ITEM 12B

# HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT HIGHLIGHT REPORT – COVID 19

| Governance groups, service or subject being reported on: | Lead: | Item No: |
|---|---|---|
| Acute Clinical Governance and Risk Management Committee and Acute Division<br>SUPPORT CARE & CLINICAL GOVERNANCE COMMITTEE<br>Health & Social Care South Lanarkshire, Support Care & Clinical Governance Committee | John Keaney<br>Robert Peat<br>Linda Findlay | 4 |
| Author: Jane Burns | Date: 14/05/2020 | |

| Reporting Period (please click on appropriate box) | | | |
|---|---|---|---|
| 1st Quarter<br>April - June | 2nd Quarter<br>July - September | 3rd Quarter<br>October - December | 4th Quarter<br>January - March |
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**Update in reporting period:**

This exceptional report is to provide an update to HQAIC on the changes within NHS Lanarkshire to health and care services and clinical pathways in response to the Covid-19 Pandemic. The expectation was that volume and severity of cases of Covid-19 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 usual governance meetings within NHS Lanarkshire have not taken place as a consequence of staff commitments to the Covid-19 response.

Silver clinical command was tasked with tactical leadership of clinical services in hospital and community as NHSL manages the COVID-19 outbreak. This group supports the reorganisation of services to meet the evolving requirement.
Day to day management of clinical risk has been managed by the Bronze Clinical and Operational groups. In addition to this role the Bronze groups has acted as approval groups for Clinical Guidelines and best practice and has ensured that there is whole system shared learning.

Datix and Category 1 incidents have continued to be monitored throughout this exceptional time and are reported in a separate paper to HQAIC.

**Service changes *(what routine aspects of service have stopped, reduced or changed):***

All service changes have been presented and agreed through the Command Structure. Clinical pathways and triage guidance have been developed and agreed through command structures and have been aligned and supported with updating guidance from Scottish Government in identified areas.

**Service changes**

**<u>COVID-19 Update Covid-19 Hub and Assessment Centres – new development</u>**

A Hub and two new Community Assessment Centres for COVID-19 cases were established at Airdrie Health Centre and Douglas Street Health Facility in Hamilton. The establishment of the Covid-19 Hub and Community Assessment Centre service delivery model, which is detailed in the NHS Lanarkshire Mobilisation Plan, also supports redirecting people away from the "routine" GP pathway. This approach promotes consistent triaging and has facilitated the prioritisation of face to face assessment where clinically required and supports return to communities for patients to continue self-care and self-isolation. The establishment of the site for assessment also diverts cases from Acute Services including Accident and Emergency Departments.

The Community Assessment Centres ensure a single point of entry and clear communication to the public on appropriate pathways and rapid assessment and treatment of cases and plans to expand the centres have been

developed to facilitate an immediate step up when required. The overall strategy is to encourage symptomatic patients to self-isolate and self-manage at home. If symptoms continue, symptomatic patients are directed to the Community Assessment Centre facilities to treat mild care needs.

Many of the existing service profiles within the community have changed and provision of essential services only has been put in place. This has been managed in a cohesive fashion addressing the needs of the patient and all necessary risks have been assessed and mitigated where possible, ensuring that patients who are vulnerable will continue to receive a service. Some other assessments and judgements have been put in place if the patient would be the subject of an admission or presentation to hospital and these patients have had a different intervention from the appropriate professional to avoid this. Social Care has been mobilised to meet increases in activity.

**General practice** has moved to level 2 within the Scottish Government's plan with an increase in virtual appointments and only essential services being maintained.

**Out of Hours Unscheduled Care:** The Covid-19 Hub described above transitions in the OOH period to the OOH Hub. The streaming of Covid-19 patients / respiratory symptoms continues in the OOH period and is supported in the same model as established for the assessment centres. Non covid-19 presentations are streamed in a separate area therefore no curtailment to services has been undertaken. A remote triage model is currently in operation along with NHS Near me consultations and telephone consultations.

**Mental Health/Addictions & Learning Disabilities** – Like other services risk assessments has been carried out for all patients contacting the service and clearly within these services there is a strong requirement to consult with these patients to ensure wellbeing and safety.

**Other Community based Services:**

General **Dental** Practitioners have had to close for face to face appointments with emergency dentistry being provided via the community Dentistry Services. 5 **Optometry** Hubs have been set up to manage any urgent demand. **Independent pharmacies** have continued to offer services and work together across localities to ensure continuity for patients.

**Community Hospitals:** Minor injury service that is currently offered within the Clydesdale locality area from the community hospitals has temporarily been suspended, in line with treatment room services that are not being delivered in the clinical environment.

**District Nursing and Treatment Room Service:** Clinical Triage for clinical activity has been developed and supports the curtailment and suspension of some services and this is also aligned to Scottish Government guidance. Treatment room services have been temporarily suspended from within the clinical area and prioritised areas of care are now delivered at home. District Nursing caseloads have also been prioritised in line with clinical triage model, acknowledging that the district nurse has a key role in supporting complex care and end of life care. NHS Near me and telephone consultations are now in place and are used to support self-care and surveillance where clinical services provision has been curtailed. There has been an increase in services offered by Hospital@Home.

**Health Visiting and Family Nurse Partnership:** HV's and FNP's exercising the function of the named person continue to remain available and responsive to parents in order to support and safeguard the well-being of children. The use of NHS Near me and telephone calls have been adopted to support. Universal Pathway delivery has been curtailed, with face to face first year visits and assessments prioritised. Phone and Near me consultations are undertaken for child health reviews to explore developmental stage and consideration of additional supports. Child protection activity and contacts, along with Health Needs Assessment for children looked after in care remain a priority and are unchanged in terms of service delivery. Child Immunisation has continued and there has been continuation of the delivery of Universal Pathway.

**School Nursing:** Social distancing and restricted social mobility has reduced the visibility of children and young people therefore it is imperative to consider priority areas and visits. The application of professional judgement in relation to additional need and risk, along with working in partnership with education and local authority

colleagues, has prioritised service delivery for child protection, vulnerability and care experienced children and young people. Primary 1 assessments have been paused at present.

**Specialist Palliative Care Service:** The service continues to offer community based supports without curtailing of service. Inpatient hospice care was temporarily centralised to St Andrew's Airdrie, to allow Kilbride hospice to support within the UHH site. This is now in the process of re-establishing two Specialist Palliative Care hospice unit's for the NHS Lanarkshire area.

**Acute Services;**

All elective surgery has been suspended. All non-urgent out-patient clinics have been suspended. All non-urgent investigations have been suspended.

All patient appointments have been reviewed and if possible, out-patient work which is urgent is being conducted by telephone or video link.

'Hot' clinic pathways to secondary care have been established (same day or next day appointment – again by Near Me / Attend Anywhere if possible)

Pathways were developed to divide departments and wards into Hot and Cold areas to minimise cross contamination.

Emergency Surgery and Trauma and Orthopaedic services have been centralised to Wishaw. To ensure resilience in emergency surgical services.

ITU capacity was increased to 400% of usual capacity.

**Clinical pathways to address Covid 19**

- Anticipatory care and clinical triage guidance reviewed and implemented.
- Care Home Sub Group convened to support care homes, manage Covid 19 outbreaks, and ensure sustainability.
- Mobilisation across services to support Shielded Patients
- Developing guidance and pathway for discharge of Covid positive patients.
- Opening of offsite beds at Udston.
- Adoption of the UK Resus Council Guidance for CPR and PPE rather than Health Protection Scotland Guidance in this area.
- Increase ability to provide increased demand for Renal Replacement Therapy across ITU provision.

**Impact *(incl. positive, negative, use of data to monitor impact):***

Impact will continue to be monitored by existing Datix recording and complaints. Existing datasets continue to be used to monitor trends and impact. Curtailment of services has been supported with communications to people and communities.

To mitigate the impact of COVID19 on staff, there has been substantial work undertaken to support them during this outbreak. This has included signposting of information, dedicated breakout areas and high visibility leadership demonstrated by the Spiritual Care team.

Whilst there has been a significant decrease in activity in most of the services there has been an improvisation in the way in which services have been delivered i.e. using technology, teleconferencing and where there has been any clinical activity a robust risk assessment is carried out prior to a patient visiting any of the facilities. Attend Anywhere/Near Me has been utilised by many of the services and has been most valuable in this current climate to ensure patient has a positive effective experience.

Activity within the Hub and assessment centres and impact on Acute Services are detailed in the Board Covid-19 Dashboard. There has been an initial 50% decrease in ED attendances and a consequential large decrease in the bed occupancy rate in all 3 hospitals which has allowed cohorting of patients and isolation where required despite shortages of single rooms. It also made it possible to ensure sufficient bed locations with piped oxygen facilities.

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The cancellation of planned activity allowed us to scale up ITU capacity to potentially 400% of normal. Our peak use of ITU beds was 250% of normal capacity. There has been a rapid up-skilling of perioperative nursing staff to enable them to work alongside their ITU colleagues to support the significant increase in ITU patient activity.

Outpatient and specialist nursing staff have undertaken training to enable them to be deployed to inpatient clinical areas.

The data is not yet available but there has been a decrease in the number of people presenting with Heart Attacks and potential Strokes. Patients have also refused appointments for urgent scans for possible cancers due to fear of Covid-19. There is concern that patients will present later than before with more advanced disease.

**Future service provision *(incl. what changes will be retained after Covid 19, what data supports this, what change to infrastructure would be required):***

Work has already begun around reconfiguring and redesign on many of the services in light of some of the learning through Covid 19. IT technologies will be used more and more as will be the case with teleconferencing patients and much more risk assessment and identification of follow up treatments will also be enhanced. There are many legislative and professional standards that will clearly have to be maintained post Covid 19. In light of these changes there is a need also to look at the footfall within each of our buildings. The required resources to meet the demand of services and the general comprehensive redesign package will be developed as much as possible during this period. Future service provision in relation to sustained changes to infrastructure will be explored and managed via Board oversight.

COVID-19 is likely to wax and wane over the coming year. We will need to retain Hot and Cold facilities and will need the ability to flex this up and down. There is of course a recognition that whilst we will step up some of the 'paused' services, there is broad recognition that a full second wave of Covid 19 is likely to emerge and there may once more be a need for us to stand down the services efficiently. The coming weeks will be an opportunity to redesign services with more resilience so that more of the urgent and longer term services can be maintained.

In Acute Services, the largest impact was on our Intensive Care Units and we will need to maintain an expanded pool of nursing staff who can provide this care. We will need resilience stocks of ITU drugs and particularly equipment used in Renal Replacement Therapy for any future surge.

Continued social distancing will impact how we run Out-patients, Emergency Departments, X-Ray Departments, etc., and may need infrastructural redesign.

The centralisation of Orthopaedic Trauma at Wishaw was planned for late summer already and will be retained, but the concentration of General Surgical emergencies at Wishaw is being reviewed. The nature of planned interventions is likely to change substantially as this work presents increased risks to both patients and staff.

**Comments on variation from plan *(where exists):***

The various plans have been implemented and there is close monitoring on how services are being delivered to ensure social distancing and shielding requirements.

**Risks and issues:**

There is a risk of a second wave of infection when the present lockdown is released.

There is a risk that patients with potentially serious conditions will not seek medical care.

Support for care homes / care home sustainability is identified currently in relation to risk

| **Actions planned for next reporting period:** | **Date completed:** |
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| Continue agile risk management | |

**Actions required from HQAI Committee:**

To note the report