NHS
The Mid Yorkshire Hospitals
NHS Trust

Kirklees Health and Adult Social Care Scrutiny Meeting
July 2020

Striving for excellence

An Associated Teaching Trust

Introduction

- Coronavirus disease 2019 (COVID-19): Worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- Most people (80%) who are infected have mild symptoms, some do not have any symptoms at all.
- Most who are infected, infectious for up to 2 days before they have symptoms.
- This means it is easy to spread this disease before you are aware you have it.

Main Symptoms of Coronavirus

- **High temperature** – feel hot to touch on chest or back
- **New, continuous cough** – coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- **Loss or change to your sense of smell or taste** – noticed cannot smell or taste anything, or things smell or taste different to normal*

* added to the case definition towards the end of the first phase.

COVID-19 Patient Profile

- Majority of symptomatic managed at home.
- 15-20% unwell and require hospitalisation.
- 5% required intensive care, some required breathing support through non invasive/invasive ventilation.
- Higher risk: male, older (>60), underlying conditions e.g. diabetes cardiovascular disease, hypertension and/or chronic lung disease. Growing evidence individuals from BAME backgrounds increased risk of adverse health outcomes following COVID-19.

COVID-19 Incident Plan

- Trust implemented a COVID-19 Incident plan
- Initially MY had no testing capacity: instalment of own testing capability has proved essential.
- Clear the COVID-19 incident would be a marathon not a sprint
- Comprehensive communication strategy in an incident is essential:
  - Command and control provided clear chains of communication
  - Communication team provided daily briefings and external communications throughout.
  - The direct communication to the trust personnel by the executive team welcomed.

Evidence of Implementation

- Changes in practice: log of service changes due to COVID-19 went through a Quality Impact Assessment process signed off by the Medical Director and Director of Nursing
- The Covid-19 Strategic Group Decision and Action Log Patient flow:
  - Implementation of Red, Amber, Green pathways to support all patients – people still needed our support who didn't have Covid-19 – risk reduction was essential

Evidence of Implementation

- Estate changes: Red and Green sites to reduce patient and staff risks. Conversion of the Pontefract site to a Cancer Hub. Changes to our Emergency Departments to segregate patients presenting with Covid symptoms from those not. Ward areas clearly identified with patient placement led by clinical presentation

- Clinical groups working differently and collaboratively across the Trust. Full redesign and implementation of new medical staff rotas

- Redeployment of Trust personnel to support front line care delivery in patient facing and support roles

- Personal Protective Equipment (PPE) – availability and safe use

- Welfare and wellbeing of Trust personnel – psychological support key

COVID-19 Incident Data:

Timelines:

- First known Case of COVID19 – Wuhan = 31st December 2019
- First Known Case of COVID19 in the UK = 31st January 2020
- First Known COVID19 related death in the UK = 02nd March 2020
- First Known Case of COVID19 at Mid Yorkshire Hospitals = 15th March 2020
- First Known Death of COVID19 at Mid Yorkshire Hospitals = 23rd March 2020
- Peak COVID19 in hospital inpatients date and number at Mid Yorkshire Hospitals
  = 170, 10th April 2020
- Peak COVID19 hospital deaths Incidence date and number at Mid Yorkshire Hospitals = 12 deaths 04th April
  = 12 deaths 19th April
- Peak COVID 19 Critical Care date and number at Mid Yorkshire Hospitals
  = 41 patients 13th April 2020

North Kirklees CCG

NORTH KIRKLEES CCG

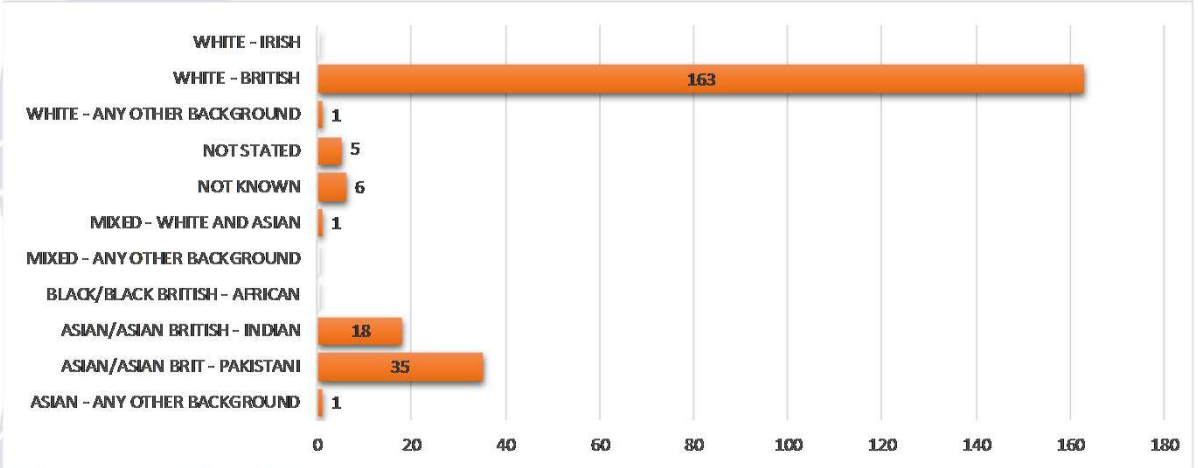
Cumulative number of inpatients diagnosed with COVID-19	Cumulative number of discharges related to COVID-19	Cumulative number of deaths related to COVID-19
230	158	67

* 5 patients were still inpatients as at 30th June 2020

Mean age of patents diagnosed with COVID-19	Percentage of COVID-19 deaths with an existing comorbidity	Mortality Rate (in-hospital) related to COVID-19
70.9	91.04%	29.13%

Ethnicity

Confirmed COVID-19 Cases



Financial Impact of Covid-19 Response

	April	May	June	Year to Date
Pay Costs	1,225	1,522	1,350	4,097
Non-Pay	651	1,745	744	3,140
Grand Total	1,876	3,267	2,094	7,237

Lessons Learnt

- Implemented command and control at early stage of the incident
- Clear communication strategy
- Working remotely / redeployment of Trust personnel
- Seven day working for senior management team, operational and clinical.
- Collaborative working of clinical teams e.g. critical/respiratory/acute medicine.
- Estate changes facilitated flow and safety for both patients and staff.
- Trust personnel and patient safety at the centre of decisions.
- Communication strategies for friend and families with relatives.
- Enhanced welfare and wellbeing packages for Trust personnel.
- Medically Optimised For Discharge (MOFD) numbers reduced significantly to free up capacity in the Trust

Lessons Learnt

- The implementation of specialist teams to:
  - Procurement of PPE and operational decision-making.
  - Staff training delivered by the Corporate Nursing team.
  - Programme Management Office and analytical team supporting data capture and reports.
  - End of life ward for patients facilitating visitors and family contact
  - FFP3 fit testing teams.
- The development of non-Face to Face outpatient clinics – telephone and by video link.
- Triage of referrals, backlogs and clinics.
- The development of meetings through Teams.
- Reduced “red tape” enabling to implement change at pace.

Lessons Learnt

- Reassurance of the Trusts response to a protracted incident showing a patient centred approach with true professionalism.
- Trust wide understanding and acceptance of the command and control arrangements in a major incident.
- The need for flexibility and adaptability to the challenges of new incident such as COVID-19.
- Need for improved internal communication between functional areas when planning a change of use, move or changes in the estate infrastructure.
- Not all patients require nor request a face to face outpatient appointment.
- Where possible improved IT infrastructure to enable remote meetings.
- Social distancing

Planning for Future Surges / Winter

- Prevention is key with the emphasis on social distancing, use of PPE and Test & Trace Surveillance
- Reset and Delivery Group Implemented
  - Appointment of a Director of Reset and Delivery to guide the Trust through the Reset programme – this is complicated and we cannot just restart
  - Optimal use of all providers to improve resilience and bridge the capacity gap
  - Protect the Pontefract site as a cancer and diagnostic centre
  - Maintain less than thirty patients at any one time Medically Optimised for Discharge to support patient flows through the hospital
  - Delivery of a new referral pathway to prevent disruption of routine referrals in the event of a second spike
- Testing our new plans through multi-agency exercises
- Horizon scanning and proactively monitoring the situation to respond at pace if needed

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Barbara Frain

Daisy Gardner

Brendan Sheridan

Masood Khan

Sally Ann Hodson

Clip from Sally Ann interview with Radio 4

Clare Truman

Nurse Becky

COVID-19 SURVIVOR