

Board of Directors' Meeting 11 February 2021

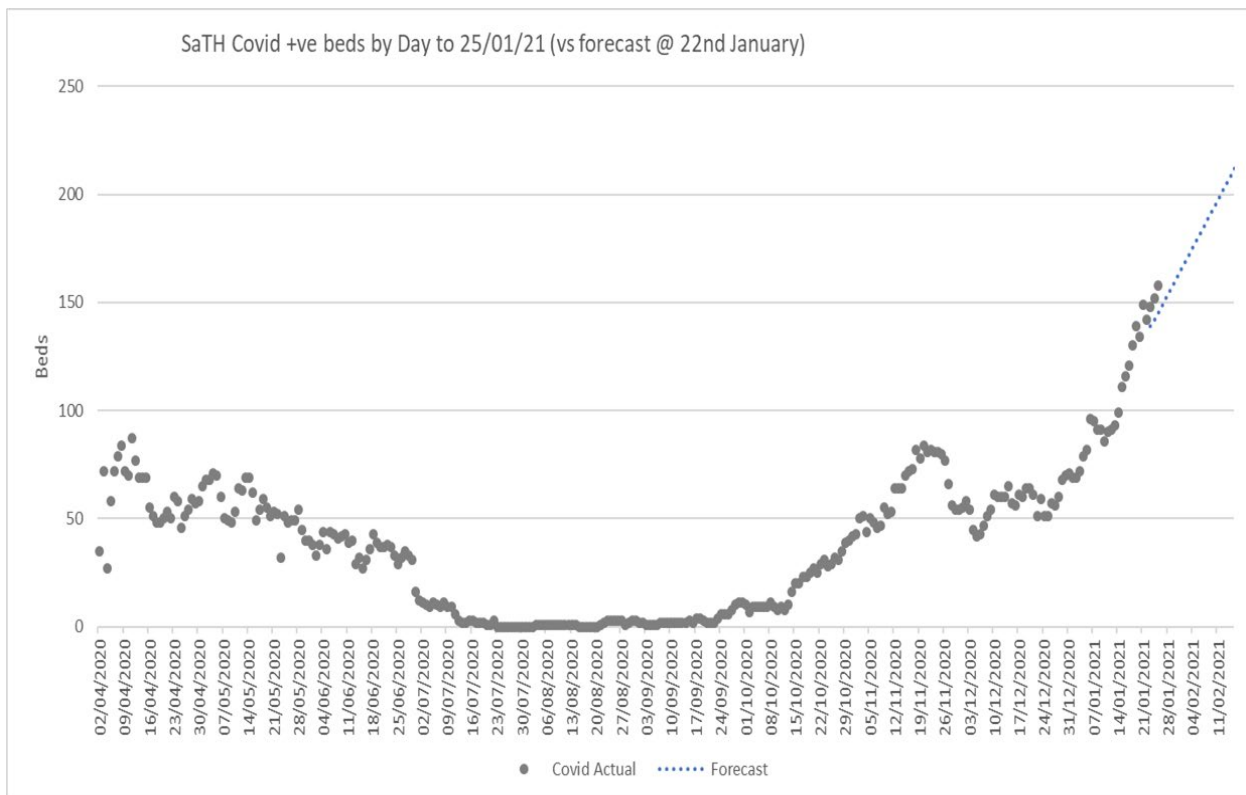
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|---|--|---|-------------------------------|---|
| Agenda item | 034/21 | | | |
| Report | Operational Report | | | |
| Executive Lead | Chief Operating Officer | | | |
| <i>√ tick only those applicable</i> | Link to strategic pillar: | | Link to CQC domain: | |
| | Our patients and community | √ | Safe | |
| | Our people | √ | Effective | √ |
| | Our service delivery | √ | Caring | |
| | Our partners | | Responsive | √ |
| | Our governance | | Well Led | |
| <i>√ tick / input only those applicable, usually only one</i> | Report recommendations: | | Link to BAF / risk: | |
| | For assurance | | BAF 561 / 1771 | |
| | For decision / approval | | Link to risk register: | |
| | For review / discussion | | CRR24 | |
| | For noting | √ | | |
| | For information | | | |
| For consent | | | | |
| Presented to: | Finance & Performance Assurance Committee on 2 nd February 2021 – Committee noted | | | |
| Dependent upon (if applicable): | N/A | | | |
| Executive summary: | <p><u>Operational report</u></p> <p>This paper provides an update on 2 key areas of operational activity. It is acknowledged that the paper is written without the very latest Covid activity levels. Detailed performance information will be included in the Integrated Performance Report. 2 areas to note:</p> <ul style="list-style-type: none"> • Covid activity rose significantly during the period and into January. The impact has been significant. SATH has been supported by partners across the health and social care system. • The impact on continued recovery of Cancer, RTT and Diagnostics by increasing Covid activity is significant. The Trust will continue to focus on the highest clinical priority patients, but waiting lists are expected to continue to rise. <p>The Board of Directors are asked to note the details of the paper</p> | | | |
| Appendices | <p>Appendix 1: Covid-19</p> <p>Appendix 2: Restoration & Recovery</p> | | | |

Board of Directors

Briefing Paper – COVID

During December and into January, the levels of Covid prevalence in the community continued to rise, and the level of admissions to both sites also rose. The Trust saw the highest levels of positive cases since the pandemic began once again. The impact continues to be compounded by Covid ‘contacts’ and beds lost due to outbreaks (ie where patients are identified as positive or in contact with positive cases during their stay); however, use of ‘redrooms’ (rapidly-installed isolation cubicles) and plastic screens have limited the contacts and supported maintenance of flow.

In common with many Trusts in the Midlands, SATH saw the greatest rise after Christmas, and the rise continues into January. SATH occupancy increased to circa 25% of beds used for confirmed positive inpatient numbers, plus those with suspected cases. The graph below contains the latest numbers.



In parallel, the region has seen a significant increase in critical care demand, not only from the region itself, but also to support London and the South East, which has seen the highest level

of increase. SATH has provided some mutual aid to Trusts in the West Midlands, as well as supporting all patients who have needed critical care from the local area.

As the level of Covid rose, a number of services have been reduced, not only to release staff to support critical services (such as critical care and wards) but also due to staff absence. The Shropshire, Telford & Wrekin health and social care system has worked collaboratively together, and a number of key steps have been taken:

- Escalation of critical care to over 150% of baseline capacity
- Mutual aid of key staff groups from RJAH and Shropshire Community Trust (supporting SATH escalation in critical care and respiratory wards)
- Reduction in routine activity to release staff (for example routine therapy clinics, P3/4 theatre activity)
- Joint work with the Shrewsbury Nuffield to increase capacity (primarily for cancer cases)
- Maximise use of all community and social care capacity to support discharge of patients with ongoing care needs

The management of both Covid and non-Covid emergency patients at both Emergency Departments has been challenging during the period, and the Trust has seen some ambulance handover delays at peak periods as a result. This has especially been prevalent in the high risk/Covid positive pathway.

The level of Covid admissions is forecast to remain high into early February.

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Briefing Paper – Restoration and Recovery

As the level of Covid activity rises once again, there is a clear effect on the ability of the Trust to maintain levels of outpatient, diagnostics and theatre activity. The Integrated Performance Report contains the detailed graphs and numbers, but this report is to highlight the key areas of risk.

- Cancer care remains a priority for the Trust, and cancer outpatient and diagnostics activity has been maintained where possible; it is only specific staff absence which will cause changes. As the level of critical care escalation increases, it is expected that high priority theatre activity will be affected, and in this scenario, clinical urgency will always be used to prioritise patients. In addition, the Trust will transfer some activity to the Nuffield hospital, as well as work with the West Midlands Cancer Alliance for more complex cases. It should be noted that many Trusts in the West Midlands are seeing significant impact on theatre activity including cancer.
- Routine patients in the non-admitted (outpatient) and admitted categories will also continue to be affected, as the capacity is limited and prioritisation remains vital. Whilst the trust continues to maintain activity where possible, it is expected that routine activity will be reduced in January and February, and waiting lists will rise accordingly. Whilst non-face to face activity will be used where appropriate, many initial outpatient appointments will need face to face contact. The number of patients waiting >52 weeks has risen, and during January and February are expected to continue to rise.
- Diagnostics (including imaging, endoscopy and other tests) will also be affected. As above, any pathways which are for cancer pathways and other urgent conditions will continue to be delivered and prioritised. SATH continues to benefit from additional mobile CT and MRI units, which are helping support the most urgent patients.

Clinical leaders from SATH and across the system are working closely to align the prioritisation, and aim to give coordinated communication to patients. However, it is also recognised that the situation will remain fluid, and short notice changes remain a risk.