Calderdale and Huddersfield Service Reconfiguration

Learning from the Pandemic

1. Background

The COVID-19 pandemic has affected every community in Calderdale and Huddersfield with some of the biggest impacts seen for the most disadvantaged people and BAME communities. The experience of the pandemic has made the need and importance of providing resilient and integrated care in Calderdale and Huddersfield even stronger.

Despite the challenging circumstances of the pandemic positive learning has emerged about new ways of working that we need to embed and amplify in our longer terms plans to ensure learning from the pandemic informs the delivery of improved health outcomes, safety and experience of care in the future. Learning from the pandemic is informing the plans for service reconfiguration and estate development programmes of work. One of the most important areas of learning to emerge is the increased understanding that we are part of a bigger system. We need to work in partnership at local and regional level to provide integrated care to ensure the very best services for the populations we serve.

2. Purpose:

The purpose of this report is to provide information in relation to:

i. learning about new ways of working from experience during the pandemic;
ii. approach to providing treatment for people that have had their care delayed due to the pandemic;
iii. how learning from experience during the pandemic has informed the design of estate developments at Calderdale Royal hospital and Huddersfield Royal Infirmary;

3. New Ways of Working

During June 2020 engagement was undertaken to listen to people's views on the service changes implemented during the pandemic and to ask about their aspirations for future service delivery. 185 colleagues, 9 health and care partner organisations (e.g. Councils, CCGs, Locala, SWYPFT, YAS, Primary Care Networks) and; 1,377 patients and members of the public provided input to the engagement.

The feedback provided from the engagement identified key learning themes of new ways of working where there was agreement that this could have potential long-term benefit and should be sustained and amplified. These themes are described below.

LEARNING FROM THE PANDEMIC - BUSINESS BETTER THAN USUAL PLAN ON A PAGE		
Integration & Partnerships There has been a cultural 'shift' in the behaviour of the health and care workforce across Calderdale and Huddersfield, which has enabled working across organisational boundaries to support patients. Integrated models of care were implemented at pace during the pandemic and we want to embed and amplify these developments.	**Remote Patient Appointments** Digital or telephone appointments have been widely used during the pandemic. This has reduced the need for people to visit the hospital. We want to continue to offer this improved access and ensure the benefits of digital technologies are available to everyone, supporting patients who may lack skills, and confidence or have limited or no access to equipment and connectivity.	**Needs based Prioritisation** Some of the biggest impacts of the pandemic have been on the most disadvantaged and BAME communities. We are using Health Inequalities data to complement clinical prioritisation and our system's post Covid-19 recovery for both planned and unplanned care. We are using real time data analysis of patient waiting lists in relation to index of multiple deprivation, ethnicity, and other protected characteristics to inform prioritisation of patient care. .
Workforce There has been increased focus on support for colleagues' well-being and this must continue – to enable 'one culture of care' where we care for our colleagues in the same way we care for our patients.	**Remote / Homeworking** The option of remote working has brought benefits related to colleague wellbeing, productivity, and positive impact on climate change. There is agreement that remote working where it is possible should continue to be supported.	**Theatres – New Ways of Working** The restart of elective surgery has provided opportunity to redesign theatre scheduling to optimise productivity and this will inform long term planning.
Clinical communication, virtual Multi-Disciplinary Teams & Education The increased use of technology to provide virtual training and meetings has worked well for clinical colleagues and made it easier for colleagues to access meetings and education by reducing travel and improving attendance.	**Reducing Health Inequalities** The pandemic has emphasised the significant health inequalities experienced by our communities. We will work with local communities and use our resources and planned investment to target job creation, apprenticeships and training for the most vulnerable communities to create social value.	**Direct Assessment Pathways** New pathways implemented during the pandemic have delivered benefits of patients moving more quickly from A&E to speciality senior assessment. The aim is to continue and embed this way of working.
Pathology Redesign of the service considering options for delivery in the community (e.g. phlebotomy) and to take account of changing patterns of demand.	**Estate** The limitations and constraints of the existing hospital estate facilities at HRI and CRH has created additional risks to service delivery during the pandemic. The design of new buildings must include features that strengthen infection control, include learning from increased technology and support sustainability.	**Digital Options for Visitors** During the pandemic digital options for patient visiting in hospital have been made available and there is support for these to continue as an option available in the future - and potentially could have wider applicability in other care setting.

Since then a programme of work has been implemented to support and take forward further developments in relation to each of these themes. This work is informing operational planning

and longer term strategic plans in relation to integrated working, digital, estate, and workforce strategies.

4. Providing Treatment for People that have had their Care Delayed

The COVID-19 pandemic has affected every child, adult, family and community in Calderdale and Huddersfield, with some of the biggest impacts seen for the most disadvantaged and people from BAME communities. More than 2,000 patients with Covid have been treated and discharged from our hospitals – but we know some people continue to experience long term health impacts.

CHFT and the wider system has always performed well but management of the pandemic has unfortunately resulted in the development of significant planned care backlogs at CHFT. Throughout the pandemic we have continued to provide timely care for people who have needed urgent care (such as cancer treatments) and emergency care.

Providing treatment for people that have had their care delayed is a top priority. In May 2021, CHFT agreed a framework and plan for restoring elective care (and details of this were reported at the public meeting of the Trust Board). The plan has enabled us to reopen elective services and work towards reducing the waiting lists safely and at pace. This is being delivered in the face of immense challenges post-Covid such as the significant increase in demand for urgent and emergency care that has been experienced and whilst still coping with the output reduction that results from Infection Prevention and Control measures and the uncertainties of COVID.

Since then we have been able to deliver close to, or greater than, pre-pandemic levels of planned care, while at the same time delivering the NHS COVID vaccine programme.

Learning from the Pandemic and new ways of working (described in section 3 of this report) has enabled and informed our approach.

In particular we are:

- Using Health Inequalities data to complement clinical prioritisation to inform our system's post Covid-19 recovery to minimise the risk of treatment delays widening health inequalities in our communities. This includes understanding and taking actions to reduce inequalities experienced by people caused by deprivation, mental health conditions, learning disabilities and for Black, Asian and Minority Ethnic Communities. We have specifically prioritised access to treatment for people with a Learning Disability and over 90% of patients with a Learning Disability who were waiting have now received treatment;

- Optimising the inclusive use of technology and digital capabilities to deliver timely and convenient care for patients. This includes work with partners to ensure the benefits of digital technologies are available to everyone, supporting patients who may lack skills, and confidence or have limited or no access to equipment and connectivity;

- Ensuring “one culture of care” which means that we care for our colleagues in the same way that we care for our patients - ensuring colleague well-being remains a priority;

- Continuing to work closely with all health and social care partners in our local system and across West Yorkshire.

We are committed to reducing the waiting lists and expect the backlogs of care that have arisen due to the pandemic to be eliminated prior to reconfiguration of services in 2025.

5. Learning that is Informing Design Plans at CRH and HRI

5.1 Configuration of Services

During the Covid-19 pandemic dual site working and the limitations and constraints of the existing hospital estate facilities at Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) has created additional operational risks and challenges to service delivery and infection control.

The current estate configuration and limitations of the physical environment has resulted in a negative impact on patient and colleague experience during this time. Learning from the pandemic has further emphasised the urgent need for reconfiguration of hospital services and investment to improve the Trust’s estate.

As described in the NHS Long Term Plan

“separating urgent from planned services can make it easier for NHS hospitals to run efficient surgical services.”

Experience and learning from the pandemic has really emphasised the benefits of planned care being delivered on a separate site to acute inpatient care as this will provide the best opportunity to ensure continuity of elective care delivery in any future pandemic or similar scenarios.

5.2 Infection Control

The Infection Control and Protection (IPC) team at CHFT (that includes specialist nurses and doctors) have been involved through-out the development of the designs for the estate developments at HRI and CRH. They have worked closely with our clinical teams, architects and specialist advisors to inform our designs.

We have specifically taken account of learning from the pandemic that relates to improved infection control in relation to:

- Space requirements;
- Storage;
- Engineering services (e.g. ventilation)

We are confident our design plans will strengthen our Infection Protection and Control measures and provide increased resilience for future possible pandemic scenarios or similar events. Examples of the learning that has been incorporated in our design plans includes:

- Increased provision of single occupancy en-suite inpatient rooms;
- Increased space between beds in multi-bay areas;
- Improvement of ventilation systems;
- Improved privacy and dignity and infection control in A&E departments by providing glass doors on each cubicle instead of curtains;
- Flexibility and standardisation of room design to enable greater ease to segregate areas if required to support infection control;
- Additional isolation room provision within A&Es;
- improved dedicated storage space in clinical areas (that will reduce movement between areas).

5.3 Travel and Transport

Learning from the pandemic and new ways of working has informed our travel and transport plans. Digital technology has changed the frequency and need for patients and colleagues to travel to our hospitals. During the pandemic we have learnt that many people can conveniently access the care and support they need in their own home using digital technology. Many colleagues are able to effectively work from home or other locations. This learning has been used to inform out future plans and we have developed a sustainable travel plan that incorporates this learning.

5.4 Hospital Capacity

In 2019 the Strategic Outline Case (SOC) approved by DHSC and NHSE described the planning assumptions of the future capacity that would be needed in our hospitals. This included the commitment that we would maintain the total inpatient bed capacity across our two hospital sites.

The planning assumptions used in the SOC included uplift for demographic growth and took account of the projected additional future health needs of the population we serve.

There has been significant investment in community and primary care services across Kirklees and Calderdale over the past three years. These developments are enabling more patients to be cared for appropriately, for longer, in community settings and will help to manage demand for hospital services.

We are continuing to use the capacity assumptions described in the SOC to inform our reconfiguration plans and estate developments for 2025. In the intervening years we plan to eliminate the planned care backlogs that have arisen due to the Covid-19 Pandemic.

6. Conclusion

This report provides information that demonstrates that learning from the Covid-19 Pandemic is informing system recovery post pandemic and the longer term strategic plans for reconfiguration.