The Shrewsbury and Telford Hospital NHS Trust

Chief Operating Officer's Report

November 2020

1.0 Introduction

1.1 This report covers 4 main areas of operational activity.

- Covid
- Winter and urgent care
- Phase 3 recovery
- EU Exit

The 4 areas are also the primary issues that NHSI/E have asked that every Trust manages and monitors through the Incident Command Centre (ICC), and SATH has re-introduced a fully staffed ICC over 7 days with effect from 19th October 20.

2.0 Response to Covid-19

2.1 After a very low level of Covid during parts of the summer, Covid numbers have once again risen on both sites. During Sep, the level of Covid patients triggered the re-establishment of a dedicated ward on each site (ward 32 at RSH and ward 17 at PRH). At times, Covid patient numbers will mean that there are available beds, but the trust has been very careful to focus on managing nocosomial infection; strict controls on the use of beds and movement of clinical staff has been maintained.

2.2 A daily dashboard has been re-introduced whilst development work with the local Commissioning Support Unit (CSU) and SATH informatics team is being finalised to produce a modern automated version. This should be complete by the end of Oct. The dashboard shows our level of inpatients, numbers in critical care as well as other key information such as staff absence.

2.3 The ICC provided an important coordination and decision-making function during Phase 1 and 2; the ICC is in place covering 7 days, and supports Covid reporting as well as the broader remit as required by national direction. Regular internal Trust Covid Strategic Group calls have been maintained and are currently at a minimum of 2 calls per week. These include representation from executives, all care groups and all relevant corporate teams. Workstreams that feed into the Covid-19 Strategic Group are:

- IPC/Microbiology
- Clinical Pathways
- Health & Safety including FIT testing and Workplace risk assessment
- Procurement and Equipment including PPE

- HR and Workforce including staff risk assessments
- Estates
- Facilities including cleanliness
- IT and Digital
- Finance
- Operations (covering all Care groups): Unscheduled Care; Scheduled Care; Womens' and Children and Clinical Support Services
- Communications

3.0 Winter Planning and Resilience

3.1 Significant work has been done internally and as part of the Shropshire, Telford & Wrekin health and social care system to plan for Phase 3 (the next 6 months), which includes winter. A detailed submission was made at the end of September for phase 3 recovery, but this also included specific plans for winter (such as Covid scenarios). For SATH, this also covered the capacity and demand position (and the expected shortfall), and the major plans and risks.

3.2 A detailed briefing has been previously taken to the Quality & Safety Committee and to the Finance & Performance Committee to describe the situation, risks and plans. Further work has been done in the meantime, both internally as well as across the system. An updated winter briefing is included in the Board papers; this includes a comparison with winter 2019/20 as well as key lessons learnt. The revised capacity and demand position for beds represents the capacity needed to manage Covid, and reflects the weekly variance in activity that SATH and many other systems see every week (the peak demand). Risk remains, and work continues within SATH, with the system, as well as working with NHSI as well as neighbouring trusts to identify further mitigations.

3.3 The infrastructure developments will provide significant additional capacity as they are brought on line; for example, the new modular 'Same Day Emergency Care' (SDEC) facility at RSH shown below, will provide a modern facility for ambulatory care, and manage patients away from the Emergency Department.

4.0 Phase 3 recovery

4.1 The Integrated Performance report includes detail on the delivery of recovery as at the end of September. Key points to note are:

- Routine outpatient appointments and operations are being restored, but are affected by social distancing and IPC factors.
- Waiting list size continues to rise, September position was 26903, from 26307 in August
- 52 week waits (English) also has risen to 598 from 481 in August. The SATH >52 week number is increasing; we continue to prioritise based on a) clinical priority and b) length of wait. Work is commencing at the end of October with RJAH to add SATH orthopaedic patients with SATH surgeons.
- Theatre capacity remains a challenge due to staffing and segregation of critical care pods.
- SATH continues to use the Shrewsbury Nuffield hospital and plans to do so for the remainder of 2020/21
- Elective Inpatient activity remains low – 'Green' bed availability remains a limiting factor.
- CT and MRI backlog is also a concern, and Sep activity in MRI was affected by the staff Covid outbreak at PRH Radiology. A mobile MRI commenced at RSH on 9th Oct, and a second mobile MRI will be in place in early Nov. Also a mobile CT is in place from 12th Oct at PRH, and will remain in place until end of March. This will help reduce our backlog.
- Endoscopy capacity increase is dependent on: community swabbing to provide Green pathways (capacity increasing), patient compliance with

pre-procedure isolation and also introducing trans nasal endoscopy, which will enable sessions to be released.

5.0 EU Exit

5.1 SATH continues to respond to national requests on EU Exit and to make relevant preparations, based on a recognised set of workstreams. These include:

- Medicine routes and stockpiling
- Pharmacy
- Food, linen and others
- Adult social care
- Workforce
- Clinical trials
- Communications
- Vaccines and blood products
- Procurement
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5.2 Key points to note include:

- Local stockpiling of medicines is prohibited as a national rule. NHSI/E will place sanctions on Trusts that stockpile and will confiscate medicines if any organisation is found to be stockpiling.
- SATH has 230 staff from the EU, circa 3% of the workforce

6.0 Conclusion

6.1 The Board of Directors are asked to note this report.