

# Integrated Care and Wellbeing Scrutiny Panel



**Karen James OBE**  
**Chief Executive**



# Some of the initial challenges we experienced:

- Increasing our ventilated capacity above and beyond our current baseline – issues securing additional staff with the right skills to manage Intensive Care patients, which was achieved through increasing the skills of our Theatre Teams
- The initial lack of PPE and the delivery responses
- The amount of guidance that was coming from the national NHS team. We would have some thirty different policy decisions per day
- Workforce issues – staff sickness, staff shielding, staff who were absent due to Covid
- Covid testing initially limited
- Management of patient flow and infection prevention measures during this period as we waited for the outcome of Covid test results (48hour turnaround time) – redesign the hospital in terms of Covid positive and Covid negative areas
- Cancellation of all non-urgent planned care – e.g. outpatients and elective surgical procedures which has and continues to increase waiting times.



# Positive outcomes/learning

- Our current integration of systems and teams, as well as the excellent relationships we have maintained over the last few years has helped us enormously to manage the challenges and will enable us to further integrate from some of the learning taken from teams.
- Our Digital Hub was able to remotely support nursing homes through virtual reviews of patients, also those patients with chronic conditions within the community which enabled us to proactively manage patients conditions/needs. This service will now be enhanced further. We also developed an app for our nursing homes known as Safer Steps which allows us to record residents frailty scores and baseline observations.
- We implemented over a very short space of time, some of this years transformation plans. For example, we moved to Outpatient virtual consultations for all specialties. We anticipate that we will maintain 60/70% of all Outpatient consultations remotely
- Reduced bureaucracy – command and control structure in place which has enabled the Trust to operate in a much more responsive way.



# Going forward

- Reassuring the public that the NHS is open to see those patients who need treatment
  - Many patients were not accessing their GP
  - The Trust's Urgent Care and Cancer care numbers originally dipped significantly
- Patients who really do need to be treated e.g. patients with a Cancer diagnosis are cancelling their treatment as they are still concerned about Covid-19
- In restarting our normal work, we have had to operate in a different way e.g. arranging Covid positive and Covid negative areas to comply with infection control measures and as such our capacity has reduced. This is impacting on the number of patient we can treat which is increasing waiting times
- All Outpatient consultations will continue to be undertaken remotely where appropriate
- We have risk assessed out patients on our waiting lists and have written to all patients informing them of our plans to restart some of our normal work, even with reduced capacity
- Strong links have been maintained with Primary Care colleagues as well as the voluntary sector
- Covid-19 is no longer a hospital crisis, but a community one with a greater number of families with reduced income and loss of employment, mental health issues – need to work as a collective system to address the current and future challenges



# Supporting NHS staff – mental and physical wellbeing

- We have counselling services and other mental health support services available 24/7 for staff to access
- We have an internal 'Staff Sanctuary' so that staff who need immediate support from colleagues can obtain support in a safe space
- We have organised staff facilities, should they not be able to return home for any reason
- We ensure staff can work flexibly to meet their home circumstances. We encourage staff to take breaks and holidays to ensure they can maintain their resilience
- We regularly swab staff for Covid-19 in high viral load areas e.g. A&E and Critical Care
- We continue to offer on-line physical support sessions
- We have undertaken personal risk assessment for all of our BAME staff and those staff who could be considered vulnerable and have agreed mitigation plans where appropriate



# Risks going forward

## Winter

- We would usually encounter increases in demand during this period although we will have less capacity to manage
- We will not be able to identify patients who could be Covid positive from those with complications from the normal Flu virus. This will create some challenges for us given any Covid swab results take up to 48 hours before we receive results
- Waiting lists continue to grow which means that the numbers exceed the number of patients we can treat within our reduced capacity.



# Impact on BAME communities

- We are working closely with our Public Health colleagues and our community leaders to ensure we are able to connect with our local communities to ensure we can effectively communicate important public health messages and to support those communities on the ground to stay safe.



Any questions?

