NHS Greater Glasgow & Clyde	Paper No. 20/20
Meeting:	Interim Board
Date of Meeting:	19th May 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Chief Executive

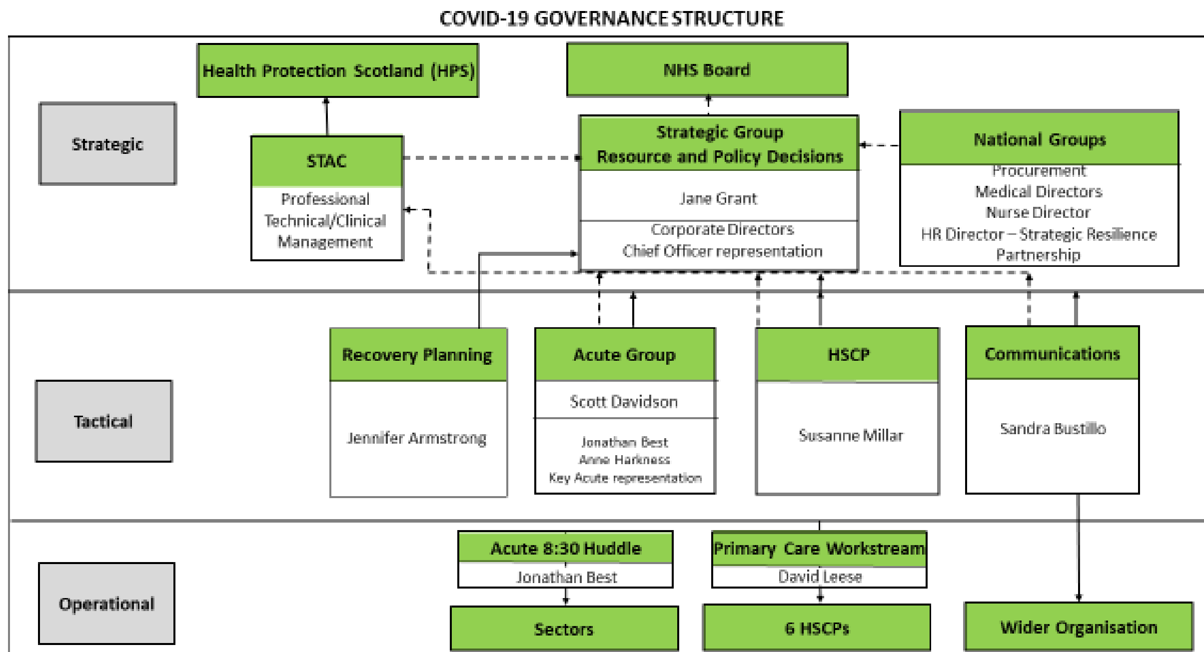
NHS GREATER GLASGOW AND CLYDE
Response to COVID-19
Interim Board Summary 19th May 2020

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 as described below.



2.2 Level of Patient Activity

2.2.1 There have been 3,286 confirmed cases of Covid-19 in GGC. Of these 1,816 have been hospitalised in the course of their illness, having been admitted at the time of testing, in the 14 days following a positive result, or having been already in hospital at the time of testing. The remaining 1470 have not been admitted to hospital. Over the past 2 weeks there has been an increase in the testing of symptomatic staff and household contacts, and an increase in the testing of individuals in care homes, leading to an increased proportion of cases identified within the community, and not admitted to hospital.

2.2.2 There are increasing indications of a slowing in the number for new cases requiring hospitalisation per day, and the drop in new cases noted in the last three weeks has been sustained. This will continue to require careful monitoring.

2.2.3 As of 15th May 2020, 3920 patients in NHSGGC had tested positive, with 460 inpatients across our hospital sites and 23 patients in ITU across the main sites COVID-19 positive. Appendix 1 provides some key trend data of metrics considered by the SEG daily.

3.0 CURRENT POSITION

3.1. Strategic Executive Group

3.1.1 The SEG continues to meet on a daily basis through the medium of Microsoft Teams. A Wednesday meeting has been refocussed to ensure dedicated time on recovery planning. Whist the overall position is stabilising, significant activity in the response to the pandemic continues. In addition to maintaining service provision, specific focus has been required on care homes in terms of testing and general support, establishing processes for the phases of Test Trace Isolate Support (TTIS) contact tracing and PPE .

The following provides an update of the key issues.

3.2 Workforce

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

3.2.2 Staff Absence

Availability of staff has remained static over the past 2 weeks 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 continues to improve. Staff members are now able to refer themselves for testing, as well as through their Managers.

The number of people self-isolating due to underlying health conditions has been significant during the pandemic, with 1,138 people in this category. This has increased slightly over the past week as additional Shielding letters have been issued. Work is underway to ensure that individuals continue to be supported just now in relation to their conditions, but also in the future during COVID-19 recovery.

As of 14th May 2020, a total of 1743 (1953 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 290(476 previous COVID Brief) continues to reduce 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 (145) are absent due to a positive COVID-19 diagnosis.

3.2.3 Recruitment and Reassignment

Newly appointed staff continue to process through induction and undertake orientation shifts. Over the period we will have added around 1500 people to our Staff Banks, with a focus on healthcare support workers and estates and facilities. These staff, as well as providing support across NHSGCC sites, can also support local care homes, testing sites and assessments hubs.

We have seen the reassignment of around 1600 staff members being upskilled and/or reassigned to areas of high priority and demand. This primarily includes support to ICU, and takes account of the appointment of student nurses and foundation interim year 1 doctors. All reassignment has been conducted in line with the principles outlined in the NHSGGC Reassignment Guide.

Work is also underway to consider reassignment of staff to support the new contact tracing programme which is currently being developed for NHSGCC. Staff who are currently self-isolating or shielding will be asked to volunteer to act primarily as call handlers from home to support delivery of the service. Consideration of skills, competencies, support, training and infrastructure is under review. This is in addition to the ongoing discussions around a national programme.

3.2.4 Wellbeing and Support

We have developed our Health and Wellbeing Action Plan and continue to see and hear about the positive usage of the wellbeing and support initiatives put in place. Staff have also been asked for their suggestions on what else could be considered and these are under review. Engagement with the BME Network is also underway to consider further support as a result of COVID-19.

3.3 Volunteers

3.3.1 Significant progress has been made in developing appropriate systems and processes to deploy COVID-19 volunteers safely and effectively, to support the delivery of essential frontline acute and community based health and social care services.

3.3.2 Over the week from 1st – 7th May, although this included a Public Holiday, volunteers contributed a total of 1,328 hours of service (35.4 WTE).

Tasks remain varied and include for example, artworks – creating a montage from well-wishers, setting up and manning hand sanitising stations, working in the R&R Hub (serving drinks, cleaning) and helping in the gym, helping within the stores department.

The Chairman has written to volunteers this week both those unable to work at this time, and to those volunteering through the pandemic thanking them for their contribution. The 1st June marks Volunteers week with work underway to ensure this is celebrated appropriately within GGC.

3.4 Acute Care

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

3.4.2 Elective care

The impact of the ongoing suspension of the elective programme is a key part of recovery planning, acknowledging it will have significant implications on waiting lists in 2020/21. Urgent and trauma work has continued during the pandemic. Cancer work also continues, with clinicians considering priorities on a case by case basis through cancer MDTs with chemotherapy, radiotherapy and urgent cancer surgery being prioritised and provided where appropriate. On average we are continuing to see about 300 new Out-patients and 600 return out-patients per day and this is slowly increasing each week, with the vast majority being virtual or telephone consultations. Theatre activity remains at around 120 cases per day and additional slots have been introduced over the last week for cancer surgery. 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. It is important to note that staff will require recuperation following the intense period of COVID activity. Breast cancer and skin cancer patients continue to be seen in the Nuffield Hospital and a small amount of activity is being established at the Golden Jubilee Hospital.

3.4.3 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. Further guidance has been received from Scottish Government and all patients over 70 years of age now require to be tested for COVID-19 on admission to hospital and every 4 days thereafter and this process has now been implemented across all sites.

3.4.4 ICU

As highlighted previously, additional ICU capacity was created following the reduction in elective activity across all sites and the redeployment of theatre and other staff. A further programme of expansion was developed to deliver four times our usual number of adult Intensive Care beds should the need arise. At the peak in early April capacity was more than doubled from 45 to 100.

ICU activity was at its highest on Monday 13th April when there were 86 patients of whom 75 had COVID. On 15th May there were 42 patients in ICU of whom 23 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. We are however beginning to reduce the ICU bed capacity with 76 beds currently open. It will be important to retain the ability to scale up again at pace should it be required.

3.5 HSCPs

3.5.1 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.

3.5.2 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.

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

3.5.3 Delayed Discharges

Work continues to reduce delayed discharges in the acute sector, with significant improvements made. Patients require 2 negative tests prior to discharge to a care home and this will have an impact on figures. As at15th May 2020, there were a total of 148 patients delayed across HSCPs, 98 of which were in Acute.

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.

3.5.4 Triage hubs / Community Assessment Centres (CACs)

There are 7 COVID-19 Assessment Centres (CAC) established across NHSGGC,which continue to operate. The centres are geographically located predominately serving local populations. 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. Activity is gradually falling with centres seeing 160 a day at the peak in early April to circa 80 per day currently during the week, falling to 35-40 at weekends. Work is underway to further review activity through the CACs, considering time of attendance, acuity etc. which will assist planning moving forward.

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 continues to operate 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.

3.5.5 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 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. This service has been received well by patients and clinicians and is a consideration in recovery planning moving forward.

3.5.6 Care Homes

There has been significant activity supporting the Care Home Sector in recent weeks with Directors of Public Health asked to take a lead in terms of providing an enhanced system of assurance.

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 the 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, currently looking after just under 6,500 residents in this sector. The HSCPs have worked together to produce a comprehensive package of support for care homes, outlined in a single document, and disseminated across the sector widely.

The systems and processes in place within GGC allowed a swift response to the letter received from Malcom Wright, the then Director General and 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.

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 further enhanced their 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 70 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.

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 support to individual Care homes has been developed using all of this intelligence alongside the existing information from HSCPs and the 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. The HSCPs have also developed an FAQ and a series of webinars

on topics, including COVID 19, palliative care, staff wellbeing, PPE to directly support staff with these sessions being recorded across the GGC sector. In addition to the daily contact with care homes, PHPU, HSCPs, and the Care Inspectorate review the priority programme on a weekly basis and have developed a tripartite assurance document which is submitted to the Scottish Government.

A multi-agency tactical group for care homes has been established within our governance structure for COVID-19 response, including all 6 HSCPs, Care Inspectorate, Scottish Care, and Public Health. This group is co-chaired by the Director of Public Health and the lead Chief Officer for care homes.

All symptomatic residents and staff in care homes have access to testing. The policy on testing in care homes was revised on 1st May with enhanced surveillance in care homes with one or more cases of COVID-19. All residents and staff, whether symptomatic or asymptomatic, should be tested and any linked homes where staff may be shared. We have established processes including HSCP testing teams to enable this to happen. There are concerns about the potential impact on staffing levels and contingency plans are in place to support homes if this becomes an issue. There is also a process to test residents on admission to a care home from the community and new residents are isolated for 14 days.

3.6 PPE

3.6.1 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 national procurement 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 small number of independent suppliers to ideally create that 5 day local buffer stock and ensure continued stability across the Organisation.

3.6.2 The Procurement Team, working closely with our Military Assistance colleagues, have developed a demand and usage model of PPE. This now underpins the management of PPE, informing sourcing, ordering and distribution. Whilst the model is mature and well embedded within the Acute Division and the health element of community provision, it is in the final stage of refinement for the Social Care part of the community provision, particularly taking account of the new Community Hub arrangements.

3.6.3 Attention has now turned to working closely with clinical colleagues to understand the potential PPE requirement around the recovery programme. Professional bodies and National guidance remains under development in this area.

3.7 COVID-19 Communications

3.7.1 The regular schedule of communications on the response to COVID-19 has continued, including daily staff briefs, a weekly update to Board members and a weekly MSP/MPs briefing. There have also been frequent direct-to-public and media communications with information on service access arrangements, NHSGGC's contribution to research activity and various accounts of the dedication and professionalism being shown by our staff.

3.7.2 As part of this programme of proactive communications, we have now developed a video series featuring our staff, Life on The Frontline, where our staff tell how COVID-19 has altered their work life and their personal life. The campaign launched this week, with the first

video featuring one of our domestic staff from Queen Elizabeth University Hospital. This video has had a tremendous response from the public with more than 1,000,000 views to date.

3.7.3 In response to the COVID-19 pandemic, areas of reform have been accelerated and new ways of working have been implemented and embraced across NHS GGC. Many of these changes are likely to remain and become business as usual, as such, it is imperative that views of stakeholders are gathered to inform service development, improvement and ensure services meet the needs of stakeholders. To support the work of the Recovery Tactical Group, the Patient Experience and Public Involvement (PEPI) Team have been commissioned to undertake targeted work to ascertain the views and experiences of stakeholders of changes implemented in response to COVID-19. This work will initially focus on two important developments that have supported the response in NHS GGC:

1. The introduction of unscheduled care **COVID-19 pathways** in community and hospital settings i.e. hub and Community Assessment Centre model, acute assessment triage and the mental health assessment units
2. The increased use of **NHS Near Me** (Attend Anywhere)

The Communications and PEPI Teams are also working to develop and test clear public messaging to underpin a redesigned model of emergency and urgent care.

3.8 Shielding

3.8.1 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 continual Scottish Government updates on additional patients that should be Shielded e.g. those who have had a splenectomy and those undergoing renal dialysis. There is ongoing activity to cross check all relevant clinical systems and patients with the clinical teams and GPs. The purpose of the exercise remains to ensure the individuals identified as those that require 'shielding', receive the correct support to stay at home. All of this work is being done in partnership with the relevant teams in HSCPs and Local Authorities and will require to continue for sometime.

4.0 Additional issues

4.1 Capital programme

4.1.1 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: The site is operational with operating procedures adjusted to comply with all current guidance with 69 operatives on site representing circa 45% (increase by 5 % in previous report) of the programmed workforce. The site continues to be 5 weeks behind programme. Internal fit-out, ceilings, M&E, brickwork to courtyards, external hard landscaping/car parking are being progressed.

- Stobhill Inpatient mental health beds: The site is operational with operatives on site at present. Operating procedures have been adjusted to comply with all current guidance with 49 operatives on site in line with the previous report, representing circa 30% of the programmed workforce. The scheme is estimated to be around 3 weeks behind programme as previously reported. Some previous furloughed supply chain staff are becoming available again.

4.1.2 In respect of wards 2A/B within the RHC, planned completion was the end of the summer. While refurbishment of wards 2A and 2B has been identified as an essential

project, NHSGGC were finding it difficult to progress this project as quickly as they would wish because the main contractor had stopped all physical work on the site as reported previously. However, as of Monday 11th May 2020, up to 20 operatives were present with a focus on completion of wet room flooring and general building works. The Design Team and Contractors are continuing with design work, approvals, project administration and ordering of materials and equipment.

4.1.3 Clydebank Health & Care Centre - The contractor, BAM, who are carrying out the works at Greenock and Stobhill, has requested a further review to consider if the project can be deemed “essential”. Works commenced on 27th January and are due to complete in July 2021. Works to date include groundworks, drainage and concrete foundation works. Works are currently paused and circa 6 weeks behind programme. This is one of the schemes that we are keen to see recommencing and work is ongoing at present to establish that process.

4.2 Advisory Structures and Partnership Working

4.2.1 The Area Clinical Forum (ACF) met again on 1st May 2020. The Chair of the ACF will advise the Interim Board of any ongoing discussions with members at the meeting on the 19th May.

4.2.2 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.

4.3. Military Assistance

4.3.1 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. Ongoing support is currently being agreed.

4.4 Ethical Advice and Support Group

The Ethical Advice and Support Group has been established in line with Scottish Government Guidance. 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. A Terms of Reference have been agreed with communication to services through line management and the Core Brief. Two non-executive directors have been identified to provide ‘lay’ support to the Group with the Head of Clinical Governance and Research Ethics Manager coordinating any activity. To date no ethical issues have been raised for consideration by the Group.

4.5 Testing

4.5.1 Test Trace Isolate Support

NHSGGC are working with Public Health Scotland and other Health Boards to set up “Test, Trace, Isolate, Support” (TTIS) encompassing four ‘pillars’ to the contact tracing approach:

- Testing of possible cases of Covid-19:
- Tracing of individuals in contact with confirmed cases of Covid-19 during their infectious period;
- Isolating those contacts considered to have had a contact that has a given likelihood of transmission. Follow-up of these contacts over their incubation period and testing if they develop symptoms;

- Support for households that are quarantined as a result of contact, as well as maintaining broader societal support for contact tracing as an intervention over an extended period.

There are 4 Phases to the approach; Phase 1 Urgent response, Phase 2 Stabilisation, Phase 3 Strengthening and Phase 4 Responding. Phase 1 of the approach will commence the week beginning 25th May and be fully mobilised from Monday 1st June. This will initially involve the deployment, training and mobilisation of a workforce of between 110 and 120 staff to carry out the tracing. Staff are being identified from within the cohort of those Shielding and those who have been identified as suitable for redeployment from their existing duties. Work will continue to respond to the further phases.

4.5.2 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 with an average of 200 tests per day being undertaken. The availability of this service and instructions for accessing it have been widely communicated with our drive-thru centres augmenting the process with a home testing team for staff without their own transport.

4.5.3 Patient testing

In terms of inpatient testing the requirements include all ICU patients, all hospitalised symptomatic patients who meet the case definition, all patients being discharged to a care home; COVID-19 patients require 2 negative tests before discharge at least 24 hours apart and within 48 hours of discharge. Non-COVID-19 patients require a single test within 48 hours priority to discharge. We are working with acute and partnership teams to ensure this does not significantly impact on lengths. In addition all patients age 70 years or more at admission and (if negative) serially every four days until discharge.

Care home testing has been updated and now includes symptomatic care home staff or their household contacts, tested through the process described above, all symptomatic residents of care homes. Residents are tested by contacting the resident's GP and the test is taken either by care home nursing staff or by HSCP testing teams. The HSCP testing teams have been established in each area working from hubs. Transport of test kits to and from the home is organised by the HSCP. All admissions to care homes from the community have the requirement to isolate for 14 days from admission.

In addition mass testing has been established for;

- All residents and staff, whether or not they have symptoms in care homes with confirmed cases of Covid-19. These tests will be undertaken by staff in the home or the HSCP testing teams but organised directly by the care home not via the GP (as this is not a clinical intervention). The testing teams have been augmented to cope with this significant increase in demand.

- All residents and staff, whether or not they have symptoms in care homes linked to care homes with confirmed cases of Covid-19. This relates to where a care home with an outbreak is part of a group or chain, and staff may still be moving between homes. This is carried out by the process above.
- All residents and staff, whether or not they have symptoms in care homes in a sample of homes with no cases. The aim of this testing is comprehensive surveillance.

4.6 Recovery Planning

A Recovery Planning Tactical Group has now been established, led by Dr Jennifer Armstrong, Medical Director. This work reports upwards to the SEG with significant progress being made. A separate paper on the approach to recovery planning is on the Interim Board agenda for the 19th May.

4.7 Finance

As previously reported, the Scottish Government have issued a template for the Board and the 6 IJBs to record projected COVID-19 spend for the year. For the IJBs, this includes all Health and Social Care spend and cost pressures. This is aligned and accompanies the Boards and individual IJBs Mobilisation Plans. Both have been presented to the Boards COVID-19 SEG. The Financial Template is updated on a daily basis and submitted to SG on a weekly basis (now fortnightly). The actual financial costs for April 2020 are currently being analysed together with adjustments to the projections and a report will be presented to the Board in due course.

5.0 Conclusion

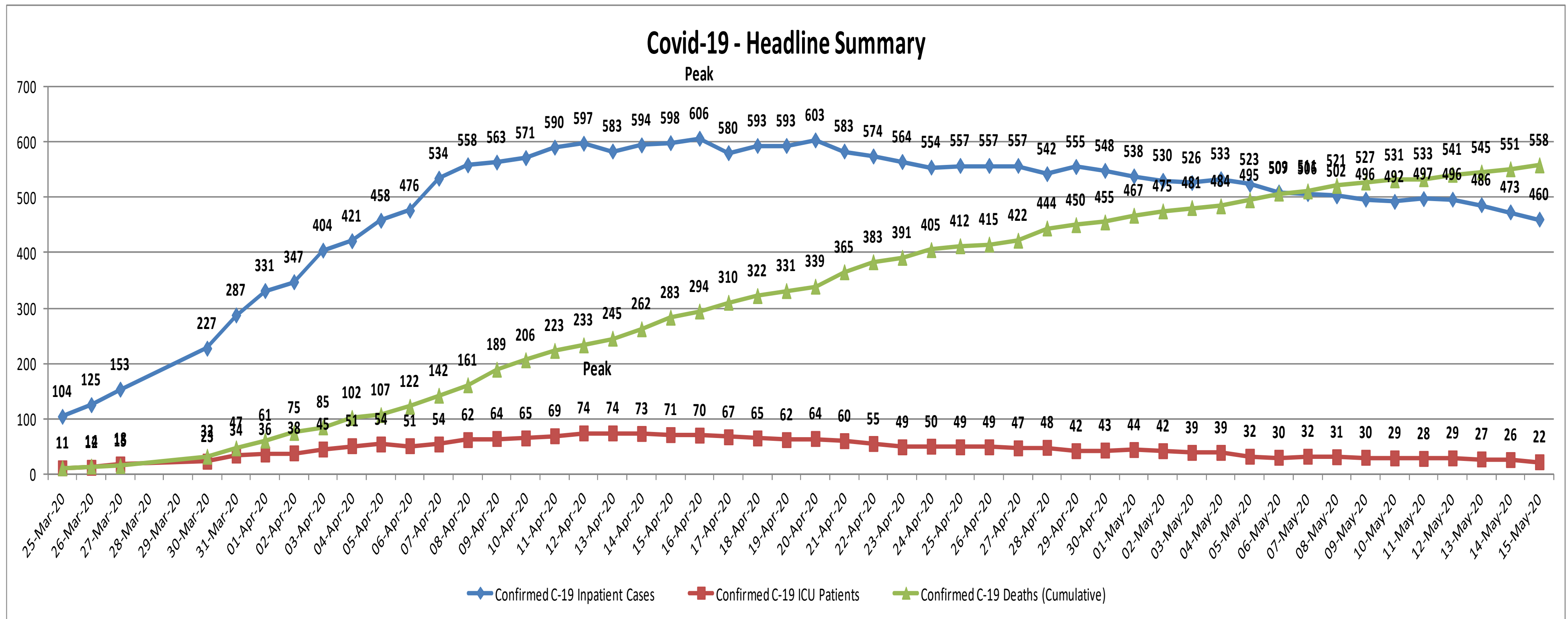
5.1. In summary, the many strands of work in relation to COVID-19 continue with the ongoing focus on providing high quality care to all patients, whether COVID-19 or not. The work around recovery planning is critical moving forward.

Jane Grant
15/5/20

Appendix 1 Key data

Headline Summary

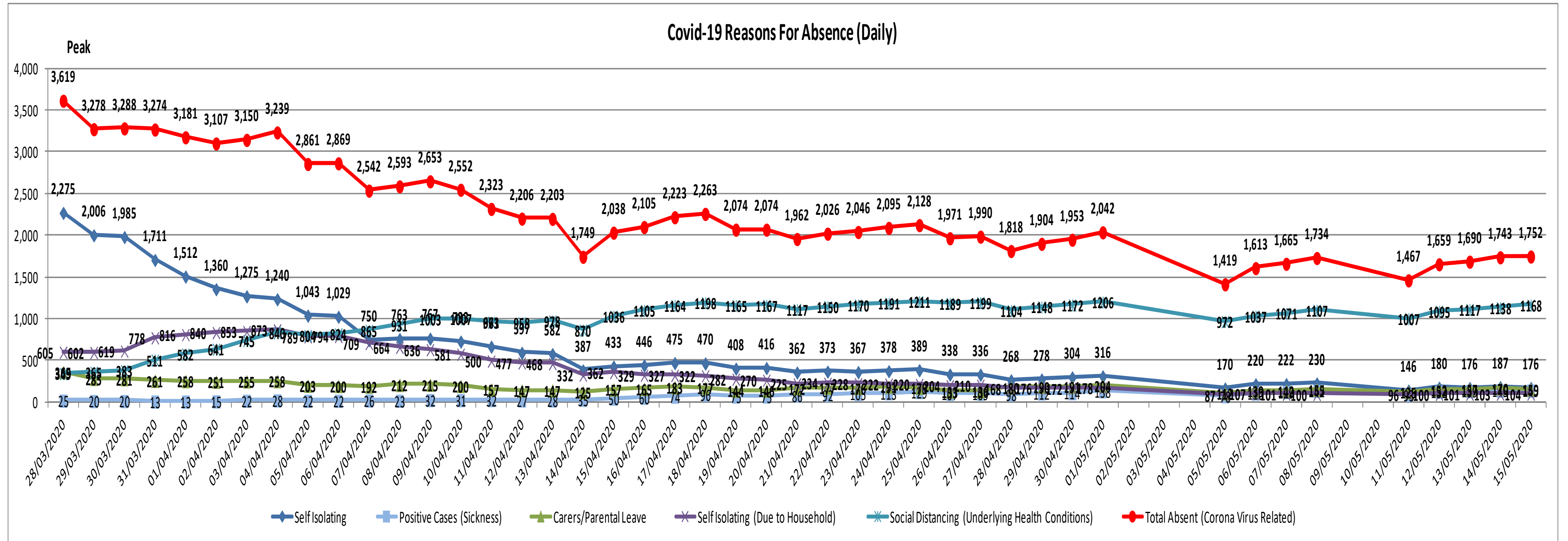
Overall, the number of confirmed Covid-19 hospital inpatients and ICU patients has reduced since the peak mid-April 2020, however the number of Covid-19 related hospital deaths continue daily. As at 15th May, there were a total of **460** confirmed Covid-19 inpatients in hospitals across NHSGGC (**13** less than the number reported yesterday). There were a further **254** *suspected* Covid-19 inpatients bringing the overall *total of Covid-19 related inpatients* to **714.** Of the total number of Covid-19 confirmed inpatients, **22** were in ICU (**4** less than the number reported yesterday) and the lowest number reported since the outbreak began. A further **7** patients died (compared to the day previous) bringing the cumulative total to **558** Covid-19 related hospital deaths reported across NHSGGC.



Staffing Absence (Covid-19 related)

The overall number of Covid-19 related staff absences has decreased since the peak on 28th March 2020. However, as at 15th May 2020, there were a total of **1,752** staff absences due to Covid-19 a further albeit marginal increase on those reported during the past 5 days. This increase was as a result of the increase in the number of staff social distancing (due to underlying health conditions) 30 more absences than yesterday.

Covid-19 Related Absences														
Corona Virus	**31/03/2020**	**07/04/2020**	**14/04/2020**	**21/04/2020**	**28/04/2020**	**05/05/2020**	**06/05/2020**	**07/05/2020**	**08/05/2020**	**11/05/2020**	**12/05/2020**	**13/05/2020**	**14/05/2020**	**15/05/2020**
Self Isolating	1,711	750	387	362	268	170	220	222	230	146	180	176	187	176
Positive Cases (Sickness)	13	26	35	86	98	78	110	129	142	93	132	139	145	145
Carers/Parental Leave	261	192	125	172	180	112	139	142	155	125	152	157	170	159
Self Isolating (Due to Household)	778	709	332	225	168	87	107	101	100	96	100	101	103	104
Social Distancing (Underlying Health Conditions)	511	865	870	1117	1104	972	1037	1071	1107	1007	1095	1117	1138	1168
Total Absent (Corona Virus Related)	**3,274**	**2,542**	**1,749**	**1,962**	**1,818**	**1,419**	**1,613**	**1,665**	**1,734**	**1,467**	**1,659**	**1,690**	**1,743**	**1,752**



Delayed Discharges

Overall, there has been a daily reduction in the number of delayed discharges from each of the HSCPs reported across NHSGGC since 18th April 2020. As at 15th May 2020, there were a total of **148** patients delayed across HSCPs comprising **98** Acute and **50** Mental Health delayed patients.