

COVID Response, Restart and Recovery

Trust Board	Item: 10
Date: 30th September 2020	Enclosure: E
Purpose of the Report: The purpose of this report is to provide the Board with an update on the current position on restoration and recovery of clinical services in the Trust and where adaptations have been made to manage in the pandemic	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/>	
Link to Relevant Corporate Objective:	
Document Previously Considered By:	Executive Management Committee
Recommendations: The Board is asked to note the progress update on recovery and restoration of services.	

Update on Elective Restart/Recovery of Services at KHFT

Introduction

The current situation at Kingston Hospital NHS Foundation Trust (KHFT) is that all elective services have now been re-started. The process of elective re-start has been closely managed by the senior operations team to ensure:

- Safe re-start of services
- Incorporation of all required IPC measures
- Identification of additional cost pressures around re-start.

The detailed process of re-start has been managed via the Planned Care Division and then final ratification of plans is approved via a multi-disciplinary senior MDT, chaired by the Director Operations. All re-starts of services are then finally ratified through the Trust Executive.

Changes/novel approaches to services in the re-start

Due to the requirement to ensure appropriate social distancing for patients and staff, and the need to think hard about whether patients are absolutely required to attend the hospital, a number of innovations have been made along both the admitted and outpatient pathways. To ensure consistency across SW London (SWL), the Deputy Chief Executive Officer (CEO) also chairs a weekly SWL elective re-start group.

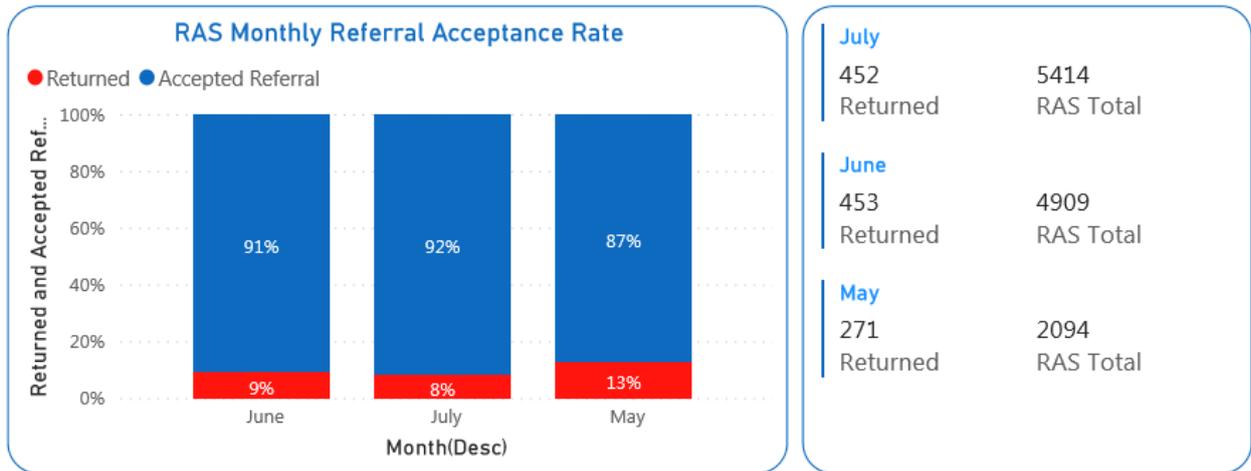
Collaboration with SWL

- Agreed SWL approach to the implementation of the Access Policy for patients declining to come in due to COVID – led by the Deputy CEO – in place. Has ensured waiting lists are current and relevant and declared performance is accurate.
- KHFT have led on the setting up of a SWL Referral Unit, taking long waiting patients from St George's Hospital (SGH) and ensuring patients are booked for earlier treatment at either Croydon or Kingston.
- Collaboration in discussions around the elective hubs – supporting the setting up of the General Surgical Hub on the Kingston site.
- Setting up of regular Clinical engagement meetings with GPs in SWL to discuss pathways and ensure open channels of communication.

Outpatient Re-start

- One way system implemented in the physical outpatient areas.
- *Attend Anywhere* rolled out across all specialties – this is a virtual platform for video consultation. In progress.
- All outpatient rooms equipped with telephones if clinicians/patients prefer telephone consultations.
- Process for prescribing for virtual appointments put in place.
- Laptops rolled out where possible to clinical teams to enable agile working.
- General principle of 1 face to face patient appointment per hour.
- Trialling new virtual specialty Multi-Disciplinary Teams (MDTs) where GPs can dial in and present anonymised cases to the specialty hospital leads.

- Creation of GP: Hospital Clinical Lead Links
- Introduction of a *Referral Assessment Service* (RAS) on the electronic referral system – senior consultant triage up front on every referral means that patient referrals get a senior review, urgent referrals can be prioritised, and advice can be given back to the GP without necessarily needing to call the patient to the hospital. RAS results detailed below:



Surgical Re-start

- Consultation took place with the day surgery team to enable the transformation of the day surgery unit into a 7 day, overnight inpatient service, to ensure resilience ongoing and in event of second surge.
- Close collaboration with New Victoria Hospital – to expand the number of theatres available to catch up with elective backlogs.
- Innovative use of theatres to support both Super Green and Amber pathways whilst still maintaining maximum productivity.
- Creation of a super green high dependency unit (HDU) on Alex Ward, to maintain elective flow during second surge.

Next Steps

- Continue to maximise our elective capacity and make this as resilient as possible to manage a second surge including managing winter.

Recommendations

The Board is asked to note the progress update on recovery and restoration of services.