

NHS Greater Glasgow & Clyde	Paper No. 21/12
Meeting:	NHSGGC Board
Date of Meeting:	27th April 2021
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	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 NHS Board on the overall position in respect of the NHS Greater Glasgow and Clyde response to managing COVID-19 and provide assurance to Board members.

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 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 paper.

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 27th April 2021

1. 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 response to managing COVID-19 and provide assurance to Board members.

2. ACTIVITY

- 2.1 The number of COVID-19 cases in hospital (using the all COVID-19 positive patients' definition) remains significant, although in recent weeks we have seen a decline in demand from our peak in January 2021. As of 19th April 2021, there were 485 inpatients across our hospital sites (using the all COVID-19 definition), 36 inpatients (using the <28 days definition) and 4 patients in ICU after testing positive for COVID-19.

Our highest day for COVID-19 positive inpatients came on 27th January 2021, with 963 in-patients with COVID-19, of whom 588 were less than 28 days since a positive test.

3. CURRENT POSITION

3.1 Strategic Executive Group (SEG)

- 3.1.1 The SEG, which now meets twice per week, is overseeing the continued response to COVID-19 and the remobilisation process. In addition, the meetings now include reporting on progress on the delivery of the vaccination programme, the redesign of unscheduled care, care homes, test and protect, remobilisation and immediate issues relating to COVID-19, in hospital and across the community.

3.2 WORKFORCE

- 3.2.1 Since the last Board meeting update, there has been a decline in COVID-19 related absence which peaked in January and February 2021. This reduction is due in part to vaccinations, schools and child care resuming and the gradual lifting of COVID-19 restrictions.

- 3.2.2 As of 19th April 2021, there were a total of 937 staff absences due to COVID-19, within those absence figures, there is likely to remain a significant number of staff with longer return to work periods as a consequence of the virus, including those with Long COVID. Additional support through the COVID Human Resources Unit as part of a COVID Support Team has been introduced to support both staff and managers. The Team have produced a document to support staff with Long COVID, alongside wider health and wellbeing resources. In addition further guidance and checklists have been developed to support shielding staff back to the workplace from 26th April 2021 onwards – this includes an updated Enhanced Return to Work process, review of risk assessments and introduction of Lateral Flow Testing for all

shielding staff.

- 3.2.3 Due to the dual pressures of staff absence and high acuity patients during the third peak, it was necessary to recruit and move additional staff to support clinical areas, ranging from AHPs 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. In January and February 2021 the Board recruited an additional 500 members of staff. In addition, NHS Greater Glasgow and Clyde was supported by 1484 students undertaking additional work whilst maintaining protected study and placement time.
- 3.2.4 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 the Theatre and Anaesthetics teams who had been supporting Phase 1 of the pandemic, undertaking a similar role in 2021. This was possible due to the ongoing training through clinical teams and additional support provided to staff as they phased into this work.
- 3.2.5 As a Board we are enormously grateful to the students, new appointees and redeployed staff for their efforts and support during this time. As we continue the process of decompressing our acute sector and remobilising our core services, many of the staff redeployed and students have already returned to their pre-pandemic activities. We are also especially grateful to the many volunteers who have supported a range of our services during the pandemic as they have played an outstanding role during the last few months.
- 3.2.6 Extensive and ongoing recruitment of staff to our Test and Protect and COVID Vaccination Teams has been undertaken. Ongoing review of the Vaccination Service Delivery model continues, supporting a new national Healthcare Support Worker role. Over 6,000 individuals have been engaged to support the rollout of these programmes of work.
- 3.2.7 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 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.
- 3.2.8 All of the above are supported through the new Workforce Strategy ambitions and its 4 Pillars of Health and Wellbeing, Leaders, Learning and Recruitment and Retention, with an associated implementation plan.

3.3 Acute Care

- 3.3.1 The Acute Tactical Group continues to meet regularly, in addition, daily informal calls are held with the 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. As of 19th April 2021 there are 485 COVID-19 inpatients in our hospitals of whom 36 patients are under 28 days from a positive COVID-19 test. The overall position in April 2021 is therefore far more stable than was the case in our February update.
- 3.3.2 Bed capacity has been one of the most significant challenges alongside staff absences for the Acute Division throughout the pandemic. Infection control and social distancing protocols have at times substantially reduced the effective bed base of NHS Greater Glasgow and Clyde. During the peak in January and February 2021, the Acute Division had on occasion in excess of 20 wards closed to new admissions and up to 30 COVID-19 cohort wards open. As of 19th April 2021, NHS Greater Glasgow and Clyde had no wards closed and 5 cohort wards open, demonstrating the substantial improvement in the COVID-19 position.
- 3.3.3 As a result of the high COVID-19 activity across NHS Greater Glasgow and Clyde, the Board's elective programme was greatly impacted during the winter COVID-19 peak. The elective programme at that time was focused towards cancer, urgent patients and trauma work, due to limited bed and staffing capacity. With the improvement in staff absence rates and increasing inpatient capacity, as well as the de-escalation of our critical care capacity back to our pre-pandemic bed levels, the elective programme is remobilising and recovery is accelerating at pace, with a significant expansion in the elective programme commencing from the week beginning 19th April 2021. NHS Greater Glasgow and Clyde continues to work with the Golden Jubilee National Hospital to optimise all available capacity.
- 3.3.4 Unscheduled care performance has been variable, on occasions, across NHS Greater Glasgow and Clyde. However, in March 2021 the Board achieved 91.9% against the four hour emergency access target. This takes the year to date emergency access figure to 92.0%, a 6.2% improvement on 2019/20. As population public health restrictions have begun to be eased, all of our Emergency Department sites have seen an increase in attendances. For the Unscheduled Care pathway, COVID-19 created additional complexity, particularly when admitting patients, as hospital teams managed enhanced infection control protocols, while seeking to place patients in the most appropriate wards. It is, therefore, especially impressive to see performance against the emergency access target improve in these circumstances. However increasing attendances, in combination with operating Red and Green pathways, additional patient testing and enhanced PPE measures, pose an on-going challenge for the service.

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. The focus upon recovery continues, counterbalanced with meeting the changing demands presented by the remaining 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 acute colleagues. The Delayed Discharge Operational Group has been meeting regularly to expedite discharges and improve working practices where possible. Of significant challenge has been the delayed discharges resulting from adults with incapacity (AWI) and the legal complexity associated with transferring patients to an appropriate community care setting. As of 19th April 2021, there were 209 delayed discharges across NHS Greater Glasgow and Clyde, of whom 98 were due to AWI. These patients, therefore, account for almost one in every two delayed discharges in NHS Greater Glasgow and Clyde, which highlights the scale of the challenge.
- 3.4.3 Activity within our Community Assessment Centres (CACs) continues to be monitored regularly at the SEG. CAC attendances closely reflected the trend in community prevalence of COVID-19, therefore, as expected we saw a significant decline in CAC attendances, in line with community cases in March and April 2021. As community cases have fallen, from a peak in January and February 2021, CACs have also seen a decline in attendances and we expect this trend to continue.

3.5 Person Centred Visiting and Virtual Visiting

- 3.5.1 More than 80% of patient areas across NHS Greater Glasgow and Clyde 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 the Scottish Government all hospitals in NHS Greater Glasgow and Clyde have at times throughout the pandemic reduced visits to essential visits only. This was an essential step to safeguard patients, families and staff.
- 3.5.2 As we begin to see promising signs of reduced community prevalence of COVID-19, it has been agreed with the Scottish Government that hospitals will start to re-introduce family support more broadly than is the case at present.
- 3.5.3 From 26th April 2021, NHS Greater Glasgow and Clyde will apply the new Scottish Government guidance to enable every patient in hospital in Scotland to have the support and contact of at least one person. It will still be essential that during visitation, infection control measures are followed including hand washing, wearing a face covering and physical distancing in communal areas. For visitors, close contact such as holding hands will also be allowed, with the person they are supporting.

4. CARE HOMES

4.1 Support for Care Homes

- 4.1.1 Across NHS Greater Glasgow and Clyde there are currently 188 registered care homes, 141 of these care homes provide services to older people. Following the first wave in spring 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. From 18th May 2020 the Nurse Director became responsible for the provision of nursing leadership, support, and guidance within the Care Home sector. This responsibility has recently been extended to March 2022 as a minimum.
- 4.1.2 A weekly Public Health questionnaire on Care Homes is completed and submitted to Scottish Government. Care homes are assessed under four key questions and rated Red, Amber or Green in regard to COVID cases, PPE, IPC knowledge & practice and staffing. In order to bring additional consistency and clarity of chronology to the weekly returns, NHS Greater Glasgow and Clyde have introduced an SBAR format which is completed for all Red and Amber rated care homes each week. In the week ending 11th April 2021 there was no care home flagged as Red and 5 as Amber.

4.2 Care Home Vaccination Programme

- 4.2.1 NHS Greater Glasgow and Clyde has completed its vaccination programme in our care homes, having offered every care home resident and staff member both vaccine doses. In addition to vaccinations delivered within care homes, a standard operating procedure has been agreed through the care home governance group to support a process to ensure new residents in care homes both from community and acute hospital services are vaccinated.

4.3 Testing

- 4.3.1 The implementation and monitoring of routine testing is in place across all care homes including pre admission tests. All care homes engage with staff testing on a weekly basis. Staff returning a positive result who were asymptomatic are sent home and contact tracing commences. Enhanced testing for residents occurs on the next working day. The introduction and roll out of Lateral Flow Testing for visiting NHS Professionals, visiting Care Inspectorate and social work professionals has further strengthened testing capability within care homes.

4.4 Visiting

- 4.4.1 Following Scottish Government guidance as part of Tier 4 restrictions, the NHS Greater Glasgow and Clyde position was that care homes should have indoor visiting for essential visits only. Outdoor visits to the care home were arranged with the care home in advance and, as a result of the additional risk posed by the new COVID-19 variant, garden visits were limited to one visitor and visits by children and young people were suspended.

- 4.4.2 Following publication of the new government guidance, 'Open with Care - Supporting meaningful contact in care homes', contact has now resumed between care home residents and loved ones from early March 2021. In the first instance indoor visiting involves up to two designated visitors weekly visiting one at a time and this will be reviewed regularly.
- 4.4.3 A local guidance document has been developed to provide practical and helpful support to all care homes within NHS Greater Glasgow and Clyde to help support this position. This visiting guidance remains under regular review and is discussed weekly at the care home governance and assurance meeting.

5. 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 a current position of being able to process up to 84,000 tests per week (or 12,000 per day).
 - 5.1.1 The West of Scotland Hub is now fully operational. The Hub has four robotic analysers and currently three are operational during the day (for 12 hours) and one at night (for 12 hours) giving a current theoretical capacity of 12,000 samples per day.
 - 5.1.2 At the beginning of April 2021, the First Minister announced a new national Lateral Flow Testing (LFT) programme for everyone in Scotland. Whilst increased LFT testing for non-patient facing health and social care staff will lead to more confirmatory PCR tests requested, we have sufficient capacity to meet this PCR demand. With overall infection rates falling across Scotland but increasing availability of testing, we are well placed to meet current PCR testing demand and any future increase in demand should it materialise.

5.2 Point of Care Testing

- 5.2.1 Point of Care testing for emergency admissions, using two different testing platforms (Roche LIAT and LumiraDX) is well established across NHS Greater Glasgow and Clyde sites. This gives clinical teams access to rapid tests, which aid patient placement decisions.

5.3 Care Home Testing

- 5.3.1 Routine care home testing is a fully established programme of work in NHS Greater Glasgow and Clyde. All care home staff are offered weekly PCR testing which are processed at the West of Scotland Hub and also undertake twice weekly LFT in the care home. This service is an invaluable tool in ensuring we continue to protect our care home population.

All visitors to care homes are also offered an LFT, this covers visiting front line staff and non-staff relatives and friends visiting.

5.4 Community Testing Programme

- 5.4.1 Across NHS Greater Glasgow and Clyde, we have established a community testing programme, in partnership with local authorities, offering localised asymptomatic testing at asymptomatic testing sites. The focus of the asymptomatic testing programme is on communities with high prevalence and areas of deprivation.
- 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 Greater Glasgow and Clyde wide Health Protection arrangements. We are currently finalising our local testing plan based on the national testing strategy and this work will continue to inform local decisions on targeted communications, the deployment of Mobile Testing Units and/or home testing priority areas.
- 5.4.3 There is a need to ensure the wrap-around 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.
- 5.4.4 The recent offer of universal access to testing will be built into our local plans.

6. TEST AND PROTECT

- 6.1 The number of COVID-19 cases notified to Test and Protect progressively declined over February, March and the beginning of April 2021 compared to the peak in January 2021. Since the last update on 9th February 2021, the daily number of cases remained relatively stable over the course of February 2021, on most days above 200 cases, ranging from 147 to 279 cases. In March 2021, above 100 cases were notified daily with three peaks above 200 cases, including the highest on 11th March 2021 with 280 cases. So far until 19th April 2021, the number of daily cases ranged from 60 to 120 with the highest number on 2nd April 2021. From 12th to 18th April 2021, a total of 550 COVID-19 cases were notified to the case management system (CMS). The median of 78 daily cases for 12th to 18th April 2021 was much lower compared to the median of 170 daily cases for 6th to 12th March 2021, however occasional data flow issues such as backlogs or clearance of backlogs could have resulted in peaks and troughs in daily notifications.
- 6.1.2 All Local Authorities in mainland Scotland are currently in Level 4 restrictions and are expected to move to Level 3 on 26th April 2021. The effect of gradually reducing restrictions, starting with the partial return to schools from 22nd February 2021, and further easing of measures since then, will continue to be monitored closely. From 10th February to 12th April 2021, an average (mean) of 3.4 contacts per completed case resident in Greater Glasgow and Clyde were recorded by Test and Protect, which was an increase compared to the previous reporting period from 3rd January to 9th February 2021, in which an average of 2.9 contacts per completed case were recorded.

6.1.3 As expected, following the return to schools, the proportion of notified cases associated with clusters in early learning and school settings was higher in March and April 2021 compared to January 2021. The proportion of notified cases associated with known household clusters was slightly higher in February, March and April 2021 compared to January 2021 and the proportion of cases associated with known clusters in work settings was also slightly higher in February, March and April 2021 compared to January 2021. The substantial decrease in outbreaks in care homes is most likely associated with reduced susceptibility of care home residents and staff associated with the high uptake of two doses of COVID-19 vaccination and with the decrease in transmission in the community (reduced risk of introduction to care homes).

7. COVID-19 VACCINE

- 7.1 Our Vaccination Programme has continued to make considerable progress, crossing the milestone of 500,000 vaccination in March 2021. As of the 20th April 2021, NHS Greater Glasgow and Clyde had vaccinated a total of 714,949 people, of whom 562,902 have received one dose and 152,047 have received both doses.
- 7.1.2 NHS Greater Glasgow and Clyde has successfully concluded the programme of offering the first vaccine to all of the original JCVI highest priority groups. We will now begin the process of inviting the 40-50 years cohort from 26th April 2021, as well as continuing to invite our community for the second vaccine dose.
- 7.1.3 The Louisa Jordan has now been decommissioned, therefore the NHS Greater Glasgow and Clyde central vaccination 'Hub' has been transferred to the SSE Hydro, which will now act as the main vaccination centre for NHS Greater Glasgow and Clyde. Across the Health Board area, community clinics have been set up in 16 venues, GP-led vaccination clinics continue and staff vaccination clinics are delivering second doses to front line staff.
- 7.1.4 At the beginning of April 2021, NHS Greater Glasgow and Clyde took delivery of the third MHRA approved COVID-19 vaccine Moderna. The addition of Moderna will supplement our existing Pfizer and Astra Zeneca supply.
- 7.1.5 Following the update guidance from the MHRA and the JCVI on the use of the Astra Zeneca vaccine to use alternative vaccines in the under 30 year cohort, NHS Greater Glasgow and Clyde has rapidly contacted anyone under 30 years with a first Astra Zeneca dose appointment and offered a new appointment with either Pfizer or Moderna. As a Board, we have also endeavoured to ensure that any appointments which became available as a result of rescheduling under 30 years Astra Zeneca appointments have been utilised.
- 7.1.6 The Board remains on course to offer all adults in NHS Greater Glasgow and Clyde a first vaccination by the end of July 2021 and will conclude this first COVID-19 vaccination programme by the end of October 2021.

8. CONCLUSION

- 8.1 We have in recent weeks begun to see a sustained improvement across a number of critical pandemic indicators. Our hospital system is slowly decompressing, with ICUs returning to baseline bed levels.
- 8.1.2 As a Board we continue 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 NHS Greater Glasgow and Clyde, we have strengthened our relationships and strengthened partnerships, which has, and will, serve us well in the coming months and years.
- 8.1.3 As we start to see the rates of community prevalence reduce and the pressure on our services subside, as a Board, we will continue to remobilise our core services and maintain the new roles and responsibilities we have undertaken during the pandemic. The remobilisation process will present as significant challenge as the pandemic response itself, with every part of our service impacted.
- 8.1.4 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 patient and support our colleagues and partners.