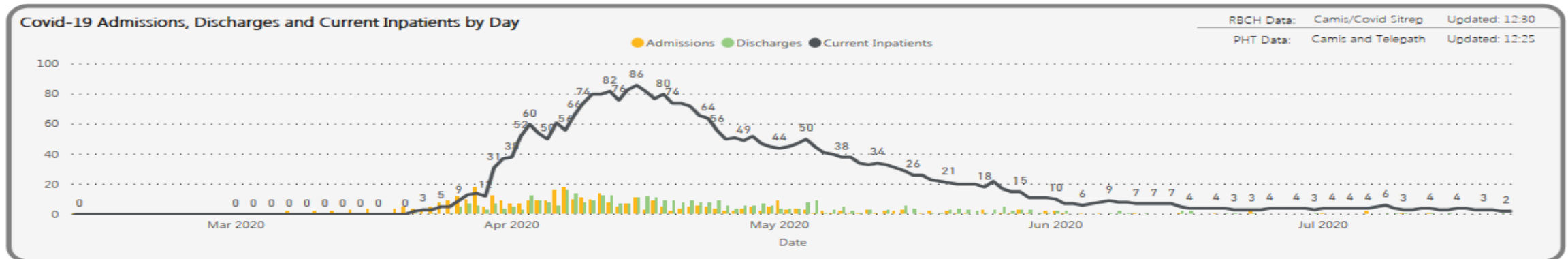
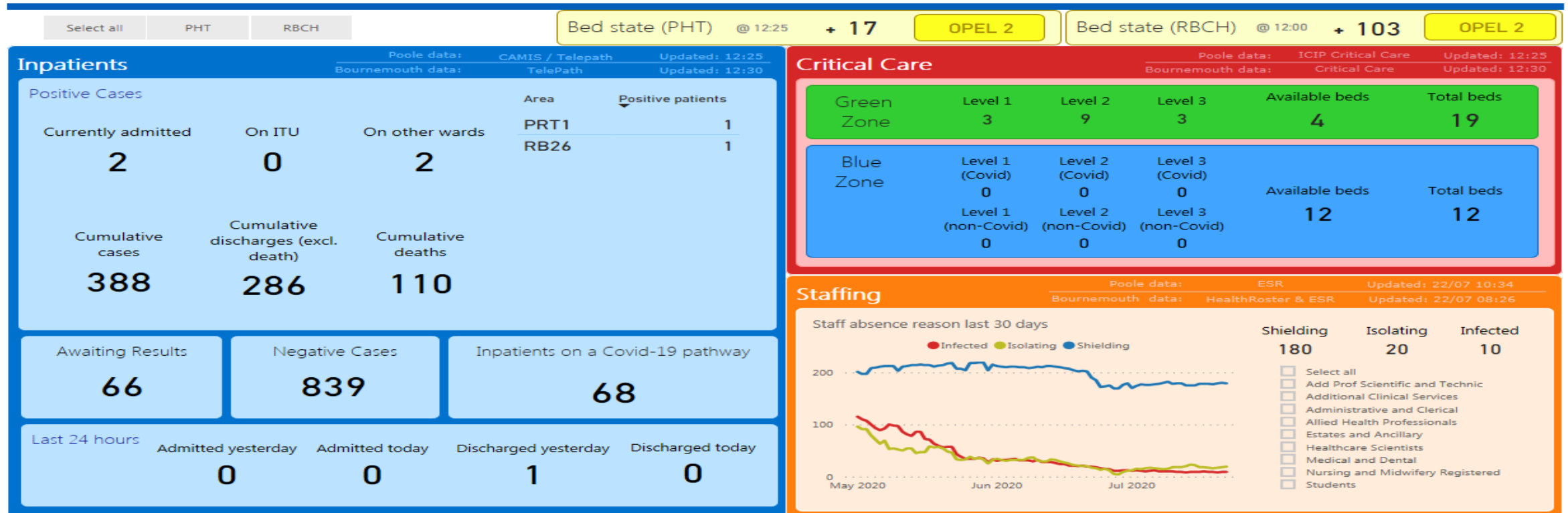


Briefing Covid-19 Update

Joint Board of Directors
29th July 2020

Content

- Covid-19 Daily Trust Dashboards & Update
- Infection Prevention & Control
- Pharmacy update
- Workforce update
- Staff Wellbeing /Our People
- Mortality Data
- Bed Capacity / Discharge Model
- ED & Admission Trends
- RTT & Diagnostics
- Current Risks & Other Issues
- Organisational Reset



Note: Covid dashboard currently overstates RBCH bed state due to including some beds currently only staffed for day case.

Covid-19 Daily Trust Dashboards (2)

Poole Hospital

Current Position

Select all PHT RBCH

Bed state (PHT) @ 12:25 + 17

OPEL 2

Bed state (RBCH) @ 12:00 + 103

OPEL 2

Inpatients

Poole data: CAMIS / Telepath Updated: 12:25
Bournemouth data: TelePath Updated: 12:30

Positive Cases

Area Positive patients
Currently admitted On ITU On other wards PRT1 1

1

0

1

Cumulative cases

151

Cumulative discharges (excl. death)

115

Cumulative deaths

45

Awaiting Results

26

Negative Cases

406

Inpatients on a Covid-19 pathway

27

Last 24 hours

Admitted yesterday

0

Admitted today

0

Discharged yesterday

1

Discharged today

0

Critical Care

Poole data: ICIP Critical Care Updated: 12:25
Bournemouth data: Critical Care Updated: 12:30

Green Zone

Level 1 3

Level 2 4

Level 3 0

Available beds 4

Total beds 11

Blue Zone

Level 1 (Covid) 0

Level 2 (Covid) 0

Level 3 (Covid) 0

Available beds 8

Total beds 8

Level 1 (non-Covid) 0

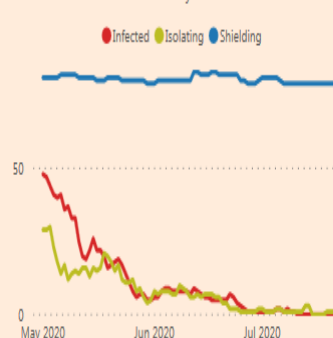
Level 2 (non-Covid) 0

Level 3 (non-Covid) 0

Staffing

Poole data: ESR Updated: 22/07 10:34
Bournemouth data: HealthRoster & ESR Updated: 22/07 08:26

Staff absence reason last 30 days



Shielding 79
Isolating 1
Infected 0

- ☐ Select all
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Healthcare Scientists
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

RBCH

Current Position

Select all PHT RBCH

Bed state (PHT) @ 12:25 + 17

OPEL 2

Bed state (RBCH) @ 12:00 + 103

OPEL 2

Inpatients

Poole data: CAMIS / Telepath Updated: 12:25
Bournemouth data: TelePath Updated: 12:30

Positive Cases

Area Positive patients
Currently admitted On ITU On other wards RB26 1

1

0

1

Cumulative cases

237

Cumulative discharges (excl. death)

171

Cumulative deaths

65

Awaiting Results

40

Negative Cases

433

Inpatients on a Covid-19 pathway

41

Last 24 hours

Admitted yesterday

0

Admitted today

0

Discharged yesterday

0

Discharged today

0

Critical Care

Poole data: ICIP Critical Care Updated: 12:25
Bournemouth data: Critical Care Updated: 12:30

Green Zone

Level 1 0

Level 2 5

Level 3 3

Available beds 0

Total beds 8

Blue Zone

Level 1 (Covid) 0

Level 2 (Covid) 0

Level 3 (Covid) 0

Available beds 4

Total beds 4

Level 1 (non-Covid) 0

Level 2 (non-Covid) 0

Level 3 (non-Covid) 0

Staffing

Poole data: ESR Updated: 22/07 10:34
Bournemouth data: HealthRoster & ESR Updated: 22/07 08:26

Staff absence reason last 30 days



Shielding 101
Isolating 19
Infected 10

- ☐ Select all
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Healthcare Scientists
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

Note: Covid dashboard currently overstates RBCH bed state due to including some beds currently only staffed for day case.

Covid-19 update

- Reduced rate of positive patients continues
- Reducing impact on critical care continues
- Moving towards our 'new normal' – ED attendances and urgent/emergency admissions increasing - now at lower limits of normal levels
- Impact of releasing isolation/lockdown restrictions remains uncertain and we need to remain alert to changes
- Front door, ward and critical care configurations continue to support Covid/Non Covid pathways, resulting in reduced capacity
- Phased repatriation of staff and services have enabled early steps in recommencing non Covid services
- Patients to attend hospital when really necessary (tele-med/videoconferencing)
- Recognition that patients have been concerned to come into hospital; we are being **overt with our IPC measures** and doing all we can to minimise nosocomial infections in the NHS
 - **Physical distancing**
 - **Masks being worn by all staff, visitors and patients**
- Screening for patients and staff, plus antibody testing
- Recognition of the impact on our staff – wellbeing support continues
- Fast track referrals returning towards previous levels
- Significant increase in number of longer waiting elective patients and endoscopy patients – recovery planning commenced (Endoscopy insourcing and mobile unit secured)
- Awaiting Phase 3 guidance

Excellence in Infection, Prevention and Control (IPC)

- Testing continues:

- Emergency patients tested on admission with a further retest 5-7 days after admission

- Patients returning to nursing/care homes tested 48 hrs prior to leaving hospital

- Elective patients tested 72 hrs prior to surgery (self isolate for 14 days) – to be reviewed

- Routine staff screening (commenced in oncology)

- Antibody testing for all staff

- Enhanced planning and protection for patients who are clinically extremely vulnerable (shielded)
- Guidance implemented for the wearing of surgical masks/face coverings for all staff, visitors and patients
- Visiting restrictions lifted – booked system with mandatory mask/PPE use
- Social distancing to be observed – new signage in our hospitals in public areas ‘Hospital Highway Code’
- Toolkit developed to support safe working (Mask wearing/ risk assessments for non-clinical areas etc)
- Ongoing risk assessments in progress to agree bed numbers that support good infection control practice, bed occupancy levels and blue/green and yellow pathways
- Review of cleaning across the Trusts in progress
- Focus on nosocomial infection – robust review process for all potential hospital acquired infections
- NHSI IPC Board Assurance Framework self assessment completed. Discussed at joint Quality & Performance Committee / Healthcare Assurance Committee

Medicines Update

- Medicines shortages are well controlled locally across all sites, although some central allocations of critical meds continue the situation is easing nationally.
- There is an agreement between the Trust pharmacy teams across SW region and TV/W for sharing of medicines where necessary.
- Poole and Bournemouth Pharmacy teams have liaised closely where supplies of medicines have needed to be shared.
- Both Trusts have access to Remdesivir (anti-viral agent that reduces length of symptoms for critically unwell). So far three patients treated at RBH none at Poole
- Poole and RBCH ensured clinicians aware that dexamethasone now indicated for all COVID patients requiring oxygen or ventilation.
- Developing systems to align with new ways of working e.g. virtual clinics mean you can't easily give patients a script and we want to avoid pushing burden into primary care where able – unintended consequence of a good move.
- The two pharmacy teams have collaborated on all work for COVID including clinical trials to ensure that processes are aligned as far as possible.

Workforce update – Report on Covid-19 related Workforce activity

Over the last 3 months, the Workforce and OD teams across both sites have continued to support the Trusts to respond to the implications of Covid-19. This has included the following activities:

- Workforce reporting;
- Recruitment of supplementary workforce;
- Covid related HR advice;
- Covid related induction and training;
- Enhanced Health and well-being support including support for staff shielding and for staff from a BAME background.

In more recent weeks, in addition to the CV related challenges, attention has also been focussed on supporting:

- Restart of merger related work including supporting organisational change overseen by the Workforce and Organisational Development Group;
- The activity and service re-set.

Staff Wellbeing

Enhanced Psychological and Emotional Support

- Greater access to counsellors for those in need of emotional support and joint telephone helpline in place – also for those isolating at home
- Working alongside BAME network colleagues to provide additional support, including risk assessments
- Bespoke team resilience support available and being accessed

Safe Spaces

- Temporary spaces available at both sites – well utilised
- Kept well stocked from donations
- Clear need for legacy in longer term – potential to be funded by charity donations

Food and Hydration

- Provided for different levels of response during the pandemic
- Now reduced at request of individual areas
- Well received at the time of most acute need – ability to ramp again for further waves

Coordination of Donations

- Both trusts overwhelmed by the generosity of local community and national organisations
- Team has worked hard to ensure even distribution of gifts
- New wellbeing charity funds to be used specifically to improve the wellbeing of staff and patients post COVID

Staff Engagement and Involvement

- Over 1000 staff told us how they were feeling, and now we are asking how to spend the charity fund [attached] – *Staff Impression Survey* [Q1] also launched
- Wellbeing Hubs established at both sites as central information points, providing staff with the option to talk to someone about their concerns
- Updated Wellbeing intranet and regular updates in the COVID briefings

Enhanced Psychological and Emotional Support

- Supporting staff with occupational health
- Support to individuals and teams
- Clinical psychologists and chaplains engaged
- Evidence based interventions



Safe Spaces

- Inclusive – for all staff
- Space for reflection and rest
- Opportunity to check-in with senior leaders
- Encourages feedback on how staff are feeling



Food and Hydration


So many things going on at the moment #busy! Delighted that thanks to fab admin team, we are going to trial these stickers if wearing PPE, to help our patients recognise who is

- **Attending to basic needs of staff [Maslow]**
- Focus on red / purple zones and PPE areas
- Supports staff breaks
- Constantly monitored and reviewed for further roll-out



Co-ordination of Donations

- Distribution of gift items from public and local businesses
- Set up of Just Giving Page for #NHSHeroes
- Co-ordination of Wellbeing Packs
- National funding - 'What is our lasting legacy for Staff Wellbeing?'



Staff Engagement and Involvement

- Wellbeing hubs in both sites to support signposting and staff awareness
- Multiple platforms and use of social media – connecting with best practice
- '5 Key Questions' plus Staff Expression Survey in Q1



Mortality Update

PHT

Cumulative cases	Cumulative discharges (excl. death)	Cumulative deaths
151	115	45

RBCH

Cumulative cases	Cumulative discharges (excl. death)	Cumulative deaths
237	171	65

Joint: Poole Hospital and RBCH

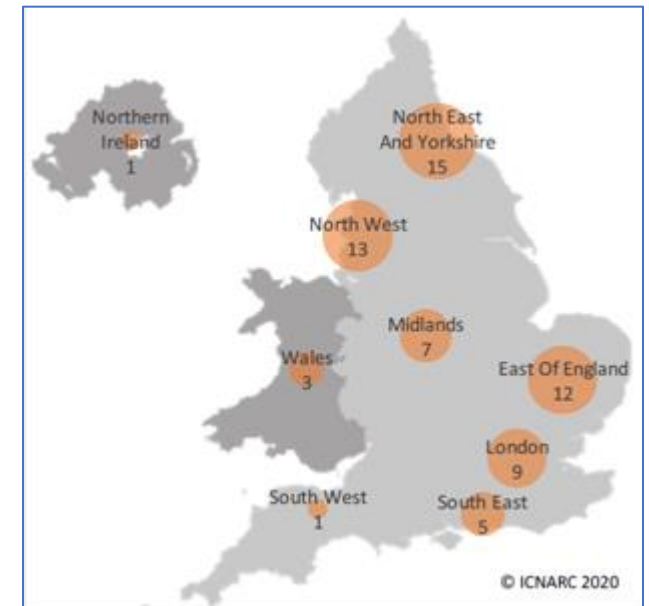
Cumulative cases	Cumulative discharges (excl. death)	Cumulative deaths
388	286	110

Data Source: Intensive Care National Audit & Research Centre, data up to 17.07.20 (national/PH) & 09.07.20 (RBCH)

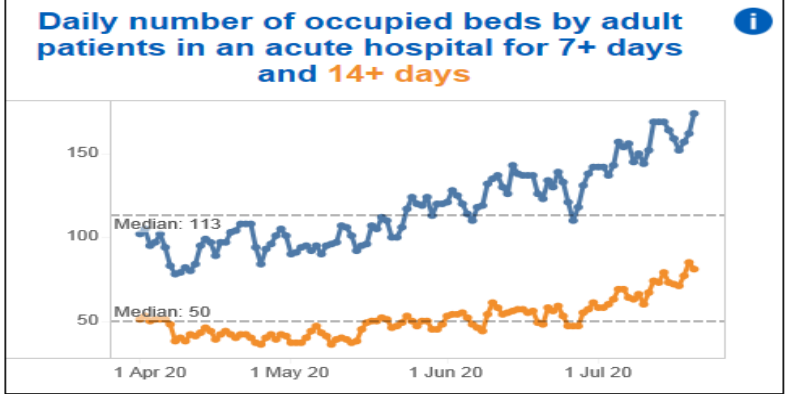
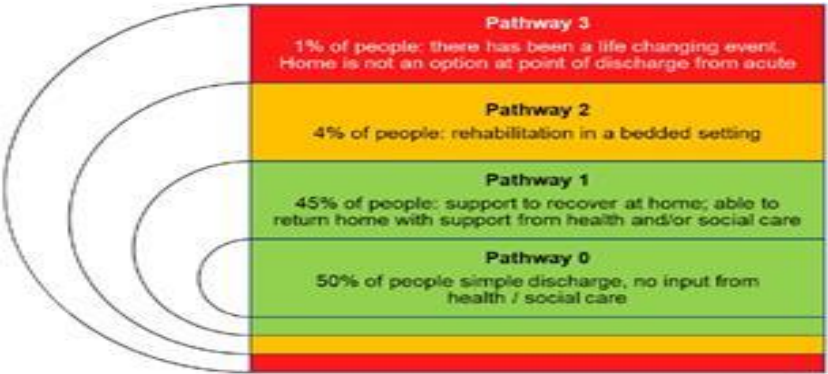
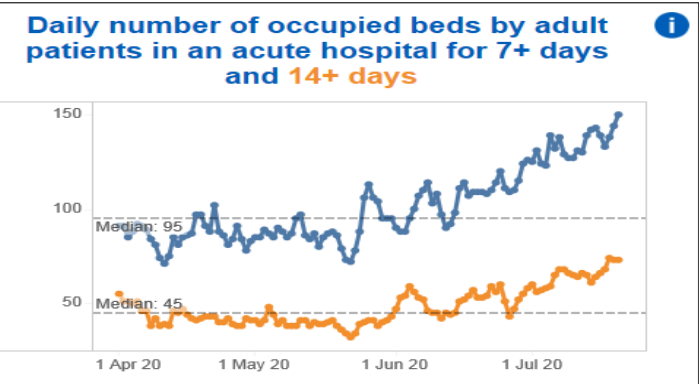
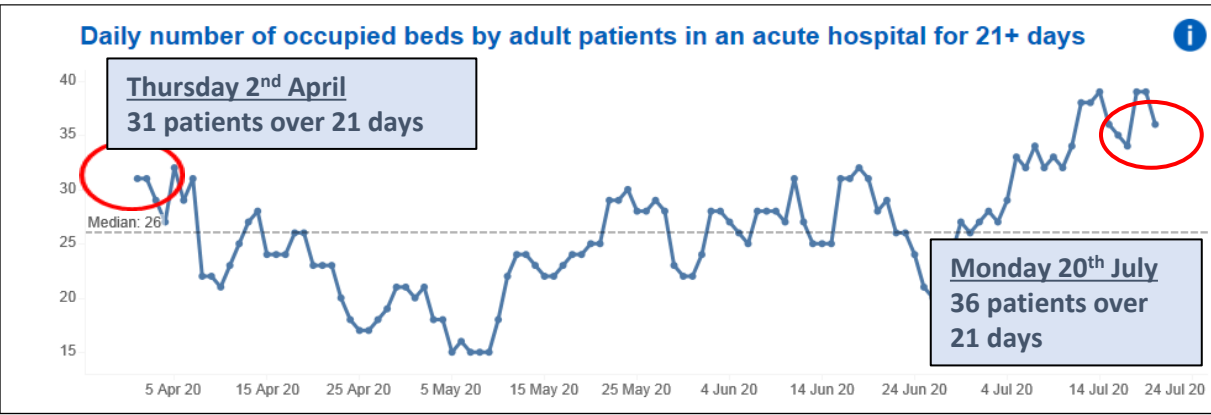
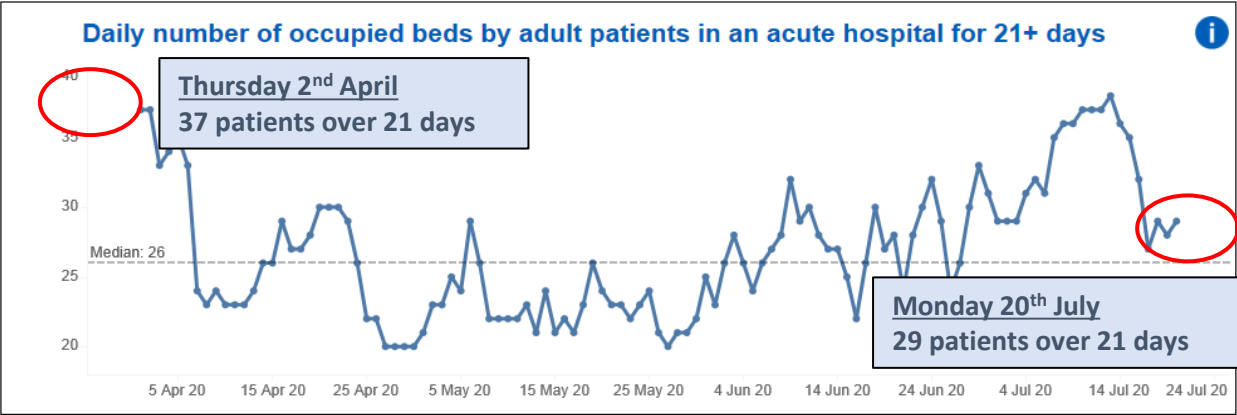
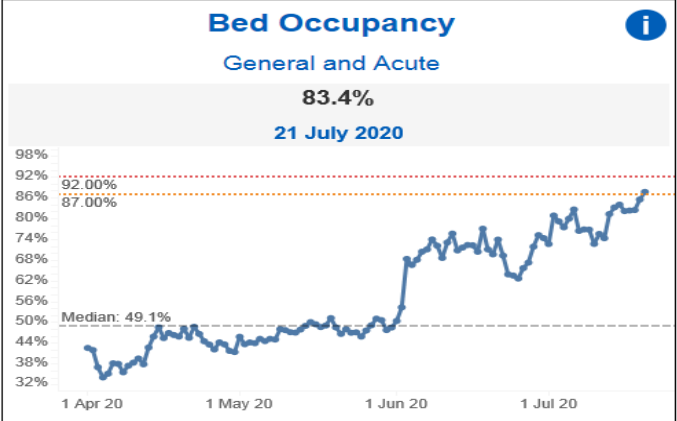
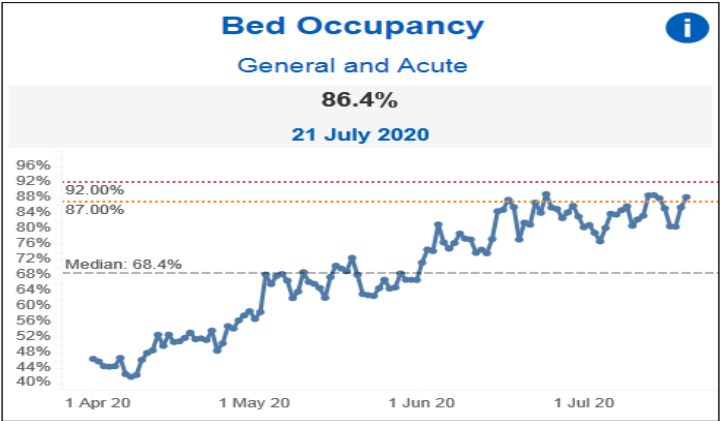
	National	PHT	RBH
Patients admitted	13,268	23	28
Age yrs	58.8	62.4	58
Non-white %	33.9	4.3	11
Index of Multiple Deprivation - most deprived %	25.9	0	18
Mechanical ventilation %	59.1	65.2	52
Renal Support %	20.1	8.6	30
Survival %	61.4	69.5	82
Survival mechanical ventilation %	51.8	37.5	64

There are currently no patients with COVID-19 in critical care within the South West (20.07.20). Data on COVID-19 admissions is now be released by ICNARC at a hospital level.

New patients admitted to critical care in last 2 weeks

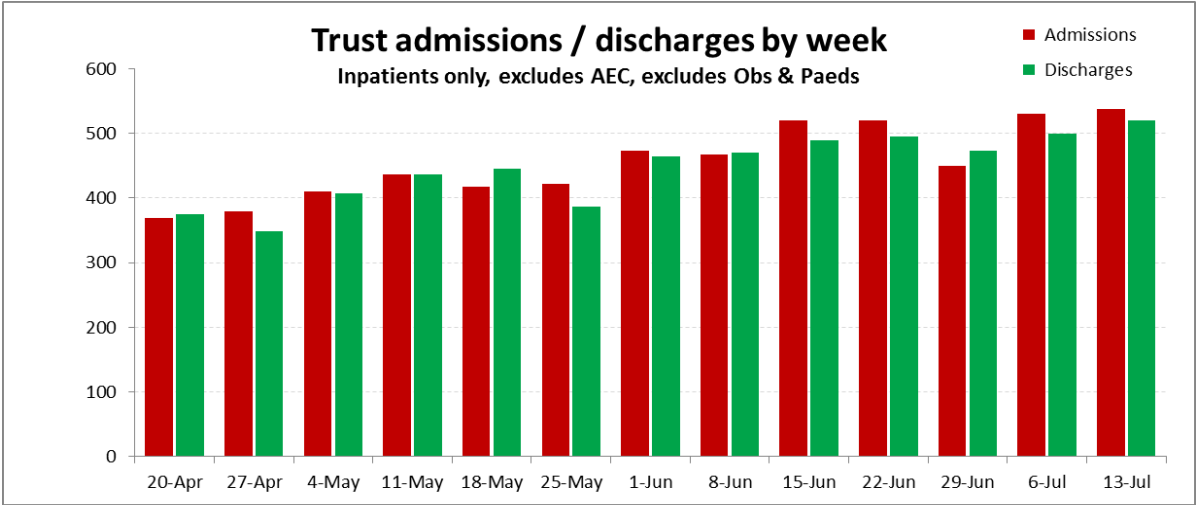


Bed Capacity / Community Discharge Model

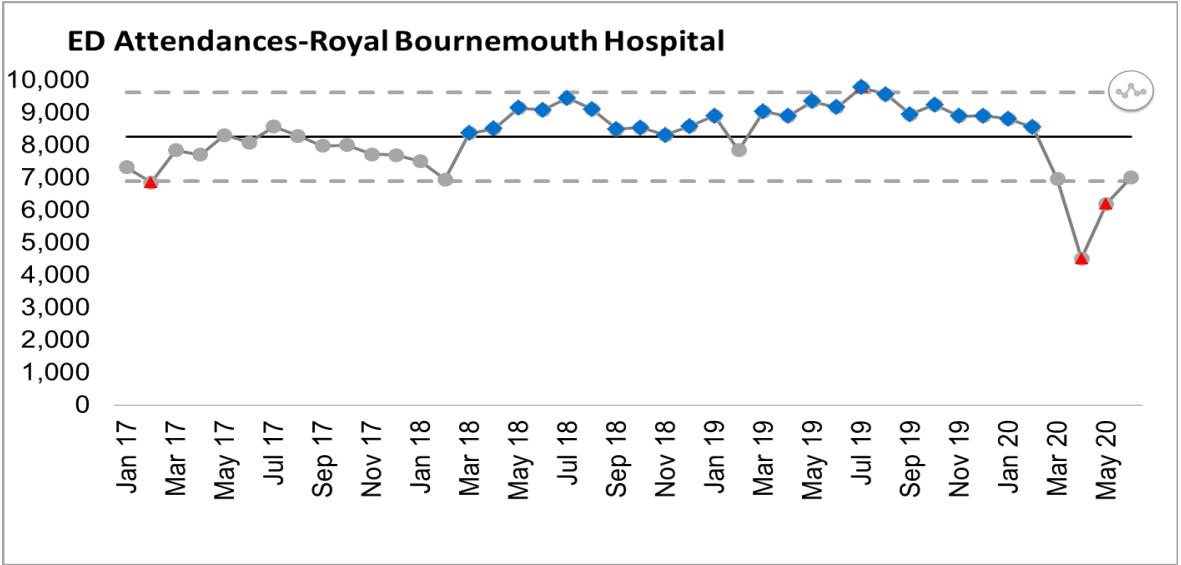
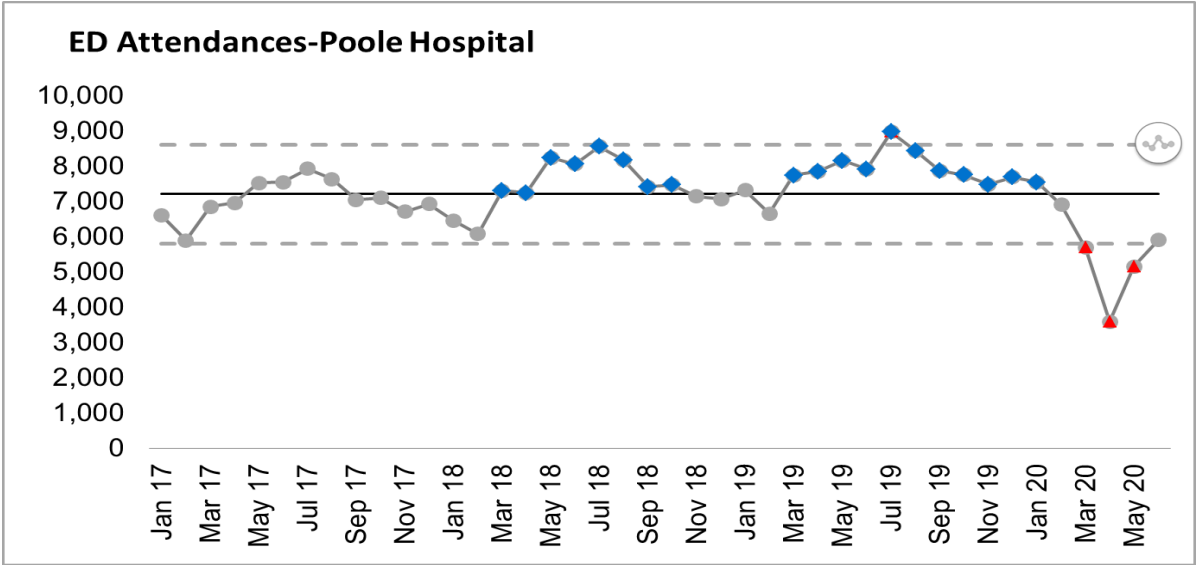
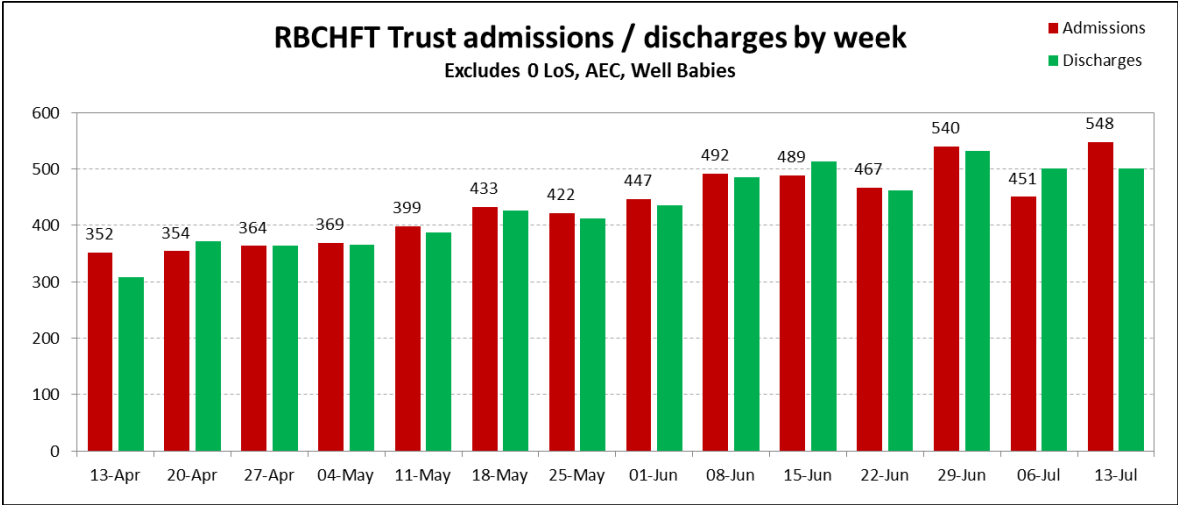


Admissions and ED Trends Poole and RBCH

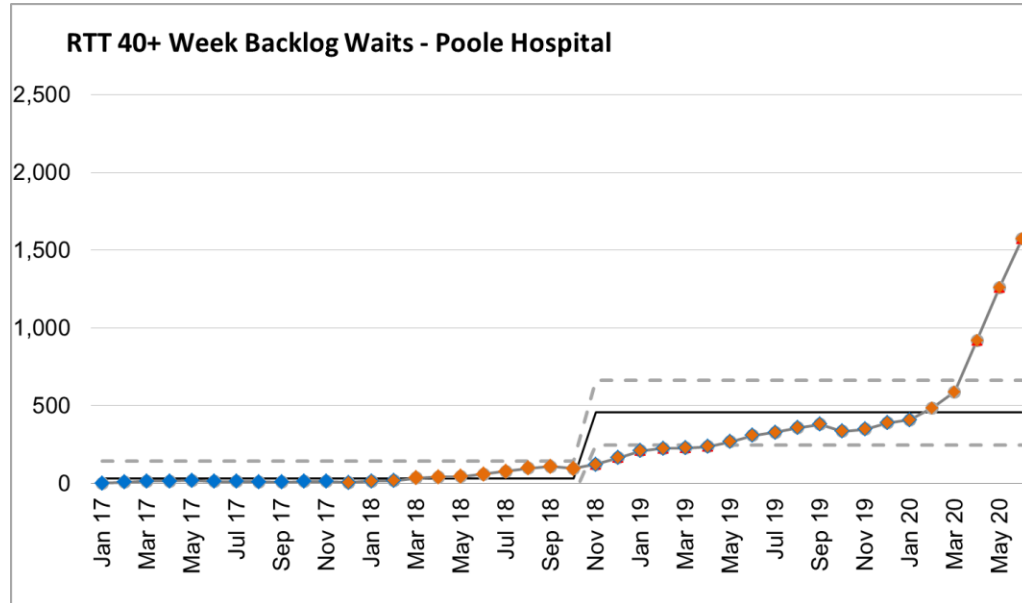
Poole



RBCH



RTT and Diagnostics - Poole and RBCH

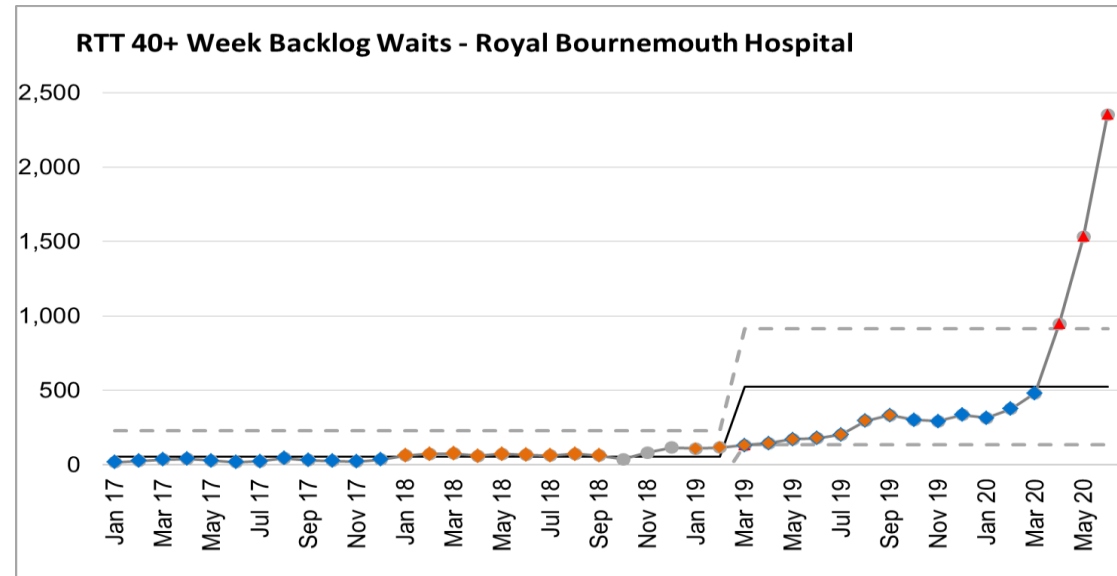


Diagnostics

- RBCH number of >6wks: 2,411 as at end June
- Poole number of >6wks: 1,009 as at end June
- Significant backlog, particularly in Endoscopy
- Numbers over six weeks are reducing (914 fewer than May), although the overall list is growing

RTT 18 Week Standard

- Impacted on by stopping routine work
- Number of people waiting 40+ weeks - increased by 1139 to 3,926
- 1016 people waiting over 52 weeks
- Waiting lists size now increasing as the increase in referrals has overtaken the increases in capacity
- Longer wait cohort patients increased



Other Issues for awareness

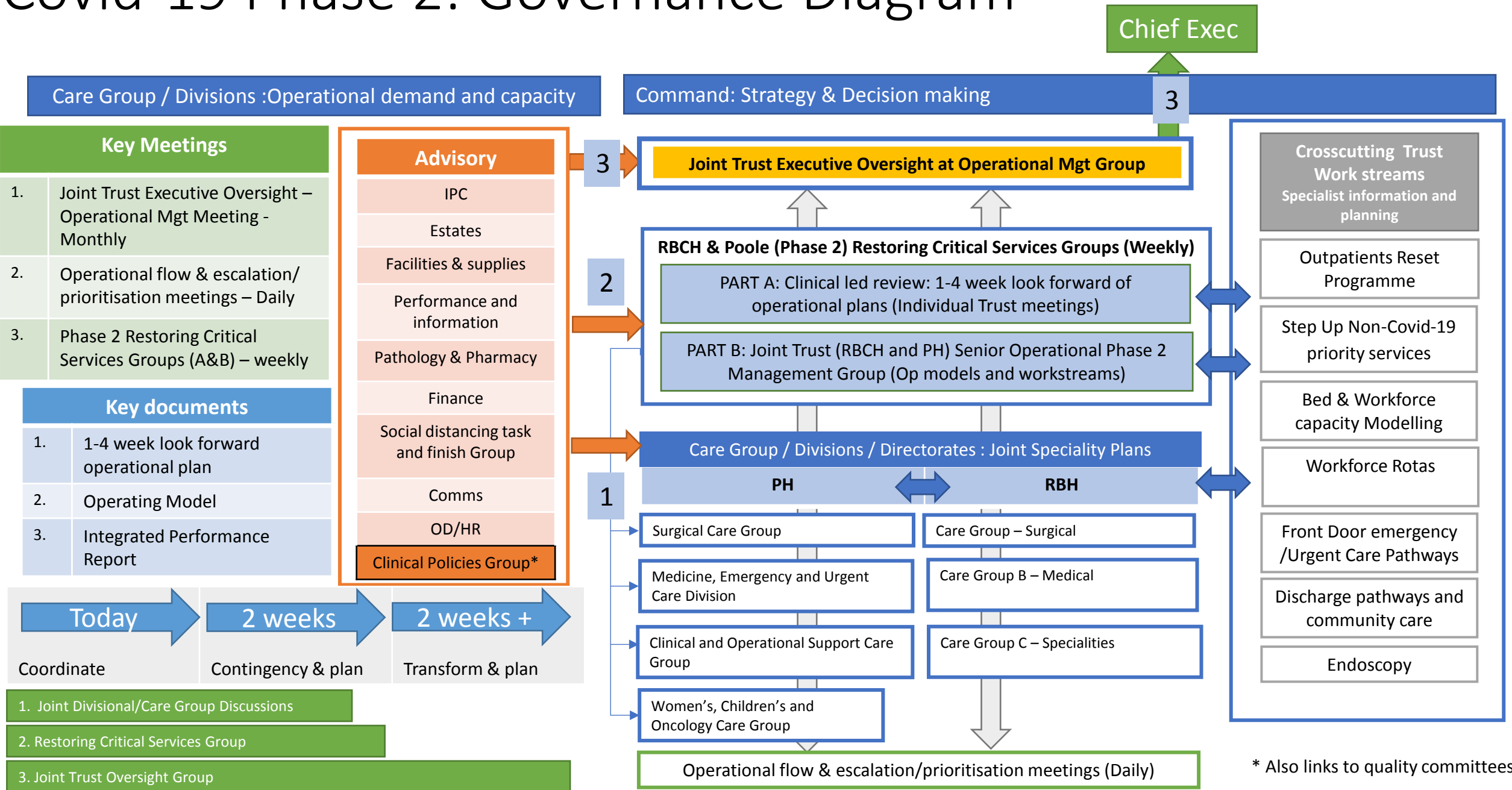
- Independent Sector Capacity Update
 - BMI /Nuffield - use it well
 - Discussion on continuation of the contract - end of
- Staff & Patient Testing, including antibody and Track & Trace

Covid-19 Risks/Issues - remaining under review

PHFT	
Infection Control	PPE (FFP3 refits/gowns) Availability of ICNET
Screening	Ability to swab and test staff and patients due to lack of testing facilities and test kits across Dorset (some improvement) Note: reduced incidence
Critical Care Capacity	Within capacity
Medication	Supply concerns (substitutes for key medicines)
Supply Chain	Haemodialysis equipment Swabbing kit/supplies remain a risk (incl. global outbreaks)
Workforce	Critical care staffing (sufficient for current levels)
Training	Postponed training – phased reinstatement
Health and Well Being	Detailed arrangements in place
Bed capacity	OPEL 1-3, increasing occupancy
Mortality	ICNARC data inline with national average. Medical examiner process in place. No current delays in issuing death certification (MCCD)
Non Covid, routine patient pathways	Increased number of patients waiting/waiting longer – Reset & Recovery programme established (noting cancer and urgent activity well progressed)

RBCH	
Infection Control	PPE, Hoods v FFP3 masks
Screening	Ability to swab and test staff and patients (particularly fast turnaround) due to test kits across Dorset (some improvement) Note: reduced incidence
Critical Care Capacity	Within capacity
Medication	Supply concerns
Supply Chain	Some lead time delays continue (e.g. hoods) Swabbing kit/supplies remain a risk (incl. global outbreaks)
Workforce	Critical care staffing (sufficient for current levels). Plans underway to repatriate staff to support recovery and reset
Training	Postponed training – phased reinstatement
Health and Well Being	Detailed arrangements in place
Bed capacity	OPEL 1-2, increasing occupancy
Mortality	Medical examiner process in place. No current delays in issuing death certification (MCCD)
Non Covid, routine patient pathways	Increased number of patients waiting/waiting longer – Reset & Recovery programme established (noting cancer and urgent activity well progressed)

Covid-19 Phase 2: Governance Diagram



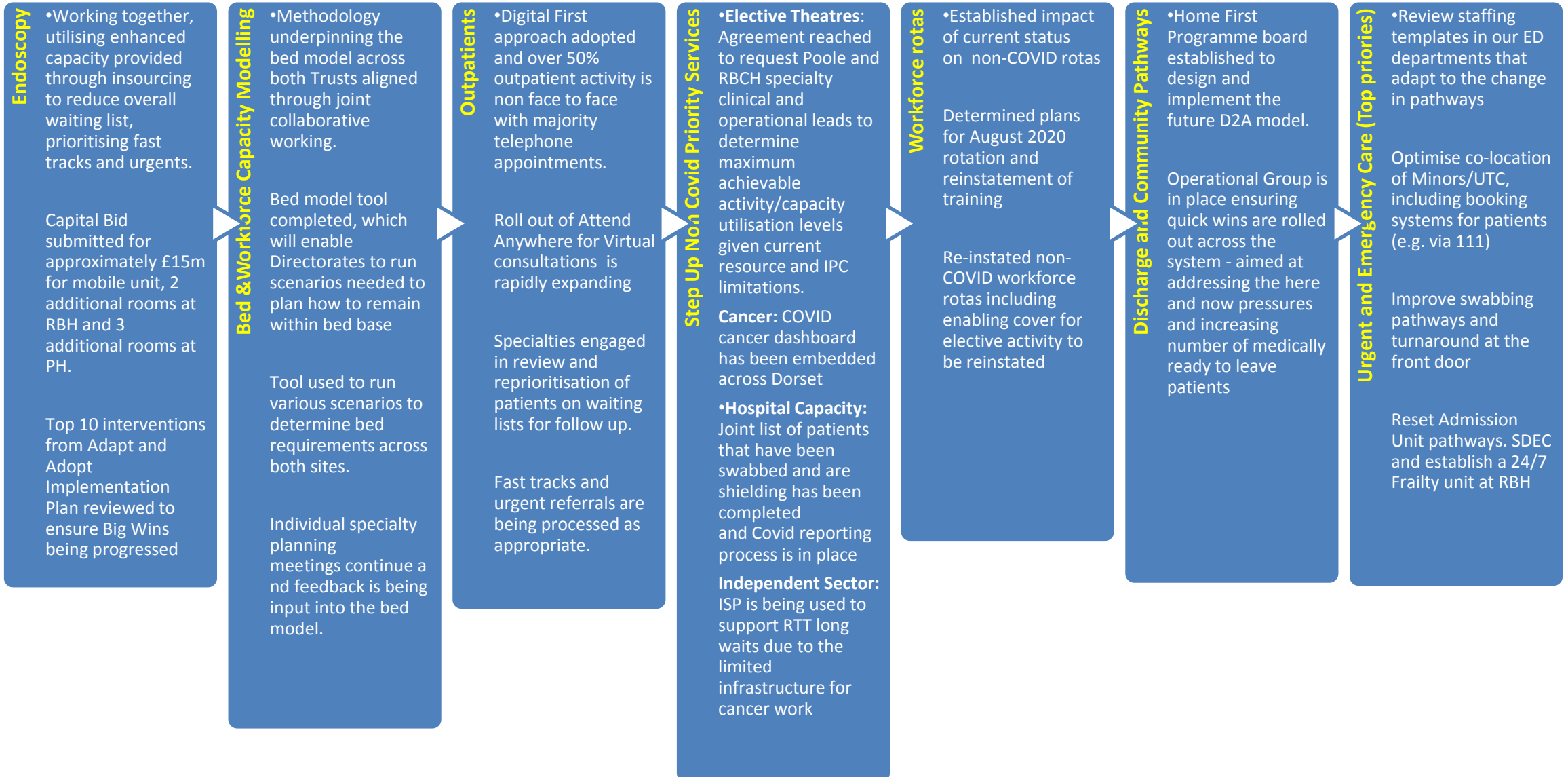
Crosscutting Trust Work streams

Seven crosscutting Trust-wide workstreams will run alongside the clinical prioritisation of stepping up critical services at both PH and RBCH. Each workstream has an associated project initiation document and progress is reviewed on a 2 weekly cycle at the Joint Trust (RBCH and PH) Senior Operational Phase 2 Management Group. Details of the teams supporting each workstream is contained within the workstream PIDs.

	Exec/Deputy Exec lead sponsor	Clinical Leads	Manager leads	QI and One Acute support (<i>BI support will also be provided</i>)
1. Outpatients <ul style="list-style-type: none">Transactional /Validation (Phase 2)Transformational	Jacqueline Coles	Ralph Gregory Mark Sopher	Michelle Roberts Sarah Macklin	Sally Ann Webb Sue Varley Karen Bew
2. Bed and Work force Capacity Modelling <ul style="list-style-type: none">General Beds Numbers<ul style="list-style-type: none">Workforce implicationsCritical Care bed numbers<ul style="list-style-type: none">Workforce implications	General Beds: Mark Mould Critical Care: Paula Shobbrook Workforce - Nursing workforce: Fiona Hoskins	Matt Thomas Ruth Williamson	Beds: Mark Major BJ Waltho Critical Care: James Bromilow / Andrew Ward Nursing Dave Gooby	Vic Arnold Jo Pritchard Adri Becker
3. Step Up Non Covid Priority Services, includes: <ul style="list-style-type: none">i. Elective /Theatresii. Canceriii. Internal Hospital capacityiv. Independent Sector /other providers capacity Weekly 1-4 week planning process	Mark Mould/ Alyson O'Donnell	Rob Howell / Abigail Evans Isabel Smith	Abigail Daughters Sophie Jordan Alison Ashmore Sue Whitney	Nicola Jubb, James Spriggs, Ian Neville
4. Work force Rotas <ul style="list-style-type: none">MedicalAnaestheticSurgical	Ruth Williamson	John Hollaway Ruth Williamson	Rowena Green Alex Lister	Ian Neville, Katie Hall
5. Front Door Emergency Care pathways <ul style="list-style-type: none">Emergency DepartmentAcute MedicineSame Day Emergency Care	Donna Parker	Tristan Richardson Matt Baker	Alex Lister Rowena Green	Paula Rayson Dan Richter Dan Murray
6. Discharge Pathways <ul style="list-style-type: none">Dorset System D2A model	Patricia Reid	Naomi Fox Becky Jupp	Cherry McCubbin Mark Major	Claire Stalley Claire Mills
7. Endoscopy	Matt Thomas	Imogen Williams Charlie Gordon	Alex Lister Rowena Green	Kaye Woodward Hayley Roberts Sarah Macklin

Organisational Reset Progress to Date

Key highlights of the 7 rest workstreams include:



Organisational Reset

Restarting routine care is challenging and waiting times are likely to be a feature of the NHS:

- We have begun a cautious programme to resume some routine services. But caring for patients with enhanced infection control arrangements is reducing the volume of patients that can be treated relative to normal
- The hospitals are working with their clinicians and partners in Dorset to safely step up urgent clinical services as soon as possible and where able, to offer some important routine diagnostic and planned care.
- Our restart is taking account of the availability of associated medicines, personal protective equipment, testing and other supplies, whilst also retaining our ability to provide high quality care for patients with Covid-19.

