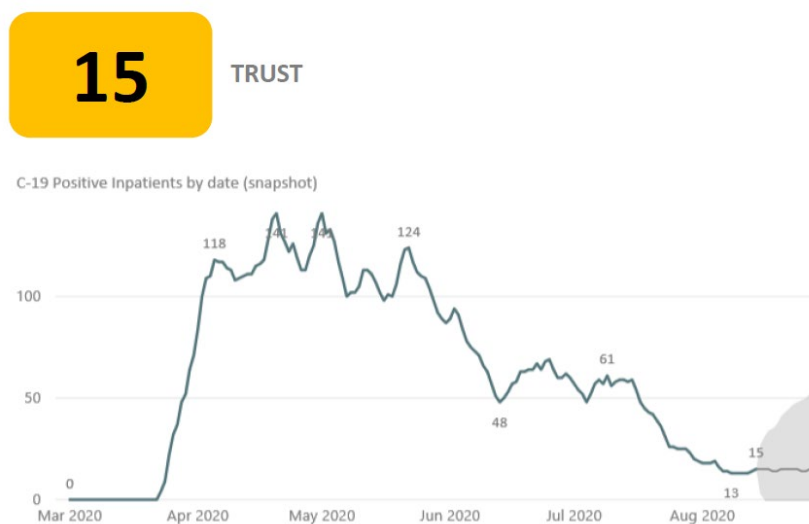


East Kent Hospitals Update for Health Overview and Scrutiny Committee

Covid-19 Update: September 2020

1. Current position

- 1.1 The Trust is now caring for a very small number of patients with Covid-19 and recording very low numbers of Covid-related deaths.
- 1.2 The numbers of patients needing hospital treatment for Covid-19 in east Kent continues to fall and is at the lowest since the start of the pandemic in March 2020. During August, 32 patients were treated for Covid-19, down from 146 in July.
- 1.3 The graphs below show the numbers of inpatients treated for Covid-19 in East Kent Hospitals since March 2020.¹



- 1.4 The Trust is working with its NHS partners to prepare for possible increases in hospital admissions, making improvements within the hospitals to increase capacity in readiness for the winter, as well as continuing to improve infection prevention and control and further supporting staff health and wellbeing.

2. Background

- 2.1 At the time of writing, 1,044 inpatients had recovered from Covid-19 following treatment for Covid-19 at hospitals in east Kent since the start of the pandemic. Tragically, 454 patients have lost their lives. Staff are committed to caring for all our patients and our thoughts are with everyone who has lost a loved one during the pandemic.
- 2.2 The initial increase in patients presenting for treatment in the Trust's hospitals began later than other parts of England and this translated into a later reduction in hospital activity and Covid-related deaths. Other areas of the country are now starting to see higher virus rates reinforcing the need to be vigilant at all times.

- 2.3 East Kent, which is one of the largest Trusts in the country, has accounted for 1.5 per cent of deaths of any cause recorded by NHS Trusts in England since the start of the pandemic where the patient has had a positive test for Covid-19 in the last 28 days or it is mentioned on the death certificate.
- 2.4 There was a rise in Covid-19 related deaths in the Trust towards the end of June, since when there has been a continuing reduction and they are currently at their lowest level since the start of the pandemic.
- 2.5 The higher number of deaths from Covid -19 reported over a week towards the end of June is under review to understand any internal and external factors that may have contributed to this pattern. In addition the Trust has put itself forward to be part of a national review of Covid-related mortality hosted by the Royal College of Physicians.
- 2.6 The Trust has acted to minimise the transmission of Covid-19 in hospital throughout the pandemic, improving bed management, maintaining patients in chronological cohorts, increasing cleaning and where necessary, closing wards or bays.
- 2.7 More is being learnt about how to effectively treat Covid-19 and prevent its spread as the pandemic progresses. Staff at the Trust continue to be committed to learn more about this virus and to provide the best care and treatment for patients.

3. Cancer care

- 3.1 Throughout the pandemic a number of essential hospital services continued, for example, treatment for patients with medical and surgical emergencies and urgent cancer care.
- 3.2 The Trust continued with urgent cancer surgery, moving some procedures to K&C for a short time, as well as continuing with treatments such as chemotherapy and radiotherapy, for patients with a range of cancers including breast, bowel and gynaecological cancer. Theatre and nursing staff swapped roles to care for cancer patients rather than their usual specialities, such as orthopaedics.
- 3.3 As a result, Trust performance is in line with key national access standards. During July:
 - 98% of patients were seen by a specialist within two weeks of urgent referral (target: 93%),
 - 98.5% of patients started cancer treatment within 31 days of a diagnosis (target: 96%), and
 - 91% of patients started cancer treatment within 62 days of initial referral (target: 85%).

4. Video consultations

- 4.1 To support as many patients as possible to continue to access appointments, the Trust rapidly enabled the change from face to face consultations to video and phone consultations.
- 4.2 The Trust went from no video consultations to 450 consultants, nurses, therapist and midwives using this technology to keep in touch with their patients.
- 4.3 The Trust is now one of the biggest users of video consultations in the country and something that clinicians will continue to use where it provides the most clinically-appropriate means of contact with their patients.

5. Testing

- 5.1 The Trust was one of the first to carry out extensive patient and staff testing for Covid-19 and has also supported 49 external organisations undertake testing. To date, more than 66,600 Covid-19 tests and 26,000 antibody tests have been undertaken by the Trust.
- 5.2 The Trust's IT and Pathology Departments developed an online portal which has now been adopted across Kent and Medway. It meant staff were able to book their test, drive to their nearest hospital, have their swab and receive their result by text message, all within 24 hours.
- 5.3 This has enabled staff to return to work safe in the knowledge that they were not infected and a risk to patients and colleagues. It has also supported colleagues within the police, fire, ambulance and other social care organisations and care homes.
- 5.4 The portal has also enabled staff to book a Covid-19 antibody blood test to support prevalence studies and has most recently been adopted for routine blood testing to support social distancing reducing patient footfall in the Trust's hospitals.

6. Managing PPE

- 6.1 A PPE taskforce and IT solutions have supported the supply and distribution of PPE across the Trust's hospitals.
- 6.2 At the start of the pandemic staff were physically counting the amount of PPE daily but a new electronic system meant stocks could be recorded, with distribution and use monitored down to individual ward level. The PPE application manages millions of PPE items from regional distribution to front line care. It has also ensured a steady supply of PPE, included setting up site-based PPE stores so that stock was close to hand and available to staff quickly.
- 6.3 A PPE taskforce team helped with the distribution from a central source out to our local sites. Staff who had been seconded from corporate teams helped the distribution effort. As use increased and more supplies were provided increased training was available for staff.

7. Care Quality Commission inspection

- 7.1 The Care Quality Commission undertook a focussed inspection of the care and treatment of patients at the William Harvey Hospital in Ashford on 11 August.
- 7.2 The Trust has acted on the inspectors' initial feedback which showed that during this visit they saw examples of infection prevention and control (IPC) practice which falls short of the standard our staff and Board aspire to.
- 7.3 To ensure our infection control practices are as robust as they should be we have made a number of changes, including refreshed mandatory training for all clinical staff and a review of the Trust's IPC policies and standard operating procedures to ensure that they reflect current good practice. We are asking our staff to always follow best practice in hand hygiene and the use of PPE.

- 7.4 We are also making further physical changes to hospital buildings to improve infection control and support social distancing and are carrying out regular audits, among other measures.
- 7.5 Rapid, long-lasting improvement is being led by our new, highly experienced, Interim Director of Infection, Prevention and Control, Dr Sara Mumford and we have reported on this progress to the Care Quality Commission.
- 7.6 The CQC has also written to us under its statutory powers under Section 31 of the Health and Social Care Act, and the Trust has 28 days to reply.
- 7.7 We are awaiting the CQC's draft report. Their final report is expected to be published later in the Autumn.
- 7.8 We take all feedback from the CQC extremely seriously and keeping our patients and staff safe is our priority. Actions and progress resulting from CQC inspections are discussed at the Trust's Quality Committee and reported to the Trust's Board.

8. Infection prevention and control improvement plan

- 8.1 The Trust is working closely with NHS England and Improvement Safety Support Programme and two improvement advisors who are supporting the implementation of the Trust's infection prevention improvement plan.
- 8.2 The Trust is taking all possible steps to keep patients and staff safe, other measures include:
- a strict policy limiting the number of people in the hospitals,
 - taking temperature checks before people enter the buildings,
 - providing face masks and hand washing facilities at main entrances and throughout the hospitals,
 - social distancing guidelines in the buildings, supported by formal risk assessments,
 - testing patients and symptomatic staff in line with national guidance,
 - refreshed mandatory training for all clinical staff
 - daily infection prevention meetings on wards, and
 - regular observation of ward rounds

9. Resuming services

- 9.1 In line with national guidance, most non-clinically urgent hospital services were temporarily paused earlier this year to prioritise capacity to treat a surge in patients with Covid-19. The Trust is working hard to restore services to near-normal levels of pre-Covid capacity, including resuming planned surgical procedures, routine tests and scans and outpatient appointments.
- 9.2 Where clinically appropriate, face to face outpatient appointments are being reinstated within the reduced capacity constraints within waiting areas and strict infection control guidance.
- 9.3 The Trust is increasing the number and type of planned operations for patients at all hospitals, as more of our operating theatres reopen, many having previously been converted to temporary intensive care units.

- 9.4 Inpatient and day case surgery is underway at K&C, QEQM and WHH. Patients on our waiting lists are reviewed clinically to ensure that the most urgent patients are treated soonest.
- 9.5 Prior to the pandemic, the Trust had eliminated the number of patients waiting over a year for planned surgery. Due to the disruption to services during the pandemic, regrettably 1,155 patients are waiting over a year for their planned surgery (end July). To help treat more patients sooner, the Trust continues to use additional capacity in local independent hospitals, including One Ashford, Chaucer and Benenden hospitals.
- 9.6 Work is also underway to resume more operations, including more routine procedures and day surgery at all hospitals later this year.

10. Investment

- 10.1 The Trust has received an additional £23 million of national NHS investment since June 2020 to make improvements at K&C, QEQM and WHH to increase patient capacity and enhance infection prevention and control measures for patients and staff.
- 10.2 The emergency department QEQM Hospital has been extended to include five additional treatment cubicles, a side room and a room dedicated to patients with mental health needs.
- 10.3 Intensive care capacity at the hospital has significantly increased, with a second permanent intensive care unit established with an additional ten beds.
- 10.4 A ten-week building programme is underway at William Harvey Hospital. This includes:
- eleven additional treatment cubicles in the emergency department,
 - eight intensive care beds,
 - a new, larger Surgical Emergency Admissions Unit, and
 - a women's ambulatory unit, which will mean women with specific conditions can be treated in a dedicated environment, away from the emergency department.
- 10.5 Further building work is underway at both hospitals to provide more PPE 'donning and doffing rooms', increase hand washing facilities and put in additional internal doors to help prevent the spread of infection.
- 10.6 The Trust is bidding for further capital investment to:
- open two extra 30 bed wards, one at WHH and one at QEQM, to provide additional capacity for the winter period and importantly to increase the number of single en-suite rooms to more easily isolate patients with infections, and
 - enable further improvements within the emergency departments, increasing cubicles and bed space, increasing the size of the children's emergency department and increasing waiting space for patients.

ⁱ Grey area indicates a predicted range based on previous trends.