

**EPSOM AND EWELL HEALTH LIAISON PANEL**

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| <b>Report Title</b>  | <b>Covid-19 Update</b>   |
| <b>Meeting Date</b>  | 7pm on Thursday 1 <sup>st</sup> July 2021                                    |
| <b>Report Date</b>   | 25 <sup>th</sup> June 2021   |
| <b>Report Author</b> | James Marsh, Joint Deputy Chief Executive Officer and Joint Medical Director |

**Covid-19 Numbers**

The Trust experienced a peak in demand in the third week of January 2021 with 280 Covid positive patients being cared for in our in-patient beds. This accounted 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 our Elective Orthopaedic Centre at Epsom Hospital was converted to a large intensive care unit to support the care of Covid patients.

It is a different picture today. As at 24<sup>th</sup> June, the Trust was caring for fewer than ten patients with confirmed COVID-19 across the Trust, with three COVID patients in critical care. This accounts for 1.1% of our inpatient capacity.

Since the pandemic began 2,093 patients who had confirmed COVID-19 have been discharged home (or to another setting). Sadly, 923 patients with COVID-19 have died.

**Long Covid Rehabilitation Service**

The numbers of Covid-19 positive inpatients has significantly reduced since January 2021. It is, however, recognised that of those patients who were treated and subsequently discharged, a number have developed long standing health needs which could be related to Long Covid-19.

On 21<sup>st</sup> June, the Trust's Leatherhead Covid Rehabilitation Centres was featured on BBC Breakfast and followed the stories of two patients (one of whom is a Ward Sister at the Trust) as they recovered from the effects of Long Covid. This dedicated post-Covid rehabilitation service is run by our integrated care partnership Surrey Downs Health and Care.

**Vaccination**

Although the vaccination hubs run by the Trust have closed, work continues to ensure that as many staff as possible are vaccinated. The vaccinated workforce data shows that out of a total of 6,034 staff, 87% have received their first dose and 65% have received their second dose. Every effort is being made to follow through to ensure that as many staff as possible are fully vaccinated.

We are also tracking the vaccination status of patients admitted to our hospitals.

## **Infection Prevention and Control (IPC)**

As the numbers of Covid positive patients reduces, the work of the IPC team is focused on supporting the increasing volume of elective work.

The IPC team have been continuously reviewing and strengthening our measures to reduce nosocomial infections and recent audits have shown improving infection control rates.

Throughout the pandemic the DIPCs, IPC Doctors and IPC Leads of the trusts across South West London have worked together as part of the SWL Infection Prevention and Control Forum to ensure a joined up approach across SWL to implementation of national and local policies and inform decision making regarding infection control practices in the management of Covid-19.

The forum has actively worked to ensure that learning was shared and has produced a document outlining the learning from the second wave of the CV19 Pandemic and making recommendations for the future management of Covid. The majority of these recommendations are RAG rated green within the Trust. A comprehensive review of non-elective pathways was also undertaken to identify any gaps against the lessons learnt document and any actions required for any further surges in Covid-19 activity.

## **Planned Care Recovery/Restart**

The Trust is making good progress in resuming pre-Covid activity levels.

As at 23<sup>rd</sup> June, elective activity had returned to 99% of 'business as usual' (BAU). Diagnostics was at 107% of BAU and outpatients was at 97% of BAU.

Long term waits (52+) had reduced from c.1,000 at the height of the pandemic to 354 in May and it was expected to reduce to under 300 by the end of June.

There has, however, been a significant impact on waiting lists in some specialties. Every effort is being made to address this issue including additional clinics and supporting mutual aid with other providers.

## **Staff Wellbeing and Support**

An extensive programme of support measures for staff is ongoing, including a programme psychological support where needed.

We have also just completed a series of medal ceremonies as part of which all staff receive a Covid Hero medal and certificate via a zoom ceremony.

## Report to Epsom and Ewell Health Liaison Panel

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|----------------------|--|
| <b>Report Title</b>  | <b>Building Your Future Hospitals Update</b> |
| <b>Report Date</b>   | 24 <sup>th</sup> June 2021                   |
| <b>Meeting Date</b>  | 1 <sup>st</sup> July 2021                    |
| <b>Report Author</b> | Daniel Elkeles, Chief Executive Officer      |

This briefing provides Epsom and Ewell Health Liaison Panel with an update on the progress that is being made to build a new Specialist Emergency Care Hospital on the Sutton Hospital site and complete extensive refurbishment of Epsom and St Helier hospitals. The briefing covers:

- Background and context
- Update on NHS decision making process on the investment
- Changes to the building design based on the learning from Covid-19
- Update on new proposal for a dedicated renal (kidney care) hospital at St George's.

### The background and context

Work to secure a major investment in the hospital buildings has been underway for many years. A brief timeline is set out below:

**April 2015** – We published our long-term estates strategy.

**July 2017** – We launched a comprehensive engagement programme (known as Epsom and St Helier 2020-2030).

**January 2018** – Our local Clinical Commissioning Groups, CCGs, (Merton, Sutton and Surrey Downs) agree to form and approve the structure of Improving Healthcare Together programme.

**June 2018** – As part of the Improving Healthcare Together programme the three CCGs met as “Committees in Common”. Improving Healthcare Together launch a series of public discussion events and seek feedback on plans to build a new Specialist Emergency Care Hospital.

**January - April 2020** – Formal consultation with members of the public.

**July 2020** – Following extensive public consultation, the CCGs met in common and approved plans to build a brand new, state of the art hospital in Sutton and modernise buildings at Epsom and St Helier.

**July 2020** – The Trust takes ownership of the delivery of the outcome of consultation, launching the Building Your Future Hospitals (BYFH) programme. The BYFH Programme Board now has responsibility for overseeing the development and implementation of the programme.

**August – December 2020** – Development of the Outline Business Case.

**January – May 2021** – Further development of the plans for the Specialist Emergency Care Hospital and assurance from regulators on the Outline Business Case.

**May 2021** – Beginning process of submitting a planning application to London Borough of Sutton for the Specialist Emergency Care Hospital. Further detail on our plans can be found in the attached stakeholder engagement presentation (BYFH Stakeholder Presentation\_May 2021).

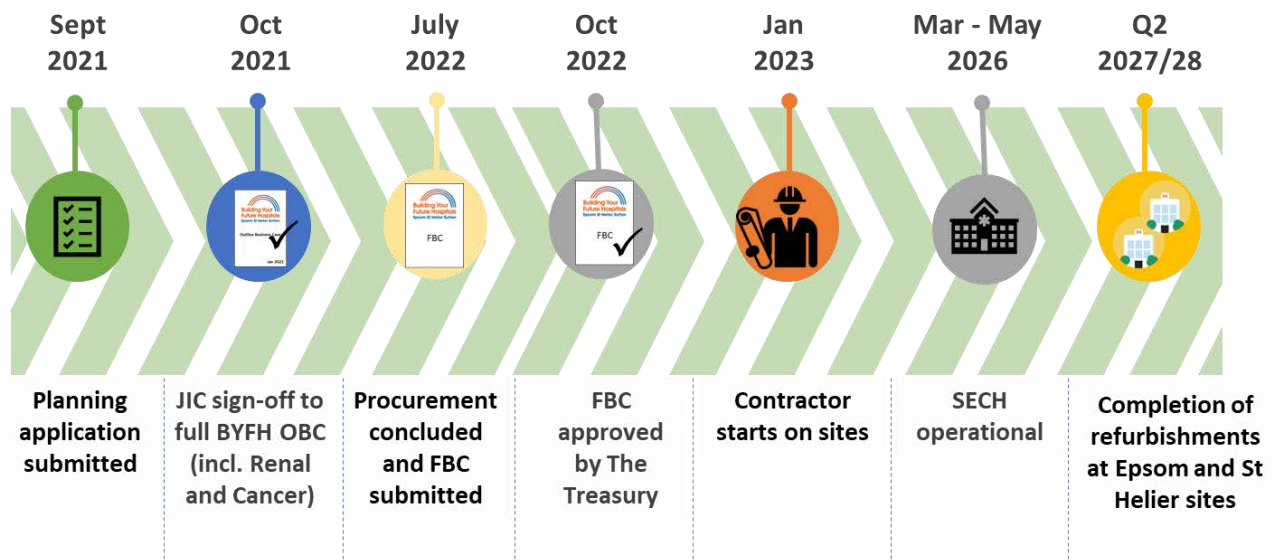
#### **Update on NHS decision making process on the investment**

Our business case for investment in our services was discussed at the Joint Investment Committee (JIC; the national committee overseeing large capital expenditure projects in the NHS) on 25<sup>th</sup> May 2021.

This followed a detailed period of assurance on the business case by our regional and national regulators, the national New Hospitals Programme (NHP) and their estates technical assurance team. A summary of the decisions made by the JIC is shown below.

| <b>Area</b>  | <b>Decision</b>  |
|--|--|
| <b>Electronic Patient Records (EPR) Full Business Case (FBC)</b>                     | <p>The EPR FBC was approved. This new system will improve patient care, simplify the way appointments are booked, and mean that clinical staff have vital information about patients at the touch of a button.</p> <p>We will be implementing the system that is in place already at St George's, Croydon and Kingston hospitals. It is a £25m investment in addition to the original allocation.</p>                  |
| <b>Renal hospital</b>  | <p>Subject to the necessary engagement with patients and local people, our outline plans to build a new renal hospital at St George's were approved. This facility would serve the sickest renal patients across south west London and Surrey.</p>   |
| <b>Cancer surgery option in the Specialist Emergency Care Hospital business case</b> | <p>The proposal to include a dedicated cancer surgery floor in the building, which would be run by the Royal Marsden, was supported to progress for further design work.</p>   |
| <b>The core Outline Business Case for the Specialist Emergency Care Hospital</b>     | <p>The JIC noted the work undertaken on the business case, including the additions to the design to reflect the learning from Covid-19. These additions have increased the cost of the buildings and we are agreeing with the national team an increased allocation.</p> <p>It was agreed that the remaining work on the business case will be completed over the summer and will return to the JIC in the Autumn.</p> |

The current timeline between now and the new hospital being completed is set out below:



### Changes to the building design based on the learning from Covid-19

The devastating impact of Covid-19 has a number of implications for the design of new hospital buildings, and we have to ensure all new developments are better able to cope with diseases like this in the future. This includes:

#### **Buildings need to be designed to be flexible.**

What we learnt

- To respond to future pandemics and/or changes in demand, healthcare buildings need to be designed so they can be used in different ways, including providing more ITU and/or ventilated capacity when needed. Additionally, we need a higher proportion of single rooms to provide greater adaptability in use and reduce the risk of infection.

What we have changed as a result

- We are planning to have 28 ITU beds, which is three more than the CCGs proposed
- We are planning to have 72% of beds in single en-suite rooms compared to the 50% we had planned before Covid-19. Currently the percentage of single rooms is less than 20% across the Trust.

#### **Where possible, access and clinical spaces should be separate/segregated.**

What we learnt

- Planned care facilities should, where possible, be separate from emergency spaces, to support separation of patients. This would be supported by the split of the SECH from the district hospital sites (meaning we could offer COVID-protected environments). Emergency spaces should also be designed to enable segregation when necessary (such as segregating emergency departments in COVID-19 and non-COVID-19 spaces). Departments should, as much as possible, have dual access and egress routes.

What we have changed as a result

- Our clinical model of having the vast majority of planned care at Epsom and St Helier sites provides for the separation of emergency and planned care
- We have made the floor areas of the new A&E at the SECH bigger than initially planned

- We have designed the building to have dual access and egress routes.

### **Digital solutions and technology needs to be embedded in the hospital.**

#### What we have learnt

- To maintain the shift to virtual care, dedicated facilities and systems will be needed alongside clinic rooms for face-to-face care – including the ability to review outpatient/ambulatory patients virtually and for staff to work remotely. Moreover, the facility should maximise the opportunity offered by digital technology.

#### What we have changed as a result

- We are now designing a digitally-smart hospital which will complement the investment in a new Electronic Patient Record

*These implications are being incorporated into the design of all new hospital facilities, in addition to the new policy advice and requirements released in response to Covid-19 as they are developed and agreed.*

### **Update on new proposal for a dedicated renal (kidney care) hospital at St George's**

Following consultation, our commissioners published the Decision Making Business Case. This set out the future configuration of services between Epsom, St Helier and the new Specialist Emergency Care Hospital at Sutton, and also made a number of further recommendations. One of these was for the Trust to explore the future provision of inpatient renal services for the sickest renal patients, which the renal clinicians at both St George's and St Helier had requested and aligns well with our approved model of care.

Over the past year, teams at both Epsom and St Helier, St George's and our commissioners have been working together on a proposal for a new renal unit at St George's Hospital. Further detail on the case for change and proposals is outlined in the attached pack (Improving Kidney Care\_May 2021).

As set out above, the Joint Investment Committee approved the funding plan for the proposal and supported the proposal for a formal service change process. Both Trusts and commissioners are working together on a Business Case which we expect to be approved by the South West London and Surrey Heartlands Committees in Common (CiC). Following this, in July, the Joint Health Oversight and Scrutiny Committee (JHOSC) will review and approve the Business Case and the type of public engagement plan required.

The intention is to complete the required engagement through July and August, with a formal decision making process completing in September by the approval of a Decision Making Business Case by the CiC and JHOSC. Following this, an Outline Business Case (OBC) will return to the Joint Investment Committee in October, along with a final Outline Business Case for the Specialist Emergency Care Hospital to fully approve the capital, and allow the Trust to progress to the next stage of development of the plans for these investments.