

Board of Directors' Meeting April 2021

Agenda item	082/21			
Report	Covid-19 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 9	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting	√		
	For information			
For consent				
Presented to:	Finance & Performance Assurance Committee (30 March 2021)			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>Covid activity remained a major factor during February although at the end of the month and into March 2021, levels of inpatient demand has reduced.</p> <ul style="list-style-type: none"> - The 3rd wave of Covid-19 remained high in February 2021 - Critical care reached a peak during the month - SATH 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 February 2021 - Covid demand and resulting pressures has also impacted on flow though ED and wards. <p>SaTH is working closely with system partners on the de-escalation plan as demand reduces, and to re-establish affected elective and diagnostic activity in March.</p>			
Appendices	N/A			

Briefing Paper – COVID

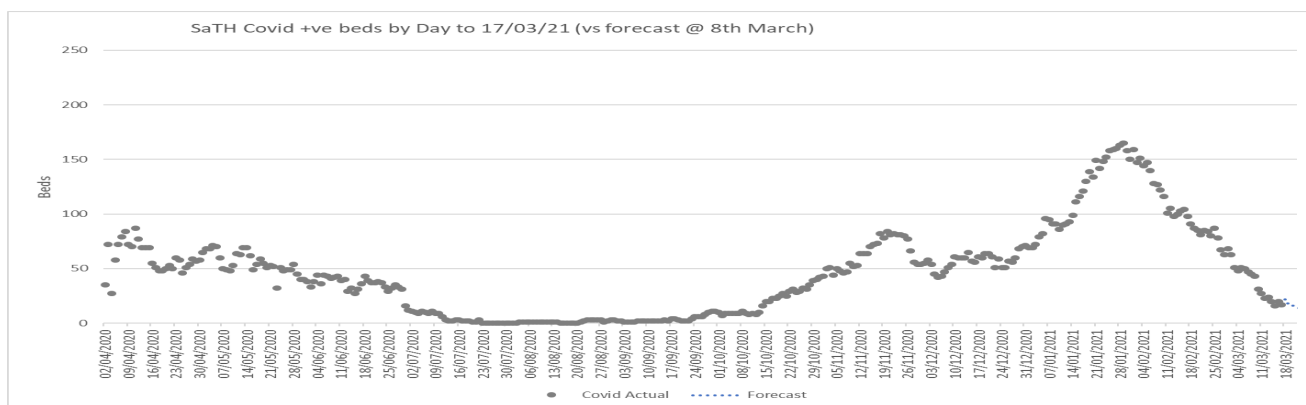
The largest wave of Covid admissions continued into February, and both sites continued to see inpatients on medical wards, on enhanced support in specialist respiratory units and on critical care. The level of Covid inpatients remained high in early February, but thankfully has reduced during the month. As forecast, the numbers of patients requiring critical care remained high throughout the month, and late February saw the highest level of patients in the critical care units since the start of the first wave in March 2020. Only 2 patients of this total at the time were transfers in from other centres, so the majority were local patients. The graphs below are taken from 17th March 2021, and therefore illustrate a more recent position than the integrated performance report; the forecast and trends have followed predictions.

The pressure on a wide range of clinical teams remained high, and many staff were redeployed to support the most critical services. As in January, SATH was supported by the Army, Shropshire Community Trust and Robert Jones & Agnes Hunt Trust, particularly in critical care, respiratory wards and theatres. This support was invaluable, and as Covid levels reduce, there will be a phased return of these staff to normal duties.

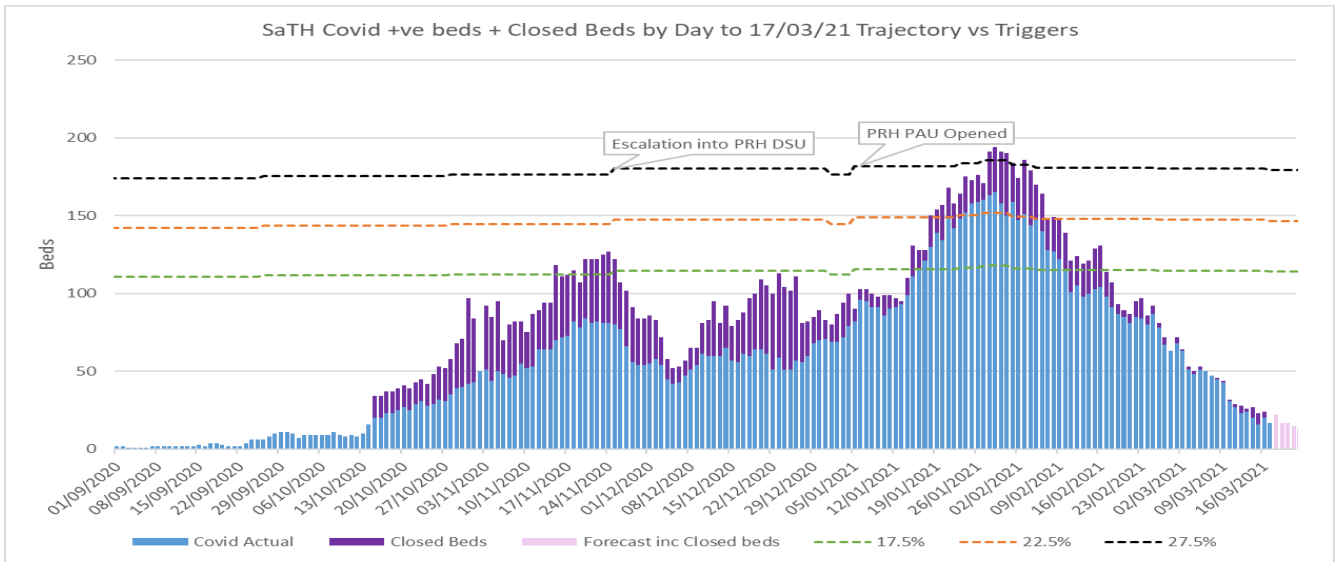
The impact on elective activity (including cancer) remained significant; patients continue to be clinically prioritised, with priority 1 maintained, and priority 2 including cancer cases also maintained as much as possible. All patients delayed in mid-February have now been treated or have dates planned, and SATH has added additional weekend theatre sessions during March and April to clear any urgent backlogs. As Covid levels reduce in March, a phased reintroduction of services will be carried out.

The complexity of pathways continued to cause pressure in both A&Es, with associated ambulance handover delays at times of peak activity. The clinical teams focused on categorising emergency patients into the high risk/covid positive or the medium risk pathways, in A&E, assessment units and wards. The cohorting of appropriate groups of patients on wards on both sites was managed with a daily meeting.

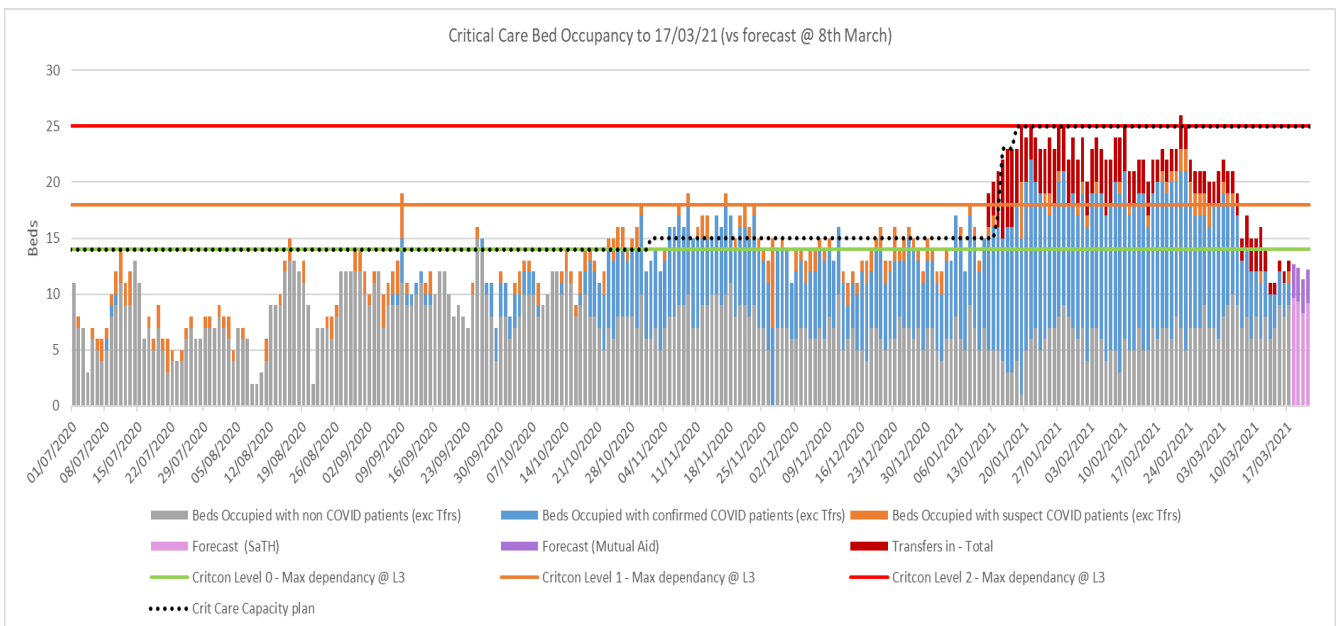
Building on graphs and updates in the Integrated Performance report, key points are noted below:



- Overall Covid inpatient levels continue to reduce, and as at 17th March are at the lowest for many months.



- The impact of outbreaks remains a risk (and all clinical teams remain vigilant), but these also continued to reduce as Covid inpatient levels, and the level of community incidence reduces.



- Critical care occupancy remained high into early March but has reduced quite swiftly in recent days. SATH still provides support to the wider Birmingham area on occasions.

Together with the local health and social care system, we continue to monitor demand and Covid levels closely, and coordinate efforts to re-establish services following many months of significant Covid impact on patients, families and staff.

Chief Operating Officer
March 2021