

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/23</b>
<b>Meeting:</b>	<b>NHS Board</b>
<b>Date of Meeting:</b>	<b>30th June 2020</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Chief Executive</b>

### **Paper Title**

COVID-19 Update

### **Recommendation**

The Board is asked to note the COVID 19 - Update

### **Purpose of Paper**

The purpose of the paper is to update the NHS 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.

### **Key Issues to be considered**

The Interim Board has received a COVID update on a fortnightly basis since the 8<sup>th</sup> April which has also been copied to all Board members. In addition the Chief Executive has circulated a weekly update letter to ensure Board members are kept abreast of the overall position. This paper considers some key ongoing issues in respect of COVID-19, specifically;

- COVID activity within hospitals
- Acute and HSCP updates
- Care Homes
- Test and Protect
- Remobilisation

### **Any Patient Safety /Patient Experience Issues**

Ensuring patient safety and the ongoing provision of high quality care is central to our response to COVID -19.

### **Any Financial Implications from this Paper**

Financial implications are considerable and are detailed within the Finance update to the Board.

**Any Staffing Implications from this Paper**

Staffing has been a core element of the COVID-19 response and has been included in all update papers.

**Any Equality Implications from this Paper**

No

**Any Health Inequalities Implications from this Paper**

No

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.**

A COVID-19 Risk Register is in place and has previously been shared with the Board.

**Highlight the Corporate Plan priorities to which your paper relates**

Better Health

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**Date 23/6/2020**

**NHS GREATER GLASGOW AND CLYDE**

**Response to COVID-19**

**NHS Board Summary 30th June 2020**

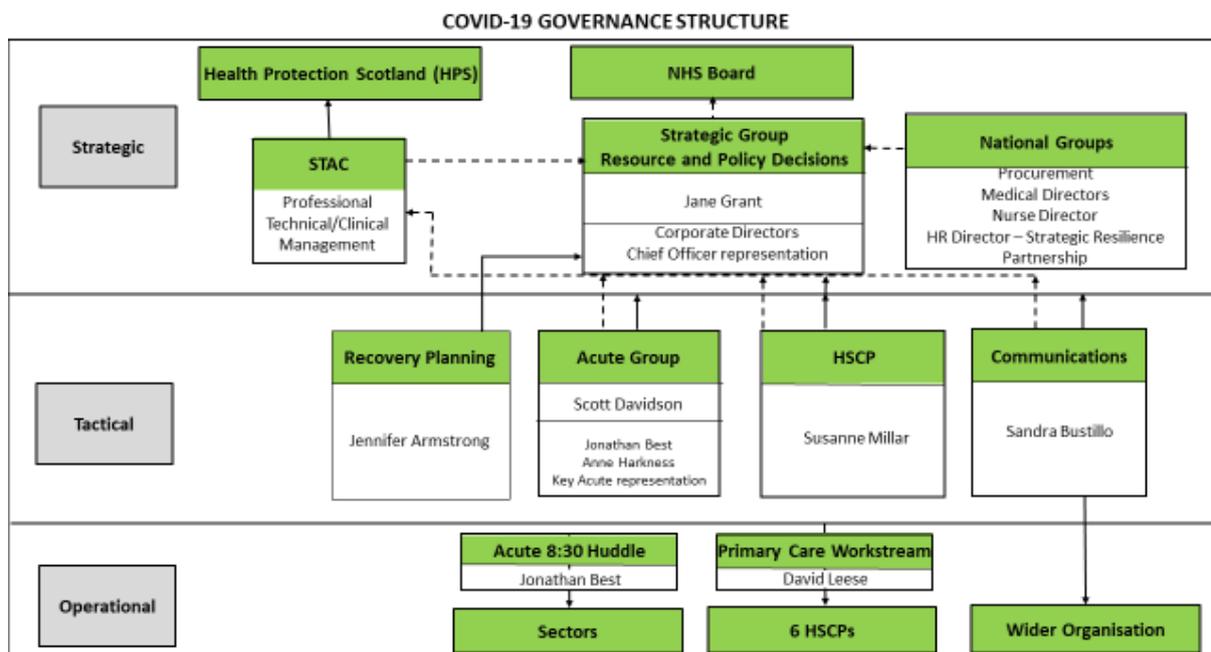
**1.0 PURPOSE OF PAPER**

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 GOVERNANCE APPROACH**

2.1 GGC created a robust response framework to the COVID-19 outbreak at the outset which was presented to the Interim Board on the 8th of April. The Strategic Executive Group (SEG) was 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 and now Recovery Planning 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 Interim Board were advised of two changes to the framework during the period, firstly when the IMT converted to the STAC and secondly when the Recovery Planning Tactical Group was established.



2.3 Throughout this initial phase of COVID-19, GGC has appropriately maintained its responsibility for key aspects of governance and clinical quality. The priority attached to the initial emergency response, considering real worst case scenario planning, resulted in all non-essential meetings being reviewed for suspension whilst ensuring critical governance processes continued through the period and linked to the emergency response framework described above. The COVID Risk Register was created to capture any risks including, those linked to adaptations to governance processes, ensuring effective mitigation.

In terms of staff governance the majority of HR processes were paused through COVID i.e. iMatter, KSF, non-urgent grievances/conduct cases, HSE activity and the discretionary points process. The bulk of interim COVID guidance was agreed on a Once for Scotland approach through the national Workforce Leadership Group or PHS. To enable this guidance to be embedded within GGC we maintained a weekly Area Partnership Forum, weekly, then fortnightly, Full-time Officers meeting, the Board's Health and Safety Forum and the Corporate Management Team. A Staff Governance Committee is scheduled for August 2020 which will address any assurance aspects of the Committee's role.

Again, alterations to clinical governance arrangements mirrored those of other Boards in Scotland. Arrangements were put in place to support the COVID-19 tactical groups in maintaining governance over newly approved/adapted clinical guidelines. Focus continued on routine infection control monitoring and reporting across all sites. A review was undertaken of duty of candour/SCI actions, previously circulated to the Interim Board, to ensure support and consistency and ethical decision making considered by SEG. The data from this approach is being collated and will be presented to the next Clinical and Care Governance Committee. A Clinical Governance monitoring report for SEG was established (monthly for CMT). The themes identified for reporting were provided in a paper to the Interim Board on 2<sup>nd</sup> June with a further update to be presented to the Board on 30<sup>th</sup> June.

### **3.0 ACTIVITY**

#### **3.1 Level of Patient Activity**

3.1.1 There have been 3,765 cases of Covid-19 in GGC confirmed in NHS laboratories from 1 March to 16 June 2020.

3.1.2 Of those diagnosed in NHS laboratories, 1,939 patients 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 1790 have not been admitted to hospital.

3.1.3 As of 22<sup>nd</sup> June 2020 there were 236 inpatients across our hospital sites and 1 patient in ICU testing COVID-19 positive. Shielding patients were reported as 580.

### **4.0 CURRENT POSITION**

#### **4.1. Strategic Executive Group**

4.1.1 The SEG continues to meet 3 times per week overseeing the continued response to COVID-19 and the remobilisation process. Although the number of COVID cases are reducing, there is still significant activity in respect of care homes regarding both testing and oversight, with the Health Service remaining on an emergency footing until early September.

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

## **4.2 Workforce**

### 4.2.1 Staff Absence

The number of staff currently absent due to COVID-19 remains the static. As of 18<sup>th</sup> June 2020, a total of 1328 (1321 in previous COVID-19 Brief) staff were absent from work due to a COVID-19 related issue. The number of staff absent with a positive diagnoses of COVID 19 has reduced from 73 to 56. Those who are self-isolating due to either their household or themselves displaying symptoms continues to steadily reduce. There are currently 88 individuals in this category, compared to 113 at last update. We have some staff members who are now self-isolating due to being contacted through the Test and Protect Service, however these numbers are very low - currently 4. With the extension of shielding to the end of July 2020, managers are conducting reviews of risk assessments with all staff members to consider any further support or adjustments than can be put in place. For those absent due to underlying health conditions, consideration is being given to any further measures that can be put in place to support return to work or working from home.

In addition all staff are being asked to ensure that they take time off on annual leave to ensure appropriate rest and recuperation.

### 4.2.2 Black, Asian and Minority Ethnic (BAME) Workforce

There has been 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 have reinforced our support to staff in this category. Working with our BAME Network we also issued communications to all staff to outline support available to those of Black, Asian and Minority Ethnic Backgrounds, as well as developing a revised risk assessment and support for Managers to lead on conversations.

### 4.2.3 Mental Health and Wellbeing

We have developed a Staff Wellbeing and Mental Health Plan which is under consideration for 2020-2022 and has been updated in response to COVID-19. Some of this includes:

#### Staff Relaxation & Recuperation (R&R) Hubs

Staff R&R Hubs have been put in place across the campuses of Queen Elizabeth University Hospital, Glasgow Royal Infirmary, Royal Alexandra Hospital, Inverclyde Royal Hospital, 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. Each Hub has different spaces: Café Space for eating and drinking, Active Space with games and some with gym equipment, Quiet Space for Relaxation/Reflection. The Hubs are 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 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. It is open between the hours of 8am and 6pm Monday to Friday, and 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.

#### 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 of MBSR 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.

### **4.3 Acute Care**

4.3.1 The Acute Tactical Group has reduced its meetings to twice a week, however daily informal calls are continuing. As the numbers of COVID cases are reducing, work is now underway reviewing the acute service approach to recovery. 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. As noted above, this has decreased significantly to 236 inpatients and 1 in ICU testing positive for COVID-19 with no new admissions to ICU for a month at time of writing.

4.3.2 As highlighted in previous updates to the Interim Board, the impact of the COVID response on the number of people waiting for elective care has been significant. The coordinated approach to re-starting elective activity is underway with an increase in outpatient appointments. Patients are being seen virtually or, when required, in person. This is now being supported by Acute Phlebotomy Hubs which opened on the 10<sup>th</sup> of June and

are now being extended to a number of specialities. The purpose is to ensure that blood tests can be undertaken prior to appointments and that results will be ready for the consultation by whatever medium.

4.3.3. In terms of inpatients and day cases further progress is being made, acknowledging the requirements 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. Focus remains on cancer and urgent patients with Robotic surgery for urological cancer also now recommenced.

4.3.4 Unscheduled care activity in GGC has seen a significant reduction, in line with national trends. From 1<sup>st</sup> April to 21<sup>st</sup> June, our core Emergency Departments have seen 53.3% of attendances reported for the same period last year. However, the trend across GGC is gradually increasing, with spikes in attendances aligned to good weather and incremental changes in lockdown rules. 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, with significant focus now on maintaining this overall position moving forward as lock down measures are eased further. In the last 7 weeks GGC has achieved the 95% target.

#### **4.4 HSCPs**

4.4.1 The HSCP Tactical Group continues to meet 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.

4.4.2 Activity within the Community Assessment Centres has decreased over the last 6 weeks and staff re-assigned to the centres are now gradually returning to their substantive roles to support recovery. Eastwood and Kirkintilloch have been closed, the 5 remaining open are; Barr St, West Dumbarton, Clydebank, Linwood and Renton.

#### **5.0 Care Homes**

5.1 Across GGC there are 196 care homes with 9,287 residents and approximately 15,000 staff. 142 provide services to older people, with 10,000 staff. Given the vulnerabilities within older people care homes a support system has been put in place across GGC.

5.2 On the 14<sup>th</sup> April the first Greater Glasgow and Clyde wide Care Home group took place to consider how HSCPs, Council, Public Health, Care Inspectorate and Scottish Care could work together to support the older people Care Home sectors. Since mid-April daily calls by commissioning managers to Care Homes were put in place in all Care Homes with over 7,100 daily calls made by HSCPs to these Care Homes. Training and the development of webinars on infection control, use of PPE, isolation, and other relevant topics were arranged by HSCPs and Public Health and delivered across Greater Glasgow and Clyde. All councils, NHS, and Scottish Care worked together to develop protocols so that Care Homes could access staff from the NHS bank and Councils as well as access to national support from the Scottish Social Care portal and NES. The NHS developed psychological support and wellbeing which has been offered to the whole sector. NHS Greater Glasgow and Clyde has developed local guidance for Care Homes based on national guidance and this will now all be held on a website for ease of access. This will go live week beginning 22<sup>nd</sup> June.

5.3 On 17<sup>th</sup> May Directors of Public Health were asked to provide additional public health support and monitoring of Care Homes. This involved the tripartite assessment of all Care

Homes with Public Health, HSCPs, and the Care Inspectorate. From 18<sup>th</sup> May the Nurse Director became responsible for the provision of nursing leadership, support, and guidance within the Care Home sector. The Director of Public Health and Nurse Director are members of the GGC wide Care Home Assurance Group.

#### *Governance*

5.4 On 21<sup>st</sup> May 2020 a governance and assurance process was agreed by the six Chief Executives of the Councils in Greater Glasgow and the Chief Executive of NHSGGC. This sets out a process of daily calls to all Care Homes, daily HSCP safety huddles, and HSCP weekly meetings. Every partnership has a daily and weekly multi-disciplinary meeting which feeds into the GGC Care Home Assurance Group. This group provides oversight and reports into HSCP Tactical, GGC Care Home Assurance Group and SEG. Appendix 2 outlines the assurance process. Care Homes in GGC have a daily huddle and will use the reporting template set out in the letter of 2<sup>nd</sup> June. The information from Care Homes is reported to the HSCP huddle daily and any issues are escalated as required.

5.5 A classification of red, amber, and green has been developed and used in the daily oversight huddles and weekly tripartite discussions of every Care Home. Care Homes receive a nurse-led support visit using standardised templates. All red and amber Care Homes have been visited and, if needed, follow up support is provided. The remainder of Care Homes will have a nurse-led support visit scheduled. While the aim is to minimise additional footfall in these homes, a further support visit will take place if it is assessed to be required. Care Homes are advised of the visit in advance and receive a copy of the support visit template. The outcome of any visit and action plan is discussed at weekly multi-disciplinary meetings which include the Care Inspectorate, and common themes and actions are noted and shared across the system. Where required there is immediate escalation to the HSCP Chief Officer and Nurse Director.

#### *Care Home Support Visits*

5.6 Across the 142 Care Homes who provide care to older people all those that have had at least one person with suspected or tested positive COVID have now had a nurse-led support visit. A report is completed and sent to the Chief Officer, Chief Social Work Officer and Nursing Director and these reports feed into the weekly multi-disciplinary meeting. Green Care Homes (those with 0 positive cases and 0 symptomatic patients) will now be visited at least once and all HSCPs have produced visiting schedules which indicate that all support visits to these homes will be completed by the end of July. Themes from the support visits have been picked up and fed into an HSCP weekly meeting with all care homes such as use of flip lid bins, electric fans, laundry, and additional training sessions for PPE for donning on and off have all been actioned. Action / improvement plans are developed and followed up as required. Professional support is provided as required and feedback from older people Care Homes at weekly meetings has been very positive about the visits and the level of support provided.

#### *Care Inspectorate visits*

5.7 A total of 8 unannounced inspections of older people Care Homes across GGC have been undertaken by the Care Inspectorate in May – June 2020 and many of these inspections have included NHSGGC nurses as part of the inspection team. Themes from the inspections included concerns in relation to poor infection prevention and control practices; staff not using PPE; poor compliance with social distancing requirements; skincare management and tissue viability; and concerns with cleaning and laundry practices. Similar

to assurance visits, issues have been fed back to the individual Care Homes and action plans are now in place

### *Testing*

5.8 There are a number of different strands to testing in Care Homes:

1. *Testing symptomatic staff or their household contacts.* This is undertaken through our staff testing drive-through centres or by home testing teams for staff without transport. Symptomatic staff can also access testing through the UKG routes at Glasgow Airport or the mobile units in various sites. We have encouraged staff to use our local centres or teams in order to monitor numbers and results more accurately.
2. *Testing symptomatic residents.* This is undertaken either through public health or the HSCP testing hubs.
3. *Enhanced outbreak investigation* in all care homes where there are cases of COVID-19 which involves testing, subject to individuals' consent, all residents and staff, whether or not they have symptoms. This is undertaken via HSCP testing hubs with test kits delivered and picked up from nursing homes or by the HSCP testing teams going into residential homes.
4. *Testing across care home groups* where a Care Home with an outbreak is part of a group or chain, and staff may still be moving between homes, testing is carried out in any linked homes. This is undertaken by the process above.
5. *Weekly testing of all staff in Care Homes.* All staff are offered weekly testing, including maintenance, domestic and administration staff. This is carried out for older people's homes via the Social Care Portal of the UKG DHSC programme.
6. *Testing a sample of residents in Care Homes where there are no cases.* By definition this will include testing residents and staff who are not symptomatic. There are on-going national discussions about this category of testing, its rationale and methodology.

There has been significant progress in these testing programmes which has involved new services being established new reporting systems and learning for Care Homes. There has been excellent joint work between e-health, HSCPs and Public Health. All Care Homes with active outbreaks or that have had outbreaks have tested their staff and residents as part of enhanced outbreak investigations.

There remain teething problems with the Social Care Portal as Care Homes learn how to use a new system. We will be extending weekly testing of staff to non-older people Care Homes using a centralised HSCP testing hub.

As of 14 June the number of Care Homes with an active outbreak had reduced to 14 homes from a peak of 100. As of 14 June, there have been at least 9720 tests for staff and 6280 tests on residents. These figures are an underestimate as not all tests going through the UKG programme are yet captured. In asymptomatic staff and residents, the number of positive results remains low. We report daily and weekly to Public Health Scotland and the Scottish Government on Care Home testing.

As of 23<sup>rd</sup> June the cumulative total for staff testing was 13,301 staff and for residents 6,430. This is pending publication.

## **6.0 Test and Protect**

6.1 GGC continues to provide testing for symptomatic staff and household contacts, testing of care home staff and residents in care homes and testing of people attending the

assessment centres. As we implement Test and Protect, systems are in place 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. Testing is available to all symptomatic residents via the UK Government portal – either at Glasgow Airport or using a postal self-testing kit.

6.2 As part of the Test and Protect Strategy, the GGC Contact Tracing service commenced on the 28<sup>th</sup> May. To date the numbers traced have been small due to the low prevalence of disease and small numbers of community tests at this stage.

6.3 We have 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. 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.

6.4 GGC continue to liaise closely with the national team to support planning of the National ‘Tier 1’ Call Handling service and is planning for the ongoing resource that will be required for the complex case tracing service delivered by NHSGGC (Tier 2) following commissioning of the National Service.

## **7.0 Recovery Planning – Development of the Remobilisation Plan**

The Interim Board received a presentation on the development of the Remobilisation Plan. Initial feedback from the Scottish Government has been positive and work will commence shortly on a longer term plan taking us to March 2021. The full Board will receive the Remobilisation Plan at the meeting on Tuesday 30<sup>th</sup> June.

## **8.0 Conclusion**

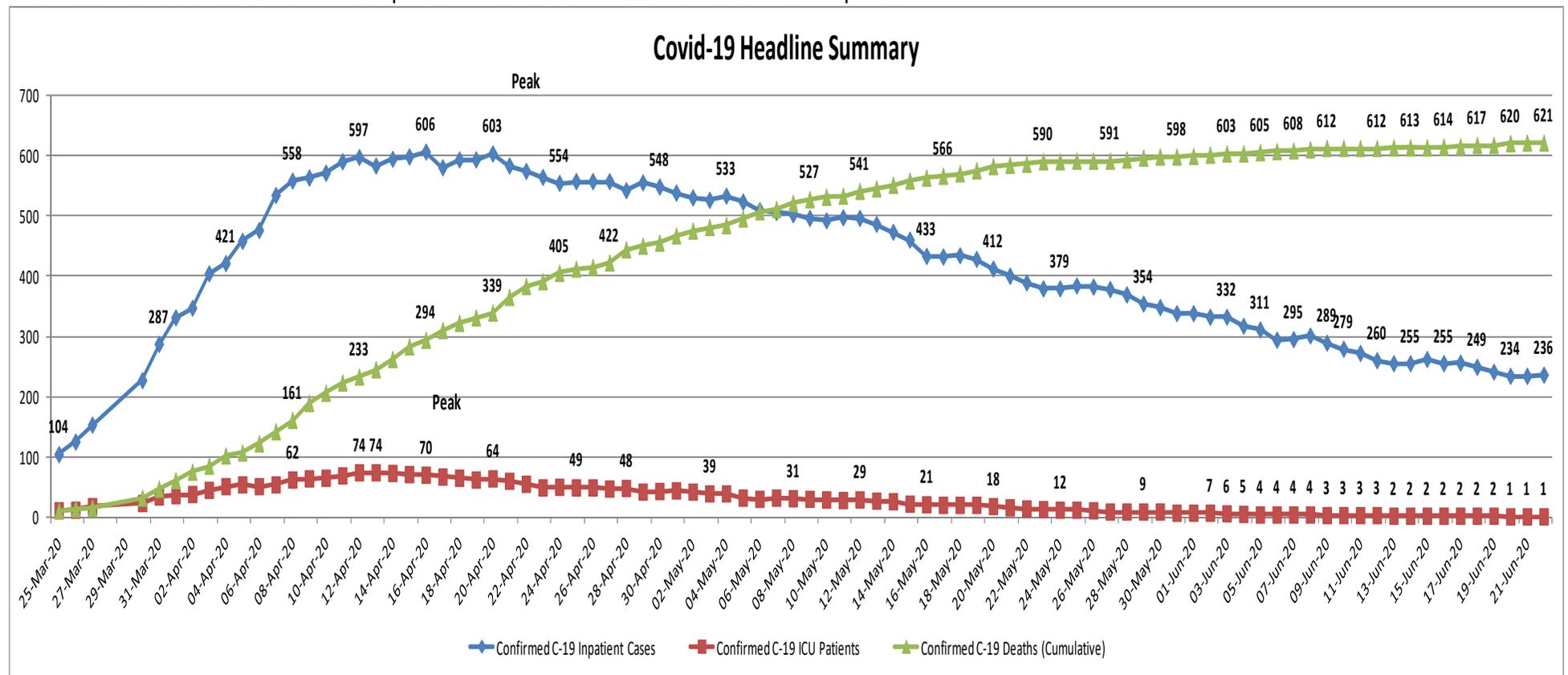
8.1. The ongoing reduction in the number of inpatients with COVID 19 is welcome and is allowing us to focus on remobilisation. It is essential that we maintain the ability to increase COVID capacity at any time, continuing to focus on the ongoing provision of high quality care to all patients.

**Jane Grant**  
**30<sup>th</sup> June**

**Appendix 1 Key data**

**Headline Summary**

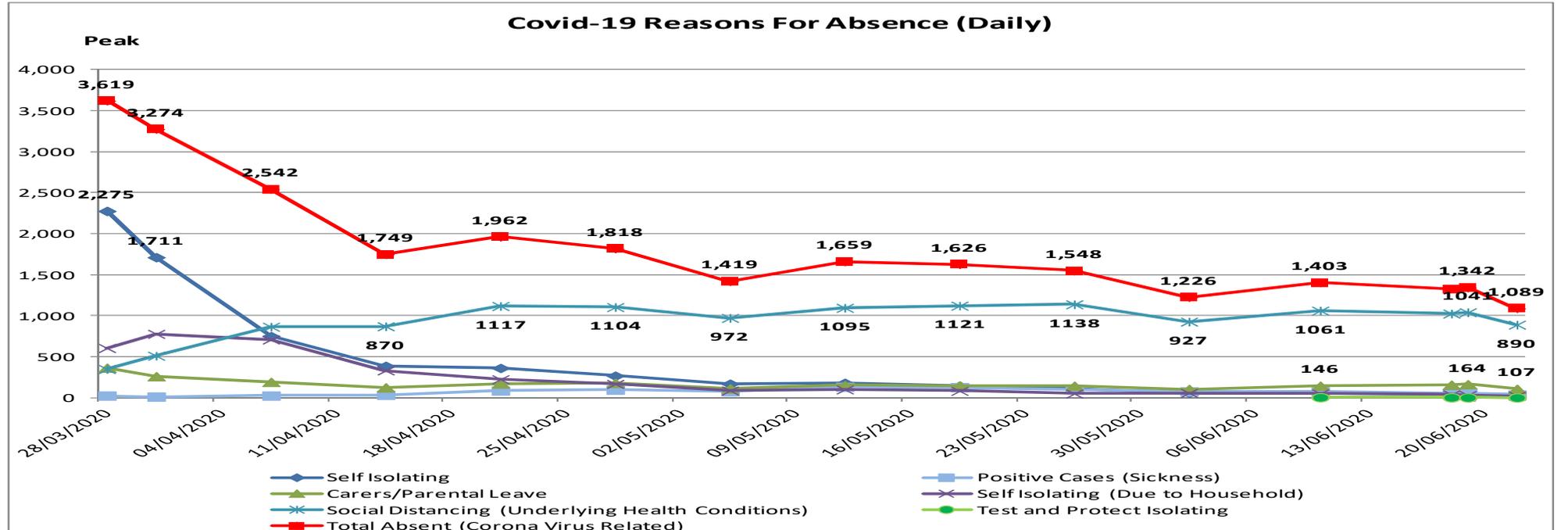
Overall, the number of confirmed Covid-19 hospital inpatients and ICU patients has reduced since the peak mid-April 2020 and the number of Covid-19 related hospital deaths have stabilised. As at 22<sup>nd</sup> June, there were a total of **236** confirmed Covid-19 inpatients in hospitals across NHSGGC (**2 more** than the number reported the previous day). There were a further **162 suspected** Covid-19 inpatients bringing the overall *total of Covid-19 related inpatients to 398*. Of the total number of Covid-19 confirmed inpatients, **1** patient was in ICU (the same as the number reported the previous 3 days) and the lowest number reported since the outbreak peak on 12<sup>th</sup> April 2020. There were no Covid-19 related deaths reported across NHSGGC hospitals on 22<sup>nd</sup> June, the cumulative total of Covid-19 related hospital deaths remains at **621** across NHSGGC hospitals.



**Staffing Absence (Covid-19 Related)**

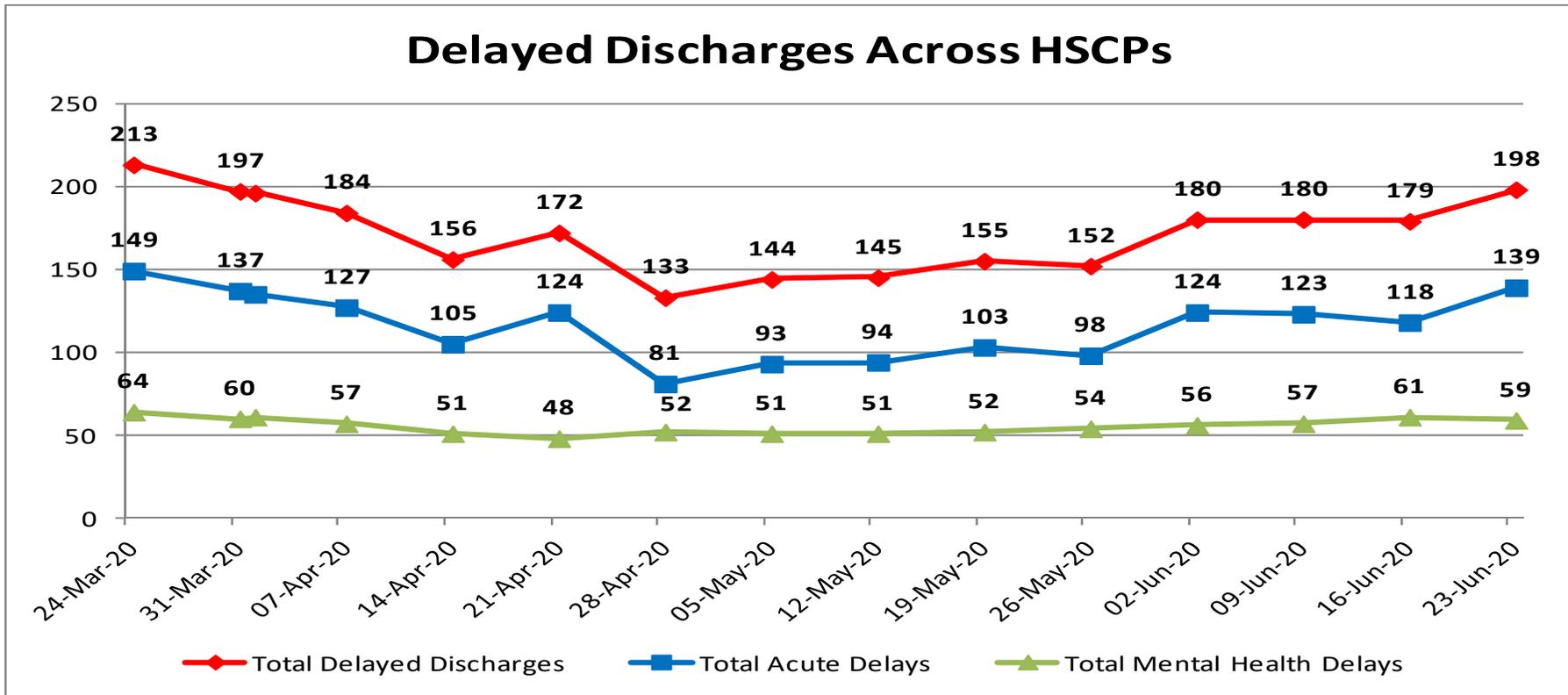
The overall number of Covid-19 related staff absences has decreased since the peak on 28<sup>th</sup> March 2020. As at 22<sup>nd</sup> June 2020, there were a total of **1,089** staff absences due to Covid-19, a 19% decrease on the number reported previously. Each of the Covid-19 related reasons saw a decrease on the previously reported 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	02/06/2020	10/06/2020	18/06/2020	19/06/2020	22/06/2020	Daily Var
Self Isolating	2,275	1,711	750	387	362	268	170	180	145	112	59	60	47	42	28	-14
Positive Cases (Sickness)	25	13	26	35	86	98	78	132	128	103	77	79	56	60	38	-22
Carers/Parental Leave	365	261	192	125	172	180	112	152	149	145	105	146	157	164	107	-57
Self Isolating (Due to Household)	605	778	709	332	225	168	87	100	83	50	58	52	39	32	24	-8
Social Distancing (Underlying Health Conditions)	349	511	865	870	1117	1104	972	1095	1121	1138	927	1061	1025	1041	890	-151
Test and Protect Isolating												5	4	3	2	-1
<b>Total Absent (Corona Virus Related)</b>	<b>3,619</b>	<b>3,274</b>	<b>2,542</b>	<b>1,749</b>	<b>1,962</b>	<b>1,818</b>	<b>1,419</b>	<b>1,659</b>	<b>1,626</b>	<b>1,548</b>	<b>1,226</b>	<b>1,403</b>	<b>1,328</b>	<b>1,342</b>	<b>1,089</b>	<b>-253</b>



**Delayed Discharges**

An increasing trend in the number of delayed discharges from each of the HSCPs reported across NHSGGC since 5<sup>th</sup> May 2020. As at 22<sup>nd</sup> June 2020, there were a total of **198** patients delayed across HSCPs comprising **139** Acute and **59** Mental Health delayed patients.



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