

NHS Greater Glasgow & Clyde	Paper No. 20/66
Meeting:	NHSGGC Board
Date of Meeting:	22nd December 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 Board on the overall position in respect of NHS Greater Glasgow and Clyde's (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 CMT has received COVID-19 updates throughout the pandemic. This paper considers some key ongoing issues in respect of COVID-19, specifically:

- Current COVID-19 activity within hospitals
- Acute and HSCP updates
- Care Homes
- Test and Protect
- Flu Vaccination Programme
- COVID-19 Vaccine
- Winter priorities

Any Patient Safety /Patient Experience Issues

Ensuring patient and staff 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 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.

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 22nd December 2020

1.0 PURPOSE OF PAPER

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

2.0 ACTIVITY

2.1 The number of COVID-19 cases in hospital (using the all COVID-19 positive patients' definition) has now exceeded the position in April and May 2020, and our hospitals have seen a sustained level of COVID-19 related occupancy. As of 15th December 2020, there were 684 inpatients across our hospital sites, 331 inpatients (using the <28 days definition) and 20 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 COVID-19 and adult flu vaccination programme, redesign of unscheduled care, test and protect and preparations for winter and continuation of high prevalence 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 December 2020, there were a total of 667 staff absences due to COVID-19. 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. We are also anticipating a growth in staff absences, due to the introduction of non-symptomatic staff testing, which has been introduced in December 2020.

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

3.2.3 The staff peer vaccination programme is well advanced across all sites, with non-clinical staff being vaccinated by Occupational Health. NHSGGC remains on track to immunise over 60% of our staff.

3.3 Acute Care

3.3.1 The Acute Tactical Group continues to meet weekly. In addition, daily informal calls have stepped up to twice daily with Acute Directors, due to the persistently high number of COVID-19 patients in hospital. COVID-19 inpatient numbers remain high, though they have plateaued in recent weeks. The Group constantly reviews operational activity to manage the numbers of inpatients, whilst also maintaining a focus on non-COVID-19 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. While we have exceeded the 606 inpatient figure, pressure on our ICU beds is still substantially below the first wave. Once again, inpatient cases have been plateauing in recent weeks, however, pressure on critical care has only recently begun to stabilise.

3.3.2 Elective activity remains focused towards cancer, urgent patients and trauma work. Following significant challenges on bed and staffing capacity throughout the second wave, there has unfortunately been a reduction in the elective programme, to mitigate the pressure from COVID-19. The elective programme has been significantly challenged by the need to reallocate staff, ward closures and pressures on critical care capacity. As we go into winter, we will continue to evaluate the elective position, in collaboration with our Scottish Government colleagues.

3.3.3 Unscheduled care performance has been variable in the past month, averaging at 90.3%. The reduction in performance in November 2020 is closely correlated to significant bed pressures from COVID-19. Performance has, in recent weeks, been variable, due to COVID-19 and winter pressures beginning to emerge.

3.3.4 The 'Redesign of Unscheduled Care' was officially announced by the Cabinet Secretary on 30th November 2020, with the service launching on 1st December 2020. Significant work to introduce this service on time has been completed, and the project will now move to the operational phase. The service will require all patients to call NHS 24 prior to attending at an Emergency Department. Following a telephone clinical triage, the patient will either be directed to the Emergency Department or passed on to a local NHSGGC run navigation hub, for assessment and direction, to the most appropriate care provider. It is expected that over time, the new phone first unscheduled care model will result in fewer Emergency Department attendances, and greater use of other health and social care services.

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 varies across the week. Following work with Corporate Communications, attendance figures have risen in November 2020, reducing attendance at our Emergency Departments. 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, delayed discharges remain high, sitting around 200 inpatients on average. Delays have mainly related 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 NHSGGC, there are 194 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 NHSGGC. On 14th April 2020, the first NHSGGC 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 2020, 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 NHSGGC. Local guidance for care homes has been developed, based on national guidance, and this is all held on a website for ease of access. The website went live in June 2020, and feedback from those accessing it so far has been positive.

4.1.2 In May 2020, 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. Executive Nurse Directors subsequently became responsible for the provision of nursing leadership, support, and guidance within the care home sector. Our Director of Public Health and Nurse Director are members of the NHSGGC wide Care Home Assurance Group. The Chief Nursing Officer has now extended the Board 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 By November 2020, all 142 care homes who provide care to older people 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 Board Nurse Director, and these reports feed into the weekly multidisciplinary meeting, where all red and amber care homes are discussed and a sample of green rated care homes, or those that have moved from red/amber to green, are 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.. A schedule has now been agreed and commenced 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 number of workshop sessions have taken place with a range of key stakeholders. At present, an updated version of the assurance visit template has been agreed and is being tested across HSPCs. The group will meet again in the New Year to discuss and agree any further changes required. As of Monday 15th December 2020, 17 care homes were rated as 'red' and 17 were rated as 'amber'. Work is ongoing with the staff and HSCP to address issues identified.

4.3 Care Inspectorate visits

4.3.1 A total of 46 unannounced inspections of care homes across NHSGGC have been undertaken by the Care Inspectorate between May and 14th November 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 NHSGGC 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 NHSGGC or the new regional lab. We are now undertaking 10,000 tests per week in support of the care homes as planned.

5.2 In November 2020, with support from the Scottish Government, a West of Scotland Regional Testing Hub was established, bringing a further initial increased capacity of up to 56,000 tests a week for the West region. Scottish Government testing guidance was received on 27th November 2020, and work is underway to translate that into a NHSGGC testing programme.

5.3 During the first two weeks of December 2020, there were 16,884 care home staff tested and 2,666 residents tested. Of these, there have been 104 staff and 120 residents testing positive for COVID-19. Among asymptomatic staff and residents, the number of positive results increased significantly during November 2020. Comparing the first two weeks of December 2020 to the last two weeks of November 2020 shows a decrease of 16.8% care home staff testing positive, and a decrease of 9% residents testing positive. There has been a steady rate of COVID-19 outbreaks in care homes, with an average of 33 Homes recording an outbreak each day in the first two weeks of December 2020. We report weekly to the Scottish Government on care home testing from the new online Safety Huddle Tool, and although there have been some issues with Care Homes not recording accurately on the system, this is improving month on month, with the Board meeting the target of 85% staff tested each week in December 2020.

5.4 Staff Lateral Flow Testing (LFT) is also something being looked at. In December 2020, the Scottish Government launched a staff testing programme. The programme is intended to help control the infection and support NHS Scotland staff and patients. NHSGGC are introducing the new testing model in a phased way, beginning with an initial roll-out at the Gartnavel Hospital Campus on 14th December 2020. LFT kits have been distributed through the PPE Hub network, and virology lab staff will provide training to a number of identified site trainers for using the LFTs. Once the first LFT has been self-administered with a trainer, the staff member will take the kits home for home testing. Should a member of staff have a positive LFT, they will be required to do a confirmatory PCR test, early research suggests a likely 4.2% positive result, requiring a PCR.

6.0 TEST AND PROTECT

6.1 In the seven days leading up to the 13th December 2020, average daily cases sat at around 200. The trend in recent weeks has been a slow, but measurable, fall in daily cases. The majority of cases being are being contact within 24 hours of a positive test result.

6.2 New cohort for testing were announced by the Scottish Government on 25th November 2020.

6.3 New Cohorts for testing are all emergency admissions, all elective admissions, and all front line NHS staff, including Scottish Ambulance Service, students and volunteers. Using twice weekly lateral flow and confirmatory PCR testing, work is on-going to ensure NHSGGC responds to these new testing requirements.

6.4 A number of mass testing programmes pilots concluded in December 2020. Within NHSGGC, three community testing location were established in Johnstone, Pollokshields and Dalmarnock. These centres used lateral flow testing, supported by mobile testing units. Additionally, student testing has been conducted to facilitate safe return home at the end of term. This programme also used LFT and confirmatory PCR testing. Plans have been made for student returns after Christmas, including asymptomatic LFT upon return, staggered returns and alternative accommodation for students who test positive for quarantine.

6.5 Each care home has received LFTs and is working through the logistics of using these to support residents' visitors being tested.

6.6 Care at home services will be added to the testing programme in January 2021, with sheltered house and residential settings beginning testing on 11th January 2021 and all care at home staff testing from 18th January 2021.

7.0 Flu Programme

7.1 The Influenza Vaccination Programme commenced at the beginning of October 2020, with the intention of reaching an estimated 500,000 people across NHSGGC. Extension of the eligibility criteria has increased the normal volume by approximately 200,000 over those targeted in recent years. The programme has been operating in two phases; the initial phase from October to early December focused on the over 65 years age group, with the 60 to 64 years cohort following on from this. As at week ending 6th December 2020, 360,178 flu vaccination had been completed.

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 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. Our staff vaccination programme is on course to deliver 60% coverage before the Christmas period.

8.0 COVID-19 Vaccine

8.0. Following regulatory approval and receipt of the first COVID-19 vaccine, NHSGGC has begun its COVID-19 vaccination campaign.

8.1. Given the global demand for the Pfizer BioNTech vaccine, and the logistical complexity of its delivery, the supply of COVID-19 vaccines is a rate limiting factor at present, to how

many vaccination we can perform. However, NHSGGC has a substantial supply of COVID-19 vaccine at present, and is already working through its first phase of vaccination priority list. This includes visiting care homes to vaccinate residents.

8.2. It is hoped that in early 2021, we will have multiple vaccines available, which will ease the supply and demand constraints which we have at present. We will work closely with the Scottish Government and Ministry of Defence Planning Officers, who are supporting this work, to ensure we can provide our community in a fair and equitable way, with the vaccine or vaccines as soon as they become available.

9.0 Winter Priorities

9.1 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.

9.2 The key features in preparedness are:

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

9.3. 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.

9.4 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.

9.5. 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.

9.6. 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.

9.7. 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-19 lockdown 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.

9.8. 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.

10.0 CONCLUSION

10.1 The experience and planning undertaken since March of this year has assisted us to ensure we are able to maintain and, as necessary, increase our COVID-19 response capacity during the current second wave. Balancing this response with the requirements of remobilisation, has required significant and ongoing effort. As we move forward, the work for our COVID-19 vaccination programme is critical, to ensure we protect our communities and staff with the aim of a return to a more normal environment in time.

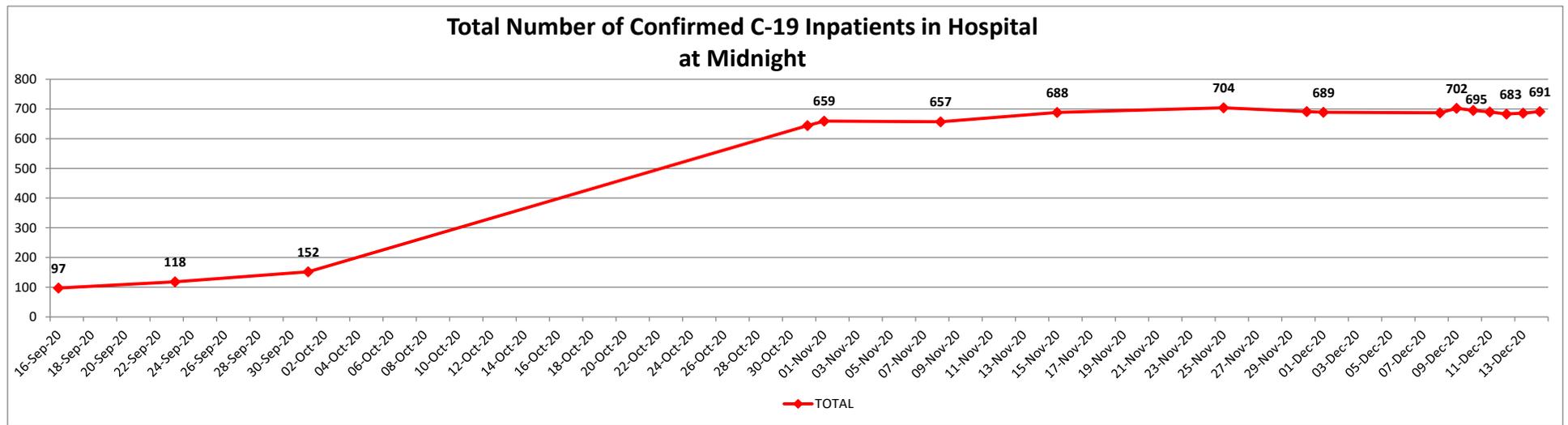
All our staff have worked hard since the pandemic began to address the challenges, and they are to be commended for their excellent work in ensuring there is an ongoing focus on providing high quality and safe care to our patients.

Appendix 1 Key data

Number of Confirmed Covid-19 Inpatients in Hospital at Midnight

As at 14th December 2020, there were a total of 691 Covid-19 inpatients in hospital at midnight – 5 more than the number reported previously. There are currently 14% more confirmed Covid-19 inpatients at midnight than there were when the pandemic was at its peak (606) during the first wave earlier in the year.

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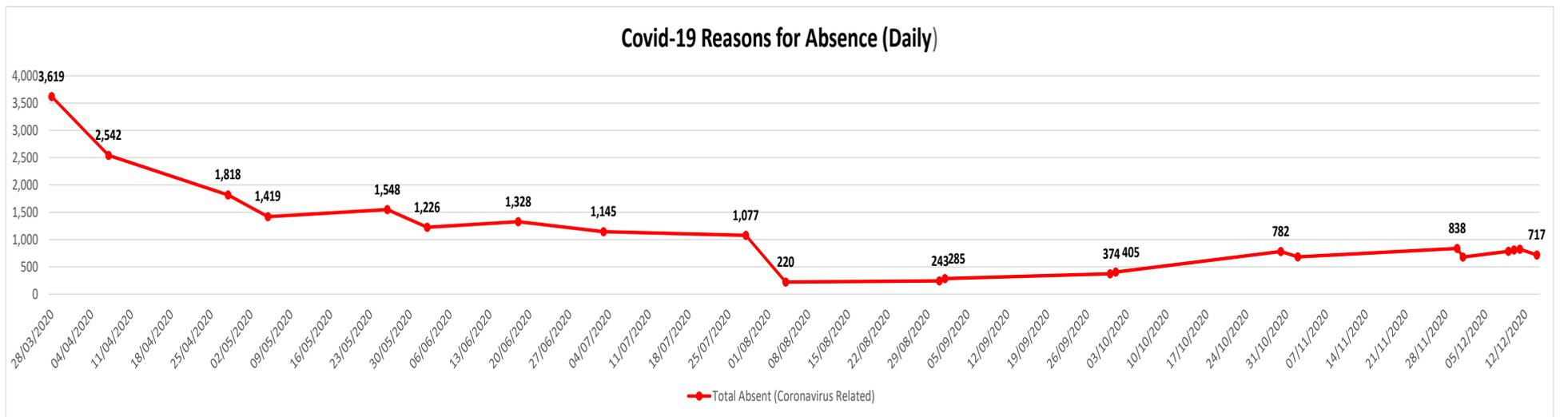


Total Number of Confirmed C-19 Acute Inpatients in Hospital at Midnight																		Daily Var
Site	16-Sep-20	23-Sep-20	01-Oct-20	31-Oct-20	01-Nov-20	08-Nov-20	15-Nov-20	25-Nov-20	30-Nov-20	01-Dec-20	08-Dec-20	09-Dec-20	10-Dec-20	11-Dec-20	12-Dec-20	13-Dec-20	14-Dec-20	Daily Var
QEUH	39	52	58	206	209	236	235	209	183	176	188	198	201	207	207	201	202	1
GRI	21	29	46	214	227	223	221	205	186	184	175	172	167	158	154	157	161	4
Dykebar	0	0	0	14	14	14	14	14	14	14	14	14	14	14	15	15	15	0
IRH	3	1	1	7	7	7	9	19	19	20	19	17	17	18	19	19	19	0
RAH	13	16	16	77	76	73	91	119	142	141	138	146	144	142	139	145	146	1
GGH	8	8	9	28	30	19	23	27	27	27	31	29	28	29	29	29	30	1
Gartnavel Royal	0	0	0	4	4	5	4	4	3	3	3	3	3	3	3	4	4	0
Leverndale (HSCP)	0	0	8	6	5	5	4	5	5	5	6	6	6	6	6	6	5	-1
VOL	0	0	1	6	7	7	9	11	14	14	12	13	12	12	12	13	12	-1
Lightburn	7	6	5	17	16	22	22	25	23	24	23	24	23	23	24	24	24	0
Stobhill HSCP	0	0	0	16	16	15	25	28	31	31	34	36	36	35	34	34	33	-1
Stobhill ACH	0	2	3	2	2	2	4	8	10	10	11	11	11	11	10	10	10	0
New Victoria	3	3	3	11	10	12	12	14	17	17	17	16	16	16	14	13	13	0
Beaton	1	0	1	0	0	0	0	1	1	1	1	1	1	1	1	1	2	1

Staffing Absence (Covid-19 Related)

The overall number of Covid-19 related staff absences has decreased since the peak on 28th March 2020. As at 14th December 2020, there were a total of 717 staff absences due to Covid-19, a 13% decrease on the number reported previously. The number of positive cases, social distancing (underlying health conditions) and self-isolation (due to household) are the 3 main Covid-19 reasons for absence amongst staff accounting for 78% of the overall number of absences.

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	30/10/2020	02/11/2020	30/11/2020	01/12/2020	09/12/2020	10/12/2020	11/12/2020	14/12/2020	Daily Var
Self Isolating	2,275	750	268	170	112	59	47	29	25	12	35	44	17	25	68	53	58	41	44	41	41	34	-7
Positive Cases (Sickness)	25	26	98	78	103	77	56	43	31	29	32	35	48	52	254	233	345	266	287	290	307	278	-29
Carers/Parental Leave	365	192	180	112	145	105	157	113	70	31	23	23	22	21	34	25	33	29	44	43	41	30	-11
Self Isolating (Due to Household)	605	709	168	87	50	58	39	24	28	11	45	79	87	101	163	141	143	92	101	105	99	90	-9
Social Distancing (Underlying Health Conditions)	349	865	1104	972	1138	927	1025	931	915	134	77	66	72	75	51	52	131	135	196	221	225	189	-36
Test and Protect Isolating							4	5	8	3	31	38	128	131	169	152	96	99	90	89	89	78	-11
Quarantine (new code)															43	28	32	19	23	21	21	18	-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	782	684	838	681	785	810	823	717	-106



Total Acute Delayed Discharges (Across HSCPs)

As at 14th December 2020, a total of 168 patients from across each of the HSCPs were delayed across Acute, 4 less than the number of delays reported the previous day.

Total Acute Delayed Discharges across HSCPs																										
HSCP	24-Mar-20	31-Mar-20	07-Apr-20	28-Apr-20	05-May-20	26-May-20	02-Jun-20	30-Jun-20	01-Jul-20	31-Jul-20	01-Aug-20	31-Aug-20	01-Sep-20	28-Sep-20	01-Oct-20	31-Oct-20	01-Nov-20	30-Nov-20	01-Dec-20	08-Dec-20	09-Dec-20	10-Dec-20	12-Dec-20	13-Dec-20	14-Dec-20	Daily Var
East Dunbartonshire HSCP	14	12	8	3	5	7	11	7	6	15	12	13	13	7	7	12	12	16	15	16	16	15	15	15	16	1
East Renfrewshire HSCP	3	4	5	2	2	0	0	2	1	4	4	3	3	3	5	7	7	8	10	8	10	6	7	7	7	0
Glasgow HSCP	85	75	65	54	59	72	81	76	76	91	86	84	87	89	83	102	102	102	103	93	93	93	101	101	98	-3
Inverclyde HSCP	7	4	2	0	4	2	4	1	2	2	3	2	2	2	1	4	4	1	2	4	5	5	10	10	8	-2
Renfrewshire HSCP	20	22	27	13	11	7	15	11	12	17	16	42	39	28	22	20	20	23	17	20	19	14	17	17	17	0
West Dunbartonshire HSCP	20	20	20	9	12	10	13	17	16	13	13	14	16	24	25	18	20	23	22	24	24	23	22	22	22	0
NHSGGC TOTAL	149	137	127	81	93	98	124	114	113	142	134	158	160	153	143	163	165	173	169	165	167	156	172	172	168	-4

