Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	27 January 2021		

Title of Report:	Update on COVID-19 (Coronavirus) Response
Status:	For Information and discussion
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Appendices	None

1. Executive Summary of the Report

This paper provides the Board with an overview of the Trust's response to the national Covid-19 pandemic, setting out the current actions to deliver Phase 3 of the Covid Response Programme whilst providing ongoing incident management.

Since the last Board report, the Covid prevalence has increased significantly both nationally and locally, resulting in the UK COVID-19 alert level moving from Level 4 to Level 5 and a national lockdown put in place in England on 5th January 2021.

Over the last two months, the number of Covid positive patients admitted at the RUH has increased significantly, which has triggered a number of actions to more into our surge plans to manage the increased Covid levels. These actions will have some impact on the continuation of elective activity and our Phase 3 Recovery Plan.

The increased prevalence of Covid admissions during December 2020 and again at the start of January 2021 has had an impact on our performance metrics for 4 hour, ambulance handover, waiting times and elective activity.

2. Recommendations (Note, Approve, Discuss)

The Board is asked to acknowledge the Trust incident response in relation to the national COVID-19 pandemic, recent key activities and the active management of this second surge.

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). The Programme is maintaining a full Risk and Issues log in line with the Trust's Risk Management Framework. Key risks resulting from Covid-19 are set out in this paper.

Any risks that score 15 and above have now been transitioned to the Trust Risk Register to provider broader oversight.

5.	Resources Implications (Financial / staffing)
Extra administrative staffing resource has been provided to the Resilience Team. Key senior leaders have been identified and continue to be redeployed to provide critical support to key functions in the on-going management of this incident. Additional resources, including reservists have been redeployed into pressured areas including ICU and those caring for respiratory patients in response to increased demand and care requirements in these areas.	

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

7.	References to previous reports
Monthly updates to Board of Directors	

8.	Freedom of Information
Public	

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

1.0 Phases of Incident Response

From September to early December, the Trust was in 'Phase 3', responding to guidance released by NHS England and NHS Improvement whilst providing ongoing incident management.

As we experienced increasing numbers of Covid patients throughout November and December, the governance structure was revised to allow more rapid and responsive management of the situation.

The current structure allows daily monitoring of our operational position through the Covid Triggers report and daily Silver and Gold Command meetings. The weekly Oversight Group provides executive level oversight and assurance of the Covid response, winter pressures and EU Exit planning. The weekly operational Delivery Group no longer meets, with its functions being carried out within the daily tactical Silver meetings.

On 23rd December 2020, NHS England and NHS Improvement released further guidance on operational priorities for winter and 2021/22. This set out a fivefold task for the remainder of 2020/21:

A. Responding to Covid-19 demand

B. Pulling out all the stops to implement the Covid-19 vaccination programme

C. Maximising capacity in all settings to treat non-Covid-19 patients

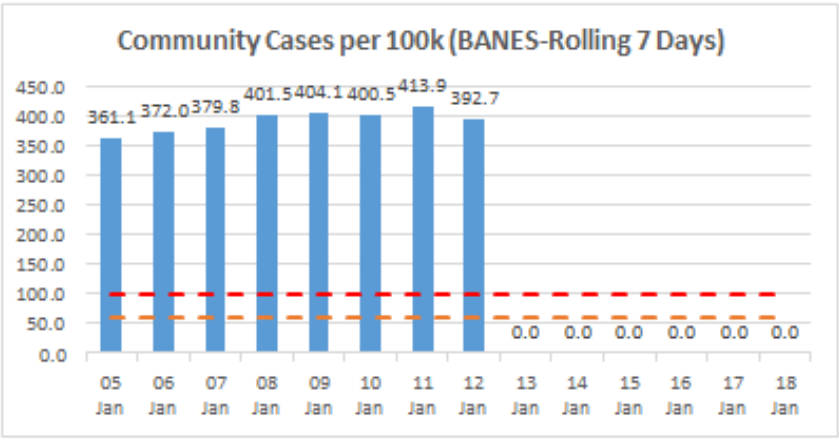
D. Responding to other emergency demand and managing winter pressures

E. Supporting the health and wellbeing of our workforce

We continue to deliver in all of these priority areas. Notably, the staff vaccination programme commenced on the 4th January 2021 and is progressing with staff vaccination.

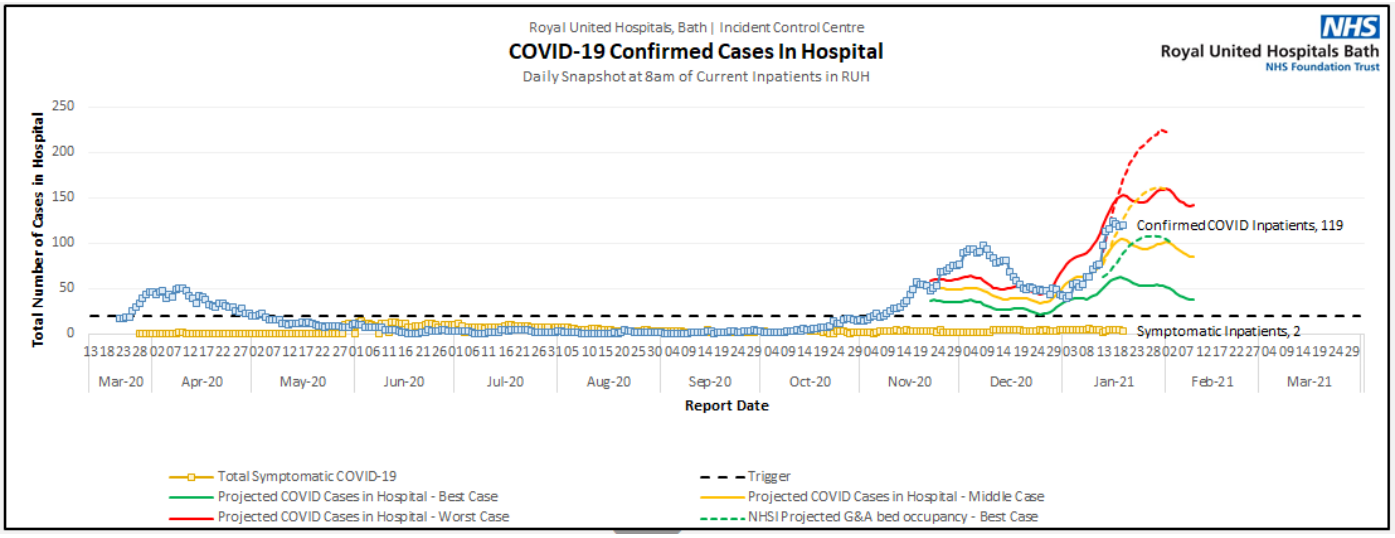
2.0 Current Covid 19 Activity Profile

The community prevalence of Covid is tracked in the daily Covid trigger report; the seven day rolling average of cases per 100k for BANES provides a good early indication of potential increases in hospital admissions. Prevalence in the community has been rising across the country and within the South West but is starting to show signs of plateauing.

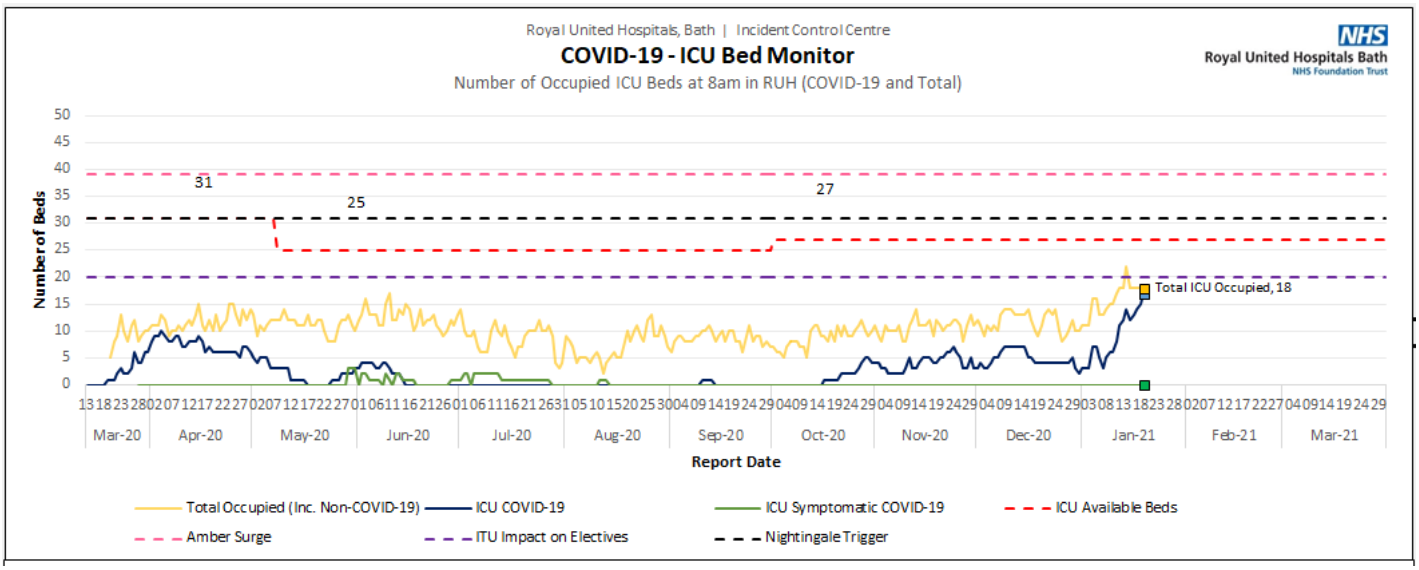


We have predominantly followed the medium case trajectory for the number of cases admitted to hospital with Covid. We saw a peak of admissions during December (maximum of 97) with a subsequent decline but since the beginning of January, admissions have risen again as there are currently 119 inpatients who are Covid positive.

Based on current modelling, the projected number of admissions should begin to reduce towards the end of January. We continue to track on a daily basis to ensure we are responding dynamically to any changes in demand.



The number of ICU beds occupied by Covid patients has steadily increased throughout January; however the number of non-Covid patients in ICU beds has decreased. We are working with the South West Critical Care Network to ensure there is sufficient capacity across the network to meet demand.



3.1 System response

Since the last Board report, the Covid prevalence has increased significantly both nationally and locally, resulting in the UK COVID-19 alert level moving from Level 4 to Level 5 and a national lockdown put in place in England on 5th January 2021.

Regional incident management remains in place, via 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. Due to the increase in national alert levels, incident management had moved to full 7 day working to support our response.

The Nightingale Hospital remains on stand-by with no ICU clinical activity having taken place at the venue. There are plans to step up the Nightingale Hospital if required within 7 days. Alternative uses for the facility in the stand by period are in place, with the provision of some outpatient activity to support the restart of clinical services.

3.2 RUH response

3.21 Covid Triggers

We continue to monitor our current status via the daily Trigger Report. The dashboard provides set parameters for when action responses for bed capacity, Infection Prevention Control, workforce and estates are required.

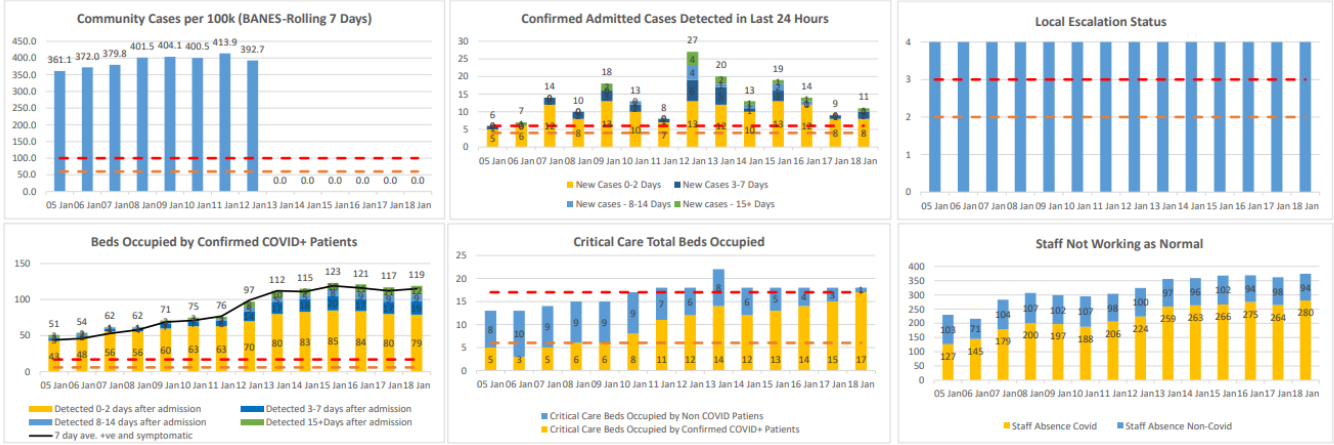
COVID Trigger Report

Royal United Hospitals Bath NHS Foundation Trust

Today's date: 18 Jan

	05 Jan	06 Jan	07 Jan	08 Jan	09 Jan	10 Jan	11 Jan	12 Jan	13 Jan	14 Jan	15 Jan	16 Jan	17 Jan	18 Jan
Community Cases per 100k (BANES-Rolling 7 Days)	361.1	372.0	379.8	401.5	404.1	400.5	413.9	392.7	0.0	0.0	0.0	0.0	0.0	0.0
Confirmed COVID Cases for admitted patients detected in Last 24 Hours	6	7	14	10	18	13	8	27	20	13	19	14	9	11
Of which tested positive 0-2 days Post Admission	5	6	12	8	13	10	7	13	12	10	13	12	8	8
Of which tested positive 3-7 days Post Admission	1	0	2	2	3	2	1	6	5	1	3	0	1	2
Of which tested positive 8-14 days Post Admission	0	0	0	0	0	1	0	4	1	1	2	1	0	0
Of which tested positive 15+ days Post Admission	0	1	0	0	2	0	0	4	2	1	1	1	0	1
Local Escalation Status	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Beds Occupied by Confirmed COVID+ Patients	51	54	62	62	71	75	76	97	112	115	123	121	117	119
Rolling 7 Day New Covid and Symptomatic Cases	44	46	53	58	69	71	77	99	112	111	119	116	112	115
Critical Care Beds Occupied by Confirmed COVID+ Patients	5	3	5	6	6	8	11	12	14	12	13	14	15	17
Critical Care Total Beds Occupied	13	13	14	15	15	17	18	18	22	18	18	18	18	18
NIV and Nasal High Flow Outside of ITU Occupied	5	6	6	6			11	13	12	11	14	17	17	
PPE Stock Levels (Red Amber Green)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Staff Absence Non-Covid	103	71	104	107	102	107	98	100	97	96	102	94	98	94
Staff Absence Covid	127	145	179	200	197	188	206	224	259	263	266	275	264	280

Green	Amber	Red
<60	60-99	100+
<4	4-6	6+
<4	4-6	6+
0	n/a	1
0	n/a	1
0	n/a	1
1	2	3
<6	6-17	17+
<6	6-17	17+
<6	6-17	17+
<6	6-17	17+
	10	15
Green	Amber	Red
	75	100
	100	200



We have triggered the surge planning trigger in response to the number of ICU beds and stepped up to capacity of 24 ICU beds with plans to move into Amber Surge if required. To support this, we have had to take the decision to cancel Priority 3 and Priority 4 operations in line with national and regional position.

The step up plan for Non Invasive Ventilation (NIV) beds has also been actioned; further detail is available in the Operational Performance report.
The further impacts are:

Covid wards are now open in line with step up plans. There are further step up plans in place to increase the number of Covid beds should this be required.

There continues to be a high volume of calls to Staffing Command, with a number of staff off with Covid related absence. Staff absence is monitored daily via the Covid triggers dashboard to ensure impact to operational services is minimised.

3.24 EPRR and Incident Response

We continue to use the approach of Strategic (Gold), Tactical (Silver) and Operational (Bronze) levels of incident management which incorporates our Emergency Response, Phase 3 planning, Winter planning, Resilience and Incident Command Centre (ICC) into one governance structure. This is to ensure all elements of the work programme are co-ordinated and aligned.

There are also clear links to the Bath, Swindon and Wiltshire (BSW) incident response groups to ensure consistency of approach across our system.

Due to the current alert levels and increased admissions to the hospital, the incident response has moved to 7 days per week and additional rotas are in place to ensure operational and clinical support throughout the 7 days.

3.25 Lessons Learned

An internal review has been completed to identify lessons learned from the first three phases of our Covid response. This has identified a number of recommendations for our response going forward which will be incorporated into the work plan of the Executive led Oversight Group.

3.26 Winter Planning

The RUH Urgent Care and Flow Board oversees implementation of winter planning schemes. The Board is now meeting monthly, reporting into Management Board internally as well as the BSW Urgent Care and Flow Board.

The Hospital at Home scheme has been launched during January 2021, which enables suitable patients to be discharged with continued hospital input in their home environment. This scheme has the capacity to free up an additional 60 beds on site and is being piloted throughout quarter 4.

Work to reduce delays in ambulance handovers and reduce the number of delays of patients who are medically fit for discharge continues. There is further detail in the Operational Performance report.

4.0 Phase 3 Trajectories

Performance continues to be tracked and supported through the Oversight Group. November 2020 activity performance against trajectories is shown below. These figures include both RUH and IS activity combined.

Phase 3 Tracking Summary

DC and EL Include Independent Sector Activity

Most Recent Complete Month: **November**

	Target	Plan	Actual	Trajectory Variance vs Plan	National Target: Performance vs 1920
New Appointments	100%	9,569	10,778	1,209	87%
Follow-Up Appointments		19,909	19,934	25	91%
Day Case spells (incl. IS)	90%	2,670	2,382	-288	85%
Ordinary spells (incl. (IS)		342	348	6	82%
Incomplete RTT pathways		24,364	25,622	1,258	
52+ week incomplete Pathways		578	888	310	
MRI	100%	1,614	1,714	100	105%
CT		3,278	3,637	359	105%
Non-Obs US		2,347	3,750	1,403	96%
Colonoscopy		210	281	71	120%
Flexi-Sigmoidoscopy		92	68	-24	80%
Gastroscopy		254	250	-4	98%
Cancer 63+ day Waiters		142	153	11	
Total Type 1-4 A&E Attendances		7,883	6,009	-1,874	72%
COVID Spells*		13	81	68	
Non elective spells		4,353	3,603	-750	83%
Occupancy Rate (G&A)	92%	95%	86%	-9%	

* based on clinically coded spells and not testing

Specific Acute Specialties only, excluding non-consultant led outpatient activity

Despite the significant number of Covid admissions during December, performance against the Phase 3 trajectories was strong across all modalities.

- Elective and outpatient activity remains at or above the Phase 3 trajectories set despite increasing pressures from Covid admissions
- Day cases were slightly below plan as the decision was taken to prioritise inpatients over day cases based on clinical need, which means inpatients are over delivering against plan
- Similarly, the majority of diagnostic disciplines continue to meet or exceed trajectory, with the exception of Flexi Sigmoidoscopy which is currently running at 80% pre-covid levels

It should be noted that the original plan was set at 6 Covid patients in beds and during December, the number peaked at 97 Covid + which is significantly above planning assumptions.

5.0 Risk Register

Risks relating to Covid have been migrated to be held centrally on the Trust wide risk register. These are reviewed monthly at Management Board.

Key risks resulting from the impact of the Covid-19 pandemic are summarised below:

- **Impact of second peak** – the increase in cases leads to a number of risks around bed capacity, increased infection risks and a risk that elective care will need to be stepped down further.

- **Bed occupancy** – both at the RUH and in neighbouring trusts, the inpatient bed base has been reduced as a result of social distancing and the loss of GA beds for creation of Pierce ICU. With increased non-elective admissions and higher numbers of delayed discharges, there are significant pressures on the medical bed base.

- **Impact on flow-** reduced four hour performance and increase in ambulance handover delays due to bed pressures. Increasing numbers of patients are not meeting the Criteria to Reside.

- **Diagnostic capacity** – activity levels have significantly improved but maintaining diagnostic capacity is a continued challenge. The impact of social distancing on the waiting room in radiology and the infection control requirements for cleaning of scanners has had a significant impact on the number of scans per unit time.

- **Workforce capacity** – there have been significant issues with staffing capacity due to Covid related sickness and isolation. There are additional risks around recruitment to the large vaccination programme; the demands of this programme of work may impact on the business as usual recruitment activity.

- **Waiting times** – because of the cessation of many routine services during the emergency response phase, the size of the waiting lists and length of time patients have been waiting has continued to increase. The overall size of the elective and diagnostic waiting lists have been on a downward trend throughout phase 2 but remain a concern, especially with the current increase in covid admissions resulting in the cancellation of P3 / P4 surgery.

- **Infection, Prevention and Control** – there is a national directive that Trusts should prioritise IPC measures and there is little local discretion allowed for implementing the guidance. The IPC Reference Group has reviewed the guidance for the re-mobilisation of services to ensure guidelines are being adhered to and have taken implementation plans through Management Board for sign off.

6.0 Conclusion

The Trust continues to make good progress with the Phase 3 objectives despite significant operational pressures due to the second peak of Covid admissions. However, over the last month, the number of Covid positive patients admitted at the RUH has increased significantly, which has triggered a number of actions to move into our surge plans to manage this increase. These actions will have some impact on the continuation of elective activity and our Phase 3 Recovery Plan.

The Board is asked to acknowledge the update on the Trust's response to the Covid-19 pandemic and actions being taken to increase capacity, tackle growing waiting lists and the response to the recent increase in cases.

The Board should note the on-going risks relating to a reduction in elective and outpatient capacity, the increase in waiting times and impact on performance standards for RTT, Cancer, Diagnostic and 4 hour target.