

HAMPSHIRE COUNTY COUNCIL

REPORT

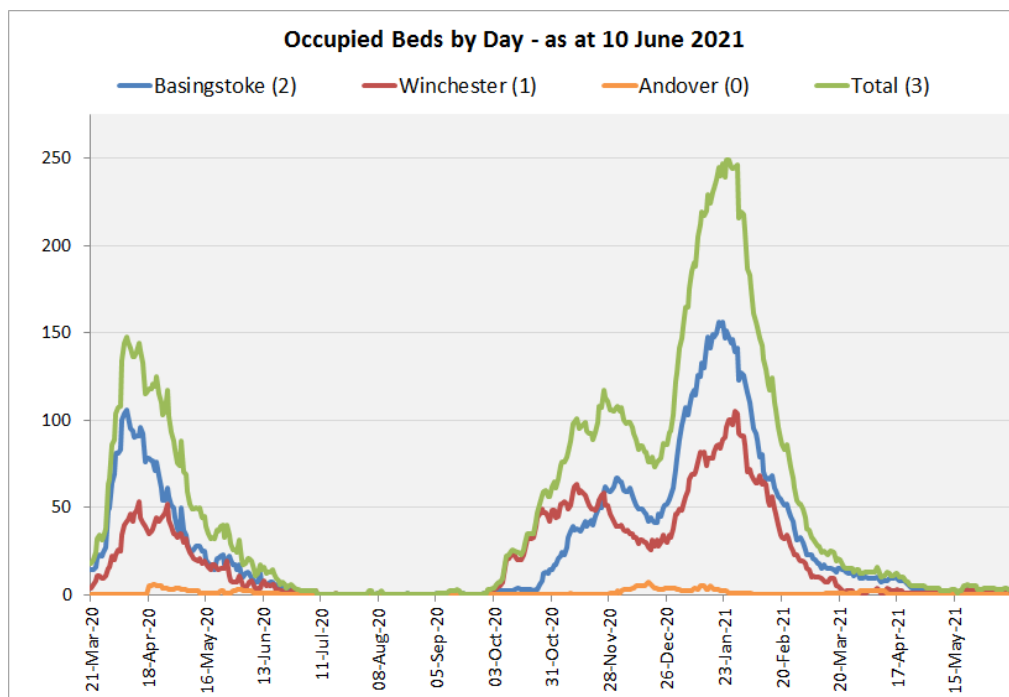
Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee		
Meeting Date:	28 June 2021		
Title:	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the response to COVID-19		
Report From:	Julie Dawes, Chief Nurse and Deputy Chief Executive Officer Hampshire Hospitals NHS 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. 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 and as of 10 June have treated 1771 COVID in-patients, 173 in critical care. Of the 1771, as of 10 June 1465 patients have been discharged and sadly 303 passed away.
- 2.4 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 second waves.



Data to: 10 June 2021

	Wave 1 First Patient 10 March 2020 Last patient discharged 23 June 2020	Wave 2 First patient 3 September 2020	Total Patients
Total Admitted	612	1771	2383
Remain an in-patient on 10 June 2021	-	3	3
Requiring Critical Care	73	173	246
Discharged	450	1465	1915
Passed Away	162	303	465

Data to: 10 June 2021

- 2.5 During the second wave the demand for critical care beds was significantly higher than the first wave with a requirement that we increase our capacity 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.

Normal Critical Care Capacity* *Level 3 Equivalent Capacity	17
Maximum Beds Mobilised	45 16 January 2021
Maximum Number of Critical Care Patients	42 17 January 2021
Maximum Number of COVID Critical Care Patients	33 27 January 2021

Data to: 10 June 2021

- 2.6 In addition to supporting patients from the local population we 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.
- 2.7 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 and on the Basingstoke site at the end of February 2021. The upgraded infrastructure ensures that the Trust has the capacity to manage any foreseeable future oxygen demands.
- 2.8 The demands of COVID-19 on our workforce have been significant and we are grateful for the 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. During the second wave we received additional support through the deployment of a team from Hampshire Fire and Rescue Service supporting with the turning and proning of critical care patients and, from MOD who provided 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 periods of high COVID-19 incidence elective activity, in line with national recommendations surgical activity was significantly curtailed to ensure that there was capacity to be able to be able to manage the surge in COVID-19 activity with available surgical capacity being focused on the highest priority cancer treatments.
- 3.2 In order to minimise the risk to patients and to maximise the capacity to treat patients on HHFT hospital sites, the Trust worked closely with independent sector hospitals, primarily BMI Hampshire Clinic (Basingstoke) and BMI Sarum Road (Winchester) throughout the first and second waves. 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 used Sarum Road for the delivery of chemotherapy treatment and used Hampshire Clinic for the delivery of diagnostic procedures including endoscopy.
- 3.3 Patients receiving chemotherapy represent one of groups of patients most susceptible to infection. At the start of COVID-19 it became clear that continuing to care for these patients from the existing locations within the main hospital footprint would represent an unacceptable risk and as such the service was relocated to the BMI Sarum Road hospital site. As the prevalence of COVID-19 reduced, chemotherapy services were repatriated to a centralised facility on the Basingstoke hospital site from the beginning of April 2021. The service is currently hosted in the

Firs building which does not require patients to enter the main hospital building. Work is on-going to repatriate services to Winchester.

- 3.4 Due to enhanced cleaning and decontamination measures required to ensure that it remained safe, endoscopy activity was significantly challenged. In order to maintain and increase the capacity a self-contained portable Vanguard endoscopy unit was deployed on the Basingstoke site between October 2020 and March 2021 as well as an increasing the number of available sessions on the Andover site.
- 3.5 In order to increase the ability to support the required volume of outpatient diagnostic activity a CT scanner was installed in Andover in November 2020, not only increasing the available capacity, but also offering a service closer to our patients on a hospital site with a lower risk associated with COVID-19.
- 3.6 One of the impacts of COVID-19 has been that the wait for less urgent elective procedures, particularly those waiting beyond 52 weeks has increased significantly over the last 15 months. The number of patients waiting more than 52 weeks peaked in March 2021 (3444 patients) but is now reducing (2271 as of 30 May 2021). The Trust is committed to ensuring that long waiting patients are offered treatment and are taking steps to increase the capacity to support elective activity.

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. Vaccinations were delivered during two periods between 4 January and 10 February 2021 for first vaccinations and from 22 March to 5 May 2021 predominantly for second vaccinations.

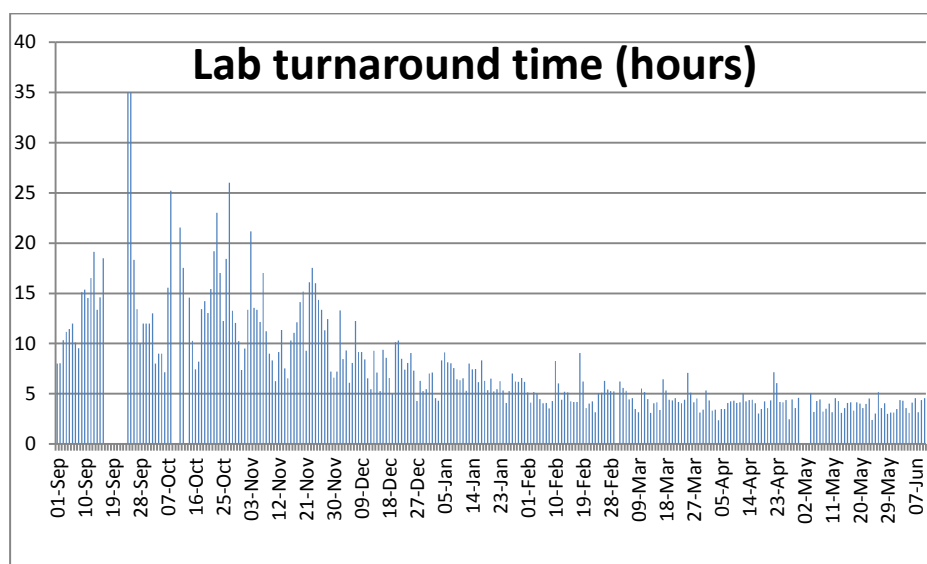
Whilst the vaccination centres are currently stood down (with the emphasis on community vaccination sites) it is anticipated that they may be required to reopen should a booster programme be indicated for the Autumn.

Number of 1st Vaccines Doses Administered	12448 4 January-13 April 2021
Maximum Daily Doses Administered	11910 22 March-5 May 2021
Proportion of Hampshire Hospitals Staff Vaccinated	90.9%

Data to: 5 May 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 10 June 2021, the Trusts Microbiology team have undertaken 92,082 COVID-19 tests of patients, staff and on behalf of partners. COVID-19 has been detected on 4446 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 well under five hours.



Data to: 10 June 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 LAMP Saliva Testing.
- As of 6 June, 12,789 kits (of 25 tests) have been distributed to staff with 161 positive cases identified.
- 4.5 Following successful trials into the use of saliva to detect COVID-19 in asymptomatic individuals the Trust has worked with the Department of Health and Social Care to 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 all staff being encouraged to undertake one saliva test and one LFT test each week. As of 6 June, 10,209 saliva tests have been undertaken.
- 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.

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.

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 changed higher risk staff were either redeployed to lower risk activities or worked from home.

- 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 service 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 the Thrive programme including a wellbeing hub to help 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.