

Date Completed	June 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. Silver Commanders will also make reference to any decisions made that need to be reported to the Board for assurance where these deviate from national or local practices, and will provide greater detail in a pro forma.

Issue	Update
1. Epidemiology	<p>As at 17th June</p> <ul style="list-style-type: none"> • 2679 COVID-19 cases confirmed in NHS Lanarkshire, of which <ul style="list-style-type: none"> - 2035 reported by NHS laboratories - 644 reported by UK Regional Testing Centers • 38,881 samples tested from NHS Lanarkshire residents • 530 deaths where COVID-19 was mentioned in death certificate, of which <ul style="list-style-type: none"> - 254 occurred in hospital - 227 occurred in care homes - 49 occurred at home/elsewhere
2. Test, Trace, Isolate and Support	On agenda
3. Care homes – the day to day support from our Health Protection Team, and the enhanced system of assurance	On agenda
4. Provision, utilisation and availability of PPE	The supply chain and provision of PPE has been unproblematic for a number of weeks, and no significant issues are being raised.

<p>5. Excess Deaths</p>	<p>As at 17 June 2020, NHS Lanarkshire had recorded 242 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 (appendix 1), 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 8 June (W24) i.e. from 16 March to 14 June 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 561. The rate of deaths in NHSL is currently 8.5 per 10,000 population, which compares with 11.0 for NHS GG & C; 7.8 for NHS Ayrshire & Arran; 7.7 for NHS Lothian; 7.5 for NHS Forth Valley and 7.4 for NHS Tayside. These figures reflect the impact of the pandemic across the central belt of Scotland, (all other Boards have a rate <6 per 10,000 population).</p> <p>During the period W12 – W24, 22% 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 4,878 deaths in Scotland over this period, of which 3,810 were recorded as being related to Covid 19. Of the remainder, the highest increases were classed as deaths due to Dementia/Alzheimer’s (424); Circulatory conditions (194) and Cancers (151). NHSL will work with colleagues in NRS & ISD to further understand the implications of this data.</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 & ISD to consider future reporting narratives. As these indicators form a part of our usual assurance on quality of care, we are preparing alternative indicators to provide this assurance to the Board via HQAIC.</p>
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6. Infection Control	<p>The IPC Team continue to provide advisory support to acute, community, care homes and additional independent community services including councils, the care inspectorate and education providers as part of the C-19 response. This immediate expansion of the service model to additional sectors over and above the IPC pre-C-19 remit has demanded a re-prioritization of the IPC work plan and key deliverables. This planning has allowed the focus to clearly sit with C-19 prevention and control work while continuing to deliver on the must-dos for the board, Public Health Scotland and Scottish Government.</p> <p>During the period from March to May 2020, the IPC have also seen a significant increase in referrals to the team. In total, the demand has increased five-fold. There has also been a considerable number of Problem Assessment Groups and Incident Management Team meetings to support outbreaks of C-19 in both our patient and staff populations. These outbreaks have been protracted due to the number of days areas have required to maintain restrictions. In total, there were fifteen outbreaks in non-COVID (Green) pathways involving patients and staff and seven independent staff clusters and one additional cluster involving Serco staff. Only five wards were closed temporarily to new admissions and transfers with an overall total of 111 days lost. There are currently no outbreaks of cases in our board.</p> <p>An epidemiological review and validation exercise for all positive cases is currently underway to determine the number of hospital onset cases in relation to the total number reported overall. Public Health Scotland are planning to publish this data by the end of June 2020.</p> <p>Moving into the Recovery phase has placed an additional pressure on the service as IPC is integral to all revised service models, pathways and reviews. The team continues to support recovery across the system with online information, telephone support, and group membership and walk rounds of services and departments.</p> <p>As well as the service being well embedded in all clinical and environmental recovery groups across all of health and care, there is also a newly formed IPC Assurance Sub-Group, including key partners across NHS and the independent sector. The purpose of the group is to assure the C-19 IMT that all appropriate measures are in place and are being taken to ensure the safety of our staff and individuals in our care. Updates on progress are submitted to the C-19 IMT on a weekly basis.</p>
7. Ethical Advice & Support Advisory Group	<p>The first meeting of the Ethical Advice & Support Advisory Group was held on 18 June 2020 to consider reports on Care Homes and testing prioritisation. At the first meeting of the Group the Terms of Reference were adopted and these are attached for information.</p>

<p>8. Workforce (including Louisa Jordan Hospital)</p>	<p>The Silver Workforce & Wellbeing group was stood down as of the 2nd June 2020 with the HR Forum taking forward any outstanding items. The Bronze Staff Wellbeing and Care Home groups are continuing to operate and report to the HR Forum and longer term solutions are being considered for these programmes.</p> <p>There has been ongoing Staff Testing throughout the pandemic. To date 3,770 staff / household members have been tested and, with only 21% of those tested being positive, savings of an estimated 16,136 days from isolation. Demand for staff testing is currently 25 per day.</p> <p>As modified working continues, a short life working group has developed additional guidance for staff and managers which aims to provide pragmatic guidance to ensure Home Working is sustainable from a health, wellbeing and performance perspective. The temporary guidance provides direction on worker and manager's responsibilities; including the requirement of a Self-Assessment & Agreement. It also highlights the expectation of ensuring regular contact, inclusivity and consistency of management, and identifies various supportive services.</p> <p>The Staff wellbeing group noted a reduction in requests for staff support across acute and community sites, as well as to the public Covid-19 distress phone line provided by Psychological Services. This has a commensurate reduction in staffing for Psychological First Aiders across sites. Additional support has been developed in the form of North and South HSCPs staff wellbeing support groups, Rest Areas/Take 5 rooms across a range of acute and community sites providing basic water, fruit, etc, introduction of National Wellbeing Champions Network and PROMIS Hub. Going forward being is the development of a manualised approach for staff support and an e-Learning wellbeing module, and an evaluation of impact of staff support during COVID 19.</p> <p>The Care Home workforce group has established an escalation process for Care Homes to access NHSL staff after having exhausted established local sources. With this, FAQs have been developed to support NHSL staff providing this support and a list of volunteers from bank and substantive staff established.</p> <p>West of Scotland CEOs have agreed a workforce model for the use of 300 Level 0/1 beds at the Louisa Jordan in extremis in response to COVID-19. The model was developed in consultation with WoS Nurse, Medical and HR directors. There is also agreement, from the WoS, to provide staff for the first 40 beds but not the entire 300 beds if required</p>
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9. Communications	<p>NHS Lanarkshire's work on COVID-19 has continued to receive overall positive media coverage and feature on broadcast media. This has included BBC News and BBC Scotland The Nine running follow up reports on patients at University Hospital Wishaw and University Hospital Monklands respectively. In addition NHS Lanarkshire staff were interviewed by BBC Scotland on the national launch of Test and Protect.</p> <p>Communications and engagement support is in place for the Response, Redesign and Recovery Oversight Group and sub groups. A prioritised approach has been agreed for service changes requiring communications and engagement support. An overarching communications and engagement strategy is being developed to support the recovery plan.</p> <p>A care homes communications plan is being implemented and has included a Q&A document which was issued to both care home staff, MSPs and MPs.</p>
10. Finance	<p>Extensive work has taken place to track and understand Covid 19 costs and capture forward commitments. With much still unknown about the future path of the pandemic and the national reponse in areas such as testing and care home support constantly evolving, financial projections are just best estimates under constant review.</p> <p>SGHSCD finance department have said their intention is to base funding on a quarter 1 return which will be submitted near the end of July. A peer review process has been established for reviewing each bodies' costs. Further detail can be found in the finance paper</p> <p>The audit of the annual accounts is underway, a month later than usual, and August 26th has been confirmed as the date for Board approval and signing.</p>
11. Digital	<p>The eHealth RRR Group with specialist sub groups have been established to support the RRR process. The groups are considering service based request to facilitate recovery using information and digital systems as part of the process. There is high demand across the organisation to utilize digital as part of the recovery process.</p> <p>There has been continued growth in the use of solutions deployed as part of the Covid-19 response including;</p> <ul style="list-style-type: none"> • NearMe (for virtual clinics and appointments) • Microsoft Teams (collaboration platform) • Remote/Flexible/Homeworking • Digital visiting • TrakCare (supporting new clinical models/clinics etc.) • Supporting the adoption of national Test and Trace digital solution <p>The eHealth Programme is now re-starting and governance arrangements are in place to continue the delivery of key strategic projects including; HEPMA, LIMS OCS and Community IT.</p>

12. Resilience – lessons learned

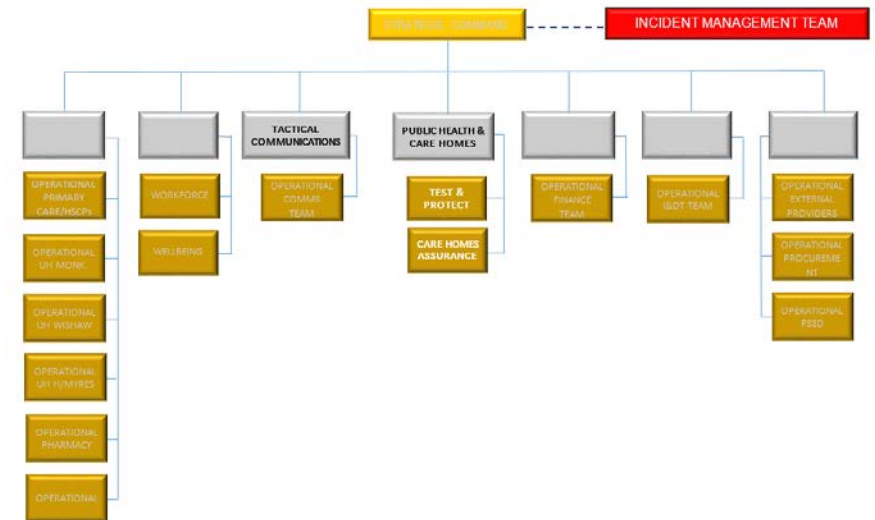
The COVID19 crisis whilst in decline at this time remains a considerable threat to NHS Lanarkshire as well as the communities and public served by the organisation. The current Command and Control structure has been scaled down to reflect the current situation. However the incident retains a live status and the tactical approach to responding to the crisis has evolved in line with the national strategy for dealing with issues impacting Care Homes and applying Test Trace and Isolate. The Resilience Team have assisted in preparing terms of reference for the Care Home Assurance Group and the multi-agency Test & Protect Joint Assurance Group.

The Command structure has now been adapted to the new dynamics with a Public Health and Care Home Tactical (Silver) being established to provide Command & Control oversight for this key area of response. Given the ongoing demands of the incident the Communications Tactical Commander has opted to maintain this group as active. All other Operational (Bronze), Tactical and Strategic (Gold) groups have been stood down with a caveat that they can be reconvened at short notice should circumstances demand. The strategic issues and risk oversight is being monitored via the Corporate Management Team and ability to escalate issues, via the on-call Executive capability, exists to support response. The Resilience Team shall continue to support the remaining active Tactical Groups and maintain the bespoke incident command systems, introduced by the team, for information and recording/monitoring incident related risks to help support ongoing situational awareness and decision making.

The program for learning, within the first identified learning window, is ongoing. A number of the learning activities are now complete and a register of lessons learned has been established to capture these in a single location and provide a means to track progress for applying the recommendations. Additional learning work is in progress however the initial deadline for completion has been relaxed, as time pressures are not predicted to be as acute as expected when planning the learning activity.

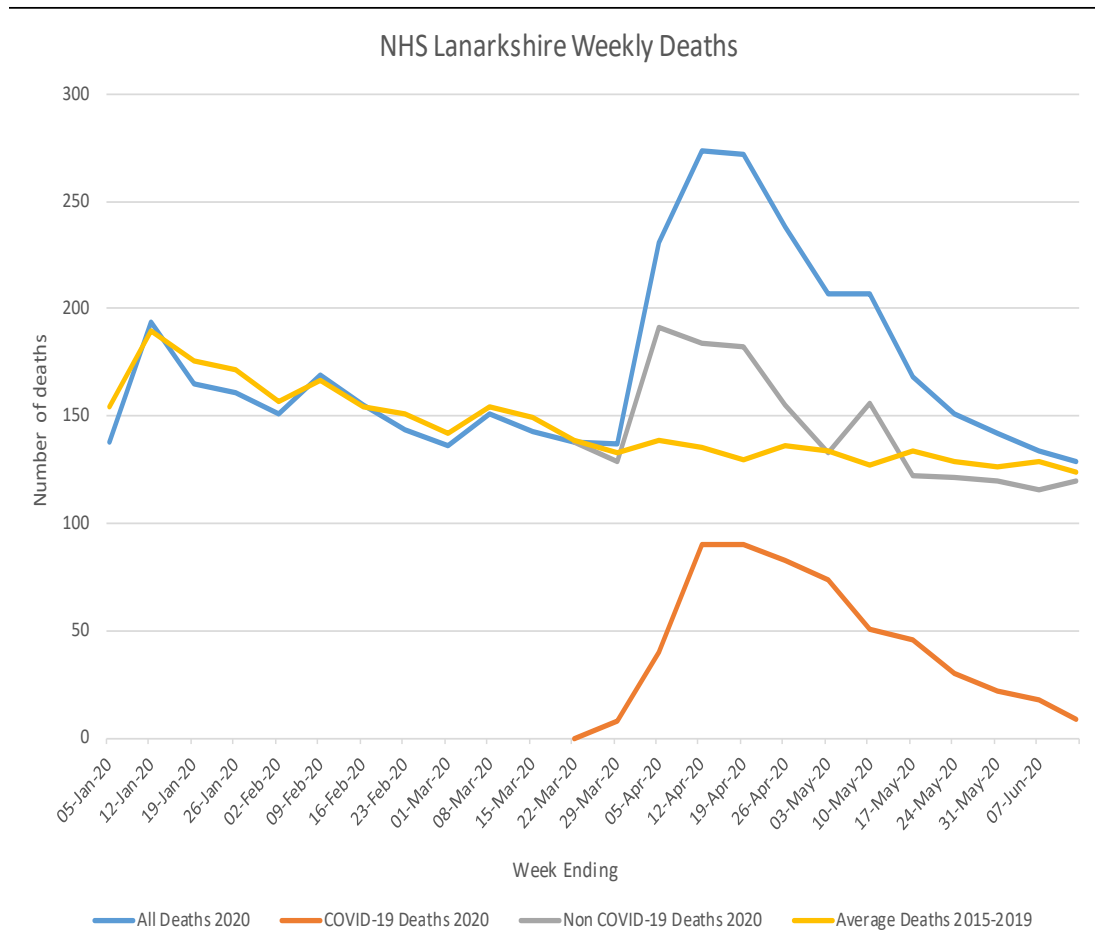
The outcomes of the structured debriefs for Contact Tracing and the Strategic Command & Control have now been agreed. Additionally the online survey for Home Working has concluded and results are being analysed and a final report being prepared. The COVID Pathway debrief has taken place and the outcomes report is being prepared. A structured debrief of Care Home response is planned for the 18/06/2020. Unfortunately this has been delayed due to operational activity having to take priority.

To date there have been 19 agreed recommendations (10 x Contact Tracing and 9 x Command & Control). There are 24 lessons identified from COVID Critical Care Report submitted to the Strategic Commanders for consideration. 3 reports are pending and 11 learning activities remain outstanding. Recommendations shall be allocated for action by the CMT/Strategic Command and tracked by the Resilience Team. Progress reports will routinely be prepared for CMT/Strategic Command.



Appendix 1

NHS Lanarkshire Weekly Deaths W12 - W24



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	9	120	124

Source

NRS Death Registrations