

NHS Greater Glasgow and Clyde	Paper No. 22/53
Meeting:	NHS Board Meeting
Meeting Date:	23 August 2022
Title:	COVID-19 Update
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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 (Health and Social Care Partnership) 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:

- | | |
|------------------------|-----------------|
| • 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

Prepared on 15 August 2022

Issued on 16 August 2022

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NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

NHS Board Summary 23rd August 2022

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 within NHS GGC has declined gradually in recent weeks, mirroring the decrease in community cases. Currently the 7-day incidence rate on 15th August 2022 is 275.6/100,000, this represents a significant fall from 2805.8/100,000 on 29th January 2022, 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 fallen in recent weeks following a spike in July 2022; however, there remains a relatively low level of COVID-19 related occupancy. As of 15th August 2022, there are 240 inpatients across our hospital sites (using the <28 day definition), 593 inpatient (using the <90 days definition) and 2 patients in ICU (Intensive Care Unit) after testing positive for COVID-19.

3.0 CURRENT POSITION

3.1. Strategic Executive Group (SEG)

3.1.1 The SEG has in recent weeks reduced the frequency of the meetings to twice a week due to the sustained decrease in COVID-19 related inpatient demand and pressures. SEG 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 demobilisation, and any immediate issues 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 Staff absence continued to gradually reduce to 6.1% in July 2022 from 6.59% in May 2022. In addition, we continue to see a reduction in COVID absence: this has reduced from 600 absences related to COVID, primarily those testing positive and those with long COVID (both 45%), to 400. We continue with all interventions and measures including daily monitoring, reporting and review with local teams. We have continued to provide support and monitoring through the HR Support and Advice Unit. Guidance to assist in managing Long COVID has been extended to managers and staff, beyond the targeted support groups and 1-1's. The guidance offers initial support via employee wellbeing calls when they first commence Long COVID

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absence and then follows the process and principles of NHS Scotland Attendance Policy to offer further support. Furthermore, work undertaken in conjunction with Occupational Health Services ensures there is an appropriate and detailed management referral process for staff and a specialist team of occupational therapists, physiotherapists, psychologists and occupational health nurses is in place within the Occupational Health service. This service is for staff and carries out individual assessment and treatment plans to support staff to return to work.

Revised national arrangements are due to be implemented from 1 September 2022 which changes reporting and recording arrangements for COVID leave, with those on Long COVID moving over to sickness absence. Engagement is underway with all staff in this category to discuss return to work arrangements and support or adjustments that can be put in place.

3.2.2 Core recruitment activity continues, and we have concluded our process for our Newly Qualified Nursing (NQN) campaign. Further details are provided in the separate Board Workforce Report.

3.2.3 We continue to implement our Mental Health and Wellbeing Action Plan with a large focus on our Peer Support Worker framework which we have outlined previously. Training continues to be available and rolled out to all staff. Our mobile Relaxation resource is also near completion and due to commence support across local sites for all staff.

3.2.4 We continue to rollout our iMatter process for 2022 and had a positive response with action planning. In addition, the new Internal Communication and Engagement plan has been considered and the Action Plan is being considered through appropriate governance channels and will further support engagement and methods to ensure we capture and respond to our staff feedback and views.

3.2.5 A review of the NHSGGC Workforce Strategy Implementation Plan for Phase 2 is underway and this will consider activity to support delivery of the Boards corporate objectives as we move into the next phase of recovery.

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 15th August 2022, there are 593 COVID-19 inpatients in our hospitals under 90 days from a positive test, of which 240 are under 28 days from a positive Covid-19 test. Following a peak in hospitalisations in July 2022, we have seen a stabilisation and reduced level of COVID-19 related hospitalisations, with inpatient numbers now routinely sitting around c200-300 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 (High Dependency Unit) were again substantial.

3.3.2 As in previous waves, NHSGGC saw staff absences and limited bed capacity pose significant challenges for the Acute Division throughout July 2022. Infection control and social distancing protocols have and will continue to reduce the effective bed base of NHSGGC, with ward capacities reduced in places. The Acute Division continues to regularly have c5-15 wards closed to new admission. As of 15th August 2022, NHSGGC had 7 wards closed with no cohort wards open, however, demand is at near pre-pandemic levels placing greater requirement on the Boards bed capacity.

3.3.3 Unscheduled care performance has been significantly challenged, a pattern which is repeated nationally. In July, the Board achieved 72.6% against the four-hour emergency access target. This takes the year-to-date emergency access figure to 73.1%. As population public health restrictions eased, all our

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Emergency Department sites have seen an increase in attendances. Higher unscheduled care attendances is also occurring a pattern observed across the United Kingdom and across Scotland.

3.4 Health and Social Care Partnerships

3.4.1 The Health and Social Care Partnership Tactical Group continues to meet 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 and the wider system pressures.

3.4.2 Delayed discharges have been a key priority for our Health and Social Care Partnerships, working alongside acute colleagues. There is a daily delayed discharge huddle focussing across whole system on delays, planning discharge numbers, identifying and resolving key issues and feeding into wider improvement work. 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 of 15th August 2022, there were 298 delayed discharges across NHSGGC, of which 96 were highly complex due to Adults with Incapacity.

4.0 CARE HOMES

4.1 Governance

4.1 Across NHSGGC there are 186 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 (Health and Social Care Partnerships), 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 remains in place.

4.1.2 As part of NHSGGC assurance framework and ongoing monitoring, the weekly Public Health questionnaire on Care Homes continues to be submitted to Scottish Government. Care homes are assessed under four key questions and rated Red, Amber or Green regarding COVID cases, PPE (Personal Protective Equipment), IPC (Infection Prevention and Control) knowledge & practice and staffing. The return also captures assurance activity and is utilised to inform local thinking and action planning, additional consistency, and clarity of chronology in the weekly returns is supported by an SBAR format which is completed for all Red and Amber rated care homes each week. In latest report up to the 11th August 2022 there was 0 care homes flagged as Red and 21 as Amber across the HSCPs.

4.1.3 In addition to the DPH (Directors of Public Health) 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 of 12th August 2022, there were 12 homes with confirmed outbreaks and 0 awaiting confirmation. A total of 3 homes are closed to admissions and a further 10 are open but with control measures in place.

4.2 Visiting

Oversight and governance processes continue to support care homes to safely operationalise the various Tiers of visiting guidance and specifically 'Open with Care – Supporting meaningful contact in care homes.'

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Guidance remains under regular review and is a standing item at the care home governance and assurance meeting.

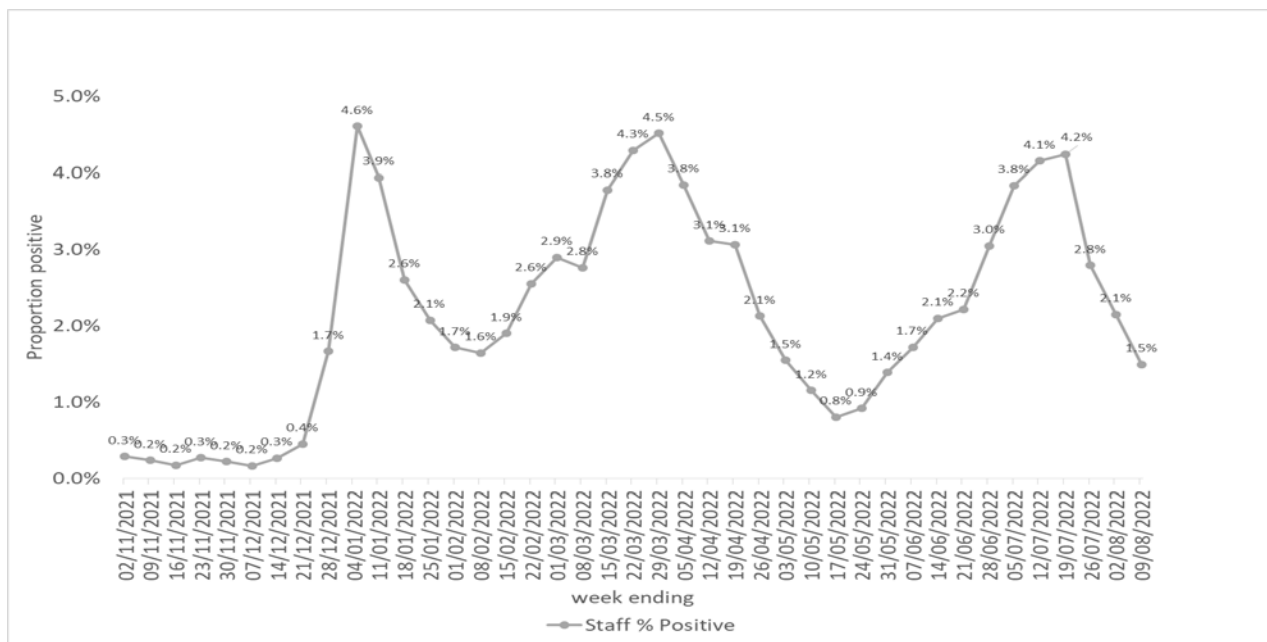
5.0 Epidemiology

5.1 Overall COVID-19 incidence

In line with Scottish Government announcements, all contact tracing and the testing for the general population ended on 30 April 2022. There is therefore no population level data on COVID-19 incidence for GGC available anymore, and no further contact tracing statistics. In the absence of population wide testing, the care home staff weekly asymptomatic PCR testing which has continued unchanged, is used as a proxy for trends in population prevalence.

Since last updated on the 17 June 2022, the proportion of care home staff testing positive for COVID-19 through weekly asymptomatic PCR testing in NHSGGC increased steadily, reaching peak at 4.2% in the week ending 19 July 2022. Since then care home staff positive proportion decreased continuously over the past four weeks, falling to 1.5% for the latest week ending 09 August 2022. It should be noted that care home staff are not a representative sample of the general population. Whilst increasing or decreasing trends in proportion positive in this group will reflect trends in the general population, the absolute estimates of proportions positive should not be extrapolated to the general population.

Figure 1: Percentage of care home staff testing positive for COVID-19 through weekly asymptomatic PCR testing, NHSGGC, 2 November 2021 – 09 August 2022

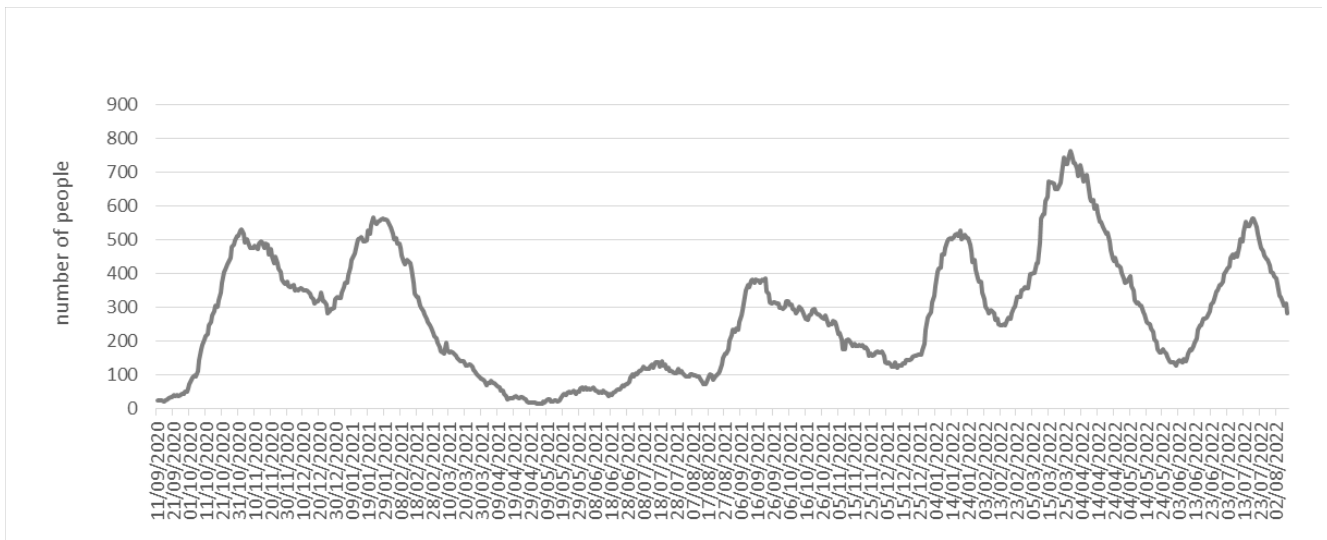


The ONS Coronavirus (COVID-19) Infection Survey continues to provide the estimated percentage of the Scottish community population that had COVID-19, based on a representative sample. In Scotland, the percentage of people testing positive for COVID-19 continued to increase from the last update in week ending 10 June 2022 (estimated 3.36% of the population or around 1 in 30 people testing positive) to the week ending 14 July 2022 (estimated 6.48% of the population or around 1 in 15 people testing positive). Since then, the estimated percentage decreased and has been decreasing over the most recent two weeks, now at 4.95% of the population (around 1 in 20 people), as of the week ending 26 July 2022.

5.2 Inpatients with recently confirmed COVID-19

A decreasing trend in daily number of people in hospital with confirmed COVID-19 was observed from late March to early June 2022 (Figure 2). A significant increase was then observed to 20 July 2022, with a peak of daily COVID-19 cases in hospital of 548. Since then, the daily number of COVID-19 cases in hospital in NHS GGC started to decrease and has been declining steadily to date, dropping to 284 daily cases on 09 August 2022.

Figure 2: Daily number of people in hospital with recently confirmed COVID-19 (<28 days since positive test) in NHS GGC



5.3 SARS-CoV-2 variants in Scotland

Based on the variant analysis outcomes, published in the ONS Coronavirus (COVID-19) Infection Survey, in the week ending 30 June 2022, the percentage of people with infections compatible with Omicron variants BA.4 and BA.5 continued to increase, while the percentage with the Omicron variant BA.2 decreased in Scotland, as in the whole of the UK. Since the end of June 2022, the majority of COVID-19 infections in the UK have been Omicron variants BA.4 or BA.5, with BA.5 comprising 79.4% and BA.4 comprising 16.2% of all sequenced COVID-19 infections in the week ending 17 July 2022.

6.0 COVID-19 Vaccine

6.1 The vaccination programme has continued to evolve and adapt to the changing evidence, regularly updated national policy and the state of the pandemic. At present the Board continues to run a wide range of clinics from drop-ins to booked appointments for all types of vaccination, across all ages and NHS GGC continue to deliver vaccinations daily. We continue to offer a flexible programme to support continued community uptake of COVID-19 vaccinations.

6.2 NHS GGC has plans in place to start the 2022 winter immunisation programme on 5th of September 2022. People aged over 65 and frontline health and social care workers are the first to be offered vaccination, with residents in care homes and those unable to travel as priority.

7.0 CONCLUSION

7.1 At this moment in time we are seeing a gradual reduction in COVID-19 positive inpatient with lower rates of both community and hospital COVID-19 figures. The virus's ability to evolve in combination with the full removal of COVID-19 restrictions and the associated return to pre-pandemic social mixing in the community means we must remain vigilant. Therefore, NHSGGC will continue to focus on delivering our vaccination programme, utilising new and improving treatment options and apply the lessons learnt during the two years of living with COVID-19.

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 have, and will, serve us well in the coming months and years.

7.3 As a Board, we will continue to lead and adapt to these challenges, to serve our patient and support our colleagues and partners.