NHS Lanarkshire – COVID-19 Highlight Report

Date Completed	May 2020	Prepared by:	Public Health, Gold and Silver Commanders

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	There have been 1872 confirmed cases of COVID 19 reported in NHS Lanarkshire on 20 May 2020 A total of 13849 samples have been tested with 1 in 5 of these being positive; this includes multiple tests in some individuals who will have received multiple positive results As of 17 May 2020, there have been a total of 462 deaths of Lanarkshire residents; of these, 230 deaths occurred in hospital; 187 in care homes; 43 at home and 2 in a setting of 'Other' NHSL has been working in partnership with the University of Strathclyde to undertake modeling work to support local planning in key areas such as ICU and acute bed capacity and development of non COVID pathways
2. Testing – both patient/public and key workers/household contacts, including the planned expansion of key worker testing	Staff key worker: available to all NHS and social care staff and household members - Law House - drive through - numbers were about 90 per day, recently very low circa 10 per day Hospital testing: clinically suspect and for clinical care ongoing; asymptomatic over 70s in three acute hospitals has started after concerns about testing capacity Discharges to care homes NHSL is following national discharge policy (which has changed over time) Testing residents and staff of care homes: local strategy and prioritisation process, generally ranked by those with new outbreak, linked homes with symptomatic /asymptomatic staff cross over, homes with no evidence of infection

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<tr><td>3. Care homes – the day to day support from our Health Protection Team, and the enhanced system of assurance</td><td>The Health Protection Team is currently managing 50 care homes outbreaks, providing infection control and outbreak management advice. In addition, there are general enquiries from care homes about the prevention and management of COVID-19, including enquiries about testing

The enhanced system for assurance has been in place since mid-April 2020, led by the Director of Public Health and involving representation from HSCPs, Public Health, Infection Prevention and Control and the Care Inspectorate

A strategic response plan had been agreed. Key components of the plan include a programme of supportive engagements with all care homes, recommendations to strengthen use of PPE in care homes, and a plan for roll out of extended testing in care homes (both residents and staff) whether symptomatic or not

A further directive setting out care and clinical assurance responsibilities in care homes is being reviewed against current arrangements and a response prepared for Scottish Government</td></tr>
<tr><td>4. Provision, utilisation and availability of PPE</td><td>PPE levels are currently very good throughout NHS Lanarkshire as shown in the table below as at 21/5/20:

<table><tr><th></th><th>Central Store</th><th>UHM</th><th>UHW</th><th>UHH</th></tr><tr><td>FFP3 masks</td><td>147,535</td><td>21,250</td><td>16,745</td><td>15,890</td></tr><tr><td>11R masks</td><td>1,080</td><td>21,000</td><td>60,000</td><td>27,050</td></tr><tr><td>Gowns</td><td>43,495</td><td>10,236</td><td>4,925</td><td>2,922</td></tr><tr><td>Eye Protection</td><td>42,943</td><td>9,260</td><td>8,960</td><td>6,902</td></tr><tr><td>Aprons</td><td>Lower than usual</td><td>Adequate levels</td><td>Adequate levels</td><td>Adequate levels</td></tr><tr><td>Gloves</td><td>Adequate levels</td><td>Adequate levels</td><td>Adequate levels</td><td>Adequate levels</td></tr></table>
This stock report is issued each day to all user areas. Setting up of dedicated PPE mailbox has been very successful and daily monitoring of stock levels have ensured issues can be addressed quickly. We are continuing to offer support to both care homes and Health & Social Care Partnerships. Where concerns have been raised with regards to specific PPE stock items these have been addressed and workarounds agreed with clinical staff.</td></tr>
<tr><td>5. Infection prevention and control</td><td>There is a regular HAIRT report on the agenda of the Board meeting on 27 May 2020. As a supplementary paper there is a further shorter paper (SBAR) which details provides the Board with an update progress report on Infection Prevention and Control for the reporting period Q3 September to December 2019, and Q4 January to March 2020, with additional information on the COVID-19 response to date.</td></tr>
<tr><td>6. Test, Trace, Isolate and Support</td><td>A paper on Test, Trace, Isolate and Support is on the agenda for the Board meeting on 27 May 2020.</td></tr>
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7. Excess Deaths	As at 19 May 2020, NHS Lanarkshire had recorded 230 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. The National Records for Scotland (NRS) has more complete data, as it collates all deaths where Covid 19 is mentioned on the death certificate (this may not be primary cause of death). 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 23 March (W14) to week commencing 11 May (W20) i.e. from 23 March to 17 May inclusive. During this period, the number of deaths including all patients who were resident in NHS Lanarkshire where Covid 19 is mentioned anywhere on the death certificate equates to 482. The rate of deaths across the central belt Health Board per 10,000 population is 7.3 for NHS Lanarkshire; 9.8 for NHS Greater Glasgow & Clyde; 6.7 for NHS Lothian; 6.6 for NHS Forth Valley and 6.5 for NHS Ayrshire & Arran. These figures reflect the impact of the pandemic across the central belt of Scotland. During the period Week 14 – Week 20, 29% 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 4,474 deaths in Scotland over this period, of which 3,296 were related to Covid 19. Of the remainder, the highest increases were classed as deaths due to Dementia/Alzheimer's (425); Circulatory conditions (258) and Cancers (162). NHSL will work with colleagues in NRS & ISD to further understand the implications of this data. 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.

SILVER COMMAND HIGHLIGHTS	
8. Workforce	Over the last month, the Silver Workforce & Wellbeing group have continued to monitor and support workforce supply including new staff recruitment, student on-boarding, bank fill rates, absence levels. Staff Testing has continued, providing tests for almost 3,000 staff / household members and saving an estimated 13,035 days from isolation, as 73% of those tested have been negative. Testing has recently been extended to provide home testing (where appropriate). Demand has fallen over the last couple of weeks with daily test levels at ~ 65 per day. The Bronze Staff Wellbeing Group has developed a Staff Care and Wellbeing Framework which is based on a model of Psychological First Aid, covering the 7 key elements; care for immediate needs, protect from further threat and distress, comfort and console, support for practical tasks, provide information on coping, connect with social supports, and educate about normal response. It provides a tiered approach and demonstrated the integration between the three main provides – Occupational Health, Pastoral Care and Psychological Therapies. A Bronze Care Home Workforce Group has also been established to oversee the escalation and workforce support to Care Homes. In addition, a short life working group is focusing on workforce sustainability, in particular focusing on the wellbeing aspects of working from home (and a questionnaire is being sent to over 3,000 staff who are currently working from home to gather feedback on their experience), managing and supporting staff working remotely and sustained social distancing in the workplace.
9. Communications	Extensive media coverage of NHS Lanarkshire services, staff and key messages across print, radio and TV. This has included a special report on University Hospital Monklands (UHM) and a reportage photography feature on University Hospital Monklands ICU, both on BBC Scotland's The Nine and on the BBC News website. ITN have carried out filming at the Airdrie Community Assessment Centre and University Hospital Monklands, which is expected to broadcast on Tuesday 26 May. A new hospital broadcasting system has been introduced in UHM which provides audio messaging to patients and staff. Weekly videos have been included on social media with messages for staff. These have included a thank you message from the Board Chair. Communications and engagement support is in place for the Response, Redesign and Recovery Oversight Group and sub groups. A care homes communications plan has been approved. From 26 March to 20 May a total of 168 MSP, MP and Scottish Government enquiries have been received on COVID-19.

10. Finance	The Finance Silver Group has continued to track expenditure which is attributed directly to Covid 19 in order to reflect these in monthly reports but also identify and isolate these costs in discussion with Scottish Government. This has been immensely challenging in a very fast moving environment, but the need to capture all costs has been highlighted regularly in Gold Command updates and Finance staff are working very closely with Operational Managers and Directors to ensure that a full picture of additional Covid 19 expenditure is available.
11. Logistics	The Silver Logistics Command Group has now reduced frequency of meetings to twice weekly, down from 6 per week during March and early April. As at 21st May the logistics command have actions ongoing relating to: • Delivery and distribution of PPE to sites and partnerships • Ventilation guidance • Environment guidance for possible changes to NHSL properties as a result of covid19. • Recovery Plan production for NHSL and for specific corporate functions • Review of expenditure from March to date and ongoing into the summer • Support to care homes The logistics risk register has three entries: There is a risk that we have a shortage or exhaust supplies of PPE for protection against COVID 19 – 6 Moderate Change to new national clinical waste contract during current Incident – 12 High There is a risk to NHSL staff, visitors and patients in the event of a fire due to change in the SFRS SOP from 6/5/2020. The response to automatic fire alarm activations at non-sleeping premises will be a single fire engine unless activation is accompanied by a 999 call confirming there is a fire. – 12 High Mitigating actions against these risks have been included in the risk register and these (and any emerging risks) are reviewed on a weekly basis.
12. Clinical	The Silver Clinical Command Group has now reduced frequency of meetings to twice weekly, down from 5 per week during March and early April. Apart of the two issues highlighted below the group has been integral to discussions about the Test, Trace, Isolate and Support Strategy, support to Care Homes and Contact Tracing. There are two main issues to highlight both of these are covered in the **attached** pro forma spelling out the issues in relation to Renal Replacement Therapy, and patient flow / cohorting guidance.

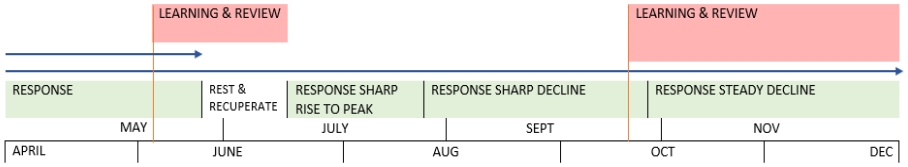
13. Digital	The eHealth and Technology Enabled Care (TEC) teams have been fully engaged with the agile delivery of solutions to meet Covid-19 response needs. This has seen the introduction of new capabilities as well as extending the use of existing systems. • NearMe (powered by AttendAnywhere) has been deployed across; General Practice, Care Homes, Primary Care and our Acute Hospitals. This allows for virtual/remote consultations. Significant week on week increase in remote consultations has been achieved with 7740 consultations to date. • Microsoft Teams has been introduced as a collaboration platform. We have over 2,500 users who are using it on a daily basis to attend meetings from home, from NHS premises, local, regional and national. We have • increased our remote access service to enable a large proportion of our workforce to work at home. We now have 3748 registered users and 1400 remote connected on a daily basis during peak times. • deployed 1527 devices (laptops and ipads) as part of our response. • introduced a digital visiting solution available across all ward areas. This is based on iPads and enabled patients to connect with their friends and family at this time. • supported the information and digital requirements of the community hubs. • fully engaged in the *Strathclyde University* modelling and NHSS shielding work. • enabled the sharing of Covid-19 results from Lothian and GG&C. • continued to provide health records and associated services. • extended access to the Emergency Care Summary (ECS) to Pharmacists, Dentists and Optometrists • introduced Covid based patient alerts to our key systems including TrakCare and GP Systems. Following the initial response, we are now focusing on Response, Recovery and Redesign where we will support the return of activity from an information and digital perspective.

13. Resilience – lessons learned

A significant lesson to recognise is that incidents on an unprecedented scale do occur and the benefit of preparation is an invaluable investment that helps the rapid response, lessen impacts and speeds up recovery. Whilst resources including time are often stretched to meet a number of competing demands the resources dedicated to resilience preparations need to be recognised with a renewed sense of priority. The value of preparation has been demonstrated, during this incident, through recognition by the Military Liaison Officers who have complimented the NHSL approach and requested permission to share a number of the Command and Control systems with their Army colleagues. The Resilience Team, on behalf of the Strategic Command Group, have initiated a systematic approach to capturing lessons learned which will complement the essential work of the Recovery and Reconfiguration Group.

The strategic approach for learning is to;

1. Recognise that the whole incident will be too large to effectively debrief as a single entity.
2. The pandemic is predicted to continue for some considerable time and using available modeling two initial windows for learning have been identified. The intention is to use each opportunity for continuous learning and improvement.
3. Consider the incident response as a number of smaller interlinked elements.
4. Where appropriate and possible undertake learning and apply lessons learned throughout the life cycle of the incident.



KEY DATES	
7TH May	SG Lockdown review (assume relaxation as min.)
21st May	NHSL Step down response based on 2 weeks from lockdown review.
15th June	2nd Wave commences
27th July	Approximate second peak
28th Sept	Approximate tail of peak
5th Oct – 4th Dec	Steady decline in activity/demand

LEARNING WINDOW – 7th May to 15th June 2020 (diary access 11/05-12/06)		
PRIORITIES		
Critical care	Step down arrangements	COVID + patient management
Testing strategy/plan	Mob/PH response plans	Capacities people/infrastructure
PPE & Essential supplies stock/management	Home working arrangements	Risk Register review
Health & safety Review	Wellbeing review	Communications review
Data requirements and understanding	Sustainability with variation to current l/down arrangements	Care Homes
BCP reviews	Multi-agency working (local, regional, national)	Command & Control
COVID Facilities	Finance	Delayed Discharge strategy

To achieve the above a range of approaches will be applied to identify, capture and report on lessons. These may be used in combination and include;

1. Post Incident Review Process. (This would normally be use after an event but can be adapted for use after a particular phase).
2. Structured debrief. This is being developed to account for the peculiar difficulties presented by COVID. A pilot debrief was held for the contact tracing work already completed during the first containment phase.
3. Staff surveys. Given the large number of staff involved across the organisation it will be impracticable to debrief all staff in a structured setting. The Microsoft Teams survey capability will be used to gather and place value on the maximum number of contributions. There is no costs associated with this.
4. Use of bespoke questionnaires developed in house to target specific groups.
5. Evidence led report. This utilises areas where professional expertise and empirical data are predominant factors in considering improvements in plans and response.

The Resilience Team considered a number of approaches including linking with the Military Liaison Officers. The approach adopted is to use NHSL staff with the intention to deliver a flexible debriefing strategy. To assist this a draft Standard Operational Procedure has been produced to help achieve consistency by providing a means for local learning to take place complementary to the wider directorate and organisational learning.