes is central to making safe decisions. As such, where partners are advising that their own operational approach has to change as a result of the impact of COVID-19, we will work to ensure they can still engage where they are needed. An example of this is the implementation of teleconference options for child and adult protection case conferences in order to ensure Police Scotland are able to continue to input, where they are unable to attend in person. The delivery of the technical requirements for this are being supported by Local Authorities.

As each area applies its Business Continuity Plans these key public protection functions continue to be a priority for delivery. At present, each partnership area is managing this work within its own available resources. Should resource challenges arising from COVID-19 lead to any risk of inability to meet statutory duties, partnerships will collaborate at a whole system level to ensure those most at risk are effectively protected. The position in relation to this will be kept under regular review through the Chief Social Work Officers of the partnerships.

3.6.12 Homelessness

Glasgow City and Inverclyde have responsibility for homelessness and manage the statutory function on behalf of the respective councils. Both local authorities are stock transfer so housing is provided by housing providers (registered social landlords). There is a duty to provide early help, accommodation and support to those people who are potentially homeless. Both adopt a housing first approach and are working with rough sleepers to increase temporary accommodation stock. Standard protocols are being developed in homeless accommodation to manage complex cases where self-isolation is required.

In responding to the risks in homelessness services where people were sleeping rough or using the winter shelter which was closed, GCHSCP worked with third sector to identify hotel provision, funded directly by SG, with support provided by the reprovisioning of outreach support. In addition, GCHSCP purchased additional hotel capacity to ensure that anyone presenting as homeless can be accommodated immediately, and further hotel spaces were purchased to accommodate people with NRPF (No Recourse to Public Funds) who were accommodated in an emergency shelter and those who present as symptomatic to ensure they could self-isolate.

3.7 PPE

3.7.1 PPE remains an ongoing issue in GGC relating to both supply and guidance. As described previously, within NHSGGC significant work has been undertaken to ensure staff have the right PPE at the right time. Mark White, Director of Finance, is acting as the single point of contact for the Scottish Government and is overseeing the procurement function for NHSGGC at present.

3.7.2 Key PPE coordinators are in place on all major sites. A PPE & Essential Supplies Sub Group has been established consisting of medical, clinical, nursing, infection control and Health and Safety membership which meets daily via teleconference. This then feeds into the twice weekly national call.

3.7.3 Managers are working hard to ensure if staff have any concerns they take these issues through line management with daily reminders of the use of PPE appropriately. There is a swift response to any concerns raised and also to those escalated to MSPs. Whilst there are national challenges in the supply chain of PPE, particularly surgical gowns, deliveries have been made almost every day this week. We have three touch base points a day with Lead Nurses over PPE and the Clinical Coordinator feeds back any overnight issues. Extensive work is underway to secure local supply routes of existing and alternative PPE, ensuring appropriate quality, value for money and governance.

3.7.4 The National Guidance on appropriate PPE was updated again on 12th April 2020 to reflect the latest information available, and the changing level of risk, as the number of positive cases in the community increases.

3.8 COVID-19 Communications

3.8.1 To ensure staff remain well informed about our response to COVID-19, daily updates continue to be provided to all NHSGGC staff. These communications provide short briefing notes on a range of issues, supported by more detailed information hosted on our dedicated COVID-19 website. The core briefs and the online resources continue to be well used; in the five weeks since the dedicated COVID-19 website has been launched there have been 289,087 views on the staff pages alone.

3.8.2 Video has proven a highly effective medium for communicating efficiently and has been used to deliver key messages to our staff and the public on COVID-19, including PPE education and instruction, messages of support from senior managers, and advice on accessing services. These videos have been viewed more than 620,000 times in the past five weeks.

3.8.3 Other key communications metrics for the past five weeks include: 742% increase in total social media engagement; 524% increase in total messages received; 494 Twitter

Tweets; 218 Facebook Posts; 82 Instagram posts; 21.7% increase in total followers, and; 6,000 new contacts added to our Involving People Network over the last four weeks.

3.8.4 A core message running throughout our communications has been one of thanks to our staff and acknowledgement for their hard work in these trying times. Our 'Thank you' campaign has had a tremendous response from the public with more than 1.2million engagements across all our social media platforms. This campaign will continue over the coming weeks, featuring health and social care staff from all sectors and all disciplines. The Chief Executive also continues to recognise the contribution of colleagues in her regular messages to staff.

3.8.5 To ensure our communications are inclusive and reach all our audiences, we have been working with the Equalities and Human Rights Team and NHS Inform to provide key information in alternative languages. We are grateful for the support from Non-Executive Board member, Amina Khan, in this area.

3.9 Golden Jubilee National Hospital / Private Sector

3.9.1 Discussions have been underway across the West of Scotland, and nationally, in relation to the use of the Golden Jubilee National Hospital (GJNH), acknowledging that it has significant ITU capacity in addition to cardiothoracic capacity. It has been agreed that approximately 15-20 beds of ITU capacity will become part of the West of Scotland critical care network during the peak demand period, and that the GJNH will form a key component of the recovery process in due course.

3.9.2 Locally, the Nuffield Hospital is supporting us in ensuring ongoing capacity for some cancer patients.

3.10 Shielding

3.10.1 The work to respond to the requirements of the nationally led approach to 'Shielding' of patients at particularly high risk of severe morbidity and mortality should they get COVID-19 continues. There are a number of categories of patients at specific high risk who have been written to by the Chief Medical Officer advising them to stay at home for 12 weeks. Examples of diagnoses include some specific cancers, solid organ transplant recipients, severe lung disease and those on immunosuppressant therapy. All Boards were required to provide an Executive Lead and establish a co-coordinating team. The Executive Lead for NHSGGC is Professor Linda de Caestecker, with the coordinating team now receiving details of those patients who have been centrally identified and centrally contacted on the basis of being at particularly high risk. The key requirement is to cross check all relevant clinical systems and patients with the clinical teams and GPs. The purpose of the exercise is to ensure the individuals identified as those that require 'shielding', receive the correct support in the community to stay at home. Contact is being made through the process with the relevant teams in HSCPs and Local Authorities.

3.11 Finance

3.11.1 It was reported to the February 2020 Board Meeting and Finance and Planning Committee that the three key financial targets were on course to be met at 31st March 2020. A finance report will be presented to the Interim Board on 5th May acknowledging the likely COVID spend impact during March. However at this time, indications are that the three financial targets remain on track for achievement. This is obviously dependant on Scottish Govt. support on additional Covid 19 expenditure incurred in March 2020 across the entire Health and Social Care landscape.

3.11.2 Whilst formal guidance and a decision is awaited for the year-end Annual Accounts and audit process, it is currently proposed to delay the completion of the Annual Accounts until the end of August 2020 with an audit process to run through September and October 2020. The Board's Finance Team are currently completing the year end process and a Month 12 return.

3.11.3 The Board Finance Team structure has been amended and a COVID lead appointed to oversee the process of identifying commitments and spend. The Scottish Government have developed a template and guidance for predicting, capturing and monitoring COVID-19 related spend, across the whole of the Health and Social Care environment. A detailed review of all assumptions underpinning the projections is underway, including an assessment of the impact and return of additional spend.

4.0 Additional issues

4.1 Service rationalisation

4.1.1 As described in the previous briefing to the Interim Board, due to immediate stringencies on service provision in some areas, temporary rationalisation has had to take place. A master list of service changes and rationalisation is being developed and will be presented to the SEG and onward to the Interim Board on the 5th May 2020.

4.2 Capital programme

4.2.1 A review was undertaken of the status of live capital projects on 23rd March 2020, further to the UK Government instruction that only essential workers should travel and building sites should close. The review considered what may be deemed essential across the estate. As well as consideration of the essential nature of each project issues such as social distancing measures and the availability of key staff were considered. An update on those projects identified to the Interim Board that were continuing is described below;

- Nurse Station at NICU - *Works Complete.*
- Ward 23 Stobhill as may use for additional capacity – *Works Complete.*
- GGH Beatson Ward B3 - *7 days work to recommence when access can be planned with clinical team.*
- QEUH INS – pause the water filtration but felt that we should progress with the Tanker Fill point as external works - *Contract is with Scottish Water sub-contractor who have advised they are only undertaking emergency work therefore on hold.*
- Continue with INS MRI 3T replacement - *Works complete.*
- Greenock Health and Care Centre - *Site is operational with operatives on site at present. Operating procedures adjusted to comply with all current guidance. Progress will be formally assessed on 19th April. Estimated to be 3-4 weeks behind programme.*
- Stobhill Inpatient mental health beds - *Site is operational with operatives on site at present. Operating procedures adjusted to comply with all current guidance. Progress will be formally assessed on 19th April. Estimated to be 3 weeks behind programme.*

4.2.2 In respect of wards 2A/B within the RHC, planned completion was the end of the summer, however, dialogue is ongoing with NHSGGC, the contractor and the Scottish Government to confirm the completion date. While the Board and SG have deemed this

work essential to NHS Scotland, both sub-contractor availability and interruptions to the supply chain are causing some challenges. A list of programme related activities that can be concluded remotely are being progressed. NHSGGC Senior Management are in active dialogue with the chair of the Technical sub group of the Oversight Board.

4.3 Advisory Structures and Partnership Working

4.3.1 The Area Clinical Forum (ACF) met virtually on 1st April 2020 to allow the Chairman, Chief Executive, Medical Director, Director of Nursing and Chief Operating Officer to update the clinical forum on the current status with response to COVID-19. The Forum is scheduled to meet again on the 1st May 2020. The Chair of the ACF has advised that no additional issues have been raised, however any concerns would be considered by the SEG

4.3.2 The Area Partnership Forum met virtually on 25th March 2020 and continue to meet weekly. The main issue of concern relates to the supply and guidance regarding PPE with significant work underway to resolve the issues. The weekly call with the Full Time Officers continues to offer the opportunity to ask questions and raise any issues.

4.4. Military Assistance

4.4.1 The support received from the Military continues to be of value. NHSGGC have two officers supporting the corporate team in respect of logistics and project management which has proved extremely positive. In particular support is being given to face fit testing of PPE masks which requires to be undertaken at pace.

4.5 Louisa Jordan Hospital

4.5.1There is significant work underway within NHSGGC to support the development of the NHS Louisa Jordan Hospital. Dr Chris Deighan remains the single point of contact, offering advice and support to co-ordinate the many requests for assistance and support. Additional project management and administrative support has been provided as the requests of NHSGGC have increased significantly, with IT, Laboratory, Infection Control, payroll and other service support all being provided. Further clarity is being sought regarding the governance arrangements and any impact on NHSGGC with the CLO. The model of care is being finalised with staff beginning the induction process from 17th April 2020.

4.6 Ethical Advice and Support Group

The Scottish Government has asked that each NHS Board establishes an Ethical Advice and Support Group. Its role is to provide useful, timely and pragmatic ethical support for complex or difficult clinical decision making that may arise in the context of the Covid-19 emergency response. The national guidance sets out a number of essential features of the Ethical Support and Advice Group and the Head of Clinical Governance and Research Ethics Manager are collaborating to establish the Group including Terms of Reference, membership etc. It is prescribed that this Group reports directly to the Board via the Chief Executive. Updates will routinely be provided to the interim Board once the Group is established.

4.7 Staff Testing

4.7.1 As a result of the symptom-based self-isolation rules designed to minimise the spread of coronavirus, there has been high levels of staff absence throughout NHSGGC and Partnerships. With the agreement of the SEG, community testing capacity was therefore prioritised for the symptomatic household contacts of asymptomatic staff in order to

maximise the potential days of work 'released' in the case of a negative test. This approach was endorsed by SG guidance issued 24/03/20.

4.7.2 In order to meet anticipated demand, testing capacity was expanded from the first site at the West Glasgow ACH to three additional sites. This has substantially increased testing capacity within NHSGGC. In addition to this, the UK Government, supported by Scottish Government, have established a drive-through testing centre at Glasgow Airport for testing of key workers.

4.7.3 Initially a process for referral management was implemented from 01/04/20, with line managers from the Board and associated partnerships able to refer household contacts of staff for testing via an e-form. The increased capacity was under-utilised, with demand (as evidenced through referrals) lower than potential capacity. Comparing the staff location of referrals vs absence notifications suggests that more could be done to enhance uptake of the existing service.

4.7.4 Further efforts to raise staff awareness of existing referrals process and existing guidelines, in both NHSGGC and Partnership settings, were led by Communications team. The referral process was simplified for all staff including social care staff having easy access to the e-form. A reminder was issued by HR to remind managers of the availability of staff testing when the absence is recorded on STSS.

4.7.5 On 7th April the SEG expanded eligibility criteria to include staff members who are symptomatic, to facilitate return to work was agreed. This was aimed at supporting continued staffing and delivery of critical health and social care services and ensure consistency in eligibility criteria between NHSGGC testing services and the UKG testing facility at Glasgow Airport. This now includes care home staff. On average there are over 200 tests a day being undertaken.

4.8 Recovery Planning

It will be essential, in due course, to consider a systematic approach to Recovery Planning. This work will be led by Dr Jennifer Armstrong, Medical Director, and will cover areas such as embedding the current redesigned ways of working, further use of digital technology, assessing the wider population impact and addressing the backlog. A separate strand of work will also be undertaken to establish lessons learned.

5.0 Conclusion

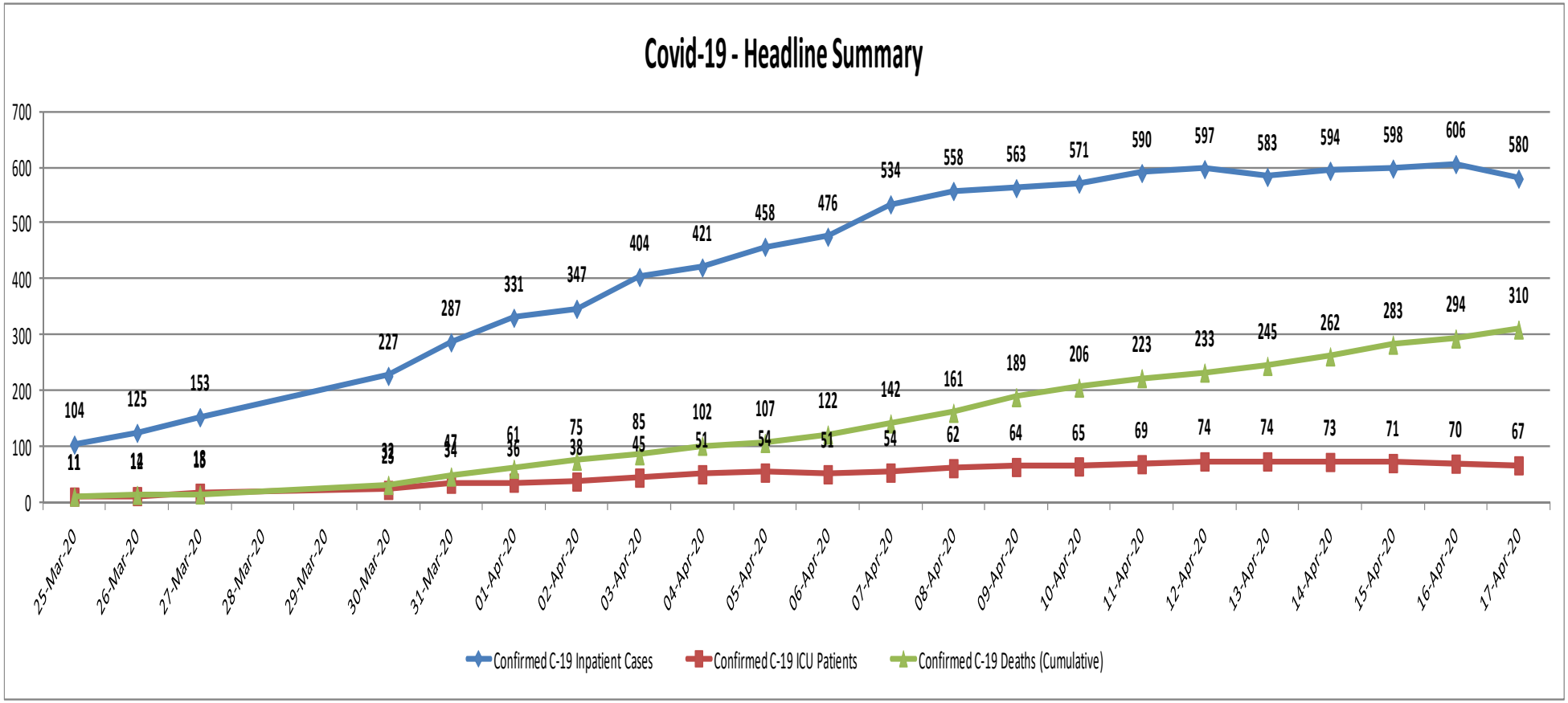
5.1. In summary, the many strands of work underway in relation to COVID-19 continue to focus on providing high quality care to all patients, whether COVID-19 or not. In addition, significant efforts are being made to support our staff in these challenging times.

Jane Grant
17/4/20

Appendix 1 Key data

Headline Summary

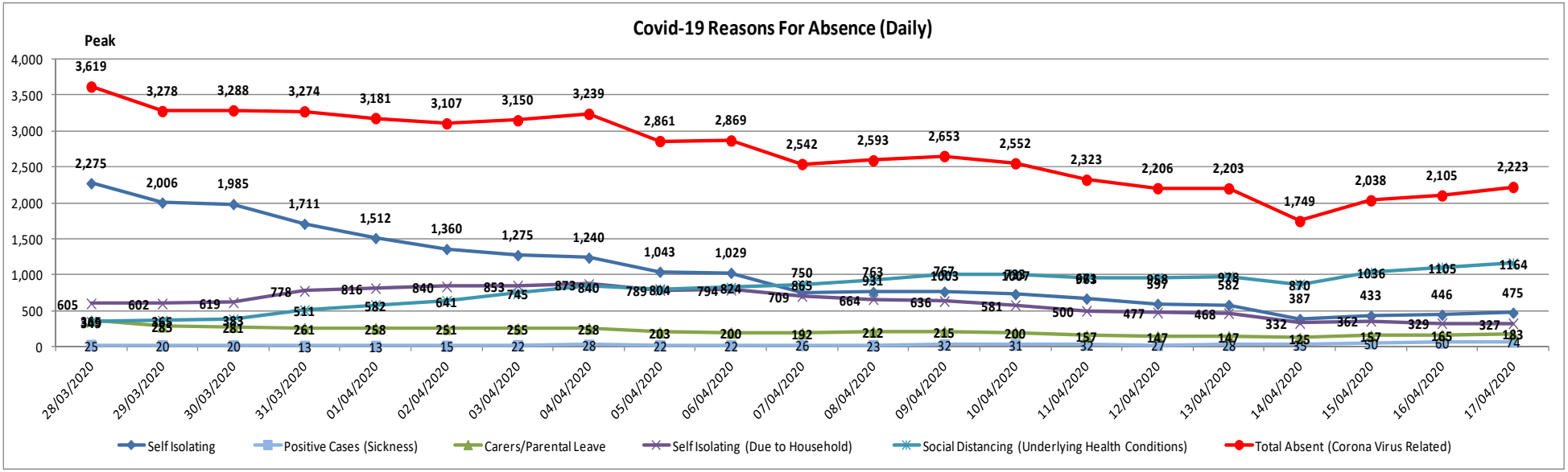
As at 17th April there were a total of **580** confirmed COVID-19 inpatients in hospitals across NHSNHSGGC. Of this total **67** confirmed COVID-19 patients were in ICU. A further **16** patients died (compared to the day previous) bringing the cumulative total to **310** hospital COVID-19 related deaths across NHSNHSGGC.



Staffing Absence (Covid-19 related)

Whilst the overall number of Covid-19 related staff absences has in the main decreased daily since the peak on 28th March 2020, the past 4 days has seen the number of absences increase. Today saw a 6% increase on yesterday's position. The most notable increase continues to be seen in social distancing due to underlying health conditions.

Corona Virus	28/03/2020	29/03/2020	30/03/2020	31/03/2020	01/04/2020	02/04/2020	03/04/2020	04/04/2020	05/04/2020	06/04/2020	07/04/2020	08/04/2020	09/04/2020	10/04/2020	11/04/2020	12/04/2020	13/04/2020	14/04/2020	15/04/2020	16/04/2020	17/04/2020
Self Isolating	2,275	2,006	1,985	1,711	1,512	1,360	1,275	1,240	1,043	1,029	750	763	767	733	671	597	582	387	433	446	475
Positive Cases (Sickness)	25	20	20	13	13	15	22	28	22	22	26	23	32	31	32	27	28	35	50	60	74
Carers/Parental Leave	365	285	281	261	258	251	255	258	203	200	192	212	215	200	157	147	147	125	157	165	183
Self Isolating (Due to Household)	605	602	619	778	816	840	853	873	789	794	709	664	636	581	500	477	468	332	362	329	327
Social Distancing (Underlying Health Conditions)	349	365	383	511	582	641	745	840	804	824	865	931	1003	1007	963	958	978	870	1036	1105	1164
Total Absent (Corona Virus Related)	**3,619**	**3,278**	**3,288**	**3,274**	**3,181**	**3,107**	**3,150**	**3,239**	**2,861**	**2,869**	**2,542**	**2,593**	**2,653**	**2,552**	**2,323**	**2,206**	**2,203**	**1,749**	**2,038**	**2,105**	**2,223**



Delayed Discharges

As at 17th April 2020, there were a total of **180** patients delayed across HSCPs, **131** Acute and **49** Mental Health delayed patients.