Kingston Hospital
NHS Foundation Trust

Impact on Clinical Services during Covid pandemic

Trust Board	**Item: 10**
Date: 1st December 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 clinical services in relation to the pandemic. It will provide an update on progress against recovery of elective care to date.	
For: Information ☒ Assurance ☐ Discussion and input ☐ Decision/approval ☒	
Sponsor (Executive Lead):	Mairead McCormick Chief Operating Officer/Deputy Chief Executive Officer
Author:	Mairead Mc Cormick
Author Contact Details:	mairead.mccormick1@nhs.net
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Risk register includes Covid related risks
Legal / Regulatory / Reputation Implications:	CQC
Link to Relevant CQC Domain: **Safe ☒ Effective ☐ Caring ☐ Responsive ☐ Well Led ☐**	
Link to Relevant Strategic Theme:	All
Document Previously Considered By:	Executive Management Committee
Recommendations: The Board is asked to note the content of this update on the impact on Clinical Services at KHFT from COVID pandemic and the steps being taken to mitigate the impact.	

Update on the impact on Clinical Services at KHFT from COVID pandemic

1. Urgent & Emergency Care

1.1. The current situation at Kingston Hospital NHS Foundation Trust (KHFT) is that attendances to the Emergency Department have not recovered to pre-COVID levels. The reduction is seen primarily in Type 3 attendances representing minor illness/injury presentations. Type 2 presentations have also materially changed which represents that Ophthalmology has now become a booked service.

1.2. NHS 111 is now fully operational 24/7 to provide a booked service into the Emergency Department if required and to signpost to other services where appropriate. This has been widely communicated with the local population but also encourages people to seek help if required.

1.3. The emergency admissions have remained consistent with no material change although the conversion rate is much higher. It is important to recognise that when attendances to the Emergency Department are predominantly major cases, the conversion rates to admission will continue to rise, indicating appropriate attendances for patients requiring emergency care. There is however significant growth in the volume of stranded patients (those in hospital> 7 days) and super stranded (> 21 days) by approximately 20%. The reasons for this relate to the challenges of discharging patients who are still testing positive back into their own homes with a vulnerable adult, or to nursing/care homes due to changes in government guidance and insurance. This is impacting on flow through the hospital compounded by the rising volume of COVID positive inpatients and management of contact inpatients.

1.4. Teddington Memorial Hospital has become a dedicated temporary alternative discharge destination (TADD) as an interim measure to support the transient arrangement before patients test negative and can return to their nursing home. This has had a significant impact on delivery of the four hour standard which is a proxy measure of system flow.

1.5. The Trust has now opened a second intensive care unit on Hardy ward to provide additional critical care capacity and a COVID/Non COVID split. This is due to the London modelling of predicting the requirements for critical care in the forthcoming weeks and in response to our local demands.

2. Planned/Elective care

2.1. Despite the challenges to managing flow, the Trust has managed to sustain a full elective care programme through the use of day surgery converting to a 24/7 elective care centre and using the Kingston Private unit to support inpatient care. We are also supported by the utilisation of the New Victoria Hospital that adds additional capacity.

2.2. **Outpatients –** We have been achieving > 100% business as usual for outpatient services, albeit delivering these in many alternative ways than face to face. We continue to operate the following:

- One way system implemented in physical outpatient areas.
- *Attend Anywhere* across all specialties – this is a virtual platform for video consultation.
- All outpatient rooms equipped with telephones if clinicians/patients prefer telephone consultations.
- Process for prescribing for virtual appointments.
- Laptops rolled out where possible to clinical teams to enable agile working.
- General principle of one 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
- Using 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.

3. Next Steps

3.1. We continue to work with partners to increase capacity external to the organisation for recovery and rehabilitation from COVID to reduce the volume of stranded/super stranded patients occupying inpatient beds and continue to maximise elective care where possible, appreciating that there will be periods of flexing up and down depending on constraints such as workforce/inpatient beds.

4. Recommendations

4.1. The Board is asked to note the content of this update on the impact on Clinical Services at KHFT from COVID pandemic and the steps being taken to mitigate the impact.