

NHS Greater Glasgow & Clyde	Paper No. 20/31
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Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Chief Executive

**NHS GREATER GLASGOW AND CLYDE
Response to COVID-19
Interim Board Summary 16th June 2020**

1.0 PURPOSE OF PAPER

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

2.0 ACTIVITY

2.1 Level of Patient Activity

2.1.1 There have been 3,741 cases of Covid-19 in GGC confirmed in NHS laboratories from 1 March to 10 June 2020, and an additional 642 cases with laboratory confirmation from the UK Government testing facility between 26 April and 10 June amongst GGC residents.

2.1.2 Of those diagnosed in NHS laboratories 1,930 have been hospitalised in the course of their illness, having been admitted at the time of testing, in the 14 days following a positive result, or having been already in hospital at the time of testing. The remaining 1811 have not been admitted to hospital.

2.1.3 As of 12th June 2020 there were 260 inpatients across our hospital sites and 3 patients in ICU testing COVID-19 positive. The ongoing reducing trend in recent weeks is evident, however there are now 548 (497 previous report) Shielding patients in our hospitals with patient placement paramount. Appendix 1 provides some key trend data of metrics considered by the SEG daily.

3.0 CURRENT POSITION

3.1. Strategic Executive Group

3.1.1 The SEG continues to meet 3 times per week overseeing the continued response to COVID-19 and the remobilisation process. The Cabinet Secretary for Health and Sport announced in parliament last week, that the health service would remain on an emergency

footing for the next 100 days. Although the number of COVID cases are reducing, there is still significant activity in respect of care homes regarding both testing and oversight.

The following sections provide a high level update on key ongoing issues.

3.2 Workforce

3.2.1 Staff Absence

The number of staff currently absent due to COVID-19 has reduced by 19% over the past 2 weeks. As of 9th June 2020, a total of 1321 (1623 in previous COVID-19 Brief) staff were absent from work due to a COVID-19 related issue. A small number of staff (73) were absent with a positive diagnoses of COVID 19.

Staff members are now able to refer themselves for testing, as well as through their managers with communication ongoing to remind people of this. The number of people self-isolating due to underlying health conditions has been significant during the pandemic, with 1,014 people in this category. Managers are conducting reviews of risk assessments with all staff members to consider any further support or adjustments that can be put in place to support return to work or working from home. Of this group, 276 have received Shielding letters from Scottish Government, which has now been extended to 31st July, and again managers are ensuring that they contact staff to consider any support measures and keep in touch. We are seeing some staff members who are now self-isolating as a result of the Test and Protect scheme notification.

3.3 Acute Care

3.3.1 The Acute Tactical Group has reduced its meetings to twice a week, however daily calls are continuing. As the numbers of COVID cases are reducing, work is now underway reviewing the acute service approach to recovery. At its peak there were 86 patients in ICU beds across GGC, 74 of whom had COVID19 and 606 patients in acute hospital beds with a positive COVID19 test. As noted above, this has decreased significantly to 260 inpatients and 3 in ICU testing positive for COVID-19.

3.3.2 As highlighted in previous updates to the Interim Board, the impact of the COVID response on the number of people waiting for elective care has been significant. A coordinated approach to the re-start of any elective activity is being taken, in the context of the advice from STAC, which includes the need for patients to self-isolate for 14 days prior to a planned inpatient admission and a pre-admission test to be undertaken 48 hours prior to any planned admission. Focus remains on cancer and urgent patients. Activity is gradually increasing with around 170 theatre cases, 675 new outpatient attendances and 1830 return outpatients being seen on a daily basis.

3.3.3 Significant progress has been made in implementing virtual approaches to patient management and the implementation of Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and the use of Near Me/Attend Anywhere. Focused work is now underway to maximise current progress and deliver implementation at scale and pace. Key principles are noted below:

- A 'Once for GG&C' approach.
- Consultations are deemed remote/virtual by default - Digital First.
- Remote consultations allow shared waiting lists and templates within specialties and across sectors.
- Rapid implementation of Virtual Patient Management.

- Focus on urgent/long waits.
- Deliver ACRT referrals into the Acute sector.

3.4.5 Unscheduled care activity in GGC has seen a significant reduction, in line with national trends. 1st April 2020 to 7th June 2020 our core Emergency Departments have seen 51% of attendances reported for the same period last year. However, the trend across GGC is gradually increasing with spikes in attendances aligned to good weather and incremental changes in lockdown rules. Performance against the 4 hour A&E standard across GGC has shown a sustained improvement since the social distancing measures were introduced in mid-March, with significant focus now on maintaining this overall position moving forward as lock down measures are eased further. In the last 5 weeks GGC has achieved the 95% target.

3.5 HSCPs

3.5.1 The HSCP Tactical Group continues to meet 3 times per week and is still supported by the primary care workstream. Similarly to the Acute Tactical Group, focus is also turning to the recovery phase.

3.5.2 Activity within the CACs has decreased over the last 6 weeks and staff re-assigned to the centres are now gradually returning to their substantive roles to support recovery. Eastwood and Kirkintilloch have been closed, the 5 remaining open are; Barr St, West Dumbarton, Clydebank, Linwood and Renton.

3.5.4 Care Homes

Support for the care home sector continues, led by the Director of Public Health (DPH), Director of Nursing (DNS) and Chief Officers, in providing an enhanced system of assurance. This is a significant task and one that will continue for some time.

Further to the Nurse Directors being advised by the Cabinet Secretary of their role with regards to care homes and care at home sector, both the Nurse Director and the Director of Public Health are working closely with Chief Officers to review the information submitted to identify specific issues within care homes and support the development and implementation of solutions to ensure residents are provided with safe high quality services. A series of meetings involving the Nurse Director/Chief Nurses, HSCPs and public health have now been established.

Daily huddles for care homes continue with weekly review meetings of all the care homes in GGC being held with the Care Inspectorate and HSCP partners, nursing and public health. This allows the DPH to report to Scottish Government on the position of all care homes, highlight areas of concern and describe actions taken or planned. All HSCPs have a clear reporting and escalation process in place.

Guidance has been produced for care homes on testing for symptomatic residents and staff, whole home testing for homes with at least one case and testing and isolation on admission for new residents. HSCP testing teams have been established to support care homes in testing and these will continue to support new guidance on repeat testing and also to undertake surveillance in a sample of care homes. Since the beginning of May, testing in care homes has been expanded to include testing of all residents and staff as part of more detailed investigations of outbreaks, testing in linked homes and testing in a sample of homes with no cases. On 28 May, it was confirmed that repeat tests should be completed by all care home staff weekly. This commenced in a systematic way this week and all care

homes have been asked to either use the HSCP testing route or the UKG social care portal. Both of these routes involve staff self-swabbing. In GGC there are nearly 10,000 staff employed in care homes. We report weekly to PHS on testing of residents and staff in care homes.

On 4 June the Cabinet Secretary wrote to CEOs, under her direction making powers of the National Health Service (Scotland) Act 1978, instructing CEOs to provide additional details on care home testing with a weekly delivery trajectory, which specifies our deployment of testing capacity into care homes on a daily basis. The first template on numbers of tests delivered and planned, with a wider plan on testing, was submitted to the Scottish Government on Monday 8 June.

3.7 Test and Protect

3.7.1 GGC continues to provide testing for symptomatic staff and household contacts, and testing of care home staff and residents in care homes. As we implement Test and Protect, systems are in place to test housebound people or people without transport including contacts who become symptomatic. Testing will continue in hospitals including regular testing of patients over 70 years and patients being discharged to care homes.

3.7.2 As part of the Test and Protect Strategy, the GGC Contact Tracing service commenced on the 28th May. To date the numbers traced have been small due to the low prevalence of disease and small numbers of community tests at this stage.

3.7.3 We have been supported by partners within the GGC Local Resilience Partnership who have contributed staff from within their own workforce and are assisting in the planning of the new service. Our next phase of recruitment will extend to staff who are shielded but could work from home. We have commissioned Eastbank Community Health and Training Centre to function as the Contact Tracing 'hub', capable of accommodating up to 80 staff within COVID-19 safety requirements. Our plan will equip and facilitate a greater number to work from home.

3.7.4 GGC continue to liaise closely with the national team to support planning of the National 'Tier 1' Call Handling service and to plan for the ongoing resource that will be required for the complex case tracing service following commissioning of the National Service.

3.8 Recovery Planning – Development of the Remobilisation Plan

As discussed at the last Interim Board, work has been undertaken to produce the first draft of the Remobilisation Plan. Initial feedback from the Scottish Government has been positive and work will commence shortly on a longer term plan taking us to March 2021. The Interim Board will receive a presentation on the Remobilisation Plan at the meeting on Tuesday 16th June.

4.0 Additional Issues

4.1 HIV Update

Since late 2014, NHS Greater Glasgow and Clyde has been tackling an outbreak of HIV in people who inject drugs. There have now been over 170 cases with probable or confirmed links to the outbreak diagnosed within NHS Greater and Clyde. There were 26 cases in 2019, an increase from 2018 and so far in the first quarter of 2020 a further 12 cases have

been identified. Towards the end of 2019, data from the national bio-behavioural survey (NESI) confirmed an on-going undiagnosed HIV positive population in areas outside Glasgow City Centre- including Renfrewshire HSCP. Around 40% of the cases diagnosed in 2020 have links to the Renfrewshire locality, indicating outward spread across the Board area.

Ensuring sufficient testing, to facilitate a strategy of treatment as prevention (TasP), has been an on-going challenge during the current HIV outbreak. This has been compounded more recently by the COVID-19 pandemic as services have greatly reduced face to face interactions, meaning that opportunities for testing are minimal in some key services such as alcohol and drug recovery services.

While there is currently no evidence to suggest those living diagnosed with HIV are at any increased risk of contracting COVID-19, concerns exist about the impact service changes as a result of COVID-19 have had on wider wellbeing and the need to further consider the health needs of this population in light of changed services and as part of recovery planning.

4.1.2 COVID impact

Maintaining the provision of safer injecting equipment has been a priority throughout lockdown. Overall the number of transactions have fallen by approximately 45%. However, the amount of equipment provided fell by only 18%. This is similar to other Boards in Scotland. There have been major efforts to maintain city centre provision, with the overall number of needles and syringes provided actually increased by 13% in April 2020 when compared to the same month in 2019. This was in part due to a significant increase in provision from the mobile IEP van. At the start of lockdown, Turning Point Scotland experienced a range of COVID-19 related problems which put the staffing of the mobile IEP van in jeopardy. The IEP Improvement Manager was able to staff the van with volunteers from different teams/organisations. During April 2020, there was a threefold increase in the levels of equipment provided via this route. Over 49 consecutive nights, staff on the van engaged with 155 individuals; provided over 10,000 needles and sheets of foil; supplied 162 individuals with naloxone and administered naloxone on 3 occasions to reverse potentially fatal overdoses. Glasgow City HSCP have agreed to fund an additional mobile IEP van to assist in increasing contact with vulnerable clients.

4.1.3 Testing

Blood borne virus testing requires to remain a high priority for Greater Glasgow and Clyde as part of the comprehensive plan to reduce new HIV infections and meet Scottish Government Hepatitis C elimination. There has been a decline in testing due to COVID-19 which is understandable given the pandemic but this is a key priority for the recovery phase. Public Health will continue to liaise with alcohol and drug recovery services to explore how they can be supported to prioritise testing as part of their recovery planning, including supporting any short-term contingencies/ 'catch-up' initiatives. Given the pressures on the laboratory due to COVID testing, options such as greater utilisation of point of care testing will be explored as part of Public Health's response to the outbreak.

In addition, prior to COVID-19, work was taking place to increase testing through emergency departments across NHS Greater Glasgow and Clyde, including looking at the development of a case for opt out testing. This work will resume as a matter of priority.

Outreach teams (Sandyford, Waverley Care, EDTS, Pharmacy) have been conducting blood borne virus testing within the City Centre in recent weeks. Between the 4th and 10th of May,

these teams tested 20 individuals. The Sandyford outreach team alone has tested a further 14 individuals between the 10th and 17th of May. Sites for testing have included hotels that are currently housing Glasgow's homeless population, hostels and women's projects. In addition, the Hunter Street Homeless outreach service which has been in operation since the start of lockdown and has reconfigured services to actively engage with the hard to reach population principally through the hotels in Glasgow City. GCHSCP is now looking collectively at outreach services with a view to generating bid to the ADP to expand on the outreach service with harm reduction front and centre of the operation including BBV testing.

The NHS Board and Public Health Committee will continue to receive updates as required.

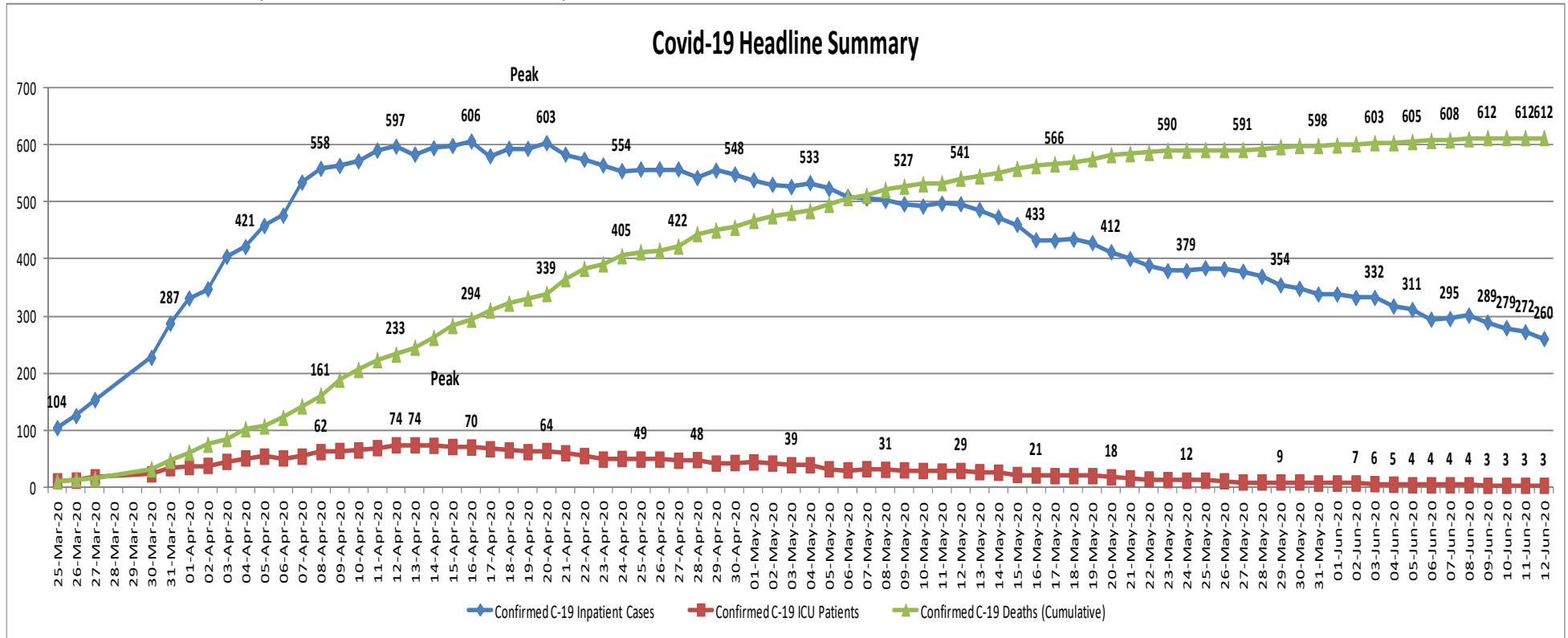
5.0 Conclusion

5.1. The ongoing reduction in the number of inpatients with COVID 19 is extremely positive. As described, the health service remains on an emergency footing and significant activity continues in key areas of our overall COVID response, including recovery planning. Our focus on providing high quality care to all patients remains at the forefront of decision making.

Jane Grant
12th June

Headline Summary

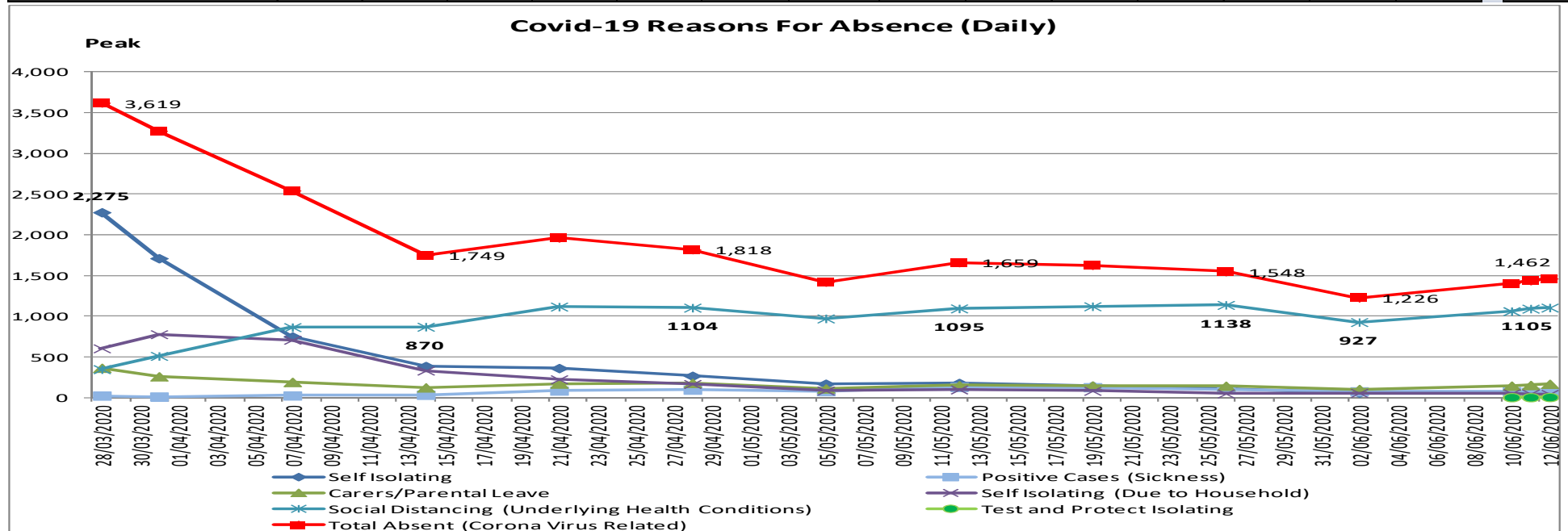
Overall, the number of confirmed Covid-19 hospital inpatients and ICU patients has reduced since the peak mid-April 2020 and the number of Covid-19 related hospital deaths have stabilised. As at 12th June, there were a total of **260** confirmed Covid-19 inpatients in hospitals across NHSGGC (**12** less than the number reported the previous day), the lowest number of confirmed Covid-19 inpatients reported since the outbreak peaked on 16th April 2020. There were a further **162 suspected** Covid-19 inpatients bringing the overall *total of Covid-19 related inpatients* to **422**. Of the total number of Covid-19 confirmed inpatients, **3** were in ICU (the same as the number reported the previous 3 days) and the lowest number reported since the outbreak peak on 12th April 2020. There were **no** Covid-19 related deaths reported across NHSGGC hospitals last night, the cumulative total of Covid-19 related hospital deaths remains at **612** across NHSGGC hospitals for the 3rd consecutive day.



Staffing Absence (Covid-19 Related)

The overall number of Covid-19 related staff absences has decreased since the peak on 28th March 2020. As at 12th June 2020, there were a total of **1,462** staff absences due to Covid-19, a 2% increase on the number reported the previous day.

Covid-19 Related Absences															
Corona Virus	28/03/2020	31/03/2020	07/04/2020	14/04/2020	21/04/2020	28/04/2020	05/05/2020	12/05/2020	19/05/2020	26/05/2020	02/06/2020	10/06/2020	11/06/2020	12/06/2020	Daily Var
Self Isolating	2,275	1,711	750	387	362	268	170	180	145	112	59	60	67	68	1
Positive Cases (Sickness)	25	13	26	35	86	98	78	132	128	103	77	79	71	68	-3
Carers/Parental Leave	365	261	192	125	172	180	112	152	149	145	105	146	154	169	15
Self Isolating (Due to Household)	605	778	709	332	225	168	87	100	83	50	58	52	48	45	-3
Social Distancing (Underlying Health Conditions)	349	511	865	870	1117	1104	972	1095	1121	1138	927	1061	1092	1105	13
Test and Protect Isolating												5	5	7	2
Total Absent (Corona Virus Related)	3,619	3,274	2,542	1,749	1,962	1,818	1,419	1,659	1,626	1,548	1,226	1,403	1,437	1,462	25



Delayed Discharges

An increasing trend in the number of delayed discharges from each of the HSCPs reported across NHSGGC since 5th May 2020. As at 12th June 2020, there were a total of **189** patients delayed across HSCPs comprising **127** Acute and **62** Mental Health delayed patients.

