

**NHS GGC COVER PAPER TEMPLATE**

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 22/34</b>
<b>Meeting:</b>	<b>NHSGGC (NHS Greater Glasgow and Clyde) Board Meeting</b>
<b>Meeting Date:</b>	<b>28<sup>th</sup> June 2022</b>
<b>Title:</b>	<b>COVID-19 Update</b>
<b>Sponsoring Director/Manager</b>	<b>Emilia Crighton – Director of Public Health</b>
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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 (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:** N/A

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

20.06.2022

## NHS GREATER GLASGOW AND CLYDE

### Response to COVID-19

NHS Board Summary 28<sup>th</sup> June 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 risen gradually in recent weeks, this rise has mirrored the increase in community cases, though remains low compared with our previous positions. Due to the reduction in COVID-19 testing requirements nationally, the rate per hundred thousand comparisons should be read with consideration of this. Currently the 7-day incidence rate on 20<sup>th</sup> June 2022 is 187.1/100,000, this represents a significant fall from 2805.8/100,000 on 29<sup>th</sup> 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 begun to increase in recent weeks; however, there remains a relatively low level of COVID-19 related occupancy. As of 20<sup>th</sup> June 2022, there are 269 inpatients across our hospital sites (using the <28 day definition), 581 inpatient (using the <90 days definition) and 4 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, which has in recent weeks been stepped down to two times a week meetings, 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 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 Despite an improved staff sickness absence to April 2022 (6%) we have seen an increase for May 2022 (6.53%). In addition we continue to see fluctuation in COVID absence. In line with community transmission numbers we were pleased to see a decline, however, this has started to increase and is now around 600 absences related to COVID, and primarily those testing positive and those with Long COVID (both 45%). We continue with all interventions and measures and have reinstated daily monitoring, reporting and review with local teams. We have expanded 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 absence and then follows the process and principles of NHS Scotland Attendance

Policy to offer further support. Furthermore, work has been undertaken in conjunction with Occupational Health Services to ensure there is an appropriate and detailed management referral process for staff. A specialist team of occupational therapists, physiotherapy, psychology and occupational health nursing has been established within the Occupational Health service. This service is for staff and devises individual assessment and treatment plans to support staff to return to work.

3.2.2 Core recruitment activity continues through both local and international campaigns. We have been represented a number of local and national recruitment fairs as well as digital events. Our Newly Qualified Nursing (NQN) campaign targeting graduates from the October 2022 cohort as part of a revised and streamlined process continues with a positive number of applicants.

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 The new Blended Working Guide has now been approved and being rolled out across the Board, along with the introduction of a new training tool focused around Display Screen Equipment testing and risk assessment for those working from home to ensure a safe environment. The Guide sets out NHSGGC principles and aspirations as a flexible employer of choice and a phased and safe return to the workplace, whilst maximising and promoting hybrid ways of working, promoting NHSGGC as an employer of choice.

3.2.5 As Scottish Government continues to review guidance and requirements, we await further update on changes to all guidance established to manage COVID, as well as temporary arrangements in respect of contractual support. Staff and patient safety will continue to be at the forefront of any change in guidance.

3.2.6 We have commenced our iMatter process for 2022 and had a positive response with the first cohort now undertaking action planning. In addition the new Internal Communication and Engagement 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.

3.2.7 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 20<sup>th</sup> June 2022, there are 581 COVID-19 inpatients in our hospitals under 90 days from a positive test, of which 269 are under 28 days from a positive Covid-19 test. Following the peak in hospitalisations in March 2022, we have seen in recent weeks a stabilisation and reduced level in COVID-19 related hospitalisations, with inpatient numbers now sit 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 Staff absences and limited Bed Capacity are the most significant challenges for the Acute Division through this latest peak in the pandemic, though these pressures have eased. Infection control and social distancing protocols have continued to reduce the effective bed base of NHSGGC, with ward capacities reduced in places. The Acute Division continues to regularly have c10-20 wards closed to new admissions with only three COVID-19 cohort ward remaining open. As of 17<sup>th</sup> June 2022, NHSGGC had 17 wards closed and three cohort wards open, however, demand is now returning to 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 May, the Board achieved 74.0% against the four-hour emergency access target. This takes the year-to-date emergency access figure to 73.6%. As population public health restrictions eased, all our Emergency Department sites have seen an increase in attendances, which at times does exceed pre-pandemic levels of activity. These higher attendances pattern has been observed across the United Kingdom and across Scotland.

3.3.4 Lastly, with the high prevalence of COVID-19 in our community, NHSGGC has made the decision to reduce visiting on some sites and wards to one named visitor. This decision has been taken on the advice of our infection control team, and this difficult decision has been taken to ensure we safeguard our patients. Any reduction to visitation is targeted and based on the advice of our infection control team; any reduction is continually reviewed with oversight provided by the Senior Executive Group.

### **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 associated with winter.

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 20<sup>th</sup> June 2022, there were 283 delayed discharges across NHSGGC, of which 113 were highly complex due to Adults with Incapacity.

3.4.3 The Community Assessment Centres (CACs) which were established in the first wave of the COVID-19 pandemic – with the first patients treated on the 23<sup>rd</sup> March 2022, have as of the 26<sup>th</sup> of March 2022 been decommissioned. Over the two years of the pandemic a total of 8 CACs were established. There were a total of circa 46,000 CAC attendances – circa 5,000 were referred to Acute Services giving a referral rate of 12%. The majority of patients seen at a community assessment centre were directed to isolate at home with a minority referred to SATA, the proportion referred to SATA had declined throughout the pandemic. The CACs played a pivotal role in supporting our community throughout the first two years of the pandemic.

## **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 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 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) (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 2<sup>nd</sup> June 2022 there was 1 care homes flagged as Red and 16 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 20<sup>th</sup> June 2022, there were 6 homes with confirmed outbreaks and 1 awaiting confirmation. A total of 1 homes are closed to admissions and a further 6 are open but with control measures in place.

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

## **5.0 Epidemiology**

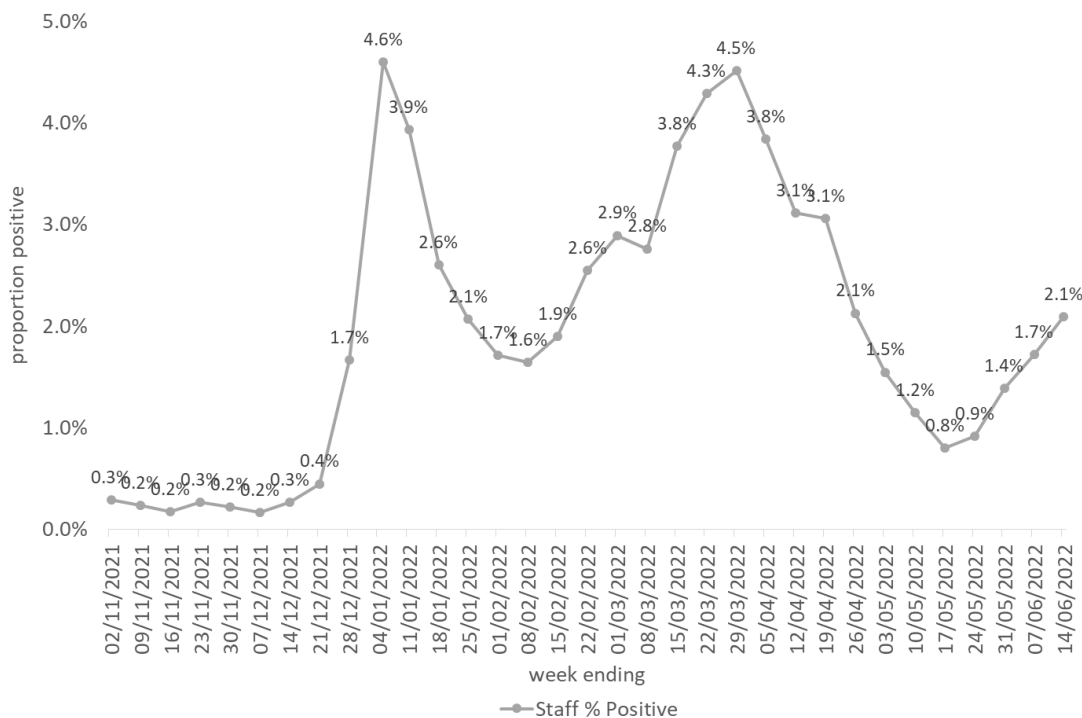
### **5.1 Overall COVID-19 incidence**

Since the last update on 14 April 2022 to the end of April 2022, a decreasing trend of 7-day cumulative incidence was recorded in NHSGGC. The 7-day cumulative incidence dropped by 268/100,000 population reaching 320/100,000 population for the 7 days to 29 April 2022. 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. The COVID-19 incidence report for NHSGGC was discontinued from the 1st of May 2022. 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.

A decreasing trend in the proportion of care home staff testing positive for COVID-19 through weekly asymptomatic PCR testing in NHSGGC was recorded from 29 March to 17 May 2022 (Figure 1). Within this period, the proportion of positive cases to tests among care home staff declined from 4.5% to 0.8%. Since 17 May 2022 to date, an increasing trend was recorded, reaching 2.1% for the week to 14 June 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 - 14 June 2022

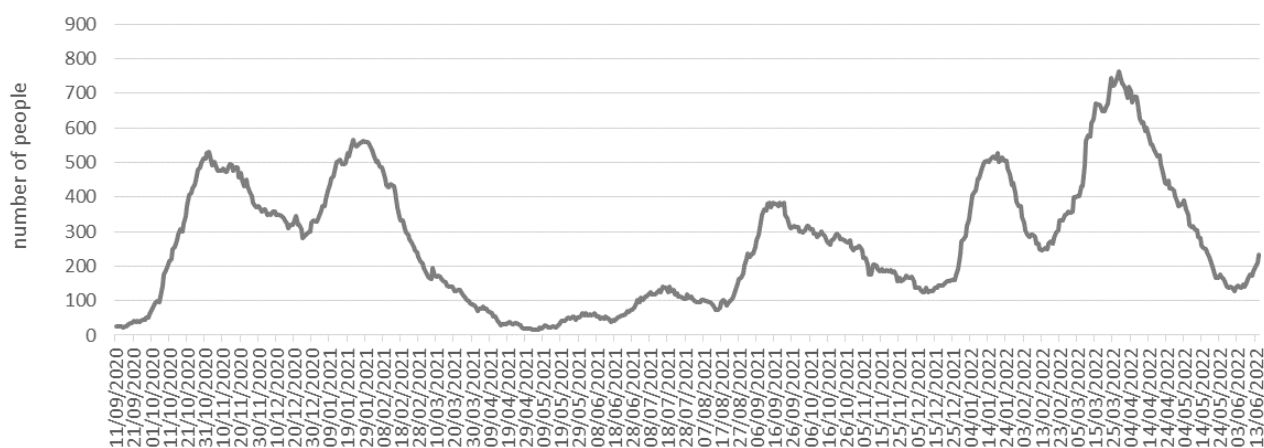


The ONS Coronavirus (COVID-19) Infection Survey continues to provide the estimated percentage of the Scottish community population that had COVID-19, based on a representative sample. In Scotland, the percentage of people testing positive for COVID-19 continued to decrease from the week ending 16 April 2022 (estimated 5.98% of the population or around 1 in 17 people testing positive) to the week ending 13 May 2022 (estimated 2.32% of the population or around 1 in 45 people testing positive). Since then, the estimated percentage increased to 3.36% of the population (around 1 in 30 people), as of the week ending 10 June 2022.

## 5.2 Inpatients with recently confirmed COVID-19

The last significant increase in daily number of people in hospital with confirmed COVID-19 was observed from mid-February to end of March 2022, with a peak of daily COVID-19 cases in hospital of 762. Since then, the daily number of COVID-19 cases in hospital declined through April and May, dropping to 127 daily cases on 01 June 2022. Over the most recent two weeks, the daily number of people in hospital with recently confirmed COVID-19 increased steadily with an average of 167 daily cases in hospital in NHSGGC.

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



### 5.3 SARS-CoV-2 variants in Scotland

In Scotland, based on analysis from the ONS infection survey PCR results (using presence or absence of the S-gene as a proxy), the percentage of people testing positive for COVID-19 compatible with Omicron sub-lineages BA.1, BA.4 and BA.5 increased within the last three weeks (from the week ending 27 May to the week ending 9 June 2022). Based on the sequencing results, the majority of cases labelled compatible with BA.1, BA.4 and BA.5 are likely to be BA.4 and BA.5 infections. The COVID-19 positivity rate increase, recorded within the last three weeks, might be attributable to an increase in infections compatible with the sub-lineages BA.4 and BA.5.

## 6.0 COVID-19 Vaccine

6.1 The over 75 year old ‘Spring Booster programme is fully underway and within NHS GGC it is anticipated to be concluded in June in line with the national programme. The national booster programme aims to have the majority of this phase completed by the end of June; this will leave a gap of at least 12 weeks, prior to the start of any autumn or winter Booster programme beginning at the end of September.

6.2 The vaccination programme has continued to evolve and adapt to the changing evidence, regularly updated national policy and the state of the pandemic.

## 8.0 CONCLUSION

8.1 At this moment in time we are seeing a gradual increase in COVID-19 positive inpatient however with lower rates of both community and hospital COVID-19 figures, than in previous waves. The continued presence of the Omicron variant 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, NHS GGC will continue to focus on delivering our vaccination programme, utilising new and improving treatment options and apply the lessons learnt in two months of living with COVID-19.

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 NHS GGC, we have strengthened our relationships and strengthened partnerships, which have, and will, serve us well in the coming months and years.

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