

**Hampshire Health and Adult Social Care Committee
Portsmouth Hospitals University NHS Trust update
10 November 2020**

Trust response to COVID-19

1. Introduction

This paper provides an update on our response to the COVID-19 pandemic, which remains a priority for the organisation, including progress against national requirements for the third phase of the response to the pandemic

As of 29 October 2020, local prevalence of COVID-19 is continuing to increase in Portsmouth and is currently above the national average. However, the rate of cases locally remains lower than other parts of the country which are under the tightest local COVID alert level restrictions. The Portsmouth area is currently classified at medium alert - the lowest local COVID alert level - and restrictions locally remain unchanged.

We continue to follow all national guidance related to COVID-19 as we closely monitor and respond to emerging evidence about the virus, prevalence and impact. Regular Gold Command meetings are ongoing and we have stepped up our Silver Command meetings in light of the increase in prevalence locally. We are ready to step up our command structure further in response to any escalation of the situation locally.

We continue to work closely with our partners across Hampshire and the Isle of Wight to respond to the COVID-19 pandemic.

2. Third phase progress

On 31 July 2020, Sir Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, set out NHS priorities for the third phase of the response to COVID-19, as follows:

- A. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the “window of opportunity” between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally
- C. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention

Our current progress against each of these three priorities is as follows:

A. Accelerating the return to near-normal levels of non-COVID health services

We have prioritised the delivery of urgent and care work throughout the COVID-19 pandemic, and all of our services are fully operational. The safety of our patients remains an absolute priority. We continue to clinically review all of our patients and prioritise patient safety for those who are clinically urgent with a secondary consideration of the length of time that a patient has waited.

We continue to utilise independent sector capacity, maintaining high levels of advice and guidance to support GPs and in support of our outpatient service delivery. We are continuing virtual outpatient clinics where appropriate and are making good progress.

B. Preparation for winter demand pressures

We are building on a number of changes made in response to the COVID-19 pandemic for the benefit of patients. This includes working with our partners across the local health and care system to ensure that patients are supported to access the right care in the right place at the first time, potentially reducing the length of time it takes for patient to receive care they need. This in turns helps us to maintain social distancing, reducing the risk of COVID-19 transmission.

During the pandemic we continue to support patients to access the most appropriate service for their needs, including signposting patients to a local Minor Injuries Unit or Urgent Treatment Centre where appropriate. Mental health pathways developed support patients to access appropriate care without needing to visit the Emergency Department at Queen Alexandra Hospital (QA) first and the continuation and further development of our Same Day Emergency Care pathways also support patients to access the right service the first time.

Working with our health and care partners we continue to make good progress on the 111 First pilot initiative which provides an additional, more convenient way for patients in Portsmouth and South East Hampshire (PSEH) to access urgent care.

Patients in PSEH are encouraged to call 111 first before attending the Emergency Department at QA if they need medical help but it is not a life-threatening emergency. An advisor will direct them to the most appropriate service for their needs, such as their GP, a local pharmacy, urgent treatment centre or minor injuries unit, or can book the patient a time slot to attend ED if appropriate.

The national policy and operating model for hospital discharge, which was updated in August, builds on much of the good practice developed during the COVID-19 response to avoid delays for patients who are medically fit for discharge. We are working with our health and social care partners to embed the requirements and these changes form a core part of our readiness for winter.

We continue to work to discharge as many patients home as possible when they , have received all of the acute care they need. For those who require some form of ongoing care, we continue to work closely with our health and care partners to jointly provide temporary “step down” accommodation for patients discharged from QA following treatment for COVID-19 who are well enough to leave hospital but not yet well enough to return home. This accommodation is provided at units at Harry Sotnick House in Portsmouth and the Clarence Unit at Woodcot Lodge in Gosport. Patients discharged to these facilities are initially cared for in isolation for a 14-day period to minimise the risk of the spread of any infection. They are supported by a dedicated team of nurses, physiotherapists, occupational therapists, social workers and skilled care staff who work with them to plan their rehabilitation, recovery and onward care. This forms a key part of the ongoing safe discharge model and we are working in partnership to continue to provide these services.

We are working continuously to ensure our services remain fully accessible to all. We recently held a deaf awareness learning event as a result of patient feedback to enhance understanding among individuals and teams of the potential needs of patients who are deaf or hard of hearing to support improvements to patient experience. In response to the work initiated by the High Intensity User Group we have also introduced Standard Operating Procedures for patients with specific, complex mental health needs to enhance the care we provide to these patients.

We continue to enhance the support available to patients with learning disabilities who are admitted to QA, including helping to ensure that patients can be discharged in a more timely way having received all of the acute care they need and ensuring their specific needs are recorded in a “hospital passport”. We remain vigilant to safeguarding issues and continue to make referrals to appropriate services as required, ensuring that we support with skilled staff in our clinical areas.

We comply with all national guidance related to visiting and keep this under constant review, recognising that there is a changing picture of COVID-19 prevalence locally, and will make any further changes as required.

Meanwhile our Family Liaison Officers (FLO) service introduced as part of the first phase of our COVID-19 response to enable patients to stay in touch with loved ones has proved so successful that a FLO team has now become a valued part of our workforce. The team continues to build on this initiative for the benefit of patients, their relatives and carers, supporting everything from virtual weddings to anniversaries, video calls and text speak, which enables those with impaired speech and/or hearing to connect with loved ones.

Flu vaccination programme

Our flu vaccination programme is progressing well and as of 29 October more than 66% of individuals working across the organisation have been vaccinated against the virus to help protect our patients, loved ones and themselves and ensure that we are as resilient as possible this winter. We continue to encourage all colleagues to ensure that they are vaccinated as soon as possible and are providing regular opportunities for colleagues to have the flu jab in their ward or department or at one of our regular clinics as part of our flu campaign.

C. Action on inequalities

The health and wellbeing of every individual working across the organisation remains a priority. We have dedicated support in place for teams, including structured debriefs where appropriate. We provide a wide range of support covering emotional, physical, social and financial wellbeing, and have increased the support available to all staff further during the COVID-19 pandemic. A detailed Staff Support Pack is available to all staff, which includes information about the psychological and wellbeing support available to staff 24 hours a day, seven days a week.

Our Staff Support Line and Manager Support Line continue to be open daily to provide advice, guidance and access to professional occupational health support and welfare services. This ensures that we can co-ordinate and monitor actions introduced to support colleagues, helping us to enhance the resilience of our workforce. We have extended both our staff and manager support lines to run until at least March 2021.

We have built on the work we undertook in-line with national guidance to carry out risk assessment for groups of staff who are at higher risk due to pregnancy, age or underlying health conditions. Our colleagues from ethnic minority have been supported to complete a work health assessment with their manager with any issues acted on, and this has also been introduced as part of the new starter process.

The national NHS People Plan has been finalised and we continue to work closely with our partners across Hampshire and the Isle of Wight to identify and act on system-wide opportunities in support of our response to the pandemic.

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