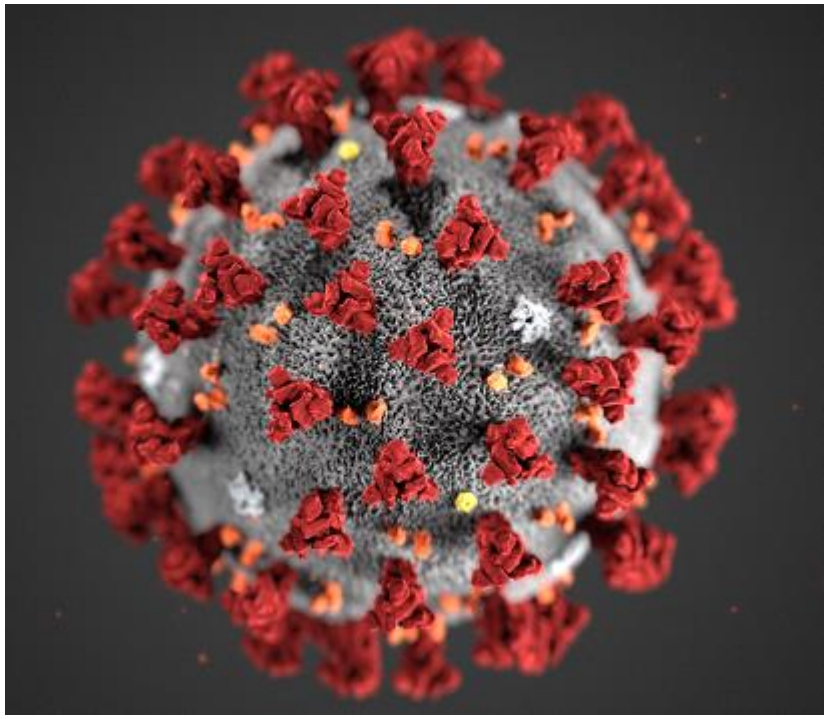


Solent NHS Trust response to Covid -19, plans for restore and recovery approaches - update for Southampton HOSP June 2020

Background - Preparation for Pandemic

As the COVID-19 pandemic approached in early March 2020, at Solent NHS Trust we made sure we were ready to deal with challenges that the national modelling indicated were coming.

Our **Emergency Planning Response** plans were stood up and we moved into command and control arrangements with an early establishment of an internal **Gold Command** structure which included support tools such as a business intelligence dashboard, which included a whole Trust bed stock management tool, PPE stock control trackers and workforce availability models.

Building on our 2017 Winter contingency plans – we have an established methodology for a risk based approach to curtailment of services to create additional capacity and capability in the event of crises, which we adapted for use in this instance.

We conducted an **early and rapid refresh of Business Continuity Plans -** based on potential staff absence rates of 20%, 30% and 50% (completed just before crises struck).

To prepare our people for what was expected to come, we took measures to:

- Redeploy staff internally where activities reduced or ceased to focus on areas of increased capacity requirements
- Recruit additional staff to our Bank – retirees and returners
- We instigated an upskilling, side-skilling and retraining programmes – for returners and redeployed staff, and
- Increased flexibility on working patterns, annual leave and workplace

Procurement and Commercial

- **Equipment and PPE:**
  - Established three PPE hubs at main Solent sites
  - Volunteers identified to support distribution of PPE
  - PPE stock monitoring processes established
  - Processes in place for out of hours access to PPE
  - Equipment ordering, monitoring, reporting and logistics implemented for additional community bed capacity
- **Single Directory of Services** established on SolNet, updated daily with service changes approved through QIA
- Processes implemented to ensure **commissioners and other stakeholders have latest information about service changes** approved through QIA
- Arrangements in place for staff access to **hotels and patient transport via taxi,** where needed

Quality

- **Mini-Quality Impact Assessment (QIA) process**
  - implemented for Solent services (inc. corporate functions) – with and linkage to wider system QIA for more complex schemes
  - Centralised commercial capture of service adjustments
  - Linkage to Recovery programme

- **Ethics Committee**
  - Established with Non-Executive Director membership
  - Reporting into Quality Review Group, Assurance Committee and onto Trust Board

- **Safe Staffing reviews** with Chief Nurse
- All changes to staffing models have been taken through QIA process and signed off by Chief Nurse
- Chief Nurse safe staffing discussions with Band 7 & 8A clinical managers/matron's
- Staffing models for new clinical areas reviewed and signed off by Chief Nurse
- Emergency staffing guidance in development for teams
- All changes to skill mix and ward establishments reviewed by Chief Nurse and Chief Medical Officer in line with QIA process

Operational Service Delivery

On 19th March 2020, we received guidance from NHSE/NHSI setting out National Guidelines for Prioritisation for Community Services in preparation for the Covid-19 pandemic. Broadly, this guidance set out the following requirements:

- Support the immediate discharge of patients from acute and community beds and ensure patients cared for at home receive urgent care when they need it
- By default, use digital technology to provide advice and support to patients wherever possible
- Prioritise support for high-risk individuals who were advised to self-isolate for 12 weeks
- Apply the principles of mutual aid with health & social care partners, as decided through the local resilience forum

A detailed checklist of all key services was provided together with a recommendation of what action was recommended (cease – reduce – amend – continue)

Guidance was to apply from 19th March to at least 31st July 2020

Operational Service Delivery in Practice

There was a requirement to review all of our services and reduce, cease or move the work according to the national guidance:

- **Group work was required to cease for patient and staff safety**
  - *This was the case for services such as Pulmonary Rehab, COPD, Diabetes and Cardiac Rehab. Due to the social distancing rules and the potential impact on these vulnerable patients, it was deemed unsafe to have them congregate in a room for these activities. Telephone contact has been maintained with these patients to allow them to share any concerns and to help them feel more supported.*

- **There were less face to face appointments (assessments & follow up) and more use of technology including remote video consultations, telephone appointments and remote patient monitoring**
  - *Teams such as Bladder & Bowel, CAMHS Psychiatry, Tissue Viability, MSK services, TB, Stoma, Diabetes, COPD & Cardiac moved to telephone or video appointments to reduce the risks to both patients and staff. Where face to face is necessary, appropriate PPE is worn by staff and all safety precautions are followed.*

- **Non-urgent, routine work was paused to release capacity in anticipation for the COVID demand, some activity was unable to continue.**
  - *Vocational Rehab was ceased to allow the staff to focus on more urgent tasks, School Nursing and School Aged Immunisations were unable to continue when the schools were closed although arrangements are in place to maintain support for vulnerable children. Routine referrals for CAMHS were paused although urgent ones are still being seen*

Operational Service Delivery in Practice (cont.)

- **Services prioritised those patients of highest risk and worked in collaboration with other providers in partnership working to respond to the required changes in service delivery or who helped take on some of the essential but lower level work to release higher skilled capacity where it was needed.**
  - *Across the city and including Solent, GP surgeries aligned themselves to deliver a hot & cold hub in each locality to minimise the risks to patients and staff. Community Nursing reviewed it's entire case load and enlisted the support for the less complex work from Solent Medical Services (SMS) for tasks such as phlebotomy and insulin administration.*
  - *We have had effective joint working with Southampton Primary Care Ltd (SPCL) and Countess Mountbatten Hospice (CMH) to support the Palliative Care Pathway*

- **Some staff were moved from their usual roles and redeployed to support the COVID demand preparations as some key areas were strengthened to support the drive for admissions avoidance and earlier discharge of patients from hospital.**
  - *Crisis Response (formerly Urgent Response) staffing was strengthened with additional resource to increase their ability to prevent admission and facilitate early supported discharge at greater scale.*
  - *Solent's community beds were increased by the repurposing of the Adelaide Health Centre into an inpatient ward with the potential capacity of 72 beds in the event of a surge.*
  - *The Palliative Care pathway has been strengthened to ensure a robust service delivery in collaboration with SPCL & CMH.*

Provision of Additional Capacity

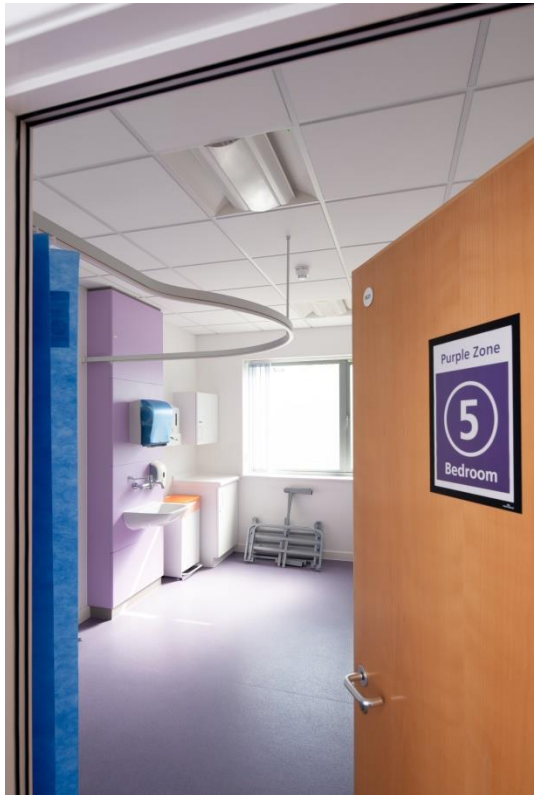
In order to prepare for the predicted surge in COVID 19 patients, the Trust stepped up to the challenge in both the Royal South Hants Hospital (RSH) and the Adelaide Health Centre (AHC).

RSH wards (Fanshawe & Lower Brambles), which usually provide a step down rehab facility, were set up to be ready to take those patients who would usually be in an acute setting but who could safely be discharged from UHS but still need oxygen as all Solent beds at the RSH have a piped oxygen supply. This increased the Level 1 (sub acute) bedded capacity in the city

AHC has been repurposed into bedded wards which could take up to 72 patients in the event of a surge. These would be for patients who are well enough to leave hospital but not quite ready to go home.

The anticipated surge did not arrive as expected which is great news. We have taken the opportunity this created, using the additional beds created at AHC, to temporarily close Lower Brambles ward (until August) in order to conduct some much needed infrastructure repair and refurbishment to enhance future patient experience and in particular implement improved infection prevention and control in that ward.

Adelaide – Ready for Patients



Recovery & Restoration

As part of our overall COVID-19 response, in the second week of the crises we started to think about our recovery planning.

There is a delicate balance between how we safely turn services back on at the same time as maintaining the agility to flex up & down depending on COVID-19 demands as lockdown restrictions are lifted, in particular cogniscent of the risk of a second wave .

We have framed our thinking through the lens of:
Workforce
Infrastucture – Estates, IT and equipment
Training
Stock (inc. PPE)

And we challenged ourselves to think about:
Culture and behaviours – the good, the bad and the ugly
New ways of working – especially technology as a people change programme
What has gone so well that we must keep doing it, grow it, share it etc.
What things do we definitely need to go back to – will they look the same as before or different
What have we stopped doing and would never go back to

Recovery programme – Trust workstreams:

NHS Solent NHS Trust

Learning and governance:

- Programme governance
- Clinical leadership, governance, safety and ethics
- Corporate governance
- Learning and research

Service delivery:

- Patient needs, outcomes and experience
- Commissioned activity
- Service remodelling and transformation
- Capacity and demand
- Safe staffing

Workforce and OD:

- Occupational health and wellbeing
- Leadership resilience
- Workforce deployment and team dynamics
- Learning and development
- Culture and behaviours
- Volunteers, returning staff, students and community support

Relationships and strategy:

- System change and integration
- Patient communications
- Staff communications
- Stakeholder management
- Media
- Community engagement

Enablers:

- Commercial and procurement - Communications - Estates and FM - Finance
- IT & IG - Medicines' Management - People services and OH - Performance and patient systems

Learning

Learning

- Ongoing live evaluation and mixed methodologies
- Series of ongoing evaluations that will feed into overarching report
- Weekly summary of key themes presented to Ethics Committee and to Trust executives
- Urgent issues escalated to Gold Command
- Summaries shared via our website, via comms and social media for the Trust

Summary of learning aims:

1. Capture **what has happened and what went well or not so well**. Findings used to inform ongoing learning and change (findings recorded to identify similar reoccurrences and share learning)
2. **Listen to the experiences of our staff and our patients** to adjust and respond accordingly
3. **Recognize good practice and good ideas**, **we share it and we say thank you -** where things are better, we make sure we know how and why so that we can continue with this when we return to more normal practice
4. **Pay constant attention to all of our patients** - think about how services may need to adjust to meet different needs the crisis continues. Including those affected by COVID -19, and those that have not be affected, but still need our care
5. Where we **develop new services or approaches to care**, we look for the best evidence to inform decisions and continuously measure impact.
6. **Ongoing learning methodology then informs our recovery**.

What have we learned?

NHS Solent NHS Trust

Workforce

- Highly motivated & engaged staff, low sickness and a real willing to flex and work differently to meet the needs of the patients and the necessary changes to service delivery
- Challenges in maintaining the momentum over the longer duration; risks of burnout, fatigue and concern over patients long term outcomes as a result of the changes in service provision over this period

System Relationships

- True multi-disciplinary / multi-provider engagement at all levels. True collaboration across the system. Removal of traditional barriers and bureaucracy.
- Engagement across Primary, Community and Secondary Care providers, as well as Social Care and the Voluntary Sector

Technology

- Use of telephone and video consultations to enable contact to continue with patients in lockdown. Well received by patients and their families
- Use of tablets on the inpatient wards to maintain patient contact with their families when visitors were not permitted to visit.
- Creation of video & YouTube content to support advice and treatment plans
- Zoom & Microsoft Teams has enabled an element of group work

Priorities for Restoration

Community – Solent - Adults

- Our Inpatient rehab offer (older persons/general rehabilitation and our specialist rehabilitation units) remain operational; key in supporting the system and impacted by any increasing activity (elective and non-elective) in the acutes, of particular note is the impact of covid on the rehab requirements that we are seeing, and lack of rehabilitation occurring in acute settings pre-discharge, which may impact on Length of Stay.
- Our home based Rehab offer - the community rehab service has continued in a combined role with urgent response. It will need to address the long term rehab needs of people with COVD disease and will have an important part to play in averting admissions as we move into the winter period.
- Community nursing and palliative care – services continue to operate, offering support to house bound patients and supporting care homes and hotels. Community nursing is a key supporting service that will need to be considered when restarting activity in primary or secondary care. The service is operating a reduced service provision due to the national guidance, and will return to normal provision in a phased approach in line with national guidance, and PPE availability. The service has diverted its resources to deliver palliative care to patients dying of COVID related disease in collaboration with SPCL
- Urgent Response services continue to support rapid discharge to home and other settings from the acute trusts; supporting patients to remain at home. Similarly to community nursing, this service is operating a reduced service provision and will return to normal provision in a phased approach in line with national guidance. There will be a need to remain fully operational at an enhanced level to support the enhanced care needed to facilitate rapid discharge from UHS including oxygen therapy in some, extended rehabilitation for many.
- Specialist Community Services (Diabetes, Cardiac, Respiratory, Tissue Viability and Neuro) have continued to operate, though with reduced provision, which will ramp up similar to our other community services.
- Our MSK, Podiatry, Pain and Rheumatology services have continued to operate throughout the pandemic; all service offers could be expanded to incorporate increased face to face assessments, dependent on national guidance, staffing and PPE availability.

Priorities for Restoration

Community – Solent – Childrens Services

- Key priority is CAMHS, urgent and priority referrals including DSH rota.
- There are interdependencies with UHS, i2i, Hampshire CAMHS.
- Health Visiting – New birth visits
- Public health Nursing, Wellbeing and child protection contacts in Schools – key, but very dependent on how and when schools reopen
- Coast 111 Service for the Southampton area; Extended hours over the weekend and an integrated 111 service

Next Steps – Planning for the Future

What will we do?

- Understand how we can fully resume services alongside Covid and remain agile enough to respond in the event of a second wave
- Harness the exceptional system collaboration and use of technology to meet the changing needs of the population in the future
- Ensure that we support our workforce to maintain their engagement and resilience; helping them adapt to the new ways of working and accommodating those with additional needs or protected characteristics
- Continue to work with our patients and service users to co produce the blueprint for the ‘new normal’ health and social care provision in the city.