

NHS Greater Glasgow & Clyde	Paper No. 21/04
Meeting:	NHSGGC Board
Date of Meeting:	23rd February 2021
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Chief Executive / Director of Public Health

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 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 adult flu programme.

Key issues to be considered

The Board has received a COVID update throughout the Pandemic. 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
- Vaccination

The paper also provides an update on:

- Flu Vaccination Programme

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 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

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NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

NHS Board Summary 23rd February 2021

1.0 PURPOSE OF PAPER

1.1 The purpose of the paper is to update 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 The number of COVID-19 cases in hospital (using the all COVID-19 positive patients' definition) remains well in excess of the peak position experienced in the first wave in April and May 2020. Across our hospitals, we have seen a substantial level of COVID-19 related occupancy, accounting for roughly a quarter of all inpatients. As of 15th February 2020, there were 902 inpatients across our hospital sites (using the all COVID-19 definition), 415 inpatient (using the <28 days definition) and 42 patients in ICU after testing positive for COVID-19.

Our highest day for COVID-19 positive inpatients was at the time of writing, on 27th January 2021, with 963 inpatients with COVID-19, of which 588 were less than 28 days since a positive test.

3.0 CURRENT POSITION

3.1. Strategic Executive Group (SEG)

3.1.1 The SEG, which has since January, met daily, is overseeing the continued response to COVID-19 and the remobilisation process. In addition, the meetings now include reporting on progress on delivery of the vaccination programme, redesign of unscheduled care, care homes, test and protect and supporting operational teams with winter pressures and immediate issues arising from the significant prevalence of COVID-19, in hospital and across the community.

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

3.2 Workforce

3.2.1 Since the last Board meeting update, there has been an increase in Covid-19 related absence due to shielding being reintroduced and home schooling/childcare.

3.2.2 As at 15th February 2021, there were a total of 1216 staff absences due to Covid-19; within those absence figures, there is also an increase of staff with longer return to work periods as a consequence of the virus. Additional support through the COVID Human Resources Unit has been introduced to support both staff and managers.

3.2.3 The recruitment of additional staff has been necessary to support clinical areas, ranging from AHP's and Corporate administration staff being reassigned to clinical areas, to the introduction of additional Healthcare Support Workers, returners and additional support through the administration bank. As of the 9th February 2021, an additional 500 members of staff have been introduced to the service to support frontline clinical areas. The Scottish Government also announced the offer of 15 hour fixed term contracts to students. NHS Greater Glasgow & Clyde received a positive response with 1484 students undertaking additional work whilst maintaining protected study and placement time.

3.2.4 Due to the increase of patients within Intensive Care and the High Dependency Units, the Board enacted its reassignment plan to provide additional support, in line with the increasing bed base required in the critical care areas. This included Theatre and Anaesthetics teams who had been supporting Phase 1 of the Pandemic, undertaking a similar role in 2021. This was possible due to ongoing training through clinical teams and additional support provided to staff as they phased into this work.

3.2.5 The mental health and wellbeing of our staff remains a top priority and following the completion of the Mental Health and Wellbeing Action Plan in 2020-21, a subsequent Plan for 2021-22 has been developed and adopted. The 2021-22 Action Plan, which includes a continuation of all the activities in the previous plan, including online support for staff through the national Promis and SWAY websites; a further Mental Health Check-in through February 2021, the introduction of a Peer Support Model cascaded throughout the organisation and additional support within Occupational Health, specifically CBT and Psychology. The Scottish Government, have in addition, through the Wellbeing Champions Network, released money to support staff, ideas of which are still in discussion with the Area and Local Partnership Forums.

3.2.6 The Board's COVID Endowment Committee also supported the extension of the R&R Hubs and have supported a range of other projects through the NHS Charities Fund, to increase awareness around our diversity programme, our One NHS Family initiative and our next initiative is for staff requiring ongoing COVID-19 related support.

3.3 Acute Care

3.3.1 The Acute Tactical Group continues to meet regularly. In addition, daily informal calls have stepped up to twice daily with Acute Directors. The Group constantly reviews the operational impact of COVID-19 activity and the challenges this poses to managing our inpatient sites, whilst also maintaining a focus on non-COVID activity. COVID-19 inpatient occupancy was already higher than the first wave, prior to the festive period, however, these numbers have increased to an even higher level, reaching a peak on 27th January 2021. As at 15th February 2021, there are 902 COVID-19 inpatients in our hospitals, 415 of whom have had a positive COVID test within the last 28 days, with 42 COVID patients in ITU and we expect to have a significant number of inpatients and critical care patients throughout February and well into March 2021, as was our experience in wave 1.

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 a total of 606 patients in acute hospital beds with a positive COVID-19 test. In the third wave we have exceeded the 606 inpatient figure, by over 50%. Pressure on critical care across ICU and HDU has again been substantial. In the

last week inpatient cases have begun to plateau, however, we are yet to see a fall in COVID-19 related occupancy and we expect a lengthy period of reduction.

3.3.2 Bed Capacity has been the most significant challenge alongside staff absences for the Acute Division during the third wave of the pandemic. At the time of writing 507 beds within the Acute Division are closed due to a mix of infection control and social distancing protocols. Across NHSGGC as at 15th February 2021 the Acute Division has 19 wards closed to new admissions and 24 COVID-19 hub wards operating, which accounts for just under 1 in 5 of the Acute Division Wards. In addition, there have been significant numbers of delayed discharges during the first 6 weeks of 2021, as Social Care and Care Homes similarly face COVID-19 related pressures. Local teams have continuously worked with infection control and community partners to support care homes to mitigate these pressures and ensure our Acute sites continue to maintain patient flow.

3.3.3 As a result of the high COVID-19 activity across NHSGGC, the Board's elective programme has been substantially impacted. Elective activity remains focused towards cancer, urgent patients and trauma work. Following issues with bed and staffing capacity throughout the post festive period, there has unfortunately been a reduction in the elective programme in NHSGGC and across NHS Scotland. As of 18 January 2021 all theatres in NHSGGC have been undertaking Priority 1 and 2 cases in line with the national prioritisation framework. NHSGGC continues to maximise its elective programme for Priority 1 and 2 cases, and, in the week commencing 8th February 2021, we anticipated capacity for 231 adult sessions to be undertaken at NHSGGC sites with 223 sessions delivered. We are expecting the number of planned sessions to increase over the next few weeks and, by the week commencing 1st March 2021, we are anticipating, 301 planned theatre sessions. By way of context, 466 sessions were delivered in the first week in December 2020, which is illustrative of the current impact of COVID-19 on elective capacity.

3.3.4 NHSGGC continues to utilise, all available capacity in the Golden Jubilee National Hospital (GJNH) and the Independent sector. The GJNH team is working through significant numbers of priority 2 cases referred from NHSGGC. The Board, is continually exploring all options to maximise resources and capacity utilisation to ensure that our highest priority patients are treated during this time.

3.3.5 Unscheduled care performance has been challenging and, on occasions, variable across NHSGGC. However, in January the Board achieved 87.6% for its four hour emergency access target, a significant improvement on January 2020, even more so in the context of the current system pressures. For the Acute Division, COVID-19 has created additional complexity, particularly when placing admitted patients, as hospital teams manage enhanced infection control protocols while seeking to place patients in the most appropriate wards. Furthermore, COVID-19 has reduced the overall acute bed capacity, as a result of increased bed spacing requirements and infection control measures specific to COVID-19 being introduced.

3.4 Health and Social Care Partnerships

3.4.1 The Health and Social Care Partnership 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 Delayed discharges have been a key priority for our Health and Social Care Partnerships, working alongside our Acute colleagues. The delayed discharge operational group has been meeting regularly to expedite discharges and improve working practices where possible. Of significant challenge, have been the delayed discharges resulting from adult with incapacity (AWI's) and the legal complexity associated with finding and transferring these patients to an appropriate community care settings. As at the 15th of February 2021, there were 223 delayed discharges across NHSGGC, of which 108 were due to AWI's. AWIs therefore, account for almost one in every two delayed discharges in NHSGGC, which highlights the scale of the challenge.

3.4.3 Activity within our Community Assessment Centres (CACs) continues to be monitored daily at SEG. CAC attendances closely reflect the trend in community prevalence of COVID-19, therefore, as expected we saw a rise in CAC attendances, in line with community cases in January, with attendance figures as high as in the first wave of the pandemic. As community cases have fallen, in recent weeks, CACs have also seen a decline in attendances and we expect this trend to continue. CACs play an integral role in preventing attendance at our Acute hospital sites and in assessing and treating patients with COVID-19 symptoms in their own communities.

3.5 Maintaining Quality Care

3.5.1 Throughout the course of the Covid-19 Pandemic both the Quality outcome data and SAERs (significant adverse events) have been constantly monitored and reviewed across the Acute Division. This focus has been essential to contextualise the escalating clinical activity in respect of winter activity and the peaking of COVID 19 positive patients, in relation to any potential impact on the quality data outcomes. To date, two quality data papers, comparing outcomes in respective periods of 2019 and 2020 have been presented to the Acute Governance Structures with a further paper being planned for early April to capture the Jan- March 20/2021 comparisons.

3.5.2 Predominately there has been a reduction in the number of datix incidents and SAERs reported in the 2020 timeframe in comparison to 2019, with the exceptions of infection control, slips trips & falls and pressure ulcer damage. These three areas have been further scrutinised and whilst not consistent across all months and sectors, a number of supportive improvement actions are in place. For example, weekly falls prevention advice is being circulated throughout nursing structures to highlight common themes and the development of on-line learning resources to support on-going education.

3.5.3 In addition, a supportive approach to care assurance and scrutiny has been implemented with a modified 'Guiding principles assurance tool' being used across Acute Services. The focus of the assurance tool is quality of patient care, infection control fundamentals e.g. environment, hand hygiene & PPE, along with well-being feedback from both patients and staff. A summary of findings from these visits will be included within the Jan-March 2021 Quality data paper.

3.5.4 The data both from both complaints and patient feedback also reflects a reduction in reporting which may be linked to the reduced public presence within hospital sites in relation

to Scottish Government guidance, however the key themes remain consistent when compared to previous years.

3.6 Reporting Arrangements during current COVID surge

The Board is maintaining its clinical governance arrangements and during the current COVID surge interim arrangements have been implemented to ensure key issues are reported from divisional level to the Board CGF.

SAER

3.6.1 The clinical risk management arrangements are being maintained. Services continue to review incidents and commission SAERs.

3.7 Person-Centred Visiting and Virtual Visiting

3.7.1 More than 80% of patient areas across NHSGGC had moved to Person-Centred Visiting prior to the first lockdown in March 2020 however any further progress was put on hold due to the pandemic. In accordance with the National Visiting Guidance from Scottish Government all hospitals in NHSGGC are currently placed in Tier 4. This means hospital visiting is for essential visits only. To support increased understanding of current visiting arrangements in our hospitals a new animation has been developed by the corporate communications team which will be shared publicly via the website and via all of our social media channels. The Core Brief on the 22 January 2021 also reminded staff it is essential that they also adhere to the visiting guidance in place and only visit a family member or friend in hospital if an essential visit has been approved. Person-centred virtual visiting continues to be available in all clinical areas. However, due to increasing demand on clinical staff time and workload pressures there is variable experience reported from patients and relatives of video calls being supported as expected. Further support will be provided to those areas where challenges have been identified.

3.8 COVID Guidelines

3.8.1 A range of Covid-19 guidance documents have been rapidly disseminated for use within NHSGGC during the Pandemic, to reflect required changes to clinical practice, pathways or processes. The guidance is available through the NHSGGC Clinical Guideline Directory, and includes recent national Covid-19 guidance, or guidance that is developed locally and approved through the appropriate Tactical Group. At the end of December 2021 there were 144 Covid-19 guidance documents in use within the Board.

4.0 CARE HOMES

4.1 Support for Care Homes

4.1.1 Across GGC 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 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. 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 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. Executive 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 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 decreased in recent weeks and a reduced number of care homes are currently closed to admissions. This represents substantial work to safeguard Care Home residents and support Care Home providers and staff, from NHSGGC and our HSCPs and Local Authorities. As at the end of January, NHSGGC completed offering all Care Home staff and residents their first COVID-19 vaccination, with further vaccine details are covered later in the paper.

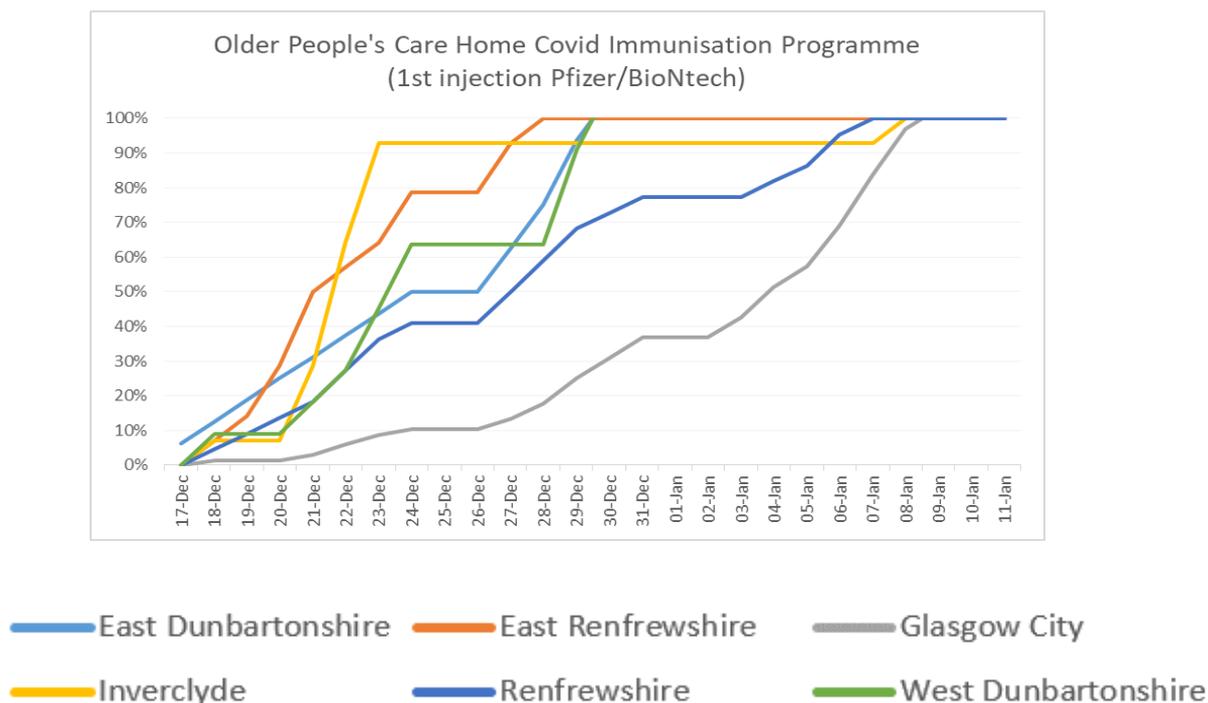
4.2 Nurse-led Care Home Support Visits

4.2.1 The older peoples Care Home first dose vaccination programme was undertaken in two rounds beginning on the 17th December 2020 and was completed on the 9th January 2021.

4.2.2 The first phase was focused on vaccinating all eligible care home residents, as well as the opportunistic vaccination of care home or Health and Social Care Partnership (HSCP) staff to avoid vaccine waste. The second phase, ran from 11th January, completing on the 21st January 2021, this picked up any residents who were unable to receive the vaccine first time around due to reasons such as allergies, being unwell, or having COVID within the previous 28 days. The second round also purposefully targeted first dose vaccinations for care home staff. The move to a blended model for care home staff vaccinations, that is offering slots at mass clinics as well as within the care homes was driven by a lower than anticipated vaccine uptake within the group. Structural and cultural barriers were cited as the reasons for lack of uptake including limited access to transport and general apprehension about the vaccine, based on concerns including issues such as fertility. Taking the vaccine to care homes mitigated the majority of these issues and allowed care home staff to discuss their concerns with vaccinators and thus increased uptake significantly.

4.2.3 A total of 6,289 first dose vaccinations for residents were recorded across these two phases.

4.2.4 Table 2 demonstrates the pace at which the round one vaccinations were delivered to Care Home residents in each HSCP. Over 20 working days 92% of residents were vaccinated. This increased to 96% following the second round.



4.2.5 A total of 4,740 first dose vaccinations for care home and HSCP staff was achieved by targeting staff directly within care homes. This aggregated with mass clinics achieved circa an 80% uptake rate of care home staff vaccinated by mid-January.

4.2.6 Due to the complex nature of the cold chain process with the Pfizer Vaccine, waste had been predicted at 20%. However the robust daily planning and scheduling with pharmacy, public health, transport, care homes and vaccination teams resulted in less than 5% vaccine waste.

4.2.7 Second dose vaccinations for older peoples care homes commenced on 15th February (residents and staff).

4.2.8 In addition to vaccinations delivered within care homes, work is ongoing with acute services to ensure all care home discharges or new admissions to care homes received their 1st dose vaccine.

4.3 Visiting

4.3.1 It has been widely acknowledged that where the balance of risk allows, care home residents and families should be supported to visit. Following government guidance as part of Tier 4 enhanced restrictions, the NHSGGC position as agreed through the Governance and Assurance Group and Public Health partners is as follows:

4.3.2 Indoor Visits: essential visits only

4.3.3 Outdoor Visits: visits to the care home to see loved ones via garden or window visits should be arranged with the care home in advance. As a result of the additional risk posed by the new Covid-19 variant, garden visits should be limited to one visitor and visits by children and young people should be suspended.

4.3.4 It is expected that new guidance will be published this week with a greater emphasis on opening to indoor visiting. It is likely that Public Health will be required to sign off risk assessments. Care Homes providers are anxious about opening and we will need to work with them to build confidence before they feel able to open care homes for visiting.

4.3.5 Essential Visits: It is important that essential visits continue to be supported. Essential visits include:

- circumstances where it is clear that the person's health and wellbeing is changing for the worse,
- where visiting may help with communication difficulties,
- to ease significant personal stress, or
- other pressing circumstances, including approaching end of life.

4.3.6 Testing and Infection Control Measures for Essential Visitors:

- All essential visitors should be tested in accordance with local protocol
- In view of the highly contagious strain of the virus, it is recommended essential visitors comply with all safety measures as before, i.e. IPC/PPE/Physical Distancing.

4.3.7 Positive or suspected case of Covid-19: If there has been a positive or suspected case of Covid-19 in the care home in the previous 14 days, only essential and potentially window visits will be possible. Risk assessments must be undertaken taking into consideration the home layout. For example window visits may be possible in an outbreak situation where the resident is not required to leave their room to undertake the visit. The window must remain closed during the visit.

4.3.8 This visiting guidance remains under regular review and is discussed weekly at the care home governance and assurance meeting.

4.4 Hub Development

4.4.1 A plan is underway to create specific support for Care Homes through the creation of a Care Home Hubs model across Greater Glasgow and Clyde. Two Hubs will cover the Board area, one for Glasgow City and one for the remaining 5 HSCP's. The Hubs will provide a comprehensive, cohesive safe and high quality approach to supporting care homes both proactively and in response to issues as they arise.

4.4.2 The care home Hub model which will combine expertise between HSCP teams, IPC and Practice Development acknowledges the priority to develop a sustainable and flexible model to support care homes.

4.4.3 A Care Home Hub Oversight Board has been established to provide leadership, support, oversight and governance in the development and delivery of a Care Home Hub Model. The Oversight Board is a multi-disciplinary and multi-agency forum which will work collaboratively with all stakeholders as the model progresses.

5.0 TESTING

5.1 The West of Scotland Regional Testing Hub was established in December 2020 as part of a network of three large regional laboratories to increase PCR testing capabilities in Scotland. The West of Scotland Hub has, over the course of December 2020 to February 2021, expanded to the current position of being able to process up to 52,000 tests. The Scottish Government via the National Testing Oversight and Delivery Group has requested that all three regional hubs continue to expand PCR capacity with a target of all achieving full 24/7 working.

5.1.1 The West of Scotland Hub is still in the process of phasing up its capacity. The Hub has four analysers and currently three are operational during the day (for 12 hours) and one at night (for 12 hours) giving a current theoretical maximum capacity of 12,000 samples per day.

5.1.2 On 2nd February 2021, the First Minister announced a range of new testing arrangements for Scotland. The impact of this announcement on the West of Scotland Hub is not yet clear, however the expectation is that, as PCR capacity in Scotland increases, Scottish Government policy in terms of sampling will be expanded to use the available capacity. The direction given to us through the national Testing Oversight and Delivery Group thus far has been to expand the West of Scotland Hub's capacity as much as possible.

5.2 Point of Care Testing

5.2.1 Point of Care testing for emergency admissions, using the Roche LIAT continues to perform well. We have had confirmation from the Scottish Government that our supply level for this Point of Care Test will remain at around 150 patients per day for the foreseeable future.

5.2.2 NSS are in the process of submitting a request to upgrade TrakCare to allow for LumiraDX point of care test result integration into our laboratory system. Timelines for the roll-out of LumiraDX will be confirmed once the timeline for the TrakCare update is known.

5.3 Care Home Testing

5.3.1 Routine Care home testing transitions into the West of Scotland hub have been completed for the West of Scotland region care homes, covering symptomatic and asymptomatic testing. The West of Scotland Hub is however, at present, still supporting East region care homes and will likely need to do this for the rest of February in the first instance. The East Hub is currently limited to circa 700 tests/day. The North Hub currently has capacity for up to 4,000 tests/day and has completed transition of all North region care homes into that Hub.

5.4 Community Test Programme

5.4.1 Work is underway to deliver a community testing programme across Greater Glasgow and Clyde. Each Local Authority has a plan for the delivery of the community testing programme, outlining their approach. The key communities that will be a focus for testing activity will be based on prevalence, deprivation, BME communities, low paid workers and other hard to reach groups.

5.4.2 These plans are set in the context of the strategic priorities for the Board set by the Director of Public Health and the NHS GGC wide Health Protection arrangements. In

particular, as a Board we are liaising with Scottish Water to determine, on an ongoing basis, the areas where we would focus waste water testing. This will continue to inform local decisions on targeted communications, the deployment of Mobile Testing Units and/or home testing priority areas.

5.4.3 Military staffing of up to 90 personnel has been agreed for NHSGGC as a whole to support this and detailed work is taking place now to establish the Asymptotic Testing Sites units between the 22nd February 2021 and the 1st March 2021. Operational policies and information from the Scottish Government and other Boards are being shared to inform the detail of the operational arrangements. Work is taking place now to ensure the appropriate IT, equipment and furniture etc. is in place.

5.4.4 There is a need to ensure a wraparound of a full public health package within the community, including promotion of isolation support and encouraging adherence to self-isolation. The detail is being determined for each Council area with the intention to continue their existing arrangements to support citizens, particularly those required to self-isolate as a result of a positive test, with emergency food, prescriptions and financial and wellbeing advice, in conjunction with third sector partners. As well as building on existing arrangements, lessons are being learned from other areas to ensure a rapid and informed response on the basis of up to date information on positive results and prevalence.

5.4.5 An Oversight Group has been established with the Councils and Health Board to agree the evaluation framework and monitor delivery and outcomes. There will be ongoing collaboration with the Scottish Government and regular updates will be provided to the SEG.

6.0 TEST AND PROTECT

6.1 The number of COVID-19 cases notified to Test and Protect was low over the summer before the autumn wave in cases, with the increase starting at the end of August, peaking in mid-October, followed by a slow decline to mid-December. A renewed steep rise in cases starting just before Christmas reflected increased transmission in the community, most likely associated with relaxation of social restrictions in the two weeks before Christmas, in combination with the circulation of the new more transmissible variant of Covid-19. Incidence peaked in early January (7 day rolling incidence was 363/100,000 population for 4-10 January) reaching levels 16% higher than the autumn peak. Incidence has been declining over recent weeks and is now at levels comparable to just before Christmas. From 8th February 2021 to 15th February 2021, a total of 1615 Covid-19 cases were notified to the case management system (CMS) of Test and Protect for GGC, a reduction of 17% compared to the previous week.

6.1.2 During the January peak, the highest 7 day incidence by age group was seen in the 18-24 year olds (539/100,000 population), followed by the working age groups (peak of 477 and 422/100,000 population for the 25-44 year olds and 45-64 year olds respectively). 7 day incidence in those aged 10 years and under stayed markedly lower than in adults throughout (peak of 137 and 109/100,000 population for 1-3year olds and 4-10 year olds respectively). The peak in incidence for those 65 and older (316/100,000 population) occurred approximately a week after the peak in incidence in adults under 65.

6.1.3 Analysis by Scottish Index of Multiple Deprivation showed that the incidence for the least deprived quintile (Q5) remained much lower than the other quintiles (peak 7 day

incidence of 276/100,000 population). The incidence in Quintiles 1 to 4 rose similarly steeply from just before Christmas to early January, but the incidence in the most deprived quintile (Q1) continued to increase for longer, reaching a higher peak 7 day incidence (431/100,000 population) than in Q2-4 (peak 7 day incidence of 378, 387 and 395/100,000 population for Q2, Q3 and Q4 respectively). Compared to the timing of the decline for the less deprived quintiles (Q3-5), which started between 4-7 January, the incidence in the more deprived quintiles (Q1 and Q2) stayed high for approximately a week longer.

6.1.4 From 26 December, all Local Authorities in mainland Scotland moved to Level 4 restrictions, with additional lockdown restrictions announced on 4th January 2021 in response to the steep increases in incidence observed. Since 3rd January 2021, an average (mean) of 2.9 contacts per completed case resident in GGC was recorded by Test and Protect, which was a reduction compared to the two weeks before that when an average of 3.8 contacts per completed case were recorded (20 December - 2 January – covering cases arising during a period of relaxation of measures in the run up to Christmas, and on Christmas day itself).

6.1.5 As expected, based on the current restrictions in place, monitoring of trends in clusters of COVID-19 cases shows that the proportion of notified cases associated with clusters in early learning and school settings was lower in January (1%), compared to December (6%). The proportion of notified cases associated with known household clusters was only slightly higher in January (36%), than in December (35%), and the proportion of cases associated with known clusters in work settings remained the same (2%).

6.1.6 As of 15th February 2021, there are currently 15 older peoples care homes with an outbreak of COVID-19, with a further 7 awaiting confirmation (Turas safety huddle data for 16th February 2021). This is markedly lower than in mid-January, when at the peak 47 care homes had outbreaks with 14 awaiting confirmation (Turas safety huddle data for 19th January 2021). The decrease in outbreaks in care homes is likely to be associated with the decrease in transmission in the community (reduced risk of introduction to care homes) as well as reduced susceptibility of care home residents and staff associated with the high uptake of the first dose of COVID-19 vaccination.

7.0 Flu Programme

7.1 The success of the autumn Flu Vaccination Programme saw 64.9% uptake rates for the Over 65 and Under 65 at risk priority groups increase on previous years despite the additional constraints of working within the COVID-19 infection control and social distancing requirements. A total of 391,294 individuals across all priority groups had received their Flu Vaccination by 17 January 2021.

7.2 As a consequence of the COVID-19 infection control requirements, community vaccination centres were established to compensate for the reduced numbers that GP Practices could accommodate. The learning from the Flu Immunisation programme, particularly the adoption of Community Vaccination Centres has proved invaluable as we progressed into delivery of the COVID Vaccination Programme.

7.3 Community Pharmacies were also used, particularly targeted at adult carers, household members of those shielding and frontline social care workers.

7.3 Health and Social care staff vaccination was delivered through a programme of peer immunisation, by Occupational Health and by Community Pharmacy for social care staff. Our staff vaccination programme reached 70% of all NHSGGC staff across Health and Social Care, above the target set by Scottish Government.

8.0 COVID-19 Vaccine

8.1 Our Vaccination Programme has made considerable progress from early December, working responsively to the changing requirements, whilst maintaining adherence to the JCVI recommendations on priority groups.

8.2 The Louisa Jordan is the 'hub' of our vaccination programme and hosts our Vaccine Holding Centre as well as providing the capacity for mass vaccination clinics.

8.3 In December, vaccination was rolled out to Care Homes (residents and staff) and frontline health and Social care staff. By the first week of January, we had reached every Care Home and provided vaccination to all eligible residents. For frontline health and social care staff, vaccine clinics have been offered daily at the Louisa Jordan and on rolling basis across all hospital sites. By 12th February 2021, we had vaccinated 75,891 front line health and social care staff.

8.4 From the beginning of January, General Practices commenced vaccination of the Over 80s population, the Over 75 and Clinically Extremely Vulnerable cohorts, completing them by the 5th and 14th February respectively. At the time of writing, NHSGGC has in total vaccinated 253,984 people with a first dose of COVID-19 vaccine.

8.5 Working in partnership with the Local Authorities, we have opened a further 16 locations throughout NHSGGC to operate as large scale vaccination centres in addition to the Louisa Jordan. The Community Vaccination Centres went live on the 1st February, delivering appointments to the 70-74 age cohort initially and the 65 to 69 cohort by the second week of February. Each site has capacity to deliver approximately 1000 appointments per day, with several having capacity to scale up to considerably more. The Louisa Jordan has led the way with high volume clinics in January, piloting clinics for staff with capacity of 5000 appointments per day, a volume that is being maintained as the vaccination progresses through the priority cohorts.

8.6 Our recruitment drive to build a vaccination workforce has built a staff bank able to flex to meet the capacity requirements and to establish a firm foundation for the programme as it progresses through the year.

8.7 Our Pharmacy teams have responded similarly to ensuring that vaccine management, distribution and quality control is maintained. With the programme developing at pace, the complexities of delivering this across so many locations has been challenging. The launch of the Community Vaccination Centres in February allows consideration of requirements to consolidate the dedicated pharmacy expertise and workforce that will be required throughout 2021/22.

8.8 Commissioning of the Community Vaccination Centres was undertaken at pace and concurrent to the introduction of new eHealth infrastructure such as the ServiceNow platform for appointments management and the Vaccine Management Tool. Our eHealth team have worked closely with National Services in their development, piloting and launch.

8.9 By the end of March, we expect to have delivered the Wave 2 requirements for cohorts 2 to 6. This will include delivery of the 2nd doses commencing from mid-February with Care Homes and frontline Health & Social care staff.

8.10 As we consolidate the infrastructure necessary for mass vaccination, we will strengthen our communications and patient facing requirements to support our public to access the service, identifying and addressing the inequalities issues that make this harder for some parts of our population.

8.11 Planning for the continued rollout of the programme to the population through the rest of the year will continue to be responsive to any changing requirements of policy.

9.0 COVID-19 Financial Position

9.1 Total current predicted annual costs associated with COVID-19 for the Board are £176m, an increase from the £155m in the initial return in 2020. This rise in COVID-19 cost is due to staff costs increasing from £40m to £49m to reflect additional staff costs due to the severity of the current wave. Additional bed costs, however, decreased from £24m to £17m as the initial estimate was for double the usual ICU capacity for the whole year, in line with SG guidance. Actual costs from June to October were less. Testing and deep cleaning costs also increased.

9.1.1 The break-even prediction contains a low degree of risk for the Board. The Scottish Government have given a clear undertaking to fund additional COVID-19 costs, however, until this funding is received there remains a modest risk, particularly around unachieved savings. In addition, cost pressures remain in familiar areas, particularly within junior doctors and agency nursing. These require concerted focus and action into 2021/22.

10.0 CONCLUSION

10.1 NHS Greater Glasgow and Clyde continues to act dynamically and at pace to respond to the significant challenges associated with the COVID-19 pandemic. Our colleagues have done an outstanding job in continuing to provide kind, safe and excellent care throughout the pandemic and embracing new and innovative working; as a Health Board we are enormously grateful for their efforts. Across health and social care in NHSGGC, we have strengthened our relationships and partnership working across health and social care, which has, and will, serve us well in the coming months and years.

10.2 As we start to see the dual impacts of Level 4 restrictions and our mass national vaccination campaign on the rates of COVID-19 in the community and hospitalisations, the Board will continue to adapt and respond, continuing our test and protect programme, further expanding our vaccination roll out in coordination with the Scottish Government and transitioning to remobilisation and recovery.

10.3 The effects of COVID-19 on communities, our staff and those directly affected by this illness, are likely to become significant legacy challenges, many of which, are at present unknown. As a Board, we will continue to lead and adapt to these challenges, to serve our patients and support our colleagues and partners.

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