

<b>Silver Command Group:</b>	Clinical
<b>Purpose:</b>	<p>To provide an overview of decisions made by COVID-19 Silver Command Groups since the last Board meeting on 25 March 2020.</p> <p>The SBARs must provide a clear statement of the risks associated with any proposals / decisions, any actions required of the Board, or assurance being provided.</p>
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<b>Date of Board Meeting</b>	29 <sup>th</sup> April 2020

<p><b><u>Situation</u></b></p> <p>Silver clinical command is tasked with tactical leadership of clinical services in hospital and community as NHSL manages the COVID-19 outbreak.</p>
<p><b><u>Background</u></b></p> <p>The expectation was that the volume and severity of cases of COVID would stretch the resources of NHS Scotland in an unprecedented way. It is an evolving situation and evidence and guidance changes as we progress through the Covid 19 pandemic. The clinical group will support the reorganisation of services to meet this requirement.</p>
<p><b><u>Assessment</u></b></p> <p><b>Clinical pathways to address Covid 19</b></p> <ul style="list-style-type: none"> <li>• Mobilisation plan reducing non-urgent activity across the system to allow scaling of critical care capacity.</li> <li>• Increase ability to provide increased demand for Renal Replacement Therapy (RRT) across ITU provision. <ul style="list-style-type: none"> <li>➢ More patients than expected, who require ITU also require RRT</li> <li>➢ A number of steps have been taken to ensure this treatment can be provided to those who need it.</li> </ul> </li> <li>• Opening of offsite beds at Udston</li> <li>• The development of a Covid Hub, Community Assessment Centres (CACs) and potential to expand to other sites was enacted in a very short timescale from original proposal from Scottish Government to consider how we may create same on 13 March 2020, to going live with the Hub and one CAC in Airdrie and one CAC in Douglas St Hamilton by 23 March 2020. <ul style="list-style-type: none"> <li>➢ The Hub and CACs have been working effectively to stream patients away from GPs/EDs to triage and treat where necessary in a community setting.</li> <li>➢ As at 0800 hours on 26 April, 2020, 5,596 patients had been triaged by the Hub; of those, 1546 were assessed in the CAC; of those, 382 subsequently attended ED with 300 being admitted in total.</li> <li>➢ In recent weeks, the numbers of attendances have reduced and assessment work with Public Health colleagues is giving confidence that the numbers being referred</li> </ul> </li> </ul>

to the Community Covid Hub as well as the CAC are continuing to show a reducing trend.

- The numbers have reduced such that the intention would be to
  - ❖ formally stand down the 2 CACs held in reserve – East Kilbride and Wishaw
  - ❖ maintain the hub in Airdrie
  - ❖ continue initially to have both the CACs in Airdrie and Douglas St, 0800 to 1800 Mon-Sunday with the activity overnight continuing to be managed alongside the OOH service in Douglas St – with weekly reviews
  - ❖ if the numbers continue to drop, then to move to the CAC in Airdrie only 0800 to 1800 Mon-Sunday with the activity overnight continuing to be managed alongside the OOH service in Douglas St.
  - ❖ This would see the hub and CAC ‘day time’ in Airdrie 7 days/week, with OOH services provided from Douglas St throughout. (It should be noted that many of the staff who are supporting the CAC would previously have supported OOH and, as such, it is not possible to run both services from both sites concurrently.)
  - ❖ As well as assisting to manage the staff resource, this also assists in managing the ‘Covid’ flow. Logistically, it is also less disruptive to other service provision recognising the significant community based clinical activity that operates in hours in the area designated for CAC in Douglas St.
  - ❖ In all circumstances, if there is a 2nd /subsequent wave(s) there is the ability to re-establish both CACs at short notice should the need arise.
- Care Home Sub Group convened to support care homes, manage Covid 19 outbreaks, and ensure care home sustainability. The SBAR in respect of this has previously been circulated to Board Members
- Mobilisation across services to support Shielded Patients
- Adoption of the UK Resuscitation Council Guidance rather than Health Protection Scotland (HPS) Guidance for CPR and PPE in relation to Covid positive or suspected patients. The Resuscitation Council guidance views CPR as an Aerosol Generating Procedure (AGP) and as such requires a higher level of PPE than HPS guidance. The guidance and NHSL’s response continue to be kept under review as more evidence becomes available.
- Developing guidance and pathway for discharge of Covid positive patients.

### **Clinical pathways to maintain non-COVID essential activity**

- Changes in treatment room delivery of essential services to domiciliary
- Hot clinic pathways to secondary care
- Hubs for urgent optometry
- Community Dentistry Service providing urgent assessment and treatment
- GP managing essential non Covid 19 demand in the community
- Maintenance of Mental Health and Substance misuse services

### **Staff availability and training**

- Testing for staff
- Guidance on at risk groups
- Provision of PPE
- Training in intensive care for wider staff group
- Supporting Retired Returners
- Doctors in Training mobilised across different areas

### **Other Areas**

- Anticipatory care and clinical triage guidance reviewed and implemented
- Social Care mobilised to meet increase in activity
- Increased use of Near Me

- NHS Louisa Jordan. NHSL not currently used by NHSL.

**Recommendations**

That the Board acknowledge and support the huge amount of change that continues to be progressed at pace to maintain services during Covid and the ongoing need to review and change delivery as the Covid 19 pandemic progresses.