

Core brief

Report from August Board meeting

The Board of NHS Greater Glasgow and Clyde met on Tuesday 25th August. All the papers are [available on our website](#).

The issues considered by the Board included an update on our COVID-19 response and remobilisation, an update on QEUH and RHC and the regular report on infection control. The Board also scrutinised the latest performance and finance reports.

Patient story

The Board heard an inspiring account of compassionate and person centred end of life care provided to a patient in the ICU at the Royal Alexandra Hospital. The patient's family were given one of the 'knitted hearts' as a keepsake and were very comforted by this during a difficult time. On behalf of the Board, the Chair thanked all staff who have worked hard to deliver person centred care throughout the pandemic.

COVID-19 Response and Remobilisation

Director of Public Health, Dr Linda de Caestecker, gave an update on the public health response to COVID-19, reporting on the rapid response from the Test and Protect Service to contain recent clusters. The Public Health Team and local authority education departments continue to support a number of schools in the area. To date, there has been no evidence of transmission of the virus within any GGC school. Dr de Caestecker also reported on the recent spike in demand for testing following the return of schools in the middle of August. With the UK Government testing centres under pressure to manage this demand, the testing stations in NHSGGC are being re-opened for symptomatic staff and household contacts and a mobile unit is also being set up. The Public Health Team is now looking ahead and planning the testing requirements to support the return of universities and colleges. The Chair offered his thanks to the Public Health Team for all their efforts in suppressing the virus within our communities.

The Board also paid tribute to the partnership approach being taken to support care homes and their staff with the health board working collaboratively with the HSCPs, the Care Inspectorate, Scottish Care and NHS Education for Scotland in what one Board Member described as a 'true example of integration working'.

Dr Jennifer Armstrong, Medical Director, provided an update on the Board's re-mobilisation plan. The draft whole system plan, which was developed with the involvement of a wide range of stakeholders, has now been submitted to the Scottish Government for consideration.

COVID-19 Research

Dr Julie Brittenden, R&D Director, presented on the significant programme of COVID-19 research underway within NHSGGC. At the start of the pandemic, no drugs were licensed for the treatment of patients with COVID-19. To date, over 14 different drugs have been evaluated within clinical trials within NHSGGC and some of these are ongoing. These include drugs licensed for other conditions and "repurposed" to treat

patients with COVID-19 such as antiviral, immune-modulatory, steroids, and anti-malarial drugs. Delivery of trials such as the high profile RECOVERY trial has been achieved by collaboration across teams and specialties. This non-commercial trial is the world's largest randomised trial of drugs to test COVID-19 patients, which so far has randomised over 11,000 patients. The trial has shown that dexamethasone, a cheap and readily available drug, reduces 28-day mortality substantially among patients who received oxygen or ventilation at the time of randomisation. Among participants receiving oxygen alone, the risk of death was reduced by 20%, and among participants receiving ventilation the risk of death was reduced by 35%.

In addition, NHS GGC has also taken part in commercial studies which have evaluated the potential value of novel drug therapies, such as remdesivir. This is an antiviral drug that was originally developed to treat Ebola. Remdesivir has been shown to shorten the recovery time in patients hospitalised with COVID-19 and has recently been made available under the MHRA Early Access to Medicines Scheme within the UK.

HAIRT (Healthcare Associated Infection Reporting Template)

Professor Angela Wallace, Executive Director, Infection Prevention and Control, presented the HAIRT Report. The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the Board. This is a requirement by the Scottish Government HAI Task Force and informs NHSGGC of activity and performance against Healthcare Associated Infection Standards and performance measures.

Professor Wallace reported a stable position for the period with *Staph aureus* bacteraemia (SABs), *C difficile* (CDI) and *E.coli* (ECB) cases all remaining within normal control levels. Cases of infection continue to be managed swiftly and with multi-disciplinary focus, action and response. The HAIRT, which continues to be reviewed, sets out the detailed approach being taken with NHSGGC to prevent and reduce SABs, CDI and ECB.

Key highlights for the period:

- The Board's cleaning compliance is 96% and Estates compliance is 97% for this period.
- SSI surveillance recommenced locally in June. National SSI surveillance remains paused.
- SAB - HCAI standard aim is 70 cases or less per quarter by 2022. NHSGGC are two cases below aim for the period April- June 2020.
- The IPCT are supporting the organisation to inform recovery plans post COVID-19.
- The IPCT continue to provide assurance to HPS in accordance with the National Support Framework in relation to PICU. All required evidence has been submitted by GGC and we await feedback from HPS/HFS.
- Close communication with Health Protection Scotland (HPS) and other external organisations continues with contributions from several members of the IPCT to National Groups.

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