Hampshire Hospitals
NHS Foundation Trust

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Meeting Date:	Monday 6 July 2020
Title:	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the response to COVID-19
Report From:	Dr Lara Alloway, Chief Medical Officer - Hampshire Hospitals NHS Foundation Trust

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1. PURPOSE

To provide an update to HASC on the response of Hampshire Hospitals NHS Foundation Trust to the COVID-19 epidemic.

2. HAMPSHIRE HOSPITALS PREPAREDNESS FOR COVID-19

2.1 Prior to the epidemic, the Trust had in place a High Consequence Infectious Diseases Plan (HCID) and a Pandemic Flu Plan which provided a framework for our response to this emerging disease.

2.2 The Trust established a COVID-19 working group in January, with representation from clinical and non-clinical disciplines to develop detailed scalable plans designed to protect essential services whilst providing care to patients admitted with COVID-19.

2.3 Whilst Emergency Department and Minor Injuries staff had already received enhanced PPE trained as part of their normal role in order to manage other high consequence infectious diseases (HCIDs), this was not normally offered to a wider group of staff. From January additional groups of staff were rapidly trained to enhanced standards to safeguard them and our patients.

3. IMPACT OF COVID-19 ON HAMPSHIRE HOSPITALS

3.1 Significant changes to the configuration of each of our hospitals estate has taken place in order to segregate hot (highly probable) and cold (low likelihood) COVID-19

patients. Reconfiguration has included changes to the emergency departments, wards and radiology designed to minimise the risks to patients and staff.

3.2 Critical Care capacity was significantly increased during the peak of COVID-19 activity with critical care patients being cared for within Theatres and Recovery in addition to the existing critical care departments.

3.3 Over 200 beds were opened ready to manage the surge of COVID-19 activity anticipated, converting many areas of our hospitals, not previously used for inpatient care. Equipment was purchased and adaptations to the estate were made very rapidly, where required.

3.4 Urgent and Emergency Surgery have been maintained throughout the COVID-19 pandemic using a mixture of isolated on-site capacity and independent sector capacity. Surgical activity has been prioritised by a clinically led prioritisation panel to ensure that those patients most at risk from delays in operative procedures received the care that they required. Chemotherapy activity has been temporarily relocated to BMI Sarum Road to minimise the risk to these highly vulnerable patients.

3.5 To minimise risk to patients the majority of outpatient appointments have taken place via video/teleconferencing during the COVID-19 pandemic, with only those who this is not appropriate for visiting our hospital sites. We moved from <10% non face to face consultations to > 85%, within two weeks.

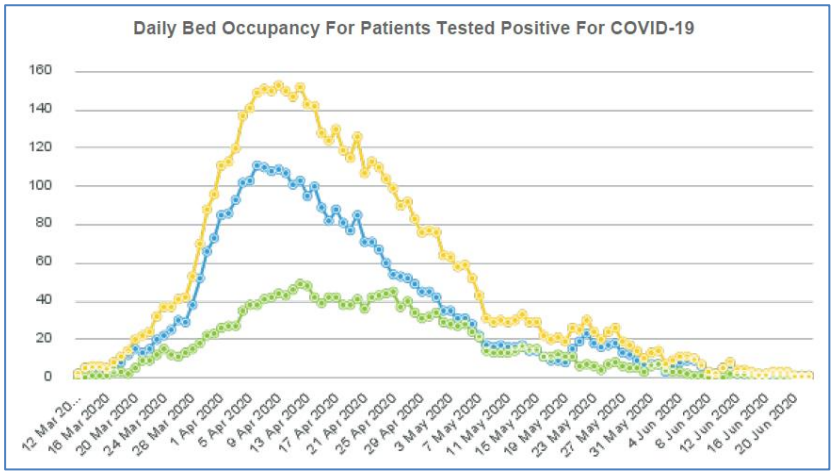
3.6 COVID-19 has had a significant impact on Hampshire Hospitals' workforce, both directly as a result of staff displaying COVID-19 symptoms and indirectly as a result of being required to self-isolate or shield. The impact on staffing has been minimised by redeploying staff and also early testing of staff and staff index cases, however remains between 20-30% loss of staff from our hospitals.

3.6 Many staff were redeployed to support new roles and the increasing critical care and medical ward capacity. Rapid training was provided for these staff moving roles. Over 1000 of our staff were also supported to work from home.

3.7 To support our staff, the Health4work occupational health service was expanded, we redeployed clinical psychologists to this team, we have set up a staff well being line, well being lounges on all hospital sites, free hot meals for staff and catering 24/7.

3.8 Hampshire Hospitals Trust had its first positive COVID-19 patient on 10 March 2020 and as of 23 June 2020 have treated 612 COVID positive in-patients, 73 in critical care. Of the 612 COVID-19 patients 444 were discharged and sadly 160 passed away.

The graph below shows the daily bed occupancy for COVID positive patients each day for Winchester (green line) Basingstoke (blue line) and total for Hampshire Hospitals.



3.9 We have communicated daily to all our staff via a daily COVID-19 update from 10 March 2020 and we have recorded a number of films and podcasts to replace large briefings. We have also engaged with local media: TV and radio to get messages to our local population, aimed to reassure them that we were "open for business", when attendances at our Emergency Departments dropped significantly.

4. TESTING, RESEARCH AND INNOVATION

4.1 Initial testing of patients meeting the case definition was undertaken by PHE (Public Health England) laboratories in Colindale and later University Hospital Southampton.

4.2. It was clear early in the COVID-19 response that rapid testing would be important in the effective management of symptomatic patients and staff. The Trust's microbiology team, with the support of PrimerDesign, a Hampshire based biotech company, developed an assay using existing PCR technology. In March, this development allowed Hampshire Hospitals to become the first non-PHE hospital based laboratory in the UK to be able to test for the COVID virus, significantly increasing the speed at which results were available.

4.3 The Trust's microbiology team have continued to innovate to improve testing for Coronavirus and have worked with OptiGene, another UK firm, to trial and validate a test which can reduce the time taken to undertake testing to as little as five minutes. As this process requires less infrastructure to perform tests, it is planned to use this capability within community settings through a 'lab-in-a-van' service.

4.4 In addition to the work undertaken by the microbiology teams, Hampshire Hospitals has also been involved with a number of COVID-19 clinical trials including national priority trials such as Recovery (79 recruited), REMAP-CAP (2), Genomicc (41), Clinical characterisation protocol severe emerging infections (557) and Psychological impact of COVID-19 (441). We have recruited volunteers to trials in collaboration with PHE Porton Down (CBEVAL and DASH) to determine the course of viraemia and antibody response to infection. We have developed local trials, including sinus wash to reduce viral load in those infected (18) and Near Patient Rapid Testing for SARS-CoV 2 Using a Loop-Mediated Isothermal Amplification (LAMP) Assay (see 4.3). We have also contributed to National evaluations on the impact of COVID-19 on clinical care in a number of specialties including emergency surgery, cancer, heart disease and pregnancy.

5. NON-COVID ACTIVITY, RESTORATION AND PREPARATION FOR A NEW NORMALITY

5.1 In order to minimise the risk of infection and the significant additional demands on the Trust as a result of COVID-19, non-emergency elective activity was significantly reduced. Whilst emergency and urgent surgery has been maintained, the refocusing of efforts to manage the impact of COVID-19 has meant that elective outpatients, diagnostics and surgery have been significantly impacted.

5.2 The Trust is currently working to restore as many elective services as practicable, following infection prevention and control precautions, whist maintaining the ability to manage COVID-19 activity and unscheduled / emergency patients. The Trust's restoration programme has been designed to maximise the use of its facilities whilst continuing to prioritise patients requiring procedures on their clinical need.

5.3 In order to ensure that patients attending for elective procedures are safeguarded from the risks associated with COVID-19, the Trust has introduced routine COVID screening 48-72 hours before admission. In addition, dedicated areas have been identified on both acute sites and within the independent sector which provide segregated facilities. All patients having a planned procedure, under general anaesthetic are asked to shield for 14 days prior to admission.

6. ON-GOING RISK AND PREPARATION FOR POTENTIAL OF A SECOND WAVE

6.1 Whilst over the past few weeks, the focus of the Trust has been the restoration of services, the risk of a second wave remains a significant threat. As such, the Trust has been mindful to maintain its ability and capability to escalate its COVID-19 response should it be required.

6.2 It was clear, early in the preparation and response to COVID-19 that the virus impacted a proportion of patients severely, resulting in them requiring intensive care treatment. In order to respond to the increasing demand it was necessary to deploy nursing and medical staff to these areas. In order to maintain resilience for any second wave (or other event requiring escalation to critical care capacity) the Trust has developed a Critical Care Academy. This academy teaches both theoretical and practical critical care skills to enable nurses to learn and maintain competencies so that they can rapidly redeploy to support the critical care of patients. As of 19 June 2020 the Critical Care Academy has trained 93 additional nurses with critical care skills.

6.3 In order to increase the physical capacity for managing critical care patients during the peak of the first wave of COVID-19 it was necessary to place patients within Theatres and recovery. Future plans aspire to minimise disruption and improve the care environment during any subsequent peaks in activity Hampshire Hospitals by working to provide the infrastructure (including medical gases) required to escalate critical care capacity in a pre-identified ward areas on both sites.

6.4 Whilst the intensity of the COVID-19 response has reduced over recent weeks, in line with the ongoing National Level 4 Major Incident, the Trust has maintained its response structure including an Incident Coordination Centre which can be re-escalated if necessary.

7. RECOMMENDATION

That this report is noted by the Committee.