NHS Greater Glasgow and Clyde	**Paper No. 21/40**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**17th August 2021**
Title:	**COVID-19 Update**
Sponsoring Director/Manager	**Linda de Caestecker – Director of Public Health**
Report Author:	**Callum Alexander – Business Manager**

1. Purpose

The purpose of the attached paper is to: 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. 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

The NHS Board is asked to consider the following 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: *N/A*

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

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity: *N/A*

7. Governance Route

This paper has been previously considered by the following groups as part of its development: *N/A*

8. Date Prepared & Issued

Date Prepared - 10.08.2021
Date Issued – 10.08.2021

NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

NHS Board Summary 10th August

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 NHS GGC has continued to decline in recent weeks, currently the 7 day incidence rate on 10th August 2021 is 148.6/100,000, this represents a significant fall from 499.9/100,000 on 3rd July 2021, which was the highest rate recorded, at any time during the pandemic.

2.2 The number of COVID-19 cases in hospital (using the all COVID-19 positive patients' definition) has remained static in recent weeks; however, there remains a sustained level of COVID-19 related occupancy. Fortunately, during the Delta driven surge in cases we have not seen the exponential increase in hospitalisation we saw in January 2021 or April 2020. As of 10th August 2021, there are 435 inpatients across our hospital sites (using the all COVID-19 definition), 96 inpatient (using the <28 days definition) and 10 patients in ICU after testing positive for COVID-19.

Our highest day for COVID-19 positive inpatients remains the 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 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 Our workforce have continued to be flexible and adaptable in both community, acute and corporate areas to support local outbreaks, hospital admissions and the recovery of services for patients and service users. There was a spike in Covid-19 related absence

from the end of June through July up to 652 absences. However, Covid-19 related absence have now declined in August and currently sit at 405. Whilst shielding has now been redefined as highest risk in the population, we are continuing to support those staff either to work from home or transition back into the workplace with appropriate risk assessments in place.

3.2.2 Whilst Covid-19 absence fell at the beginning of August, within the Board and across Scotland we have seen an increased level of sickness absence of 6.2%, a figure normally associated with winter months. These factors have in combination with our aim to ensure as many staff as possible use their entitled annual leave, has resulted in a period of staffing challenges within our clinical teams. Our bank staff availability was also affected by absence. Managers and Clinical Leads supported by Human Resources have worked through these challenges avoiding any activity being cancelled and the sickness absence figures are now averaging 5.3%.

3.2.3 As in previous years the Board has actively campaigned to bring forward the recruitment of newly qualified nurses and many are now commencing in our clinical areas across Acute and Mental Health. Our doctors in training have also commence in August 2021.

3.2.4 Further workforce planning is underway to prepare for winter and support to the ongoing vaccination programme.

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 as it further rolls out the vaccination programme to young people.

3.2.7 The mental health and wellbeing of our staff is a top priority and our Mental Health Check-in commenced on 31st July 2021. Our Occupational Health Psychology support is now in post and our Employee Counselling service remains extremely busy supporting staff with over 5286 contacts from April 2020 until 31st March 2021. The Workforce Mental Health and Wellbeing Group are awaiting further feedback from the NHS Charities Together fund to support a more extensive programme of support for staff. National funding is also being used to enhance outdoor spaces for staff with support from Estates and Facilities.

3.2.8 Whilst from 9th August many restrictions have been removed within the population, the 2m physical distancing measure remains in place for healthcare settings along with mask wearing and other relevant PPE measures. With many of our staff working from home reviews are underway to ensure that only those staff who require to be on premises do attend with others remaining working from home. This work is being taken forward in partnership with our Area Partnership Forum. The guidance on self-isolation also changed from this date and through our Strategic Executive Group approval staff can volunteer to return to work following a negative PCR and daily LFD testing.

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 10th August 2021 there are 435 COVID-19 inpatients in our hospitals of which 96 are under 28 days from a positive Covid-19 test. Following a rise in hospitalisation in May and June, we have seen a stabilising of COVID-19 related hospitalisations, with inpatient numbers stable at around 100 patients. 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 August 2021, is far more stable than it has been during the previous two spikes in community cases.

3.3.2 Staff absences has over taken Bed Capacity as the most significant challenge for the Acute Division through this third wave of the pandemic. Significant numbers of staff have had to self-isolate, this has coincided with the traditional peak in annual leave in the school holidays. Infection control and social distancing protocols, have continue to substantially reduce the effective bed base of NHSGGC, with ward capacities greatly reduced in places. 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 10th August 2021, NHSGGC had 3 wards closed and 4 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. During this third peak NHSGGC has continued the elective programme remobilisation at pace, as we seek to recover our services and address the pandemic backlog for elective care.

3.3.4 Unscheduled care performance has been significantly challenged and on occasions variable across NHSGGC. In June (our last available published month) the Board achieved 89.3% against the four hour emergency access target. This takes the year to date emergency access figure to 91.0%. As population public health restrictions eased, all of our Emergency Department sites have seen an increase in attendances, which at times has exceeded pre-pandemic levels of activity. This higher attendances pattern has been observed across the United Kingdom, with England and Wales recording the highest Emergency Department attendances on record in June.

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 10th August 2021, there were 229 delayed discharges across NHSGGC, of which 95 were due to AWI's.

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 with numbers falling again over the course of July. Patients attending the CACs are presenting less acutely unwell than in previous waves of the pandemic 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 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 18th 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 08.08.2021 there was one care homes flagged as Red and only five 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 10.08.2021 there were two homes with confirmed outbreaks and four awaiting confirmation. The low number of

care homes with outbreaks, is indicative of the infection prevention processes put in place over the last year, are effective in protecting care home residences.

4.2 **Care Home Testing**

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

Since the last update as of 15th June 2021, the number of COVID-19 cases notified to Test and Protect progressively increased to the end of June. A particularly steep increase in case notifications was observed from 21st June 2021, and nearly two thirds of cases notified that day were male. The increase of the daily COVID-19 positive cases continued, peaking at 1,099 on 30th June and 1,026 on 1st July. In the following days the case notifications started to fall substantially and the ratio of female to male cases returned to more or less 1:1. Over the course of July, the daily number of cases decreased, ranging from 1,026 on 1st July to 283 on 31st July. In the week from 25th July to 31st July 2021, a total of 2,001 COVID-19 cases were notified to the case management system (CMS) of Test and Protect, which was a 23% decrease compared to the previous week. The median of 283 daily cases for the last week of July was much lower compared to median of 735 daily cases for the last week of June and higher compared to 190 daily cases for the last week of May. Occasional data flow issues contribute to peaks and troughs in daily notifications.

The incidence across all age groups increased from the last week of June, with a much steeper increase in the group of 18-24 years old, followed by the secondary school age group (11-17 years). However, the incidence started to decline from the beginning of July for all age groups, and continued declining since. The secondary school age group of 11-17 years old had the highest incidence among all age groups for the last two weeks of July, prior to that the highest incidence was observed in the 18-24 year olds. In adult age groups, the incidence remained lower in those groups with a high uptake of two doses of vaccine. The incidence in those aged 65 or over remained low. The incidence in the older working age group (45-64 years old) was much lower, than the younger working age group (25-44 years old).

In line with Scottish Government announcements, substantial easing of measures took place when all of Scotland moved to Level 3 from 26th April 2021, most of the mainland part of the country moved to level 2 from 17th May 2021 and 15 mainland Local Authorities moved to protection Level 1 on 5th June 2021. While Inverclyde and West Dunbartonshire moved to Level 1 on 5th June, the remaining 4 NHS GGC partner Local Authorities including Glasgow City remained at Level 2. On 19th July 2021, all of Scotland moved to

level 0 restrictions. The increase in incidence, observed from the beginning of May to the beginning of July 2021, was initially driven by an increase both in cases of the Alpha and the Delta variant in early May and then driven to a large extent by an increase in cases of the Delta 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. The proportion of cases attributed to the Delta variant had reached 26% on 9th May and continued to increase to date reaching 84% on 16th June and 97% on 29th July 2021. The significant increase in incidence over from mid-June until the beginning of July might initially have been linked in part to the attendance in social activities related to European Championship UEFA Euro 2020, as well as other increases in social mixing as measures eased.

From 16th June to 31st July, an average of 3.4 contacts per completed case resident in GGC were recorded by Test and Protect, which was a decrease compared to the previous reporting period from 14th April to 15th June, in which an average of 4.6 contacts per completed case were recorded. This decrease reflects a decreasing number of contacts per person in the community, and is partly attributable to the termination of carrying out the enhanced contact tracing for cases of the Delta variant on 12th June.

Given the high case load, and prioritisation of management of clusters, the cluster summary here only focuses on those clusters actively managed and reported on the Outbreak Management System (OBM). Case numbers associated to a known cluster type was the highest in June (940 cases), with hospitality accounting for 35% of the total cases, followed by 'other' which accounted for 25% of total cases. The proportion of cases associated with clusters in education and childcare settings accounted for 8%. The number of cases associated to clusters in July (518 cases) reduced by 45% compared to June, with the proportion in hospitality setting, other type setting and educational setting accounting for 13%, 14% and 9% respectively. The proportion of cases associated with known clusters in retail settings remained the same (8%) in June and July. As of 31st July, Public Health was investigating 38 current clusters (types of settings: 10 commercial, 8 hospitality, 5 education, 5 construction and 4 justice and 1 care). There were 11 outbreaks in care homes in July 2021, all of which were declared over as of today. At the peak this winter, 47 care homes had outbreaks with 14 awaiting confirmation. As of 1st July, when the summer wave peak occurred, three care homes had confirmed outbreaks and 10 were awaiting confirmations. As of the end of July, two care homes had confirmed outbreaks and two were awaiting confirmation. The increase in incidence in the community since the beginning of May until the beginning of July resulted in only a limited number of outbreaks and sporadic cases amongst care home staff and only a small number of cases among residents, 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 NHSGGC has as of the middle of July 2021, concluded offered a first dose appointments to everyone over 18. People are still able to attend any of our clinics for a first dose of vaccine if they have not yet come forward for any reason. Following the new guidance on offering vaccine to those aged over 16 and to a number of younger children

further appointments have been put in place with separate clinics arranged for those under 16. The under 18 appointment have commenced the week of 9th August.

6.2 Second dose appointments are anticipated to continue into early September. To support vaccine uptake, NHSGGC has moved to a drop in vaccination programme, with no appointment required for receiving a vaccination. Additionally, the vaccination bus has been visiting high profile locations to promote the update of COVID-19 vaccinations, particularly those in younger age cohorts.

6.3 Planning for the winter flu programme and a possible further COVID dose of vaccine is progressing with local authorities. However, we await definitive guidance on a further COVID vaccination and eligibility for these vaccines from JCVI. The programme will start in September with the majority of flu vaccination planned to be completed by the end of November.

7.0 CONCLUSION

7.1 At this moment in time, NHSGGC in line with the national experience, we are seeing the surge in cases driven by the Delta variant of the virus, declining in the community. However, it is unknown at this time what the potential effect moving out of the levels system is likely to have on our community case rate. We believe we are in a strong position, thanks to our vaccination programme, ever improving treatment options and knowledge from 16 months of living with COVID-19, will lessen the impacts of any future surge on our acute and primary care services.

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