

**Portsmouth Health Overview and Scrutiny Panel
Portsmouth Hospitals University NHS Trust update
19 November 2020**

1. Trust response to COVID-19

1.1 Introduction

The COVID-19 pandemic remains a priority for the organisation, including progress against national requirements for the third phase of the response.

As of 6 November 2020, prevalence of COVID-19 locally and nationally is continuing to rise. We are caring for an increasing number of patients with the virus at Queen Alexandra Hospital in Portsmouth.

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 chaired by our Chief Executive are ongoing and we have enhanced our Silver Command meetings in light of the increase in prevalence of the virus locally.

We have plans in place to step up our command structure further in response to any escalation of the local situation.

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

1.2 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.

2. Building Better Emergency Care Programme

2.1 Background

Our five-year Trust strategy, *Working Together*, sets out our ambitious vision: “*working together to drive excellence in care for our patients and communities.*” Launched in July 2018, the strategy responds to national, local and organisational priorities, identifying the key areas we are focusing on to improve and build on the high-quality services we already provide.

The need for emergency care pathways to be transformed, working in partnership with local health and care organisations, is identified as a key deliverable in our Trust strategy. Building Better Emergency Care programme (BBEC) has been developed to deliver this transformation, working in collaboration to design a sustainable clinical model to deliver safe, effective, efficient, timely and patient centred emergency care and the associated clinical, workforce and estates changes that are required.

The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that have contributed to delays for patients attending our Emergency Department (ED) over a number of years. Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors or staff.

In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at QAH in December 2018, subject to standard business case approvals, providing an opportunity to transform the way we deliver emergency care with modern, fit for purpose accommodation.

2.2 Developing a new model of care

We know that simply providing a new facility will not enable the Trust and the Portsmouth and South East Hampshire system to make the improvements needed for patients in our communities. This capital investment provides an opportunity to redesign how unscheduled and emergency care is provided:

- working with our partners, clinicians are designing a sustainable new clinical model that will support the timely assessment and care of all patients requiring emergency care, minimising handovers, duplication and delays.
- the new ED is being designed to deliver this new model of care, providing modern facilities and capacity to meet national standards standards and promoting a positive experience for our patients and staff, while being flexible for the future.
- reconfiguring urgent and emergency care facilities at QAH will maximise productivity and efficiency of the urgent and emergency care pathway, streamlining the flow of patients through ED and beyond.
- meanwhile we are making continuous improvements day-to-day to help ensure that patients receive the right care, in the right place, at the right time.
- we continue to work closely with our health and care partners to make sure people have appropriate alternatives to ED and that the right care is available when people no longer need hospital care.

The clinical model is being redesigned against a set of core principles that provide the framework for all decision making on pathways, processes, workforce, digital and estates options:

- 7-day specialty model
- 7-day access to diagnostics and reporting
- 24-hour, 7-day access to assessment and initiation of treatment by a senior decision maker
- All patients will be managed on a same day emergency or outpatient pathway unless/until requirement for admission to hospital
- Pathways will maximise first place admission under an appropriate specialist, minimising handoffs and handovers of care unless clinically justified
- Emergency workflows separately planned and resourced to allow sustainable delivery of emergency and elective activity

The programme will deliver safer, more timely care, greater efficiency and an improved experience for patients, visitors and staff.

2.3 Approval of Strategic Outline Case

We have recently shared positive news with committee members that the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, has now approved the Strategic Outline Case for the Building Better Emergency Care programme, which is the first step in the approvals process.

2.4 Appointment of Preferred Supply Chain Partner

The Trust has followed the national framework for selecting a contractor and is pleased to have now appointed Integrated Health Partners (IHP) following confirmation from the Department of Health and Social Care. IHP, a partnership between Vinci Construction UK and Sir Robert McAlpine, will work with us through the detailed design and building stage of the programme. The team is highly experienced in delivering complex schemes across the NHS, including Emergency Departments, and we are delighted to be working with IHP.

2.5 Identification of site

The Trust has undertaken detailed option appraisals to identify the most appropriate location in the QA site to design and build the new facility. A range of criteria have been considered to inform the outcome:

- sufficient space to accommodate the physical requirements to deliver the clinical model
- adjacencies and travel distances to other essential services within the hospital
- phasing & timing – whether multiple decants and moves will be required to create space for a new facility prolonging the timetable
- disruption to essential clinical services during construction
- implications for amendments to site infrastructure (eg provision or re-routing of utilities) and subsequent budget available to spend on clinical accommodation
- budget implications (for example if underground services need to be re-routed).

The East Car Park, which provides parking for staff, has been identified as the preferred location to be taken forward, subject to planning approvals. All patient car parking impacted

by this development will be replaced on the hospital site, and a traffic solution will be included as part of the design.

2.6 Timeline

Timelines and processes continue to be subject to NHS England and NHS Improvement and HM Treasury approvals processes. The Trust is planning towards submitting the Outline Business Case in early 2021 and is involving patients, communities, staff and stakeholders to help shape our plans. Timings are subject to approvals timescales and the potential impact of the ongoing COVID-19 pandemic, however it is currently estimated that the new facilities will open to patients in 2024.

2.7 Making improvements every day

We continue to work closely with our health and care partners in Portsmouth and South East Hampshire to make improvements every day to ensure that right care is available to patients once they have received all of the acute care they need, and that patients can get the right care in the right place, at the right time.

The Trust, South Central Ambulance Service NHS Foundation Trust (SCAS), Primary Care Alliances, out-of-hours-providers and local Clinical Commissioning Groups (CCGs) continue to work in partnership to provide an additional, more convenient way for patients to access urgent care at Queen Alexandra Hospital via the 111 First pilot initiative.

Under the initiative, if a patient in Portsmouth and South East Hampshire needs urgent care but it is not a life-threatening emergency, they are encouraged to contact 111 first. An advisor will direct the patient to the right service for their needs, such as your GP, local pharmacy, urgent treatment centre or minor injuries unit. Calling 111 first helps patients to access the right care in the right place at the right time and helps us keep patients and their loved ones safe by maintaining social distancing. Patients who call 111 and are assessed as needing urgent care may be offered a booked slot to attend the Emergency Department where appropriate.

No patient will be turned away from our Emergency Department and anyone who is experiencing a medical emergency should still attend or call 999.

2.8 Patient and public engagement

The capital investment will enhance the current provision of services, rather than changing their nature or location. We will carry out engagement in the coming months to inform the clinical model and the design principles that will underpin the new facilities. In later stages there will be wide-ranging engagement activities to inform the detailed design and we are committed to continuing to engage with patients, the public, staff, committee members, partners and our communities

2.9 Wider improvements to the Trust estate

We continue to work to maintain and improve our buildings facilities and the environment for the benefit of patients, visitors and staff in-line with our Trust strategy, ensuring that we deliver flexibility for the future.

As part of this we are planning to increase the number of acute beds available on the QA site for patients to provide additional resilience to our bed base, resulting in:

- reduced bed occupancy
- continued improvements to waiting times for patients
- reduced pressure on emergency services, consistent with the urgent care improvement plan for Portsmouth and South East Hampshire
- accommodation outside of peak demand to support backlog maintenance works by our Private Finance Initiative (PFI) partner

Subject to relevant approvals, the scheme aims to provide an additional 72 beds at QA supported by £10m of the £48m funding from the Department of Health and Social Care, secured as part of the Isle of Wight NHS Trust's Acute Services Review Strategic Outline Case. This is key to increasing resilience as part of our existing partnership with the Isle of Wight NHS Trust (IWT).

We are developing a package of measures to help alleviate traffic congestion, manage demand for parking and promote sustainable travel. A number of proposals are being considered to expand or re-provide parking spaces to ensure availability for those who need it most. We also continue to work closely with Portsmouth City Council and the University of Portsmouth on sustainability initiatives to tackle challenges around climate change.

We are also making improvements to enhance the physical environment across the site to increase biodiversity and improve the experience of our patients, visitors and staff. Works have recently started to develop two of the hospital's outdoor spaces for the benefit of patients, visitors and individuals and teams across the organisation. The projects are funded by the Portsmouth Hospitals Charity Board and support our vision for the estate to deliver an environment that supports the best possible standards of care and experience for our patients.

2.10 Further updates

We will ensure that committee members are regularly updated and The Trust would be pleased to provide further updates as required.

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