

NHS Greater Glasgow and Clyde	Paper No. 22/68
Meeting:	NHS Board Meeting
Meeting Date:	25 October 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
- 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 17 October 2022

Issued on 18 October 2022

NHS GREATER GLASGOW AND CLYDE

Response to COVID-19

NHS Board Summary 25th October 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 remained stable over the summer and early autumn period, mirroring the pattern in community cases. Currently the estimated population level of COVID-19 as of 24th September is 1 in 45 people.

2.2 The number of COVID-19 cases in hospital (using the all COVID-19 positive patients' definition) has remained circa 240 inpatients. As of 17th October 2022, there are 235 inpatients across our hospital sites (using the <28 day definition), 427 inpatient (using the <90 days definition) with 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 Despite seeing a sustained improved, staff absence has gradually increased to 7.51% in September 2022, which now includes those absent with a COVID absence following a change in national policy and reporting. In July 2022 we reported 400 individuals absent in this category and as of October 2022 this had reduced to 307 staff being absent. Further review of all staff absent with Long COVID has been undertaken to reinforce support and

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consider alternative ways to support a return to work. In addition the HR Support and Advice Unit and Occupational Health have been reviewing general long term sickness absence cases and a number of these have progressed to wider conversations in relation to next steps, as a result of all interventions being in place including access to a specialist team of occupational therapists, physiotherapy, psychology and occupational health nursing. This service for staff and devises individual assessment and treatment plans to support staff to return to work.

Guidance to assist in managing Long COVID has been further reviewed and reinforced to managers and staff, beyond the targeted support groups and 1-1's. In addition the Human Resources team is supporting absence management training across NHSGGC including Acute and HSCPs.

Close Partnership working is in place to look at working collectively to support staff and manager conversations with a joint session scheduled for November 2022 to further consider how to extend and enhance this to ensure consistency and a joint supported approach.

3.2.2 Extensive discussions are underway in relation to alternative approaches to support completion of Statutory and Mandatory Training. This in addition to absence management is a key priority for NHSGGC and there is support through Health and Safety and Learning and Education Teams who are engaging with local managers.

3.2.3 Following the induction of Newly Qualified Nurses (NQN) significant core recruitment activity continues, and we have reviewed and streamlined processes to support enhanced turnaround including cohort nursing recruitment with weekly interview scheduling. Work is also underway to scope out other models of delivery include a Band 4 Nursing role.

3.2.4 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.

3.2.5 We have had a positive response to the action planning process for iMatter 2022. 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. We are also pleased to roll out the Speak Up Campaign.

3.2.6 A review of the NHSGGC Workforce Strategy Implementation Plan for Phase 2 has been approved and sets out 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, regular 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 17th October 2022, there are 427 COVID-19 inpatients in our hospitals under 90 days from a positive test, of which 235 are under 28 days from a positive Covid-19 test. Following a peak in hospitalisations in July 2022, we have seen a sustained stabilisation and reduced level of COVID-19 related hospitalisations, with inpatient numbers now routinely sitting around c240 patients. At its peak, during the first wave of the pandemic, there were 86 patients in ICU beds across NHS GGC, 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.

4.0 Epidemiology

4.1 Overall COVID-19 incidence

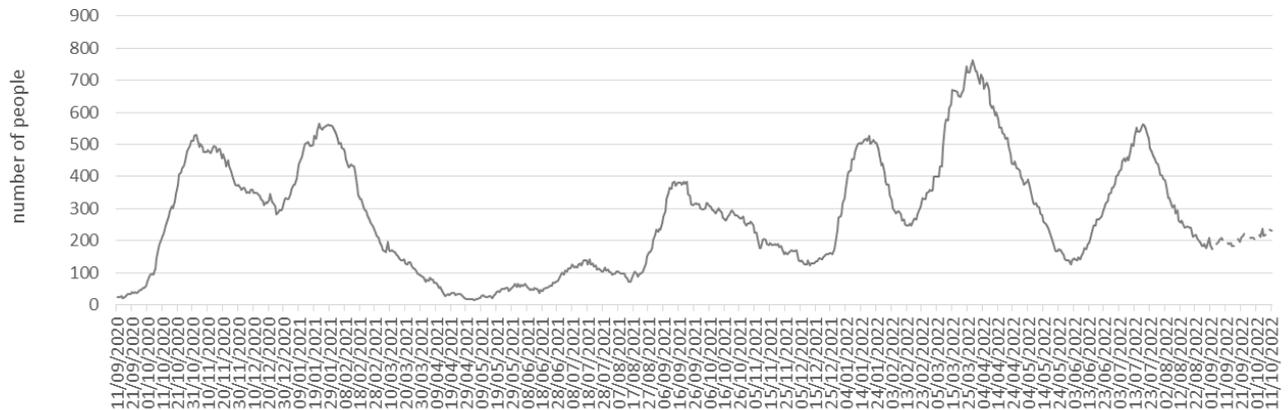
In line with Scottish Government announcements, all contact tracing and the testing for the general population ended on 30 April 2022. There is therefore no population level data on COVID-19 incidence for GGC available anymore, and no further contact tracing statistics. In the absence of population wide testing, the care home staff weekly asymptomatic PCR testing has continued unchanged, and was used as a proxy for trends in population prevalence till early September. Since then, the above testing was being discontinued due to the currently lower prevalence of COVID-19 across Scotland and the high level of immunity in the population due to vaccination.

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 26 July 2022 (data from the last update), when it was estimated at 4.95 % of the population or around 1 in 20 people testing positive to the week ending 24 September 2022, when the estimated percentage was at 2.15% of the population (around 1 in 45 people).

4.2 Inpatients with recently confirmed COVID-19

A decreasing trend in daily number of people in hospital with confirmed COVID-19 continued to be observed from the last update on 09 August to early September 2022 (Figure 1), dropping from 284 daily cases to 174 cases on 02 September 2022. Then the daily number of people in hospital with recently confirmed COVID-19 stayed fairly stable over September with an average of 201 daily cases. However daily cases in hospital have increased slightly since beginning of October 2022, with an average of 224 daily cases in the most recent week.

Figure 1: Daily number of people in hospital with recently confirmed COVID-19 (<28 days since positive test) in NHS GGC (reporting restricted to weekdays since the beginning of September 2022)



4.3 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 24 September 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, most COVID-19 infections in the UK have been caused by Omicron variants BA.4 or BA.5, with BA.5 comprising 91.2% and BA.4 comprising 6.3% of all sequenced COVID-19 variants/sub-lineages in the week ending 11 September 2022.

5.0 COVID-19 Vaccine

5.1 NHS GGC has begun the delivery of the 2022 winter immunisation programme as of the 5th of September 2022. People aged over 50 and frontline health and social care workers are being offered combination Covid-19 vaccines, alongside a Flu vaccine. NHS GGC, remains on course to deliver the winter immunisation on time.

6.0 CONCLUSION

6.1 At this moment in time, NHS GGC are experiencing an oscillating plateau of COVID-19 positive inpatient with lower rates of both community and hospital COVID-19 figures than observed over the summer. 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, NHS GGC 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.

6.2 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

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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.

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