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Classification:	**Board Official**
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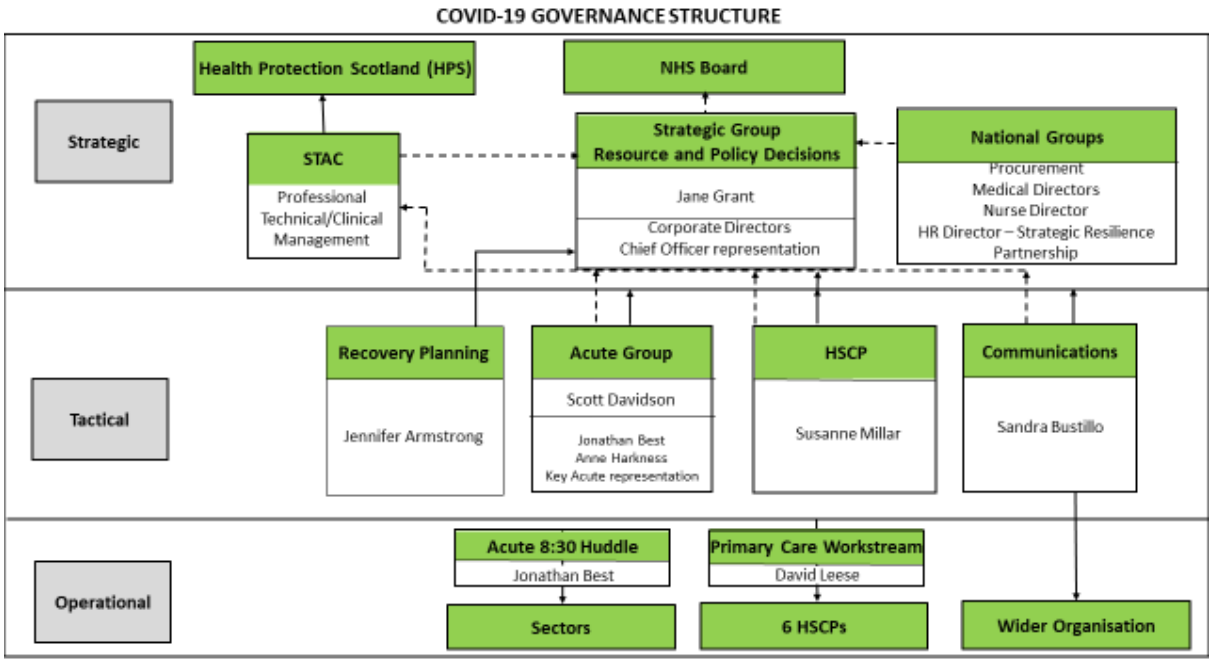
NHS GREATER GLASGOW AND CLYDE
Response to COVID-19
Interim Board Summary 2nd June 2020

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 3,676 cases of COVID-19 confirmed in NHS laboratories to 27 May 2020, of these 1,903 have been hospitalised in the course of their illness. The remaining 1773 have not been admitted to hospital.

2.2.3 The data from UK government laboratories was released to NHS Boards for the first time last week, showing an additional 574 cases of COVID-19 amongst GGC residents tested at these facilities between 22 April and 19 May.

2.2.3 As of 29th May 2020 there were 354 inpatients across our hospital sites and 9 patients in ICU across the main sites testing COVID-19 positive. The reducing trend over the past 3 weeks is evident and welcomed, however there are 497 Shielding patients in our hospitals with patient placement paramount. 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 has reduced meeting frequency to 3 times per week, for a trial period. The senior team are acutely aware, that whist the overall COVID position is improving, significant activity in the response to the pandemic continues, particularly in respect of care homes both testing and oversight, the establishment of Test and Protect and the requirements of planning an effective recovery.

The following sections provide a high level update on key issues.

3.2 Workforce

3.2.1 Staff Absence

The availability of staff has remained relatively static over the past 2 weeks. As of 29th May 2020, a total of 1623 (1743 in previous COVID-19 Brief) staff were absent from work due to a COVID-19 related issue. A small number of staff (98) were absent with a positive diagnoses of COVID 19.

Staff members are now able to refer themselves for testing, as well as through their managers with communication ongoing to remind people of this. The number of people self-isolating due to underlying health conditions has been significant during the pandemic, with 1,238 people in this category. Over 20% of this group have received shielding letters from Scottish Government, with 11% over 70 years of age, 3% are pregnant and the remainder have underlying health conditions, either in the Highest Risk or Raised Risk categories. Our Occupational Health Team are reviewing all staff lists to consider longer term support and requirements for individuals.

3.2.2 Wellbeing and Support

Further to engagement with the Black, Asian and Minority Ethnic (BAME) Network, we issued communications to all staff to outline support available to those of Black, Asian and Minority Ethnic backgrounds. This was as a result of emerging evidence that people from BAME backgrounds may be disproportionately affected by COVID-19, with further research

and reviews underway. Further guidance on this has now been issued by the Scottish Government and we are reinforcing this to support our staff, as well as reviewing risk our assessments.

3.3 Acute Care

3.3.1 The Acute Tactical Group has reduced its meetings to twice a week, however daily calls continuing. As the numbers of COVID cases are reducing, work is now underway reviewing the acute service approach to recovery. The overall acute response to the pandemic was to flex resource to prioritise the needs of patients with COVID19, those patients requiring emergency and urgent treatment and to those referred with a suspicion of cancer or already on a cancer treatment pathway. The cessation of routine planned activity allowed the expansion of critical care beds and the reallocation of staff. Should a further wave of COVID19 be experienced, a similar approach would require be taken to allow staff and beds to be made available. At its peak there were 86 patients in ICU beds across GGC, 74 of whom had COVID19 and 606 patients in acute hospital beds with a positive COVID19 test.

3.3.2 As highlighted in previous updates to the Interim Board, the impact of this response on the number of people waiting for elective care has been significant. A reduction in referrals has meant that, whilst the overall number of patients waiting has not increased significantly, the length of the wait for patients has risen. However in the seven weeks from 30th March to 11th May 900 elective operations have been undertaken related to urgent care and those patients with a cancer diagnosis.

3.3.3 A coordinated approach to the re-start of any elective activity is being undertaken across GGC with all services applying the same principles. This is in the context of the advice from STAC, which includes the need for patients to self-isolate for 14 days prior to a planned inpatient admission and a pre- admission test to be undertaken 48 hours prior to any planned admission. The impact on Level 2 /3 care, the need for PPE and the demand for medicines are also being assessed.

3.3.4 Attend Anywhere and virtual consultations, along with telephone triage, will reduce attendance at hospital sites. The need for physical distancing in out-patient and diagnostic waiting areas will require review, but it is likely that there will be a reduction in the number of patients able to be seen at each session.

3.4.5 Unscheduled care activity in GGC has seen a significant reduction, in line with national trends. Between 1st April 2020 and 17th May 2020 our core Emergency Departments have seen 45% of attendances reported for the same period last year. The trend across GGC has now started to increase, further to the ‘NHS is open’ campaign, and it is anticipated that this will continue in the coming weeks. Performance against the 4 hour A&E standard across GGC has shown a sustained improvement since the social distancing measures were introduced in mid-March and it crucial that this is maintained moving forward.

3.4.6 COVID-19 has presented a number of challenges in relation to patient streaming and we have introduced a number of incremental changes to ensure we continue to deliver safe and effective emergency care within the context of the pandemic. To respond to COVID-19 all hospitals have developed new processes to ensure patients are directed to the most appropriate care provider. We must also ensure that patients with and without symptoms can be isolated and managed accordingly and therefore we have developed new Red and Green pathways across emergency care services. We are focused on continuing this

approach. The ongoing development of these changes will form a key part of the next phase of our unscheduled care mobilisation plans.

3.5 HSCPs

3.5.1 The HSCP Tactical Group now meets 3 times per week and is still supported by the primary care workstream. Similarly to the Acute Tactical Group, focus is also turning to the recovery phase.

3.5.2 Throughout the COVID-19 pandemic, primary care and community health and social care services have continued to deliver an urgent care response. Innovative ways of working have been put in place to maintain services and reduce risk to staff, patients and clients. Some routine activity has continued, where possible, by adopting new working practices, but inevitably some activity has been suspended. 6 COVID Assessment Centres (CACs) were rapidly established across NHSGGC as part of the system wide response and elements of the GPOOH modernisation plan have been progressed. Activity within the CACs has decreased over the last 5 weeks and staff re-assigned to the centres are now required to return to their substantive role to support recovery. The future configuration of centres across the Board is currently under review and the future model will be agreed by the end of June.

3.5.3 There are significant implications for primary, community and social care services which need to be considered as part of the recovery planning recognising the current demand and the growing backlog of care that will need to be addressed. In considering a response it is recognised that a phased approach to transition will be required supporting an appropriately planned scale up of service access. The response to COVID-19 will continue to impact on capacity and the way in which services are delivered as we move forward.

3.5.4 Care Homes

The significant activity to support the care home sector continues, led by the Director of Public Health (DPH) in providing an enhanced system of assurance. Care homes have a vital role to play in providing a safe, caring environment for people to live. Care home residents have, unfortunately, emerged as being significantly affected by COVID-19. We want to ensure staff can continue to care for some of the most vulnerable in our society during the COVID-19 pandemic.

The Cabinet Secretary for Health and Sport, Jeanne Freeman, gave additional responsibilities to Board Executive Nurse Directors on the 17th May; which advised Nurse Directors to assume accountability for the provision of nursing leadership, support and guidance within the care home and care at home sector and provide enhanced professional clinical and care oversight. Specifically, Nurse Directors require to support the Director of Public Health to review the information which is submitted to them by care homes, identify specific issues and support the development and implementation of solutions to ensure residents are provided with safe high quality services.

Joint daily meetings involving the Nurse Director and her team, HSCPs and public health have now been established.

Within the NHS GGC Board area there are 196 residential care homes providing a total of 9,287 residential places area (Care Inspectorate data 31 March 2020). Of these Care

Homes, 15 are local authority owned, 116 are privately owned, and 65 are voluntary third sector operated. The vast majority of these provide services for older people.

In response to the Scottish Government instruction last month to assess the needs of all care homes, Public Health interviewed every care home by telephone. The analysis of the questionnaires helped Public Health and partners to develop a hierarchy of support for all care homes which includes:

- Establishment of a multi-agency care home group that includes public health GPs, commissioning managers, care inspectorate and Scottish Care, reporting to the tactical group and then to the SEG;
- Advice and support on managing outbreaks from the Board's health Protection Team;
- Regular discussions with care home managers and the Board's Health Protection team on guidance about infection prevention and control
- Webinars on PPE and infection prevention and control;
- Advice on COVID – 19 presentations in elderly people
- FAQs on a range of COVID issues which are updated regularly;
- Additional ANP staff for the Care Home liaison teams;
- The provision of training on best practice on isolation for residents with dementia by specialists in dementia care;
- Additional support for anticipatory care planning
- End of life training and support for care home staff and palliative care medicines provision
- Joint inspection visits being arranged with the Care Inspectorate as necessary
- Joint work with the Director of Nursing to establish a programme of visits to support all care homes. The first visits to the homes with the highest levels of need for support commenced last week.

There are daily huddles for Care Homes in each HSCP with weekly review meetings of all the care homes in GGC being held with Care Inspectorate and HSCP partners and public health. This allows the DPH to report to Scottish Government on the position of all care homes, highlight areas of concern and describe actions taken or planned.

Guidance has been produced for care homes on testing for symptomatic residents and staff, whole home testing for homes with at least one case and testing and isolation on admission for new residents. HSCP testing teams have been established to support care homes in testing and these will continue to support new guidance on repeat testing and also to undertake surveillance in a sample of care homes. Since the beginning of May, testing in care homes has been expanded to include testing of all residents and staff as part of more detailed investigations of outbreaks, testing in linked homes and testing in a sample of homes with no cases. On 28 May, it was confirmed that repeat testing should be offered to all care home staff weekly

In addition, the Cabinet Secretary wrote to Boards on the 20th May regarding specialist support to care homes. All Boards have been encouraged to consider ways to provide support to the care home sector from secondary care and consider developing services which would utilise for example, the expertise of the geriatricians as part of a multidisciplinary team approach.

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. 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 Test and Protect

3.7.1 GGC continues to provide testing for symptomatic staff and household contacts, and testing of care home staff and residents in care homes. As we implement Test and Protect, we are organising systems to test housebound people or people without transport including contacts who become symptomatic. Testing will continue in hospitals including regular testing of patients over 70 years and patients being discharged to care homes.

3.7.2 As part of the Test and Protect Strategy, the GGC Contact Tracing service commenced on the 28th May. Our approach has been to source this workforce by reassigning staff from existing positions, possibly where not fully utilised due to step down of other service, targeting particularly those with appropriate experience and competencies capable of providing support to more junior staff.

3.7.3 We have also been supported by partners within the GGC Local Resilience Partnership who have contributed staff from within their own workforce and are assisting in the planning of the new service. Our next phase of recruitment will extend to staff who are shielded but could work from home. We have commissioned Eastbank Community Health and Training Centre to function as the Contact Tracing 'hub', capable of accommodating up to 80 staff within COVID-19 safety requirements. Our plan will equip and facilitate a greater number to work from home.

3.7.4 NHSGGC is liaising closely with the national team to support planning of the National 'Tier 1' Call Handling service and to plan for the ongoing resource that will be required for the complex case tracing service following commissioning of the National Service.

3.8 Recovery Planning – Development of the Remobilisation Plan

As discussed at the last Interim Board, work has been undertaken to produce the first draft of the Remobilisation Plan. As with the initial response to the pandemic, we have adopted a

clinical and social care focus to the recovery programme with involvement of services from across the health and social care sector (HSCS). It has been developed in partnership with H&SC professionals, staff side representatives and has a cross system governance process which reflects this approach at all levels, reporting to the SEG. Clear cross system principles have been jointly developed to ensure a coherent, prioritised recovery programme which recognises the needs of COVID and non COVID patients/service users alongside retaining flexible capacity to address potential future surges. There are a wide range of issues considered within the Remobilisation Plan as per the national guidance provided. Some key priority service areas are noted below.

- **Acute services.** The key priorities for acute services in terms of recovery include continued provision for COVID patients with flexibility for surges, continuing to deal with all emergency care, acknowledging a recent rise in attendance, and restarting the elective programme where appropriate. Maximising the use of digital technology during recovery will be critical, including the roll out Attend Anywhere for planned outpatient care, with remote blood tests and imaging, ensuring that, if face to face consultation is required, areas are equipped with social distancing and new clinical pathways are developed.

- **Unscheduled care.** The cross system approach taken to care for COVID patients, with a senior GP providing advice directly to patients for self-care or scheduled urgent care, has been very effective. It is hoped that the national approach will support this to be extended to non COVID unscheduled care. The priorities for NGGC include maintenance of the Hubs and some Community Assessment Centres with the red COVID services, and ensure this capacity can be flexed to accommodate any further surges. In addition, signposting patients away from ED by a senior nurse, will be in place for all GGC departments. Attend Anywhere and GP OOH appointments will also be rolled out by June and consultants from a range of specialties will utilise technology to discuss clinical care directly with GPs to enable more planned urgent care.

- **Primary care and community services.** An initial focus of work being undertaken by primary care and HSCPs is considering options and priorities for resuming services suspended during the first phase of the COVID response. A key focus will require be on maximising digital capability to enhance services. All 235 GP practices are now enabled to use Attend Anywhere and plans are being put in place to resume some services; e.g. chronic disease management and services for vulnerable children and families. There are also detailed plans for dentistry, optometry and community pharmacy. In addition it will be important to ensure surge capacity for COVID moving forward.

- **Public Health.** The priorities for remobilisation in respect of public health include identifying and addressing inequalities as a consequence of the virus, ensuring childhood and adult vaccination programmes are maintained and the influenza programmes are stepped up. The significant focus on implementing actions to reduce spread of infection in care homes, implementing testing and ensuring staff and services are available to implement the Test and Protect will continue.

- **Infection control.** GGC has maintained urgent and emergency non COVID care based on clinical/social care needs. Strict infection control processes have been implemented to separate urgent COVID and non COVID patients, with any new national guidance or local learning immediately implemented. This includes a clear focus on Personal Protective Equipment (PPE) across services. This focus requires to continue in readiness for any second wave balanced with core infection control activity.

- **Mental Health.** Throughout the pandemic, urgent care has continued based on clinical need. Mental Health Assessment Units were established and provided emergency care 24/7 which was highly effective and will be reviewed through the recovery phase to ensure a more sustainable and integrated approach. The recovery plans consider adult mental health, CAMHS and older people together with the specific needs of more vulnerable groups. In addition, the expected increased demand for mental health services due to COVID are being developed in partnership with community assets to enhance non clinical responses.

4.0 Additional Issues

There has recently been some media reporting locally and nationally regarding HAI related COVID and transmission within hospitals. Within GGC this related to Gartnavel General Hospital (GGH). GGH is principally used as a step down facility for patients who require additional care prior to discharge from both Glasgow Royal Infirmary and Queen Elizabeth University Hospitals. The transfer of patients from QUEH to GGH is an established pathway for treating patients requiring rehabilitation and follows nationally agreed guidance.

It is recognised that COVID-19 is a very challenging disease and there has been significant learning about the disease and its transmission. Over the period we have responded rapidly to implement all emerging national clinical and infection control guidance.

In April, our surveillance systems showed a small rise in the numbers of patients in GGH testing positive, at which point we immediately reviewed our existing processes and put in place additional measures to protect our patients, including the introduction of green, red and amber pathways to separate COVID from non-COVID patients. A senior infection control consultant nurse has been based at the hospital throughout, giving additional support to the infection control staff already providing advice to the hospital to provide expert advice to medical and nursing staff.

5.0 Conclusion

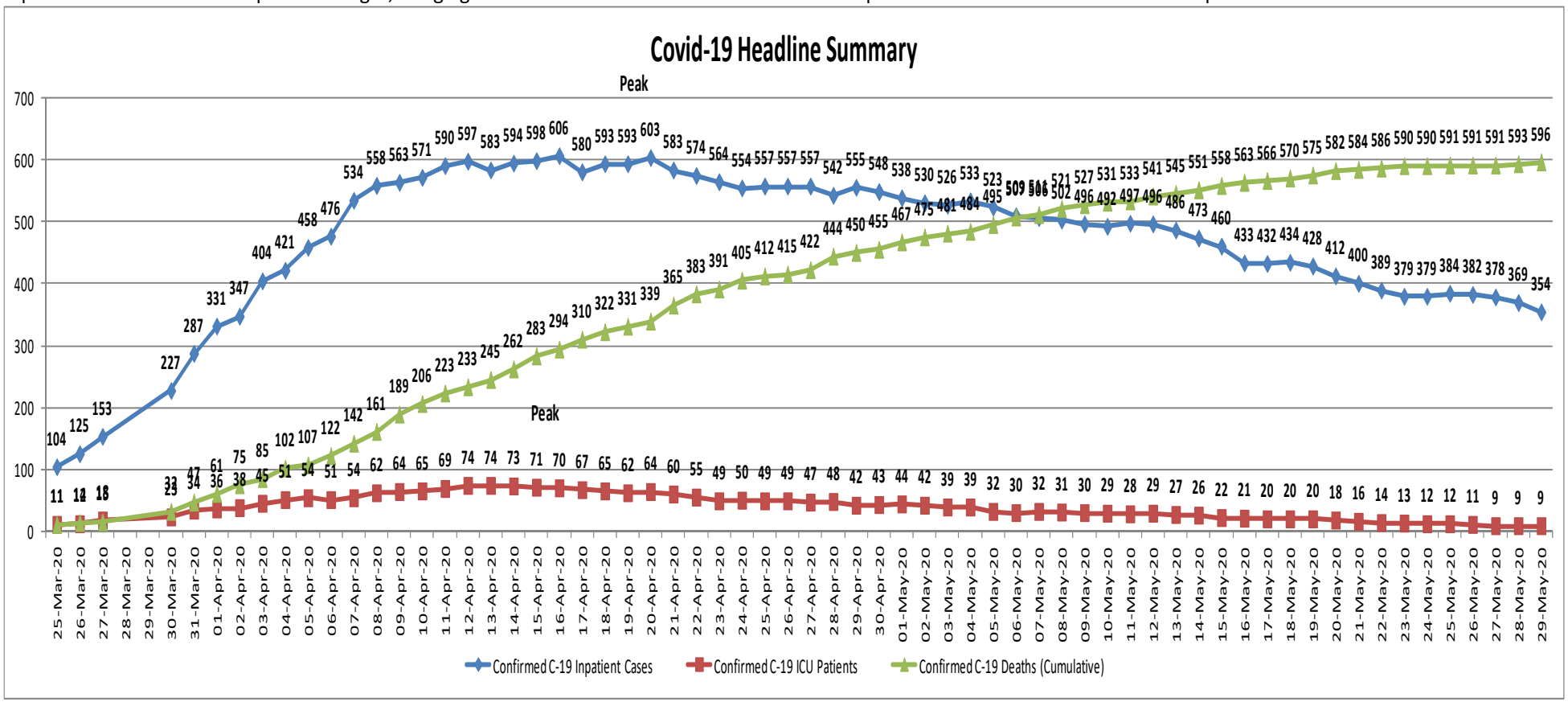
5.1. The reduction in the number of inpatients with COVID 19 is extremely positive. However, as described, significant activity continues in key areas of our overall COVID response, including recovery planning. It is important that staff at all levels have time to recoup prior to any remobilisation of services and this is being prioritised by senior teams. Throughout, our priority remains on providing high quality care to all patients, whether COVID-19 or not.

Jane Grant
29th May

Appendix 1 Key data

Headline Summary

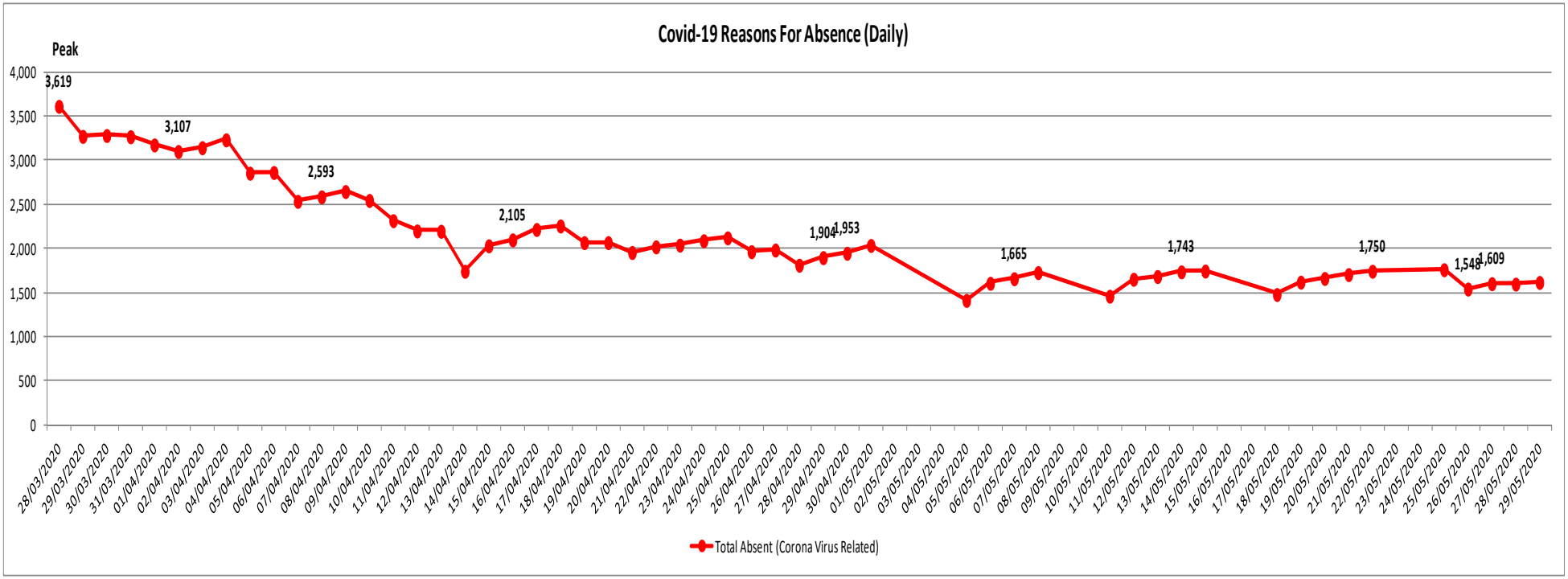
Overall, the number of confirmed COVID-19 hospital inpatients and ICU patients has reduced since the peak mid-April 2020 and the number of COVID-19 related hospital deaths in hospitals are showing signs of levelling off. As at 29th May, there were a total of **354** confirmed COVID-19 inpatients in hospitals across NHSGGC (**15** less than the number reported the previous day), the lowest number of confirmed COVID-19 inpatients reported since the outbreak peaked on 16th April 2020. There were a further **183** *suspected* COVID-19 inpatients bringing the overall *total of COVID-19 related inpatients* to **537**. Of the total number of COVID-19 confirmed inpatients, **9** were in ICU the same as the number reported the previous 2 days) and the lowest number reported since the outbreak peak on 12th April 2020. There were **2** COVID-19 related deaths reported across NHSGGC hospitals last night, bringing the cumulative total of COVID-19 related hospital deaths to **596** across NHSGGC hospitals.



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 29th May 2020, there were a total of **1,623** staff absences due to COVID-19, a 1% increase on the previous day's position.

Covid-19 Related Absences														
Corona Virus	**28/03/2020**	**31/03/2020**	**07/04/2020**	**14/04/2020**	**21/04/2020**	**28/04/2020**	**05/05/2020**	**12/05/2020**	**19/05/2020**	**26/05/2020**	**27/05/2020**	**28/05/2020**	**29/05/2020**	**Daily Var**
Self Isolating	2,275	1,711	750	387	362	268	170	180	145	112	116	107	101	-6
Positive Cases (Sickness)	25	13	26	35	86	98	78	132	128	103	100	104	98	-6
Carers/Parental Leave	365	261	192	125	172	180	112	152	149	145	179	166	181	15
Self Isolating (Due to Household)	605	778	709	332	225	168	87	100	83	50	56	55	59	4
Social Distancing (Underlying Health Conditions)	349	511	865	870	1117	1104	972	1095	1121	1138	1158	1172	1184	12
Total Absent (Corona Virus Related)	**3,619**	**3,274**	**2,542**	**1,749**	**1,962**	**1,818**	**1,419**	**1,659**	**1,626**	**1,548**	**1,609**	**1,604**	**1,623**	**19**



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 29th May 2020, there were a total of **164** patients delayed across HSCPs comprising **109** Acute and **54** Mental Health delayed patients.