

SFHFT Trust Board Covid-19

Since the last Board on 7 May, we have moved into a more stable phase of our Covid-19 response, with a high level Sitrep below:

	27 May	20 May	13 May
Covid-19 positive inpatients	17	15	13
Patients on ICU	2	2	3
Recorded deaths	116	113	111
Total discharges	160	150	145

We remain in the second phase of the NHS's response to Covid and as detailed at Board last month, we are now agreeing how we will reintroduce a greater number of non-Covid patients into our hospitals, whilst recognising we will continue to care for patients with Covid for a long time to come.

We are being careful and cautious with this reintroduction. There are elements of it, such as elective care, where we fully control the timing of the decision and there are elements, such as emergency care, which will inevitably involve us reacting as well as working with partners to be proactive. A key part of how we restart the parts of our hospitals that have been paused is the understanding of the changes we have already made and we have a formalised process for this, including ensuring our governance and decision making remains effective whilst also agile.

Over the last month we have concentrated on ten key areas as we adapt to our new reality. Non-executive directors received an update on these 21 May and a full verbal update will be provided in Public Board:

- 1) Running hospitals with Covid patients – including:
 - Supply chain resilience
 - Personalised protective equipment
 - Testing patients and colleagues
 - Supporting and reassuring BAME colleagues
 - Service change inc home births and Urgent Care Centre
 - Digital by default
 - Thinking about winter
- 2) Well-being and emotional support
- 3) Acknowledging expectations of colleagues – including:
 - Returning to onsite work/ working from home
 - Revisiting our workforce assumptions
- 4) Restarting elective activity – including:
 - Hot and cold sites
 - Clean and dirty sites
 - Continuing to Use the Independent Sector
- 5) Working with partners to manage increasing emergency activity
- 6) Testing our approach to restoration and longer term strategy with army support

- 7) Revisiting strategy for Newark and MCH and reviewing Theatres, Critical Care, Emergency Department and Endoscopy business cases
- 8) Communicating internally and externally
- 9) Influencing and restarting the system – Mid Notts Integrated Care Partnership and Nottinghamshire Integrated Care System
- 10) Ensuring we continue to provide best value care.