

<b>Report Title</b>	COVID-19 overview		
<b>Sponsoring Executive</b>	David Carruthers		
<b>Report Author</b>	David Carruthers, Medical Director and acting CEO		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	7th January 2021

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

An increase in COVID cases in the community and how that is impacting on hospital admissions and ICU in particular. We are now in a tier 4 area and this will hopefully slow the spread of the virus.

Staffing, vaccination and lateral flow testing are discussed.

Trust Board is also invited to discuss issues around vaccination COVID.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

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### 4. Recommendation(s)

The Trust Board is asked to:

<b>a.</b>	Discuss COVID Hospital Admissions
<b>b.</b>	Discuss vaccination progress
<b>c.</b>	

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

Trust Risk Register	<input checked="" type="checkbox"/>	Numerous covid risks on register				
Board Assurance Framework	<input type="checkbox"/>					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 7<sup>th</sup> January 2021

### COVID-19 update

#### 1. Community rates

- 1.1 Increase in community infection rates have been seen in all areas in the Black Country and Birmingham, but less so than in areas in southern England where infection rates are considerably higher due to the new variant of COVID. The levels in the Midlands are on the rise again, having reduced in early December. We are now under tier 4 restrictions. The community rate for Sandwell is 379/100,000 new infections per week which is higher now than Birmingham (301/100,000 date 30/12/20). There is an increase pressure on hospital attendances and admissions, but perhaps a suggestion of a plateau of admissions. As of 30/12/20 there are 195 patients on medical wards and 23 on ICU who tested +ve for covid. There are small numbers of paediatric admissions only at this time though. Daily swab test positive for in-patients are still around 30 on a 7 day rolling average. There is an increase on bed pressure on both sites, with an increase in ratio of covid to non covid admissions now being seen. This increase in COVID admission is seeing increasing pressure on ICU (where additional capacity needs to be opened at City on ward D16 as some of the ICU L2 patients requiring NIV have been managed on D17) as well as on the NIV unit, where ring fenced beds are being created for the respiratory hub and NIV/CPAP patients. The system is under similar pressure so there is currently little capacity to transfer patients to other units, though options are being explored by NHSE/I.

#### 2. Lock down

- 2.1 Like an increasing proportion of the country we are now in tier 4. Cases of staff off with COVID have reduced to 43 pre-xmas while a similar number remain off due to self-isolation due to family or work contact. The number of staff infections and those who are self-isolating reinforces the need to adhere to PPE guidance and social distancing. This message has been reiterated several times in communications to staff. The Trust continues to provide swabbing for symptomatic household family members to allow a return to work where the swab is negative. Wearing masks in office areas when not alone and patients wearing masks will hopefully help.

#### 3. COVID beds

- 3.1 We are continually reviewing the bed allocation for covid and non-covid patients depending on admissions via ED (rising number of covid admissions) and the acuity of patients. Differential pressures and services on each site also contributes to the need to transfer patients but does give some flexibility in managing the admissions. A switch of an additional ward to red is planned for Sandwell and the move of haemato-oncology beds from Sandwell to d12 on City will provide greater capacity on the Sandwell site as well as more sideroom access. There is a continued focus on infection control to limit nosocomial outbreaks which can lead to ward closures. Daily outbreak meetings are held with infection control team and NHSe/I.

- 3.2 There is increased accessibility to 2 hour swabs so that all admitted patients can have a rapid turnaround swab but pathways for undertaking and delivering the swab to the labs stills needs to be perfected. Additional support is in place to facilitate this. The use of Lateral Flow Tests (used for staff screening) in specific circumstances in ED has been supported by NHSE/I but not something that clinical or infection control teams are keen to support at the current time. Future change of staff screening from LFT to saliva tests with LAMP test is being considered and DNA nudge test may help with rapid turnaround but still requires lab staff to be involved and 90 minutes test time for the sample once received.

#### **4. Treatment pathways**

- 4.1 The main change under consideration is around the use of the anti-viral (remdesivir) but the Clinical Advisory Group is awaiting the final publication and national advice before changing our current guidance.
- 4.2 Pressure on ICU beds remains high with pressure on both space and staffing. It is likely that D16 will have to open as surge space and that other clinical services will need to be stood down to add additional ICU skilled staff into the workforce for this area. This will be a challenge as the pressure on other clinical areas remains high to maintain care of admitted and patients and those on already delayed treatment pathways. Unless there is an increase in ICU capacity in other units elsewhere then it will be difficult not to go down this pathway. The acuity of patients is also high so transfer is difficult and those not ventilated (NIV/CPAP) are not able to be transferred by the transfer service.
- 4.3 Beds within the respiratory hub are being ring-fenced to allow all those needing NIV/CPAP to have access in a timely fashion to that service. This will create other challenges, especially when capacity is tight across the organisation but should be one factor that will help increase the care provided to this group of patients.

#### **5. Clinical outcomes**

- 5.1 We continue to watch our demographic data around admission and mortality profiles as we did in the first wave to identify any change in patterns. The gender split remains for admissions at 50:50 for both time periods and age profile shows the trend towards a younger group being admitted for the second wave but this is dynamic data with some increase in older age group being admitted more recently.
- 5.2 Our mortality data shows that mortality is highest in the over 85 year age group as in wave 1, but overall mortality is less than in wave 1, perhaps reflecting the impact of new therapies, thromboprophylaxis, O2/NIV therapy and younger age group.

#### **6. Lateral flow testing**

- 6.1 The number of positive lateral flow tests is low but not all staff are recording their results. However, those with a positive result should be obtaining a PCR test to confirm the diagnosis, so it is unlikely we will miss anyone who is positive on this screening test.

## **7. Vaccination**

- 7.1 We are now providing COVID vaccination (Pfizer vaccine) on site at Sandwell within the education centre conference facility. This required some changes for IPC purposes (e.g. change of carpet to linoleum flooring) and the pathways are working well. The vaccine arrives frozen and the first few days while systems were being established has been for high risk staff and those working in high risk areas. Next week will see an increase in access for patients from our PCN lists as well as discharged patients and patients attending for or being contacted for an OP appointment. Confirmation of a change from 3 week to 12 week follow-up for the second vaccine is awaited to allow more patients in the at risk groups to obtain their vaccine first dose as early as possible. Care home staff will be included next week as well. PCNs will be rolling out the more stable Astra-Zeneca vaccine over the next few weeks to immobile and care home residents.

## **8. Nightingale hospital**

- 8.1 There is no final decision on the opening of the Nightingale with staffing remaining a concern with the challenges that all Trusts are facing at the moment with increased admissions. We will continue to monitor the position and our response to requests for staff to support the facility.

## **9. Staffing**

- 9.1 Staff numbers for the wards have been a challenge due to sickness and there is an increased reliance on bank and agency support. Bank shift rates remain enhanced to encourage fill of vacant shifts.
- 9.2 Annual leave for all staff remains encouraged so that it is taken in a balanced way across the financial year. Up to 10 days of leave can be carried over where it cannot be taken in year with prior agreement of line manager. Other options can be considered in exceptional circumstances.
- 9.3 Working from home guidance has been extended until the end of March while a full review is undertaken to consider the longer term strategy, providing appropriate support for staff who can work from home, while maintaining regular contact with colleagues on site (one day a week or fortnight on site, for example).

## **10. Well-being support**

10.1 The support provided to colleagues during the pandemic was well received but it is important to realise the concern that some may have about a return to unfamiliar environments and stressful working practices if needed in the future. The provision of PPE, including silicon FFP3 masks and data showing that those in higher risk areas, but provided with correct equipment, used appropriately have a lower incidence of COVID infection may offer some reassurance. The staff risk assessments, stress assessment and workplace stress assessment are important aspects, as are the well-being resources available within the organisation.

## **11. Recommendations**

11.1 Trust Board is asked to:

- a. Discuss COVID Hospital Admission
- b. Discuss vaccination progress

David Carruthers  
Medical Director and acting CEO

December 30<sup>th</sup> 2020