

St. Andrew's Healthcare COVID-19 Response

At the time of writing (20th March 2020), we continue to be open to admissions where clinically appropriate and are supporting the discharge of patients when they are ready to move on through their care pathway. This will be done with stringent reviews and information sharing of partner practices around COVID-19 when transferring patients

We are aware of the importance of maintaining capacity within the overall system and are working closely with local and regional and national colleagues to provide system resilience wherever possible.

The following outlines further details of our current response to COVID-19:

- The Charity Pandemic Preparedness plan has been reviewed and updated to include specific information regarding Covid-19
- Daily updates are being sent Charity wide and the Infection Prevention & Control intranet page is being updated daily as information is received
- Daily update and planning meetings including, Infection Control, Operations, Nursing, Risk Management, HR, Procurement, Estates and Facilities, Communications and Strategic Partnerships.

The agenda includes reporting on numbers of staff self-isolating (either due to being symptomatic, or because someone in household is); number of patients in isolation due to potential symptoms; test results from patients; stock levels and procurement (including PPE, testing swabs, Oxygen, Body Bags, Fluids, Medication etc.); staffing and planning; contingency plans (ad hoc mortuary etc.). This group can activate Incident Command when required

- Weekly oversight meetings with participation with key internal stakeholders, including but not limited to an Executive Director, Clinical Directors, Operational Leads, Clinical Leads, Nursing, HR, Infection Control, Risk Management, Pharmacy, Procurement, Catering, Soft FM, Communications, Occupational Health, Strategic Partnerships, Physical Healthcare Team, Regional sites.

Agenda in line with the daily meetings. This group can activate Incident Command when required. This meeting can increase in frequency if the situation deteriorates

- Daily meetings (via Skype) with NHSE focussed on the local resilience plans and strategic partnership working
- All Support Services and Individual Practice Units have developed individual contingency plans for their own services, which includes the following:
 - Managing staff shortages, including redeploying staff to maintain patient care and support functions
 - Using technology to work (Skype, Teams etc.).
 - People who can work from home (only when necessary)
 - How to support wards that go into isolation

- Training for the use of the new PPE
 - Purchasing of key items, e.g. clinical and non-clinical consumables
- Gold and Silver Command have been briefed on plans
 - The decision to implement Incident Command will be made when felt necessary by one of the groups named above
 - We are linked in with the Local Resilience teams which includes up to date DoH guidance
 - The Infection Prevention and Control whole health economy group update our internal Infection Control team
 - Charity also receives CAS alerts
 - As the situation changes communications will be sent to all staff identifying the current practices and changes
 - The decision will be made to isolate wards in line with pandemic plan and the appropriate isolation / outbreak procedure
 - A new working procedure is being developed by Infection Control to sit alongside the Outbreak Procedure so that all staff out of hours are aware of each step required
 - Our workforce have access to the appropriate PPE that is in line with Public Health England guidance. Boxes of PPE have been distributed to all buildings to ensure ease of access Provision of stock of PPE to individual wards is managed centrally to ensure effective and focused deployment of the equipment that we have available.

We have an ongoing (daily) process for reviewing levels of PPE, which are currently (20th March) under ongoing constraint of supply. We are working with individual suppliers, NHSE and NHS Supply Chain colleagues to ensure that this situation is remedied

- We have a constraint on supply of hand sanitizer. We have sourced an alternate supplier of personal and desk based sanitizer and are expecting stock to be available from w/c 23rd March 2020. Hand sanitizer for wall mounted dispensers is also constrained and we are working with suppliers, NHSE and NHS Supply Chain (as above) to remedy this
- All other supplies (cleaning products, toilet rolls, food etc.) are currently being supplied at Business As Usual levels
- We are not currently experiencing any medication supply issues as a result of Covid-19 related disruption
- Centralised process and access for recording staff and patient suspected cases for communication to external stakeholders and to manage staffing across the Charity
- Centralised staffing management: a centralised telephone line is being set up and will be operational between 06:00-20:00 to:
 - coordinate and collate all information regarding staff and patient suspected cases
 - deploy staff across the Charity as required
 - implement contingency plans
 - ensure staffing recording tools are kept up to date
 - track self-isolation to ensure the timely return to work of key staff when safe to do so
 - deploy staff from enabling functions / MDT to ensure the safe running of the ward

- We are preparing to use all available human resources within the organisation to support the delivery of frontline services, working up plans to deploy support function staff to appropriate tasks
- Carers and families are being communicated with and we are holding extraordinary community meetings on wards to explain the current situation to patients, encouraging individuals to abide by the government guidelines and helping to manage both their wellbeing and any anxieties they may have.
- For patients who have been identified as 'high risk' (e.g. over 70, pre-existing health conditions etc.) additional individualised care plans are being prepared.
- Responsible Clinicians have been briefed to align Section 17 leave with government guidelines – taking an individualised view on risk management
- Ward visitors: where family members or any other visitor (e.g. volunteers) are unwell or showing symptoms of illness, they should be advised against visiting wards. Any ward visitors should follow the necessary hygiene precautions of handwashing etc.

We are encouraging family visits to be stopped on wards with vulnerable patients until further notice. We have defined vulnerable patients as:

- patients over the age of 70
- patients with pre-existing medical conditions including
 - chronic obstructive pulmonary disease
 - bronchitis
 - heart failure
 - chronic kidney disease
 - chronic liver disease
 - chronic neurological conditions
 - diabetes
 - problems with spleen
 - a weakened immune system
 - being seriously overweight (BMI of over 40)

Contact should be facilitated via Skype and / or telephone. Teams should communicate regularly with families during these challenging times to ensure they are kept updated with the progress and well-being of their loved ones. For other patients who share a ward with vulnerable patients but do not fall into one of the vulnerable categories, it may be considered that an off-ward visit could be facilitated if the visit is essential.

- We are processing discharges as 'business as usual' but if a patient displays symptoms or is actively unwell at the point of discharge, we would take appropriate action on a case by case basis, putting the patients physical health at the forefront of our decision making:
 - if someone is physically unwell with Covid-19 type symptoms we would isolate and manage as per PHE guidelines rather than transfer them (and any potential infection) to a new setting. This would be done in discussion with case managers / commissioners / families.
 - if an onward placement cannot accept a discharged patient for whatever reason (Covid-19 or otherwise), we would manage this as a delayed discharge (for administrative purposes)