

BHFT Update on Recovery

Update to
Reading Health and Wellbeing Board
January 2021



GDE
Digital solutions for
outstanding healthcare

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SRO for Recovery

COVID-19 Recovery programme

The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services.

The programme aims are:

- Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19.
- Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period
- Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations, including oversight of Implementation of Phase 3 of the NHS response to the COVID-19 pandemic
- Provide reassurance to our patients regarding their care and reconnect displaced populations with essential physical and mental health services
- Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

The programme is underpinned by a Recovery Strategy approved by the Trust Board in May 2020. The existing Recovery Strategy will be updated to reflect the impact of Wave 2 of the pandemic on Recovery.

Adult Community Health services

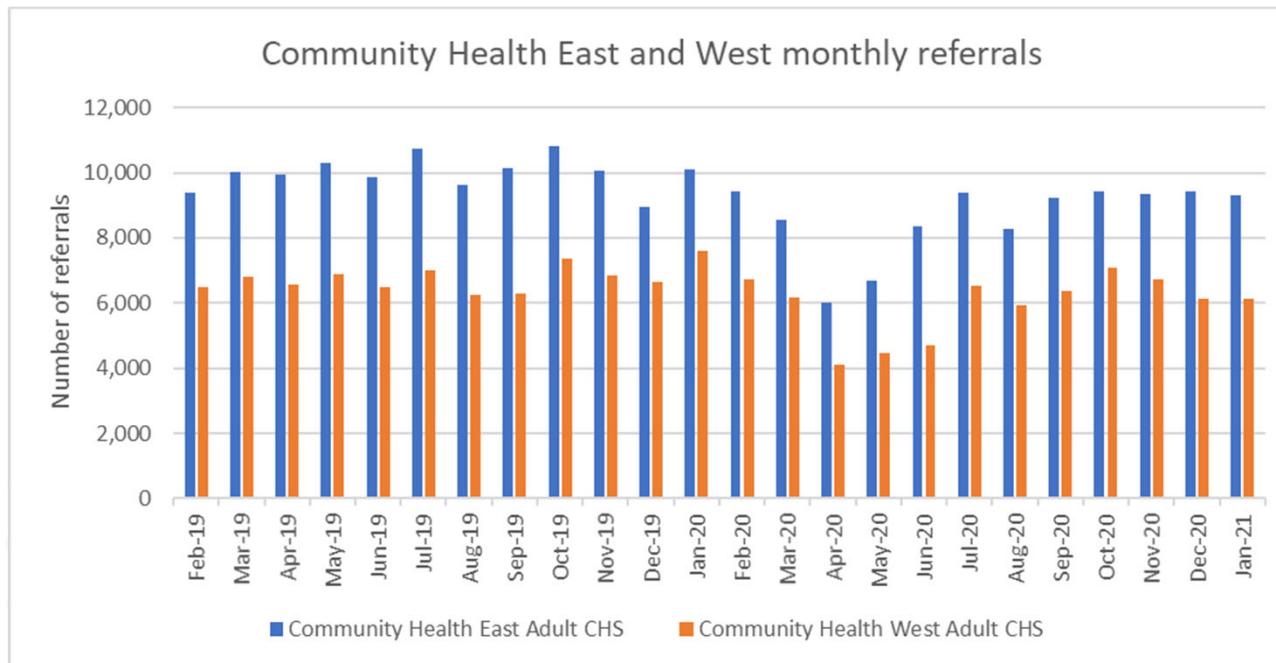
Wave 1 - BHFT ceased non-urgent community service provision in line with national guidance for community health services. This included: Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, MSK, Sexual Health, Community and Specialist Nursing, ARC, TVN, Lower Limb, Heart Function, and AIRS.

All services moved to remote consultations with face to face appointments only for those that are urgent and appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged. All of these changes were in line with national directives (COVID-19 Prioritisation within Community Health Services, and COVID-19 Hospital Service Discharge Requirements).

Wave 2 - Many of the services models that were put in place in Wave 1 continued through Recovery and into the 2nd wave, such as the increase in in-reach on the frailty pathway, wrap around community services and support to intensive community rehab team (ICR). The diversion of capacity in MSK services into inpatients and community flow pathways has been instigated in wave 2 as it was in wave 1. In West Berks staff continue to support the Hospital Discharge Service which is now operating 7 days a week and later into the evenings.

BHFT have taken on a small number of additional staff to continue with the pathways that commenced in Wave 1. We are currently modelling the capacity needed to provide the COVID Vaccination for those who are housebound. Corporate services staff have been redeployed into in patient areas and are assisting with discharge and liaison with families, freeing up ward staff to carry out patient care.

Community Health referrals pre and post COVID



Children's Community Health Services, including Children's and Young Persons' Mental Health

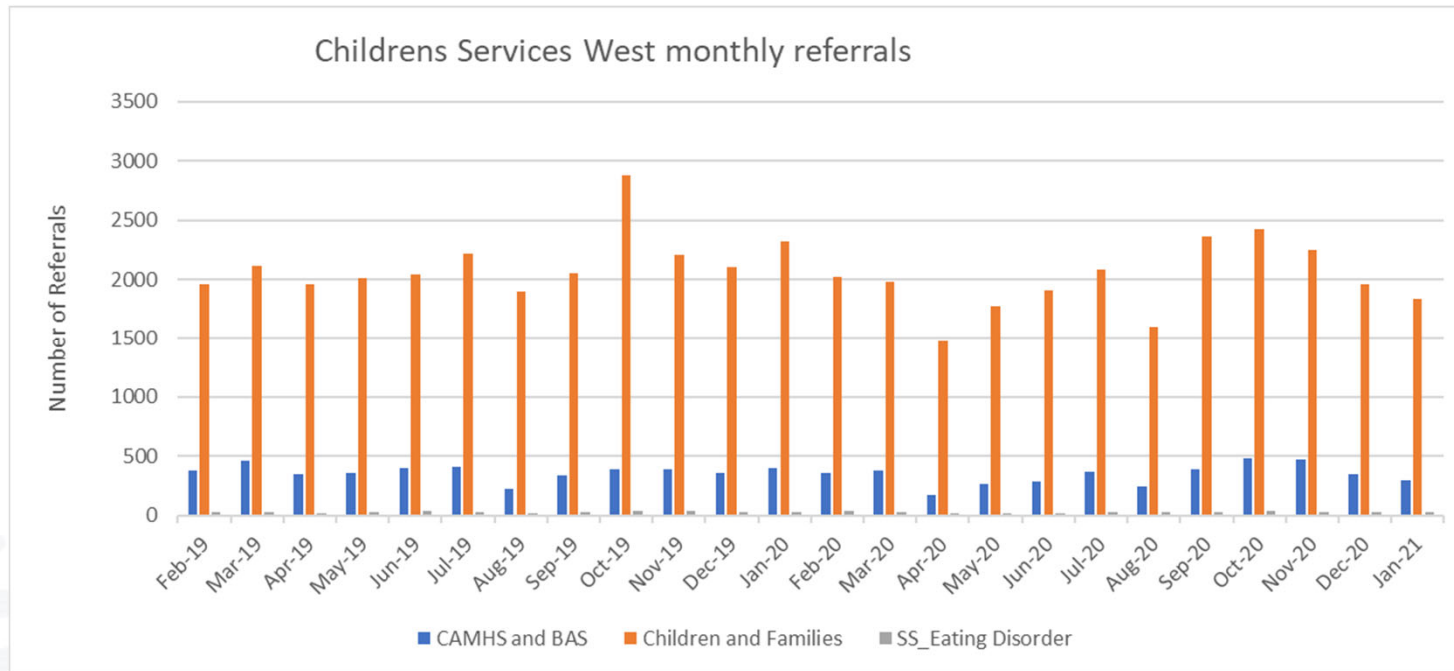
Wave 1 - BHFT suspended some elements within Children's Services, both community physical and mental health. The services affected were: School Nursing; CYPIT (Children and Young People Integrate Therapies); Autism (including Autism Berkshire and The Autism Group); ADHD; CAMHS; Health Visiting; Young People in Care; Children's Community Nursing Team; Kooth; Number 22; Youthline; Parenting Special Children.

The services suspended all face to face appointments, unless there was an urgent need. In all other cases patients were contacted and notified that their appointments had changed to either a telephone or an online consultation. For some patients the most appropriate option was to be given self-care management advice.

In Autism the third sector continued to run a restricted and/or modified service and the use of SHaRON was increased. In Health Visiting the service was reduced to new birth visits and postnatal checks at 6 weeks only; and most of these visits were not face to face except for the most vulnerable. The Children's Community Nursing Team paused delivery of respite care at Manor Green due to the difficulties of complying with IPC guidelines. Safeguarding duties and functions remained in place. All of the changes made were in line with national guidance.

Wave 2 - Children's respite at Manor Green has been stepped down. The vaccination team is redeployed into COVID vaccination until the end of February; and gaps in this team are being covered with temporary staffing. Otherwise services remain largely unchanged offering a virtual and face to face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore we are not limiting the service offer at this stage – this is based on the learning from wave 1. School nursing is currently not stepped down (unlike in Wave 1 following national guidance that this service must not be stepped down).

Children's Services referrals pre and post COVID

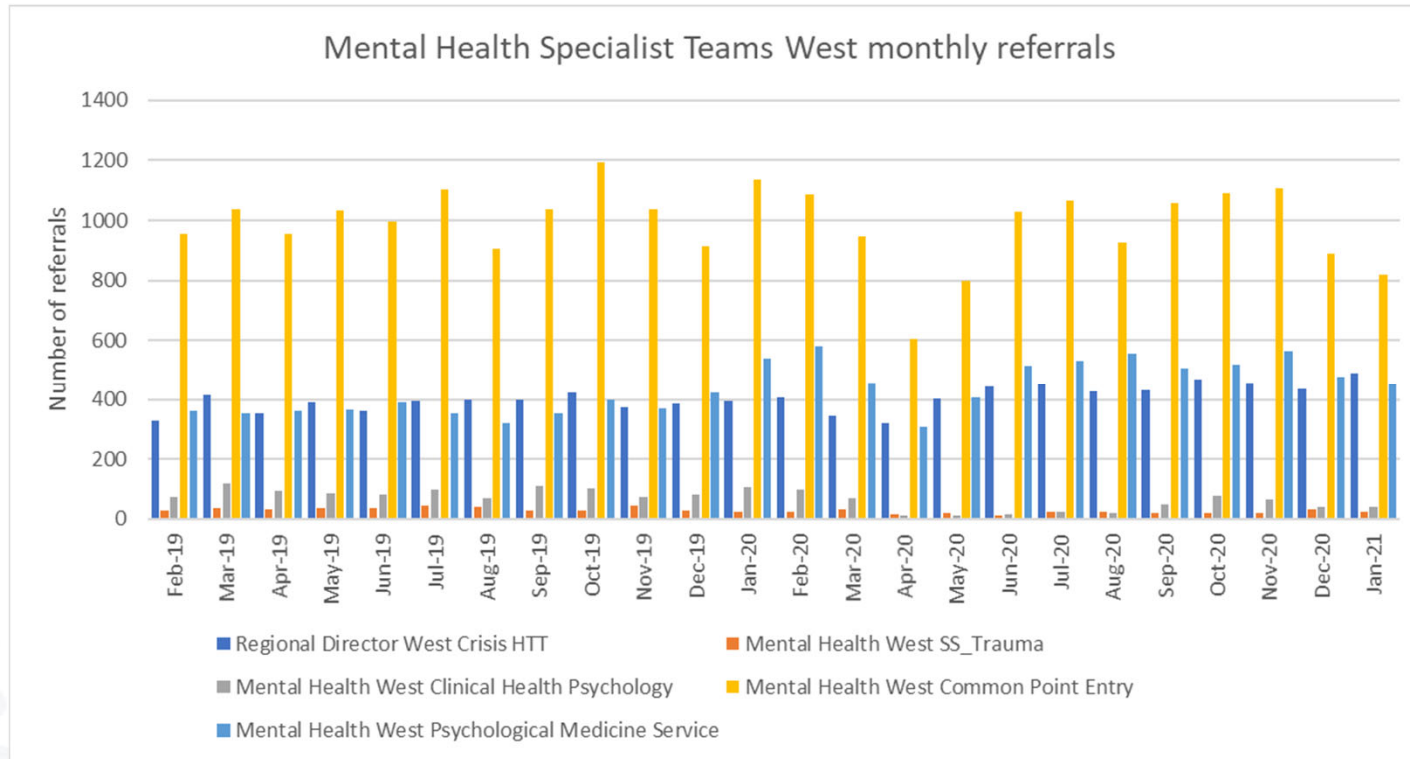


Adult Mental Health services

Wave 1 - The majority of services continued as business as usual but for some; CMHT, OPMH, this included a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only. All of the service changes were in line with national guidance.

Wave 2 – The service offer remains largely unchanged. We have redeployed corporate staff into PPH to assist in ward areas to support discharge facilitation and provide support to the ward functions. We have also enhanced our CPE and PMS services to support MH and Acute hospital flow. We are also utilising Winter pressures MH funding to increase capacity to services and the local systems.

Adult Mental Health referrals pre and post COVID



Serious Incidents (SI) and Duty of Candour

Wave 1 – During wave 1 on receipt of national guidance, the requirement to carry out full SI investigations and to report these investigations within 60 working days was suspended. We continued to log SIs on STEIS and the SI reporting focused on the more severe incidents. BHFT continued to undertake rapid SI reviews to identify any immediate and urgent actions. A plan for completing harm reviews when we return to business as usual was formulated and a draft shared with operations. The principles of Duty of Candour continued to be upheld. Statutory and regulatory obligations (e.g. requirements of HM Coroner) were also upheld. The Quality Impact Assessments required as part of the Recovery process list the mitigations in place to monitor and uphold patient safety.

Wave 2 - All serious incident reporting/ investigation and Duty of Candour has continued in line with regulatory and statutory requirements.

Impact on Staff

Several corporate staff have been redeployed to support clinical services in December. We have also redeployed some staff from services classified as medium and low priority to support the critical and high priority services as described above. The CYPF Vaccination Team that are supporting COVID Vaccines will return to CYPF as the schools open. The IPC team and CYPF teams have worked together and developed a local plan that provides the necessary cover to support CYPF and COVID Vaccinations.

The March Recovery Programme Board will be considered our approach to Recovery of services and what Recovery means for the staff teams that have been working under enormous stress for several months.

Reducing health inequalities

The Phase 3 guidance includes a commitment to understand and minimise the impact that COVID has on certain groups and its potential to increase existing health inequalities. As a provider of community and mental health services we are required to have in place an action plan that sets out how we are minimising the impact of COVID-19 on BAME communities, people living with diabetes, cardiovascular disease and respiratory disease and we have this action plan in place. We have a BHFT plan in place that delivers the eight actions set out in the Phase 3 guidance. We are also currently working with BOB and Frimley ICS to develop a more strategic approach with other key partners including LAs, education, housing, employers to contribute to the bigger picture of how we collective work together to tackle health inequalities.

Separately BHFT have agreed to develop a Reducing Health Inequalities action plan that is not COVID-19 specific. A workshop in February has provided a strong start to this. A project plan is in place with project management support, draft priorities have been agreed by the Exec and will be considered at the March Trust Board discursive and a steering group is in the process of being established.



Berkshire Healthcare
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Thank You

Any questions?



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