

REPORT TO EPSOM & EWELL BOROUGH COUNCIL

Report Title	Covid-19 Update
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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 17th 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:

Monthly New Diagnosis of Covid-19	
Month	Number
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 16th 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 15th 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 16th 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.