

# Public Document Pack

Legal and Democratic Services



**To: All Members of the Health Liaison Panel**

Dear Councillor,

**HEALTH LIAISON PANEL - TUESDAY, 9TH MARCH, 2021 ,**  
<https://attendee.gotowebinar.com/rt/6114560497011600655>

Please find attached the following documents for the meeting of the Health Liaison Panel to be held on Tuesday, 9th March, 2021. These were not included in the original Agenda pack published previously.

- 3. THE CURRENT POSITION OF EPSOM GENERAL HOSPITAL IN REGARDS TO COVID-19 IN-PATIENT ADMISSIONS AND AN UPDATE ON THE NEW SPECIALIST EMERGENCY HOSPITAL AND REFURBISHMENT AT EPSOM GENERAL HOSPITAL (Pages 3 - 8)**

The following update reports are attached:

- Covid-19 Update
- Building Your Future Hospitals Update

For further information, please contact Democratic Services, [democraticservices@epsom-ewell.gov.uk](mailto:democraticservices@epsom-ewell.gov.uk) or 01372 732000

Yours sincerely

A handwritten signature in black ink that reads 'K. Beldan'.

Chief Executive

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**REPORT TO EPSOM & EWELL BOROUGH COUNCIL**

<b>Report Title</b>	<b>Covid-19 Update</b>
<b>Report Date</b>	22 <sup>nd</sup> February 2021
<b>Report Author</b>	Daniel Elkeles, Chief Executive Officer

**Operational Demand at Epsom and St Helier**

The Trust experienced a peak of demand in the third week of January 2021 with 280 Covid positive patients being cared for in our in-patient beds. This accounts for around 45% of all of our beds. In addition over 40 patients were receiving care on our intensive care (against a baseline of 20 beds), and over 30 patients were receiving non-invasive ventilation on our respiratory wards. This was managed with the support of over 200 staff re-deployed from other clinical and non-clinical areas (including community services) to our Emergency Department, Medical, Respiratory and Intensive Care Wards. Furthermore, our Elective Orthopaedic Centre at Epsom Hospital was once again converted to a large intensive care unit to look after Covid positive patients from our locality, as well as additional patients from south west London. All of the Acute Trusts in south west London were in regular contact with each other to coordinate care, and provide appropriate mutual aid for sites under the most pressure.

As at 17<sup>th</sup> February 2021, Epsom and St Helier was caring for 123 in-patients with confirmed Covid across the different sites. This now accounts for 25.4% of our inpatient capacity. Since the pandemic began, 2,730 patients who had confirmed COVID-19 have been cared for within our hospitals as in-patients.

The median age of inpatients who are Covid-19 positive is 64, and the median age of people who have passed away is 79. A significant majority of people who have passed away in our hospitals had underlying co-morbidities.

Whilst the Incidence of Covid-19 is coming down, it is important not to become complacent. When comparing the most recent data to that from the summer, it is apparent that incidence rates are still significantly above those from this earlier period as evidenced by the below:

<b>Monthly New Diagnosis of Covid-19</b>	
<b>Month</b>	<b>Number</b>
August 2020	3
September 2020	9
October 2020	142
November 2020	246
December 2020	484
January 2021	865
First two weeks in February	156

Whilst pressures are slowly decreasing in ITU, we are still significantly above the base line occupancy with 18 beds occupied at St Helier and 12 at Epsom against a pre-pandemic base line of 22 beds across both sites.

Whilst staff are still working under heightened pressure, we are beginning to think about how we manage recovery and our Divisions are starting to draw up individual recovery plans.

### Trust Staff Deaths

Although it is good to see a reduction in the number of Covid-19 cases, prevalence remains high and the impact can be devastating. Sadly, four members of staff have passed away from Covid-19. Staff are digging deep and striving to support one another at this difficult time.

### Vaccination Programme

The vaccination programme run by the Trust is ongoing, and as at 16<sup>th</sup> February circa 10,000 people had been vaccinated on our hospital sites. The Hospital Hubs for vaccination originally concentrated on vaccinating health and care workers, but also supported vaccination of the local population, including those who are clinically extremely vulnerable. This represents a significant achievement. As the GP hubs, mass vaccination centres and other local deliveries of vaccination has ramped up, there is a review of how the hospitals can continue to support the vaccination effort. We have now been given permission to move on to vaccinate people in cohort 5 (those aged 65 and over). Work is also underway to prepare for administering the second dose from the week commencing 15<sup>th</sup> March.

We are encouraging all staff, particularly those working in high-risk areas and our BAME colleagues, to get the vaccine and there have been no difficulties with spare capacity. We are pleased that our vaccine wastage has been minimal through the use of a stand-by waiting list of eligible recipients at the end of each working day. All of our staff have been offered the vaccine.

As of 16<sup>th</sup> February, it is too early to assess whether the vaccination programme is reducing the number of hospital admissions, but as reported above, we have seen a significant reduction of hospital admissions with Covid since the end of January. This is probably due to the combined effect of the prolonged lock down restrictions and the early effects of the vaccine. We are contributing to national reporting to gain more understanding of the specific effects of vaccination on reducing hospital admission. Our clinicians have been encouraged to comply with identification of anyone admitted to hospital with Covid-19 who was vaccinated more than ten days prior to admission. We anticipate evolving local and national data to gain more insight into the beneficial effects of the national and local vaccination programme.

### Infection Prevention and Control (IPC)

As the numbers of Covid positive patients reduces, the work of the IPC team is now focused on how to safely plan for increasing the volume of elective work. The IPC team have been continuously reviewing and strengthening our measures to reduce nosocomial infections. Recent audits have shown improving infection control rates. We recognise that we can never be complacent about infection control, and ongoing vigilance is essential. We have developed experience in creating 'Green' pathways for patients receiving planned care.

### Long Covid

Covid-19 is increasingly being seen as a long-term condition for some of those who have become infected. Long Covid has now been defined by NICE as below:

*'Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis'.*

This is a very broad definition and setting up service to manage the condition is very challenging because of the wide variety of symptoms. However, we are working with our partners in the community to support access to diagnostics and management across South West London.

### **Planned Care Recovery/Restart**

Although hospital admissions are decreasing relatively rapidly, ITU remains very busy. Many patients with Covid require a prolonged length of stay in intensive care. We have supported the needs of our local population as well as offering mutual aid to services in North London where ITU has been under extreme pressure.

Whilst the Trust is not yet at the point for all planned care to recommence, background work has started to ensure that we will be ready for when the time comes which is anticipated to be at some point around the beginning of April. In the interim, plans are being worked up on a specialty by specialty basis.

There is also a significant amount of estates work that needs to be completed before restarting planned care, including how to reconfigure urgent care services including A&E and ITU for Covid and non-Covid patients, returning Covid wards to non-Covid wards and how to de-escalate our intensive care out of SWLEOC. There will also be a significant piece of work around moving redeployed staff back to their original roles.

One recently identified issue relates to theatre capacity at St Helier where renovation work has identified problems with the air handling system in B4 theatres. Work is underway around the various options given that this capacity is only required until 2025 when this work will move to the new Specialised Emergency Care Hospital (SECH) on the Sutton site.

### **Staff Wellbeing and Support**

Before elective work can restart at pre-pandemic levels, it will be important to ensure that staff get sufficient rest and are able to take annual leave and work is underway with the Divisional Directors to ensure that this happens. We recognise that our colleagues are tired, and many have been under significant stress during the pandemic. Recovery of services can only occur if our staff can recover and recuperate. We have an opportunity in March to support our staff before planned care activity escalates.

Work is also underway on a pan-South West London basis in terms of a programme of psychological support. In-house provision has also been increased with three additional psychologists brought in to support staff. We also have a broad range of well-being support and self-help services for our colleagues.

It is intended that all staff should receive a range of cohesive support measures to supplement the Occupational Health team, including giving everyone access to a psychological assessment tool and supporting line managers to have training in better discussions with staff and triaging of staff by experts into learning sets. In addition, South West London and St George's Mental Health NHS Trust has offered to provide appropriate psychological support where needed.

We are also arranging for all staff to receive a 'Covid Hero' medal and certificate, supported by Zoom meetings with groups of teams to say Thank You.

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## REPORT TO EPSOM & EWELL BOROUGH COUNCIL

<b>Report Title</b>	<b>Building Your Future Hospitals Update</b>
<b>Report Date</b>	22nd February 2021
<b>Report Author</b>	Daniel Elkeles, Chief Executive Officer

### Outline Business Case

The Building Your Future Hospitals (BYFH) Outline Business Case to build a new Specialist Emergency Care Hospital (SECH) in Sutton and to refurbish the existing Hospitals at Epsom and St Helier has been approved by the ESTH Trust Board (on 11<sup>th</sup> December 2020) and by the SWL CCG and Surrey Heartlands CCG and was submitted to NHS England & Improvement on 21st December 2021.

The OBC had been put together following six months of extensive planning and analysis, including engagement with the public and clinical and non-clinical staff covering all the Trust's services. The purpose of the OBC is to enable NHSE/I, DHSC and HMT to approve the capital required to enable the BYFH scheme to move forwards to procurement. The capital required is part of the Health Infrastructure Plan (phase 1) which sets out a 5-year programme of investment in health infrastructure, including a new hospital building programme.

The OBC identifies the following key priorities:

- To address the three key challenges of clinical quality, estates and financial sustainability
- To Work with local health and care systems to deliver truly integrated care
- Design modern services and facilities
- Implement a new Electronic Patient Record before the new hospital is built
- Work with local partners to maximise this investment

The business case also contains two additional options if the core business case for the SECH and refurbishment of Epsom and St Helier hospitals is approved. One option is to build a new renal hospital at St George's to bring together some of the existing St Helier and St George's service. A further option is in partnership with the Royal Marsden to undertake more Cancer surgery in the SECH.

Since submission of the OBC, NHS/EI and DHSC have begun the process of reviewing the business case.

The timescale being worked to is submission of the OBC to the National Joint Investment Committee of NHSE/I and DHSC in April 2021 for a recommendation on whether the case is robust enough to pass onto the Treasury for approval.

A presentation containing images of the Specialist Emergency Care Hospital and Epsom and St Helier following the completion of refurbishment will be presented at the meeting.

### Governance

The programme is being overseen by the BYFH Programme Board and Trust Board with continuous engagement with and support from commissioners and regulators.

### **Travel and Access**

The first meeting of the Transport and Travel Working Group was held on 13th January 2021. The meeting received an overview of the BYFH programme and looked at current travel options to Epsom, St Helier and the future SECH Sutton site. It is intended to approach further organisations to become involved in meetings of the group.

### **Planning Application**

Work continues to complete the planning application for the SECH to be submitted in May 2021.

### **Electronic Patient Record**

The ESTH Board approved the EPR Integrated Strategic Outline Case/OBC in September 2020 which was subsequently approved for submission to the Joint Investment Committee by NHSE/I, NHS Digital and NHSX. A key criteria for this business case was that the solution must be fully interoperable with the other acute hospitals in SW London.

The Joint Investment Committee approved the SOC/OBC on 18<sup>th</sup> December, following which procurement work commenced using the London Procurement Partnership's Clinical and Digital Information Systems Framework. The outcome of this procurement will be completed to enable a full business case for this to also be ready for the April National Investment Committee.