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NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

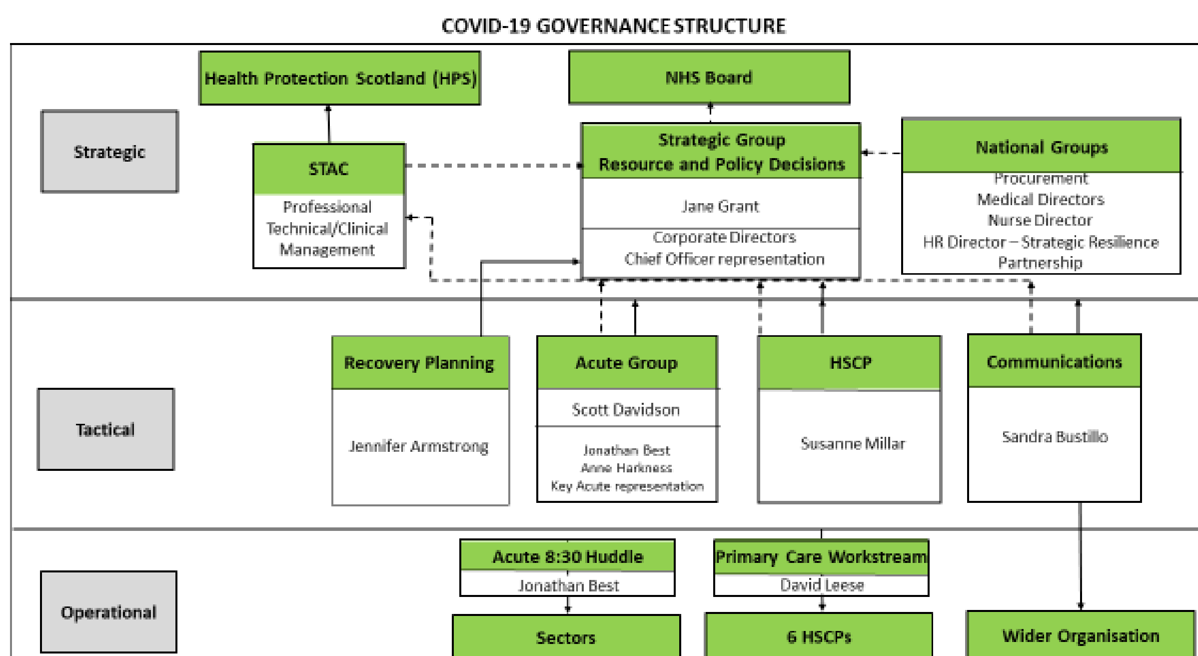
Interim Board Summary 5th May 2020

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 has been updated to reflect the establishment of a Recovery Tactical Group which now runs alongside the 3 other Tactical Groups reporting to the Strategic Executive Group (SEG) and feeding down to the operational response.



2.4 Level of Patient Activity

2.4.1 Modelling and scenario planning is continuing, led by the Public Health Protection Unit (PHPU) and liaising with Scottish Government colleagues.

2.4.2 As of 1st May 2020, 3083 patients in NHSGGC had tested positive, with 538 inpatients across our hospital sites and 44 patients in ITU across the main sites. The numbers remain stable, however there is no dramatic fall in the inpatient numbers with minor fluctuations daily. Appendix 1 provides some key trend data of metrics considered by the SEG daily.

3.0 CURRENT POSITION

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 and we are now seeing stability of those absent for a number of reasons due to COVID-19. Those who are self-isolating due to their own symptoms and due to their household members has seen a positive overall reduction in the past week and consideration of the impact of the wider rollout of staff and household testing on this is underway. Managers are contacted each day to ensure that staff and their household have been referred for testing.

The number of people self-isolating due to underlying health conditions has been continual during the pandemic, with circa 2,000 people in this category. Of this group 325 individuals have received a shielding letter, 55 are aged 70 and over and 56 are pregnant.

As of 30th April 2020, a total of 1953 (2223 previous COVID-19 Brief) staff were absent form work due to a COVID-19 related issue. Those staff self-isolating, either themselves or due to a household contact 476 (706 previous COVID Brief) as reduced significantly. The main staff absence was due to underlying health conditions and carers / parental leave and we have reinforced guidance and availability of school support for key workers. A small number of staff (114) were absent due to a positive COVID-19 diagnosis.

3.3.3 Recruitment

Induction of newly recruited staff 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 these are now progressing. All nursing and medical students are now also in post.

We have also now commenced processing of a number potential candidates who applied through the Accelerated National Recruitment Portal. NHSGGC has selected 218 individuals who are now undertaken pre-employment checks.

Induction and orientation activities are linked into recruitment streams with programmes content reviewed by appropriate professional leads and supported by Learning and Education.

3.3.4 Reassignment of Staff/Home Working

In addition to the non-clinical Reassignment Orientation Pack, a clinical version has now been developed in partnership. Non clinical staff who are reassigned to other work locations are supported with induction and orientation activities designed by appropriate professional leads and Learning and Education.

In addition a 'Working from Home' Guidance document has also been issued to all staff and managers to support those in this scenario.

<u>3.3.5 Wellbeing and Support</u>

We continue to see 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, Inverclyde Royal and in Gartnavel General Hospital. These Hubs are being staffed 24/7 with our own staff trained in peer support and also volunteer aircrew from airlines that have been grounded due to Covid (Project Wingman). Staff relaxation spaces have also been set out at Vale of Leven, Victoria and Stobhill Hospitals. The R&R Hubs have been well received, with approximately 800 staff members attending each day across 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 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 include:

- 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)
- A wide selection of online resources that have been highlighted for staff

3.4 Volunteers

3.4.1 The systems that have been established to process new applications are now working effectively. The additional capacity to undertake interviews has considerably increased the pace, and SOPs have been developed and tested to address the issues relating to establishing initial contact with applicants and referees.

3.4.2 Over the week from 17th – 23rd April, volunteers contributed a total of 509.5 hours of service. Tasks undertaken included:

- Driving (fleet movement of hire vehicles)
- Setting up and manning hand sanitising stations
- Facilities support (help desk, bed runners, domestic service)
- Cleaning (general areas, wheel chairs)
- R&R Hub (serving drinks, cleaning)
- Sorting public donations and delivering across sites
- Meet and greet for face fit areas
- Give and go runners (wards for Lead Nurses etc.)
- Developing a newspaper with good news stories for distraction at ward level for Older People services/OT department
- Helping within stores department
- Helping with meal times

3.4.3 A simplified process has been developed to enable services and wards to access volunteers quickly and appropriately, along with a list of tasks that have been assessed for both risk and PPE requirements. The Team will continue to take suggestions for new volunteer tasks and work with H & S and Infection Control colleagues to assess new tasks quickly. Once assessments have been completed, the new tasks will be added to the tasks inventory. There is currently no backlog of assessments.

3.4.4 The Scottish Government COVID-19 public volunteering return was submitted on the due date of 22nd April. Conversations across the national NHS Volunteering Network confirm that other NHS Boards are attracting large numbers of public volunteers, but are having difficulty in deploying these volunteers for similar reasons to those experienced within Greater Glasgow & Clyde. It is also noted that the existing (pre-COVID) volunteers have largely had to be stood down across Scotland, meaning a loss of experience and new volunteer mentors. It is likely that post-COVID, although some of the previous volunteers might return, volunteering will be different across the whole of the Scottish NHS, as will the relationship between services and volunteers. The Volunteering Hub Team is mindful of this when developing new processes, SOPs and assessments, and is keen to ensure that services and wards have clear and simple procedures to access good quality volunteer support now, but also into the future.

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 the ongoing suspension of elective programme is being considered through recovery planning, acknowledging it will have significant implications on waiting lists in 2020/21. 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 remains at around 120 cases per day. A key factor in re-establishing any routine elective work is that the staff that are usually involved in elective care, were upskilled to support ICU and continue to so. The impact of this is being assessed as we consider capacity and capability to revert to providing any elective care. Breast cancer and skin cancer patients continue to be seen in the Nuffield Hospital with additional capacity being sought.

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).

ICU activity was at its highest on Monday 13th April when there were 86 patients of whom 75 had COVID. On 1st May there were 67 patients in ICU of whom 44 had COVID. The length of stay of these patients has been prolonged and it is anticipated that the need for additional critical care capacity will continue for some time.

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 remain only 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 however has improved in recent days which is likely related to the fact that patients require 2 negative test prior to discharge to a care home. As at 1st May 2020, there were a total of 145 patients delayed across HSCPs, 93 of which were in Acute.

Regarding people that 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. Additional work is now underway to implement new guidance relating to the need for two negative tests of patients admitted with COVID19 before they can be discharged to care homes, which is likely to impact on the number of delayed discharges.

3.6.7 Triage hubs / Community Assessment Centres (CACs)

There are 7 COVID-19 Assessment Centres (CAC) established across NHSGGC. The CAC's were phased in over the last 3 weeks with Barr Street opening first on 23th March 2020; Greenock and Kirkintilloch opened on 30th March; Clydebank 31st; Renton 1st April; Linwood 6th April and finally Eastwood which opened on 15th April.

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 using GP practices for COVID-19. The centres are geographically located predominately serving local populations

Access to the CAC is via GP referral (65% of all referrals to date) and through the Hub established in Cardonald (35% of referrals to date). The Hub operates 24 hours a day, 7 days a week and undertakes non-patient facing assessment of people referred from NHS 24 triage. For those who require to be seen in the CAC, the Hub coordinates and arrange appointments for patients to attend and transport if required.

3.6.8 Mental Health

As part of the contingency planning process, two temporary mental health assessment units (MHAUs) have opened at Stobhill and Leverndale as a direct response to the extraordinary service pressures on existing resources within Emergency Departments (EDs). This is a specialist service which provides assessment, diagnosis and management of patients who are presenting in mental health crisis/distress and would have sought assistance through self-presenting at ED or accessed assistance via Police Scotland or Scottish Ambulance Service. 172 patients have been seen with the majority referred by the police with 33 admitted to mental health and 68 referred to mental health services. 7 required referral to ED and 52 required no follow up. Community Mental health and inpatient services continue to operate in all areas in line with their Business Continuity Plans and maximising the use of technology.

3.6.9 Addictions

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, with the service still accepting new referrals for ORT. 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. Care homes are also a high risk setting for COVID-19 due to the vulnerability of their population and the institutional setting. The six partnerships in NHSGGC currently deliver and commission residential and home

care services through a wide range of internal and external provision, and have worked together to produce a comprehensive package of supports for care homes, outlined in a single document.

There has been significant activity over the past 2 – 3 weeks regarding Care Homes with Directors of Public Health asked to take a lead in terms of providing an enhanced system of assurance.

All Boards received a letter on 17th April from Malcom Wright, Chief Executive of NHS Scotland, asking Boards to take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff in response to the COVID-19 emergency. This included a request to; undertake an initial assessment of every care home in the Board area, either by telephone or direct visit by 24 April, against defined criteria; undertake a programme of associated visits to each local care home on a risk prioritised basis, as informed by the assessments carried outlined under the initial request; and provide assurance that there is robust testing pathway.

All six HSCPs in the GGC area have a system in place to contact every care home by telephone on a daily basis to take stock of their current situation and to identify any key areas of concern. This includes both HSCP-run and independent care homes.

The Public Health Protection Unit (PHPU) has established relationships with care homes, through support for individual cases of communicable disease and outbreaks; and proactive offers of training, including outbreak management and infection control.

We have built upon these established relationships that the PHPU has with care homes in our area to provide them with additional support in the context of the current COVID-19 outbreak. Through this, PHPU staff are providing direct advice and support to approximately fifty care homes with clusters of cases amongst their residents and/or staff. This includes ensuring that they have access to and a good understanding of relevant national guidance on COVID-19, and supporting them in making decisions about the management of those clusters. This approach has allowed us to respond swiftly to the request for an enhanced system of assurance.

The public health team telephoned all of the 196 care homes in the NHS Greater Glasgow and Clyde area by the deadline set by the Scottish Government 24th April 2020. These initial assessments have been analysed and an assessment made of our level of assurance of the quality of infection prevention and control, staffing levels, social distancing measures and testing. From this a prioritised programme of visits Care homes will then be prioritised using all of this intelligence alongside the existing information form HSCPs and Care Inspectorate for in-depth support from the Public Health team, to assist them in strengthening their capacity and in responding to these situations. For example we have identified that care homes require more support on social distancing with people with dementia and we are planning training sessions and materials by our Nurse Consultant for Dementia on this topic. We have also developed a FAQ for care homes in response to the survey above which was issued on the 24th April, and HSCPS have developed a series of webinars on support in managing palliative care, Covid 19, PPE and staff support and well being.

A multi-agency tactical group for care homes has been established within our governance structure for COVID-19 response. This group will be chaired by the Director of Public Health supported by the lead Chief Officer for care homes.

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 Work continues both locally and nationally to ensure staff have the right Personal Protective Equipment (PPE) at the right time. Mark White, Director of Finance, remains the single point of contact for the Scottish Government and is overseeing the procurement function for NHSGGC at present. The Procurement Team and the PPE Sub Group continue to work to ensure a steady supply of PPE which includes working with National Procurement, other Boards and IJBs and a range of independent suppliers. The team also continue to identify and expand the supply chain particularly for short supply items to create that 5 day buffer stock and ensure stability across the 0rganisation.

3.7.2 Whilst the current number of COVID-19 positive patients appears to have stabilised, the sourcing, supply, distribution and usage of PPE continues to evolve and require improvement and refinement, including preparing for any “second wave” outbreak. The Procurement Team, working closely with our Military Assistance colleagues, have been developing a demand and usage model of PPE. This is being used to better understand usage, and ensure PPE is used in the correct and efficient way. The model will also be used to inform sourcing and ordering and improve distribution processes.

3.7.3 Whilst the current supply of PPE is more stable, there remain issues of PPE supplies Equipment (PPE) from the National Distribution Centre/National Procurement. This supply issue is reflected at a UK level. Since the beginning of the COVID-19 outbreak, this has included national short supplies of different elements of PPE at various times, lack of clarity on supplies and erratic deliveries. This is symptomatic of the global supply chain and ever increasing demand.

3.7.4 These shortages have resulted in the procurement team (at times) bypassing normal tendering processes and supplier due diligence to purchase stock at above usual prices. In addition, NHSGGC and IJBs have been approached both centrally and locally by a variety of individuals, local charities and private businesses offering to procure, manufacture or donate PPE for use by health and social care staff. Whilst Infection Control, Occupational Health, Health and Safety, Procurement and Clinical Engineering can provide a subject matter view on the suitability of locally produced products, including basic specifications for design, and cleaning, further technical quality assurance is required on occasion. Work has been undertaken in conjunction with the Central Legal Office to ensure due process and coverage on this issue.

3.8 COVID-19 Communications

3.8.1 We continue to keep all NHSGGC staff well informed through our daily updates about our response to COVID-19. These communications provide short briefing notes on a range of issues, supported by more detailed information hosted on our dedicated COVID-19 website. The Chief Executive also continues to recognise the contribution of colleagues in her regular messages. There have been 605,000 views on the dedicated COVID-19 website since it was launched seven weeks ago including 336,000 views on our staff pages.

3.8.2 Social Media has been a highly effective medium in communicating our messages to both staff and the public. During April our Facebook posts reached 693,000 individuals and we had 2.22 million tweet impressions. Our Involving People Network has increased by 8,000 new contacts in recent weeks.

3.8.3 Next week will see the launch of a new 'Life on the frontline' video campaign recognising the dedication of our staff and acknowledge the personal impact COVID-19 is having on them and their families.

3.8.4 To ensure our communications are inclusive and reach all our audiences, we continue to work with the Equalities and Human Rights Team and NHS Inform to provide key information in alternative languages with the current focus on material in relation to our Community Assessment Centres.

3.9 Golden Jubilee National Hospital / Private Sector

3.9.1 As previously highlighted, discussions regarding the use of the Golden Jubilee National Hospital (GJNH) took place, acknowledging the significant ITU capacity. It was agreed that approximately 15-20 beds of ITU capacity would become part of the West of Scotland critical care network during the peak demand period, in addition to the cardiothoracic capacity. The GJNH will also form a key component of the recovery process with discussions underway.

3.9.2 Locally, the Nuffield Hospital continues to support 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.

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 has been developed and was reviewed by the SEG and will be presented to the SEG and onward to the Interim Board.

4.2 Capital programme

4.2.1 Further to the review undertaken of capital schemes an update on those projects identified to the Interim Board that were continuing is described below;

- Greenock Health and Care Centre - *Site is operational with operatives on site at present. Operating procedures adjusted to comply with all current guidance with 53 operatives on site representing circa 40% of programmed workforce. Estimated to be*

5 weeks behind programme, which has further slippage than previously reported. Assessment carried out by independent tester on 24th April 2020

- Stobhill Inpatient mental health beds - *Site is operational with operatives on site at present. Operating procedures adjusted to comply with all current guidance with 44 operatives on site, representing circa 30% of programmed workforce. Estimated to be 3 weeks behind programme as previously reported. Assessment carried out by independent tester on 24th April 2020*

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 refurbishment of wards 2A and 2B has been identified as an essential project, NHS Greater Glasgow and Clyde are finding it difficult to progress this project as quickly as they would wish because the main contractor has stopped all physical work on the site. This is because they are unable conclude to an agreed schedule as significant sub-contractors have stood down their staff, who have concerns around the health and safety of their staff. The Board is however having ongoing dialogue with the prime contractor to support continued movement of the programme and discussions are now starting to identify potential restart opportunities.

4.2.3 The Chair of the Technical Sub-group of the Oversight Board from Scottish Government, has confirmed this experience is consistent with all other construction projects across NHS Scotland, which are all going to take longer to complete and will cost more than originally planned.

4.2.4 It has also been confirmed that Scottish Government colleagues will work with, and contribute to, the Restart Group chaired by the Minister for Local Government, Housing and Planning which aims to gradually increase activity across the construction sector in a safe and controlled manner, which will allow construction projects, including the refurbishment of wards 2A/2B, to return to a normal way of working and which should allow us to get a more defined completion date for the project.

4.3 Advisory Structures and Partnership Working

4.3.1 The Area Clinical Forum (ACF) met again on 1st May 2020. The Chair of the ACF will advise the Interim Board of discussions at the meeting on the 5th May.

4.3.2 The Area Partnership Forum continue to meet weekly. 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 was significant input by NHSGGC to support the development of the NHS Louisa Jordan Hospital. Dr Chris Deighan remains the single point of contact, still offering advice and support. In the run up to the opening of the Louisa Jordan, additional project management and administrative support was provided as the requests of NHSGGC were significant, with IT, Laboratory, Infection Control, payroll and other service support all being provided. Work was undertaken to clarify the governance arrangements, with the CLO now

involved in finalising a Memorandum of Understanding. The facility opened on the 20th April and, if used at this stage, would be a step down facility. It is difficult to predict if the facility will be required over the coming months.

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 Testing

4.7.1 Staff testing

NHSGGC now has a well-established arrangement in place for testing all symptomatic staff as well as household members of asymptomatic staff to enable staff who are self-isolating to return to work. This service is accessed via a single online portal where requests for testing can be registered, and is available to all staff including those working in care homes as well as to care at home staff. Average of 200 tests per day.

The availability of this service and instructions for accessing it have been communicated to all acute and health and social care staff and service managers across NHSGGC and the six HSCPs in the GGC area, as well as to each independent care home and each hospice. Communication to independent Care at Home providers has been issued through the HSCPs.

Our drive-thru centres are augmented by a home testing team for staff without their own transport.

4.7.2 Patient testing

Up to the 30th April there had testing process for residents of care homes on a request basis coordinated through PHPU and systems for testing all symptomatic residents who are within 5 days of onset of symptoms have been developed.

A new process was been established from 30 April to ensure all symptomatic residents of care homes can be tested with clinical oversight from the GP. Staff in nursing homes will undertake the swab of residents and HSCP testing teams have been established for residential homes. For both groups there will be transport of the testing kit to the care home and pick-up for delivery to the lab.

Guidance is also being developed on testing all new admissions to care homes.

Patients who were COVID-19 positive as inpatients in acute care will now have 2 negative tests before discharge to a care home and we are working with acute and partnership teams to ensure this does not significantly impact on lengths of staff.

4.8 Recovery Planning

A Recovery Planning Tactical Group has now been established, led by the Dr Jennifer Armstrong, Medical Director. This work will report upwards to the SEG. A separate paper on the approach to recovery planning is on the Interim Board agenda for the 5th May.

5.0 Conclusion

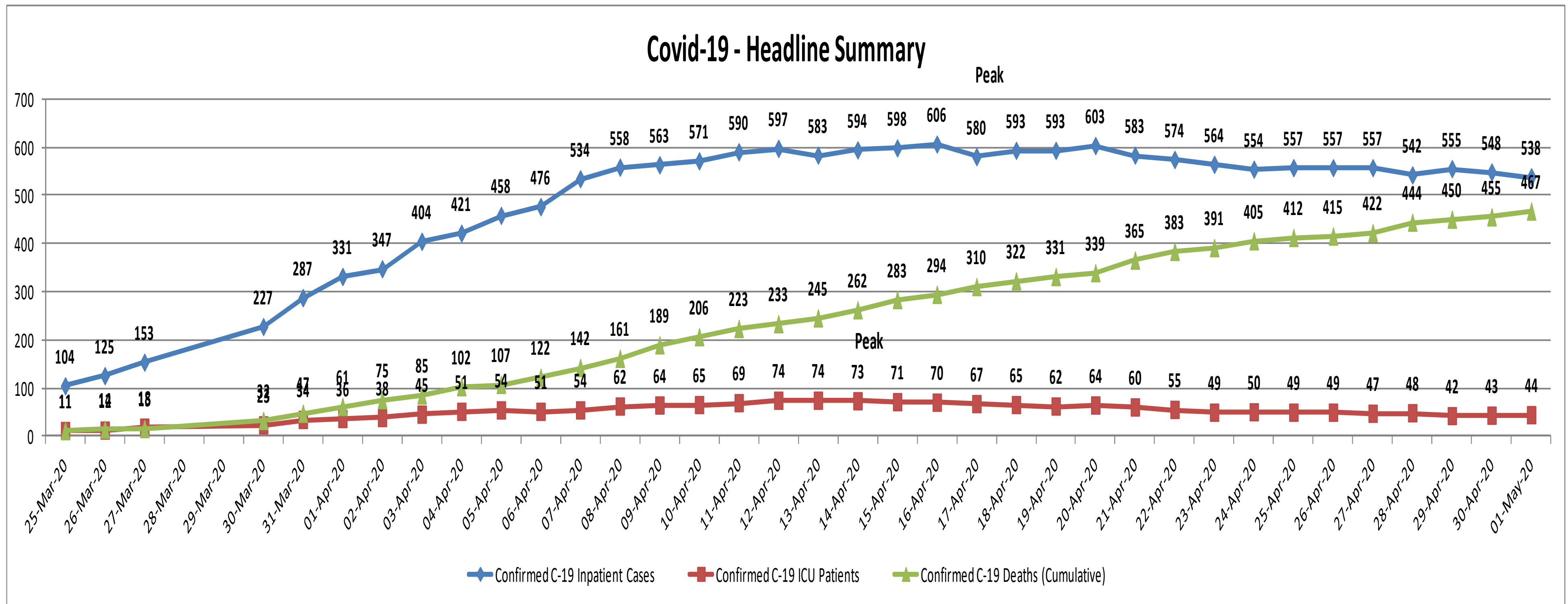
5.1. In summary, the many strands of work in relation to COVID-19 continue with the ongoing focus on providing high quality care to all patients, whether COVID-19 or not. In addition, significant efforts are being made to support our staff in these challenging times.

Jane Grant
1/5/20

Appendix 1 Key data

Headline Summary

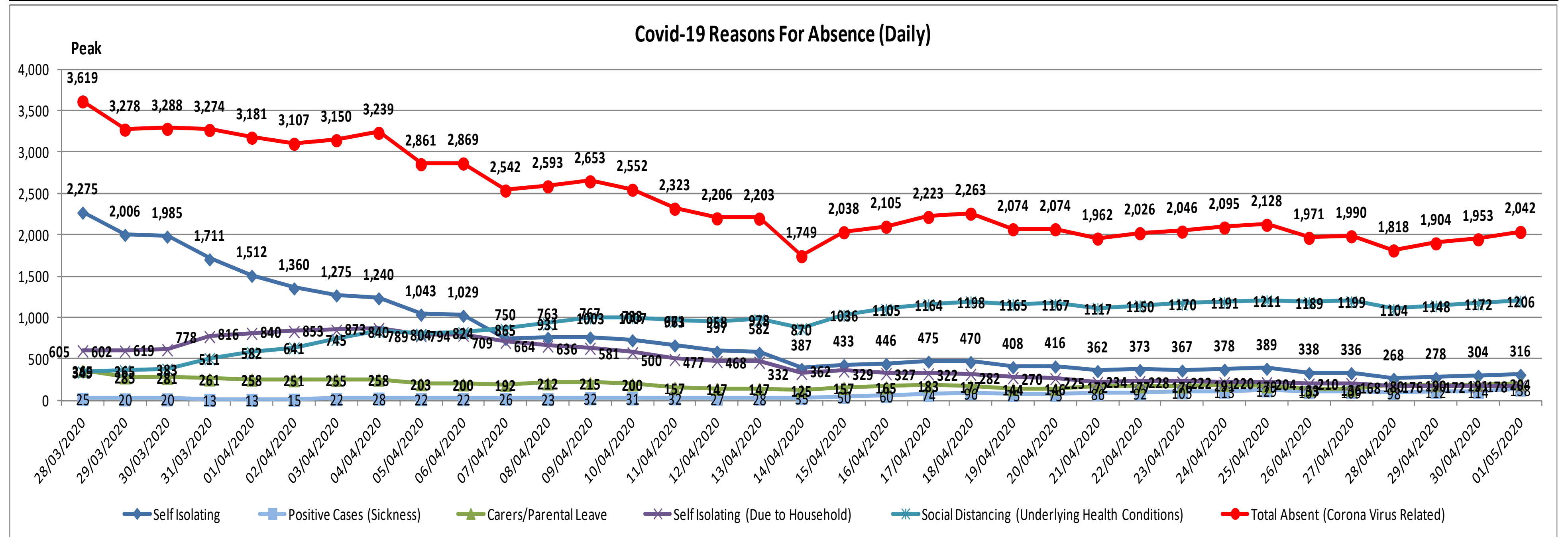
Overall, the number of confirmed Covid-19 hospital inpatients and ICU patients has stabilised during the past week, however the number of Covid-19 related hospital deaths continue to rise the past 3 days. As at 1st May, there were a total of **538** confirmed Covid-19 inpatients in hospitals across NHSGGC (10 less than the number reported yesterday). It should be noted that there are a further **441** *suspected* Covid-19 inpatients bringing the overall *total of Covid-19 related inpatients* to **979**. Of the total number of Covid-19 confirmed inpatients, **44** were in ICU (1 more than the number reported yesterday). A further **12** patients died (compared to the day previous) bringing the cumulative total to **467** hospital Covid-19 related deaths reported across NHSGGC.



Staffing Absence (Covid-19 related)

The overall number of Covid-19 related staff absences have decreased daily since the peak on 28th March 2020 however, the absences reported today show a 5% increase on yesterday's position. All Covide-19 related reasons saw an increase on yesterday's position with the most notable increase due to social distancing due to underlying health conditions (34).

Covid-19 Related Absences															
Corona Virus	28/03/2020	01/04/2020	07/04/2020	14/04/2020	21/04/2020	22/04/2020	23/04/2020	24/04/2020	25/04/2020	26/04/2020	27/04/2020	28/04/2020	29/04/2020	30/04/2020	01/05/2020
Self Isolating	2,275	1,512	750	387	362	373	367	378	389	338	336	268	278	304	316
Positive Cases (Sickness)	25	13	26	35	86	92	105	113	129	107	109	98	112	114	138
Carers/Parental Leave	365	258	192	125	172	177	176	191	179	133	136	180	190	191	204
Self Isolating (Due to Household)	605	816	709	332	225	234	228	222	220	204	210	168	176	172	178
Social Distancing (Underlying Health Conditions)	349	582	865	870	1117	1150	1170	1191	1211	1189	1199	1104	1148	1172	1206
Total Absent (Corona Virus Related)	**3,619**	**3,181**	**2,542**	**1,749**	**1,962**	**2,026**	**2,046**	**2,095**	**2,128**	**1,971**	**1,990**	**1,818**	**1,904**	**1,953**	**2,042**



Delayed Discharges

As at 1st May 2020, there were a total of **145** patients delayed across HSCPs, **93** Acute and **52** Mental Health delayed patients.