Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	24 June 2020		

Title of Report:	Update on COVID-19 (Coronavirus) Response
Status:	For Information and discussion
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Appendices	

1. Executive Summary of the Report

This paper provides the Board with a detailed update on the current management of the Covid-19 pandemic at the RUH Bath.

The RUH implementation of incident management and a changed model of care (detailed in previous board presentations from April 2020) to support the clinical management of the virus is now well established in the Hospital. Executive Gold command meetings remain in place three times a week. The Gold incident command meetings are chaired by the Chief Operating Officer and attended by Executive colleagues, Clinical Leaders and the Resilience Manager. The Silver command response is through the Incident Command Centre (ICC) which continues to report on all aspects of incident management including workforce and day to day issues relating to PPE and resource management. The ICC also manages the recently introduced Antibodies testing process for staff. The silver commanders are drawn from the specialty manager cohort supported by an ICC Duty Manager.

Decision forums linked to the on-going management of the incident have been asked to reflect and engage with BAME representatives and other staff networks at the RUH to invite participation on both GOLD and Silver Command structures.

The introduction of national guidance has mandated the wearing of PPE (face masks) for all staff on the hospital sites from the 15th of June. Increased supplies have been provided through national procurement and all staff and visitors are asked to wear face masks or face covering when entering the site. Way finding provides a visible guide to distancing around the site and the safe number of people who can utilise a particular space.

Regional incident management is through the BSW incident response and regional modelling on prevalence is issued through the regional NHSIE team. The BSW Gold meetings have moved to three times a week and RUH are represented at Executive level. Since the last board report the BSW group has prepared a draft trigger system to alert the region and lead the regional response to any risk of a second peak.

Nationally there has been an introduction of Nightingale Centres to provide additional capacity for critical care. The Nightingale Centre for the BSW region is situated in Bristol. The Nightingale Hospital remains on stand-by with no clinical activity having taken place at the venue. A regional clinical summit took place on 12th June and recommended the following actions:

- Nightingale Hospital to be kept on standby in the event of a second surge
- Tracheostomy is not available at the Nightingale
- Complex Renal Replacement is not available unless equipment becomes available.
- Increased Length of Stay would require minor estates works to bathrooms.
- Nightingale Hospital only to be used if mutual aid is not available.

This paper contains more detailed updates on the following areas:

- Covid 19 Activity overview
- Prevalence/capacity modelling and impact on ward capacity as a result of social distance
- Workforce

In comparison with the national picture the Trust has low levels of activity including COVID-19 patient screening, management of positive patients as inpatients and as discharged patients and within the critical care model.

The BANU/Phase 2 programme is leading the work to restart services and establish a new hospital delivery model and this work is detailed in a separate paper. Elective work is continuing through the private sector as we restart service on the RUH site within the constraint of social distancing guidelines.

Risks related to our Covid response are detailed in the Phase 2 section of the Trust Board meeting.

2.	**Recommendations (Note, Approve, Discuss)**
The board is asked to acknowledge and note the incident response approach to COVID-19. The board is asked to note the updates on social distancing and workforce. Operational performance and BANU/Phase 2 restart is detailed in a separate reports and presentation.	

3.	**Legal / Regulatory Implications**
Civil Contingencies Act 2004, NHS England EPRR Core Standards	

4.	**Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)**
A specific Covid-19 risk has been added the Board Assurance Framework (BAF 4). This is supported by a separate Covid Risk register.	

	Resources Implications (Financial / staffing)
Incident Command Centre has a workforce hotline for staff and this is established as part of the ICC. Key senior leaders have been identified and redeployed to provide critical support to key functions in the management of this incident. This is reviewed regularly.	

Extended capacity for critical care and the extension of 7 day working for key staff groups via ICC.

Executive Director support to the Nightingale Board has reduced but continued.

6.	Equality and Diversity
Reference is made to equality and diversity considerations in the paper.	

7.	References to previous reports
Nil	

8.	Freedom of Information
No FOI requests made to date	

Update on COVID-19 (Coronavirus) Critical Incident - Planning and Response

Current Covid 19 Activity Profile

The following graphs illustrate the prevalence of the Covid 19 virus in admitted patients at the RUH. Current state and cumulative figures are included. This illustrates a comparatively low level of inpatient occupancy for positive patients in all bed categories. The number of deaths is reflective of the occupancy and acuity of the patients admitted to the RUH and trends are currently stable. Daily monitoring continues including thresholds to oversee the risk of a second peak.

Table 1.1

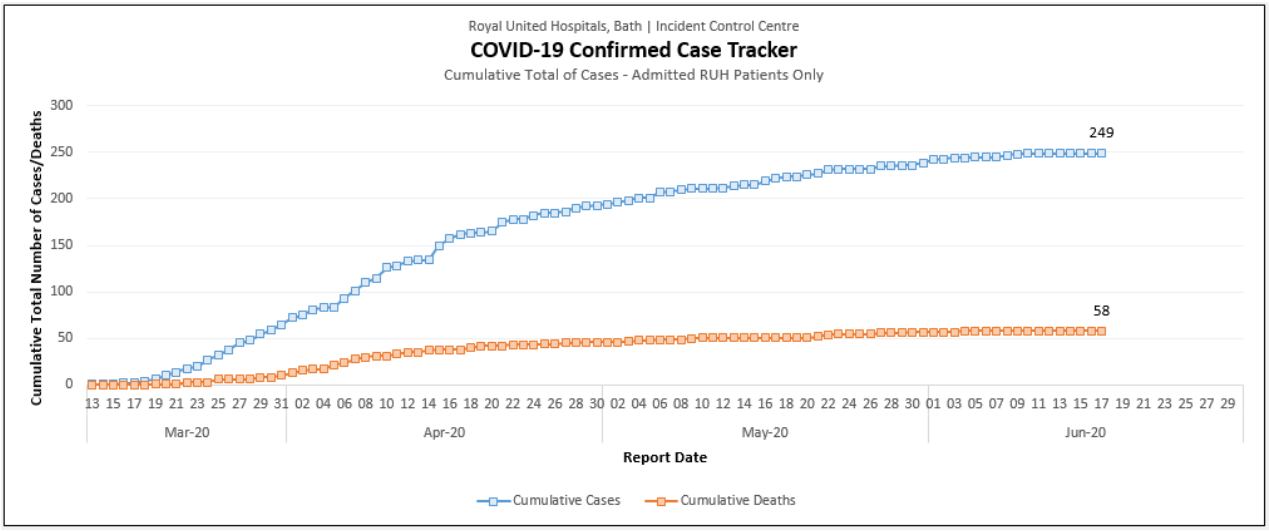
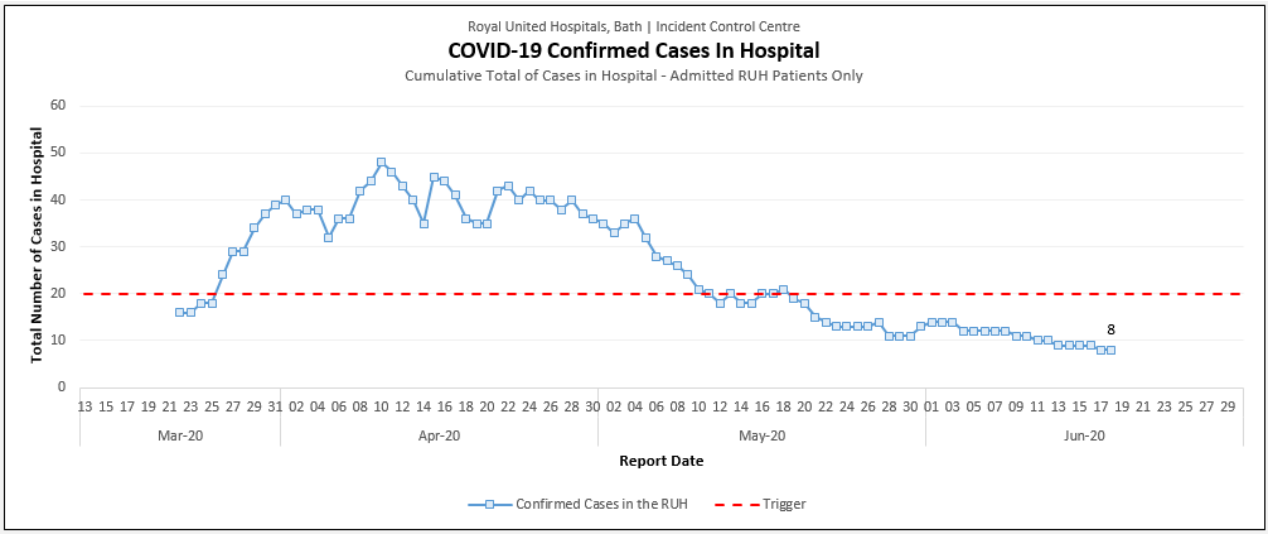


Table 1.2



The table below provides an overview of the actual and suspected Covid 19 cases in the

RUH as at 16.06.20 including current deaths and discharges (cumulative).

Table 1.3

Census Date	**16.06.2020**
Suspected Cases Total (number tested and either awaiting result or negative)	**13**
Confirmed Cases Total (Admitted)	**348**
Confirmed Cases in Hospital (Total)	**9**
Confirmed Cases Deaths in Total	**58**
Confirmed Cases Discharges (Total including Deaths)	**257**

Capacity Modelling

There have been several iterations of national and regional modelling which has used a range of scenarios to indicate the predicted capacity for both ventilated and non-ventilated beds in acute hospitals. The Gold Delivery Team used this data to finesse an RUH model and indicate the level of general, oxygen supported and ventilated (critical care beds) that would be required.

The early national predictions indicated a high demand for all bed times but with particularly high demand for ventilated beds. This number peaked at 129 critical care beds required in surge at the RUH.

Over the course of the pandemic this has been revised on three occasions with later information downgrading the need for ventilated capacity, non-invasive and oxygen beds at the RUH. The current RUH 'green' surge provision for ventilated beds is 25 (this was 45 including the use of Day Surgery Theatres, but revised as ventilators ordered were diverted by national procurement to an area of greater need and the ceasing of Day Theatres as Pierce Intensive Care Unit came on line).

The table below illustrates the peak bed numbers that were indicated by the modelling and which informed silver recommendations and gold decision making supporting a revised operating model, surge capacity and anticipated usage of any regional critical care provision.

Following a review of our ward and bed spaces following guidance on social distancing and the 2m rule, the following reductions in our bed capacity have been identified and has been used in our current modelling for Phase 2.

Table 1.4

Bed type	Pre-Covid Total Bed Base	Adjusted Bed Base to meet 2m rule	Bed Variance
General & Acute Beds	568	461	-107
ICU	27	25	-2
Maternity	57	54	-3
Paediatrics	54	49	-5
Total	**706**	**589**	**-117**

There is an escalation plan for these beds closed due to social distancing that is based on clinical risk and surge planning that would be enacted via the Executive Gold incident response.

3. Risk Register

An overarching Covid Risk has been added to the Board Assurance Framework (BAF 4).

The Risk and Issues Dashboard developed during our Phase 1 Covid response continues to provide a real time overview of the risks with the ability to easily filter by sub-group to support local management of risk.

The risk log has been developed in line with the Trust's overarching Risk Management policy and the same scoring and risk management expectations have been applied.

An update on risk and issues is provided in the separate Phase 2 update to Board.

Risk Oversight Matrix

Below is the escalation oversight matrix for risk management. This has been set in line with the Trust's Risk Management Framework.

Category	Score	Escalation Oversight
Insignificant	1-4	Sub-group
Low	5-9	Sub-group
Medium	10-12	Gold Delivery Group
High	15-25	Gold Command Group

Personal Protective Equipment (PPE)

It is anticipated that PPE will continue to be a constraint for phase 2 of the work programme and may prohibit the increase in routine elective, outpatient and diagnostics work as services prepare to come back on line. PPE and other resource issues linked to the Phase 2 restart work will be detailed in the BANU/Phase 2 presentation.

PPE continues to be a high risk for the Trust through the incident. The Microbiology, Infection control and prevention and Procurement teams have worked together closely to ensure that the most up to date PPE guidance is available to staff and that the supply of PPE is effective and timely. The recent change in guidance on facemasks and face covering for staff and visitors has added to the range of PPE lines that require close management.

Where risks to the national supply chain have been identified, the teams have looked at suitable alternatives to ensure we can keep our staff and our patients safe. Stock levels of PPE are monitored on a daily basis through ICC and we are linked into the BSW mutual aid programme as well as the national supply chain.

Clinical Pathways

As described in a previous reports, the clinical pathways are being reviewed by the new structure which re-introduced the Clinical Cabinet as the lead forum for innovation and clinical design.

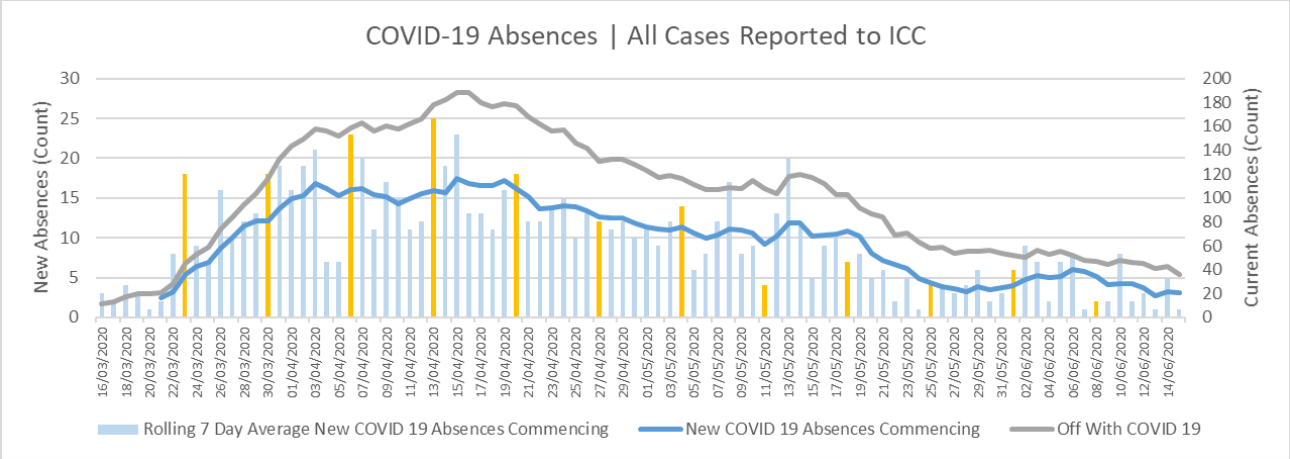
UPDATE ON COVID-19 (CORONAVIRUS) RESPONSE - WORKFORCE

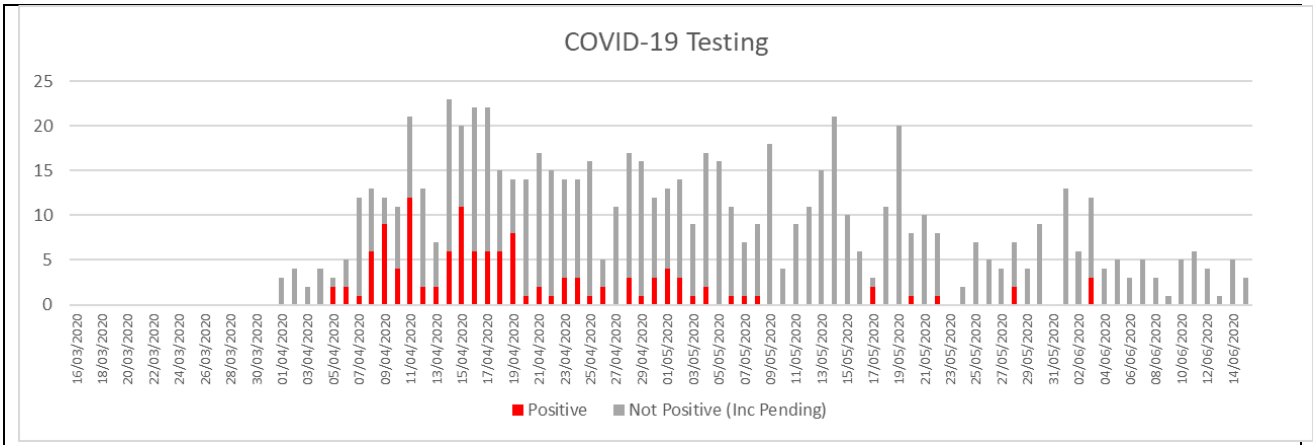
The Workforce Group, which now meets once a week, continues to ensure appropriate governance of decision-making and coordination of activity reporting through to Gold.

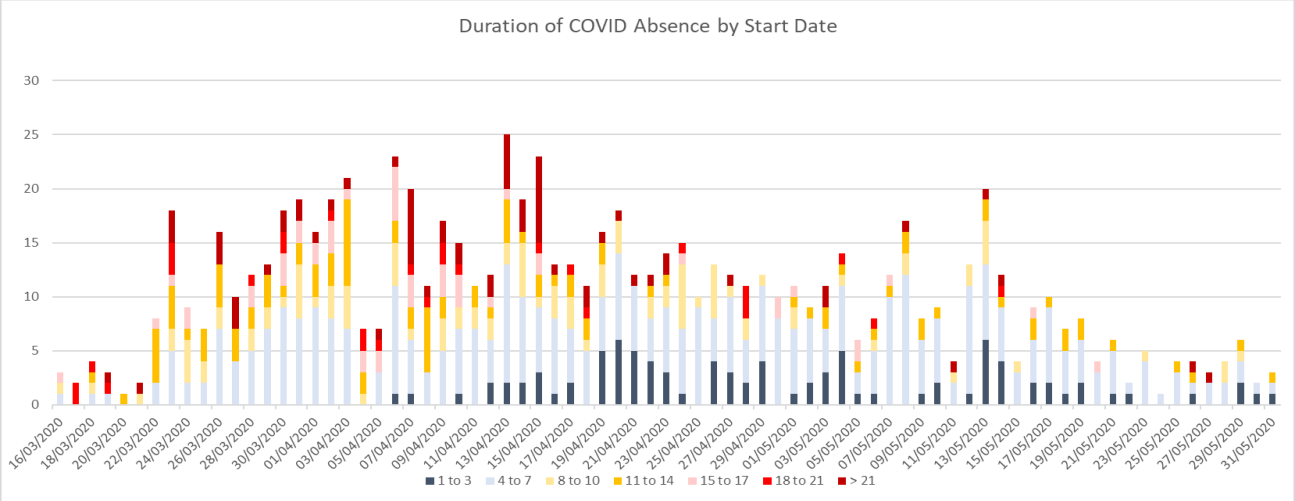
Staffing Command (ICC)

Between 31st March and 15th June Staffing Command have received 4102 calls. All absence is recorded, monitored and coordinated through the Staffing Command and a contemporaneous staffing dashboard can be accessed at any time. Snapshots are taken three times a day and shared with relevant staff and high-risk areas. Any areas of concern are escalated to infection prevention and control team, ward/department manager and the matron for further investigation and if required a subsequent outbreak meeting is held.

Based upon calls received by Staffing Command, the following charts give an indication of absence levels, length of absence and staff testing results. To note at the time of this report there has not been a positive swab (staff member) since 3rd June, however there have been a number of staff that despite a negative result have been clinically positive and treated as such.







On 28th May the Staffing Command commenced booking and providing staff with their results of the antibody testing. The number of staff tested up to and including 14th June is 1745, with a further 1619 staff booked until 10th July. The prevalence for positive staff is around 10%, which is in line with the national average.

Staff Testing

The staff (and household members) testing service has been running 7 days a week since the end of March. Staff testing figures as of 15th June are outlined below:

Referred by ICC	985
Tested	858
Positive result	125 (12.6%)
Negative	721 (73.1%)
Not tested	117
Pending	19

The reason for the number of staff not tested is because there has been an increase in people using home kits or being tested elsewhere, however we do have their result in our numbers.

Temporary Staffing

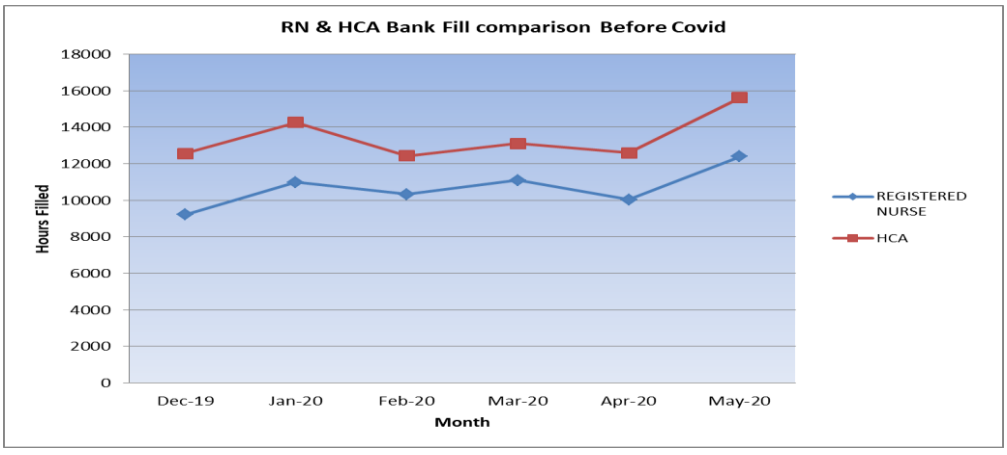
To support the possibility of a reduced bank workforce due to the Covid-19 pandemic we introduced a 'Fast Track' recruitment process for bank staff in the middle March. We worked closely with the recruitment team to find where delays in recruitment normally happen. The outcome was references were the biggest delay in recruiting staff. As businesses ceased to trade, it was expected that the current average of 21 days for receiving references for standard recruiting would be increased. The decision was made to forego requesting references and recruit into a 3 month bank contract. All other employment targets were still met.

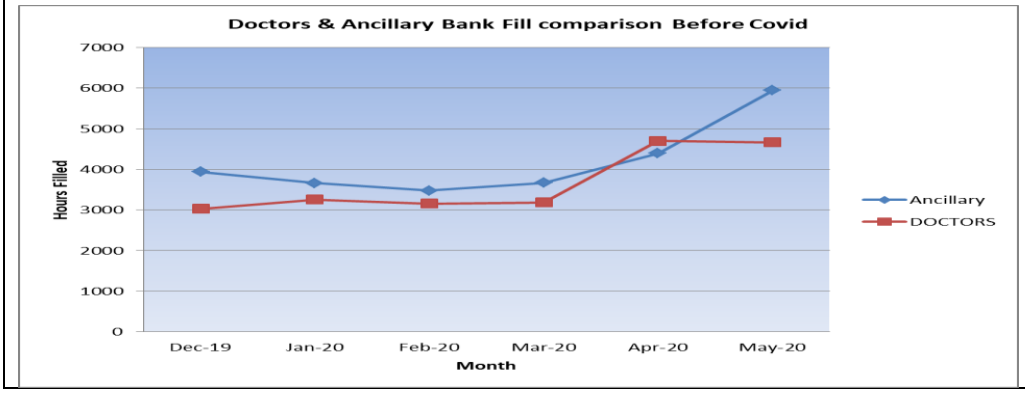
We had particular areas and roles that we were aware would require increased staffing, namely Nursing (High focus on ITU and A&E staff), Doctors and cleaning. We advertised via Social Media and modified are application process to support the new fast track method.

Bank Fill rates are now demonstrating a positive result of this fast track intense recruiting.

Staff Role	Bank Hours by Month					
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
REGISTERED NURSE	9218.75	10983.75	10331.75	11086.50	10040.75	12386.50
HCA	12565.00	14248.25	12436.50	13096.25	12591.25	15612.50
Ancillary	3936.50	3657.00	3475.75	3664.00	4393.00	5941.25
DOCTORS	3027.75	3253.25	3151.75	3182.50	4699.25	4661.75

RN average fill Before Covid (BC) 10229 hours per month
HCA average fill BC 13500 hours per month





Bank fill for doctors has been driven up by an increase in F2 fill

Trust F2 Breakdown	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Total Hours Requested	3,368.50	2,938.25	2,503.50	3,181.25	3,268.25	3,188.25
Agency Filled	263.50	167.25	53.50	62.00	80.50	0.00
Unfilled Hours	1482.50	960.00	971.00	1334.50	342.50	305.50
RUH Bank Filled	1622.50	1811.00	1479.00	1784.75	2845.25	2882.75
Total Hours Filled	1886.00	1978.25	1532.50	1846.75	2925.75	2882.75

The focus on ITU and A&E nursing staff has seen the most significant increase.

Staff Role	Bank Hours by Month					
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
A&E	923.50	650.50	957.50	1370.50	1527.50	1500.25
ITU	689.50	891.75	778.00	994.50	1761.75	1932.75

For some of the staff we are now reaching the end of their 3 month bank contract and we are requesting feedback from areas they have worked in the trust. This would now act as their reference and extend their 3 month bank contract to the standard bank contract if appropriate.

Bring Back Scheme

As part of future recovery plans, and in recognition of the experience that the returners could bring, the HR department will maintain a 'talent pool' of interested returners. This pool will include details of experience, skills and availability and can be used to identify potential suitable applicants for vacancies. As part of the staff track and trace process, all registered nurses in the 'talent pool' will be asked if they want to go on the 'short term need' list which can be drawn upon for work should an area experience an outbreak.

Early Registration of Students

The Trust is working in partnership with colleagues from Bristol, HEE and UWE to minimise the disruption to the Nurse Education program. With this in mind, the Trust has recently welcomed a group of 2nd year Nursing Students on paid placement. These students are from the local university and will be on placement until the end of July. It is at this point the funding to support these paid placements from HEE will cease and Students Nurses will no longer qualify for employment benefits and security. The work being undertaken to understand the potential impact of this on students and their learning program has yet to conclude but has been recognised as a potential risk.

Volunteers

In partnership with the Friends of the RUH the volunteering function is still increasing in scope. Some of the new volunteers are returning to work from furlough, therefore focus is moving towards students and people finding themselves redundant. Only a small number of the original volunteers are in a position to return as yet as the majority are aged over 70 years. Many of the new volunteers are working multiple shifts and overall

progress is very positive. Efforts are being made to improve the integration of volunteers with staff functions which supports both enhanced outcomes for the hospital and better volunteer retention.

- Active volunteers: 50+
- Number of volunteering hours since April: 2,500
- Roles
  - Hygiene Stations
  - Housekeeping
  - Doctors' Mess
  - Emergency Department Runner
  - Estates / Gardening
  - Friends Shop

Health and Wellbeing

Further work has been progressed on the Health & Wellbeing Strategy refresh which is being partly informed by the NHS Employers H&WB Framework and Diagnostic Toolkit. This framework identifies eight organisational enablers and six categories of health interventions deemed necessary to support staff wellbeing. Many enablers and interventions are already in place within the Trust and these have been mapped by the strategy group.

The strategy group has identified mechanisms by which the diagnostic tool can be used to gather feedback from staff across the Trust to achieve a more comprehensive view of gaps and priorities, for example via equality network groups or specific staff cohorts.

The strategy group has also identified themes for this year's Wellbeing Festival which

includes green spaces & outdoor wellbeing, food & hydration and emotional & mental health. A full programme for the festival, which will take place between 15th and 18th September, is being worked up.

Whilst referrals into the EAP service dropped during the initial stages of the CV-19 response, activity is now rising consistently again. The table below shows RUH data only and does not include referrals from other sources which usually account for around 20-25% of all service activity.

EAP Referrals	**Q1 2020/21 YTD (17/06)**	**Q4 2019/20**	**Q1 2019/20**
Surgery	17	29	26
Medical	45	51	35
Facilities	4	6	9
Corporate	10	11	12
Women & Children	7	19	23
Total	**84**	**117**	**105**

During this period the EAP service has also provided welfare support to 45 members of staff who were shielding at home or off sick due to CV-19. This has been extremely well received with many staff reporting that it made them feel valued by the organisation.

TRiM activity has increased during the CV-19 response phase with 17 referrals YTD in 2020 as compared to 15 in the whole of 2019. Further resources to train more TRiM practitioners have now been secured via the Organ & Tissue Donation Committee and this funding will allow the Trust to double its capacity to deliver TRiM risk assessments for staff who have been exposed to potentially traumatic incidents and/or chronically stressful environements.

Feedback on remote counselling sessions has been mixed, a proportion of the fall in referrals has been due to some staff not wanting telephone or zoom sessions but preferring face to face, for example *'I feel like the video experience did hinder the sessions as face to face sessions would have enhanced counselling'.* For other staff remote working has not been an issue, for example *'A very different style but it worked well with easy conversation'.*

A range of additional health & wellbeing interventions were been put in place in response to the early stages of the pandemic, and though some of these have begun to be tailed off as planning for the next 6-12 months takes place, feedback to date has been largely positive.

Focus groups with senior sisters identified a number of things that have worked well including daily Trust briefings, reflective chat as part of staff brief and good support from chaplaincy and psychologists. The focus groups also identified a number of areas that require more focussed attention and these will be fed into the strategy refresh.

Feedback on remote workshops and training sessions has highlighted that this way of delivering training has been well received, for example *'A very well presented mental health course especially as it was the first session to be delivered virtually. It incorporated*

an informative power point with slides that had analogies that were easy to understand. The instructor did encourage group interaction and self-reflection throughout.'

Team and Manager Support

The Organisational Development (OD) team has continued with the support to teams and managers during the Covid response and now the recovery period.

New resources that have been created this month include:

- Practical support for staff to support social distancing conversations.
- Compassionate leadership and team working guidance

Resources under development for the next month include:

- Facilitation guide for virtual meetings, aligned to Trust Values.

There has been a shift from requests for individual support to team support requests including:

- Specific team support where individuals had been redeployed and are now relocating back to their original teams – the team are seeking 'reconnection' events – a blend of listening, learning from the experience, planning for the next steps and identification of the ongoing support required. There is a large number of these requests.
- Individual coaching for staff members who are considering their role, priorities, future.
- Individual coaching for managers who need support to think about the requirements of their team and the different ways of working.

The latest Go Engage staff survey is currently live and we are expecting the outcome report early July 2020 when the Staff Engagement Group will meet to look at the survey results.

Fundraising

There continues to be very positive response from the community and local corporates for the RUH but this is starting to slow as lockdown is lifted. The Forever Friends team are starting to return to business as usual activities and other appeals and campaigns. The process of receiving and distributing donations and gifts has been managed the Forever Friends Appeal as the RUH's fundraising charity.

- £125k+ Corporate and community gift in kinds – distributed via care boxes and direct to wards and departments.
- £137k+ Community and individual donations for FFA general hospital appeal – to be distributed under governance of the Charities Board
- £73.5k from NHS charities together funding for stage 1 response. Final stage 1 funding bid of £50k to be submitted in July by FFA and further stage 2 and 3 grants bids will be submitted when open for future recovery stages. Distribution funds to be prioritised by workforce group and business as new usual group.
- 1000+ care boxes and packs distributed to 90 wards/ departments across the

RUH. C. 2500 free hot meals and c.1900 frozen meals distributed to staff on wards, departments and dr's mess. Care packs halted at the end of May to allow Forever Friends Team to resume business as usual activities.

- 50 free bikes distributed to staff via a free prize draw.
- 2000 reusable water bottles and 35 hydration stations to support clinical stuff on wards now completed. Further roll out of hydration stations to outpatient departments being considered.
- Distribution of messages of support and artwork from general public via care packs.

COVID-19 Staff Risk Assessment (BAME)
The Trust is in the process of collating the risk assessment data which is currently being held at a local level, prioritising those with the highest risk score.

Additionally staff are being contacted and asked for feedback about what we can do to support them further during the pandemic. We have had some good suggestions so far, including producing a video they can share with their families demonstrating the safety measures the hospital is taking to protect staff. This is particularly important for our staff with families overseas who are seeing the reports of the national UK covid-19 numbers compared to other countries.

Facilities
Retail catering continues to provide services to staff, enabling them to access food and drink during their working day. Improvements to the coffee, with the introduction of a barista-style Lavazza machine in the Atrium have seen sales double in the Atrium, and this new coffee has now also been introduced into the Oasis, which has re-opened for takeaways only. Sales within the Lansdown have remained static during the pandemic, however the essentials food shop has seen a 30% reduction in trade. It is proposed moving this service to the Friends Shop which it is hoped will help improve sales for the shop, whilst increasing the amount of available seating within the Lansdown.

The additional staff discount (currently 25%) has been appreciated by staff, and overall staff have benefited by around £4,000 per week. With the response to the pandemic moving into the recovery phases, the additional discount will be reduced in stages, with normal staff pricing being in place from 1 September.

In order to implement the most recent infection control guidelines, cleaning is currently recruiting 60 WTE additional cleaning staff. This will enable all regularly touched surfaces in wards to be cleaned at twice a day, reducing the bio-burden on the surfaces. This is an increase of 30% in staffing for cleaning. In total, including substantive, bank and agency, cleaning will have a team of over 30 people to manage and support. Included in the additional staffing is additional supervision to ensure the team can see everyone, every day in their place of work to ensure the team are well supported.