

<b>Report Title</b>	Gold update on COVID-19		
<b>Sponsoring Executive</b>	Liam Kennedy, Chief Operating Officer		
<b>Report Author</b>	Liam Kennedy, Chief operating officer		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	2 <sup>nd</sup> September 2021

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

The community rate of infection has reduced over the last few weeks, we have seen a reduction in the numbers of those getting tested, as hypothesised, due to restrictions being eased making the community rate a much less reliable predictor of infection rate and hence the demand on acute services.

We still currently have the highest proportion of Covid inpatients of any Trust in the Midlands region, with around 13% of overall beds occupied by Covid positive patients. This has remained fairly static for the last few weeks as has the numbers in our ICU. Despite the high occupancy rate we have seen a much lower nosocomial infection rate in comparison to others, with only 1 in the last 3 weeks.

We have increased our Red bed provision to have beds on medical assessment units on both sites, speciality ward beds, predominantly side rooms and the continuation of D17 a red area. N5 has also become a red ward on the Sandwell site to support the flow of red patients across the organisation. Staffing and non-Covid demand prohibits any further red wards at the City Hospital site.

We have hit the triggers for our first three stages in the Surge plan, however it should be noted that we have not seen a drop off in Amber demand and therefore alterations are being made to previous plans. The largest risk we have now is the number of staff available to support the expansion areas outlined in the safe staffing paper.

### 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 checked="" type="checkbox"/>

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

CLE & Q&S

### 4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the contents of the report including the sustained increase in in red demand across both sites
- b. **DISCUSS** the management of Covid patient flow and infection management

### 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

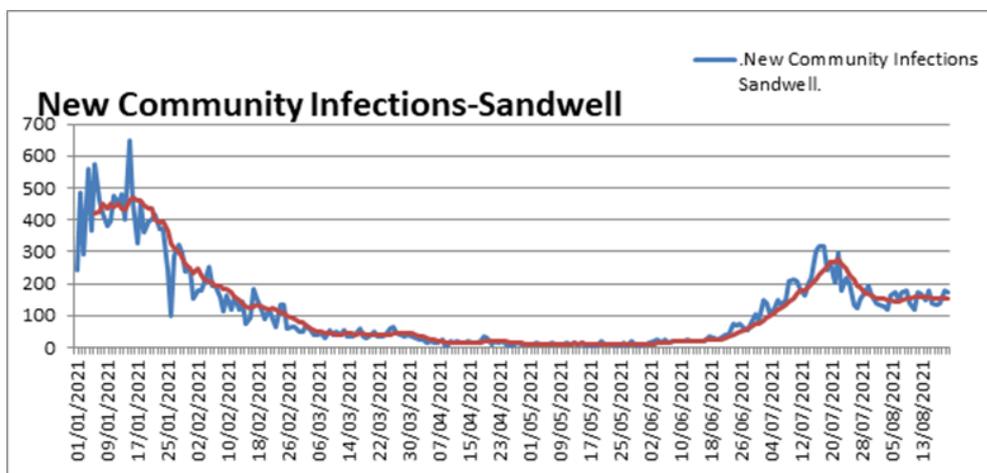
# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to Trust Board 2<sup>nd</sup> September 2021

### Gold update on COVID-19 position

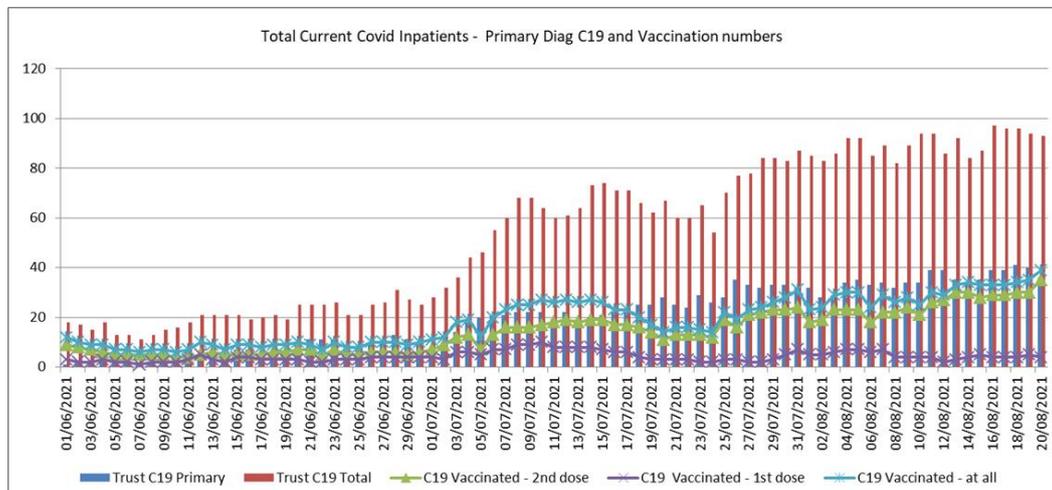
#### 1. Community infection Rate

1.1 From the Graph below you will note a considerable increase in the Community infection rates and the subsequent drop off. However, this reduction should be caveated with an almost 50% reduction in the number of daily tests carried out. This may be a result of reduced infection in the community or less requirement for testing after government restrictions have eased.



#### 2. Inpatients

The graph below shows we have maintained positive Covid inpatients for the last 2 weeks to relatively the same level with a combination of discharges and admissions. Most remain secondary presentations, so they have a primary admission for something else, but coincidentally have Covid. Most admissions with a positive Covid result also still remained unvaccinated, although you can see the proportion of those with a double vaccine has now increased as the single vaccination status is reducing.



### **3. Point of Care Testing (POCT)**

- 3.1 The Trust has been given additional POCT kits and an additional 2 analysers following the request to the national team, we have received the kits but are still awaiting the arrival of the analysers; this is of significant priority as it will allow quicker processing of patients through our emergency departments.

### **4. Staff testing**

- 4.1 LAMP testing, which is once weekly saliva based antigen test with higher degree of accuracy is now embedded across the organisation. The roll-out programme 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 Our Vaccination programme continues, we are continually reviewing Trust Data to ensure we have captured all staff. We continue to have sensitive conversations with colleagues who have not yet received the vaccine and analyse the data within the organisation looking at our high risk staff etc.
- 5.2 We have undertaken several campaigns to encourage staff to have the vaccine particularly with our BAME colleagues, where vaccine uptake is still the lowest. Despite the efforts we have not seen the increase we would expect and need to re think what other tactics are deployed.

### **6. Recommendations**

- 6.1 Trust Board is asked to:
- a) Note the contents of the report including the sustained increase in in red demand across both sites
  - b) Discuss the management of flow and infection management

Liam Kennedy  
Chief Operating Officer

August 2021