

## HAMPSHIRE COUNTY COUNCIL

### Report

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| <b>Committee:</b>    | Health and Adult Social Services (Overview and Scrutiny) Committee                                      |               |  |
| <b>Meeting Date:</b> | 1 March 2021  |               |  |
| <b>Title:</b>        | Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the response to COVID-19                 |               |  |
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#### 1. PURPOSE

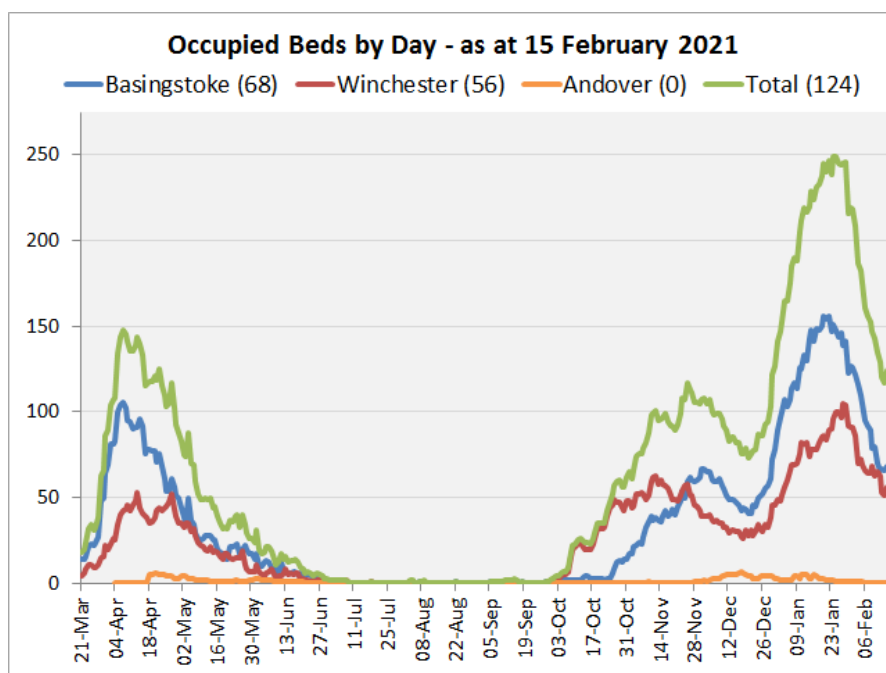
To provide an update to HASC on the response of Hampshire Hospitals NHS Foundation Trust to the COVID-19 epidemic.

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

- 2.1 Hampshire Hospitals had its first positive COVID-19 patient on 10 March 2020 and between then and 23 June 2020 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 had its first positive COVID-19 patient from “Wave 2” on 3 September 2020 and as of 14 February 2021 have treated 1601 COVID in-patients, 235 in critical care. Of the 1601, as of 14 February 1223 patients have been discharged and sadly 261 passed away.
- 2.4 The number of COVID patients presenting during the second wave varied significantly from what was experienced during the first. Patient numbers slowly increased, peaking on 24 November at 117 before gradually reducing until 19

December where the number of cases was 73. Case numbers started to increase again through the latter part of December and continued to increase until 23 January 2021 when there were 249 inpatients across Hampshire Hospitals. Since 23 January 2021 the number of inpatients has reduced significantly and at the time of this report (15 February) has reduced to 115.

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



Data to: 15 February 2021

|   | <b>Wave 1</b><br>First Patient 10 March 2020<br>Last patient discharged 23 June 2020 | <b>Wave 2</b><br>First patient 3 September 2020 | <b>Total Patients</b> |
|---|--|---|-----------------------|
| <b>Total Admitted</b>                           | 612  | 1,601   | 2,213                 |
| <b>Remain an in-patient on 14 February 2021</b> | -  | 117   | 117                   |
| <b>Requiring Critical Care</b>                  | 73   | 235   | 308                   |
| <b>Discharged</b>                               | 450  | 1,223   | 1,673                 |
| <b>Passed Away</b>                              | 162  | 261   | 423                   |

Data to: 14 February 2021

2.6 During the second wave the demand for critical care beds has been significantly higher than the first wave with a requirement that we increase our to meet the surge in demand. Hampshire Hospitals normally operates with 17 critical care beds (level 3 equivalent) but surged the capacity for critical care to 45 with additional beds within the ward environment for some patients receiving NIV (non-invasive ventilation) support.

|  |                       |
|--|-----------------------|
| <b>Normal Critical Care Capacity*</b><br><small>*Level 3 Equivalent Capacity</small> | 17                    |
| <b>Maximum Beds Mobilised</b>  | 45<br>16 January 2021 |
| <b>Maximum Number of Critical Care Patients</b>                                      | 42<br>17 January 2021 |
| <b>Maximum Number of COVID Critical Care Patients</b>                                | 33<br>27 January 2021 |

*Data to: 14 February 2021*

- 2.7 In addition to supporting patients from the local population we have received 10 critical care patients in support of hospitals under the greater demand. This has included five patients from neighbouring Trusts as well as five further afield including Kent and the West Midlands.
- 2.8 During the response to COVID-19 in early 2020 it was identified that the high therapeutic demand for oxygen for COVID-19 patients, including the use of NIV, increased the risk of exceeding the capacity of our oxygen plant and infrastructure. The Trust was prioritised for an upgrade of its plant, but due to other Trusts with more urgent requirements, this was not completed ahead of the second wave. The Trust therefore implemented measures to ensure that oxygen use was carefully monitored and where clinically appropriate patients were transferred to oxygen concentrators as the use increased.
- The oxygen plant on the Winchester site was upgraded at the end of January 2021 with the Basingstoke site scheduled for the end of February. After upgrade the Trust expects to have sufficient capacity for any foreseeable demands.
- 2.9 The demands of COVID-19 on our workforce have been significant and we are grateful for the ongoing support of partner organisations and the wider community in helping us maintain our services and continue to provide a high standard of care to our patients. Over recent weeks we have received additional support through the deployment of a team from Hampshire Fire and Rescue Service to support with the turning and proning of critical care patients. The Trust has also benefitted from MOD support with managing patient discharges as well as providing practical support to keep the environment safe and clean.

### **3. ELECTIVE AND SURGICAL ACTIVITY**

- 3.1 During the first wave a number of services were suspended in order to focus resources on the treatment of COVID-19. However, during the second wave, with careful planning, this was not the case until the end of December. This meant that a significant number of unscheduled / emergency patients were treated throughout the autumn and early winter as well as maintaining a significant proportion of our elective program.
- 3.2 With the numbers of patients being treated for COVID-19 significantly increasing both in the local area and across the UK, a National decision instructed Trusts to

suspend elective activity, other than the most urgent Priority 1 (emergency procedures) and Priority 2 (procedures that require treatment within four weeks), to ensure that the NHS was able to manage the increase in demand.

- 3.3 In order to minimise the risk to patients and to maximise the capacity to treat patients on Hampshire Hospitals sites, the Trust has 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.
- 3.4 In addition to the priority 1 and 2 activity, where possible, and where it would not impact on the safety of patients or the ability for us to be able to provide surge capacity we have continued with diagnostic, outpatient and some limited surgical activity. Activity has been maintained through the use of a self-contained portable Vanguard endoscopy unit on the Basingstoke site as well as an increase in the number of sessions on the Andover site.

#### 4. ONGOING MANAGEMENT OF THE COVID-19 RISK

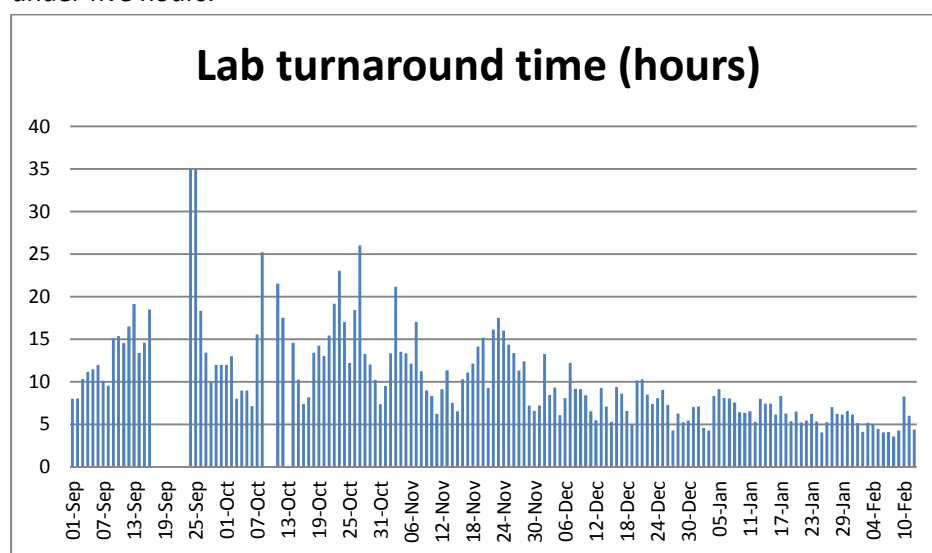
- 4.1 Minimising the risk of COVID-19 transmission is a key component in our arrangements to protect patients and staff. Hampshire Hospitals is achieving this through a number of measures including vaccination, testing and active infection management.
- 4.2 Vaccination is a significant element of the UKs arrangements to manage the COVID-19 epidemic. In line with National plans Hampshire Hospitals established vaccination centres on each of its primary sites. Hampshire Hospitals has administered vaccines in line with the JCVI (Joint Committee on Vaccine and Immunisation) guidelines predominantly to Health and Social Care workers (both employed by the Trust and in the wider health and social care community) as well as to a small number of high risk patients. First vaccines were delivered on 4 January 2021 and remained operational until 10 February when the centres were asked to temporarily stand down to support the prioritisation of community vaccination centres. We currently plan the Hospital Vaccination Centres to be reopened on 22 March 2021 to support the roll out of the second dose of vaccinations to those already vaccinated.

|   |                                |
|---|--------------------------------|
| <b>Number of 1<sup>st</sup> Vaccines Doses Administered</b>   | 12237<br>4 January-10 February |
| <b>Maximum Daily Doses Administered</b>   | 574<br>4 February 2021         |
| <b>Proportion of Hampshire Hospitals Staff Vaccinated</b><br><i>Note: Excludes those vaccinated through other centres</i> | 88%                            |

*Data to: 14 February 2021*

- 4.3 The testing of patients and staff remains a key part of the Trusts management of COVID-19. Between 26 January 2020 and 14 February 2021 the Trusts microbiology team have undertaken 64,158 COVID-19 tests of patients, staff and on behalf of partners. COVID-19 has been detected on 4216 occasions.

The microbiology team have put in place processes for returning swab results quickly including by the use of a satellite lab on the Winchester site which often allows for patients in the Emergency Department to have a result before they are admitted to a ward. The average turn-around time for all samples is consistently under five hours.



Data to: 14 February 2021

- 4.4 It has become clear that not all people who contract COVID-19 display symptoms and as such there is a significant risk that they transmit the virus to others. In addition to the use of Personal Protective Equipment (PPE) the Trust participates in the twice-weekly testing whereby staff undertake Lateral Flow Tests (LFTs) and self-report the results.

As of 9 February 2021 8353 kits (of 25 tests) have been distributed to staff with 159 positive cases identified.

- 4.5 Following successful trials into the use of saliva to detect COVID-19 in asymptomatic individuals the Trust is working with the Department of Health and Social Care to further develop a trailer based lab for undertaking the testing of saliva using LAMP (loop-mediated isothermal amplification) technology and automation. The Trust has started to introduce LAMP testing as an alternative to LFT testing with some groups of staff already (as it is more sensitive than the LFT test) and intends to increase the provision of LAMP testing to further groups of staff as the capacity is further increased.
- 4.6 When staff members are identified as being positive to COVID-19 through symptomatic or asymptomatic testing a dedicated test and trace team has been developed to quickly identify any associated risk to other staff members. The Test and Trace Team also undertake surveillance to identify potentially linked cases in

relation to being a contact of someone else who has tested positive or staff where there is initially no clear link but where they work in the same area. Where potential areas of concern are identified staff are isolated (if a high risk contact) or increased testing including daily LFT testing is undertaken to identify any further asymptomatic cases in the area.

- 4.7 It is acknowledged that good infection prevention and control (IPC) management can prevent the transmission of the virus. The Trust has an outbreak control group which meets daily from November through to the end of January and five days a week from February and is supported by Local Authority Public Health Consultants and Clinical Commissioning Group IPC colleagues. It is also regularly attended by the NHS England and NHS Improvement regional IPC Lead. Through inclusion of best practice advice from both internal and external specialists we have put in place support to our infection control processes. This includes reducing the risk associated from airborne virus by improving ventilation of space, spacing beds used for screening patients (by reducing the occupancy of some bays) and the introduction of air scrubbers which filter and recirculate air.

## **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.

- 5.4 To minimise the risks to our staff from COVID-19 assessments have been undertaken, and 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.
- 5.5 We know that the demands and pressures resulting from COVID-19 have had a profound impact on many of our staff and that this is likely to have an ongoing impact on them. To help staff we have introduced wellbeing hub to identify staff who are finding things difficult and to provide or signpost them to appropriate support.

**6. RECOMMENDATION**

That this report is noted by the Committee.