The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
11 March 2021

Agenda item	053/21			
Report	Covid-19 Report			
Executive Lead	Chief Operating Officer / Medical Director			
√ tick only those applicable	**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	
√ tick / input only those applicable, usually only one	**Report recommendations:**		**Link to BAF / risk:**	
	For assurance		BAF 9	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	Finance & Performance Committee (2.03.2021)			
Dependent upon (if applicable)**:**	N/A			
Executive summary:	Covid activity remains a dominant factor at the Trust, and although activity is reducing, it remains at a very high level. - The 3rd wave of Covid-19 intensified during January 2021 - SATH increased our critical care footprint and also increased 'Oxygen plus' capacity - SATH has benefitted from redeployment of staff from both SaTH, RJAH, Shropcomm and the military to staff our wards and A&E. - There has been impact on elective and cancer activity during January and February 2021. - Covid demand and resulting pressures has also impacted on flow though ED and wards. SATH is working closely with system partners on the de-escalation plan as demand reduces.			
Appendices	Appendix 1: Briefing Paper - Covid			

Partnering
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Briefing Paper – COVID

The 3rd wave of Covid-19 intensified during January 2021, resulting in a significant increase in the number of patients hospitalised, a number of whom required intensive support in our high dependency and ITU areas of both hospital sites. We increased our critical care footprint by 179% and this was staffed from our own and partner Trusts qualified and support staff. This meant that we were able to meet the demand for Shropshire residents and also support other Critical Care Units in the region.

Clinical staff have coped admirably well with the challenge of this current wave. The medical leadership team have deployed large numbers of junior doctors as part of the response. Several departments' consultants have acted down to act as junior doctors including night shifts; their juniors in return supported Critical Care, Respiratory, ED and medical wards, often with high intensity rotas. This re-deployment phase of the pandemic ended on 3rd March 2021.

Demand also required SATH to increase the capacity for patients requiring non-invasive ventilation ('oxygen plus') to be managed within high-dependency respiratory wards, increasing the oxygen supply and the staffing on these wards. Of note, this capacity has been significant in preventing further patients requiring critical care, but has been an area of challenge to staff during the period.

There is emerging evidence that our mortality for COVID patients has been lower than expected, this may be due to the effort by our base ward and respiratory teams applying enhanced ventilation techniques on wards, thus preventing patients to be admitted to critical care.

This aspect of the pandemic highlighted our constraints regarding lack of suitable estate and the lack of a designated respiratory high dependency unit at SaTH; an initial business case has been approved at Innovation and Investment Committee.

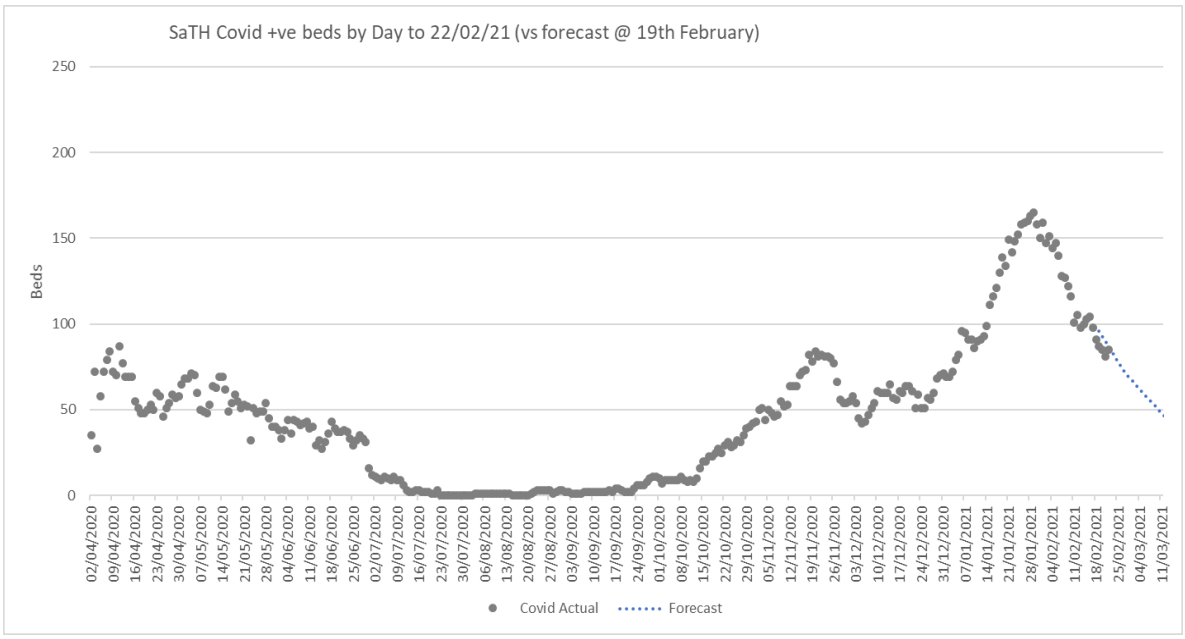
Mortality review work is ongoing to ensure sufficient scrutiny of all deaths related to the first and second wave to ensure lessons are learned and implemented relating to COVID care and management of PPE and outbreaks.

The overall bed occupancy of Covid-19 patients was much greater than the peak experienced in the first and second waves of the pandemic, reaching a peak of 165 patients on 29th January 2021. As a consequence of the scale of the 3rd wave and the extended period of the wave, we have had to take action to release capacity from routine care and fully implement our escalation plan. This has resulted in redeployment of staff from both SaTH, RJAH, Shropcomm and the military to staff our wards and A&E. At the same time we have been effective in rolling out the vaccination programme to the first 4 priority cohorts of the population.

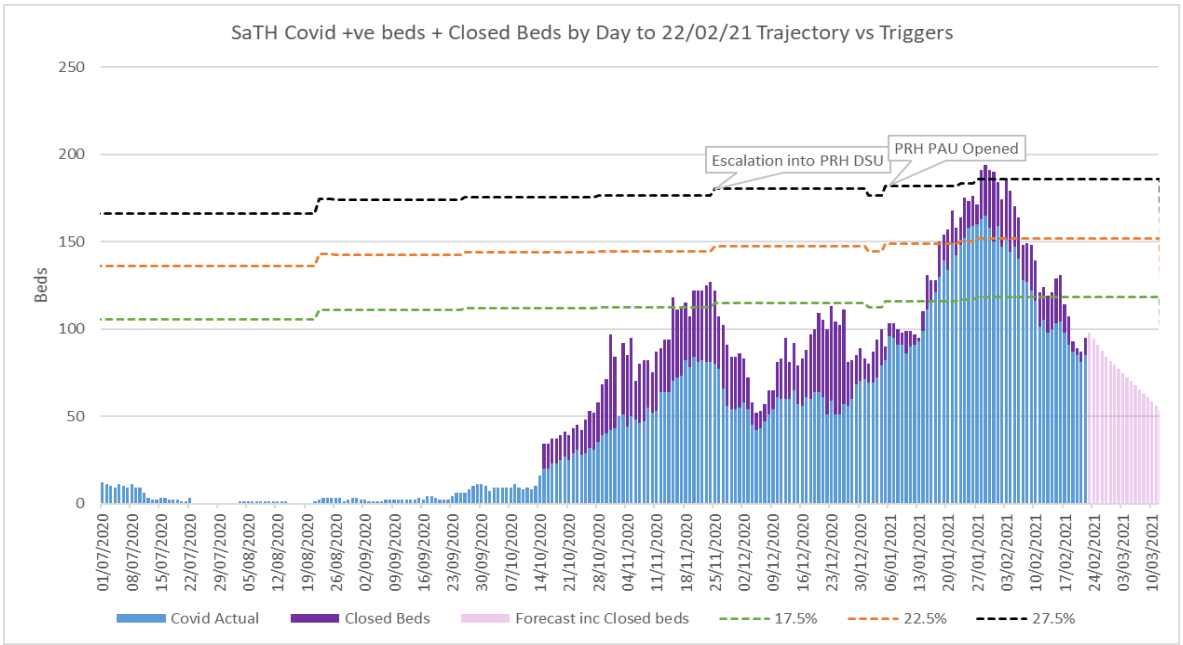
We have strived to minimise the impact of this on elective (including cancer) patients by expanding our use of the independent sector at the Nuffield and retaining a low risk green pathway at RSH for as long as possible to treat urgent patients including cancer. Unfortunately we could not maintain the RSH green pathway into February (with some urgent works being carried out in critical care, including installation of isolation pods) and have been seeking support from the West Midlands Cancer Hub for patients unsuitable for treatment at the Nuffield. Critical Care return to their usual critical care footprint from the 22nd February 2021 and SATH will re-establish the green pathway at RSH, prioritising the surgery of the highest risk patients including patients with cancer.

We are working with system partners on the de-escalation plan to enable redeployed staff to return to their bases during March as soon as it is safe to do so, so as to enable other services.

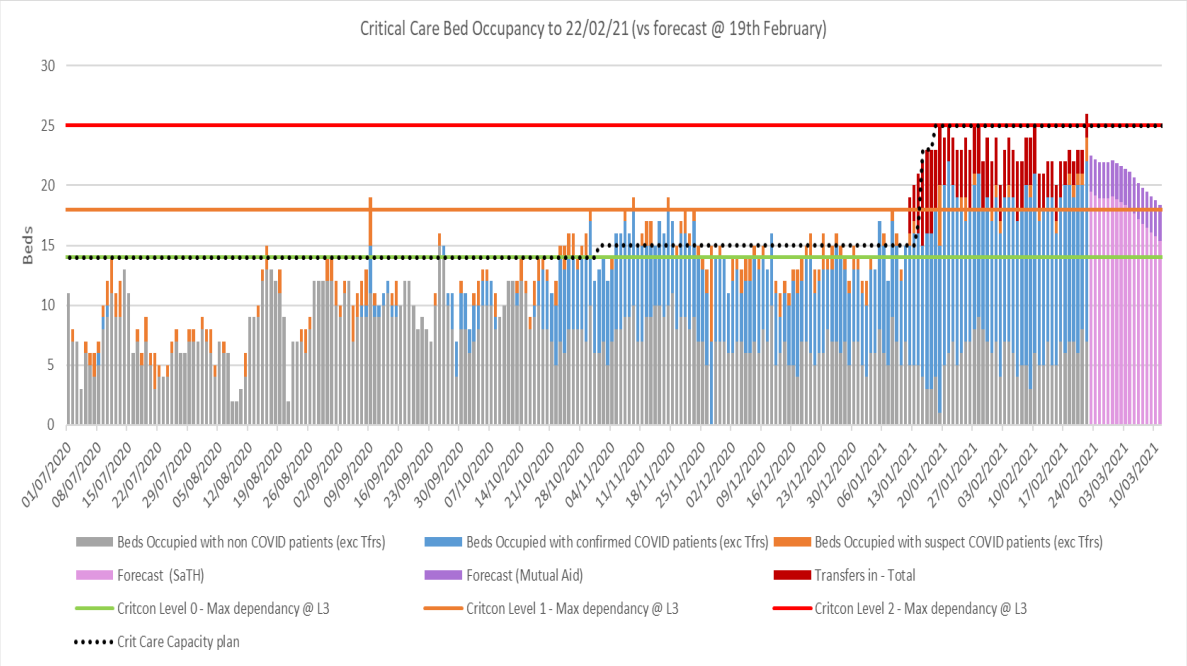
Building on graphs and updates in the Integrated Performance report, key points are noted below:



- Overall Covid inpatient levels are reducing, but remain high (and as high as any period during 2020)



- The impact of outbreaks (and closed beds) has been variable, but whilst managed carefully, limitations on capacity (in either red or amber pathways) has contributed to pressures, including flow and ambulance handover delays.



- Critical care occupancy remains very high, and 21st/22nd February 2021 saw the highest level of occupancy since the start of the pandemic. Only 2 patients are from the wider network, so the majority of demand is our own local area.

Together with the local health and social care system, we continue to monitor demand and Covid levels closely.

SaTH are the lead provider for the STW vaccination programme, with all other partners playing a part in delivering the programme. The number of first vaccinations has passed 180.000 (over 1/3 of the population). We have achieved very high penetration in the top 4 priority groups and are among the best systems in the regions for penetration of care home residents. Telford International Centre, Ludlow Race Course and Shrewsbury Bowling Green are operating as large vaccination sites, with the latter two near or at full capacity, and TICC having an improving fill rate. It is important to note that with vaccination of the 50-59 years age group and second doses starting, this extra capacity will be needed to continue to perform well.

SECC and RJAH will also join / re-join as vaccination centres to ensure we have enough capacity to vaccinate the next cohorts and supply second doses.

As of 2nd March 2021, we have employed 569 temporary and permanent members of staff to ensure we can face the challenge of the next vaccination phase.

Due to the rapid growth of the programme, the governance and assurance structure has been adapting as the programme grew. We have set up a SaTH programme management board, chaired by the MD and the SRO of the programme. The outputs and assurance of this feed up to this board via the SaTH governance pyramid (QOC and QSAC) and system wide via the CCG vaccination assurance board and COVID Silver and Gold.