Paper ref:	TB (04/20) 012

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Gold update on Covid position to 27-03-2020		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board (Public)	**Date**	2 April 2020

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board is aware of the national and international pandemic situation. Underlying disease profiles would suggest that the west midlands could be among the worst impacted geographies. Paula Gardner led our response to the infection control phase of COVID-19 and is now providing clinical leadership alongside Liam Kennedy, who is Tactical Command. I am providing strategic/gold command.

The paper summarises the current position, and Trust response to date. A version of this paper was reviewed at the Board's Quality and Safety Committee on March 27th. This will be our focus of oversight and scrutiny. In addition the FIC chair will receive weekly spend updates. The 24-4 POD will review staff safety and ARM will be briefed on risk and assurance,

The Board is asked to consider how it might have oversight of both the outcome and care experience indicators associated with COVID-19 and any additional monitoring it requires of other patient's care during this time of potential distraction.

2. Alignment to 2020 Vision *[indicate with an 'x' which Plan this paper supports]*

Safety Plan	x	Public Health Plan		People Plan & Education Plan	x
Quality Plan	x	Research and Development	x	Estates Plan	
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Quality and Safety Committee of the Board 27-03-20

4. Recommendation(s)

The Trust Board is asked to:

a.	RECOGNISE the effort, diligence and commitment of all involved to date
b.	CONSIDER how the Board might approach the next quarter in holding the executive to account on safety for COVID-19 patients and those displaced by the treatment of such

5. Impact *[indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		n/a					
Equality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed	24-04
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	24-04

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 2nd April 2020

Gold summary of Covid-19 response to date

Overview

1. We have 'stood up' a response to the Pandemic grounded in our extant Pandemic Flu Response plan. This situation differs in scale to that and in the acuity of the clinical infrastructure required. The duration of the situation is uncertain, but **we are operating on the basis of a multi-month, possibly dual peak, position**. As such our approach needs to consider the psychology of a marathon not a sprint. In truth possibly an ultra-marathon.

2. The national effort, beyond the NHS and social care, but also within it, is very evident. That is focused on learning from overseas and from research and helping us to foresee events. The pandemic's progress is about when. Much of our response is self-evident but its timing needs careful thought. **There is such a thing as being too late. But there is also a risk of being too early.**

3. We have mobilised a tactical team, supported by an incident centre. **Each clinical group has its own response team, and there is incredible engagement from clinicians and managers, working together**. Now that key decisions have been made, communication is essential to understand what is understood in our organisation and among our community, and to make sure that difficult decisions made are enforced. Teams like IT and People and OD are operating under silver direction to ensure that support services respond at the pace that is needed.

4. Because this is a national incident there is **a complex balance of central direction and local discretion**. Crucially all procurements of supply have been nationalised and we have to take our share of what is determined. There is locally good coordination between providers, and work to avoid an onerous and burdensome bureaucracy associated with the intermediate tier. The Trust has held productive discussions with both local authorities and with local GPs. We are approaching this crisis consistent with our values, as a Place leader, and a partner with third sector carers.

Work done to date

5. The Trust has adopted all national guidance. The few instances of derogation have been recorded by the tactical process. In the main these are issues of timing associated with clarification as the speed of change is significant. We have tracked all PHE guidance on

PPE and either complied with it or been in advance/excess of it. We have sought to implement instructions to community testing and developed that into a prototype for high risk employee testing, which we were subsequently required to stand down due to laboratory capacity. We have in place a Surge Plan and are working with partners to ensure that a Super-Surge Plan is developed.

6. Since the Board last met we have opened a series of wards (90+ beds) to permit us to deal with increased volumes of inpatient care and to allow us to cohort and isolate Covid-19 patients. At the time of writing we have Covid+ / red wards in around two thirds of the historic bed base of medicine and surgery. In early March we stood down less-urgent elective surgery, in mid-March all day surgery, and are now proceeding only the most urgent major operations. From this week we will transfer major cancer cases to a private partner to ensure critical care supply for non-Covid surgery. Last weekend we opened additional critical care capacity to help us to cohort and the surge of ventilated demand will continue through April and May. Our community beds have been expanded and divided into red/blue streams. We recognised early that our estate had limited side rooms and that isolation would mean some end of life care patients relocated to bay spaces. Instead we moved community beds around to create an End of Life Care Centre at Leasowes in Oldbury; we want to ensure dignity for those in palliative stages of life.

7. Outpatient and diagnostic care have changed, as has maternity and community services. Across all points of delivery we have moved to remote provision and triaging to focus on the most urgent cases. In the last fortnight most outpatient work has been done by phone or video. That will proceed until staff redeployment necessitates cancellation. We are striving to maintain antenatal standards and to provide both at home and care home support. School provision was changed by closure, albeit the Trust has retained our nursery provision and made space for staff to obtain childcare to sustain care work. As is outlined below it is important that we track the quantified impacts of this work being paused. Our legacy plans for 2020-2021 necessitated over £6m of service expansion to hold our distinctively short waiting times constant, and without that invest we expect waiting lists to double. We had thousands of people outwith the recommended follow time for certain specialties. Covid-19 will guarantee those effects happen and add further demand. Recovery will be significant. More positively, our Midland Met model was based on more remote, asynchronous outpatient care, and a more ‘acute mind-set’ emergency model. These are the innovations we are implementing now.

8. Laboratory expertise is being provided through PHL at Heartlands. We expect from early April that Black Country Pathology will open facilities able to support our efforts. In early March all laboratory facilities at the Trust, including latent capacity, was handed to BCP, and this will shortly be utilised. Wait times for testing are reducing and the standard of 48-hour turnaround is close to being met. The tests involved are around 80% effective and allow care to proceed, informed by the results, allied to professional judgement. It is important that the Board understands that a Covid+ result does not prevent discharge. As time proceeds our confidence in that regard will grow. Discharge volumes this week and next will go some way to dictating the timing of the surge we

experience. National guidance on pathways in this regard is genuinely helpful and our daily system call is striving to implement that best practice.

9. We have relocated one of our three practices (19-20) to help ensure that SWB has Hot-Covid primary care sites in place – one at Parsonage Street and one at Aston Pride. Community teams have altered the way they work to focus more attention on Care Home patients and to try and help ensure we can support the most vulnerable among our older residents.

10. Board members have seen the re-deployment plan for employees which moves some from general wards into critical care, and others from ambulatory and community work into wards. Our volunteers, UOB and AMS medical students, and others will ally themselves to those changes to provide additional care and 'runner roles'. Presently our plans do not take account of any regional facilities being brought on stream to cope, and though they move us away from staffing ratios (1-6 goes 1-8) and hours' guidance (37.5-43) we adhere to, they are not yet moving extremely from those norms.

11. Of course, the challenge is not simply being ready. This is a sustained challenge. We have emerging 'plan B' replacement ideas to provide ballast to our first phase workers and give them respite come June. It will be important that we learn from the initial deployment, and are ready go "go again".

12. We will provide a presentation to the Board on the changes made to date, our current position and our best estimate of the position through April.

Governing deployment and consequence

13. With appropriate attempts at social distancing, we have a command centre operating which governs our response. Through April this will operate differently with key workgroups to ensure that we get the balance of implementation and forward planning. We will review over the coming week across silver and gold the contribution of all team members / functions to make sure that (a) we have resilience and handover and (b) we are getting the best from each support function leaving clinical functions able to look after patients.

14. A daily system call is now in place across BCWB and a weekly meeting across the Midlands with NHSM. We have a valuable SWB Place call daily. A clear structure is emerging with the laboratory, although Paul Harrison as Black Country Pathology director. The incident response process is intended to govern PPE supply. Data on next steps and a playback of data from our many returns to the centre could be improved.

15. A log of decision making is in place, from which a risk register is being derived. We would expect to have that up to date for the May meeting of the Board. We have information on the progression of the pandemic in London to stress-test those issues we may have not fully considered.

16. In the Q&S annex we outlined some aspects of our response to national guidance which merit quantification and tracking at the Board. An insistence on quantification will be important and helpful. In a busy and hectic situation, with everyone doing their best, there can be a governance "tendency" to satisfice with effort and energy not results or scale. We will develop for the Board meeting a central report setting out the key data flows that we will report on to manage this Pandemic. This will be in place for May and a draft will be circulated in mid-April for comment.

Conclusion and recommendations

17. Our forward look is inter-dependent with the actions of others, notably in primary care, pathology and ambulance provision. The critical variable in the next ten week will be precise and coherent management of our workforce.

The Trust Board is asked to:

- RECOGNISE the effort, diligence and commitment of all involved to date
- CONSIDER how the Board might approach the next quarter in holding the executive to account on safety for COVID-19 patients and those displaced by the treatment of same

Toby Lewis
Chief Executive
March 27th 2020