

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Meeting date:	
Title:	Update from University Hospitals Southampton NHS Foundation Trust (UHS) on the response to Wave 1 of COVID-19
Report From:	Duncan Linning-Karp, Director of Operations

1. Purpose

1.1 To provide an update to HASC on the response of UHS to the COVID-19 first wave and to provide an update on plans for winter and a potential second wave.

2. Preparedness for COVID-19

2.1 The COVID-19 pandemic has had a real impact on the whole of the NHS. It led to the reduction of a significant amount of 'business as usual' activity and the cancellation of many patients. It also led to some positive changes that happened far faster than in normal times, for example a huge increase in the number of virtual pathways and consultations.

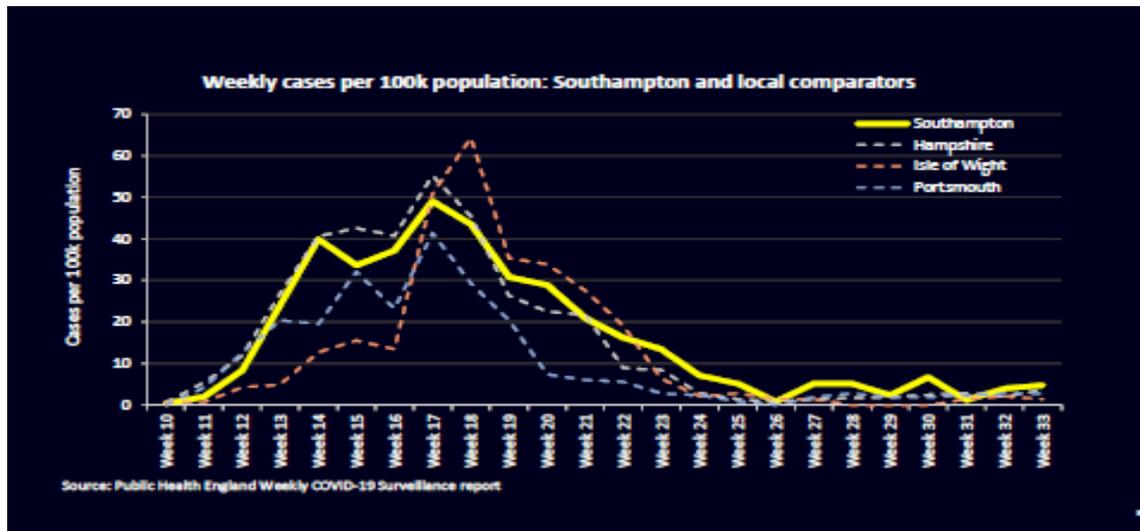
2.2 It also led to a great deal of change and reconfiguration, with staff being asked to work in different ways at short notice. This was undoubtedly difficult and the pandemic has had a significant effect on individuals and teams. However, the dedication, commitment, team work and flexibility of staff across all staff groups was, and remains, exemplary.

2.3 Prior to the pandemic the Trust had a well-developed pandemic plan, revised with the learning from the last H1N1 pandemic.

2.4 The Trust started to plan for a potential pandemic in early January, with a daily drumbeat of meetings involving clinical, operational and infectious disease colleagues, chaired by the Medical Director of Chief Operating Officer.

2.5 UHS quickly developed plans to move a significant amount of elective operating to the private sector, scale back non-COVID-19 related activity to support the predicted influx of COVID-19 + patients and scale up critical care capacity. The Trust had the ability to support over 120 ventilated patients (double the usual capacity) and plans to increase Level 1 COVID+ beds as the need arose.

2.6 The peak locally was lower than predicted but still significant:



3. Impact of COVID-19

3.1 During the first wave of the pandemic the hospital reconfigured its services and pathways several times to reflect changing guidance and the fact that the number of COVID-19 patients remained lower than predicted.

3.2 Patients arriving at hospital were streamed, separating those with symptoms potentially of COVID-19 and those who did not have symptoms associated with COVID-19. Admissions were streamed into 3 different types of ward; those for COVID-19 positive patients, those who had tested negative for COVID-19 but where there was a strong clinical presumption of COVID-19, and those who had tested negative for COVID-19. Where possible, splits between specialities were also preserved.

3.3 Urgent and emergency surgery was maintained through COVID-19, both by retaining some (primarily emergency and cancer) operating on site and through significant use of the Independent Sector (IS). UHS has used the Spire, the Independent Sector Treatment Centre and the Nuffield for a combination of outpatient activity, diagnostics and elective operating. This has allowed us to continue treating patients throughout the first wave of the pandemic.

3.4 UHS also moved to seeing a significant number of outpatients virtually.

3.5 To protect patients, chemotherapy was moved offsite to the Spire.

3.6 There was a significant effect on the Trust's workforce, with over 10% being required to shield, although that number has reduced significantly through a combination of risk assessments and creating COVID-secure areas of the Trust where both the patients and staff have been tested.

3.7 A significant number of staff were moved to support increased ICU capacity. These staff have now largely returned to their usual workplaces.

3.8 In early May the Trust started to scale back up elective services as the peak appeared to have passed and was less severe locally than modelling had predicted. The Trust went from 35% of elective activity in April (compared to the same month the previous year) to 68% in July, with plans to increase further.

4. Restoration and Recovery

4.1 NHSE/I wrote to Trusts in July outlining their expectations around restoration of the elective programme. The deadline for final submission is September the 17th and like other organisations UHS is currently working through detailed plans.

4.2 Restoration is complicated by the need to socially distance, which reduces the number of patients who can be seen particularly in some outpatient areas. Furthermore, requirements for Personal Protective Equipment (PPE) in some theatre and ward areas has reduced the number of patients who can be seen in some theatres and diagnostic areas. The need (now changed) for all patients to self-isolate for 14 days prior to surgery led to the Trust being unable to re-book in the event of last minute cancellations. This further reduced throughput.

5. UHS has continued to make use of the Independent Sector and plans to do so for the foreseeable future.

6. Preparation for a Second Wave and Winter

6.1 While the Trust has focused on restoring elective activity, it has also been planning for a potential second wave of COVID-19, as well as planning for the usual winter pressures.

6.2 Currently prevalence of COVID-19 locally is low, with an estimate of 4.75 cases per 100,000 in Southampton (as of 19/8). This has allowed the Trust to restart more elective activity and bring more staff back to work, in line with infection control guidance. However, there are robust plans to flex both activity and staffing if and when we see an increase in the number of cases and hospital admissions locally.

6.3 Winter planning is happening at a system level across South West Hampshire, focusing on the learning from last year. There remains a significant pressure on reducing the number of Medically Fit for Discharge patients in acute beds; further focus on this is required.

- 6.4 The Trust has received a significant investment (£9m) to support expanding the Emergency Department and creating the start of an Emergency Care Village.
- 6.5 The Trust has also invested in an additional ward, which will be open in November, and creating more side rooms to aid isolation of patients with infections.
- 6.6 The Trust continues to run bi-weekly incident management meetings to plan for further phases of COVID-19.
- 6.7 With strong clinical leadership and thanks in no small part to the commitment and dedication of our staff, we have robust plans for the next 6-12 months. However, there is clearly a great deal of uncertainty about the likelihood, timing and size of a potential second wave, as well as the more usual winter pressures.