

REPORT TO MERTON SCRUTINY COMMITTEE

Report Title	Covid-19 Update
Report Date	19th April 2021
Meeting Date	26 th April 2021
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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 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 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 19th April 2021, Epsom and St Helier is caring for 8 in-patients with confirmed Covid across both sites. This now accounts for 1.4% of our inpatient capacity. Since the pandemic began, 2991 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 and prevalence 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
February 2021	266
March 2021	42
First two weeks in April	5

We currently have no critical care beds occupied by covid patients. We 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 during surge.

Trust Staff Deaths

Sadly, five 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 19th April all of our staff have been offered the vaccine and 81% of staff have 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.

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 offering tailored sessions for those who are vaccine hesitant. eg. Women who are worried about future fertility in addition to facilitating access to AZ vaccine where desired.

We have collected data to ensure that we understand where we need to support staff in increasing vaccine confidence. 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.

Infection Prevention and Control (IPC)

As the numbers of Covid positive patients continues to reduce, 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

The Trust recommended planned care to recommence beginning of April to allow staff to be rested ahead of launch. Divisions have commenced the implementation and delivery of individually tailored recovery plans on a specialty by specialty basis.

A significant amount of estates work has been completed or underway to facilitate the restarting of planned care, including the reconfiguration of our urgent care services including A&E and ITU for Covid and non-Covid patients, returning Covid wards to non-Covid wards and the de-escalation of our intensive care out of SWLEOC. There has been 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

We recognised that our colleagues were tired; many of which have been under significant stress during the pandemic. Recovery of services can only occur if our staff can recover and recuperate. We had an opportunity in March to support our staff before planned care activity escalates, we have therefore ensured that staff have had sufficient rest and the ability to take annual leave with ownership on the Divisional Directors to ensure that this opportunity has been given or scheduled with individuals. 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.

We continue to circulate regular communications to staff surrounding self-care and safe covid working practices. Our staff risk assessment process has been reviewed and remains ongoing to include assurance of adequate PPE supply and an active programme of Fit Testing including fit testing all shielded staff returning to work;

We have initiated a programme of work to support staff wellbeing including coaching surrounding supportive staff conversations in addition to individual and group support sessions. We continue to support staff to be able to work from home where practical. We are upskilling staff on an on-going basis in order to potentially return and redeploy staff to ITU/respiratory wards in the event of future surge.

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