

Date Completed	July 2020	Prepared by:	Corporate Management Team
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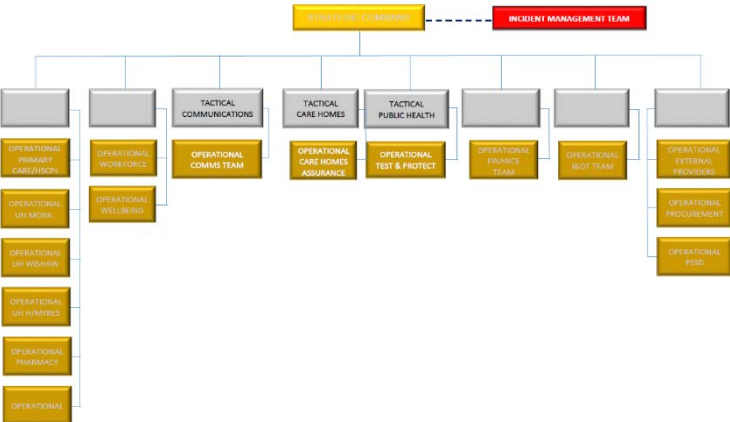
This report is designed to provide an overview of the various strands of activity being taken forward.

Issue	Update
1. Epidemiology	<p>As at 17<sup>th</sup> July</p> <ul style="list-style-type: none"> <li>• 2742 COVID-19 cases confirmed in NHS Lanarkshire, of which <ul style="list-style-type: none"> <li>- 2072 reported by NHS laboratories</li> <li>- 670 reported by UK Regional Testing Centers</li> </ul> </li> <li>• 69,298 samples tested from NHS Lanarkshire residents</li> <li>• 592 deaths where COVID-19 was mentioned in death certificate, of which <ul style="list-style-type: none"> <li>- 295 occurred in hospital</li> <li>- 244 occurred in care homes</li> <li>- 53 occurred at home/elsewhere</li> </ul> </li> </ul> <p>These deaths included the death of a member of NHS Lanarkshire staff.</p>
2. Test, Trace, Isolate and Support	There is a separate paper on the Board agenda.
3. Care homes – the day to day support from our Health Protection Team, and the enhanced system of assurance	There is a separate paper on the Board agenda.

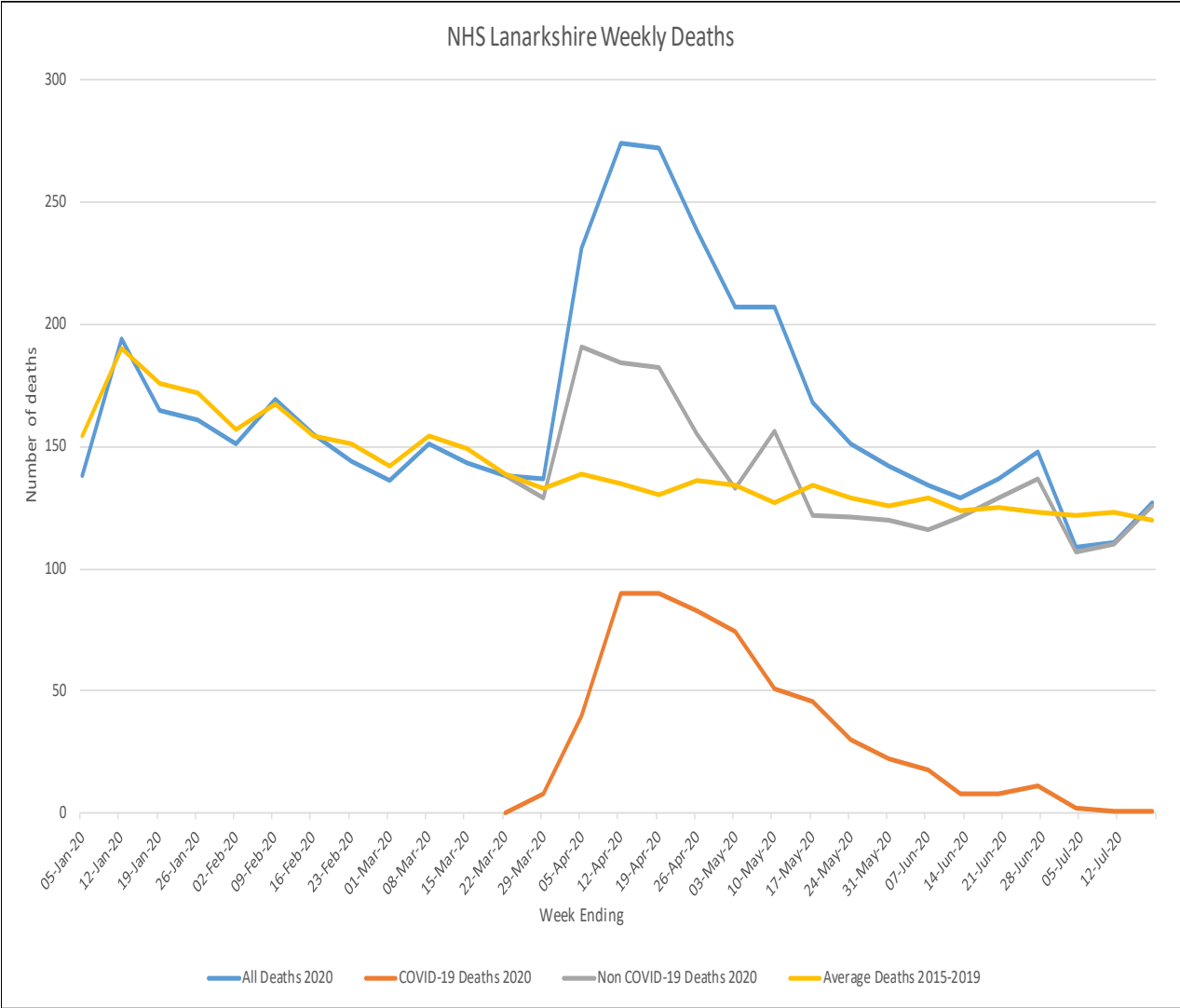
4. Provision, utilisation and availability of PPE	The supply chain and provision of PPE has been unproblematic since May: no significant issues are being encountered. National Services Scotland are conducting a lessons-learned exercise which will contribute to our forward planning for a second wave (there is no published timescale for exercise as yet).
5. Excess Deaths	<p>As at 22 July 2020, NHS Lanarkshire had recorded 254 patients who died in our hospitals following confirmation of Covid 19 status. The first death in NHSL was recorded in the week commencing 23 March 2020 and with great sadness, we noted the death of a member of staff on 20 April 2020. All such deaths in hospital are reviewed on a daily basis as part of our System Watch and are reported to Scottish Government to inform their daily press briefings.</p> <p>The National Records for Scotland has more complete data, as it captures all certified deaths and collates all deaths where Covid 19 is mentioned on the death certificate (including where this may not be primary cause of death, but noted as a contributory factor). NRS data lags behind local information as it allows for formal registration of deaths to be included. NRS are also providing more in depth analysis of deaths occurring from the period week commencing 16 March (W12) to week commencing 13 July (W29) i.e. from 16 March to 19 July inclusive. During this period, the number of deaths including all patients who were resident in NHS Lanarkshire where death is mentioned anywhere on the death certificate equates to 583. The rate of deaths in NHSL is currently 8.8 per 10,000 population, which compares with 11.2 for NHS GG &amp; C; 8.0 for NHS Lothian; 7.9 for NHS Ayrshire &amp; Arran; 7.8 for NHS Forth Valley and 7.5 for NHS Tayside. These figures reflect the impact of the pandemic across the central belt of Scotland, (all other Boards have a rate &lt;6.4 per 10,000 population).</p> <p>During the period W12 – W29, 20% of all deaths in Scotland had Covid 19 recorded on the death certificate. NRS have also noted that all-cause mortality was increased over this period when compared with the 5 year average. There has been an absolute increase of 4,856 deaths in Scotland over this period, of which 3,898 were recorded as being related to Covid 19. Of the remainder, the highest increases were classed as deaths due to Dementia/Alzheimer's (388); Circulatory conditions (178) and Cancers (127). NHSL will work with colleagues in NRS &amp; ISD to further understand the implications of this data. A further breakdown is available at; <a href="https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-29.pdf">https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-29.pdf</a></p> <p>Meanwhile we continue to review local information on crude and in-hospital mortality which are both showing a rise as expected, but are difficult to interpret as the denominators for both indicators are altered considerably by the change in both elective work and the volume of inpatient admissions. We have escalated those reflections to HIS &amp; ISD to consider future reporting narratives. As these indicators form a part of our usual assurance on quality of care, an exception report has been submitted to the July HQAIC meeting and an update including detailed site reports and results from structure mortality case note reviews will be submitted to the September HQAIC.</p>
6. Ethical Advice & Support Advisory Group	The Terms of Reference were approved at the last meeting of the Group and have been presented to the NHS Board at item 5.

<p>7. Workforce (including Louisa Jordan Hospital)</p>	<p>Whilst DL(2020)/5 NHS Lanarkshire postponed all non-urgent conferences and developmental training, NHS Lanarkshire has commenced a review and re-instatement of development activities that can be provided through ensuring effective social distancing and without the requirement of large groups being in a single training room. With this, Turas appraisals has recommenced where COVID and operational pressures allow, Corporate Induction learnPro module is being updated and will launch later this month, Leadership and Management Programmes have been adapted to ensure delivery through a range of blended learning approaches, a virtual Staff Awards Ceremony is proposed for later this year, learning teams are investigating options to deliver instructor led training moving forward via a Virtual Learning Environment (VLE) and NHSL has have reverted back to the national timescales and monitoring of HCSW standards.</p> <p>Staff health &amp; wellbeing continues to be a priority for NHSL. Some service provision has been revised following data analysis and staff feedback in order to make the support more visible and simpler to access. Current services include:</p> <p><i>Statutory &amp; Core Services:</i></p> <ul style="list-style-type: none"> <li>• <i>Occupational Health &amp; Safety</i> - Offering specialist Management Referrals, Risk Assessment, Shielding Advice, Face Fit Testing &amp; PPE support, Environmental Audits, DSE assessments (Home Working), Follow up consults with Covid-19 +ve staff and generic health related advice.</li> <li>• <i>Covid Staff Testing</i> – Includes all symptomatic staff and the routine testing of asymptomatic Care Home staff and staff working with particularly vulnerable patients.</li> <li>• <i>Influenza Immunisation Programme</i>- Design and modelling is underway in preparation for the Influenza Immunisation programme for all staff including Social Care staff.</li> <li>• <i>Covid-19 Helpline</i> – Scoping work is underway to develop the Helpline to include support for winter issues and wider HR queries with the plan for this to remain a long term resource.</li> </ul> <p><i>Mental Health &amp; Wellbeing Support:</i></p> <ul style="list-style-type: none"> <li>• <i>Occupational Health Self-Referral</i> - For support regarding personal anxiety/stress or depressive conditions.</li> <li>• <i>Confidential Staff Counselling</i> - 24/7 external counselling via Telephone and Skype.</li> <li>• <i>Early Access to Support for You (EASY)</i> - Support to staff absent with a mental health issue. Provides access route to therapeutic services.</li> <li>• <i>Mental Health Case Management</i>- Dedicated 20 week support programme for staff with complex mental health issues.</li> <li>• <i>Staff Physiotherapy</i> - Supporting musculoskeletal problems, including those related to home/remote working.</li> <li>• <i>Staff Care and Wellbeing Support Centres</i> –Access to trained peer supporters and chaplains to provide immediate support, signpost or escalate to further support services. In addition, provide rest areas, information and nutrition.</li> <li>• <i>Staff Care and Wellbeing Support Line</i> - 24 hr. support line staffed by chaplains and trained counsellors.</li> <li>• <i>Staff Care and Wellbeing Activities</i> - provision of mindfulness, Schwartz rounds, yoga (social distanced) and value based reflective practice sessions.</li> <li>• <i>Bereavement Support Service</i> - specialist support developed for staff who have experienced bereavement.</li> </ul>
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	<p>Employee Relations activity was paused in March 2020, with the exception of matters with the potential to be considered gross misconduct, to cause significant risk, e.g. patient safety, health and safety, or in concluding cases to enable the individual to return to work or have an absence brought to an end. All Employee Relations activity is now being reintroduced on a phased basis. Where possible cases are being dealt with on an informal basis through reflective learning/training. To ensure compliance with physical distancing measures, reduce travel, reduce footfall on clinical sites; the preferred method of holding 'meetings' will continue to be via Microsoft Teams. Where this is deemed not to be appropriate, face to face meetings will be held in suitable venues that have the ability to ensure appropriate physical distancing.</p> <p>The Workforce Team are evolving an NHSL Workforce Report to include other key performance indicators over the next 6 months including supplementary staff, absence, workforce, training compliance and Turas data.</p>
8. Communications	<p>As well as maintaining normal proactive media releases and reactive responses, the team are also focussed on the Monklands Site Selection process and the communications and engagement around that exercise. The focus of the team has also in the past week been diverted to other reactive matters in relation to Covid-19. The main activity this week has been around Sitel which the Board has been regularly sighted on.</p> <p>Other significant activity includes</p> <p>Patient story: one of our patients, and his family, were interviewed at his home – he had been prescribed Dexamethasone while in ICU in University Hospital Hairmyres <a href="https://www.youtube.com/watch?v=Br7nBYrqyx0">https://www.youtube.com/watch?v=Br7nBYrqyx0</a></p> <p>RECOVERY study: discussion about the conduct of the study / the patient's experience in Hairmyres ICU <a href="https://www.aljazeera.com/news/2020/07/worlds-largest-randomised-drug-trial-held-uk-200722131208971.html">https://www.aljazeera.com/news/2020/07/worlds-largest-randomised-drug-trial-held-uk-200722131208971.html</a></p> <p>Longer term impact of Covid-19: Speaking to our staff about the damage done by the disease, and how patients are being supported in getting back to activities of daily living <a href="https://www.aljazeera.com/news/2020/07/potential-long-term-effects-covid-19-human-beings-200723123547761.html">https://www.aljazeera.com/news/2020/07/potential-long-term-effects-covid-19-human-beings-200723123547761.html</a></p>
9. Finance	<p>A financial return detailing the expenditure incurred in responding to Covid in quarter one is to be submitted to SG on 14th August alongside the overall financial position to the end of June 2020. This will determine the allocation of Covid funding to Boards. The methodology for doing so has not yet been decided.</p> <p>National discussions on funding for the local resource to manage complex contact tracing are ongoing. Recognising the time to recruit, Public Health have been given advance local approval to recruit 1.1 W.T.E. consultant and 6 W.T.E. band 6 staff on a fixed term basis.</p>

<p>10. Digital</p>	<p>The focus of the Digital and IT team is on continuing to support the response mode in terms of home working and digital visiting, moving into supporting colleagues who are restarting services to undertake clinic build, Trackare and other software and configuration developments and re programme all of the projects that were paused as a result of Covid-19 to refresh the project plans and support arrangements.</p>
<p>11. Resilience – lessons learned</p>	<p>The Command and Control structure has seen further revision to ensure the most effective response is maintained relative to the current circumstances. There are currently three active Tactical Groups which report directly to the Strategic Group. The Strategic oversight is currently done as a part of the weekly CMT meetings.</p>  <p>The Learning Window One program continues to progress. The original program agreed by the Strategic Command Group identified 23 learning activities. This now shows 15 (65%) complete, 1 (4%) as an ongoing process and 7 (31%) awaiting feedback.</p> <p>There have been two additional activities facilitated for the Public Health Incident Management Team and the Scottish Directors of Public Health.</p> <p>To date there have been 44 agreed recommendations from the lessons identified. Two reports are complete and taken forward through the ongoing development work within Human Resources. There are a further two reports complete with additional work ongoing to refine the lessons learned to recommended actions. Progress on the 44 agreed recommendations is;</p> <p>9 (21%) complete, 19 (43%) open, 5 (11%) are linked to others, 7 (16%) awaiting sign off and 4 (9%) deferred until post incident.</p>

## NHS Lanarkshire Weekly Deaths W12 - W29



Area Name	Week Ending	All Deaths 2020	COVID-19 Deaths 2020	Non COVID-19 Deaths 2020	Average Deaths 2015-2019
NHS Lanarkshire	05-Jan-20	138			154
NHS Lanarkshire	12-Jan-20	194			190
NHS Lanarkshire	19-Jan-20	165			176
NHS Lanarkshire	26-Jan-20	161			172
NHS Lanarkshire	02-Feb-20	151			157
NHS Lanarkshire	09-Feb-20	169			167
NHS Lanarkshire	16-Feb-20	155			154
NHS Lanarkshire	23-Feb-20	144			151
NHS Lanarkshire	01-Mar-20	136			142
NHS Lanarkshire	08-Mar-20	151			154
NHS Lanarkshire	15-Mar-20	143			149
NHS Lanarkshire	22-Mar-20	138	0	138	139
NHS Lanarkshire	29-Mar-20	137	8	129	133
NHS Lanarkshire	05-Apr-20	231	40	191	139
NHS Lanarkshire	12-Apr-20	274	90	184	135
NHS Lanarkshire	19-Apr-20	272	90	182	130
NHS Lanarkshire	26-Apr-20	238	83	155	136
NHS Lanarkshire	03-May-20	207	74	133	134
NHS Lanarkshire	10-May-20	207	51	156	127
NHS Lanarkshire	17-May-20	168	46	122	134
NHS Lanarkshire	24-May-20	151	30	121	129
NHS Lanarkshire	31-May-20	142	22	120	126
NHS Lanarkshire	07-Jun-20	134	18	116	129
NHS Lanarkshire	13-Jun-20	129	8	121	124
NHS Lanarkshire	20-Jun-20	137	8	129	125
NHS Lanarkshire	27-Jun-20	148	11	137	123
NHS Lanarkshire	04-Jul-20	109	2	107	122
NHS Lanarkshire	11-Jul-20	111	1	110	123
NHS Lanarkshire	18-Jul-20	127	1	126	120

**Source**  
NRS Death Registrations