

Briefing note:

Southern Health's response to coronavirus epidemic: update 7

Introduction

As a result of the coronavirus pandemic, Southern Health (along with all other NHS organisations across the country) has had to adapt its healthcare services to protect patients, staff and local communities.

During these unique times, our aim has always been to provide our local overview and scrutiny committees with regular updates on all those healthcare services where changes have been necessary as a result of the national crisis. We have either done this through Southern Health specific updates or through the system-wide updates which have been provided to the committees over the past year. This paper is the latest in a series of Southern Health specific updates.

Current position: overview

A hugely successful vaccination programme, coupled with the 'hands, face, space' and lockdown measures we have all been following in past months, appear to be winning the battle against coronavirus in the UK. However, worldwide there is still much cause for concern and, with a growing number of variants now affecting parts of our country, now is not the time for complacency. We know that people with COVID-19 can have very mild symptoms or none at all, transmitting the virus to others without being aware of it - and so Southern Health, along with other NHS Trusts, will continue doing things differently than we did prior to the pandemic for some time to come.

With this in mind, Southern Health's IPC (infection prevention and control) team introduced a 'road-map' back in April that mimics the Government's timescales to lifting restrictions on social activities. It includes guidance on:

- patient and staff meetings
- visiting loved ones in hospital
- inpatient activities and communal dining within our units.

The purpose was to help build clarity for our staff and patients around restrictions and show what the Trust will be working towards. It is important to remember that although restrictions may be lifting for the public in the near future, restrictions are planned to remain in place within healthcare for the foreseeable future (past 21 June) – such as social distancing, room ventilation and the use of masks and PPE.

Below are some of the road-map graphics we produced as quick reference guides for the planned changes:

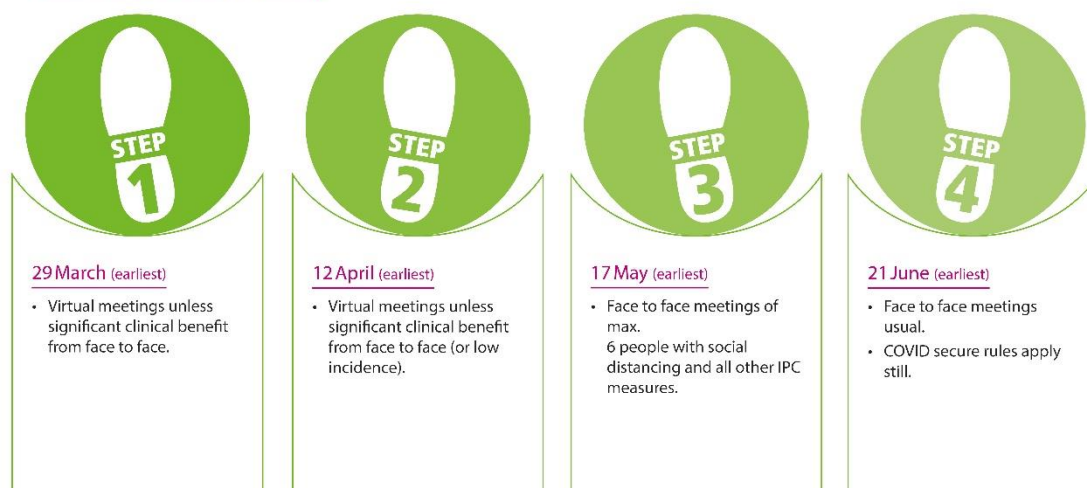
OUR VALUES



Face to face patient meetings



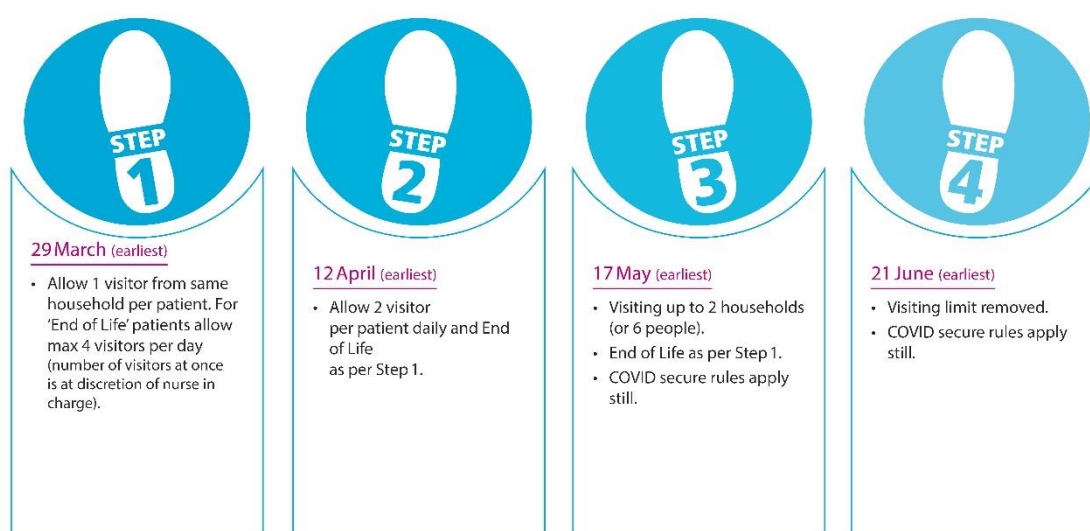
The dates below are a guideline and subject to change. You will be informed when we move to the next step.



Visiting



The dates below are a guideline and subject to change. You will be informed when we move to the next step.



As you can see from this road-map, face to face patient appointments and hospital visiting should both largely return to pre-pandemic status by the end of June*, albeit with IPC measures in place to continue to protect staff and patients alike.

** This could be subject to change, based on the latest Government and scientific advice.*

Workforce

As a result of the vaccination roll-out, we have been able to administer the first COVID-19 vaccine to 90% of our 6000+ eligible workforce and 76% of our staff have had their second dose too (as of 3 June 2021). We also continue to test our frontline staff on a regular basis to protect both them and our patients.

To support our frontline teams, we stepped up our health and wellbeing initiatives for our hard-working staff and continued to undertake additional recruitment activity. Indeed, despite COVID-19 challenges, we have not just maintained but increased our workforce numbers.

An additional 470 staff have been employed in the Trust in the last two years including 98.85 FTE (full time equivalent) nurses, 50.4 FTE doctors and 125.94 FTE health care support workers. Additionally, staff turnover (excluding fixed term contracts) has reduced by 25% over the past two years from 16.2% in April 2019 to 12.1% in March 2021.

We have also adapted our recruitment model in response to COVID-19 and have further reduced the time from advert to start date from 12.08 weeks (March 2020) to 10.28 weeks (March 2021). These recent changes have complemented a programme of work that began in August 2018 when the average time (for new recruits to start with the Trust after an advert had been placed) was 14.78 weeks.

In addition

Two of our staff have been involved in articles written about the coronavirus pandemic.

There is a [unique blog from Jacky Hunt](#), our Lead Nurse for Infection Prevention and Control, reflecting on key moments and emotions from the past year as she helped to manage the spread of COVID-19 and keep patients and staff safe.

Additionally, Nursing Times published an article written jointly by Mencap and Becky Sparks, one of the Trust's Strategic Health Facilitators and a Registered Learning Disability Nurse. The article was about supporting people with learning disabilities to get the COVID-19 vaccine, and can be read [here](#).

Service Changes

Most of our services have returned, or are returning, to 'business as usual' after the second, more severe wave of the pandemic in early 2021. However there are a number of pressures that remain to be managed. These include the backlog of routine care appointments, the impact of isolation and stress on the local population's longer term mental health (and the impact of this on our services), and of course the welfare of our staff who have been working longer and harder than ever before.

The following bullet points set out the work we are undertaking in this context:

- A review of patient caseloads is already underway.
- We are also reviewing all the work that we stopped doing during the first and second wave of the pandemic - and what the impact of that was.
- We are evaluating service changes from a patient and quality impact perspective (this includes looking at positive digital innovations we've introduced since the pandemic started).
- We have been recommencing services using a clinically led risk based approach.
- We plan to increase capacity in mental health services, to manage the impact of social isolation and post Covid19 patients, including suicide risk.
- We continue to develop our care home response and our offer to primary care networks as part of a 'single team' approach and in relation to integrated intermediate care plans.

- We are continuing to support system analysis and modelling as well as internal demand and capacity modelling – particularly on unmet need and any post lockdown surge.
- We have put into place longer term support for our staff's health and wellbeing.

When?

Service changes earlier this year took place with immediate effect and these were communicated to our overview and scrutiny committees (over the January to March period). As we now experience the second recovery phase, we are keeping you updated of the measures we are taking to safely restore services. This has been (and will continue to be) a gradual, service-by-service process as teams undertake localised risk assessments and patient engagement to step up services.

Engagement Activity & Next Steps

We continue to work closely in partnership with our CCG colleagues and those across the local healthcare and social care system to agree and implement future changes, as we focus on the second recovery phase of our Covid19 response.

We have also been working with our local teams to encourage them to share any necessary service adaptations and/or return to 'business as usual' with patients and carers as quickly as possible and to offer support and guidance.

Additionally, the Trust's communications team continues to share messages regularly on Southern Health's website and across our various social media channels.

Any questions?

If you have any questions, please contact Grant MacDonald (Southern Health's Chief Operating Officer) or Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: grant.macdonald@southernhealth.nhs.uk / heather.mitchell@southernhealth.nhs.uk.

Additional Updates from Southern Health

Although unrelated to our COVID-19 update for HASC, we thought the committee would be interested to note several additional short updates from Southern Health:

Southern Health appoints new Medical Director

We are delighted to announce that we have recently appointed Dr Steve Tomkins as our new Medical Director.

Steve, who joined the Trust last month, began his career as a GP in Christchurch before acquiring significant experience in clinical leadership roles in the Dorset healthcare system. Most recently he was the Medical Director for Dorset Healthcare, a neighbouring and fellow mental health and community Trust, where he helped the organisation achieve its 'outstanding' CQC rating.

Steve is a huge advocate of self-care - wherever possible enabling people to take control of their own health, building the skills necessary to live their healthiest lives - and he was instrumental in helping to set up the first self-care team in the UK. He has also taken a key role in enhancing access to mental health support, including

through Retreats, a 24/7 phone line and increased mental health expertise in primary care. During his career, Steve has held various roles at Dorset CCG including Chair of primary care locality and Lead for workforce, education and integration. He is also a Programme Director at Wessex Deanery and used to work as an educator, helping doctors become GPs.

Review of Southern Health concluded

In February last year, NHS Improvement published an investigation report after Nigel Pascoe QC independently reviewed the historical cases of four people who died in Southern Health's care between 2012 and 2015. The report recommended a second stage process to look at how the Trust has improved in the intervening years and the further developments that we are planning to make.

This second stage took the form of a series of virtual public hearings which were held in March and April. The hearings focused on where the Trust is today in relation to key themes identified in the Terms of Reference (outlined [here](#)). Staff from our Trust provided evidence and responded to questions from a panel of experts. Patients and carers were also invited to share their experiences of care at Southern Health. Following the conclusion of these hearings in late April, a final report is now being produced by the panel. It is expected to be published in late July and will be shared on our website.

An update on our mental health wards

A number of refurbishments are underway across our estate, to replace dormitory provision with more en-suite accommodation for greater privacy and a more therapeutic environment. On Poppy Ward (at Gosport War Memorial Hospital) these refurbishments will be completed by mid-June and at Parklands they are set to finish by the end of July. The next phase of refurbishments at Gosport War Memorial Hospital (on Rose Ward) are likely to be complete by September this year.

In addition to this refurbishment work, we also briefed the Committee in January 2021 on our ambitious plans to create additional mental health beds across Hampshire:

- A new 10-bed female psychiatric intensive care unit (PICU) at Antelope House in Southampton, called Abbey Ward.
- A new 18-bed female acute mental health ward at Parklands Hospital in Basingstoke. (As the new ward will be female only, Parklands' current acute ward - known as Hawthorns 2 - will become a male only ward, allowing us to comply with national guidelines on single sex wards).

In terms of a progress update on both wards, building work has now started at Parklands Hospital and the ward is set to open in August this year. At Antelope House, phased building work has also now started, with phase one – to add another bedroom to the existing PICU – complete. The first part of phase two - to relocate the existing 136 suite in order for works to begin on the new first floor Abbey Ward – is set to start this month. As a result, it is anticipated that the female PICU will open towards the end of 2021. For both new wards, members of the HASC will be invited to the opening to tour the new mental health facilities.

Ends