

Briefing paper for Buckinghamshire Health and Adult Social Care Select Committee on Covid-19 response and next steps in service recovery and community engagement

1. Introduction

This paper provides a summary of the work of the Trust over the past few months in taking care of patients during the Covid-19 crisis, outlines where we are now in recovering services, and our forward plan to reset services and engage with our communities on the changes to health and social care services that have taken place.

2. Trust response to the Covid-19 crisis

The period March to June 2020 has been unprecedented in the NHS as we have adapted our services to cope with the Covid-19 crisis.

We put in place business continuity plans including a robust plan for critical care expansion at both the Stoke Mandeville Hospital and Wycombe Hospital sites to accommodate the anticipated demand.

In line with national guidance, we reduced a number of our routine services (such as elective surgery and outpatients) to ensure sufficient capacity to undertake the predicted demand in emergency and urgent care, and temporarily suspended births at our Midwifery Led Unit in Wycombe.

We optimised our flow through the hospital sites, including a single entrance and exit for patients, and appropriate 'red' and 'green' inpatient areas, separating Covid-19-positive patients from others. We implemented an 'amber' pathway at Stoke Mandeville Hospital as we are now treating all patients who arrive at Accident & Emergency as Covid-19-possible.

We instigated a swift programme of digital change to enable >2,000 colleagues to work from home, hold virtual meetings, move the majority of outpatient care to virtual patient consultations, and support the necessary changes to our clinical areas for the critical care expansion.

We introduced a process to minimise clinical harm to non-Covid-19 patients. The following five areas have been of particular focus from this perspective: paediatrics; maternity; cancer; cardiovascular; and spinal cord injury. We are using capacity at the Chiltern BMI and the Shelburne at Wycombe Hospital to continue essential cancer surgery and haematology services.

While routine quality governance structures have been streamlined, regular matron-led safety huddles are in place to ensure oversight of patient safety. Safeguarding has been closely monitored.

We put in place tight management of Personal Protective Equipment (PPE) on site with a central store including electronic barcoding to ensure robust tracking of PPE supplies and allow efficient daily stocktakes; clinical areas reviewed their usage rates to support forward planning; and PPE Support Officers have been established to support fellow colleagues.

We have ensured staff can access and receive adequate support from our Health and Wellbeing team, who are providing a comprehensive offering, including a bespoke plan for staff working in critical care.

Members will be aware of the national situation regarding an apparent disproportionate effect on individuals of BAME origin. We have outlined our specific support for our BAME colleagues in a letter

to all staff; the letter also makes clear that as a Trust we now consider all BAME colleagues to be part of the 'high risk' category. Risk assessments are taking place for all staff in these groups.

We have instigated a comprehensive testing regime which includes testing for all inpatients and symptomatic patients as well as staff testing for symptomatic and asymptomatic colleagues. Antibody testing is now underway across the service.

We worked closely with colleagues in social care in the Buckinghamshire Council and the Buckinghamshire & Oxfordshire Clinical Commissioning Group to ensure we are providing sufficient support to the care homes in our area; this includes support for FIT-testing of masks, Infection Prevention and Control training, and providing multidisciplinary expertise through expanding our existing Community Assessment and Treatment Service (CATS) model.

As a Trust we have been overwhelmed by the generosity of donations and other 'acts of kindness' that we continue to receive, and a lot of effort has gone into distributing these appropriately to colleagues to support in this challenging time.

3. Service recovery

In responding to the first phase of the Covid-19 pandemic, we made significant changes across our clinical and corporate services in line with national guidance and recommendations from national bodies.

As we enter the second phase of our response, with the virus remaining present in society, we now need to safely rebuild our clinical services.

As an organisation, our values are strong and it is right that we use these as our anchor in this extraordinary time:

- **Collaborate** – to provide safe, accessible and effective care
- **Aspire** – to take a lead in our community
- **Respect** – ourselves and each other to ensure safety and support
- **Enable** – all to learn from this experience and implement service improvements

Building on these and the likely landscape we will be operating in for the remainder of 2020-21, the following four revised objectives will take us forward as we reset our services.

- **To ensure the safety of our patients through providing the best possible access to care**
- **To play a leading role as a community institution in tackling the health, social and economic impacts of the Covid-19 pandemic**
- **To ensure our staff are safe, supported and listened to at work at all times**
- **To maximise all opportunities and learning from the Covid-19 pandemic and use these, led by our people, to reshape how the organisation works**

Key to our successful delivery will be continuing the close partnership working with colleagues in the Buckinghamshire Integrated Care Partnership (ICP) and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

We are now planning to recover some of our routine services. In terms of our service profile:

- Urgent and emergency services (A&E) remain open
- Urgent elective and cancer services remain open
- Maternity services remain open
- Urgent and emergency outpatient activity has continued including cancer services
- Other services such as non-urgent elective surgery, routine outpatients and diagnostics and community services are now being assessed for safe recovery and resumption over the next few weeks. In almost all services, ensuring we provide care in the safest possible way and reducing the possibility of infection spread through waiting rooms, wards and theatres means activity is taking much longer than it did in pre-Covid-19 times.

4. Community engagement

In response to Covid-19, health and social care organisations have made rapid changes to how services are accessed and delivered. Covid-19 will continue to have profound impacts as we begin to reset the system including:

- The impact Covid-19 has had on the morbidity and mortality of the Buckinghamshire population, particularly in vulnerable groups and those receiving care in care homes and the community.
- Changes in the behaviour of people accessing health and care services including A&E, social care, primary care, mental health and routine and urgent referrals.
- Change in the way patients access GP services
- The impact on our care processes and the roll-out of non-face to face (digital or telephone) appointments including rapid changes in mental health and outpatient services and general practice consultations.
- The impact on the mental and physical health and wellbeing of health and care staff and the additional support they need as well as safety measures to prevent the spread of infections such as personal protective equipment (PPE).
- The changes to our buildings and facilities and the impact of social distancing and segregation to prevent the spread of infections.
- The management of waiting lists for planned care and diagnostics (including cancer pathways) and the impact on people's health.
- Rapid technology adoption to enable remote work in communities and home-working for many support services staff.
- Changes to avoid unnecessary admission and support swifter discharge so that patients only stay in hospital when they need to
- The likely impact of economic recession on health and wellbeing, especially in relation to health inequalities and deprivation

On 9 June 2020, the Buckinghamshire Integrated Care Partnership Board proposed a programme of community engagement about the changes we have made. We will be seeking support from statutory organisations and the Health and Wellbeing Board in July to begin a programme of work in the late summer.

We are proposing to develop content and engage communities about the following four themes:

- **Non face-to-face services:** accessing care using technology such as video, telephone, apps and emails.
- **Community services:** organisations working together to promote independence and deliver care in people's homes and communities.
- **Keeping people safe:** delivering services differently to prevent the spread of infections.

- **Reducing health inequalities:** improving health for vulnerable groups and people living in deprived areas.

Engagement sessions will be a mixture of online discussions, surveys and connections with community groups, community boards and patient participation groups in GP surgeries.

5. Expected outputs and timeline

The Buckinghamshire Integrated Care Partnership Board will agree a timeline for the engagement process but it is likely to be late summer as the system focusses on recovering services for patients in the next few weeks.

Public Health is leading the Health Impact Assessment (HIA) and Joint Strategic Needs Assessment (JSNA) in Buckinghamshire and will provide vital insight about the impacts of Covid-19 on population health and wellbeing. The ICP engagement process will work alongside the HIA and JSNA and community boards will play a pivotal role.

6. Conclusion

The Health and Adult Social Care Select Committee is asked to note the Trust response to the Covid-19 crisis, our current position on service recovery, and a proposal for community engagement on service changes both to listen to patients experiences of services and establish a process to involve the local population in any proposed changes in provision.

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