

Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	29 July 2020		

Title of Report:	Update on COVID-19 (Coronavirus) Response
Status:	For Information and discussion
Board Sponsor:	Rebecca Carlton, Chief Operating Officer
Author:	Rhiannon Hills, Interim Deputy Chief Operating Officer,
Appendices	None

1.	Executive Summary of the Report
<p>This paper provides the Board with an update on the current management of the Covid-19 pandemic at the RUH Bath.</p> <p>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 has now evolved. As part of Phase 2 re start and the changing status of the pandemic aspects of the clinical model and the incident management structure changes are outlined below.</p> <p>The RAU (Respiratory Assessment Unit) designed to support a Covid front door separate from the main Emergency Department has been absorbed into the main medical assessment model. All patients will now attend via ED or existing direct admission pathways. The bed base has also adapted to ensure that the social distancing of beds is maintained and that there is sufficient space to allow emergency inpatient access for Covid admissions, suspected Covid admissions, non-Covid admissions and elective or 'Green' admissions. This work has been led by the Clinical Divisions and a whole hospital response and shift in the clinical model to meet any re-emergence of the virus can be initiated as required.</p> <p>Executive Gold command meetings take place twice 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 previously managed through the Incident Command Centre (ICC) has now been stepped down and aspects of incident management including workforce and day to day issues relating to PPE and resource management are with relevant corporate departments. The Antibodies testing process for staff is managed by Occupational Health. The 'silver commanders' continue to support the site and are drawn from the specialty manager cohort supported by an ICC Duty Manager and the Clinical Site Management Team</p> <p>Regional incident management is provided through the BSW incident response and regional modelling on prevalence is issued through the regional NHSIE team. There is support and monitoring through the BSW structure and via the local EPRR (Emergency Preparedness Resilience and Response) resilience network to both monitor activity and preparedness as we head towards winter.</p> <p>The EPRR and Clinical Site Management teams will now co-locate in the ICC space. This will enable a more cohesive response to both incident support and day to day</p>	

site operations. There are contingency plans in place to rapidly reintroduce incident command and Covid assessment areas should the need arise.

Decision forums linked to the on-going management of the incident will feature in a PDSA to commence in August to further align the Phase 2 restart and features of Gold command with the Trust Management Board.

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. Eventually the provision of masks and hand sanitising products will be provided on a self-service basis however in the current phase we are staffing the main entrances to support way finding and information on social distancing around the site and advice on how to wear PPE correctly.

The Nightingale Hospital remains on stand-by with no clinical activity having taken place at the venue. There are plans to step up the Nightingale Hospital if required within 7 days. Currently discussions are taking place to discuss the use of the facility in the stand by period in the efforts to increase the availability of clinical services to support the restart.

This paper contains more detailed updates on the following areas:

- Covid 19 Activity overview
- Workforce

In comparison with the national picture, the Trust has low levels of COVID-19 activity, both in General and Acute (G&A) and Critical care beds.

The 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 has continued through the private sector as we restart service on the RUH site within the constraint of social distancing guidelines.

Risks relating to our Covid-19 response are detailed in the Phase 2 report to Board of Directors.

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 Incident command, Covid metrics and workforce.

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.

5.	Resources Implications (Financial / staffing)
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. Staff continue to operate in alternative roles and working in prioritised areas when and where required.	
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

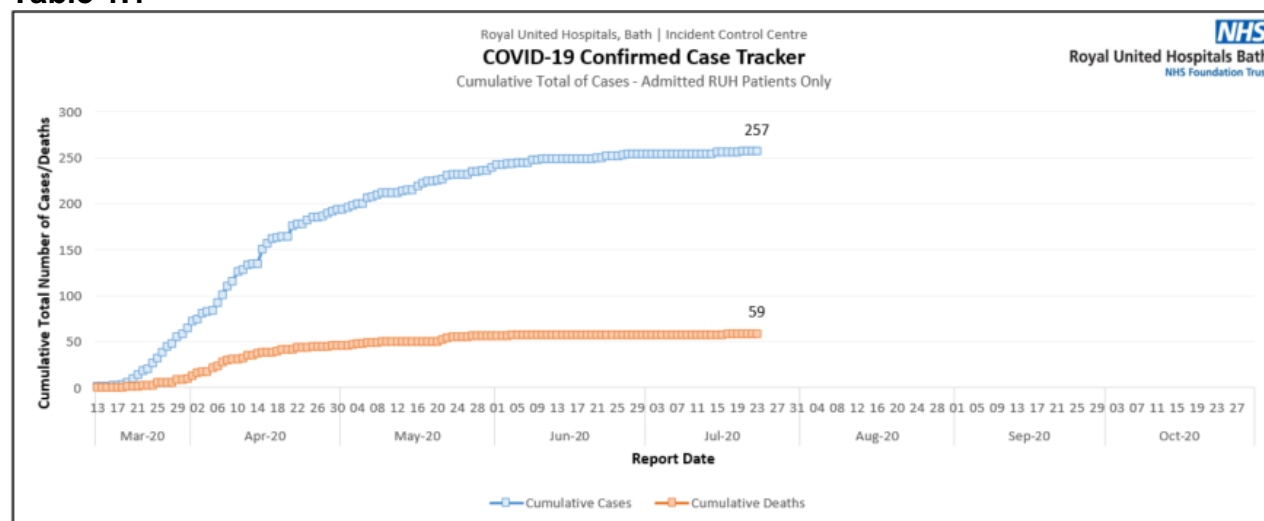
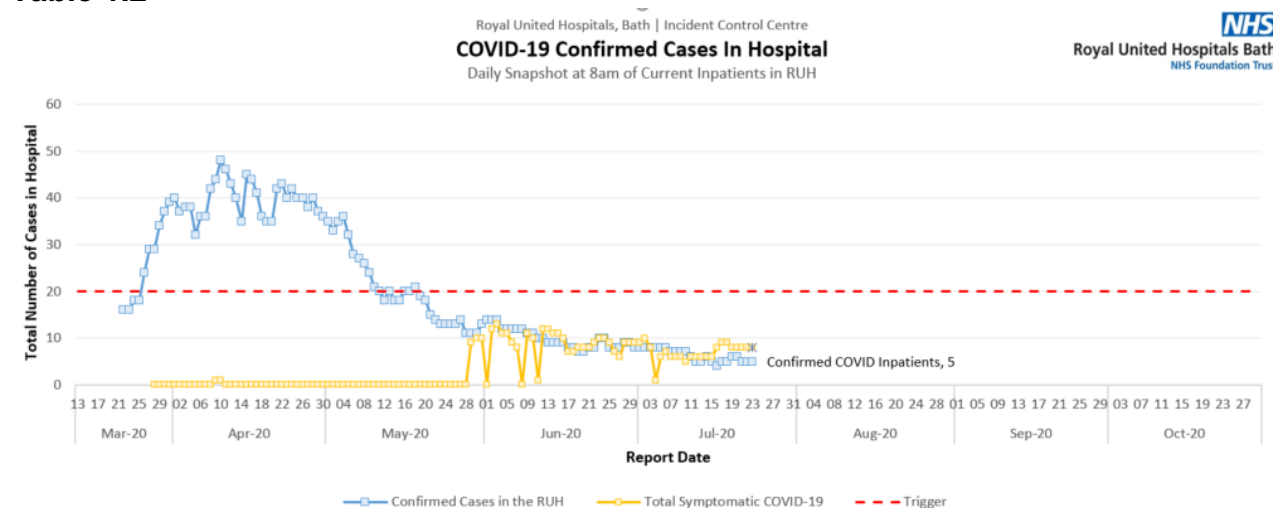


Table 1.2



The table below provides an overview of the actual and suspected Covid 19 cases in the RUH as at 23.07.20 including current deaths and discharges (cumulative).

Table 1.3

Census Date	23.07.2020
Confirmed Cases Total (Admitted)	357
Symptomatic Cases in Hospital	8
Confirmed Cases in Hospital	5
Confirmed Cases Deaths in Total	59
Confirmed Cases Discharges (Total including Deaths)	272

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.

Personal Protective Equipment (PPE)

It was anticipated that PPE would be a significant constraint for phase 2 of the work programme which would prohibit the increase in routine elective, outpatient and diagnostics work as services prepare to come back on line. However, stock levels of PPE area currently at a good level and the risk associated with PPE has been reduced to a medium risk.

The Microbiology, Infection prevention and control 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.

PPE levels continue to be monitored on a daily basis and is reported into the Resource Coordination Group which sits within Phase 2.

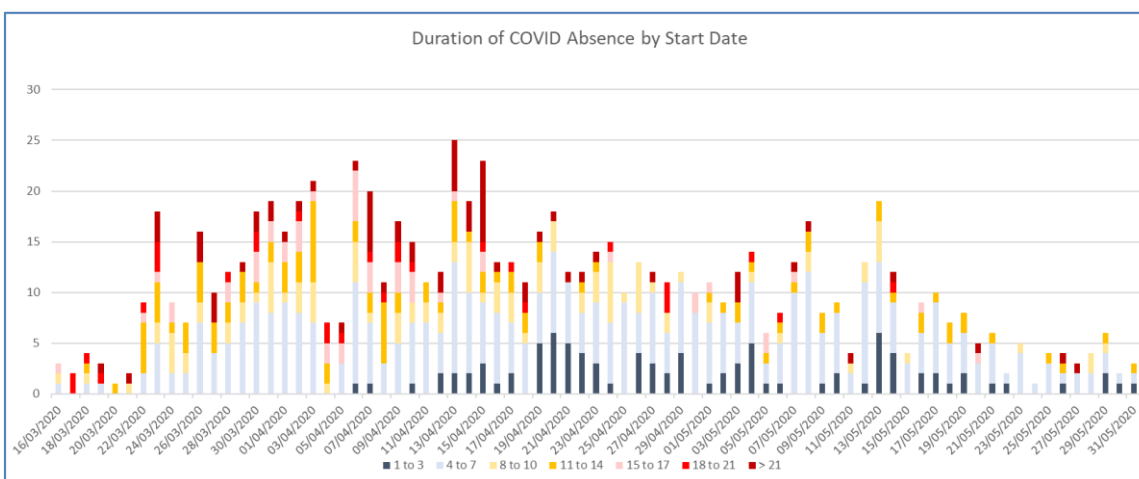
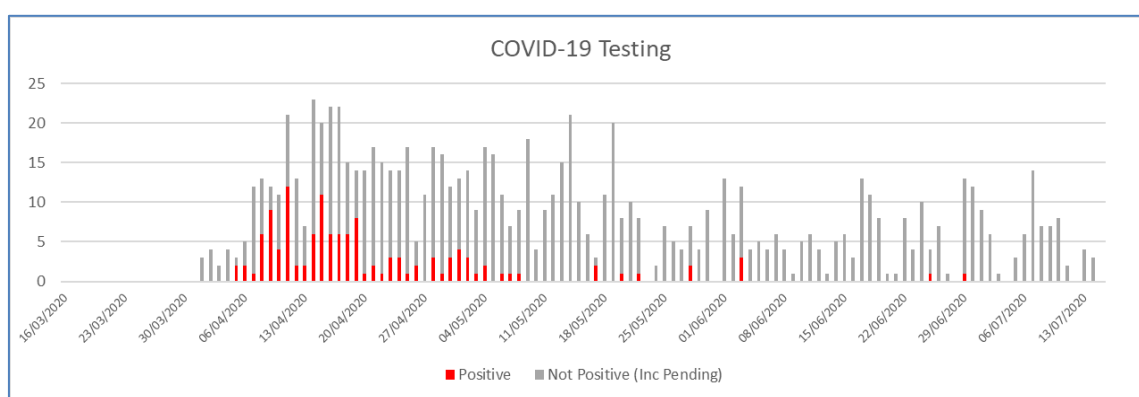
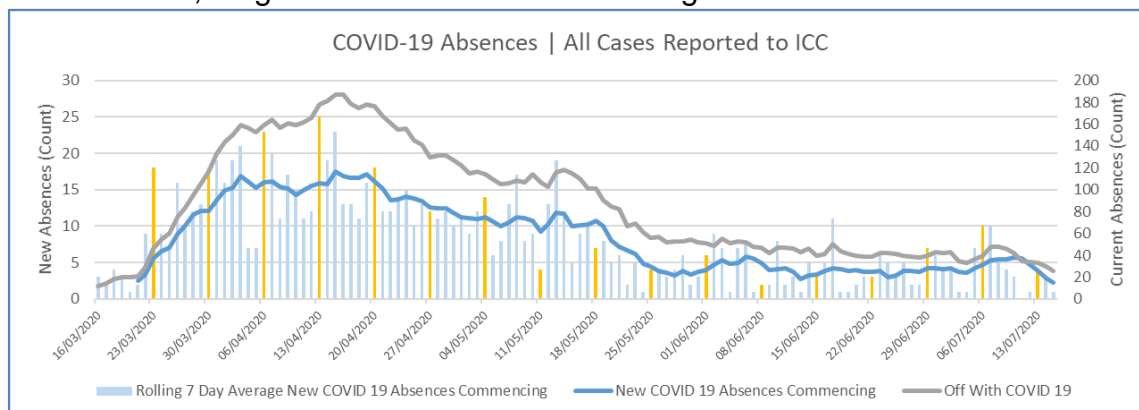
UPDATE ON COVID-19 (CORONAVIRUS) RESPONSE - WORKFORCE

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 14th July Staffing Command have received 5,348 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. For any member of staff who test positive or who are being treated as clinically positive the process standard work for internal test and trace is initiated by staffing command. Since the 26th June

staffing command have initiated four separate test and trace incidents. Based upon calls received by Staffing Command, the following charts give an indication of absence levels, length of absence and staff testing results.



On 28th May Staffing Command commenced booking and providing staff with their results of the antibody testing. The number of staff tested up to and including 14th July is 4,060, with a further 56 staff booked until 17th July, when the service will cease. The prevalence for positive staff is around 10%, which is in line with the national average. From 20th July the management of staffing command will be undertaken by the People Directorate for a further nine months.

Staff Testing

Author: Rhiannon Hills, Interim Deputy Chief Operating Officer

Approved By: Rebecca Carlton, Chief Operating Officer

Agenda Item: 9

Date: 20 July 2020

Version: 6

Page 6 of 15

The staff (and household members) testing service has been running since the end of March. Weekend testing formally ceased on 20th June, however the team do run a service at weekends when required (for example, when there is an outbreak). Staff testing figures as of 13th July are outlined below:

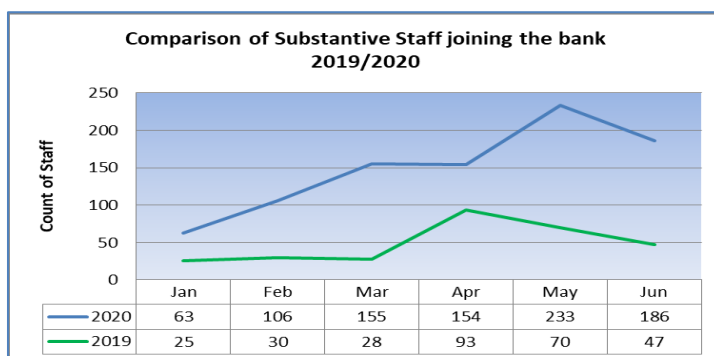
Referred by ICC	1245
Tested	1103
Positive result	126 (11.2%)
Negative	977 (87.3%)
Not tested	142
Pending	15

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

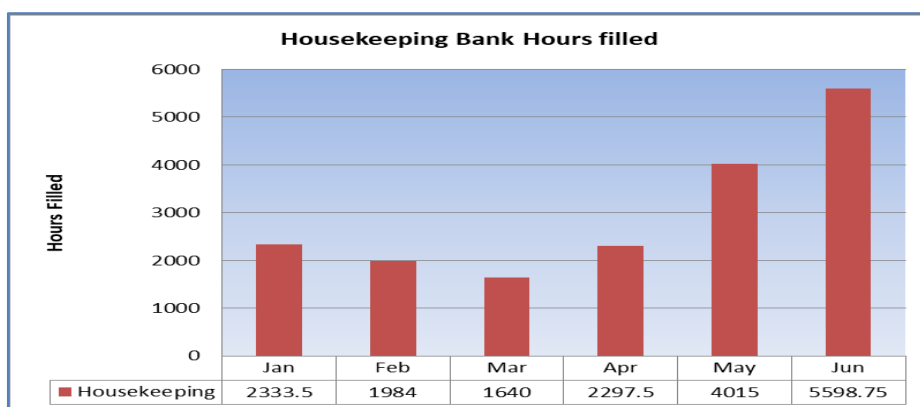
Issue	Contributor	Solution/Counter Measure	Action/What Next
Possibility of decrease in bank staff	Staff that joined the bank due to being furloughed returning to previous employment	Keep current changes to recruitment process	3 month bank contract removes the need for references which in turn speeds up the recruitment process.
		Change recruitment advertising	Separate NHS jobs advert for specific skills/ areas of concern – this is driven by supply and demand Call to Arms on Social Media for specific staff roles – Currently ITU and Cleaning.

We continue to see an increased number of substantive staff wishing to join the bank. The average for 2019 was 72.08.

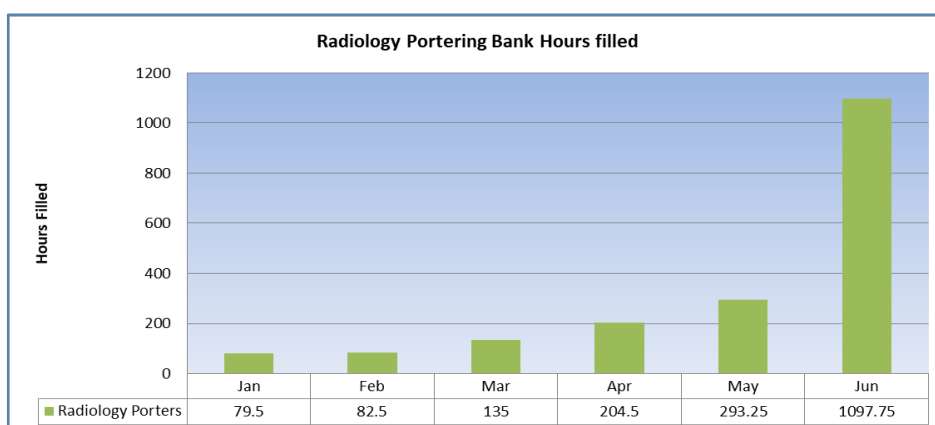


Bank Fill

The recruitment of bank cleaners is also showing a significant increase in fill. We continue to recruit and advertise for bank cleaning staff to support the department's additional need for 60 WTE. This is currently being supported by agency staff.

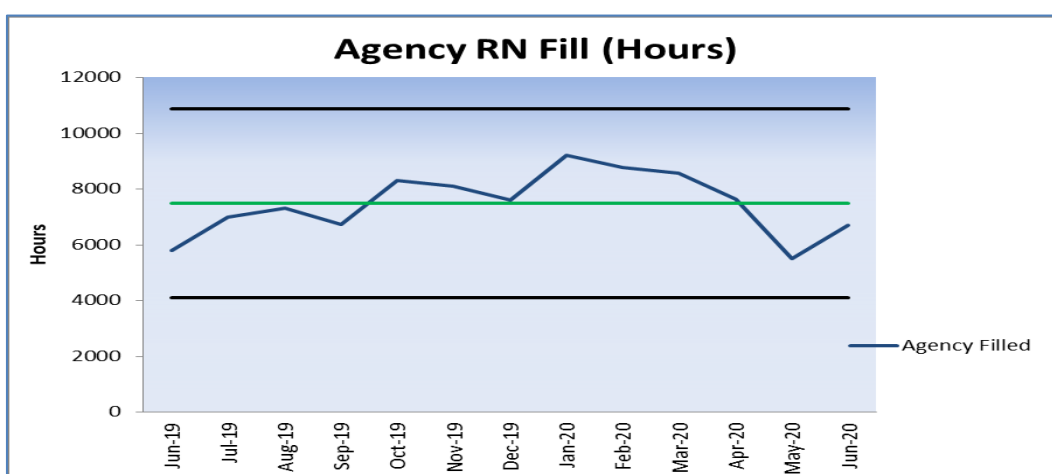
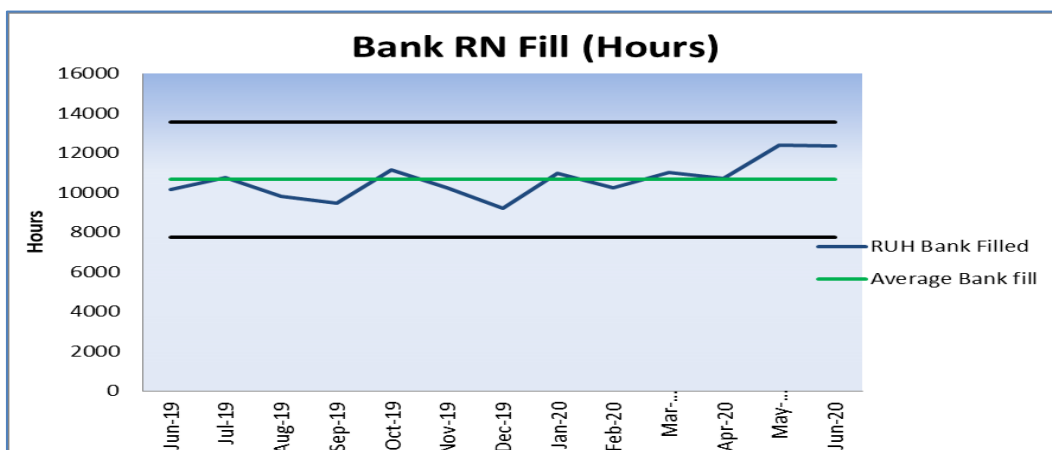


We have also seen a positive change to cover for portering staff. On identification of required cover we have removed all agency usage for Radiology portering and increased bank fill by 713% between March and June.



June data continues to demonstrate an above average bank fill for RN's. Agency fill has

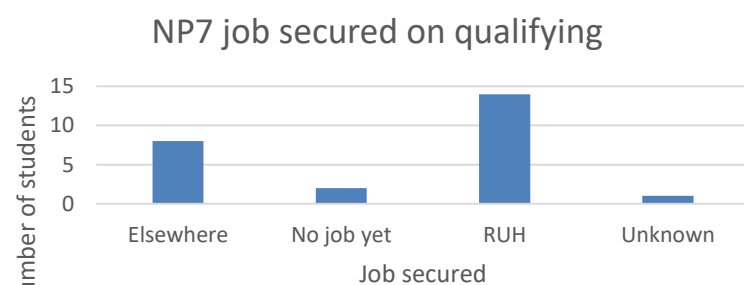
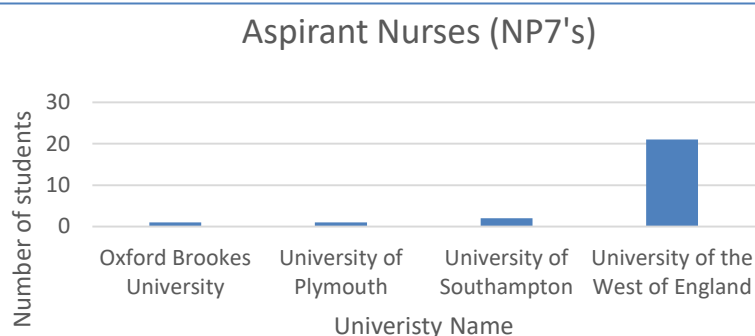
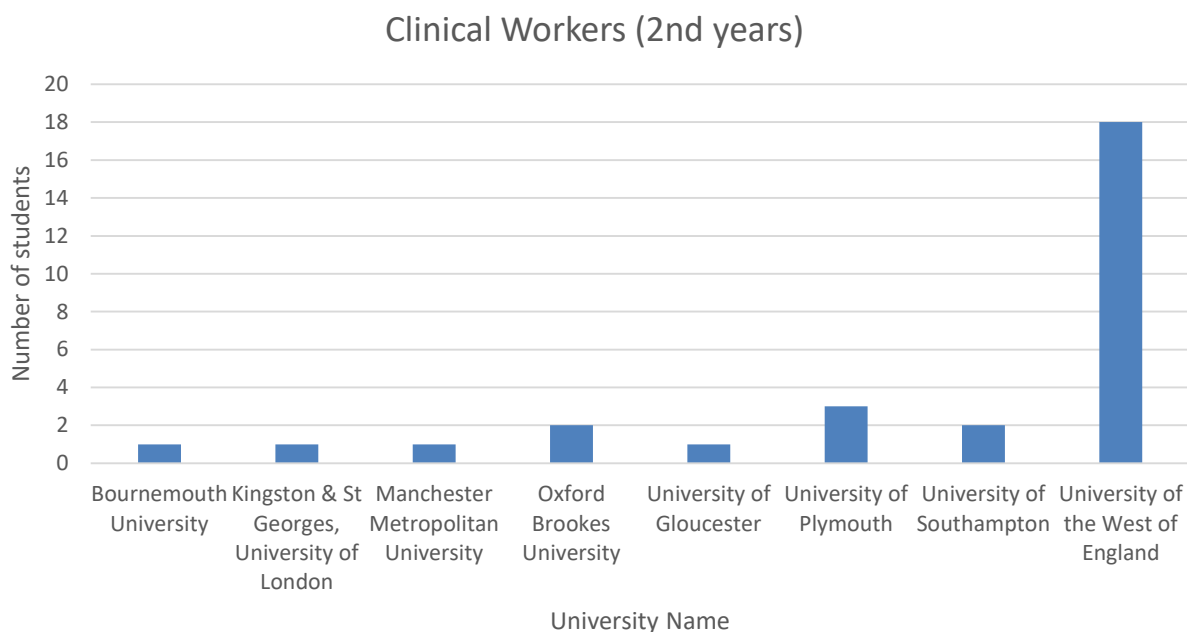
started to creep up however; this is still below the average.



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 programme. With this in mind, the Trust has recently welcomed 54 pre-registration adult and child branch student nurses from 8 different Universities on paid placement. These students commenced from the end of April and are working in 25 different departments. Most are on placement until the end of July/ Early August. The funding to support these paid placements from HEE will cease September/October and Students Nurses will no longer qualify for employment benefits and security. This risk is being reviewed nationally, with a plan to replace the national Learning and Development Agreement (LDA) to include student liability.

Although formal evaluations have not been received, the students have expressed that the experiences and learning has been invaluable. Staff have been welcoming and supportive and students have enjoyed being a full part of the team, whilst being able to learn and be assessed in practice. Students that are from more distance Universities that usual, for example Southampton, Plymouth and Manchester are hoping to work in the Trust on Registering.



Volunteers

In partnership with the Friends of the RUH the volunteering function is continuing. Over the last month many of the new volunteers have returned to work resulting in a significant drop in active volunteers. As yet we are not seeing any great desire from the existing pre-COVID volunteers to return although there are a small number of over 70s that have approached the Friends about coming back. This is under review and will require each volunteer to undertake a risk assessment to determine whether they can return to a low

risk volunteering role. Recruitment of new volunteers is continuing at about 12 a month, although given the lack of returning volunteers this may need to be stepped up.

We are continuing to look for new high value roles for expanding volunteering across the RUH.

- Active volunteers: 30
- Number of volunteering hours since April: 3,500
- Roles
 - Welcome volunteers
 - Housekeeping
 - Doctors' Mess
 - Estates / Gardening
 - Friends Shop

Health and Wellbeing

Wider consultation on the Health & Wellbeing Strategy refresh is progressing well and will be used to inform the annual work plan under five strategic objectives, a summary of which is shown below.

Equality, Diversity & Inclusion

- Consultation with equality network groups
- Improve accessibility of EAP service for BAME staff and staff with disabilities
- Celebration of cultural heritage and key dates throughout the year
- Contribution to equality health impact assessments for key policies e.g. work-life balance, attendance, stress, reasonable adjustments

Physical Health & Wellbeing

- Targeted health screening for at risk groups
- Promotion and development of outdoor spaces, facilities and activities e.g. seating areas, nature walks
- Maintenance of existing support offers through better use of technology e.g. 'virtual yoga'
- Contribution to delivery of Sustainable Development management Plan

Mental & Emotional Health & Wellbeing

- Support and interventions for staff working from home
- Continue roll out of 'pause days' to facilitate reflection and organisational transition
- Continue welfare checks for staff contacting ICC
- Increase specialist capacity within EAP to support trauma interventions
- Collaboration with mental health SME to boost preventative resources and online training

Spiritual & Cultural Wellbeing

- Interfaith & diversity events
- Enhanced spiritual care support for Filipino and other RC staff
- Agree SLA with B&NES Wellbeing College to enhance access to cultural and learning opportunities for staff

- Project to develop nature based & creative wellbeing offer for staff

Financial & Social Wellbeing

- Restart social prescribing project with focus on financial wellbeing and caring responsibilities
- Establish planning for later life workshops

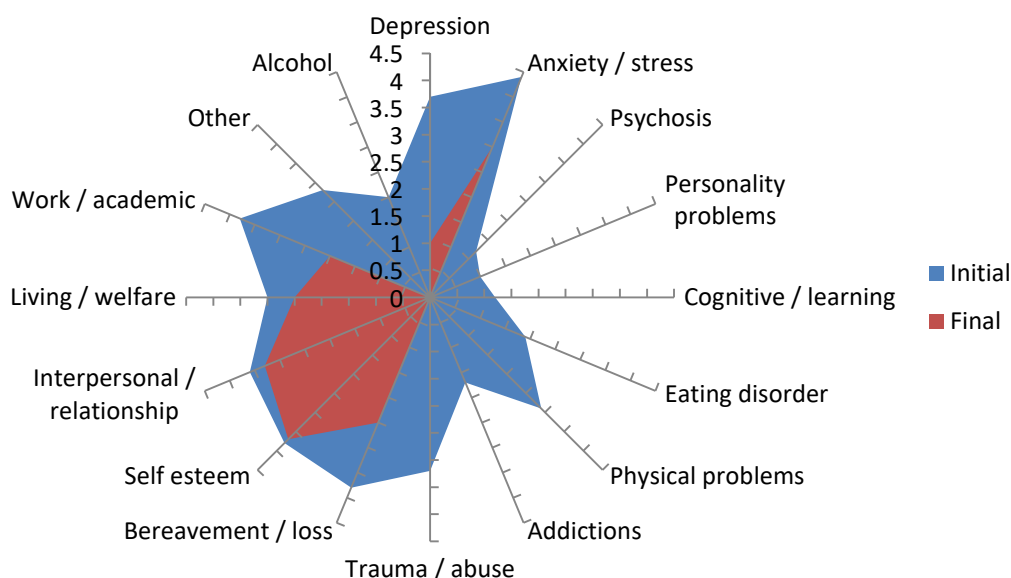
Despite an initial fall in referrals into the EAP service during the initial stages of the CV-19 response, Q1 outturn was the same as the previous year for the same period with a marked increase in referrals from medical staff. In Q1 the most common reasons for staff presenting to the service (experienced within the last 6 months) were changes or re-structuring, traumatic or stressful incidents, working conditions and workloads/work demands. Activity continues to rise with new referrals averaging around 20 per week which is beginning to impact adversely on waiting times.

Other referrals into the service during Q1 are comprised of 27 from the University of Bath and Bath College and for Q2 the figure is 4 as at 14/07.

EAP Referrals – RUH Staff Only	Q1 2020/21	Q2 2020/21 YTD (14/07)	Q1 2019/20	Q2 2019/20
Surgery	22	4	26	29
Medical	54	7	35	66
Facilities	5	1	9	13
Corporate	12	2	12	16
Women & Children	12	2	23	11
Total	105	16	105	139

The table below provides collated 'distance travelled' data for staff accessing the EAP service using a UK validated clinical evaluation tool. This data is evidence of the effectiveness of the service in responding to staff concerns.

Clinical Outcomes Routine Evaluation (CORE) Scores - All Clients Accessing & Exiting EAP Q1 2020/21



The EAP service continues to provide welfare support to staff who were shielding at home or off sick due to CV-19 and this in turn generates referrals for ongoing support. The service is in the process of recruiting additional Associate Counsellors to keep up with rising demand.

TRiM activity also continues to increase with 18 referrals YTD in 2020 as compared to 15 in the whole of 2019. Further resources are being sought via the NHS Charities Together fund to enhance the availability of trauma interventions for staff such as EMDR, one of only two NICE recommended therapies for trauma.

Team and Manager Support

The Organisational Development (OD) team continues to provide support to teams and managers during the Covid recovery period.

New resources that have been created this month include:

- A video on supporting staff to have conversations to remind people about their responsibility for social distancing.
- Facilitation guides for both participating and hosting virtual meetings, aligned to Trust Values.

The team has facilitated 4 Virtual Cuppa sessions, with the feedback being very positive from staff valuing the opportunity to connect.

The team has facilitated 3 'pause, reconnect and reflect' sessions for teams including ITU band 7 and Rheumatology teams. Feedback from these sessions suggest they have been very much needed, offering a safe space to pause and regroup.

The team has facilitated 3 online Compassionate Leadership sessions. The feedback from these sessions has been very positive with some teams asking for bespoke sessions to be run within their wider teams.

There are more requests for team sessions over July and August with availability of the OD team to support now reaching full capacity.

Requests are still being received also for individual support from staff members who are considering their role, priorities, future. As well as requests for support to managers wanting an opportunity to explore the requirements of their team and the different ways of working.

Fundraising

The Forever Friends team are starting to return to business as usual activities and other appeals and campaigns and moving the appeal to recovery stage. We are no longer receiving gifts in kind or supplying care packs.

- £166k+ 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 has been submitted by FFA and awaiting outcome from NHS Charities together. 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.
- £125k+ Corporate and community gift in kinds – distributed via care boxes and direct to wards and departments.
- 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 doctors 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 staff on wards now completed. Further roll out of 31 hydration stations and 3000 re-useable water bottles to outpatient in progress.
- Distribution of messages of support and artwork from general public via care packs.

COVID-19 Staff Risk Assessment (BAME)

The risk assessment update as at 21st July 2020 is as follows:

	Risk Assessed	Not Risk Assessed	% Risk Assessed
All	1170	5043	18.8%
BAME	656	100	86.8%
High Risk (6 scored for Age & Gender/Ethnicity)	26	1	96.3%
At Risk	974	1607	37.7%

The target of achieving 80% of risk assessments for BAME staff by 17th July 2020 was achieved. The next target, of achieving 100% of risk assessments for BAME staff, is 31st July 2020.

A key risk to achieving 100% completion is Bank staff. The Staffing Solutions team have been working hard to complete these, but will require support from Speciality Managers in completing some of the outstanding assessments with Doctors.

Facilities

Retail catering continues to serve our staff and visitors with our full range of meals and drinks. The additional staff discount relating to COVID was reduced to 15% on 1 July, and will reduce again to 7.5% on 1 August, before being removing on the 1 September. However the recent change in VAT to 5% has been implemented, and the saving passed on to all of our customers. The Atrium Coffee Shop increased its sales by 53% in June, and this level of sales is being maintained. The Oasis Café re-opened in early June, and after a slow start, sales are increasing with twice as many staff accessing the café per day, compared with early June. The essentials food shop has closed in the Lansdown, with the Friends Shop taking on this role.

We plan to open the swimming pool for staff in early August for the remaining two months of the season. This will operate on a pay per swim basis, with pre-booked slots. Initially the pool will be open to current RUH staff, volunteers and students.

Recruitment of the additional agency cleaners to support the implementation of the most recent infection control guidelines is still underway, but progress is slow. In total, 27 of the planned 60 agency staff have started in their role. Recruitment is on-going, but reflects the challenges we have previously faced when looking to recruit into this type of role. The staff that have started have been well received, and we have also received positive feedback from some of the agency staff.