SFHFT Trust Board Covid-19

First phase of preparation

The first phase of the NHS's preparation and response to Covid-19 was triggered on 30 January and on 17 March all NHS organisations received a letter from NHSI/E formally initiating the following actions:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of Covid-19 patients who will need respiratory support.
- Support staff, and maximise their availability.
- Play our part in the wider population measures newly announced by Government.
- Stress-test operational readiness.
- Remove routine burdens, so as to facilitate the above.

SFHFT Incident Control Team 13 March – 26 April

Before we had received the formal request to initiate the above changes, we had already set up a daily Incident Control Team (ICT) meeting. This started on 13 March (eight weeks ago) and is chaired by Simon Barton (Chief Operating Officer). The ICT has been the mechanism for ensuring we are delivering the above actions and has had two work-streams; i) Clinical preparedness and surge capacity chaired by Phil Bolton (Deputy Chief Nurse) and ii) Workforce chaired by Rob Simcox (Deputy Director of People). We have also actively engaged with planning and delivery functions across the Mid Nottinghamshire and wider Nottinghamshire footprint.

I believe we have taken a number of effective decisions and actions to prepare the organisation and our colleagues for the surge in patients with Covid-19 including our preparation began early, we have led with compassion and with support and we have communicated well.

Our initial focus was on some of the transactional aspects of preparation and delivery. Personal protective equipment (PPE) planning and fit testing of masks began in January and because of the good work of our procurement team, working with others within the organisation and beyond, we have had sufficient PPE throughout this period. Our infection control team, working with others, have effectively led on infection prevention and control across our three sites, segregating the hospitals into different sections and we have followed national guidance throughout. More recently all colleagues or members of their house who meet the criteria for testing have been offered a test. We took decisions, earlier than national guidance suggested to pause elective care but we have continued to provide emergency and cancer care to patients. We have supported high numbers of colleagues to work from home and the way we communicate and interact with each other has changed with the use of MS Teams and other platforms. All the feedback I have received from many sources state colleagues have felt the organisation has been well led and we have communicated clearly and inclusively. Clinical leadership has strengthened over this period. The clinical chairs have been active participants in decision making and the medical managers' forum has evolved. Over the last eight weeks, we have seen Sherwood Forest Hospitals NHS FT at its best and it has been a true

team effort. Whether colleagues are clinical or non-clinical, employed directly by SFHFT or by another organisation, such as Medirest, are on site or are working from home, all have contributed. Now is not the time to recognise particular effort but I would like to thank the colleagues who have directly cared for patients with Covid-19 in the Intensive Care Unit (ICU), on the wards or in the Emergency Department/ Urgent Care Centre, who have been working long shifts wearing full PPE. With support, we have had a number of colleagues who have worked outside of their normal speciality over the last eight weeks and I think this is remarkable. We have much to be proud of but it has also been tough for many colleagues and we will all have our personal stories to tell about and our memories of this experience.

As we made progress with some of the transactional aspects of our preparation and delivery we focussed on the emotional well-being and support for colleagues. Working with colleagues from Nottinghamshire Healthcare NHS Foundation Trust we quickly implemented a series of offers to all colleagues. I think the quality of this offer and the speed it was implemented sets SFHFT apart from many other NHS organisation and it certainly puts us in a better position to support all colleagues throughout the months to come. We recognise many colleagues at SFHFT will be part of families that are economically impacted and early on we have offered colleagues access to a hardship fund to support them purchase essential items.

We held a virtual (using MS Teams) Public Board on 2 April and have had two virtual fortnightly catch ups between Non-Executive Directors and Directors over the last eight weeks.

Eight week Covid-19 summary

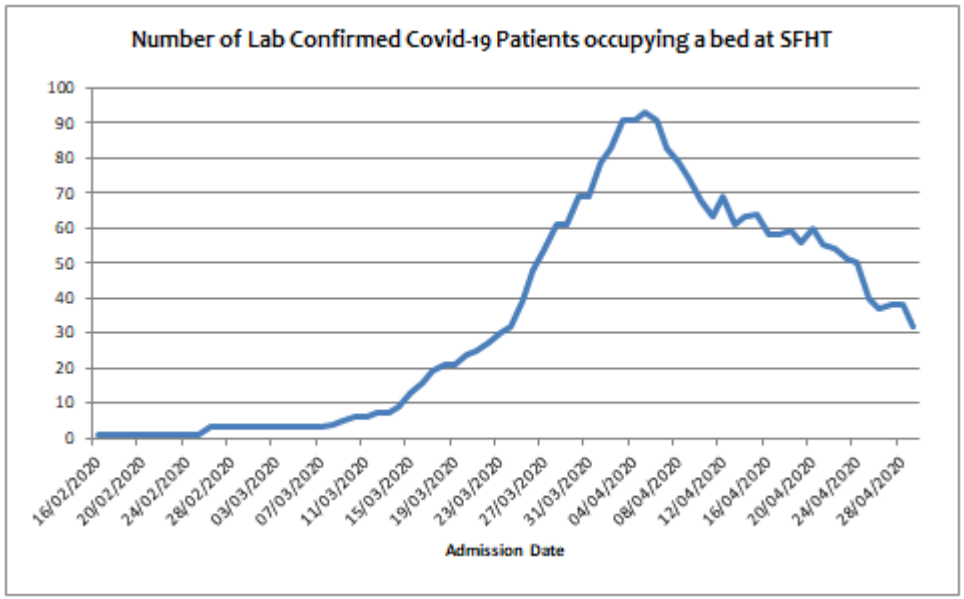
The charts below provide a brief summary of some of the key indicators over the last eight weeks:

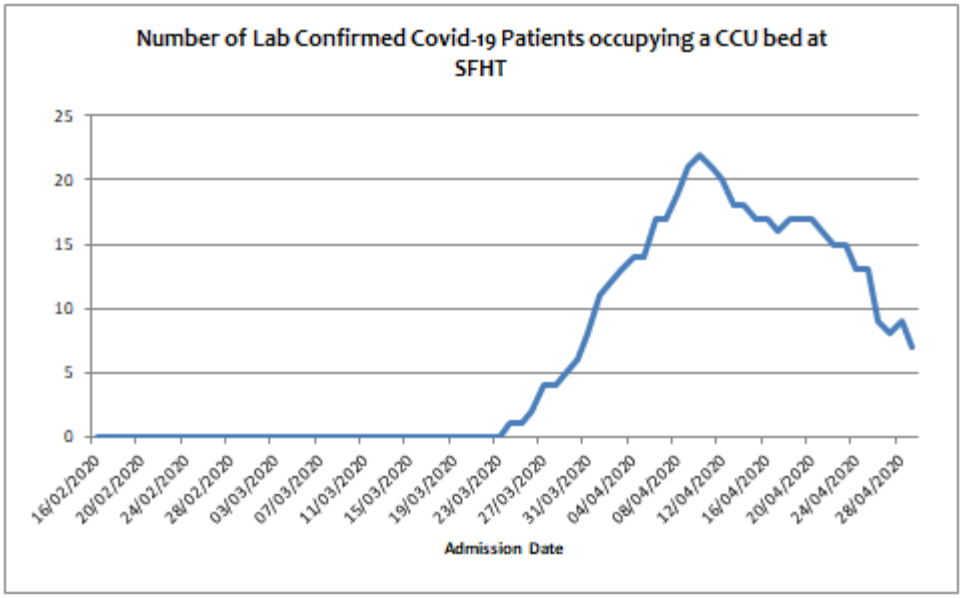
- The number of patients with Covid in our hospitals began to increase dramatically in mid-March, peaked in early April, are falling, but are still higher (as of 30 April) than when the country went into lock-down.
- The shape of the increase for the number of patients with Covid in ICU is similar to the increase, although slightly later, than the total numbers of patients with Covid in beds. We normally run with six to seven patients in our nine ICU beds. During the last eight weeks this has peaked at 36 (the numbers below plus none Covid) and is now at 13 patients.
- As more patients with Covid were admitted, more patients with Covid have been discharged, with the discharge peak slightly later than the admissions peak.
- Staff absence peaked in mid-March and has been falling since early April. Throughout the eight weeks we have been able to maintain safe staffing levels.

As of 30 April:

- We have swabbed 1675 people including 1498 in hospital and 178 community
- Of the 1675, 348 are positive, 1322 negative and six are awaiting results
- Ninety one patients with Covid have died in our hospitals.

- We continue to successfully discharge a greater number of Covid positive patients from our hospitals than the number who die here. This reflects the national ratio of about 60:40.


Number of Lab Confirmed Covid-19 Patients occupying a bed at SFHT
100
90
80
70
60
50
40
30
20
10
0
16/02/2020
20/02/2020
24/02/2020
28/02/2020
03/03/2020
07/03/2020
11/03/2020
15/03/2020
19/03/2020
23/03/2020
27/03/2020
31/03/2020
04/04/2020
08/04/2020
12/04/2020
16/04/2020
20/04/2020
24/04/2020
28/04/2020
Admission Date


Number of Lab Confirmed Covid-19 Patients occupying a CCU bed at SFHT
25
20
15
10
5
0
16/02/2020
20/02/2020
24/02/2020
28/02/2020
03/03/2020
07/03/2020
11/03/2020
15/03/2020
19/03/2020
23/03/2020
27/03/2020
31/03/2020
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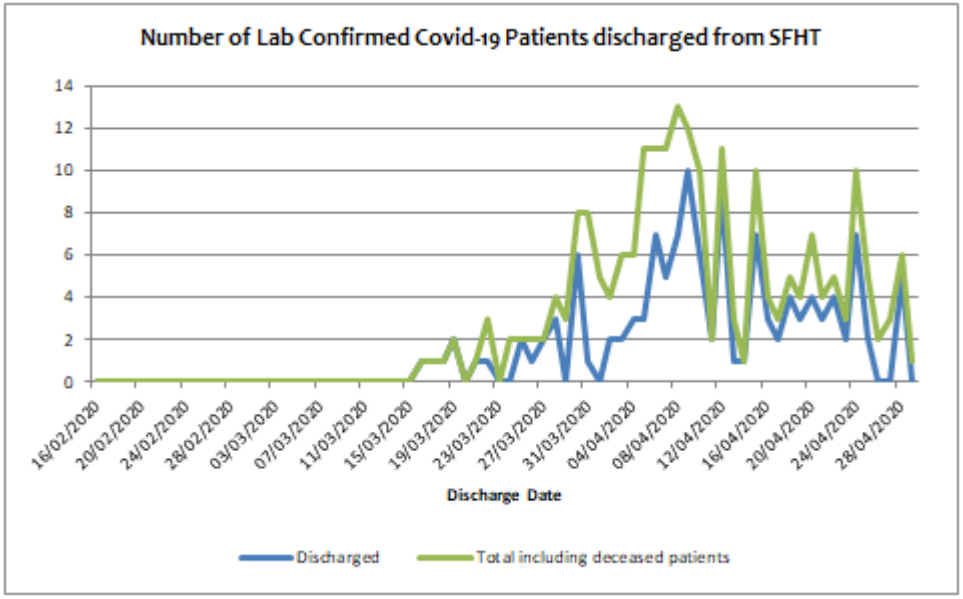
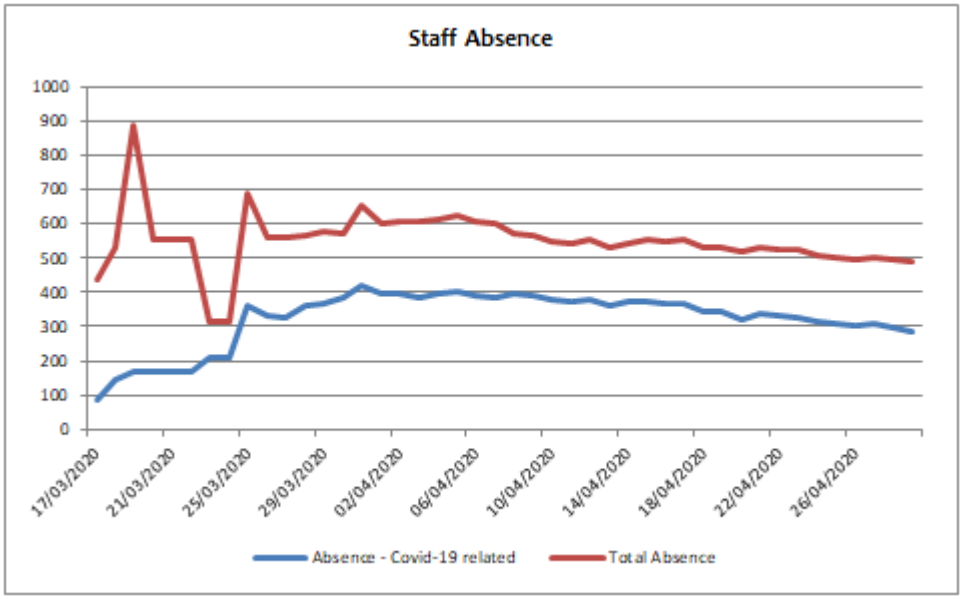
08/04/2020
12/04/2020
16/04/2020
20/04/2020
24/04/2020
28/04/2020
Admission Date


Number of Lab Confirmed Covid-19 Patients discharged from SFHT
14
12
10
8
6
4
2
0
16/02/2020
20/02/2020
24/02/2020
28/02/2020
03/03/2020
07/03/2020
11/03/2020
15/03/2020
19/03/2020
23/03/2020
27/03/2020
31/03/2020
04/04/2020
08/04/2020
12/04/2020
16/04/2020
20/04/2020
24/04/2020
28/04/2020
Discharge Date
Discharged
Total including deceased patients


Staff Absence
1000
900
800
700
600
500
400
300
200
100
0
17/03/2020
21/03/2020
25/03/2020
29/03/2020
02/04/2020
06/04/2020
10/04/2020
14/04/2020
18/04/2020
22/04/2020
26/04/2020
Absence - Covid-19 related
Total Absence

Second phase of NHS response

On 29 April we received a letter from NHSI/E confirming the message from the Prime Minister on 27 April that we had moved into the second phase of the NHS response. The purpose of the letter was to set out the broad operating environment and approach that we will all be working within over the coming weeks and I will provide a verbal update in Board on our progress against the letter. Whilst the exact nature of the future is unclear, many of the expectations and actions are well understood and clear; IPC with appropriate cohorting of Covid/ non-Covid patients, supporting colleagues, working with and supporting Community Health Services, Primary Care, Mental Health services and Local authorities, maintaining surge capacity, stepping up non-Covid urgent services, reviewing capacity for some routine non urgent elective care and "locking in" beneficial changes.

There are specific actions for the following services; urgent and routine surgery and care, cancer, cardiovascular disease, heart attacks and stroke, maternity, primary care, community services, mental health and learning disability/ autism services and screening and immunisation.

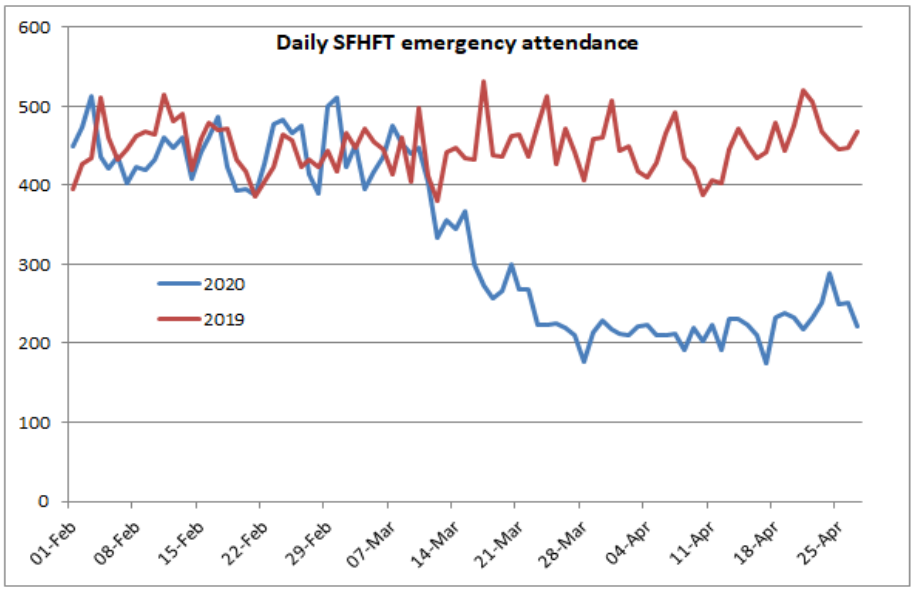
We will continue to have patients with Covid in our community and in our hospitals for months to come and we have to adapt our way of working, both within our hospitals but also our wider working across the system.

SFHFT Incident Control Team 27 April

We changed our daily ICT meeting on 27 April. It continues to meet daily, seven times a week and is chaired by Simon Barton Monday – Friday with the exec on call chairing it at the weekend. We have moved from two work-streams to four; i) Covid and Non-covid chaired by Phil Bolton and Helen Hendley (Deputy Chief Operating Officer), ii) Workforce, well-being and corporate chaired by Emma Challans (Director of Culture and Improvement) and Rob Simcox, iii) Wider System chaired by Richard Mitchell (Chief Executive) and iv) Public behaviour/ self-care chaired by David Ainsworth (Locality Director Mid Nottinghamshire ICP). Technological change and effective communication run through all four of these work-streams. We continue to actively engage with planning and delivery functions across the Mid Nottinghamshire and wider Nottinghamshire footprint.

Whilst we have been able to maintain our cancer services, like all NHS trusts we have paused much of our elective programme and we cannot leave patients on planned care waiting lists indefinitely. Emergency care activity has dropped dramatically, as evidenced in the chart below. This is likely to be due to a combination of reasons: i) changed healthcare seeking behaviour by patients, ii) reductions in the incidence of some health problems such as major trauma and road traffic accidents, iii) clinical judgements about the balance of risk between care in different settings, and iv) some NHS care being provided through alternative access routes (eg ambulance 'see and treat', online appointments). A key focus for SFHFT is working with primary care and others to ensure the patients who do not need to be attending the emergency department safely stay away but the patients, who need to be treated at KMH or Newark, attend the departments. We know that at the time we will be expected to step up non-Covid urgent services and review our capacity for some routine non urgent elective care, it is likely we may see a second wave of Covid patients presenting and an increase in emergency care. This will require careful thought and leadership and we are

developing clear indicators that will signal when services can restart. The use of the Independent Sector is key to us restarting some of our elective programme.



As we have moved into the second phase of the NHS response, we know colleagues will feel anxious about a number of concerns. Four key concerns we continue to recognise and support colleagues with are:

PPE - the information we see on a daily basis confirms we do not have problems with accessing PPE at SFHFT and we are distributing it appropriately. However just because we do have sufficient PPE does not mean all colleagues feel able to access it appropriately and may not mean their concerns are being answered in a way which is satisfactory to them. We continue to communicate to colleagues that;

- Whilst we do have sufficient PPE at Sherwood and we continue to receive supplies, the wider position across the NHS remains fragile and we are thinking about what our response would look like if this changed.
- We need to use the PPE appropriately – all of us wearing full PPE would impact on the areas where it really is needed receiving PPE, but we follow best practice guidance on issuing PPE and we will continue to do so.
- It is perfectly normal to be anxious about this and we would like all colleagues to be able to feel they can speak up if they are concerned – there are many ways colleagues can do this including speaking to their line manager, their divisional team, our freedom to speak up guardian and the Executive Team.
- Fear may trump logic and it is important we all remember the effectiveness of PPE is reduced if; we do not wash our hands regularly if you are working clinically and you do not wash your lower arms regularly, if you wear your scrubs to and from work and if we do not socially distance when possible. Please make sure you adhere to these simple and sensible points. We recognise we are all ambassadors for socially distancing outside of work and where possible inside of work.

Minority groups over-represented among coronavirus deaths - We acknowledge all colleagues will understandably feel anxious that minority groups appear to be over-represented among coronavirus deaths. **Black, Asian and minority ethnic (BAME)** colleagues make up 15% of the general population in England but as of 19 April, 19% of deaths were of people from a BAME background. At SFHFT we take our responsibilities as a provider of healthcare and as an employer very seriously and we will do everything possible to protect our colleagues. Information and understanding about this concern is increasing and by the time of our Public Board we will have written to all colleagues confirming the actions we are taking.

Medico-legal - We are conscious clinicians may feel medico-legally isolated and exposed regarding treatment decisions and outcomes in relation to patient treatment decisions as a result of Covid. There may be investigations from legal firms in months and years to come, particularly if patients received delayed treatment for cancer care. We are protecting and will continue to protect our cancer pathways but we recognise anxiety and concern about decision making will remain. There is a range of things we are doing as an employer to protect, reassure and help colleagues. We also need colleagues to ensure contemporaneous legible signed dated medical records are completed and where possible they appropriately involve colleagues around documentation and decision making.

ICU capacity - We want to assure all that protecting and maintaining ICU capacity for Covid patients will continue to be a key focus.

A key principle to our thinking is the way we are working today now needs to be seen as business as usual. This is why our ICT is focussed on **recovery, reform and reset, not rewind**. We recognise lots of change has taken place and we want to ensure our governance remains effective whilst also agile. We are formally reviewing the decisions we are taking and are looking at them through the following framework:

- The activities we have started and will continue – for example 74.8% of outpatients now receive their appointments virtually including telephone clinics, noting the total opd activity is lower than normal.
- The activities we have started and will stop – for example in the future it is unlikely we will require a daily ICT meeting.
- The activities we have stopped and will restart – for example the planned and phased reintroduction of elective care.
- The activities we have stopped and will not restart – for example the requirements for all of our meetings to be face to face.
- The activities we have stopped or started and we will want to amend – for example we currently have lots of colleagues working from home more frequently. We do not all need to be on site every day and working from home, where possible, needs to be encouraged.

For reasons we will all understand, we quickly moved to a centralised command and control decision-making mechanism and we will do everything possible to re-empower divisions to take their own decisions.

Conclusion

We fully recognise the required level of change in the coming weeks and months will be greater and more difficult than the change delivered so far and we know colleagues are tired. Our hospitals, teams and people are in a comparatively good position and the organisation is calm. We will not rush to reintroduce services and the changes we have made over the last eight weeks put us in a effective position for the immediate and longer term future.