

**HAMPSHIRE COUNTY COUNCIL**

**Report**

<b>Committee:</b>	Health and Adult Social Services (Overview and Scrutiny) Committee
<b>Meeting Date:</b>	11 January 2021
<b>Title:</b>	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the response to COVID-19
<b>Report From:</b>	Julie Dawes, Chief Nurse and Deputy Chief Executive Officer Hampshire Hospitals NHS Foundation Trust

**Contact name:** Stuart Wersby, Trust EPRR Lead

**Tel:** 01256 313510

**Email:** [Stuart.wersby@hhft.nhs.uk](mailto:Stuart.wersby@hhft.nhs.uk)

**1. PURPOSE**

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

**2. IMPACT OF COVID-19 ON HAMPSHIRE HOSPITALS**

2.1 Hampshire Hospitals Trust had its first positive COVID-19 patient on 10 March 2020 and between then and 23 June when the last patient from the first wave was discharged treated 612 COVID positive in-patients, 73 in critical care. Of the 612 COVID-19 patients 450 were discharged and sadly 162 passed away.

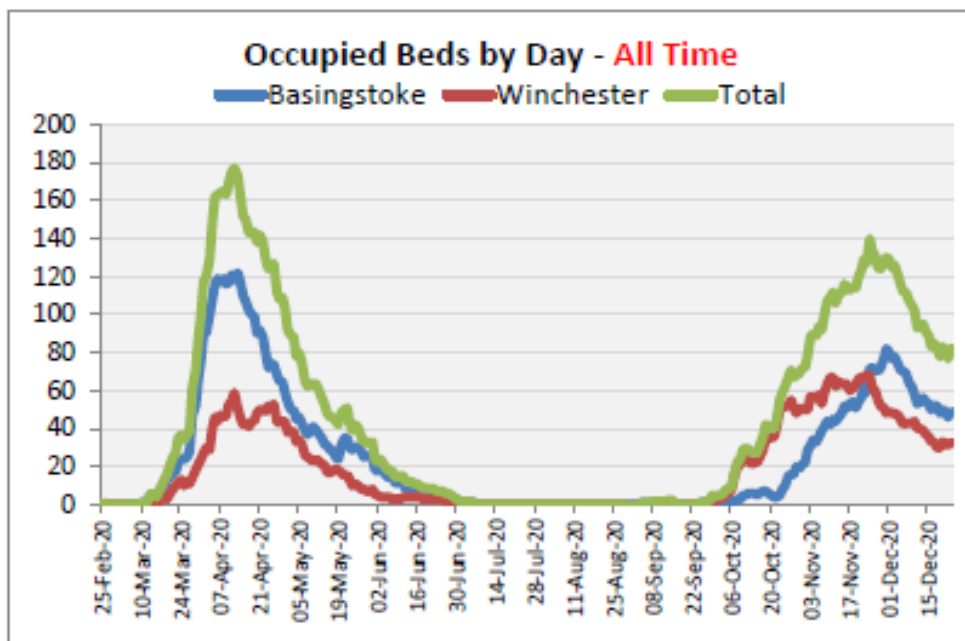
2.2 Between 23 June 2020 and 3 September 2020 no in-patients were treated for COVID on any of the Hampshire Hospitals sites.

2.3 Hampshire Hospitals Trust had its first positive COVID-19 patient from “Wave 2” on 3 September and as of 27 December had treated 552 COVID in-patients, 60 in critical care. Of the 552, as of 27 December 371 patients had been discharged and sadly 90 passed away.

2.4 The number COVID patients presenting during the second wave varied significantly from what was experienced during the first. Patient numbers slowly grew, peaking on 24 November at 117 before gradually reducing until 19 December. Since 19

December, and continuing over recent days numbers of COVID inpatients have begun to increase significantly.

2.5 The graph below shows the daily bed occupancy for COVID positive patients each day for Winchester (red line) Basingstoke (blue line) and total for Hampshire Hospitals (green line) for both the first wave and the start of the second.



Data to: 23 December 2020

	<b>Wave 1</b> First Patient 10 March 2020 Last patient discharged 23 June 2020	<b>Wave 2</b> First patient 3 September 2020	<b>Total Patients</b>
<b>Total Admitted</b>	612	552	1,164
<b>Remain an in-patient on 27 December</b>	-	91	91
<b>Requiring Critical Care</b>	73	60	133
<b>Discharged</b>	450	371	821
<b>Passed Away</b>	162	90	252

Data to: 27 December 2020

2.6 During the first wave a number of services were suspended in order to focus resources on the treatment of COVID-19, during the second wave with careful planning this has not been the case with significant number of unscheduled / emergency patients being treated as well as restoring a significant proportion of our elective program.

2.7 In order to ensure that the Trust is able to cater for a changing mix of COVID-19, other unscheduled/emergency patients and elective activity a significant amount of work has been undertaken to reconfigure our estate to be able to keep green (screened COVID free patients) safely separated from those who are red (known to have COVID-19) from those who are amber (being screened for COVID).

- 2.8 During the 2<sup>nd</sup> wave it has become clear that the transmission of the COVID-19 virus in the hospital environment is a significant risk, especially when the person carrying it does not display any symptoms. Unfortunately, as a result of transmission between patients and staff we have declared a number of outbreaks where we consider that the transmission of the virus has taken place in the hospital environment.

Hampshire Hospitals monitors and manages its outbreaks through daily meetings supported by public health and clinical commissioning group colleagues. In addition to reinforcing standard infection, prevention and control measures we have also reviewed the ventilation of ward spaces increasing window opening and in some areas introducing air scrubbers (which draw in, filter and recirculate air). We have also introduced staff testing and in the highest risk areas reduced the number of beds in bays to better space patients at risk of transmitting the virus between one another.

### **3. RESTORATION OF ACTIVITY**

- 3.1 In order to manage a significant increase in unplanned attendances and to safeguard our patients from the COVID-19 infection we had to significantly reduce our capacity for the management of elective outpatients, diagnostics and surgical activity.

During the first peak of the COVID-19 epidemic we maintained emergency surgery on our primary sites and undertook urgent surgical activity primarily by the use of the independent hospital sector to reduce the risk of infection to these patients. The majority of outpatient activity took place through virtual (telephone or video) consultations with only those who were urgent and unable to be managed in this way attending in person.

From the end of April the number of patients receiving care for COVID-19 related illness and the overall level of infection in the community dropped allowing us to commence a process of restoring many of our routine services.

- 3.3 A significant amount of outpatient activity was able to continue during the peak of COVID-19 by switching face-to-face to virtual consultations. The use of virtual outpatient appointments has been considered a positive innovation which has accelerated as a result of COVID-19 and been adopted as part of our ongoing model of care. There are some patients who, because of the nature of their referral to require a face-to-face consultation and to meet these requirement physical clinics have been reintroduced with measures in place to support social distancing including a review of the environment and restrictions on the number of face-to-face appointment sessions forming each of those clinics. In November/December 2020 the number of outpatient appointments which took place was 90% of that achieved in 2019, this reduction was as primarily as a result of infection control measures in place which reduced the number of patients which could be accommodated safely within our outpatient departments.

3.4 Prior to COVID-19 balancing the demand for diagnostic procedures with the available capacity was at time challenging particularly within CT and MRI imaging modalities. The impact of COVID-19 has been that number of patients awaiting non-critical diagnostic procedures has increased and the need to adhere to additional COVID-19 prevention related processes has reduced the volume of procedures possible through each scanner. A number of initiatives are now in place or planned to support the projected level of demand;

- An increase in the number of MRI sessions offered through an increased use of portable units.
- The installation in October a medium-term portable CT scanner in Andover as part of the Department for Health provision at this site with the added benefit of being a lower infection risk as it is not used for treating COVID-19 patients.
- The use of a self-contained portable vanguard endoscopy unit on the Basingstoke sites as well as an increase in the number of sessions on the Andover site. Using this extra capacity we have, since November been able to undertake more procedures than we did in the same time in 2019 helping to clear some of the cases that built up during the peak of the first COVID-19 wave.

3.5 Surgical activity has, since early in the COVID-19 response been prioritised by clinical need. The National 4 stage priority levels (1a – Emergency 24 hrs, 1b – Emergency 72hrs, 2 – Elective 4 weeks, 3- Elective 3 months and 4 – Elective that can be deferred) have been used along with a clinical prioritisation panel to ensure that the most critical of procedures have been prioritised to continue by using ring fenced capacity on our primary sites and through the use of capacity within the independent sector.

Over the summer and autumn elective activity has been restored as far as practicable with 95% of the number of procedures taking place in November and December 2020 when compared with the same period in 2019. The main barriers to fully restoring the level of surgical activity is as a result of increased turnaround time (to comply with COVID-19 practices) and a reduction in the number of available beds in order to manage the additional COVID demands.

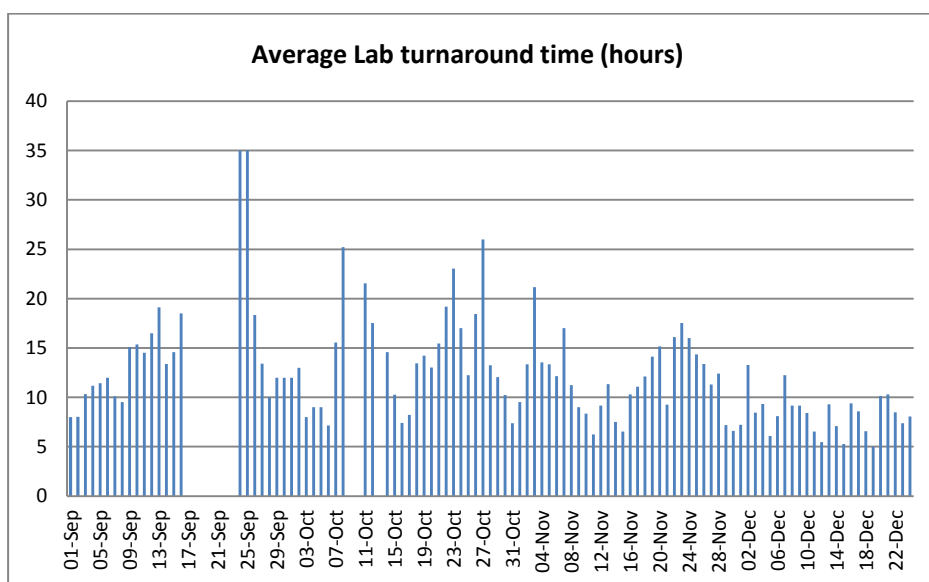
3.6 In order to minimise the disruption to our patients we have worked closely with independent sector hospitals, primarily BMI Hampshire Clinic (Basingstoke) and BMI Sarum Road (Winchester). Independent hospitals have provided extra capacity in a setting which was not treating COVID-19 patients. In addition to the provision of surgical capacity we have used Sarum Road for the delivery of chemotherapy treatment and have used Hampshire Clinic for the delivery of diagnostic procedures including endoscopy.

#### **4. TESTING, RESEARCH AND INNOVATION**

4.1 Hampshire Hospitals understands the importance of innovation and research to improve the response to COVID-19 and remains engaged with a number of trials

including the Siren surveillance study testing asymptomatic staff and the use of various rapid diagnostic techniques both in the hospital and community environment.

- 4.2 Early into the response to COVID-19 it became apparent that testing would be a critical component in the management of the infection and the microbiology team at HHFT worked hard to develop a testing capability using existing PCR technology in a novel way. Between 26 January and 28 December 2020 the microbiology team have undertaken 253498 tests of staff, patients and partner organisation staff of which COVID-19 was detected on 2527 occasions. Through ongoing innovation, introduction of a satellite microbiology service at Winchester and significant changes to increase the operating capacity of the lab it has been possible to significantly drive down the turnaround time to improves the decision making for potential COVID-19 patients (with many results being available before the patient leaves the emergency department) and reducing the disruption to staffing.



- 4.4 Testing of members of staff has been a core part of our response since we were first able to undertake testing in late January, over recent weeks we have also introduced Lateral Flow Testing (LFT) for staff not showing symptoms. LFTs are undertaken by the staff members twice weekly with any positive results being further tested through our laboratories. As of 23 December 2020 5963 members of staff are actively involved in the testing program with 33 tests coming back as positive, most in staff members who otherwise would not have been aware that they were carrying the virus.

To further enhance our ability to test staff we have recently taken delivery of a portable laboratory which has been set up to undertake bulk LAMP (loop-mediated isothermal amplification) testing. LAMP testing has the advantage that it is more sensitive test than the LFT and can be used with saliva samples which are easier to obtain when compared to nasal swabs.

## **5. STAFF WELFARE AND SUPPORT**

- 5.1 At the start of the COVID-19 epidemic the government introduced a process of shielding for the most vulnerable members of society (including members of staff) and a significant amount of work was undertaken redeploying at-risk staff to appropriate environments.

As more information about the risk to particular groups of staff was understood Hampshire Hospitals assessments were extended to all members of staff who were from BAME backgrounds over 55, all staff over 60, all male staff, all pregnant staff and all staff with underlying conditions which they considered might be impacted by COVID-19.

Risk assessments were used as the basis of discussions between staff members and their line managers with a range of control measures depending upon the outcome of the assessment.

As the number of COVID-19 cases in the community and our hospitals has risen a small number of the most vulnerable staff have been redeployed to activities without direct patient contact which can be undertaken away from our hospital sites.

- 5.2 A dedicated team was established early in the response to COVID-19 to support members of staff displaying COVID-19 symptoms and to facilitate their testing and, where required advice and support. This services remains in place and has now been broadened to support the screening of pre-operative or pre-treatment patients.
- 5.3 To support our response to staff members who have been identified as being positive for COVID-19 we have put in place a “Test and Trace” team who identify any the risks posed by positive staff members to those that they work and live with.
- 5.4 To minimise the risks to our staff from COVID-19 assessments have been undertaken, and recently reviewed for all workplace areas considering the maximum safe capacity of the area as well as other measures required to minimise the risk of transmitting COVID-19.

## **6. ON-GOING RESPONSE AND PREPARATIONS**

- 6.1 Whilst at the time of this report, no definite date has been received the COVID-19 vaccine the Trust has made preparations and put plans in place to be able to commence vaccination at short notice when it becomes available to us.
- 6.2 Since the start of COVID-19 we have continued to develop plans and processes to be able to respond effectively to the challenges that COVID-19 present us with. At the time of this report the Trust has begun to see increasing numbers of COVID-19 patients and has been treating both patients from our local communities as well as

from further afield across the Hampshire and Isle of Wight footprint and in support of the surging numbers across the South East. Hampshire Hospitals will continue to implement and evolve its plans to this changing environment.

**7. RECOMMENDATION**

That this report is noted by the Committee.