

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/03</b>
<b>Meeting:</b>	<b>Interim Board</b>
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<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Chief Executive</b>

## **NHS GREATER GLASGOW AND CLYDE**

### **Response to COVID-19**

#### **Interim Board Summary 6<sup>th</sup> April 2020**

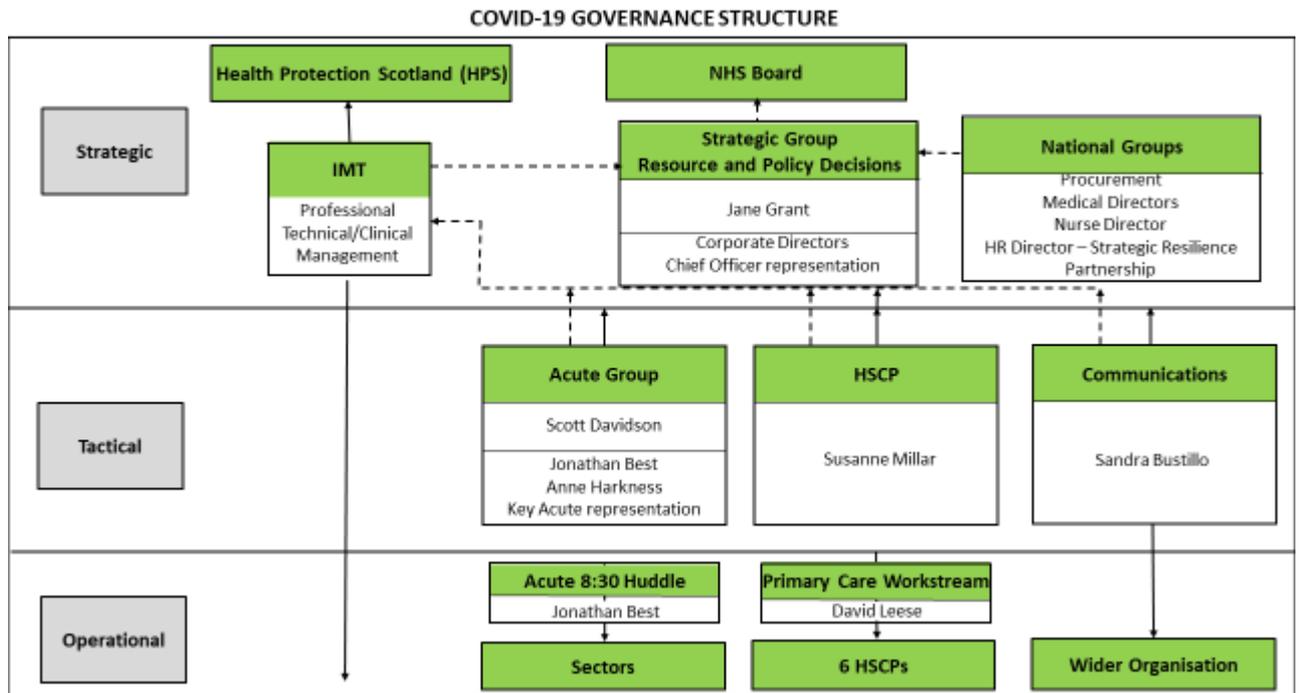
#### **1.0 PURPOSE OF PAPER**

1.1 The purpose of the paper is to describe the overall framework in place to manage COVID-19 and provide assurance to the Interim Board. In addition, it provides an update on key issues to ensure the Interim Board is aware of the challenges and also the excellent work underway across NHS Greater Glasgow and Clyde (GGC).

#### **2.0 APPROACH**

2.1 GGC have created a robust response framework to the COVID-19 outbreak. The Strategic Executive Group (SEG) has been established to co-ordinate the organisation's strategic response to the COVID-19 outbreak. It is the key policy and decision making group within the GGC governance response framework with tactical groups; Acute, HSCP and Communications reporting upwards. There are also a number of specific national groups from which the SEG will receive updates through GGC Executive members.

2.2 The diagram below illustrates the groups established at Strategic and Tactical level feeding down to the operational response. The IMT runs alongside the governance structure and is established as per outbreak protocol, providing information to/receiving guidance from, Health Protection Scotland and supporting the overall COVID-19 governance framework for GGC.



2.3 The SEG aims to ensure that appropriate plans are developed to address the challenges on service delivery and support the additional demands of COVID-19.

## 2.4 Level of Patient Activity

2.4.1 In order to plan for the expected demand associated with COVID-19, the Public Health Protection Unit (PHPU) have used a set of assumptions as set out in the Reasonable Worst Case Scenario (RWCS). These have been outlined by the UK Government’s SAGE expert group, which based upon ‘flu pandemic and recent experiences across Asia and Europe with COVID-19. The model assumes that during the 15 weeks of the first pandemic wave, 80% of our population will become infected. 50% of the whole population will be symptomatic, and whilst self-care will be the norm, up to 30% of those who are symptomatic will require further assessment from the health services. The model also assumes that 4% of those with symptoms will require hospital treatment, and 1% of symptomatic people will require critical care. National modelling is now also underway considering the potential impact of social distancing and lockdown and GGC awaits the outcome from that which is expected early week beginning 6<sup>th</sup> April.

2.4.2 As of 6<sup>th</sup> April, 984 patients in GGC had tested positive, with 476 inpatients across our hospital sites and 54 patients in ITU across the main sites. These numbers have increased rapidly since the beginning of April. These figures represent the local data and have yet to be validated nationally so the numbers are subject to change.

## **3.0 CURRENT POSITION**

### **3.1 Mobilisation Plan**

3.1.1 All NHS Boards were required to submit a Mobilisation Plan to the Scottish Government covering all services by the 19 March. The plan represents a whole system response to the service challenges presented by the evolving situation and is being updated in response to new guidance. A significant amount of data is submitted daily to the Scottish Government covering many aspects of the Mobilisation Plan.

### **3.2. Strategic Executive Group**

3.2.1 The SEG meets on a daily basis at 1200 through the medium of Microsoft Teams. The following key issues are considered as a matter of routine with a robust process for decision making and approval of any specific issues. Feedback is also received from the national calls undertaken by respective Executive Team members. A daily sitrep of COVID inpatients, ICU capacity, general bed capacity, primary care issues, delayed discharges and key staffing issues is considered.

### **3.3 Workforce**

3.3.1 Significant activity has been underway in supporting staff, recruiting, providing guidance and managing absence.

#### 3.3.2 Staff Absence

Availability of staff has been a key challenge in the past 2 weeks. There was initially a rise in staff members self-isolating however as detailed below this is now reducing. However there has been an increase of those shielding due to underlying health conditions as a result of confirmation of severe conditions and clarity on guidance for pregnant workers. Staff members self-isolating due to household members displaying symptoms continues to rise however, with the increase of testing for households this will allow staff members to return to work in advance of 14 days.

As of 6<sup>th</sup> April, a total of 2870 staff were absent from work due to a COVID-19 related issue. The majority of these staff were self-isolating, either themselves or due to a household contact (1823). Other staff absence was due to underlying health conditions and carers / parental leave. A very small number of staff (approx.20) were absent due to a positive COVID-19 diagnosis.

#### 3.3.3 Recruitment

At the start of March 2020, we commenced several bulk recruitment campaigns across a number of key areas, including nursing and midwifery, healthcare support workers, estates and facilities and AHPs. We also engaged with all retired staff (in advance of Scottish Government Scheme) as well as students across medical and nursing.

Processing is well underway, with circa 1500 individuals in pre-employment check stage. In addition we have a further 1500 individuals scheduled to commence work between 3<sup>rd</sup> and 30<sup>th</sup> April 2020. All recruitment has been targeted and co-ordinated through the Staff Bank and we have developed online inductions through collaboration with HR, Health and Safety and Practice Development Teams. We have increased orientation shifts on wards and reviewed the overall induction pack.

We are engaging with the Scottish Government Team who are now leading on the returners. The online portal is now fully live and applicants are currently being processed. It is expected that Boards will be notified of potential resource support imminently.

#### 3.3.4 Reassignment of Staff

A Reassignment Orientation Pack has been developed in partnership to allow staff in non-clinical, non-essential roles to be reassigned across the Board. This is to outline key principles and general guidance and support for staff who may be asked to move. Online training and induction has been established and so far we have seen staff taking up roles in testing and assessment centres.

#### 3.3.5 Wellbeing and Support

Various teams have been involved in the creation and implementation of wellbeing support for staff. Some of this includes:

- 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 and Inverclyde Royal Hospital. Additional Hubs are being planned for Gartnavel General Hospital and Vale of Leven Hospital. The aim in creating these Hubs is to give members of staff the space to relax and recuperate away from their clinical work environments. We are drawing upon emerging learning from China where hospital clinicians working directly with the impact of COVID-19 have been benefiting significantly from relaxation and recuperation facilities which support them to cope better with the significant extra demands being placed on them and enables mental and physical recovery for their next shift, as well as identifying those needing signposting to further help.

Each Hub will have different spaces: Café Space for eating and drinking, Active Space with games and possibly gym equipment, Quiet Space for Relax/Reflection. The Hubs will be open to all members of staff 24 hours a day. Spaces will be large enough to accommodate social distancing of users.

- COVID-19 Staff Support Line for all Health and Social Care Staff

All health and social care staff across the whole of Greater Glasgow and Clyde now have access to the COVID-19 confidential Staff Support line.

Greater Glasgow and Clyde's COVID-19 Staff Support Line has been developed to respond to the emotional needs that staff may have at this time. Open between the hours of 8am and 6pm Monday to Friday, the line is staffed by Clinical Psychologists and Psychological Therapists offering emotional and psychological support. They particularly recognise that it is okay not to feel okay at this time. Worry, stress, anger and/or sadness are all to be expected.

- Acute Psychology Staff Support Service (APSSS)

For hospital-based staff wishing to access psychological first aid as a result of their challenging work circumstances APSSS have developed an online provision using Attend Anywhere Technology. The service provides a 30 minute telephone or 'Attend Anywhere' video based session (accessible via most smart phones, tablets and computers with a webcam & mic), delivered by qualified Clinical Psychologists who work routinely in Acute settings, embedded in various Acute MDTs. The sessions will

promote staff skills in self-care, maintaining resilience, positive coping and encouraging existing good practice; as we appreciate many staff members/MDTs may already have in place helpful processes for support, which may only need to be reinforced or supplemented during this time.

- Occupational Health Counselling Service

The Occupational Health service is providing support for staff who have any queries about their physical and mental health in relation to their fitness to work. The phone lines are open between 8am and 6pm Monday to Friday. The Occupational Health counsellors are supporting staff that would benefit from a 'listening ear' interaction.

- Chaplaincy Service

In response to the COVID-19 crisis the NHSGGC Chaplaincy Service has now started a 7 day telephone service for patients, relatives and staff to call between the hours of 9am to 10pm. In the days and weeks to come the service will focus increasingly on supporting people through bereavement and loss. Most chapels and sanctuaries will remain open as normal. These spaces are available for everyone, religious or not, to use during this time.

- Mindfulness Based Stress Reduction (MBSR)

The aim is to support resilience and reduce stress levels amongst staff by moving existing MBSR drop-in sessions to an online platform, and by providing online resources for staff to access. MBSR drop-in sessions will now be delivered by our network of experienced Mindfulness tutors using the Mindfulness Scotland Zoom account, free to our health and social care staff.

There are also a series of online resources and a dedicated staff email for COVID-19 enquiries.

### **3.4 Volunteers**

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

3.4.2 Since the Scottish Government's appeal on volunteering, NHSGGC has received approximately 700 offers of support. All volunteers are now being interviewed by telephone/ What's App video calls with six existing/experienced volunteers (ex NHS staff) supporting telephone interviews with HR.

3.4.3 Restrictions are currently in place whereby volunteers are not able to be involved in areas where there are COVID-19 patients; or where there are patients currently being tested.

3.4.4 A new volunteering register is being developed with a process being designed to match volunteers to appropriate tasks or roles across hospital and community services. In addition, a volunteer "bank" is being established for suitable volunteers that are willing to be called upon at short notice.

### **3.5 Acute Care**

3.5.1 The Acute Tactical Group meets 3 times per week feeding into the SEG. The Acute Division has a daily 0830 call with all sites to plan the day and a further catch up call at the end of each day.

#### 3.5.2 Elective care

Routine elective work was cancelled from 23 March, allowing staff training and mitigating an element of self-isolation absence. It is important to note that there will be a major impact on waiting lists in 2020/21 and revised targets for next year will need to be set at a realistic level. Of note is that the Board would have achieved the 8500 TTG (booked patients would have taken the figure to 8100) and 19800 Outpatient targets if we had not required to cancel patients. Urgent and cancer work continues with clinicians considering priorities on a case by case basis.

#### 3.5.3 Patient management

All sites have identified patient placement processes, 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 and areas for COVID patients have been established. This allows the separation of staff and assist 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.

#### 3.5.4 ICU

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 95 beds open).

Appropriate equipment and additional ventilators that will be required is being co-ordinated with national procurement. The support of clinical physics has been impressive with 96 anaesthetic machines converted so that they can be used as ventilators over one weekend and 10 new ventilators received.

### **3.6 HSCPs**

3.6.1 The HSCP Tactical Group meets 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

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 Primary care position is monitored on a daily basis to ensure services continue to be delivered at a local level.

### 3.6.3 Delayed Discharges

Work has been undertaken to reduce delayed discharges in the acute sector. As at 6<sup>th</sup> April 2020, there were a total of 115 patients delays in acute hospitals across NHSGGC, a fall from 188 patients on the 25<sup>th</sup> March.

A significant number (32%) of people are waiting to be discharged in NHSGGC awaiting decisions in line with AWI legislation. Dialogue continues with the Scottish Government to consider emergency powers to allow these people 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 and 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 COVID19. Commissioning Teams are also intervening directly to support the discharge of patients with more complex needs to identified placements.

### 3.6.4 Triage hubs / Assessment centres

The GGC Hub was opened on 23rd March at Caledonia House, adjacent to GP OOHs. The first Assessment Centre was also opened on 23rd March at Barr St (the Old Woodside Health Centre in Glasgow). Since then further centres have opened in Greenock and Clydebank on 30<sup>th</sup> and 31<sup>st</sup> March respectively, with Phase 2 centres also now opened at Renton, Linwood and Kirkintilloch. Eastwood Community Assessment Centre will open week beginning 6<sup>th</sup> April. Orientation videos are being produced for each centre to explain to patients what happens at the centres and how suspected cases will be managed separately from non COVID-19 patients. Colour coded pathways are also being introduced within our acute sites to separate COVID-19 patients from non COVID-19 patients, staff and visitors.

## **3.7 PPE**

3.7.1 Board members will have seen in the media ongoing concerns around personal protective equipment (PPE), both in terms of guidance and supply. Significant work has been undertaken to ensure staff have the right equipment at the right time. Key PPE coordinators are in place on all major sites, with the Mark White, Director of Finance, acting as the single point of contact for the Scottish Government. The National Guidance on appropriate personal protective equipment (PPE) was updated again on the 2 April 2020 to reflect the latest information available and the changing level of risk as the number of

positive cases in the community increases. In this evolving situation it is acknowledged that health care workers may become subject to an increase in the number of potential exposures. The change in the guidance also reflects the need for enhanced protection required for patients in vulnerable groups especially those undergoing 'shielding'.

3.7.2 The new guidance suggests that organisations can use risk assessments to determine locally identified high risk areas where sessional use of PPE is required. This should be in the context of local risk. NHSGGC is committed to undertaking this assessment where clinicians raise concerns or questions and this will inform local guidance.

### **3.8 COVID-19 Communications**

3.8.1 A Communications Strategy has been developed by the Communications sub-group of the Incident Management Team and this is now being implemented.

3.8.2 The core audience for our communications are health and social care staff to ensure that they are fully briefed on the latest guidance from Scottish Government, HPS and the Board on our response to COVID-19. As part this, a dedicated web portal was rapidly established and to date this has had 500,000 page views in a four week period. The Core Brief system is the main real time source of information and daily updates are being issued to 55,000 email accounts.

3.8.3 The Chief Executive also issues regular messages to staff in recognition of the efforts that staff are going to in response to the current situation. A message from the Chairman has also been sent to all staff. There is an ongoing programme of enhanced communications from the senior executive team to ensure senior team visibility at this time, including video and social media messages. Board members receive the daily update and in addition, the Chief Executive sends a further update to Board members every week.

3.8.4 We issue regular updates to the public through our Involving People Network and we continue to see audiences grow with a further 4000 people registering to receive these emails from us in the past two weeks alone. Our social media accounts are also being used heavily to engage with the public.

3.8.5 We have introduced a weekly update for all MSPs and MPs and have had positive feedback from individual politicians.

3.8.6 Finally, we continue to work with the media on public health messaging, stories which recognise the efforts of our staff and temporary service changes.

### **3.9 Golden Jubilee National Hospital / Private Sector**

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

3.9.2 Locally, the Nuffield Hospital is supporting us in ensuring ongoing capacity for Breast cancer and discussions are ongoing regarding the use of Ross Hall hospital.

### **3.10 Shielding**

3.10.1 Work has also been undertaken 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. 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 GGC is Dr Linda de Caestecker with the coordinating team now receiving details of those patients who have been centrally identified and centrally contacted on the basis of being at particularly high risk. The key requirement is to cross check all relevant clinical systems and patients with the clinical teams and GPs. The purpose of the exercise is to ensure the individuals identified as those that require 'shielding', receive the correct support in the community to stay at home. Contact is being made through the process with the relevant teams in HSCPs and Local Authorities.

### **3.11 Finance**

3.11.1 It was reported to the February 2020 Board Meeting and Finance and Planning Committee that the three key financial targets were on course to be met at 31<sup>st</sup> March 2020. There remained some discussion with Audit Scotland regarding certain adjustments and an assessment of the final stages of winter costs.

3.11.2 However, the Covid-19 outbreak has necessitated significant spend and investment across the NHS Board and the HSCPs. At this time, much of this will be in 2020/21, however there will have been an impact through the month of March 2020. At this time, early indications are the Board can manage this within current resources and the three financial targets remain on track for achievement.

3.11.3 The year-end annual accounts and audit process is still under debate with the Scottish Government and Audit Scotland both nationally and locally. It is the intention of the Board's Finance Team to complete the year end process and a Month 12 return, whilst delaying the drafting of accounts and the external audit process until after the summer months. This is aligned to current national thinking, although we await formal guidance.

3.11.4 In the meantime, the Finance Team are continuing to develop the financial model for predicting, capturing and monitoring COVID-19 related spend, across the whole of the Health and Social Care environment.

3.11.5 A COVID-19 specific Risk Register is in development.

## **4.0 Additional issues**

### **4.1 Service rationalisation**

4.1.1 Due to immediate stringencies on service provision in some areas, temporary rationalisation has had to take place. All of these are in line with national policy and /or legislative requirements and were considered through the SEG. These include, suspending home births, reorganisation of the termination of pregnancy service, reorganisation of the sexual health service and suspension of the Minor Injuries Unit at the Victoria.

## **4.2 Capital programme**

4.2.1 Further to the UK Government instruction that only essential workers should travel and building sites should close, work was undertaken to review non-essential construction works on our acute sites once they were made safe and secure.

4.2.2 A review was undertaken as to the status of live projects on the 23<sup>rd</sup> March 2020 and what may be deemed essential across the estate. As well as consideration of the essential nature of each project issues such as social distancing measures and the availability of key staff were considered.

4.2.3 Most projects were made safe and stood down, however it was agreed to progress with those noted below to completion.

- Nurse Station at NICU
- Ward 23 Stobhill as may use for additional capacity
- GGH Beatson Ward B3
- QEUH INS – pause the water filtration but felt that we should progress with the Tanker Fill point as external works
- Continue with INS MRI 3T replacement
- Greenock Health and Care Centre
- Stobhill Inpatient mental health beds

4.2.4 In respect of wards 2A/B planned completion was the end of the summer however dialogue is ongoing with GGC, the contractor and the Scottish Government to confirm the completion date.

## **4.3 Advisory Structures and Partnership Working**

4.3.1 The Area Clinical Forum met virtually on 1<sup>st</sup> April to allow the Chairman, Chief Executive, Medical Director, Director of Nursing and Chief Operating Officer to update the clinical community on the current status with response to COVID-19. At the meeting, the Professional committees were able to raise a number of issues primarily around testing of staff who were isolating, PPE and routes of supply for medicines. The Forum acknowledged the professionalism and dedication of all staff in NHSGGC and recorded thanks to them as we work together to combat COVID-19. The Area Clinical Forum will continue to be updated regularly by the Corporate Management Team and be able to raise any concerns from clinicians.

4.3.2 The Area Partnership Forum met virtually on 25<sup>th</sup> March. The Chief Executive, Director of Nursing and Director of Human Resources and Organisational Development and a Chief Officer representing HSCPs gave an update on the escalation of the Board and QEUH and COVID-19. The members of the committee had the opportunity to ask questions and raise any issues which were mainly regarding supply of PPE, recruitment of staff and to promote partnership working during this time. The Forum thanked the staff for all they are doing at this time, recognising that staff are helping where they can and going the extra mile. Weekly virtual meetings have now been set up and there are staff side reps on the local resilience groups. There is also a weekly call with the Full Time Officers.

#### **4.4. Military Assistance**

4.4.1 All NHS Boards have received support from the Military. NHS GGC have two officers supporting the corporate team in respect of logistics and project management which has proved extremely positive.

#### **4.5 Field Hospital**

4.5.1 NHS GGC are supporting the development of the NHS Louisa Jordan Hospital. Dr Chris Deighan is the single point of contact offering advice and support to co-ordinate the many request for assistance and support. The Hospital is part of NHS Scotland's overall preparations in response to COVID-19, in addition to the continuing efforts to increase the number of NHS beds across existing hospitals. It is a national temporary NHS Scotland hospital with an initial 300 beds which could expand to hold more than 1,000 patients, if required. Work is ongoing in a number of areas to support this development.

### **5.0 Conclusion**

5.1. In summary, there are many strands of work underway in relation to COVID-19 and the whole organisation is focused on providing high quality care to all patients, whether COVID or not, during the next period. In addition, significant efforts are being made to support our staff in these challenging times.

**Jane Grant**  
**4/4/20**