

NHS Board Meeting
28 October 2020

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: COVID – STAFF TESTING AND STAFF ABSENCE

1. PURPOSE

The purpose of this paper is to provide Board Members with an update on staff testing and staff absences due to COVID-19.

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
--------------	--------------------------	---------------	-------------------------------------	---------	--------------------------

2. ROUTE TO THE BOARD

This paper has been prepared by the Director of Human Resources.

3. SUMMARY OF KEY ISSUES

There are two appendices attached, the first providing an update on Staff Testing as requested at the last Board meeting, the second to provide the Board with an update on COVID-related workforce absence with comparison to the first wave in March 2020. Absence levels remain lower than experienced in March 2020 – however are being actively monitored on a daily basis.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Monitor levels of COVID absence and highlight any change in trends.

7. FINANCIAL IMPLICATIONS

Staff absences could lead to increased use of Bank (supplementary) staffing.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Increased absence levels mitigated by making use of bank and the expedited recruitment process introduced in March to support NHSL's Covid response.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to

1. note the Staff Testing Report and the work undertaken in relation to Covid testing in NHSL staff and the wider social care setting (Appendix 1);
2. note the actions being taken to maximise testing capacity;
3. note the COVID-related workforce absence report (Appendix 2).

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Kay Sandilands

Director of Human Resources

NHS Lanarkshire 01698 752865



NHS Lanarkshire Covid-19 Staff Testing 14 September – 11 October 2020

Introduction

NHSL's Occupational Health department (Salus) are responsible for the provision of Covid-19 Staff testing. The scope of the service is divided into two areas.

1. Symptomatic testing of all NHSL staff, and
2. Routine (weekly) Asymptomatic testing of staff working with vulnerable patient groups (Care Homes, Oncology services and Old Age Psychiatry)

Results of all staff testing positive are submitted (with contact details) daily to Public Health Test & Protect.

1. Symptomatic Testing of NHSL Staff:

Following the re-opening of schools (August) we experienced a sharp increase in requests for testing. From the week commencing 31st August we re-instated our 7 day per week service, delivered from 2 portacabins based at Law House and home testing support via mobile dental nursing staff.

Our daily test capability is currently set at 90 tests. This figure is set by Labs capacity and is currently proving sufficient to manage our referrals received. This will be monitored as we move into winter in order to maximise tests available in conjunction with patient testing requirements.

The total number of tests conducted since commencing on 21st March 2019 is 4,503.

The potential days saved from isolation by testing is 23,221.

NHS Lanarkshire staff or their household contacts who have COVID symptoms of new persistent cough, fever or new loss or change to sense of taste or smell are directed to request a test through the NHSL Staff testing portal (<https://staffflujab.salus.co.uk>)

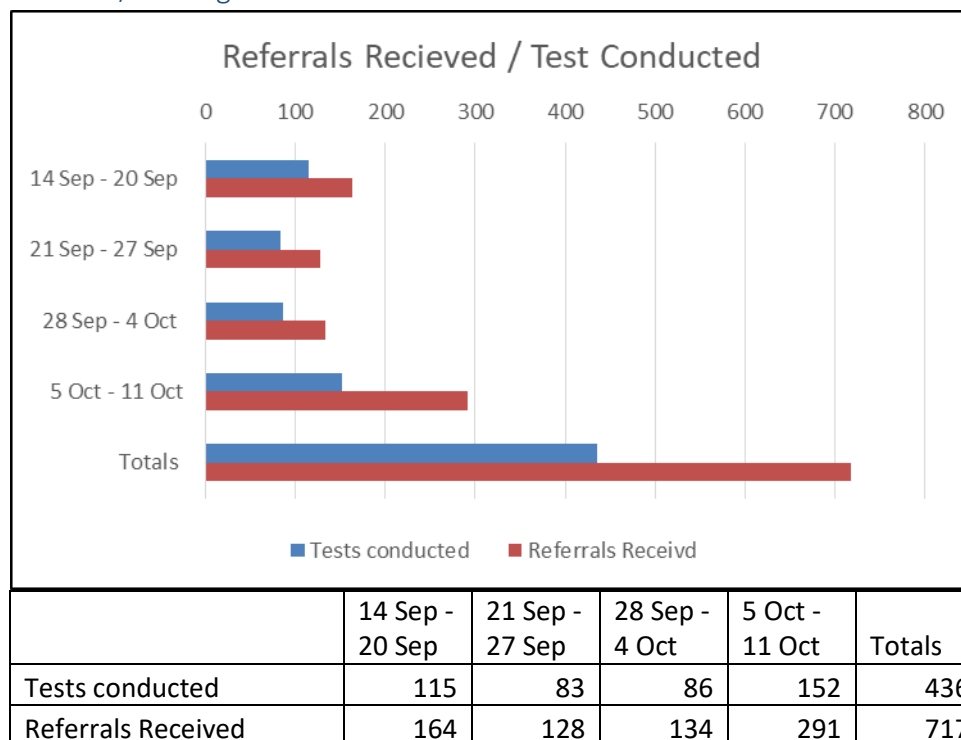
Testing through NHSL Staff Test route is encouraged to allow these staff to be followed up for advice and support if they get a positive result.

This programme continues to focus on providing a test at the optimal time to receive a valid result which is between 2 and 5 days after symptom onset; thus reducing the likelihood of false negatives.

Staff or their contacts without symptoms are informed not to request a test unless advised to do so by Test and Protect/Public Health.

NHSL Symptomatic staff tests – Monday 14 September to 11 October

Referral / Testing Breakdown



The potential days saved by returning staff to work following a negative test from 17th August to 13th September is **2,695 days**.

The most prominent reasons for referrals not resulting in tests were:

- Staff Member arranged external test
- No presence of Covid 19 Symptoms
- Duplicate Referrals
- Unable to Contact to book appointment

From the tests conducted 269 were for Staff Members with the remaining 167 tests being for members of their immediate households. Few staff reported their ethnicity in this period with 7 declaring their status as white and no other groups stating ethnicity.

The areas of work recorded are as follows:

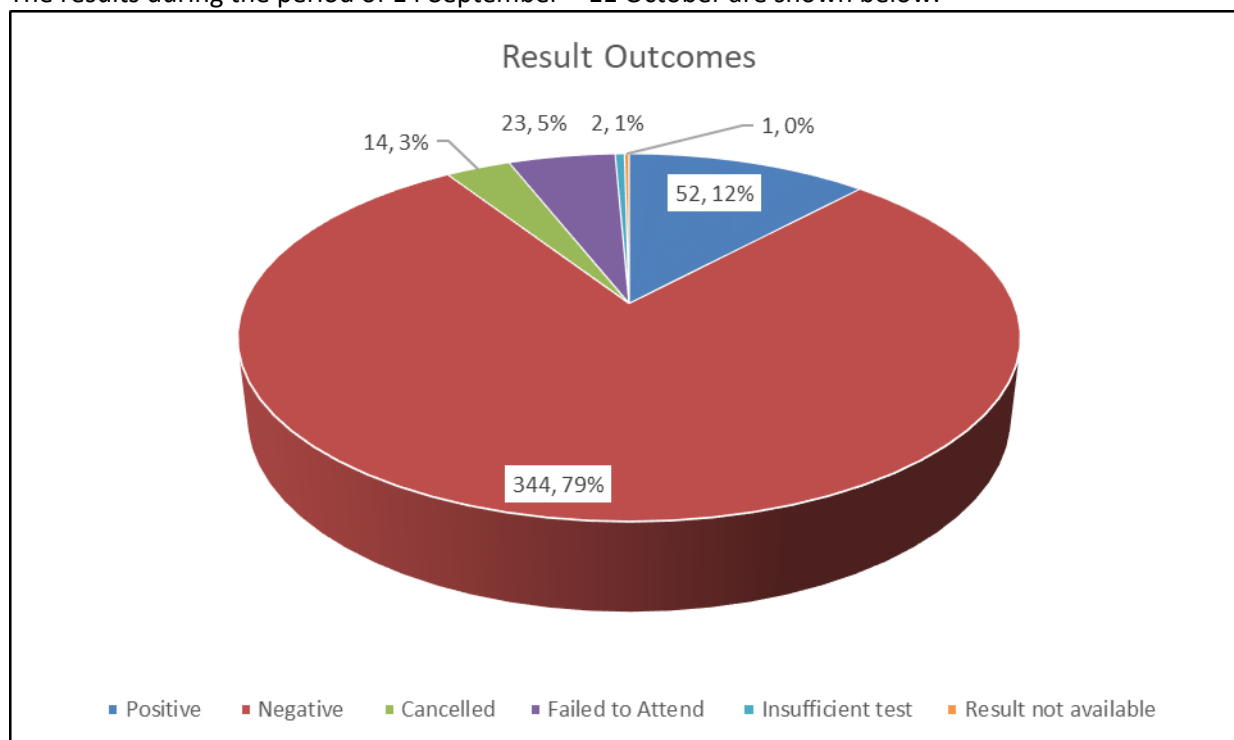
	Referral Received	Test Conducted	%age of tests
Acute	268	174	39.9%
Care Home Private Sector	6	5	1.1%
Corporate	27	18	4.1%
GP	51	36	8.3%
Home Care	8	8	1.8%
HSCP North	87	65	14.9%
HSCP South	61	42	9.6%
Other	73	51	11.7%
Pharmacy	7	2	0.5%
SAS	34	24	5.5%
State Hospital	17	10	2.3%
Not recorded	78	1	0.2%
Totals	717	436	

The acute breakdown recorded is shown below:

	Referral Received	Test Conducted	%age of tests
UHH	53	35	20.1%
UHM	69	44	25.3%
UHW	146	95	54.6%
Totals	268	174	

Nursing requests are highest at 30.6%, followed by Clinical Support Workers at 11.9%, Admin staff at 11.2%, AHPs at 7.8% and Medical Staff at 7.1%.

The results during the period of 14 September – 11 October are shown below:



Results are normally returned to staff and their manager within 24-48 hrs via SMS text with instructions to isolate for 10 days from point of symptom development. In addition, any household member must isolate for 14 days. All positive staff are followed up by Occupational Health to ensure their wellbeing and offer any further support required. This also looks to ensure that staff are well enough to return to work following the isolation period.

2. Routine Asymptomatic Testing of Staff to 11 October 2020

Following Scottish Government guidance, NHSL now complete routine asymptomatic testing for all Care Home staff based in Lanarkshire. This is to ensure vulnerable patients receive maximum protection via the early identification of covid positive staff. It was also to create capacity in the UK government Lighthouse Labs facility.

- Asymptomatic Care Home Testing – Repeated every 7 days
 - Care Homes Enrolled: 34
 - Total Volume of Staff: 2,555
 - Total Tests Conducted to date: 14,442
 - Positive Results to date = 27
 - **Positive results from 13 September to 11 October = 23**

- Asymptomatic staff from immunocompromised NHSL departments (Oncology & Old Age Psychiatry) – Repeated every 7 days
 - Departments Enrolled: 10
 - Total Volume of Staff: 505
 - Total Tests Conducted to date: 1,846
 - Positive Results = 3
 - **Positive results from 13 September to 11 October: 3**

All staff testing positive are immediately isolated and managers informed.

Routine testing of staff is not mandatory and as such staff can decline testing. Reasons for declining range from staff thinking it isn't necessary due to previous low incidence in their areas, to others thinking the test is uncomfortable/painful. Uptake is reported to Scottish Government weekly. NHSL testing levels are deemed acceptable in both the Care Home & Oncology settings, however they are lower in the Old Age Psychiatry wards. For week commencing 8th October, 84% of Oncology staff received a test in comparison to 48% in Old Age Psychiatry & Learning Disability areas. All relevant managers are provided with the weekly figures and requested to bring the benefits of the routine testing for both patients and staff to the attention of those declining. It is hoped that the recent identification of 2 asymptomatic staff testing positive may help to reduce those declining.

The table below outlines the uptake in the NHSL areas in scope.

STAFF COVID-19 TESTING	Specialist Cancer Wards and Treatment Areas	Specialist Cancer Wards and Treatment Areas	Specialist Cancer Wards and Treatment Areas	Specialist Cancer Wards and Treatment Areas	Long Stay Old Age Psychiatry and Learning Disability Wards	Long Stay Old Age Psychiatry and Learning Disability Wards	Long Stay Old Age Psychiatry and Learning Disability Wards	Long Stay Old Age Psychiatry and Learning Disability Wards
	Eligible Staff Headcount	Number of Tests carried out	Number of Positive Tests	Number of Staff decline to test	Eligible Staff Headcount	Number of Tests carried out	Number of Positive Tests	Number of Staff decline to test
w/e 10 Sep	171	105	0	30	93	31	0	44
w/e 17 Sep	175	128	0	30	94	32	0	44
w/e 24 Sep	185	126	1	30	94	32	0	44
w/e 1 Oct	187	125	0	31	99	40	0	44
w/e 8 Oct	189	159	0	22	88	42	2	30

NHS Lanarkshire's COVID-19-related Workforce Absence

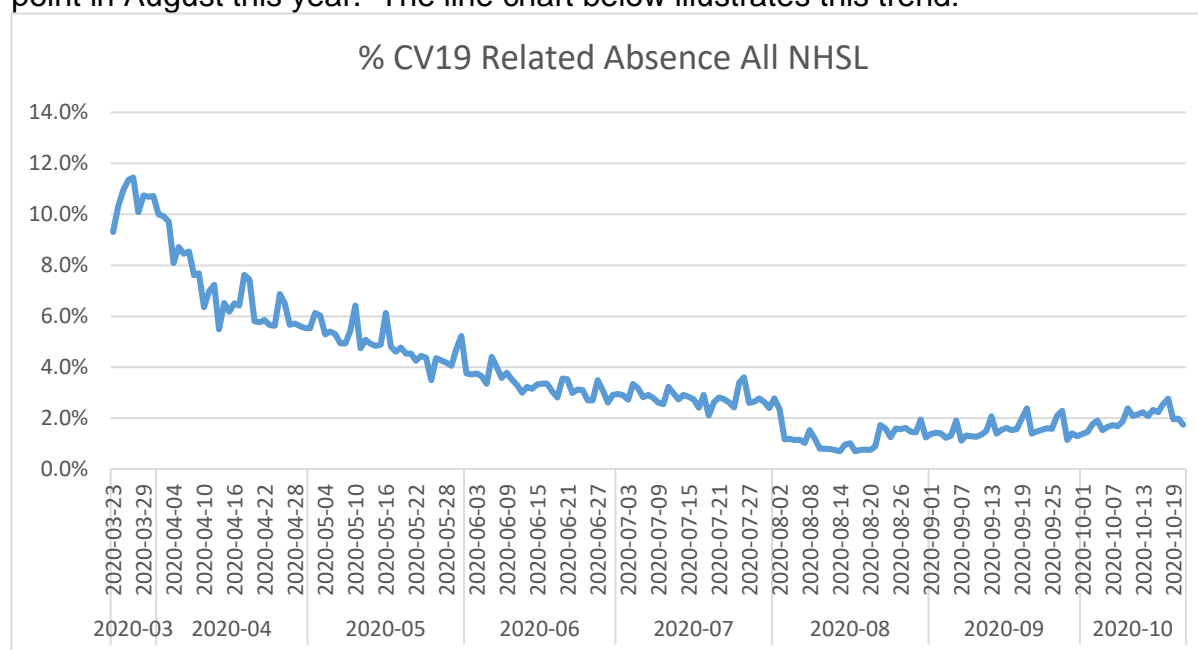
Service	Human Resources Directorate
Author & Job Title	Jonathan Pender, Head of HR - Workforce

Situation

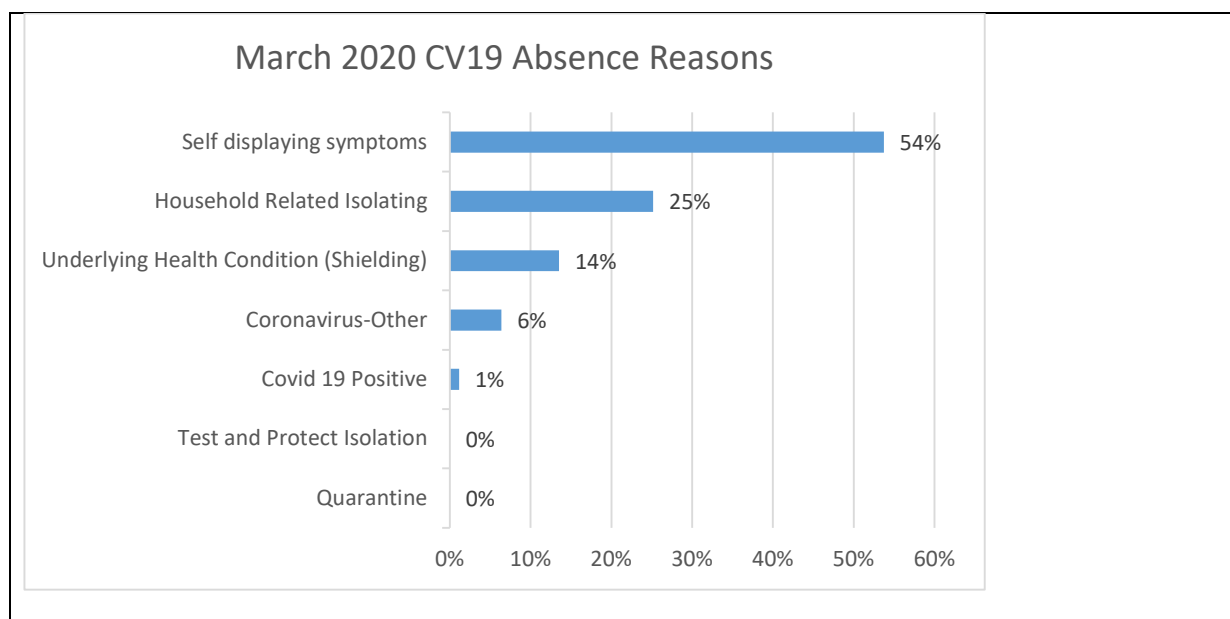
NHS Lanarkshire is currently monitoring COVID-19 related absence on a daily basis. CV19 related absence peaked week commencing 23 March 2020 when the nationwide lockdown was announced where we had on two days of that week, over 1,200 staff absent. This SBAR provides an update on the current CV19 absence levels for comparison.

Background

The CV19 absence trend peaked in March and steadily reduced reaching its lowest point in August this year. The line chart below illustrates this trend:



The reasons for CV19 absence differ now to what was recorded in the peak in March. Partly this is due to having more CV19 codes available for absence recording - specifically the addition of Test and Protect isolation and Quarantine (after foreign travel) after March.

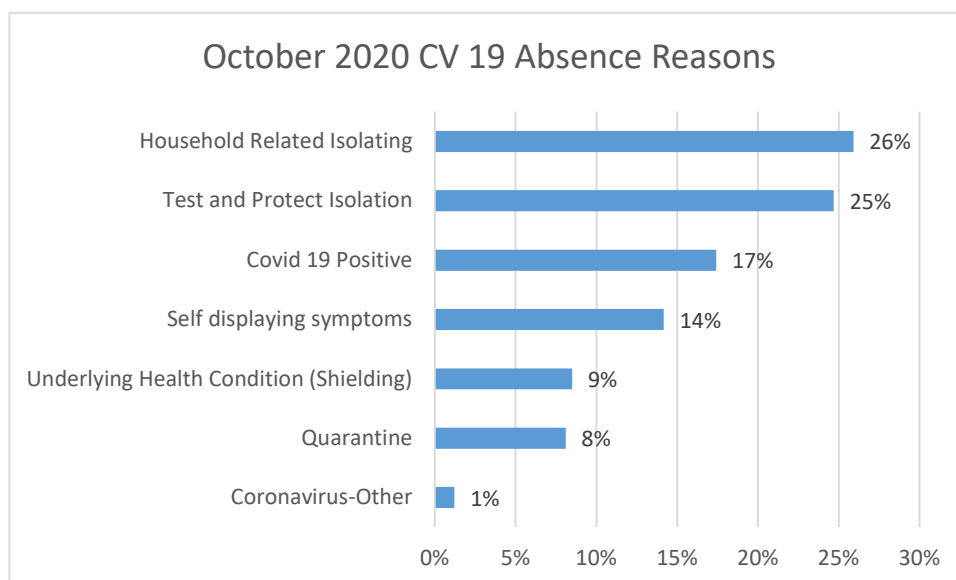


Assessment

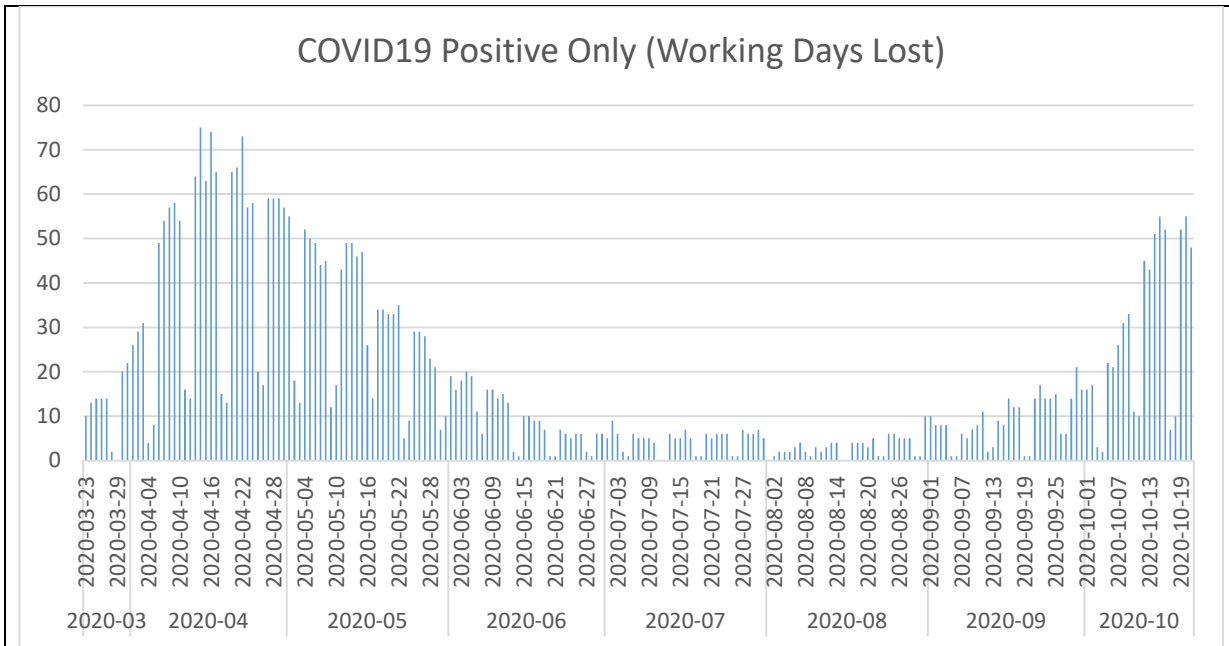
The absence position as at 21 October remains considerably lower than the level seen in March.

We are currently peaking around 240 staff absent per day related to CV19 around one fifth of what was experienced at the peak in March 2020.

The reasons for COVID absence in October as highlighted differ to what was experienced in March as shown below. This could, in part, be attributed to staff having greater awareness of the availability of those codes this time around.



COVID-19 Positive has seen a marked change too – from relatively low levels in the first wave to greater numbers now as shown below. This, again, could be due to more accurate record keeping, but is likely also related to greater availability/uptake of testing.



Finally, for information, sickness absence levels have remained relatively flat since March as highlighted below – NHSL has not experienced a migration from COVID-related absence to sickness absence following the pausing of shielding in August. Data below up to 30 September 2020.

