

Response to the Covid-19 Pandemic

Update for Kirklees Health and
Adult Social Care Scrutiny Panel

23 July 2020

Context

10,603 patients tested for Covid

498 +ve for Covid

153 Covid deaths

372* discharged well

192 staff absent due to Covid (majority shielding)

Demographics

- Fewer non-Covid deaths than for the same 3 month period historically
- Twice as many males died at CHFT with Covid than females
- Peak age range of Covid +ve deaths was 80-90 years.
- Ethnicity of Covid deaths mirrors non-Covid deaths in the same time period and the overall annual mortality
- CHFT Covid mortality contrasts with national data where deaths in BAME patients have been disproportionately high.
- Majority of patients who died had multiple comorbidities especially Type 2 diabetes, ischemic heart disease, chronic obstructive pulmonary disease, chronic kidney disease, hypertension and dementia.

Finance

- In April and May the Trust incurred £6.82m additional costs that has been nationally funded.
- The financial forecast assumes the Trust will continue to receive CCG clinical income at current block levels and that Covid-19 costs and activity levels will remain at a broadly similar level to those seen in May and that the Trust will continue to have access to top up funding in future months.

Pathways to Care

- Both Emergency Departments have segregated Covid & non Covid facilities - use of CRH and HRI is necessary to provide the maximum number of beds and oxygen capacity
- Urgent and emergency care has continued through the pandemic
- During the height of the pandemic some services were consolidated on a single site (e.g. ambulatory care, chemotherapy) these changes have now been reversed
- All patients known to be or potentially Covid positive are isolated and cared for in single rooms or cohorted on designated wards. This includes all admissions from residential care facilities.
- All patients are tested on admission and if negative, tested again after 5 days.
- All patients in residential care are tested prior to discharge.
- Social distancing and use of face masks for visitors, patients and staff through-out the hospital
- Video and telephone access to out-patient services provided
- Digital options and support for remote visiting of inpatients
- Super Green area to provide elective surgery at HRI established and receiving positive patient and staff feedback
- All patients attending for elective surgery self isolate for 14 days and are tested prior to admission.
- Continued collaboration with independent sector hospitals to provide surgery capacity

Lessons Learned

- ‘Business Better than Usual’ – listening events with colleagues, partners, public and patients
- Some changes positive for example
 - integrated service models such as discharge to assess, care home support, collaboration with hospices, electronic prescribing and pharmacy delivery, integrated working of the frailty team with community services
 - direct assessment pathways
 - digital technology - patient appointments, working from home, visiting options, specialist in-reach and patient review
 - colleague wellbeing support

Planning for the Future

- Forward planning is cautious
- Currently modelling demand and capacity in context of on-going requirement for use of personal protective equipment (PPE), maintaining infection control measures such as enhanced cleaning, social distancing and zoned patient areas
- Prioritisation of patients based on need
- Some services suspended during the pandemic have been restarted – CHFT is accepting referrals, some elective surgery
- Risk assessments and actions identified to continue staff wellbeing support and ensure staff have time to recover
- Prepare for phase 2 and winter
- Understanding the impacts on the wider system and communities

Future design of the Hospital

- Planning for estate investment at HRI and CRH has continued and learning from the pandemic will inform the future estate design plans at HRI and CRH
- Infection control issues such as the provision of single bedrooms, corridor widths, flexibility to zone and segregate areas, size of public areas to enable social distancing are all under consideration with technical advisors
- Use of digital technology during the pandemic has brought benefits in relation to reduction in travel and carbon emissions – this will inform future travel plans and car parking requirements.

Patient Story

Usman Hanif on his way home and being cheered on his way after spending 42 days in a coma following a Covid-19 diagnosis. He has two children and a wife and has made a full recovery.



Patient Story

Joan Pearce, a former nurse, is 100-years-old and is shown here being discharged from HRI following recovery from Covid-19.

