NHS Greater Glasgow and Clyde	**Paper No. 21/61**
Meeting:	**Board Meeting**
Meeting Date:	**26 October 2021**
Title:	**COVID-19 Update**
Sponsoring Director/Manager	**Linda de Caestecker, Director of Public Health**
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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
- Better Care Positive
- Better Value Neutral
- Better Workplace Neutral
- Equality & Diversity Neutral
- Environment Neutral

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: 19/10/21
Date Issued: 20/20/21

NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

NHS Board Summary 26th October 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 NHS GGC has stabilised into an oscillating plateau pattern in recent weeks, currently the 7 day incidence rate on 18th October 2021 is 277.9/100,000, this represents a significant fall from 1072.4/100,000 on 9th September 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 begun to decline in recent weeks; however, there remains a sustained and substantial level of COVID-19 related occupancy. As of 18th October 2021, there are 789 inpatients across our hospital sites (using the all COVID-19 definition), 275 inpatient (using the <28 days definition) and 21 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 three 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 We continue to see demands on both community and acute services and our workforce has continued to be flexible and adaptable. Covid-19 related absence relates to 491 employees, which is an increase from August 2021 (405). We implemented a robust process in relation to self-isolation exemptions following changes in Government restrictions which has supported employees back to work safely and quickly. The majority of COVID absences relates to those with Long COVID (56%) and our HR Support and Advice Unit continue to engage with those employees to ensure all appropriate support in place and also look at alternative solutions such as adjusted working arrangements.

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 7.7%, which is higher than pre-COVID absence. We are working to ensure that all employees are contacted regularly and receiving appropriate engagement and support and looking at ways to support a safe return to the workplace. This is a key priority area for our HR teams, ensuring additional support for managers who have a number of competing priorities just now.

3.2.3 Following the commencement of our doctors in training during August, we are also pleased to welcome 650 newly qualified nurses to the team. Further recruitment campaigns continue for both our substantive and bank workforce to support winter workforce planning, across all job families. The recent announcement by the Cabinet Secretary for Health and Social Care confirmed new recurring investment of £300m. One aspect of this is the recruitment to strengthen multi-disciplinary working across the health and social care system – this will result in the appointment of 1000 healthcare support workers across NHS Scotland, with 222 allocated for NHSGGC. Through our Health and Social Care Partnerships we have commenced the process to appoint to these roles imminently. In addition we have recommenced the process to offer less than fixed term contracts to all students for up to 6 months to provide additional health care worker support during winter.

3.2.4 Our Test and Protect teams continue to be reviewed to deal with any additional activity created by localised outbreaks. Our vaccination team is now in the processing of delivery both COVID booster and flu immunisations and this will be a significant programme over the coming months. We continue to rollout our Band 3 healthcare support worker model to support the workforce and develop a more sustainable model for the future.

3.2.5 The mental health and wellbeing of our staff continues to be a top priority. We are pleased to see our new Psychology Service up and running alongside a number of initiatives that are being implemented through the Workforce Mental Health and Wellbeing Group.

3.2.6 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 18th October 2021 there are 789 COVID-19 inpatients in our hospitals of which 275 are under 28 days from a positive Covid-19 test. Following a steep rise in hospitalisations in September 2021, we have seen a stabilising of COVID-19 related hospitalisations, with inpatient numbers persistently around c300 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.

3.3.2 Staff absences and Bed Capacity are the most significant challenges for the Acute Division through this latest peak in 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 18th October 2021, NHSGGC had 13 wards closed and 10 cohort wards open, however, unlike in previous waves our demand is now at pre-pandemic levels placing greater requirement on the Boards bed capacity.

3.3.3 As a result of the high COVID-19 activity across NHSGGC and the resulting pressure on staffing and bed capacity, the Boards elective programme has been substantially reduced to priority cases and time sensitive procedures only. The elective programme at this time is focused towards cancer, urgent patients and trauma work. Staff from the elective programme have been supporting the delivery of urgent and emergency care across NHSGGC and will continue to do so in the short term.

3.3.4 Unscheduled care performance has been significantly challenged in September and October, as demand for our emergency services returns to pre-pandemic levels. In September (our last available published month) the Board achieved 76.0% against the four hour emergency access target. This takes the year to date emergency access figure to

85.1%. 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.

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 18th October 2021, there were 249 delayed discharges across NHSGGC, of which 85 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 September and October. Patients attending the CACs are presenting less acutely unwell than in previous waves of the pandemic and as such, though the late summer spike the number of onward referrals to acute sites has increased.

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 07.10.2021 there was 3 care homes flagged as Red and only 15 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 15.10.2021 there were 12 homes with confirmed outbreaks and eight awaiting confirmation.

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 Epidemiology

Overall incidence

5.1 Since the last update on 31 July 2021, a decline in case notifications was observed until 7 August in NHSGGC. The number of COVID-19 cases notified to Test and Protect started to increase in the following days and a steep increase was seen from mid-August 2021. The increase of daily COVID-19 positive cases continued, peaking at 2,212 on 28 August (Fig 1). The 7-day cumulative incidence of COVID-19 positive cases per 100,000 population peaked at 1127 in NHSGGC for the week ending 5 September (Fig 2). This was the highest 7-day incidence for NHSGGC recorded to date. In the following days the case notifications started to fall steadily.

5.2 Over the course of September, the daily number of cases decreased substantially, ranging from 1,787 on 1 September to 648 on 30 September. The decrease slowed down in early October. In the latest week from 06 to 12 October 2021, a total of 3,459 COVID-19 cases were notified to the case management system (CMS) of Test and Protect, which was an 8% decrease compared to the previous week and a significant reduction of 68% compared to the same week in September. The median of 505 daily cases for the first week of October was much lower compared to median of 1,840 daily cases for the first week of September but higher compared to 281 daily cases for the first week of August. Occasional data flow issues contribute to peaks and troughs in daily notifications, in particular the record high daily case number of 2,246 on 16 September was due to severe data feed issue on 15 September.

5.3 From 1 August to 12 October, an average (mean) of 2.0 contacts per completed case resident in GGC were recorded by Test and Protect, which was a decrease compared to the previous reporting period from 16 June to 31 July, in which an average of 3.4 contacts per completed case were recorded. Changes in the national guidance requiring isolation only of high risk child contacts (household and intimate contacts, rather than e.g. entire class bubbles), will have reduced average contact numbers. The decrease in average contact numbers is also in part associated with increased use of self-completion of contact tracing using the Co3 form by individuals classed as low risk (no recent travel history, not health and social care workers, nor working in closed justice settings), in line with the case management framework implemented Scotland in response to high case numbers seen over the summer.

Figure 1: Number of Covid-19 cases by date of notification and local authority, NHSGGC 21/08/2020 to 13/10/2021 at 8:00am

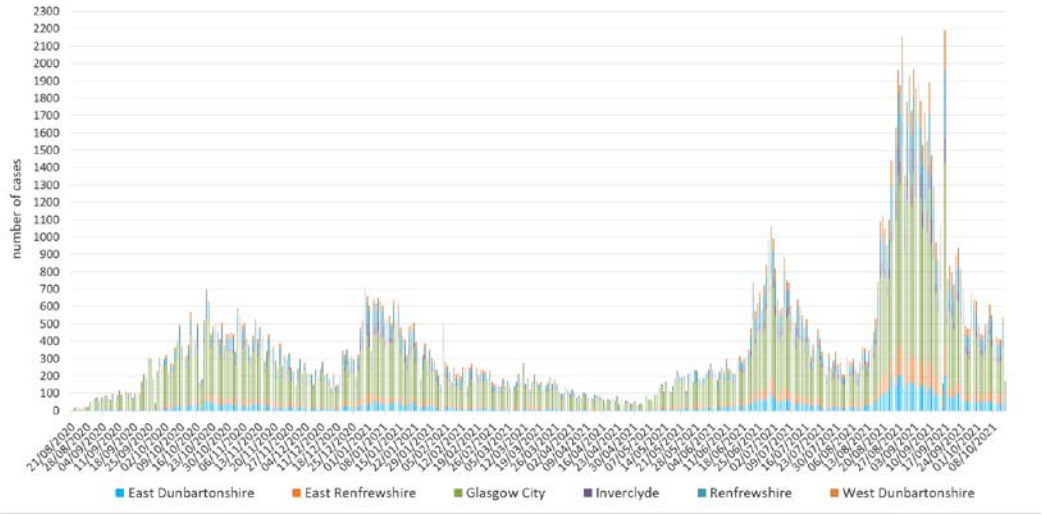
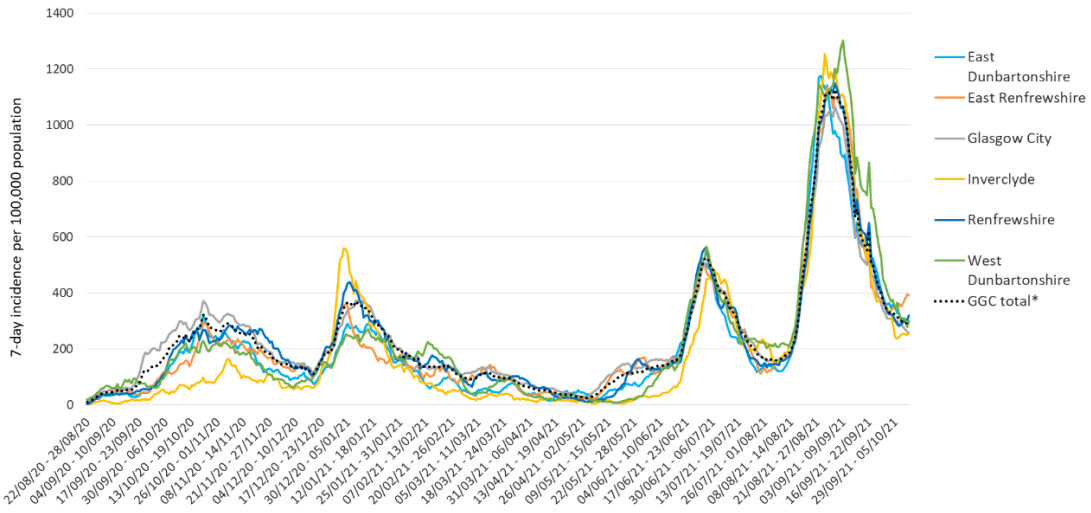


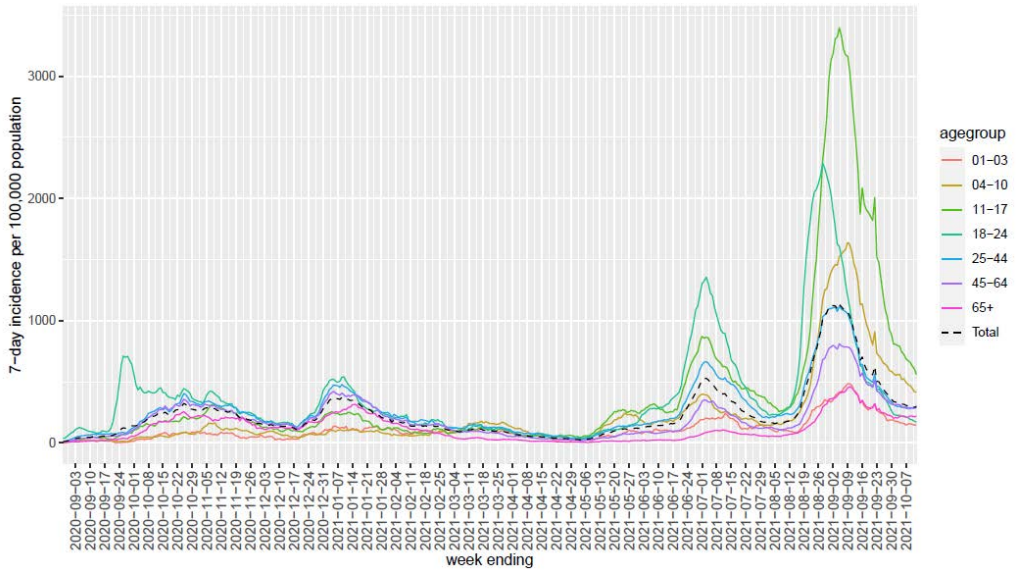
Figure 2: Rolling 7-day cumulative incidence of Covid-19 cases per 100,000 population by date of notification and Local Authority, NHSGGC 28/08/20 - 13/10/2021



Incidence by age group

5.4 The rolling 7-day cumulative incidence of COVID-19 cases per 100,000 population increased across all age groups from mid-August and continued to increase to the last week of August in the age group of 18-24 years old, to the first week of September in 11-17, 25-44 and 45-64 year olds and to the second week of September 2021 in 4-10 and 65+ year olds. A steep increase in 7-day cumulative incidence was recorded in the age groups of 4-10, 25-44 and 45-64 year olds, but the biggest absolute and relative increase was observed in the secondary school age group of 11-17 year olds followed by the young adult age group of 18-24 year olds. In the following weeks, the 7-day cumulative incidence started to decrease in all age groups. As of the most recent week (6-12 October) incidence continued to fall steeply in the younger age groups (<25). The incidence for both primary and secondary school aged children is now at their lowest since mid-August, though they remain the two groups with the highest incidences among all age groups for the latest week. Amongst the working age adults, the 25-44 year olds saw a small increase in incidence, and the decline in incidence has slowed in adults aged 45-64. The incidence in 65+ year olds was stable compared to the previous week.

Figure 3: Rolling 7−day cumulative incidence of Covid−19 cases per 100,000 population by date of notification and age group, NHSGGC



5.5 Inpatients with recently confirmed COVID-19

The previous significant increase in overall COVID-19 incidence over the course of June and early July 2021 was followed by a steady increase in the daily number of people in hospital with recently confirmed COVID-19 (<28 days since positive test), recorded from 9 June to 19 July and peaking at 141 of daily COVID-19 cases in hospital. After 19 July, the daily number of people in hospital began to fall steadily, reaching 73 on 15 August 2021.

5.6 The last significant increase in COVID-19 incidence, observed from mid-August to early September 2021, was followed by a steep increase in the daily number of people in hospital with recently confirmed COVID-19. The daily COVID-19 cases in hospital peaked at 384 on 21 September, followed by a fairly steep decline to 315 cases on 24 September, and then plateaued again over subsequent days. Over the most recent two weeks, an

'oscillating plateau' of COVID-19 cases in hospital in GGC was observed, with an average of 300 daily cases.

Figure 4: Daily number of people in hospital with recently confirmed COVID-19 (<28 days since positive test) in NHS GGC

5.7 Table 1 shows analysis carried out by Public Health Scotland using discharge data (SMR01) to differentiate those admissions with a primary diagnosis of COVID-19 (hospitalised 'because of' COVID-19) from admissions for which COVID-19 was an incidental finding (hospitalised 'with' COVID-19). The data shows that the proportion of admission 'because of' COVID-19 decreased from 80% in January 2021, to 65% in June 2021. Over the same time period, average length of stay for admissions 'because of' as well as 'with' COVID-19 decreased substantially, from 14.8 days and 13.8 days respectively to 4.4 days and 4.9 days respectively. Both the reduction in average length of stay, and the reduction in the proportion of admissions 'because of' rather than 'with' COVID-19 are likely associated with a shift in the age demographics, with a much lower proportion of admissions (and a much lower proportion of community cases) in older age groups in late spring and early summer, compared to the winter wave.

5.8 Due to the delays in discharge data being coded and becoming available, monthly data is only available to June 2021. These discharge data thus do not as yet reflect that over more recent months, the proportion of COVID-19 admissions attributable to older age groups has started to increase again, and the stagnation in daily cases with COVID-19 in hospital (Figure 4) despite declining community incidence (Figure 2) is in part attributable to the longer average length of stay for older individuals.

Table 1: SMR01 COVID-19 GGC Hospital Admission with a primary diagnosis of COVID-19, Jan-June 2021

	Jan-21	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**
Percentage of hospital admissions 'because of' COVID-19	80%	77%	73%	66%	69%	65%
Average length of stay 'with'	13.8	11.3	8.3	6.2	7	4.9

COVID-19 (days)						
Average length of stay 'because of' COVID-19 (days)	14.8	11.1	8.5	6.2	6.6	4.4

5.9 Interpretation

5.10 The increase in incidence of COVID-19, recorded from mid-August to early September 2021 in NHS GGC was associated closely in time with Scotland moving beyond level 0 (with notable changes such as removal of physical distancing requirements and introduction of isolation exemptions), also coinciding (~1 weeks difference) with the start of the school term. Easing of measures was associated with an increased number of social activities, including gathering in bars/clubs and football premises and other mass gatherings, which may have been relevant as exposures for COVID-19. A particularly steep increase in the number of cases was recorded in the younger age groups, which were not yet fully vaccinated or for which the vaccine had not yet been offered.

5.11 The current slowing of decline in incidence, particularly in older age groups (who are more vulnerable to severe infection) is being monitored closely. The initiation of the COVID-19 vaccination booster campaign should provide additional protection against waning immunity to those most vulnerable to severe infections over the coming weeks.

6.0 COVID-19 Vaccine

6.1 The Board's winter vaccination programme is now underway. This follows the offer of one dose of COVID vaccine to young people aged 12 to 15 and the offer of a third primary dose to people who are severely immunosuppressed.

6.2 Citizens can continue to book an appointment, or attend without one, for their first or second dose of COVID vaccine but the main focus is now on delivering the flu vaccination programme and a COVID booster to those eligible. A COVID booster is available 168 days (24 weeks) after the second dose of vaccine. The COVID booster is being offered to:

- People aged 50 and over
- People aged 12-49 at highest risk,
- Frontline health and social care staff

Flu vaccination is being offered to:

- People aged over 50 years old
- People aged over 16 at highest risk
- Young people aged from two to under 18 (will include 18 year olds if still at school)
- Frontline health and social care workers

- All NHS staff
- Pregnant women
- Teachers and pupil facing support staff
- Prisoners and staff in close contact with prisoners

6.3 Vaccination services are being delivered across our network of 19 community clinics with the additional support of a mobile team from the Scottish Ambulance Service. Vaccination is also being undertaken in care homes and in people's homes where they are unable to travel to t vaccination clinic. To date 89% of NHS Greater Glasgow and Clyde's population over the age of 16 has received one dose of COVID vaccine and 82% both doses. Booster doses have been given to 23,226 people and flu vaccination to 61,910.

6.4 Our vaccination programme is on target to complete the majority of flu vaccination by mid-December and will continue to offer COVDI boosters in 2022.

8.0 CONCLUSION

8.1 At this moment in time, NHSGGC in line with the national experience, is seeing a slowly declining rate of community COVID-19 cases. Our hospital remain extremely busy with COVID-19 cases, creating substantial service pressures. However, we are in a fortunate position, thanks to our vaccination programme, ever improving treatment options and knowledge from 18 months of living with COVID-19, that we can ensure COVID-19 is more survivable with better recovery and outcomes for our patients.

8.2 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.

8.3 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.