

**Hampshire County Council Health and Adult Social Care Select Committee
6 July 2020**

Portsmouth Hospitals NHS Trust response to the COVID-19 pandemic

1. Introduction

The COVID-19 pandemic has had a significant impact on the delivery of NHS services. In response to national modelling and the local situation, we rapidly put in place a clinically supported decision framework as part of our preparedness plans. We followed all national guidance and worked closely with our partners across Hampshire and the Isle of Wight as part of a co-ordinated response to COVID-19.

We acted quickly to reconfigure areas of our hospital and changed many of our policies and procedures, acting in the interests of all of our patients and supporting individuals and teams across the organisation. We increased our critical care capacity by 150% and developed plans to be able to increase beyond this should the need arise.

We planned for worse-case scenarios and were able to respond to all the challenges that this first wave of COVID-19 presented. Early concerns amid changing national guidance around Personal Protective Equipment presented some challenges for operational and management teams but our staff were appropriately protected at all times.

Our response was facilitated across the Trust by teams and individuals working well together, with strong clinical leadership and engagement. The dedication and professionalism across staff groups continues to be exemplary. Colleagues across the Trust continue to be personally affected by the sad deaths of patients from COVID-19, and we are providing support for their physical and mental wellbeing.

Phase one of the national response included the planning and implementation of measures to tackle the first wave of COVID-19 and is described in more detail below. We are now planning for phase two and focusing on how we deliver for all our patients, both those with COVID-19 and those who need to access other services.

2. Current picture

As of 23 June 2020:

- There have been no COVID-19-related deaths at Queen Alexandra Hospital for 14 consecutive days
- We have cared for 572 inpatients with a positive diagnosis of COVID-19
- Sadly 229 inpatients with a positive diagnosis of COVID-19 have died

3. Phase one planning and implementation

Our incident response is governed through our command and control framework for decision making, as part of the ongoing national and regional incident management response. In accordance with national direction, we paused routine and non-urgent activity following a Clinically-led review and quality impact assessments of outpatient, day case and inpatient activity. This allowed us to re-purpose hospital space for COVID-19 activity and to free staff for additional training and redeployment. We created a capacity plan based on national modelling data and supported by detailed operational and workforce planning.

Working with our health and social care system partners across Portsmouth and South East Hampshire, the steps we have taken to provide care for all our patients during this incident include:

- In-line with national guidance, we prioritised the discharge of patients deemed medically fit.
- We are particularly grateful for the support of our partners in helping us to ensure the safe discharge of appropriate in-patients at the start of the pandemic period.
- We developed clinical pathways to reduce patients' attendance where not absolutely necessary, working with partners across the system. Access to mental health services was made available for patients through alternative routes of care. The minor injury service and outpatient blood testing have been temporarily re-located away from the QA site.
- We significantly increased virtual outpatient consultations by telephone and video.
- We worked closely with Hampshire and Isle of Wight acute partners to develop detailed plans for mutual aid if required, and to ensure consistency in clinical and operating rules.
- We re-purposed areas of the hospital to expand the number of critical care beds available for patients with COVID-19.
- We zoned our medical wards to reduce the risk of transmission of the virus, for patients and staff.
- We have continued to provide cancer and urgent surgery, with two COVID-free wards designated for this.
- We increased our capacity to test for COVID-19 significantly during April and expanded our service to include system partners, providing testing for patients, members of staff and their families.
- A national contract has been agreed with Independent Sector providers, funded by the Department of Health and Care, to allow the NHS access to increased capacity. As part of this arrangement, we have been able to temporarily use capacity at the St Mary's Treatment Centre (Care UK) and The Spire Hospital in Havant, to support ongoing access to time critical conditions.

4. Support for staff and patients

As part of our preparedness planning, we carried out more than 5,700 staff training sessions, to upskill and reskill individuals across the Trust. Many staff were redeployed outside their areas of expertise and normal scope of practice, supported by others and by the Trust to do so. We have been joined by colleagues returning to clinical work and by newly qualified colleagues. Support from our military colleagues has also been significant and much valued.

The health and well being of our staff is central to our planning and response and we have introduced a range of support:

- We follow all national guidance with appropriate action for groups of staff who are considered vulnerable with underlying health conditions or who are pregnant.
- Members of staff on our sites have appropriate PPE and social distancing measures. Those who are able to do so are working from home. We have also provided accommodation for members of staff who are living apart from their families.
- A staff support line and manager support line remain open seven days a week to provide advice, guidance and access to professional occupational health support and welfare services.
- A staff support pack has been distributed to all staff with access to counselling services, assistance programmes, salary finance loans and national NHS support services.

- We continue to engage with staff, asking them directly about additional services and support they would find helpful.
- We have been overwhelmed by the support shown to our staff during this period, with many donations of food, wellbeing gifts and gestures of support. The Portsmouth Hospitals Thank You Appeal launched by The Portsmouth News in April has now received more than £42,000 in generous donations which will significantly benefit staff through the provision of longer term support for their health and wellbeing.
- We took the difficult decision to suspend patient visiting, to reduce the risk of transmission of the virus, except in exceptional circumstances, and have introduced alternative methods to support patients during their hospital stay building on the work of our Patient Advice and Liaison Service. Staff and volunteer Family Liaison Officers provide support for families and patients facilitating video contact, telephone calls and email messages, with messages also played on hospital radio. We created a drop off and collection station for family and friends to drop off essential items, which are then delivered to patients on the wards.

5. Planning for the second phase

We are working within the national framework provided by NHS England to plan for the next phase of COVID-19. Our priorities are to continue to deliver urgent and cancer work while stepping up clinically determined routine work where capacity allows, while still maintaining our preparedness for additional COVID-19 patients especially in respiratory and clinical care. This will require significant changes to the way that we work, with added complexity as winter approaches. We are co-ordinating our response to this challenge with partners across Hampshire and the Isle of Wight using the framework set out nationally. We are also implementing recent government guidance for employers about workspaces, transport and other activities.

With significant uncertainties about the levels of COVID-19 we can expect to see, our next phase will require significant operational flexibility to deliver the levels of urgent and cancer care we anticipate, and additional more routine care that can be safely delivered for patients.

Our planning is clinically led and provides the opportunity to work with our system partners to maintain some of the changes introduced in the first phase that have delivered improvements in patient care, including alternative pathways and virtual consultations to reduce the requirement for patients to attend the hospital.

We continue to support national communication messaging throughout the crisis response, emphasising to our local communities the measures needed to reduce the prevalence of the virus. In more recent weeks, we supported national campaigns to encourage people who do need to access NHS services to overcome any reluctance and not to delay seeking treatment for potentially serious conditions.

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