Hampshire Hospitals
NHS Foundation Trust

# HAMPSHIRE COUNTY COUNCIL

## Report

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| **Committee:** | Health and Adult Social Services (Overview and Scrutiny) Committee |
| **Meeting Date:** | 14 September 2020 |
| **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<br>Hampshire Hospitals NHS Foundation Trust |

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### 1. PURPOSE

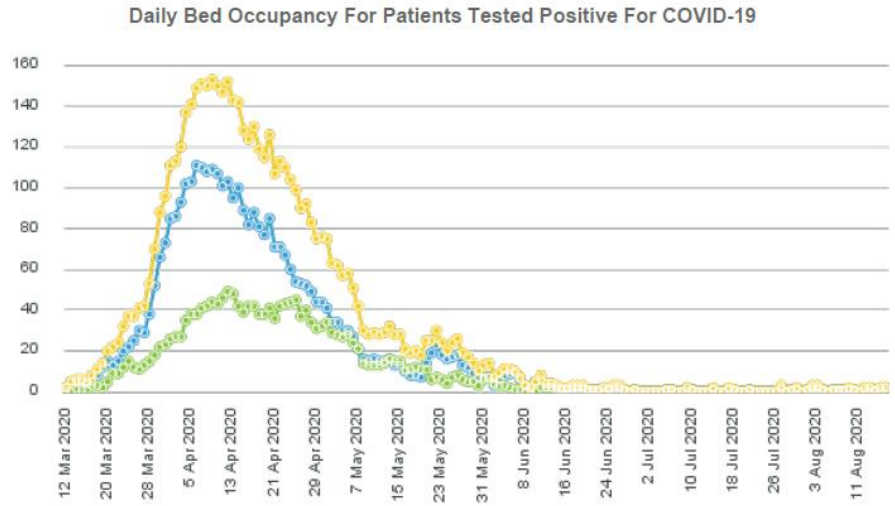
To provide an update to HASC on the response of Hampshire Hospitals NHS Foundation Trust to the COVID-19 epidemic.

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

2.1 Hampshire Hospitals Trust had its first positive COVID-19 patient on 10 March 2020 and as of 17 August 2020 has treated 612 COVID positive in-patients, 73 in critical care. Of the 612 COVID-19 patients 450 were discharged and sadly 162 passed away.

Hampshire Hospitals discharged its final patient from the first wave on 23 June 2020 and there have been no COVID-19 related admissions between this date and 17 August 2020.

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.




2.2 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 as well as catering for elective diagnostic and surgical activity. Reconfiguration has included changes to the emergency departments, wards and radiology designed to minimise the risks to patients and staff. Whilst there have not been any positive COVID-19 inpatients for some time we continue to manage significant numbers of patients whose symptoms require them to be isolated and tested before they mix with non-symptomatic patients.

2.3 During the Emergency Response to COVID-19 it was necessary to suspend a number of services in order to focus staff and resources on the response to the epidemic. One of the services which were suspended was the Andover War Memorial Hospital Minor Injuries service which in the early stages of the epidemic was receiving minimal numbers of patients and for which segregation into hot and cold streams was impractical.

The unit currently remains closed, though plans are currently being developed to partially reopen a minor injuries service which can be delivered in a COVID-secure way.

## 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 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 our routine services.

3.2 During the peak of the COVID-19 epidemic there was a significant reduction in the number of emergency department attendances and associated unscheduled admissions. Since early May the number of admissions has steadily increased and Hampshire Hospitals are now dealing with as many patients as we were prior to the COVID-19. In order to minimise the risk of infection to patients within the emergency department and admitting wards, admissions are screened as hot (potential COVID-19 symptoms) or cold (no COVID-19 symptoms). This streaming arrangement is expected to continue for the foreseeable future and as a result increases the space and staff requirement for the emergency department and a reduction in the efficiency of capacity utilisation in receiving wards.

3.3 A significant amount of outpatient activity was able to continue during the peak of COVID-19 by switching face-to-face appointments 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, do require a face-to-face consultation and to meet these requirements 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.

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 the 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.
- Plans to introduce 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 self-contained portable vanguard endoscopy units on the Basingstoke and Winchester sites as well as an increase in the number of sessions on the Andover site.

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.

Priority 1a→3 activity has in the main continued throughout the response to COVID-19. A reduction in capacity has led to more limited priority 4 activity that otherwise would have been undertaken. Additional COVID-19 prevention related processes which include the segregation of theatres and wards used for pre-screened and isolated patients as well as enhanced cleaning between patients has led to a reduction in the effective capacity and the number of procedures which can be delivered in each session.

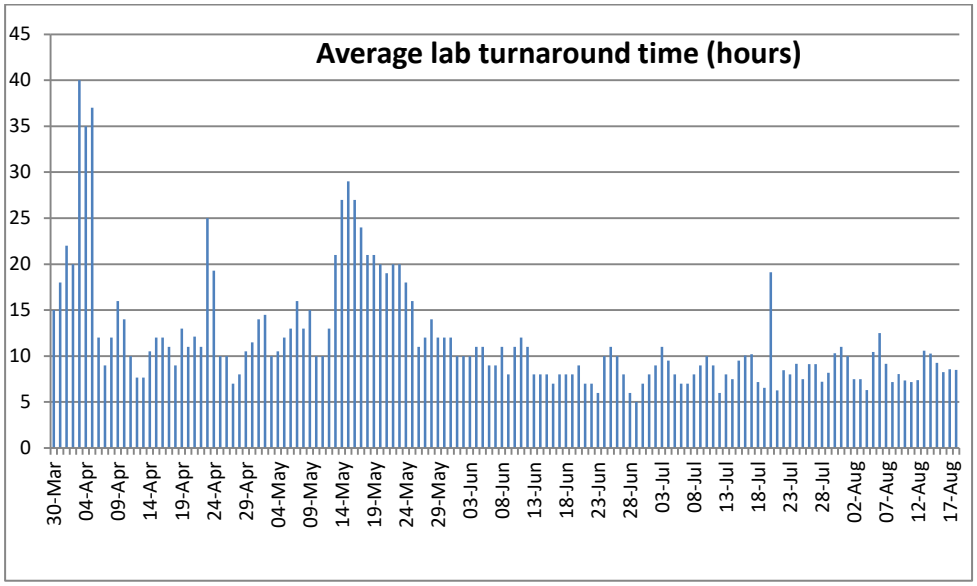
As part of the restoration processes further assessment and stratification is being undertaken to ensure that patients within the priority level 4 category are treated in line with their clinical need. Work is also being undertaken to ensure that theatres are utilised in as efficient a way as practicable maximising the number of procedures which can be undertaken in the current environment.

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 18 August 2020 the microbiology team have undertaken 21,442 tests of staff, patients and partner organisation staff of which COVID-19 was detected on 1,486 occasions. Through ongoing innovation and significant changes to increase the operating capacity of the lab it has been possible to drive down the turnaround time to less than 10 hours which improves the decision making for potential COVID-19 patients and reduces the disruption to staffing.




4.3 In addition to testing for the presence of the COVID-19 vaccine we have since the start of June been able to offer antibody testing to staff and patients though Portsmouth Hospitals University NHS Trust. Between 2 June 2020 and 16 August 2020 3,866 staff members have been tested of which 581 (15%) had antibodies detected and 2,588 patients have been tested of which 163 (6%) had antibodies detected.

4.4 Building on some of the innovative testing methods developed by the Hampshire Hospitals Microbiology Team a Cabinet Office sponsored trial of "Lab in a van" service where a van based mobile laboratory accompanied by a testing team could be deployed away from the hospital site providing rapid testing and results.
The trial applied the mobile lab methodology to the testing of care homes as well as a rapid "front of house" near patient testing model close to the emergency department.

4.5 To improve decision making for patients attending our Basingstoke and Winchester hospitals over the winter period, and anticipating the potential for a second wave of COVID-19 we are developing plans to place near patient testing for COVID-19, Flu and other respiratory conditions on a 24-hour-per-day basis. The microbiological testing will be achieved by providing a satellite microbiology lab providing a service to the Winchester site and a POD based lab outside the emergency department in Basingstoke. It is expected that the introduction of near patient testing will allow informed decisions about how and where a patient is treated before they leave the emergency departments.

## 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.

Due to the reduced incidence of COVID-19 in the community the hospital control measures for at-risk staff are currently relaxed with pre-defined triggers in place for reinstating them if and as the prevalence increases.

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 Early in the response to COVID-19 welfare rooms and spaces were established on each of the Hampshire Hospitals sites in order that members of staff had the ability to take some time to unwind away from the clinical environment. Since mid-July we have been supported by "Project Wingman" a group of airline crew from every UK airline in order to support these spaces and help deliver a "first class lounge" experience.

## 6. On-Going Risk and Preparation for Potential of a Second Wave

6.1 Whilst over the past few months, 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 6 August 2020 the Critical Care Academy has trained 154 additional nurses with critical care skills.

6.3 Whilst the intensity of the COVID-19 response has reduced over recent months, in line with the ongoing National Level 3 (Regional) Major Incident, the Trust has maintained its response structure with oversight by an executive led strategic team which meets weekly and an established Incident Coordination Centre / single point of contact for the coordination of information and requests. Plans are in place for the wider re-escalation of command and control arrangements should the intensity of operations require it over the coming weeks or months.

## 7. RECOMMENDATION

That this report is noted by the Committee.