Paper ref:	TB (02/21) 011

Sandwell and West Birmingham Hospitals NHS Trust

Report Title	COVID Gold report		
Sponsoring Executive	David Carruthers Medical Director/Acting CEO		
Report Author	David Carruthers Medical Director/Acting CEO		
Meeting	Trust Board	**Date**	4th February 2021

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

Increasing community covid infection rates have put significant pressure on all our services due to high admission rates. This has had significant impact on our ICU and respiratory hub services and has led to cancellation of an increasing number of routine services.

Staff sickness is increasing and we are looking at ways to protect staff and patients by changes in PPE guidance.

Our vaccination hub is running efficiently with a focus on staff from health and social care sectors. We are following national guidance on patient groups to vaccinate as well as dose interval of the vaccine. Data will follow to see if there are any staff groups not coming forward to be vaccinated.

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

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

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

N/A

4. Recommendation(s)

The CLE is asked to:

a.	Review the support that the Groups are providing to high admission areas in the Trust
b.	Discuss approaches to infection control
c.	Note progress with vaccination against COVID-19

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

Trust Risk Register							
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board February 2021

COVID-19 Gold report

1. Introduction

1.1 Last month we reported COVID rates of infection in the community of 200/100,000 per week. That has now peaked at just under 1000 cases /100,000 per week. Over the last few days there has been some decrease in the community infection rate but the rate of fall has not been sustained despite the national lockdown. A close eye will be kept on this as it does reflect on what happens within the Trust over the subsequent two weeks. Hospital admissions have increased with COVID inpatients peaking at 427 earlier this week seeing almost 60% of our general beds occupied by COVID positive patients. There is still a high number of non-COVID patients admitted, but a switch in the balance of admissions to 2/3 COVID and 1/3 non-COVID. This requires a regular review of the bed base in the Trust for medical admissions but also impacts on ICU and the respiratory hub where the demand on services is high.

1.2 ICU expansion has occurred both in terms of space and number of staff who are working in that environment with us now providing 220% of baseline ICU capacity. This has required an expansion of space into D16 and N1 and significant redeployment particularly of nursing staff to support ICU staff reservists.

1.3 A plan has been enacted to increase the NIV/CPAP bed provision aiming for a total of 26 but this will be done in a step wise approach so as to allow any general bed capacity issue to be addressed, with a potential reduction in bed numbers as a consequence of the increase in NIV bed provision. It will also allow time for staff redeployment and any training that is needed. Oxygen flow for the increase NIV bed provision is also considered and reported daily but is currently more than adequate.

1.4 This allows a change in pathways with stepdown of post ventilation level 2 patients from ICU, to be on the respiratory hub as demands on new admissions to ICU increases and the availability of regional support falls as demand on these services grows everywhere.

2. Staffing

2.1 Over the last few weeks staffing has become increasingly challenging throughout the organisation. Sickness both COVID and non-COVID has increased within the nursing workforce and it has been difficult to maintain the usual staffing ratios of 1-6/1-8 across the inpatient areas. We have also increased our bed base across both sites to meet the demand of COVID-19 so that has further stretched our staffing. 80 staff have also been redeployed and trained as reservists to support in ITU to help our expanded ITU bed

base. What we have agreed to ensure safety across the inpatient areas is that the rotas will ensure that there are at least 2 qualified staff on all inpatient wards 24/7 and we have increased the number for HCA's and other support. The emergency Departments and Amu's are staffed differently and extra support has been offered to these areas to help. This does mean that not all tasks are being completed and this is being risk assessed on a daily basis to ensure we are still providing good care. To mitigate this a number of daily processes have been implemented as follows:

- Daily 9am GDON meeting to review safe staffing
- Daily 4pm Matrons staffing meeting
- Acuity / Safe Staffing recorded day/night shift
- Acuity review by DCN daily to identify hot spot areas
- Groups/ wards have separate daily safety huddles – discuss safe staffing
- Daily review of nursing incident reporting
- Matrons providing 7 day cover from the weekend 9th/1 for both sites (8am -20.00)
- Access to senior nurse 8c or above at weekends
- Senior Sisters/CN have reduced supervisory hours from 37.5 hours to 2 afternoons per week (7 hours)
- Reviewing night time cover and groups are scoping rostering Band6/7 nurse per group
- Increased nursing bank rates
- Offering specialist bank rates –CC, EDs ,Resp hub/ assessment areas

2.2 Further workforce support has been offered from various sources such as third year student nurses and we are working with the universities to identify numbers and placement and we anticipate they will be in the trust at the start of February. We have 26 Paramedics Students joining the organisation for 12 week placement from the 1/02. 45 medical students applied to work with the Trust, and we are currently progressing recruitment of these staff. We are working with the RCNO and HR to progress deployment of military personal as runners to support our inpatient wards and finally we have instigated a team of 6 Healthcare support workers across both sites to support with staffing gaps across the night shifts

2.3 The chief nurse also holds weekly meetings with ward/departmental nurse leaders throughout the organisation and has been working with our local mental health trust to offer mental health and wellbeing psychological support to staff. A letter of support and outlining the ask of nurses and AHPs during the pandemic has also been sent out from our Chief nurse

3. Medical Staffing

3.1 A change in the medical rota with separate respiratory consultant on-call and SpR cover for the respiratory hub with increased weekend GIM ward rounds. There is also additional support from GIM consultants between 5 pm and 9 pm to help with the post take ward rounds and to review any un-well ward patients. There is also increase anaesthetic cover at night on the wards to support ICU for deteriorating patients and

any that might need additional support overnight. Change in rotas and redeployment, with the agreement of HEE, has happened for a variety of junior trainees, particularly into ICU. JSDs are providing additional on-call work and we have 7 'medical support workers' being induced to the organisation who have medical degrees from abroad and are trying to get on the GMC register in the UK. We can provide the required experience while getting support for some ward based activities.

4. Swabbing

4.1 Pathways remain for this with swabs on admission and day three and six. Increase in the number of patients turning positive on post admission swabs in amber areas is of concern (data awaited). There is then a problem with subsequent treatment and transfer of these patients to Red wards and the isolation of any contacts that is required. This leads to ward closures adding to the challenges of admitting patients to the right areas. Rapid swab capacity is adequate but maintaining the correct process for swabbing and transport for analysis is important to make sure they are done in a timely fashion. The prospect of 24/7 availability of laboratory access to rapid swabbing results is a positive step.

5. New patients

5.1 Positive swabs are seen at ~56 per day for inpatient admissions but over 130 positive swabs daily through the lab. Staff are doing lateral flow testing which picks up a small number of positive staff members daily who then require a formal PCR test or will have to self-isolate until that time. Symptomatic staff will also need to self-isolate whether or not the lateral flow test is positive until they have a PCR result. There is a possible move to LAMP testing process for staff in coming weeks to replace the lateral flow test, more information on this is awaited, but is a more accurate but weekly test. Unfortunately as the number of COVID admissions increases so is the number of deaths within the organisation with 10-13 occurring per day at present time.

6. PPE

6.1 A decision on increasing the level of PPE use in amber in-patient areas had been taken. This is to allow staff to use FFP3 masks within these as well as Red areas. This is based on our current risk assessment, high staff sickness (9%) with a fourfold increase in staff sickness due to COVID in the last three weeks adding to the huge staffing pressures on the wards. The high number of patients in amber streams turning positive on subsequent day 5-7 swabs is increasing the risk to staff members working within those environments and thus the risk of spread of the virus. There is also relatively poor ventilation on some of our wards which adds to the infection risk. Sub-optimal bed spacing and the more infectious strain of COVID-19 also contribute to this risk. Standard infection control procedures have been emphasised with handwashing, social distancing, use of aprons and masks and touch point cleaning. Infection control was supportive of upgrading PPE within inpatient ward environments while our level of staff

sickness with COVID-19 is increasing so rapidly. Other approaches to infection control are continually emphasised on the ward and in all clinical environments.

6.2 We are also making sure that all offices are suitably assessed for capacity and advice on PPE to be worn within those offices clearly shown. There is also still availability of silicone masks for individual use so this short term change in policy for PPE use should not result in a significant drain on disposable FFP3 masks if staff get fit tested for the silicone masks. Fit testing clinic capacity has been increased and the risk assessment will be done weekly by the infection control team with decision made on further changes or reversion back to national guidance as needed. Outpatient and community areas do not need any change in approach to infection control but just an awareness of any risk assessments that are required.

7. Vaccination

7.1 The vaccination hospital hub is within Sandwell Education Centre. It started at the end of December and with developing pathways we are increasing our capacity. This will take us to over 400 vaccinations per day. This is because of increased availability of trained vaccinators as well as increased space for patient flow. Vaccine availability is being closely monitored as is the availability and access to databases for entering our vaccine data. Regular medical support is also required and a routine system for this is being finalised.

7.2 Focus has been on hospital staff initially who have a high risk assessment score as well as those working in high risk areas (AGPs and red wards). This has gradually been extended so the vaccine is available to all staff within the Trust. Some were initially vaccinated within Walsall or within associated PCNs and we are awaiting data from these organisations to make sure we have a full picture of vaccination within the Trust. Other Health and Social Care staff through our links with community services and local councils are now also being vaccinated on our site. Some patients are also being vaccinated, either to coincide with an outpatient appointment in the hospital or patients (over 80 years old) identified through our PCN. We are maintaining the national directive aiming to vaccinate as many individuals as possible with a single vaccine dose initially, and a second at 12 weeks, while maintaining the order offered to patients within the age bands than we are asked to do.

7.3 We have identified through our own mortality reviews and public health data the group of individuals with added risks, which are those with multiple co-morbidities. We know that many of these patients are in younger age group and may require ICU care. We are having discussion with the PCNs about the best ways to prioritise these patients within their different age bands for vaccination and how we can help with that within the hospital hub as we progress vaccinating Trust staff and Social Care staff.

8. Redeployment

8.1 There has been a reduction of all routine non-essential services to increase availability of staff to support medical and ICU teams in care of patients. There is a broad scope of roles that individuals may be asked to undertake within their professional capabilities. Review is underway of leave arrangements, use of SPA time and consideration of private practice all of which will be updated at CLE.

9. Staff Wellbeing

9.1 Regulations related to national lockdown have unfortunately meant that we have had to close our Gyms but have maintained shower and change facilities in the environment. Promotion of availability of wellbeing support is being reviewed to ensure staff are aware of all options that are available. There has been an increased provision of refreshments made available for staff and delivered to ward areas daily, frozen food within freezers made available for overnight staff so they can have hot food and vouchers for discount on daytime meals or to help support the wellbeing of the member of staff

10. Trust Board is asked to:

- Review the support that the Groups are providing to high admission areas in the Trust
- Discuss approaches to infection control
- Note progress with vaccination against COVID-19

David Carruthers
Medical Director/Acting CEO

28th January 2021