

Director of Public Health

Commonwealth Games

RECOMMENDATIONS:

The NHS Board is asked to receive the report from the Head of Civil Contingencies on the lessons identified following the XX Commonwealth Games.

1. Support the recommendations for action by NHSGGC following the lessons identified.
2. Note the report and acknowledge the planning from all areas contributed towards a successful event

Background

From 23 July to 3 August 2014, Glasgow hosted the XX Commonwealth Games. The Commonwealth Games included 17 sports with 261 medal events which were played across 14 venues. 6,500 Accredited Games Family, including athletes, technical officials, media and broadcasters and a range of delegates from across the 71 Commonwealth nations and territories attended in addition to thousands of spectators and visitors to the city

12 of the 14 competition venues as well as the athlete's village and media hubs were based in Glasgow. The Games operated in three site clusters in the city – East End which included the athlete's village, the West End and the South Side.

The Commonwealth Games could potentially have had a major impact on NHS Greater Glasgow and Clyde's service delivery due to the additional pressure caused by an increase in demand for health services linked to the Games and celebrations. There was also an increased likelihood of a major incident occurring as large crowds gathered to watch the Games and participate in the parallel events that were planned.

In order to ensure that NHS Greater Glasgow and Clyde was resilient and responsive, to the additional and unique challenges the Games might have brought and to provide continuity of service, and quality of care to the resident population, the following planning and operational groups were established;

Civil Contingencies Strategic Group

The Civil Contingencies Strategic Group had overall responsibility for the Commonwealth Games Planning providing leadership and direction for the work streams.

Health Protection Work stream:

This work stream dealt with all public health issues and risks including outbreak and incident management, environmental health (air, water, food), Health Protection Scotland liaison, immunisation and health protection guidance.

Health Services Work stream:

This Work stream had input from Acute and Partnerships and had two main strands:

- 1) Assistance and support to the G2014 Organising Committee Medical Services via a Service Level Agreement (SLA) which included pathways in to NHS services for accredited athletes and other Games Family; anti-doping issues, repatriation, translation/interpreter services and VIP protocols and collaboration on equipment, procurement and other services.
- 2) Business continuity and resilience planning to ensure business as usual could be delivered. This included workforce and capacity planning, supplies, transport and travel; patient and staff communications and resilience.

Command and Control

The Corporate Management Team (CMT) rota during this period had been increased by one extra manager every day to ensure cover for Business as Usual and Commonwealth Games specific work.

The Public health rota during the period had also been increased by one Consultant in Public Health and one Health Protection Specialist Nurse each day, and one extra CPHM out of hours.

To support the multi agency command structure Civil Contingencies Planning Unit (CCPU) staff worked on a rota basis to provide NHS input into the multi agency command structure this role was to liaise directly, on any health matters respective to NHS GGC business area, and or with the NHS Resilience cell located in Scottish Government from 14th July 2014 (the day the Queen's Baton Relay (QBR)) arrived in NHS GGC, through to 3rd August 2014.

The Multi Agency Command Centre (MACC) was the facility bringing together multi agency partners to provide oversight and support to Police operational resources on the ground to ensure the smooth running of activity outside of the Games venues. The MACC coordinated a reporting process in order that all partners were kept informed of any security issues.

Impact on Services

Glasgow 2014 was responsible for the provision of medical services at Games time for athletes and other Accredited Games Family members (AGF). Medical services for athletes were provided by the polyclinic located in the athlete's village or at the athlete medical rooms in the Games venues. The polyclinic was designed to respond and deal with 95% of the health concerns of the athletes. Similar resources for GP services were offered to AGF via a 24-hour GP service in the hotels they could also access venue medical facilities should the need arise

Services were largely unaffected due to the significant amount of planning that took place. A number of referrals from G2014 medical services were made to NHS GGC during the games period they are as follows.

- 18 inpatient admissions
- 10 Emergency Department attendances
- 1 Eye casualty attendance
- 1 ENT treatment room referral (DNA)
- 11 Outpatient referrals
- 1 echocardiogram
- 1 MRI
- 1 request for a neurosurgical opinion

Prior to the start of the games a noro virus outbreak was identified amongst members of the security workforce within the athlete's village. This outbreak caused much publicity and Health Protection staff worked with environmental health colleagues and the Glasgow 2014 team at the village to control the outbreak.

Further publicity followed due to concern about Viral Haemorrhagic Fever (Ebola) in athletes from affected countries although all tests were negative.

Due to the advanced planning of annual leave and flexible working arrangements within Community Health Partnership services ensued as normal.

Structured Debrief

The games were highlighted as a major achievement and success for Scotland, NHS GGC held a structured debrief to highlight any key issues.

It is important that any event is debriefed in order to identify issues that are in need of development or that are considered not to have been successful. By learning from experience we can ensure continuous improvement in the planning stages of any large event in the future, enhancing our effectiveness and efficiency.

The debriefing process was not about recrimination or blame, but a flexible technique for learning from experiences encountered during the commonwealth games.

This structured debrief was conducted using a recognised methodology for structured debriefing. In addition to the formal debrief, personnel who were unable to attend the formal sessions were provided with the opportunity to submit their comments in writing

The consensus amongst those who took part in the structured debrief was that the Games was a successful event and that prior planning helped to achieve this.

Positive comments

Communications

- Daily updates on travel and transport issues
- Web portal updated information
- Key personnel nominated to be point of contact for information
- Engagement of staff side and trade unions at the pre planning stage

Planning

- Having a designated planning team to support the development of plans and processes for NHS GGC to respond effectively to the commonwealth games worked well.
- Support and backing from the corporate team allowed the planning to be taken forward and allowed for a smooth response during the Commonwealth Games.
- Advanced planning with flexible working arrangements
- Good multi agency engagement

Negative comments

Communication

- Generally communication with the organising committee could have been more effective during the planning phase. This was found to be the case consistently across a range of issues and probably reflects the structure of the Organising Committee who operated under several discrete functional areas.
- The protocol on communications handling of outbreaks was not consistently followed

Health protection

- More awareness and prevention and control of norovirus could have taken place prior to the commencement of the Games with clearly defined roles for Environmental Health and Public Health planning jointly with the organising committee.

Travel

- Travel information came from the Travel Demand Management Team and communication on solutions to allow staff to park in restricted areas to access patients was initially inadequate and was issued late in the planning process.
- Posters detailing the need to plan for travel and transport disruption were provided locally to patients who would be attending NHS facilities for appointments during the Games. It was felt that this information should have been available sooner than it was. It was agreed that the robust planning that took place helped to minimise the number of issues. Issues that did arise were largely due to external factors that were out with the control of those present.

Debrief Recommendations

Norovirus

- Discussions should to take place with Public Health, Health Protection Scotland and Environmental Health Officers to address lessons learned and put new processes in place to support any future event.

General

- Development of closer working and planning, arrangements during events amongst staff from different agencies who are visiting people at home.
- Early discussions with staff-side representatives, unions and Area Partnership Forum was beneficial and the consequent workforce planning including the management of annual leave and flexible working allowed teams to plan their services as normal.
- The development of a training and exercising schedule for on call personnel was beneficial and can be developed further
- The level of planning and sharing of information was considered to be appropriate and allowed teams to plan accordingly. Early involvement of staff allowed for a planning process that should be used in any future event.