

The impact of Covid-19

Kirklees Health and Adult Social Care Scrutiny Panel

2:00 pm on Thursday 19 August 2021

The Impact of COVID on CHFT's workforce

- 6,000+ complex physical and mental health issues as well as personal circumstances
- High levels of unavailability due to isolation
- Evidence of severe trauma, with some significant mental health challenges
- Clinically Extremely Vulnerable (CEV) workforce impact
- Redeployment – 500 colleagues impacted
- Life choices have changed dramatically
- Turnover in senior NHS roles has increased
- Current situation is having the biggest impact, and is the hardest task we have faced
- Over 1,000 colleagues working from home
- Rapid improvement in our uptake of technology – enabling us to provide virtual clinics
- Know more about our colleagues than we ever did
- The importance of colleague health and wellbeing and its impact on patient safety and care has never been better understood



Covid Sickness and Isolation

As at 20 July 2021, the Trust had **88** colleagues isolating and a further **27** colleagues absent due to Covid sickness, accounting for 25.0% of the Trust's unavailability.

The 88 colleagues isolating consists of:-

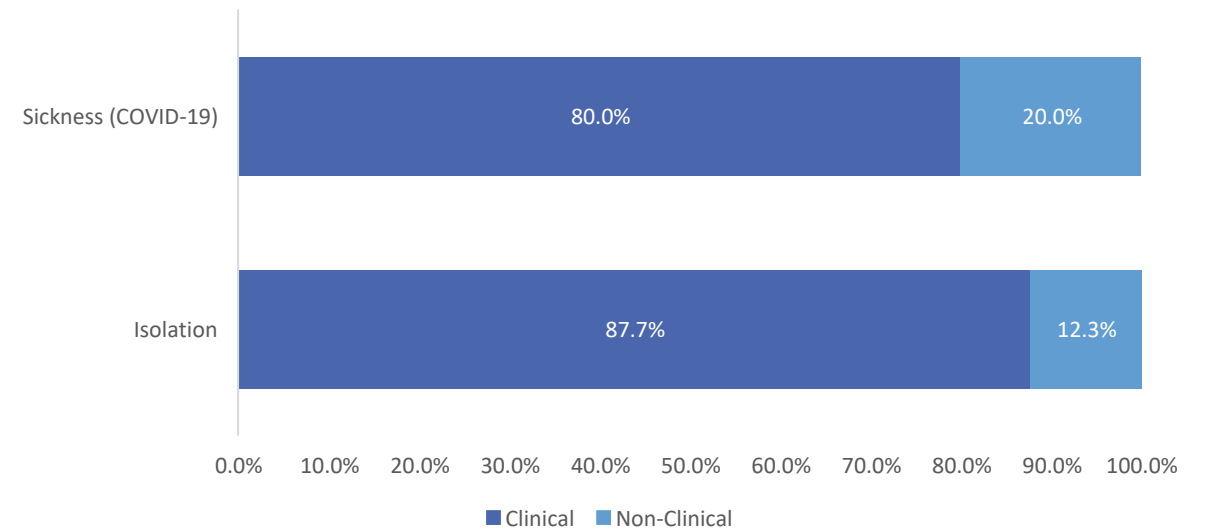
- 57 household isolations
- 19 self isolations
- 6 test and trace isolations
- 3 surgical isolations
- 3 other isolations

86.0% of Covid sickness and isolations is from clinical colleagues.

Of the 27 colleagues unavailable due to Covid sickness, 9 colleagues are absent due to 'Long Covid.'



Covid Sickness Absence and Isolations



Health and Wellbeing Offer

Support for our CHFT Colleagues
Caring for each other the same way we care for our patients

One Culture of care

Mindfulness
Join an 8-week programme to help you manage stress and improve your mental health.

Resilience to Break up
Join our 8-week programme to help you manage stress and improve your mental health.

Your Space
Out of Hours IT room (CHFT) meeting Centre - Great relaxation space with free refreshments available 8.30am - 3pm

Occupational Health
Occupational Health (0202 222 222)

Wellbeing Support (Resilience)

External support:

Employee Assistance Programme
0202 222 222

Employee Assistance Programme
0202 222 222

Employee Assistance Programme
0202 222 222

Employee Assistance Programme
0202 222 222

Bookable through email: nicola.hosty@chft.nhs.uk • tel: 07754677364

more resources available via: theupboard.cht.nhs.uk



One Culture of
care

- Health and Wellbeing Risk Assessment for all colleagues
- 24/7 helpline
- Listening events
- Dedicated Schwartz rounds
- Managers guides
- Wellbeing Hour
- Wellbeing Ambassadors ensure basics of H&W Nutrition/hydration/ Facilities/sleep
- Deployed staff induction packs for new areas

Steps we are taking to improve availability

- Further, more intense focus on colleagues wellbeing – promoting the wellbeing hour and ensuring colleagues have carefully managed annual leave and down time
- Managers to ensure regular breaks and annual leave with a formal monitoring process in place
- One culture of care – compassionate, kind, understanding and supportive leadership
- Following guidance on isolation
- Develop roles for clinical colleagues to undertake off site if they are isolating
- Further push on virtual clinics and monitoring – whatever can be done off site
- Focus on discharge process early in morning to help flow and medical colleagues continuing to support nursing colleagues with general patient safety must dos on the ward
- Resource up at Site co-Ordinator level
- Wrap around support to critical teams with lower availability as a matter of urgency with an improvement plan in place
- Over recruit where we can to release pressure, being mindful of taking further resource from wider care sector which may be counter productive. Also be mindful of a need to have trained, able colleagues to assist



Impact on Elective (Planned) Care

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 prioritises clinical need and Health inequalities over time waited with the exception being seeking to eliminate patients waiting over 104weeks from referral to treatment. This 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. Despite these pressures, thanks to the dedication of our colleagues, 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.



CHFT Recovery Framework

Principles

- Patient & colleague safety & wellbeing
- Resilience
- Needs based
- Ensure learning reviewed & embedded
- Understand interdependencies including financial implications
- Ensure a positive training environment
- Incorporate our agreed Must Do's

Priorities

- Priority 1 & 2 patients
- People with a learning disability
- Waiting time equity for BAME & non BAME
- Appropriate waiting time equity across specialties
- Patients with a harm or independence risk
- Robust administrative support
- Services where increased risk of harm
- Services where no alternative provision
- All additionality will be voluntary
- Widen access to recruitment
- Compassionate leadership

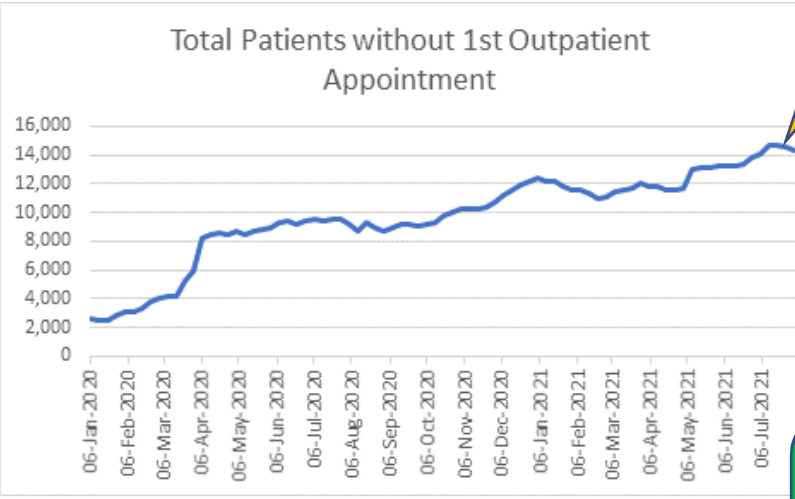
Health Inequalities

- Compliance with the 8 urgent actions
- Connection with communities used to inform including digital inclusion
- The lived experience with initial focus on families accessing maternity services
- Overlay clinical prioritisation to ensure recovery reduces health inequalities and ensure those most likely to benefit are prioritised
- Ensure a diverse and inclusive workforce with equal access to opportunities

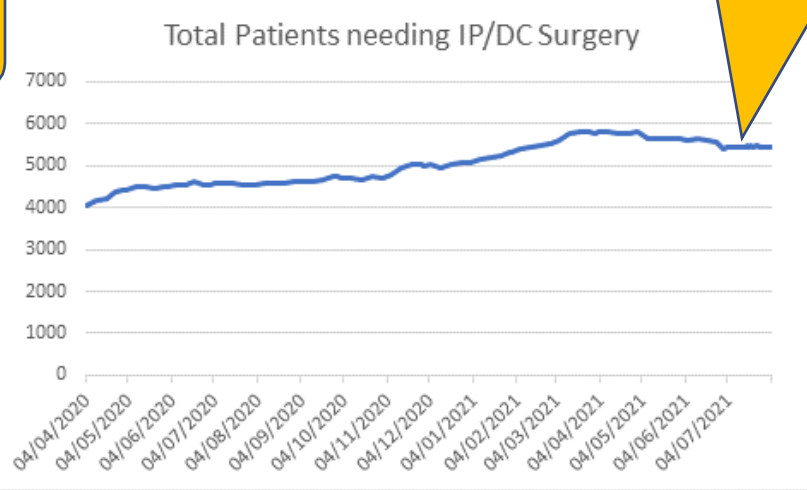
Modelling

- Clinical reference group in place
- Sept & March Milestones
- Based on priorities & current level of demand
- New outpatients, inpatient/daycase & Endoscopy completed
- Follow up outpatients, other diagnostics & therapies to be completed

Planned care position

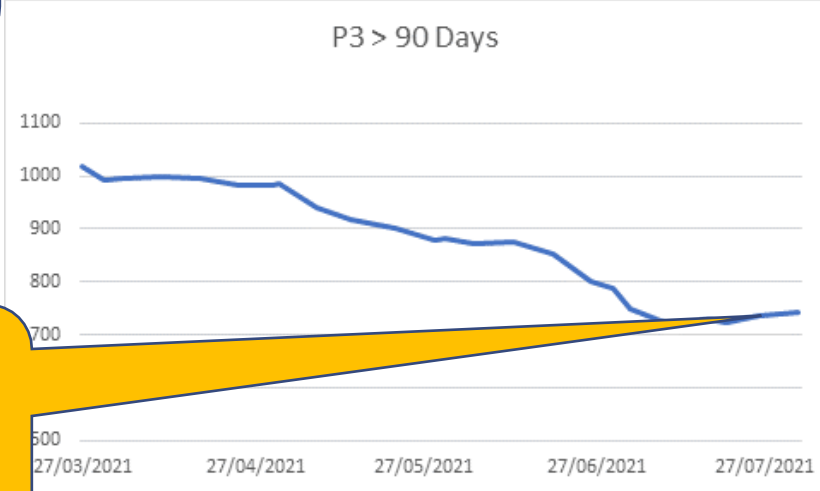
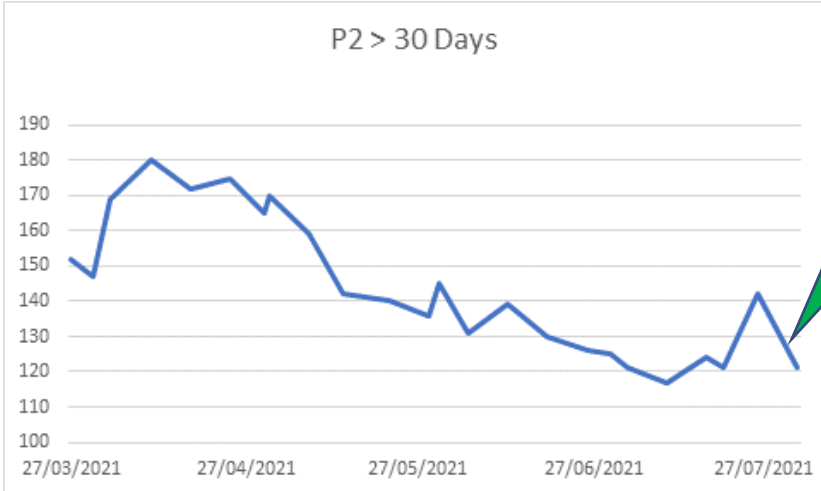


System decision to reopen to referrals very early in wave 1 to ensure all patients kept on a single list



Theatre staff redeployed to support respiratory & critical care. Recovery based on clinical need & health inequalities

Priority to ensure all clinically urgent patients treated within 30days of prioritisation by end of September. On track despite seeing a significant increase in additions as a priority 2



Priority to ensure patients prioritised as semi urgent are treated within 90days of prioritisation by end of September. Off track with more capacity diverted to support P2 increased demand. Recalculating

Diagnostic position

Endoscopy Waiting List Size



Endoscopy staff redeployed to support respiratory & critical care having significant impact on capacity for a prolonged period

Endoscopy % within 6 Weeks



Aiming to be at 6 weeks in Q3. significant additional capacity purchased

Initial increase in waiting time as capacity reduced but secured mobile, staffed scanners to aid recovery

Radiology Waiting List Size

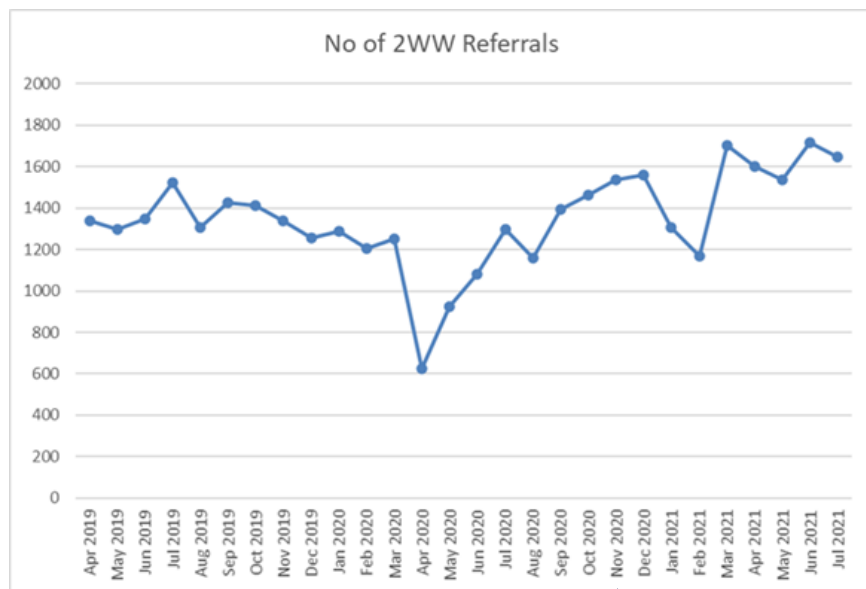


Maintaining performance at 6 weeks & delivering increased capacity for cancer diagnostics

Radiology % within 6 Weeks

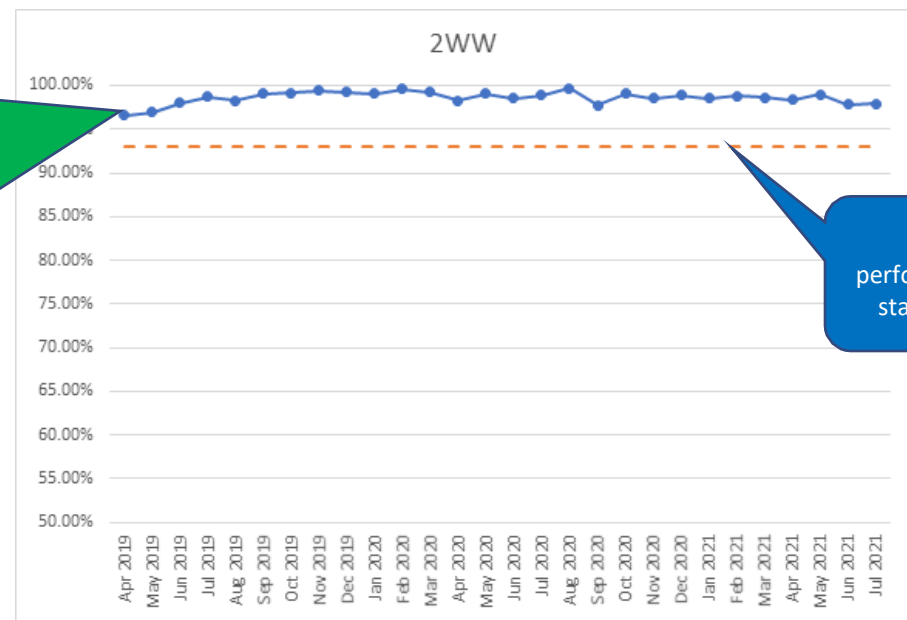


Cancer position



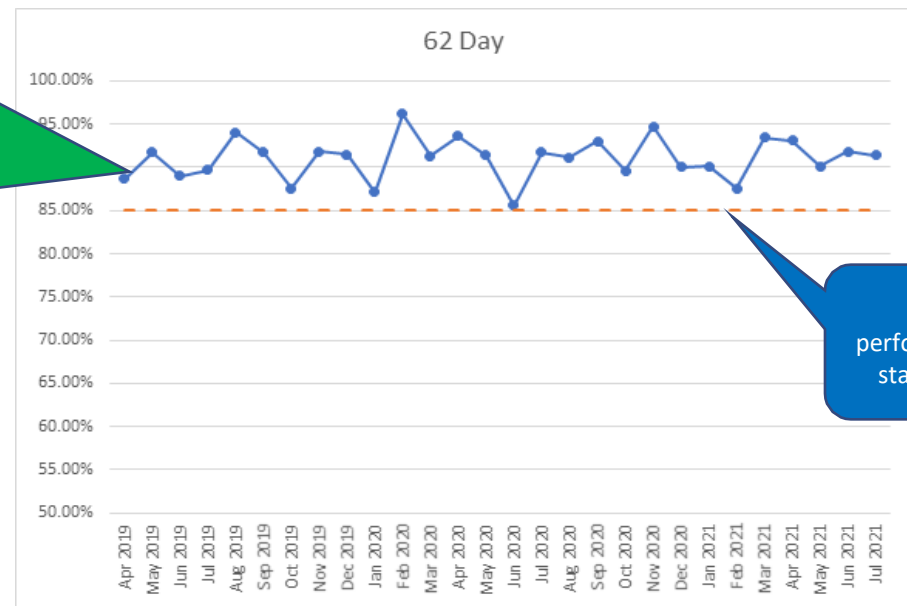
Some reduction at start of pandemic but rapidly returned and then exceeded pre pandemic levels of referrals

Maintained access for cancer services throughout ensuring patients continued to be seen within the 2 week standard even with increased demand

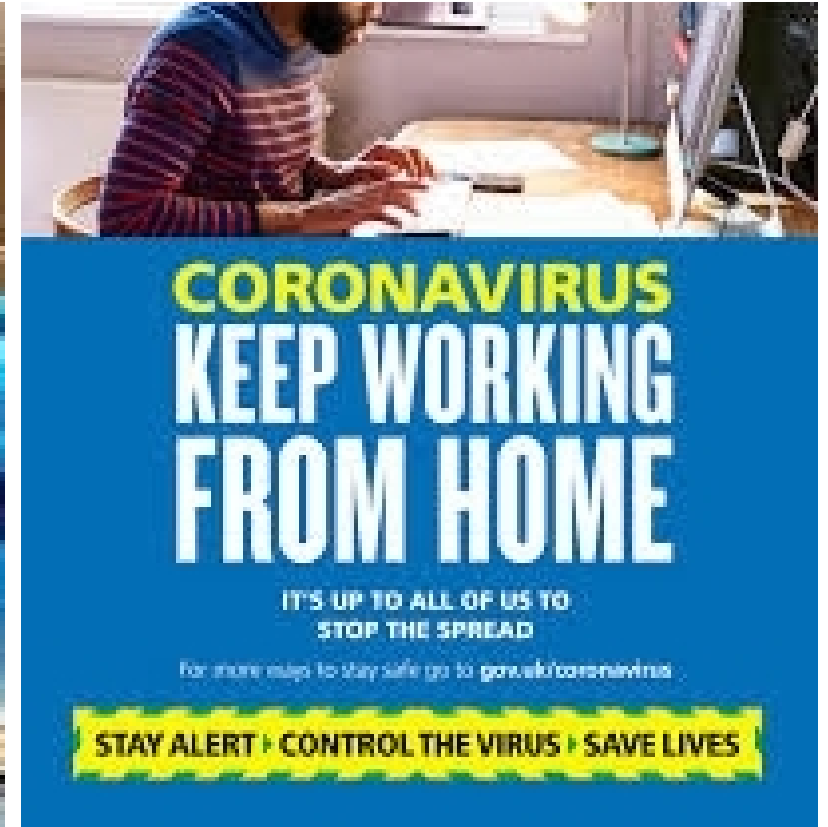


Ntl performance standard

Prioritised capacity for cancer patients, no backlog developed and ensured patients received treatment within optimal window



Ntl performance standard



Learning from the Pandemic



Calderdale and Huddersfield
NHS Foundation Trust

Learning from the Pandemic

- 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 12 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.



LEARNING FROM THE PANDEMIC - BUSINESS BETTER THAN USUAL

PLAN ON A PAGE

<p>Integration & Partnerships</p> <p>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.</p>	<p>Remote Patient Appointments</p> <p>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.</p>	<p>Needs based Prioritisation</p> <p>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. .</p>
<p>Workforce</p> <p>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.</p>	<p>Remote / Homeworking</p> <p>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.</p>	<p>Theatres – New Ways of Working</p> <p>The restart of elective surgery has provided opportunity to redesign theatre scheduling to optimise productivity and this will inform long term planning.</p>
<p>Clinical communication, virtual Multi-Disciplinary Teams & Education</p> <p>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.</p>	<p>Reducing Health Inequalities</p> <p>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.</p>	<p>Direct Assessment Pathways</p> <p>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.</p>
<p>Pathology</p> <p>Redesign of the service considering options for delivery in the community (e.g. phlebotomy) and to take account of changing patterns of demand.</p>	<p>Estate</p> <p>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.</p>	<p>Digital Options for Visitors</p> <p>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.</p>

Learning from the Pandemic is informing for example-

- **Future 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.”*
- **Future Estate Design** - 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). For example this includes increased provision of single occupancy en-suite inpatient rooms.
- **Travel and Transport Plans** - 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 and this learning is informing our future estate requirements and climate sustainability plans.

Questions and Discussion

