

NHS Greater Glasgow & Clyde	Paper No. 20/52
Meeting:	NHS Board
Date of Meeting:	27th October 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Chief Executive

Paper Title

COVID-19 Update

Recommendation

The Board is asked to note the COVID 19 - Update

Purpose of Paper

The purpose of the paper is to update the NHS Board on the overall position in respect of the NHS Greater Glasgow and Clyde (GGC) response to manage COVID-19 and provide assurance to Board members. The paper also provides an update on winter preparations, progress with the adult flu programme and the planning underway for a second surge of COVID-19.

Key issues to be considered

The Board has received a COVID update throughout the Pandemic. In addition the Chief Executive has circulated a weekly update letter to ensure Board members are kept abreast of the overall position. This paper considers some key ongoing issues in respect of COVID-19, specifically:

- Current COVID activity within hospitals
- Acute and HSCP updates
- Care Homes
- Test and Protect
- Remobilisation
- Surge plan

The paper also provides an update on:

- Flu Vaccination Programme
- Winter priorities

Any Patient Safety /Patient Experience Issues

Ensuring patient safety and the ongoing provision of high quality care is central to our response to COVID -19.

Any Financial Implications from this Paper

Financial implications are considerable and are detailed within the Finance update to the Board.

Any Staffing Implications from this Paper

Staffing has been a core element of the COVID-19 response and has been included in all update papers.

Any Equality Implications from this Paper

No

Any Health Inequalities Implications from this Paper

No

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

A COVID-19 Risk Register is in place and has previously been shared with the Board.

Highlight the Corporate Plan priorities to which your paper relates

Better Health

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NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

NHS Board Summary 27th October 2020

1.0 PURPOSE OF PAPER

1.1 The purpose of the paper is to update the NHS Board on the overall position in respect of the NHS Greater Glasgow and Clyde (GGC) response to manage COVID-19 and provide assurance to Board members.

2.0 ACTIVITY

2.1 From 7th to 13th October, a total of 2,954 COVID-19 cases were notified to the case management system (CMS) of Test and Protect. Out of these, 145 cases were in hospital, at the time the case was notified to CMS.

2.2 The number of COVID-19 cases in hospital are still lower than in April and May but our hospitals have started seeing an increase from 30th September. As of 16th October 2020, there were 289 inpatients across our hospital sites and 19 patients in ICU testing COVID-19 positive.

3.0 CURRENT POSITION

3.1. Strategic Executive Group (SEG)

3.1.1 The SEG continues to meet three times per week overseeing the continued response to COVID-19 and the remobilisation process. In addition, the meetings now include reporting on progress on delivery of the adult flu vaccination programme and preparations for winter and a second surge of COVID-19.

The following sections provide a high level update on key ongoing issues.

3.2 Workforce

3.2.1 There continues to be an increase in the number of staff isolating in line with the increases in positive cases in the community. As at 15th October 2020, there were a total of 643 staff absences due to COVID-19, a 23% increase on the number reported previously. Self-isolating as a result of Test and Protect engagement and quarantine are the main COVID-19 reasons for absence amongst staff. Occupational Health teams are supporting staff and managers who have been identified as close contacts in the workplace, with a dedicated process and team in place.

3.2.2 There is continued focus on activities implemented and monitored through the Mental Health and Wellbeing Group, as well as ongoing promotion of support and assistance available, acknowledging that staff's experience over the past few months may impact on individuals' personal health and wellbeing.

3.2.3 The staff peer vaccination programme has commenced across all sites, with non-clinical staff being vaccinated by Occupational Health. As of 16th October 2020, more than 1000 staff have volunteered to act as peer immunisers.

3.3 Acute Care

3.3.1 The Acute Tactical Group continues to meet weekly, however, daily informal calls have stepped up to twice daily with Acute Directors due to the number of COVID patients in hospital. With COVID-19 numbers continuing to increase, the Group are reviewing and finalising plans to enable us to treat increasing numbers of inpatients, whilst also maintaining a focus on non-COVID activity. At its peak during the first wave of the pandemic, there were 86 patients in ICU beds across NHSGGC, 74 of whom had COVID-19 and 606 patients in acute hospital beds with a positive COVID-19 test. Once again, inpatient cases have been increasing daily over recent weeks.

3.3.2 Elective activity remains focused towards cancer and urgent patients and trauma work. Whilst the number of theatre sessions across NHSGGC has not yet returned to pre-COVID levels, new sessions are opening up and further additional sessions have commenced in October. Recruitment of additional theatre staffing across NHSGGC is underway to help fill known planned leave and vacancies. Weekly emergency, trauma and elective activity has seen a steady increase from March 2020 through to September 2020. This is monitored on a daily basis due to the potential requirement to step down scheduled care if the numbers of COVID-19 patients continue to rise.

3.3.3 Unscheduled care performance has remained stable throughout the last month with the average at 93.9%, comparing favourably with the rest of Scotland. Significant activity is underway to deliver a number of key priorities in line with the NHSGGC unscheduled care plans and the national programme.

3.4 HSCPs

3.4.1 The HSCP Tactical Group continues to meet twice weekly, enabling the six partnerships to work together, share good practice and develop common approaches where appropriate. Focus upon recovery continues, counterbalanced with meeting the changing demands presented by the rising incidence of COVID-19 in our communities.

3.4.2 Activity within Community Assessment Centres (CACs) continues to be closely monitored, and has been variable in recent weeks, not always mirroring either the changes in incidence of COVID or the rising demand upon hospital services. Plans are being developed to reflect both the capacity and demand needs of the CACs, particularly in relation to staffing requirements over the winter period.

3.4.3 Unfortunately there has been a steady increase in delayed discharges, mainly relating to AWI, with the reduction in accessibility to courts undoubtedly having an impact. Further work in this area is underway to consider the scope to improve processes and reduce the number of patients delayed in their discharge.

4.0 CARE HOMES

4.1 Support for Care Homes

4.1.1 Across GGC there are 196 care homes with 9,287 residents and approximately 15,000 staff. The majority of these, 142 in total, provide services to older people, with 10,000 staff. In line with national guidance within older people's care homes, a support system has been put in place across GGC. On 14th April, the first Greater Glasgow and Clyde Care Home Group took place to consider how the HSCPs, Councils, Public Health, Care Inspectorate and Scottish Care could work together to support the older people's care home sector. Since mid-April daily calls by commissioning managers to care homes have been in place in all care homes with over 7,100 daily calls made by HSCPs to these care homes. Training and the development of webinars on infection control, use of PPE, isolation, and other relevant topics have been arranged by HSCPs and Public Health and delivered across Greater Glasgow and Clyde. NHS Greater Glasgow and Clyde has developed local guidance for Care Homes based on national guidance and this is all held on a website for ease of access. The website went live week in June and feedback from those accessing it so far has been positive.

4.1.2 In May, Directors of Public Health were asked to provide additional public health support and monitoring of care homes. This involved the tripartite assessment of all care homes with Public Health, HSCPs, and the Care Inspectorate. Nurse Directors subsequently became responsible for the provision of nursing leadership, support, and guidance within the care home sector. The Director of Public Health and Nurse Director are members of the GGC wide Care Home Assurance Group. The Chief Nursing Officer has now extended the Nurse Directors' responsibility for the provision of nursing leadership, support, and guidance within the care home sector to May 2021.

4.1.3 The number of residents and staff in care homes testing positive for COVID-19 has increased in recent weeks and an increasing number of care homes are currently closed to admissions, thereby delaying patients move out of hospital.

4.2 Nurse-led Care Home Support Visits

4.2.1 As of 15th October, all 142 care homes who provide care to older people have had at least one nurse-led support visit. Return visits to monitor improvements have also been undertaken as required. A report is completed and sent to the Chief Officer, Chief Social Work Officer and Nurse Director and these reports feed into the weekly multidisciplinary meeting when all red and amber care homes are discussed and a random sample of green care homes is also considered. Professional support and advice is also provided during visits and feedback from care homes at weekly meetings has been very positive about the level of support provided. Assurance visits have now been completed in all non-older people care homes with the exception of Glasgow City. A schedule has now been agreed and commenced with a target date of 14th December for completion of assurance visits to all 37 non-older people care homes. A review of the care assurance approach is currently underway and a workshop to review the tools and templates used during assurance visits and to agree the next stage of the process is taking place with a range of key stakeholders on 19th October. As of Thursday 15th October, four care homes were rated as 'red' and 27 were rated as 'amber', and work is underway with the care homes to address the ongoing issues.

4.3 Care Inspectorate visits

4.3.1 A total of 34 unannounced inspections of care homes across NHSGGC have been undertaken by the Care Inspectorate between May and September 2020. Similar to assurance visits, issues identified have been fed back to the individual care homes and action plans are in place to address the issues identified with support provided by the HSCP as required.

5.0 TESTING

5.1 There has been a significant focus over recent weeks to increase the GGC lab capacity freeing up capacity at the UK Lighthouse labs to enable them to respond to other national demands. A phased programme is in place to bring all care home testing into the NHS system either within GGC or the new regional lab. We are now undertaking 6200 tests per week in support of the care homes as planned.

5.2 In November, with support from the Scottish Government, a West of Scotland Regional Testing Hub will be established bringing a further initial increased capacity of up to 56,000 tests a week for the West region.

5.3 During September 2020 there were 24,708 care home staff tested and 1038 residents tested. Of these, there have been 46 staff testing positive and six residents testing positive for COVID 19. Among asymptomatic staff and residents, the number of positive results remains low, however as we have moved into October there has been an increase in COVID-19 outbreaks in care homes. We report weekly to the Scottish Government on care home testing. NHS Education for Scotland has introduced a new online care home data recording system in order to record safety huddle data for each Care Home and this new system will be the source of Care Home published data from now on.

5.4 In addition, outwith the care home sector, weekly testing of asymptomatic Health Care Staff working in cancer, long stay care of the elderly and mental health is undertaken in the workplace.

6.0 TEST AND PROTECT

6.1 Over the week ending 14th October almost 3000 people required to be contacted following a positive test result and those people had been in contact with 8000 others. The largest number of cases received in a single day to date was on 13th October when 582 positive results were received.

6.2 The impact of the students returning to halls of residence and shared flats was significant, however, cases associated with household and social interactions are the greatest common factor in all Local Authorities. The Test and Protect Service have recruited additional staff and has focussed on training these staff to accommodate this increased demand. The service now functions over seven days with 100 people on shift every day.

6.3 Close working with Local Authority and University colleagues has led to joint processes for incidents associated with bars, schools and universities.

7.0 Flu Programme

7.1 The Influenza Vaccination Programme commenced at the beginning of October with the intention of reaching an estimated 500,000 people across NHS GGC. Extension of the eligibility criteria has increased the normal volume by approximately 200,000 over those targeted in recent years, opening up access to the 55 to 64 age group, household members of those previously shielding and frontline social care workers. The programme will operate as two phases, the initial phase from October to early December focuses on the over 65 yrs. age group, while the 55 to 64yrs cohort will be addressed in the second phase following on directly afterwards.

7.2 As a consequence of the COVID-19 infection control requirements, community vaccination centres have been established to compensate for the reduced numbers that GP Practices can accommodate. Community Pharmacies are also being used, particularly targeted at adult carers, household members of those shielding and frontline social care workers. At the time of writing, data indicates that community vaccination centres are operating effectively with uptake rates over 70% for the 'over 65' group.

7.3 There has been ongoing concern in relation to the fact that older members of the over 65 yrs. age group may be vaccinated later than younger members and further work is being undertaken to establish whether this can be adjusted to offer older people the choice of earlier dates. It should be noted, however, that the current plan will ensure that all over 65 year olds will be offered an appointment before the start of the anticipated flu season in December 2020.

7.4 Vaccination is also available for health and social care staff and vaccination is being offered by a programme of peer immunisation, by Occupational Health and by Community Pharmacy for social care staff.

To date, 9351 NHS staff had been immunised with the plan running until December 2020.

8.0 Winter Priorities

8.1 Planning for this winter within the context of COVID-19 has been a continuous process, informed by extant and recent Scottish Government guidance, learning and adaptation from the service responses to the pandemic and external guidance such as the Academy of Medical Sciences "Preparing for a challenging winter 2020/21" report published in the summer.

8.2 The key features in preparedness are:

- Managing the pathways for urgent care
- Managing hospital capacity effectively
- Prevention and supporting people at home

8.3 Managing patient flow within the Acute Assessment Units in the main hospital sites is critical to delivering high quality effective health care. Arrangements for the winter routinely include enhancement of staffing and access to diagnostic capacity to reduce delays. The Acute Division has revised the need for the winter of 2020/21, taking into account the additional requirements with regard to medical, nursing and AHP staff of the SATA units and COVID-19 pathways.

8.4 Additional bed capacity is critical to maintaining flow during the periods of high demand.

In recent years we have planned in the region of 160 additional beds across the acute hospital sites. The Remobilisation Plan reflected planning assumptions for 174 beds for COVID capacity, in addition to 80-100 beds for winter pressures. Further work is progressing, informed by the latest SG COVID modelling work to revise requirements for this winter.

8.5 The utilisation of 'Consultant Connect' has increased during the COVID-19 period, offering GP access to specialist opinion as a preliminary step to admission, in many cases preventing referral to Acute Assessment units.

8.6 To address delays to discharge, work has been progressing with the HSCPs to review processes, pathways and to develop a 'discharge to assess' approach. This approach recognises that support requirements for patients with a hospital stay of less than seven days are often unchanged, reducing the value of a hospital social care assessment which can be rearranged to follow the patient's discharge home. Similar approaches have been adopted across all the local HSCPs, which will complement existing inpatient processes of recording an expected date of discharge at the start of a hospital stay around which discharge planning can be orientated.

8.8. Arrangements for Planned Care over winter are normally for a reduction around the Festive Period and early January, with only urgent and cancer related surgery continuing. During the COVID lock down period, routine elective surgery was halted with services restarting later in the summer. As part of the Remobilisation strategy, we are reviewing arrangements to enable capacity for planned surgery to be protected in the Ambulatory Care Hospital sites.

8.9 With the numbers of COVID-19 patients increasing, the Board's surge plans for Acute services, including critical care, and community services have now been reviewed in order to mobilise services in a phased and planned way as required.

9.0 CONCLUSION

9.1 It is clear that we are again facing an increased challenge related to the pandemic. Our experience and planning over the recent months will assist us to ensure we are able to increase our COVID response capacity as required over the coming weeks. Balancing this, and the requirements of remobilisation will need significant ongoing effort. The work of our Test and Protect service is to be commended over recent weeks in responding to the increase in cases. As ever, our effort and focus must be to continually ensure we offer high quality and safe care to our patients and support for our staff.

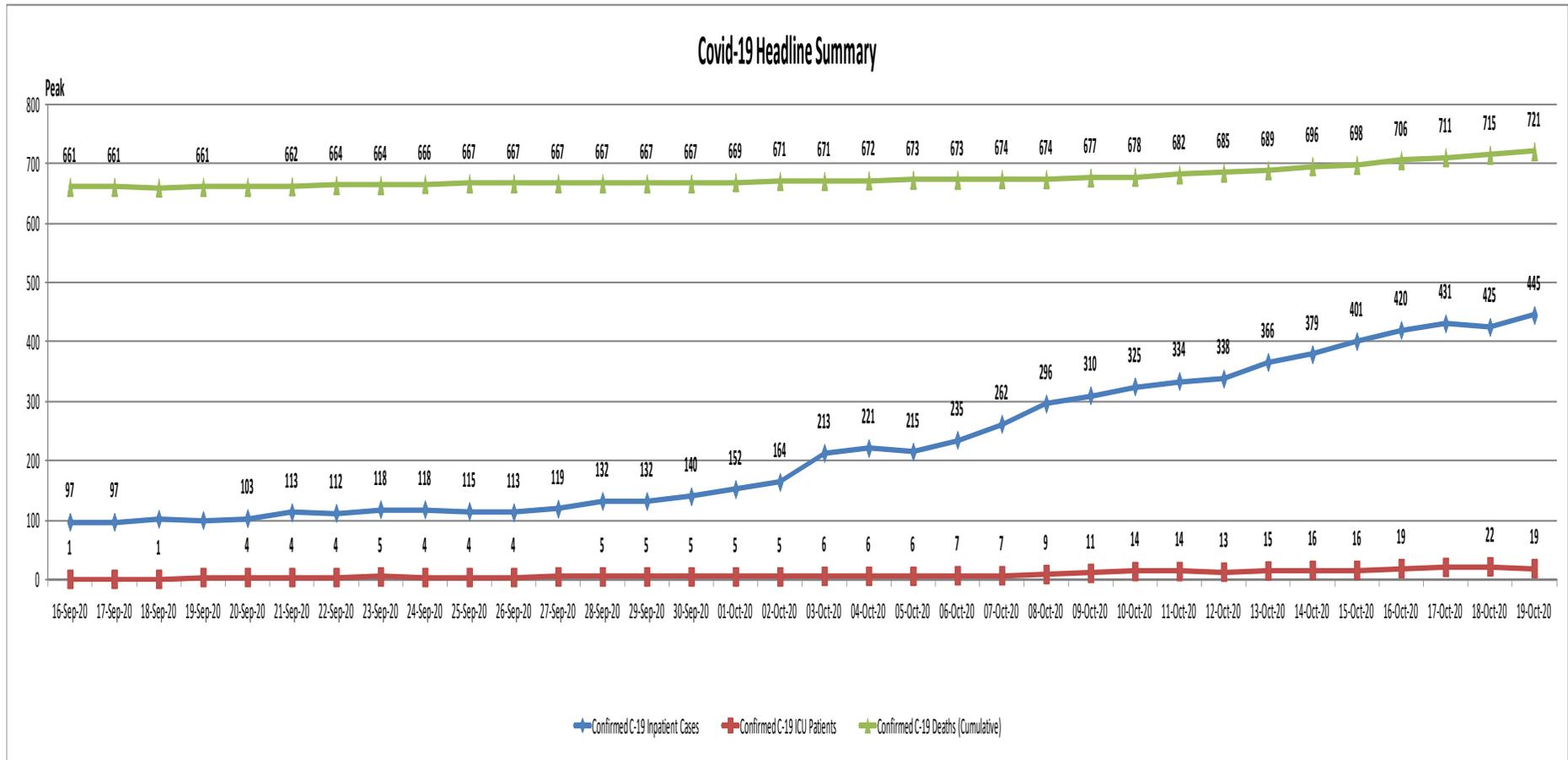
It should also be noted that across all sections of our NHSGGC staff significant efforts have been made to address all of the current challenges and they are to be commended for their excellent work over the last few months.

Jane Grant
October 2020

Appendix 1 Key data

Headline Summary

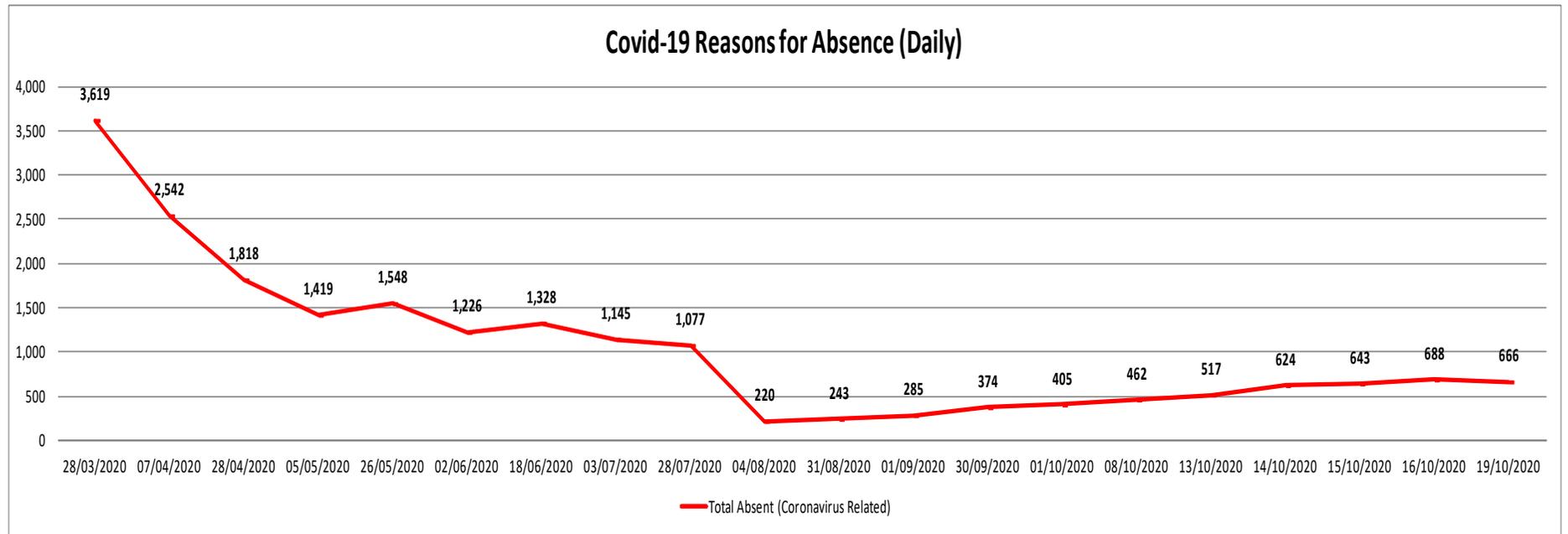
As at 19th October, there has been a cumulative total of **721** COVID-19 hospital related deaths reported across NHSGGC. Also on 19th October 2020, there were a total of **445** confirmed Covid-19 inpatients in hospitals across NHSGGC, **322** of whom had a positive COVID test less than 28 days ago. There were **19** confirmed Covid-19 ICU inpatients.



Staffing Absence (Covid-19 Related)

The overall number of Covid-19 related staff absences has decreased since the peak on 28th March 2020. The most notable decrease can be seen in the number of staff self-isolating. As at 19th October 2020, there were a total of **666** staff absences due to Covid-19.

Covid-19 Reasons for Absence																					
Corona Virus	28/03/2020	07/04/2020	28/04/2020	05/05/2020	26/05/2020	02/06/2020	18/06/2020	03/07/2020	28/07/2020	04/08/2020	31/08/2020	01/09/2020	30/09/2020	01/10/2020	08/10/2020	13/10/2020	14/10/2020	15/10/2020	16/10/2020	19/10/2020	Daily Var
Self Isolating	2,275	750	268	170	112	59	47	29	25	12	35	44	17	25	39	32	39	48	55	46	-9
Positive Cases (Sickness)	25	26	98	78	103	77	56	43	31	29	32	35	48	52	100	135	145	150	159	155	-4
Carers/Parental Leave	365	192	180	112	145	105	157	113	70	31	23	23	22	21	18	22	19	16	18	20	2
Self Isolating (Due to Household)	605	709	168	87	50	58	39	24	28	11	45	79	87	101	113	126	129	126	156	136	-20
Social Distancing (Underlying Health Conditions)	349	865	1104	972	1138	927	1025	931	915	134	77	66	72	75	66	66	69	68	68	67	-1
Test and Protect Isolating							4	5	8	3	31	38	128	131	126	136	167	171	164	177	13
Quarantine (<i>new code</i>)																	56	64	68	65	-3
Total Absent (Coronavirus Related)	3,619	2,542	1,818	1,419	1,548	1,226	1,328	1,145	1,077	220	243	285	374	405	462	517	624	643	688	666	-22



Delayed Discharges

An increasing trend in the number of delayed discharges from each of the HSCPs reported across NHSGGC since 5th May 2020. As at 19th October 2020, there were a total of **209** patients delayed across HSCPs comprising **156** Acute and **53** Mental Health delayed patients.

