

Report Title	Gold update on COVID-19 position, including vaccine update		
Sponsoring Executive	Richard Beeken – Interim Chief Executive		
Report Author	David Carruthers – Medical Director		
Meeting	Public Trust Board	Date	4 th March 2021

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

The community rate of COVID infection is falling with resultant decline in COVID related hospital admissions and mortality. Transfer of patients from ICU to improve capacity and staffing pressures is still continuing with ACCOTS transfer system. There is planned process for transition of capacity between COVID and non-COVID beds as hospital rates reduce and a proposal for return of staff to their base locations and wards back from medicine to surgery.

1 of our 4 ICU areas has now closed to support staff redeployment and consolidation onto the other 3 units. This is also the first step in our Restoration plan. We are very mindful to provide adequate downtime and reflection time for staff.

Testing is changing to LAMP test for staff over the next few weeks. Vaccination plans are in place for Tipton community hub and to re-open Sandwell Hospital vaccination centre for 2nd vaccines later in March.

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

Safety Plan	<input type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input 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)

Board is asked to:

a.	Note the change in pressure on hospital and ICU beds
b.	Discuss plans for gradual change of bed base as dictated by admission profile
c.	

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

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

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Trust Board 4th March 2021

Gold update on COVID-19 position, including vaccine update

1. Community infection Rate

- 1.1 Fortunately the community rates are falling across the country but do remain one of the highest national rates in Sandwell with a figure of 241 cases per 100,000 in the last week to the 26th February 2021. The average for England is 121. Birmingham is at a slightly lower level of 211. Hopefully continuation with lockdown will see further reduction but no clear hypothesis from PHE about why rates are persistently high in our area.

2. In-patient Beds

- 2.1 In-patients have fallen but remains reasonably stable at c.200 currently (reduced from peak of 430). These patients are spread across both City and Sandwell sites. A total of 29% of in-patients are COVID positive. The number of patients on respiratory hub remains high with either high flow nasal oxygen or NIV/CPAP. Covid Patients in ICU have fallen now to below 20, but still meaning running at over 100% capacity and have seen an increase in those patients without Covid. We have been able to decant from N1 at Sandwell which is one option to become part of the restoration work to create a green area for postoperative surgical care.

3. Contact Ward

- 3.1 We have created a contact ward at Sandwell on Newton 3 and D25 at City for either contact patients from the ward area or step down from admitting Red wards when found to be Covid negative. This will hopefully reduce the risk of nosocomial infection. We have also purchased further Hepa filters, created regimes for window opening and protected middle beds in bays of 6, all in an effort to ensure that nosocomial infection is as limited as possible on the Sandwell site.
- 3.2 Swabbing is still done on admission, day three and day seven. We still see a relatively high number of patients negative on their first swab turning positive on day three or seven when there has been no clinical suspicion of COVID. This number will hopefully reduce as community infection rates continue to fall, but due to this infection control is very challenging. Clinical assessment remains important because of false negative rates of swabs in patients who clinically have COVID. A careful balance needs to be taken by admitting teams to permit flow of patients through the admission wards from ED and onto the base ward for appropriate care. We now have access to point of care testing, which has been focused at the Sandwell site and is helping to reduce the turnaround time of testing for all admissions.

- 3.3 Plans for bed configuration are being considered with a return of Red to Amber wards, and wards that have been assigned to medicine to be returned to Surgery. This will be combined next week with expected plans from surgery around ICU capacity and recommencement of some routine surgical work. This ward re-allocation will be reviewed in conjunction with staffing changes that have occurred both within medical and nursing workforce as well as a review of bank requirement. Overall there will be a reduction in medicine beds, more on the Sandwell site but this involves a change back of some wards to their surgical base but will permit for medical outliers also.
- 3.4 Plans for Gastroenterology to consolidate on one site at Sandwell for in-patient beds to improve care for that group of patients who require specialist gastro team input and allow more efficient working of the gastro team, are being prepared. Our Primary care and community consultant teams will continue to support one medical ward at City while back fill arrangement for any lost work within their routine clinical space is being explored.

4. Staff testing

- 4.1 The role-out has begun of a switch from lateral flow testing to LAMP testing which is a once weekly saliva based antigen test with higher degree of accuracy. The roll-out programme has identified high risk areas initially within surgical and medical bed base progressing to all wards and then other clinical areas subsequently. This will hopefully increase the early detection rate of COVID positive staff prior to them becoming symptomatic. Data is still awaited on staff members who have become COVID positive and how this correlates with results of lateral flow testing.

5. Vaccination

- 5.1 The vaccination centre at Sandwell has been put on hibernation for now until 2nd dose administration starts on the 22nd March. An inclusion of a broader group of vulnerable individuals within the shielding cohort will allow earlier vaccination of those most at risk in the under 65 group. This is what we have been endeavouring to do within the older age groups already (promote prioritisation of those most at risk with multiple comorbidities) and so this is a welcome transition to identify that smaller percentage within this larger age group (under 65 years) who may be more vulnerable to the effects of COVID and will therefore hopefully in the longer term reduce the pressure on our ITU and emergency services.
- 5.2 The Vaccination centre at Tipton opened on Monday 22/02/21. Bookings are made through the national booking system, with a focus remaining on the top 4 groups for vaccination, increasing to include those at risk in the under 65 year old group as the shielding list expands. SWBH retains operational and clinical oversight of this vaccination centre with workforce provided through the Dudley Workforce Bureau.

6. Recommendations

- 6.1 The Board is asked to:

- a. Note the change in pressure on hospital and ICU beds
- b. Discuss plans for gradual change of bed base as dictated by admission profile

David Carruthers
Medical Director

February 2021