

<b>Report Title</b>	Gold update on COVID-19 position, including vaccine update		
<b>Sponsoring Executive</b>	Liam Kennedy – Chief Operating Officer		
<b>Report Author</b>	Melanie Roberts – Acting Chief Nurse, Liam Kennedy – Chief operating officer		
<b>Meeting</b>	Trust Board	<b>Date</b>	6 <sup>th</sup> May 2021

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

The community rate of COVID infection is significantly reduced and remained stable for several weeks. Hospital admissions have fallen in line with this, With only 8% of patients now having a positive result for Covid, Both expansion spaces in Critical Care have been closed and all staff now redeployed.

We have reduced red admissions at Sandwell to one separate area on the stroke ward and a small area on the AMU unit, which is shortly converting back to Amber as we focus our Covid response at the City site. The only areas at City hospital that remain 'red' are Amu2 and D17 with a handful of S/R on ward areas for specialities such as cardiology.

LAMP testing is now embedded in the organisation but uptake continues to be a challenge. Groups must ensure staff regularly complete LAMP testing to ensure we are protecting each other and our patients.

The frequency of our tactical meetings and strategic meetings are reducing, but debrief sessions continue as we consolidate learning from a further wave of the pandemic to input into our future surge plans.

### 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?]*

none

### 4. Recommendation(s)

Trust Board is asked to:

- |           |  |
|-----------|--|
| <b>a.</b> | Note the contents of the report  |
| <b>b.</b> | Discuss the changes we have put in place in light of the reduction of covid patients |
| <b>c.</b> | Note the changes to the ED swabbing and IPC pathway                                  |

### 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 <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

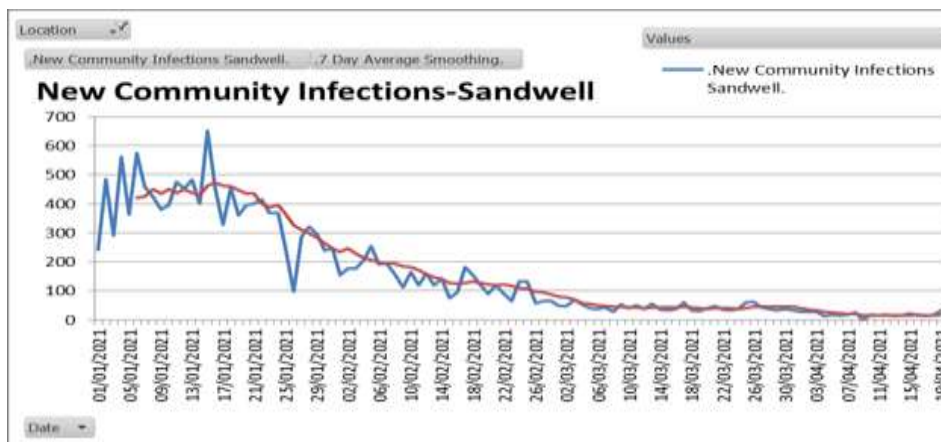
# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 6th May 2021

### Gold update on COVID-19 position, including vaccine update

#### 1. Community infection Rate

- 1.1 We can see a continual trend reduction in community infection rates as outlined in the table below. This also helps us to contextualise the change in prevalence and hence the easing of IPC regulations followed across the organisation.



#### 2. In-patient Beds

- 2.1 In-patients have fallen considerably since last CLE to just over 30 inpatients (reduced from peak of 430). These patients are focused on the City site in the main. A total of just 5% of in-patients are COVID positive now. The number of patients on respiratory hub has reduced significantly. Patients in ICU have fallen significantly to below 50% occupancy at times allowing staff some time to recuperate.

#### Tactical update

- 2.2 New IPC guidance has been issued that demonstrates that the requirement for a contact ward is no longer required, however stress's the importance of ensuring social distancing in the ED departments and adherence to correct IPC protocols.
- 2.3 Swabbing is still done on admission, day three and day seven. Point of Care testing (POCT) is now in place for all admissions at both sites. It is hoped that we will be able to deliver POCT for on the day Surgical admissions to protect the green streams created.

- 2.4 The bed plan is to reduce the Red bed capacity at Sandwell down to just specialist areas and to continue to offer red capacity over at city on D17 and AMU 2. The ED's are both returning to as close to BAU as possible with a small red section in each ED remaining in place.
- 2.5 Gastro have now consolidated across to P5 at Sandwell as the last remaining dual site speciality, as a by-product PCCT will continue to support one medical ward at City while back fill arrangement for any lost work within their routine clinical space is being agreed.
- 2.6 New testing/swabbing guidance has been agreed for ITU, our green surgical ward, transfers to PCCT, contact ward and ED

### **3. Staff testing**

- 3.1 The role-out of lamp testing commenced week beginning the 25<sup>th</sup> March. LAMP testing 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.
- 3.2 We are currently at 36% of staff are using the Lamp testing and we will be undertaking a communications campaign in the coming weeks to encourage staff to use LAMP testing. A weekly update will be presented to both our tactical and strategic meetings for us to be able to monitor the uptake of lamp testing. This dashboard will show the data across professionals groups and clinical groups. It will aid us in being able to target the hotspot areas

### **4. Vaccination**

- 4.1 Second Vaccines at our hospital hub have now been completed. We also completed a further 561 first vaccines which were for a mixture of staff and patients following our communications campaign. The vaccination centre at Sandwell will reopen for 2<sup>nd</sup> vaccines for this cohort of 561 people during the last week of June as the vaccine expires on the 30<sup>th</sup> June
- 4.2 We have been contacting all staff that we do not have a vaccination status for, to initially confirm their vaccine status, as many of our staff have had their vaccine with our primary care colleagues. These conversations have also been supportive in answering any concerns from staff who may have chosen not to have the vaccine for a number of reasons. Occupational health are also having supportive conversations with our high risk staff and to date over 80% of the high risk staff that have been contacted have received the vaccine
- 4.3 Tipton has been open since the 22<sup>nd</sup> February seven days per week offering vaccine to the first 10 cohorts so those over the age of 43. A number of bespoke clinics have been

offered at Tipton during the month of April to our learning disability patients, women only patients and our BAME colleagues working in conjunction with our faith and community leaders

- 4.4 Tipton have now completed over 21, 000 vaccines since opening and whilst continuing to offer first vaccines start the rounds of second vaccines from May 10<sup>th</sup>. We are also currently working with the system to offer moderna vaccine to our under 30's population and pregnant women. We hope to commence that in line with the national cohorts towards the end of May, early June

## **5. Personal Protective Equipment(PPE)**

- 5.1 The Board will be aware that as a Trust we have been providing PPE above national guidelines within our amber wards following a risk assessment we undertook a few months ago due to lack of ventilation, increased community cases and the number of admissions of asymptomatic patients.
- 5.2 This decision has now been reviewed and we are now offering PPE to our staff within national guidelines due to the reducing number of covid inpatients and declining community cases. This decision was ratified at the risk management committee in March and communications have been shared with staff. A number of triggers have been agreed to enable us to reassess this risk should covid numbers increase in the future. High risk staff however will continue to wear PPE in line with their risk assessments

## **6. Recommendations**

- 6.1 The board is asked to:
- a. Note the change in pressure on hospital and ICU beds
  - b. Discuss the changes we have put in place in light of the reduction of covid patients
  - c. Note the changes to the ED swabbing and IPC pathway

Liam Kennedy  
Chief Operating Officer

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Acting chief Nurse

April 2021