

**NHSGGC COVER PAPER**

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 21/28</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>29 June 2021</b>
<b>Title:</b>	<b>COVID-19 Update</b>
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## 1. Purpose

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

## 2. Executive Summary

**The paper can be summarised as follows:**

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

## 3. Recommendations

None

## 4. Response Required

This paper is presented for **awareness**

## 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health:** Negative impact
- **Better Care** Positive impact
- **Better Value:** Neutral impact
- **Better Workplace:** Positive impact
- **Equality & Diversity:** Neutral impact
- **Environment** Neutral impact

## 6. Engagement & Communications

Not applicable

## 7. Governance Route

None

## 8. Date Prepared & Issued

23 June 2021

## **NHS GREATER GLASGOW AND CLYDE**

### **Response to COVID-19**

**NHS Board Summary 29<sup>th</sup> June 2021**

#### **1.0 PURPOSE OF PAPER**

1.1 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 managing COVID-19 and provide assurance to Board members.

#### **2.0 ACTIVITY**

2.1 The number of cases in NHSGGC has continued to increase since the start of May 2021 and the 7 day incidence rate on 22 June was 202/100,000, the highest rate since February 2021. All local authorities in NHSGGC are seeing increasing rates.

2.2 The number of COVID-19 cases in hospital (using the all COVID-19 positive patients' definition) has increased in recent weeks; there remains a sustained level of COVID-19 related occupancy, though we have not seen an exponential increase in hospitalisation as we saw in January 2021 or April 2020. As of 22<sup>nd</sup> June 2021, there are 397 inpatients across our hospital sites (using the all COVID-19 definition), 56 inpatient (using the <28 days definition) and 7 patients in ICU after testing positive for COVID-19.

Our highest day for COVID-19 positive inpatients came on 27<sup>th</sup> January 2021, with 963 in-patients 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 meets two times a 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 issue relating to 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 was a decline in staff COVID-19 related absence to less than 300 across the Board with the majority of staff returned to work following shielding and the reduction in isolation.

3.2.2 At April 2021 there were a total of 937 staff absences due to COVID-19. More recently, as at 16<sup>th</sup> June 2021, there were 401 staff absent with COVID-19 related absences. The slight increase from 300 over May 2021 is in line with the population increases, and includes some staff still required to be off due to underlying health conditions, those recovering from COVID-19 and those isolating. Support continues to be provided from the COVID-19 Human Resources Unit.

3.2.3 All staff who were reassigned to support Intensive Care and High Dependency Units have returned to their substantive areas. Additional administrative support is still available in ward areas to support clinical teams.

3.2.4 All staff have been encouraged to take annual leave to ensure appropriate respite.

3.2.6 The Test and Protect teams continue to be reviewed to deal with any additional activity created by localised outbreaks. The Band 3 Healthcare Support Worker posts within the COVID-19 Vaccination teams have been introduced and the new model is providing sustainable support. The Board appreciates the enormous support given by all Vaccinators.

3.2.7 The mental health and wellbeing of our staff remains a top priority and following the Mental Health Check-in undertaken through February 2021 with over 1700 staff participating, a further Mental Health Check-in is planned for July 2021. A further bid has been made to the NHS Charities fund to support a Peer Support programme which would be available to all staff. The Staff Health Strategy Action Plan has also been updated to ensure all support offered is embedded in our services.

### **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 at 22<sup>nd</sup> June 2021 there were 397 COVID-19 inpatients in our hospitals, of which 56 are under 28 days from a positive COVID-19 test. In recent weeks we have seen an uplift in COVID-19 related hospitalisations, having fallen to the lowest level since summer 2020 in May 2021.

This increase has most likely been driven by the Delta variant of the virus, however, the increase has been far lower than in previous spikes. This is likely to be due to the combined effects of our vaccination programme, with the virus circulating in a younger age profile and reducing length of inpatient stay for COVID-19 treatment. At its peak, during the first wave of the pandemic, there were 86 patients in ICU beds across NHSGGC, 74 of which had COVID-19 and a total of 606 patients in acute hospital beds with a positive COVID-19 test. In the second wave we exceeded the 606 inpatient figure, by over 50% and pressure on critical care across ICU and HDU were again substantial. Therefore, our overall position in June 2021, is far more stable than was the case in our February update.

3.3.2 Bed Capacity has been the most significant challenge 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 NHSGGC. During the winter peak in January and February 2021 the Acute Division had at time in excess of 20 wards closed to new admissions and up to 30 COVID-19 cohort wards open. As at 22<sup>nd</sup> June 2021, NHSGGC had 1 wards closed and 1 cohort wards open, demonstrating the substantial improvement in the Board COVID-19 position.

3.3.3 As a result of the high COVID-19 activity across NHSGGC, the Boards elective programme was greatly impacted during the winter COVID-19 peak. The elective programme at this 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. The Board continues to utilise, all available capacity in the Independent Sector and to work with the Golden Jubilee National Hospital.

3.3.4 Unscheduled care performance has been challenging and on occasions variable across NHSGGC. However, in May the Board achieved 91.8% against the four hour emergency access target. This takes the year to date emergency access figure to 92.0%. As population public health restrictions have begun to be eased, all of our Emergency Department sites have seen an increase in attendances to pre-pandemic levels of activity.

### **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 has 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 adult with incapacity (AWI) and the legal complexity associated with transferring patients to an appropriate community care setting. As at 22<sup>nd</sup> June 2021, there were 211 delayed discharges across NHSGGC, of which 101 were due to AWI's. These patient, 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 regularly at SEG. CAC attendance closely reflected the trend in community prevalence of COVID-19, therefore, as expected, we saw a substantial increase in CAC attendances, in line with community cases in May and June. Patients attending the CACs are presenting less acutely unwell and as such, there is a far lower onward referral rate from CACs to acute sites.

## **4.0 CARE HOMES**

### **4.1 Support for Care Homes**

4.1.1 Across NHSGGC there are 187 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 18<sup>th</sup> May 2020 the Nurse Director became responsible for the provision of nursing leadership, support, and guidance within the Care Home sector.

4.1.2 NHSGGC as part of its assurance framework and ongoing monitoring 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 regards to COVID cases, PPE, IPC knowledge & practice and staffing. The return is also designed to capture assurance activity and is utilised to inform local thinking and action planning both locally and collectively with other boards nationally. In aspiring to bring additional consistency and clarity of chronology to the weekly returns NHSGGC have introduced an SBAR format which is completed for all Red and Amber rated care homes each week. In the week ending 20.04.2021 there were no care homes flagged as Red and only two as amber.

4.1.3 In addition to the DPH weekly paper, the daily TURAS Safety Huddle summary data provides real time updates on outbreak status, identifying homes that have no outbreaks, those awaiting confirmation of tests, and those who have a confirmed outbreak status or where there is an outbreak that has now been declared over. As at 22.06.2021 there were 2 homes with confirmed outbreaks and 1 awaiting confirmation. The low number of care homes with outbreaks, indicates that infection prevention processes put in place over the last year, are effective in protecting care home residences.

### **4.2 Care Home Testing**

4.2.1 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 will commence. 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 strengthen testing capability within care homes. Whilst it is not mandatory requirement Care homes may ask visiting professional to confirm they are participating in the twice weekly testing programme.

## 5.0 TEST AND PROTECT

5.1 Since the last update, the number of COVID-19 cases notified to Test and Protect progressively declined over the course of April until the beginning of May 2021, when a daily increase in number of cases began to be recorded from 9<sup>th</sup> May 2021. From 13<sup>th</sup> to 30<sup>th</sup> April, the number of daily cases ranged from 36 to 89 with the highest number on 22<sup>nd</sup> April 2021. In May, the number of daily cases ranged from 30 on 1<sup>st</sup> May 2021 to 233 on 27<sup>th</sup> May 2021. So far in June, the daily number of cases has been increasing, on most days above 200 cases, with the highest number of 316 cases on 15 June. From 9<sup>th</sup> to 15<sup>th</sup> June 2021, a total of 1776 COVID-19 cases were notified to the case management system (CMS) of Test and Protect, which was an 8% increase compared to the previous week. The median of 236 daily cases for 9-15 June was substantially higher compared to median of 129 daily cases for 9-15 May and the 80 daily cases for 9-15 April.

5.2 Case numbers in primary and secondary school age groups remained relatively stable over the course of April but have been increasing from the 2<sup>nd</sup> week of May to date. In adult age groups, the incidence remained lower in those groups with a high uptake of two doses of vaccine: Incidence in those aged 65 or over remained low, and increases in incidence were smaller for those in the older working age group (45-64 years), than the younger working age groups (25-44 years). Incidence in 18 to 24 year olds has been rising steeply in the most recent two weeks.

5.3 In line with Scottish Government announcements, all parts of the country moved to Level 3 from 26 April 2021. Most of mainland Scotland moved to level 2 from 17 May 2021. Due to a high rate of COVID-19 cases, Glasgow City remained at level 3 and moved to Level 2 on 5 June 2021. The same day, 15 mainland Local Authorities including Inverclyde and West Dunbartonshire moved to Level 1. The increase in incidence observed from the second week of May 2021 (shortly after the easing of measures from 26<sup>th</sup> April 2021) was initially driven by an increase both in cases of the Alpha variant (previously known as Kent variant, the dominant variant in Scotland since the start of 2021), as well an increase in cases of the Delta variant (formerly known as Indian variant, which became the new dominant variant in Scotland since the middle of May).

Both, Alpha and Delta, were classified by the World Health Organization as variants of concern. From the third week of May, the incidence increase was driven mainly by cases of the Delta variant. The proportion of cases attributed to the Delta variant continued to increase to date and ranged from 26% on 9 May to 85% on 13 June. An Incident Management Team (IMT) for GGC was convened due to the increase in cases in GGC, and took decisions on the enhanced tracing of the contacts of all cases attributable to the Delta variant initially (based on S-gene positive status), moving to enhanced contact tracing for cases in selected intermediate zones seeing particularly high incidence (two in Renfrewshire, three in Glasgow City and all in East Renfrewshire) when the Delta variant became the dominant circulating strain.

5.4 From 14<sup>th</sup> April 2021 to 15<sup>th</sup> June 2021, an average (mean) of 4.6 contacts per completed contract trace case for resident in GGC were recorded by Test and Protect, which was an increase of 1.2 contacts compared to the previous reporting period from 10<sup>th</sup> February 2021 to 12<sup>th</sup> April 2021, in which an average of 3.4 contacts per completed case were recorded. This reflects an increasing number of contacts per person in the community, in association with easing of restrictions over this time period.

5.5 Public Health is currently supporting one older people's care home with a COVID-19 outbreak (two staff cases, no residents affected), for 8 care homes, individual members of staff tested positive within the last two weeks and the status is currently under investigation. This compares to one care home with an outbreak and two under investigation as the last date of report (14<sup>th</sup> April 2021). At the beginning of February, there were 18 older peoples care homes with an outbreak of COVID-19, with a further 8 awaiting confirmation. At the peak this winter, 47 care homes had outbreaks with 14 awaiting confirmation. The increase in incidence in the community since the beginning of May is thus reflected in an increase in detection of sporadic cases amongst care

home staff. However, to date no renewed outbreaks amongst care home residents have been identified, likely due to high uptake of two doses of vaccine amongst residents and staff, substantially decreasing the risk of transmission.

## **6.0 COVID-19 Vaccine**

6.1 The COVID-19 vaccination programme is the biggest in NHSGGC history beginning in December 2020, NHSGGC has been vaccinating our community for over 6 months. Our Vaccination Programme has continued to make considerable progress, as of the 22<sup>nd</sup> June 2021, NHSGGC has administered 1,271,356 dose of vaccine, of which 772,610 were first doses and 498,746 second doses.

6.2 The Board has successfully concluded the programme of offering the first and second vaccine to all of the original JCVI highest priority groups. All those over 18 have now had an appointment offered and the board is on track to complete the first offers by 18<sup>th</sup> July 2021. The second dose programme will run until the 13<sup>th</sup> September 2021.

6.3 In response to the Delta variant, additional appointments were created to allow the gap between first and second dose appointments to be reduced from 12 weeks to 8 weeks in line with the new guidance. A series of drop in clinics were also held and a converted coach used as a mobile vaccination clinic in collaboration with the Scottish Ambulance Service has been deployed to support this programme.

6.4 The Hydro will no longer be used after the 16<sup>th</sup> July 2021 and alternative locations will have their capacity increased to maintain capacity. Across the Health Board area, community clinics have been set up in 16 venues, GP lead vaccination clinics continue and staff vaccination clinics are delivering second doses to front line staff.

## **7.0 CONCLUSION**

7.1 At this moment in time, NHSGGC like much of Scotland and the United Kingdom is experiencing a surge in cases driven by the Delta variant of the virus. However, our vaccination programme and ever improving treatment options, are lessening the impacts of the surge on our acute and primary care services. It is therefore appropriate that we continue on our emergency footing. The increasing cases is a major challenge for our Test and Protect programme both locally and nationally. There are on-going discussions at national level about prioritization within the programme.

7.2 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 NHSGGC, we have strengthened our relationships and strengthened partnerships, which has, and will, serve us well in the coming months and years.

7.3 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 patient and support our colleagues and partners