Starting restoration and recovery of ‘paused’ services at University Hospitals Birmingham NHS Foundation Trust

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Phase 1 Response

Actions during March & April

- Prioritised and reduced elective work programme
- Intensive care (ITU) plan to cope with rapid demand for ventilated beds
- Re-design of inpatient management (24/7 rotas)
- Emergency Dept divert (Heartlands to QEHB to manage ITU capacity)
- Visiting restrictions to reduce footfall and support infection control (IPC)
- Developed and implemented technical solutions at pace ie teledermatology/telephone and video consultations
- Re-purposed clinical and admin teams to support frontline staff
- Staff welfare and well-being efforts
- Established NHS Nightingale Birmingham in eight days

Phase 1 Response

Activity levels during March & April

- Elective (outpatient & inpatient) activity at 1/3rd of normal levels
- Outpatient referrals at a third of normal level
- Theatre capacity severely constrained (5 theatres daily across UHB sites)
- BUT utilised up to 12 theatres per day in private sector
- Renal transplant programme halted
- Other transplants (21 carried out in busiest 6 weeks) continued with some constraints

Peak v now

Site	1st Peak	Today
Daily inpatients COVID-19	708 (10th April)	148 (3rd June)
Daily deaths COVID-19	37 (5th April)	0 (1st June)
Daily positives COVID-19	145 (31st March)	1 (1st June)
Daily ITU cases	171 (17th April)	83 (3rd June)
Daily ITU positives	134 (17th April)	14 (3rd June)
Daily ED Attenders 'COVID-19'	102; 20% (2nd April)	33; 4% (2nd June)

Communications and Engagement

- Necessity to act and take decisions quickly
- Process followed in line with NHS England and NHS Improvement's emergency service change protocol
- All are temporary service changes for a period of approximately 18 months
- There are no plans at this stage to make permanent
- Any permanent changes would be subject to full public consultation
- Communications include: stakeholder briefings; media; informal briefing HOSC chairs; MP briefings; STP Board; website
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Phase 2 Response

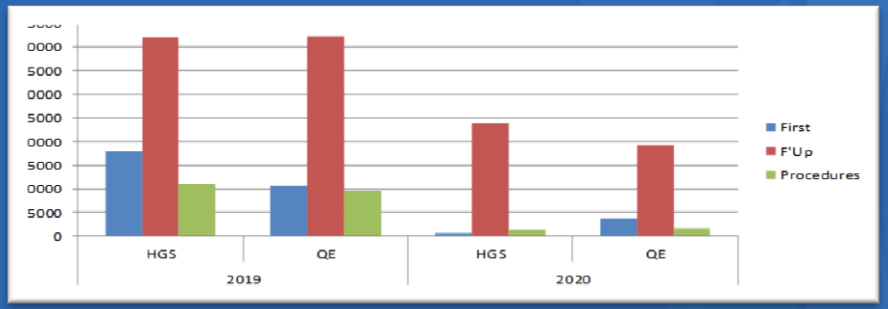
Actions during May & June

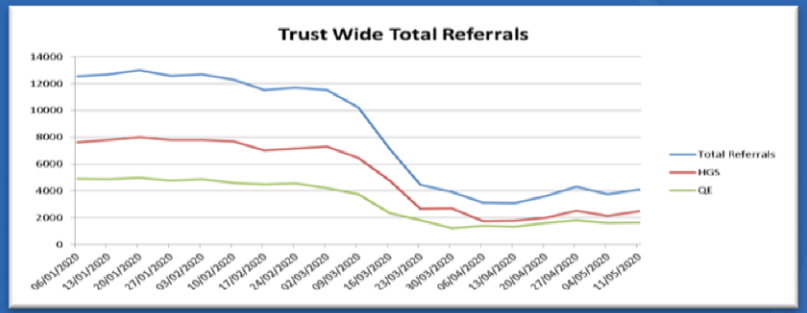
- Implement 18 month plan – adaptability is key
- Increasing elective access – in line with national requirements
- Re-purposing of hospitals: staffed to meet their core purposes
- Resilient ITU staffing to sustain Covid-19 access for the duration
- Theatre capacity and patient willingness are the main constraints
- Maintain visitor restrictions
- Patient self-isolation pre admission

Outpatient care

- Significantly reduced outpatient service since Covid19 (30% activity)
- Non-urgent GP referrals now coming through
- Some initial problems with a small number of incoming referrals that have now been resolved

Activity April 2019 vs April 2020





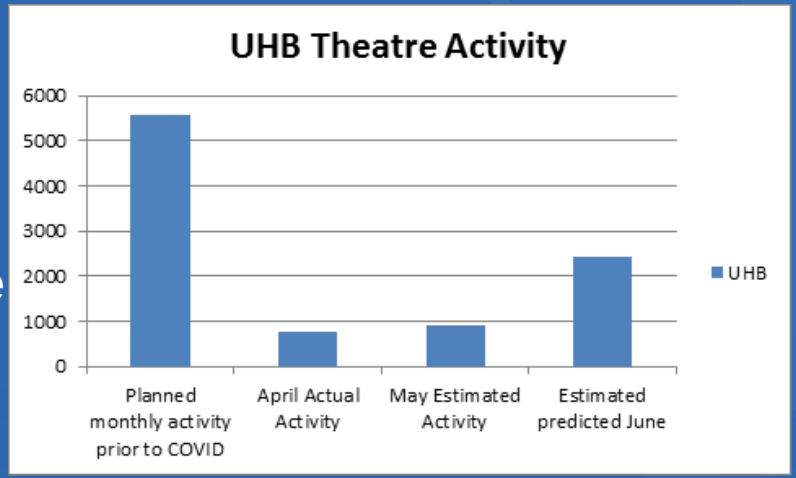
Face-to-face interaction has to remain low to allow social distancing

Future provision

- Continue to do as much virtual outpatients as possible
- Triage of all non-urgent referrals from Covid-19 period
- Consistent, visible infection prevention & control & social distancing measures to provide safe and reassuring care on site
- Required social distancing will significantly reduce availability of face-to-face review
- BSol approach to enhance phlebotomy (taking blood) access off site ie New Street Station, Dental Hospital
- Establish points of contact for referring clinicians

Elective surgery

- Some essential elective surgery now needs to resume
- National guidance on Green sites – to provide elective surgery in an environment that is as ‘Covid19-clear’ as possible
- Emerging research shows a significant increase in mortality rate for patients who contract Covid19 post-operatively
- Rigorous pre-surgery screening including up to 2 swabs and 2 weeks isolation for the patient and their household
- Staff to wear surgical masks in all areas and full PPE in theatres
- Currently only able to open a third of elective theatres due to staffing constraints
- Close working with CCG, ROH, BWCH to enable clinical prioritisation



Elective surgery - off site

Independent sector:

- 658 cases so far delivered through private hospital theatres
- Extension of arrangements until end of summer supported by CCG
- Spire Parkway - ENT, Maxillofacial, Urology, Orthopaedics
- Spire Little Aston – Breast, Gynaecology, Orthopaedics
- Priory – Hepatobiliary, Colorectal, Vascular, ENT, Thoracics, Cardiac, Cardiology, IR ablations
- Dolan Park – Plastics
- More theatre lists being worked up to enable us to reduce patient waiting times

ROH: Spines, Sarcoma, Hand surgery

QEHB: Phase 2

Changes summarised as:

Covid-clear access for patients requiring elective (planned) surgery:

- Liver; Sarcoma; Upper GI; Cardiac; Urology; Head & Neck; Colorectal; Neurosurgery, Thoracic, Urology
  - Separate entrances
  - Separate ITU, theatres and wards
  - Drive-thru screening for patients
- Increased inpatient numbers through trauma service

Solihull Hospital: Phase 2

Changes summarised as:

Covid-clear access for patients requiring elective (planned) surgery:

- Colorectal; Upper GI; Urology; Eyes; ENT
  - Separate entrances
  - Separate theatres and wards
  - Drive-thru screening for patients
- Initially 4 inpatient theatres, expanding to 7
- Retained services for medical specialties and OPD

Future Provision

- Creation of Green (covid-clear) site at Solihull and within QEHB (for procedures requiring Intensive Care)
- QEHB has the majority of our ITU beds. The layout of the Solihull estate allows us to retain all non-inpatient services and create separate elective surgical inpatient wards
- New High Dependency Unit for surgical patients at Solihull
- Drive-thru swabbing service on both Green sites
- New pre-operative assessment and surgical admissions units
- Separate entrances, exits and patient drop-off points
- Patient temperature checks and enhanced screening on admission
- Planned medical day cases & minor procedures will continue to be treated in the Ambulatory Care Unit at QEHB

Heartlands Hospital: Phase 2

Changes summarised as:

- Trauma – moved to QEHB
- Elective surgery including urology, ENT, Thoracics – moved to Solihull and QEHB
- Medical patients from Solihull – moved to Heartlands
- Vascular patients from QEHB – moved to Heartlands

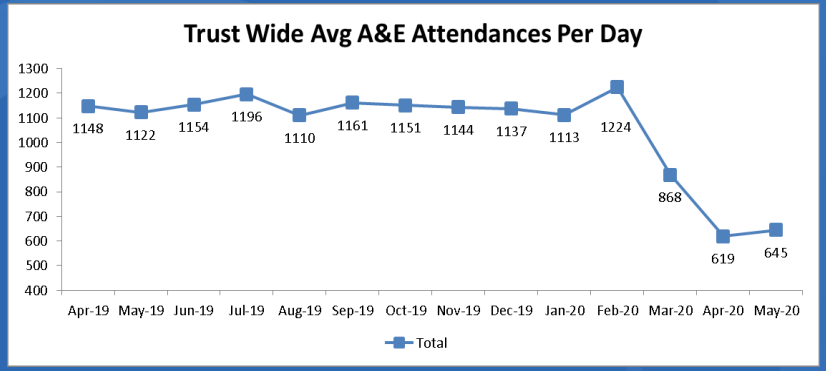
Good Hope Hospital: Phase 2

Changes summarised as:

- Majority elective surgery - moved to Solihull and QEHB

Emergency Department

- Attendances increasing back up to normal levels
- Team split into hot and cold areas – less space
- Solihull now closed to emergencies – AMU/MIU
- 145 patients per day now going to BHH and QEHB
- 40-55 paediatric ambulances currently
- diverted to BCH - to return on 1 July
- Hyper Acute Stroke Unit centralised at QEHB - stroke rehabilitation wards at Heartlands, Good Hope and Moseley Hall
- Non-ambulatory trauma (e.g fractured hips) and hand trauma consolidated at QEHB - with rehabilitation facilities at Heartlands and Good Hope
- Ambulatory trauma (e.g fractured arm) consolidated at Good Hope



Future provision

- Plans to extend 3 EDs to create more space and side rooms for infection prevention & control
- Increase uptake of Ask A&E online app and NHS111
- Separate entrances, exits and flow though hospitals to maintain safety
- Maintain increased screening of patients, increased environmental cleaning regimes
- Enhanced senior clinician assessment at the front door
- Redesign and co-location of specialty assessment areas to improve flow in ED and reduce waiting times
- Improved 7 day medical cover across all 4 hospital sites