

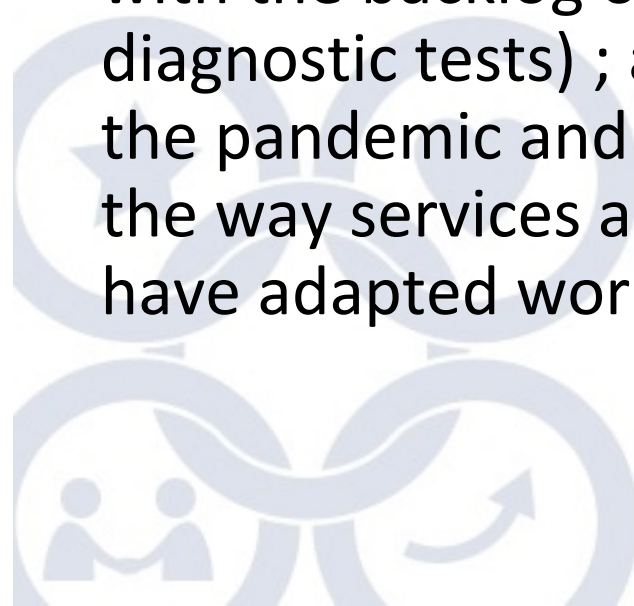


Kirklees Health and Adult Social Care Scrutiny Meeting August 2021

Kirklees Health and Adult Social Care Scrutiny

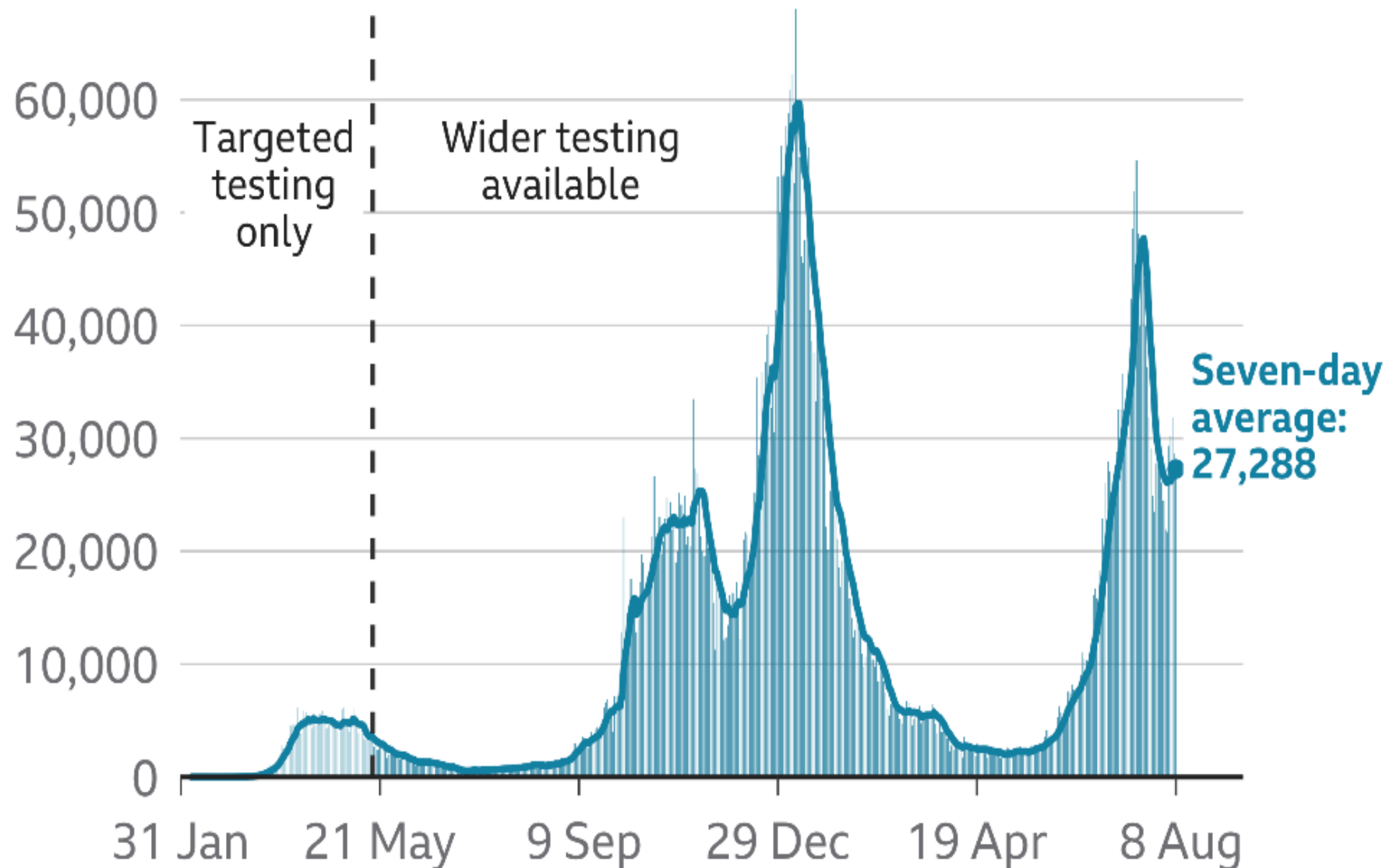
- Request:

“the impact on the workforce to include sickness/self-isolation levels, the approach to providing workforce support and wellbeing and the impact on your capacity to deliver services; the impact on planned surgery waiting lists (including numbers and trends); plans/initiatives for dealing with the backlog of delayed treatments (including diagnostic tests) ; and an overview of lessons learned during the pandemic and how these have influenced changes to the way services are delivered and examples of how you have adapted working practice.”



Number of new cases levelling off

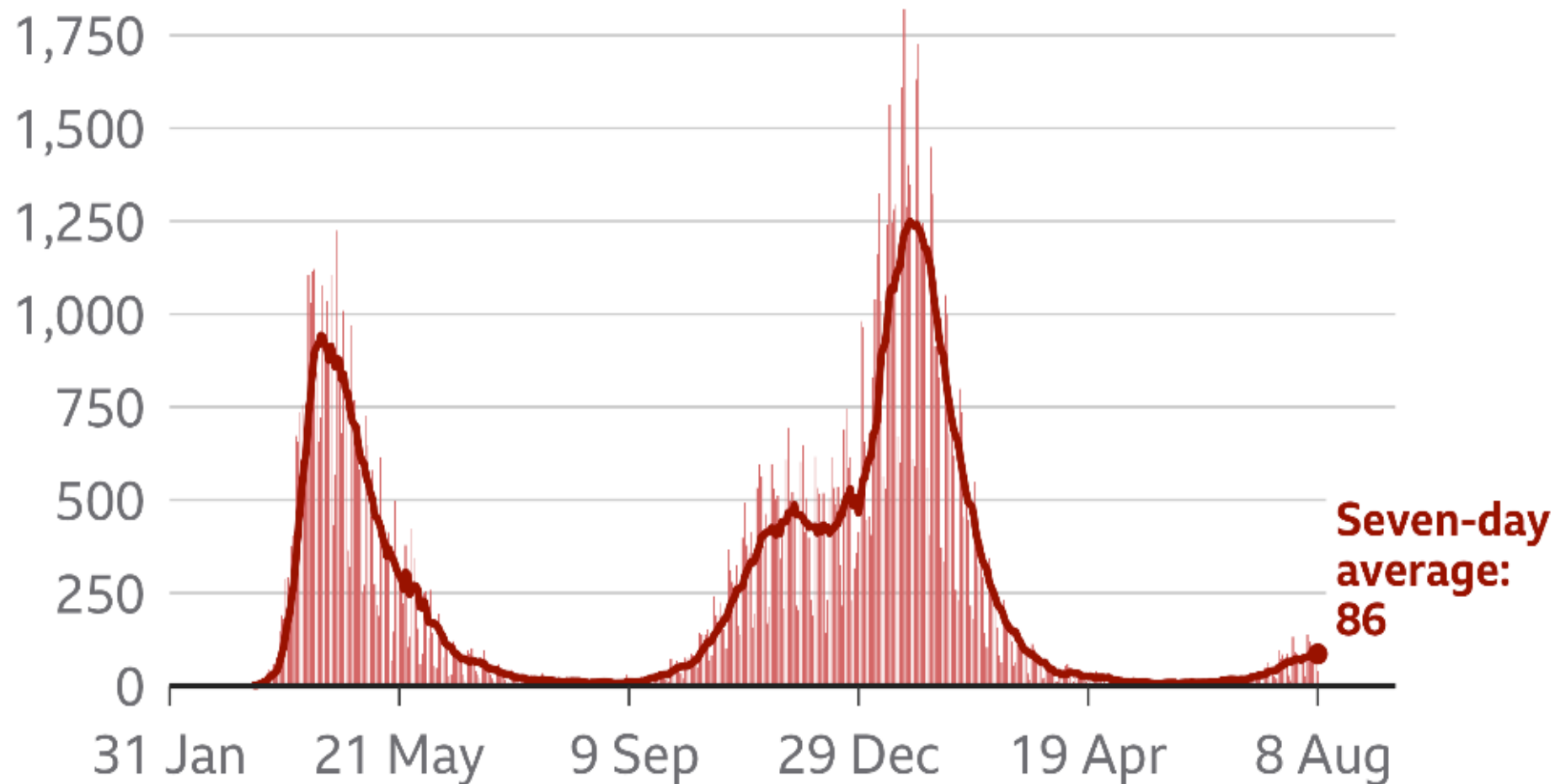
Daily confirmed coronavirus cases by date reported



Source: Gov.uk dashboard, updated 8 Aug

Daily deaths remain low

UK daily reported deaths with coronavirus

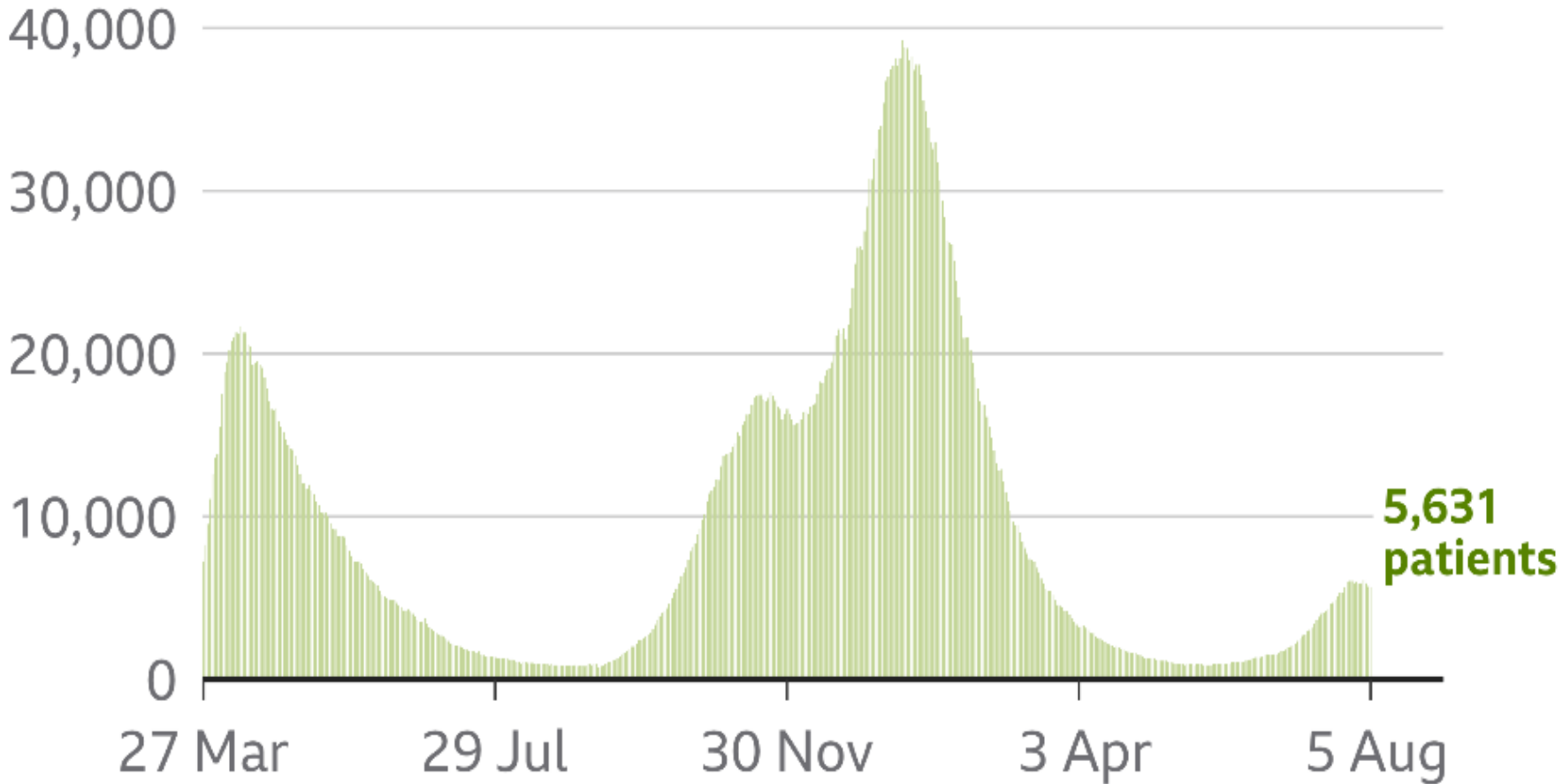


Figures include only those who tested positive for coronavirus

Source: Gov.uk dashboard, updated 8 Aug

Number of patients in hospital falling

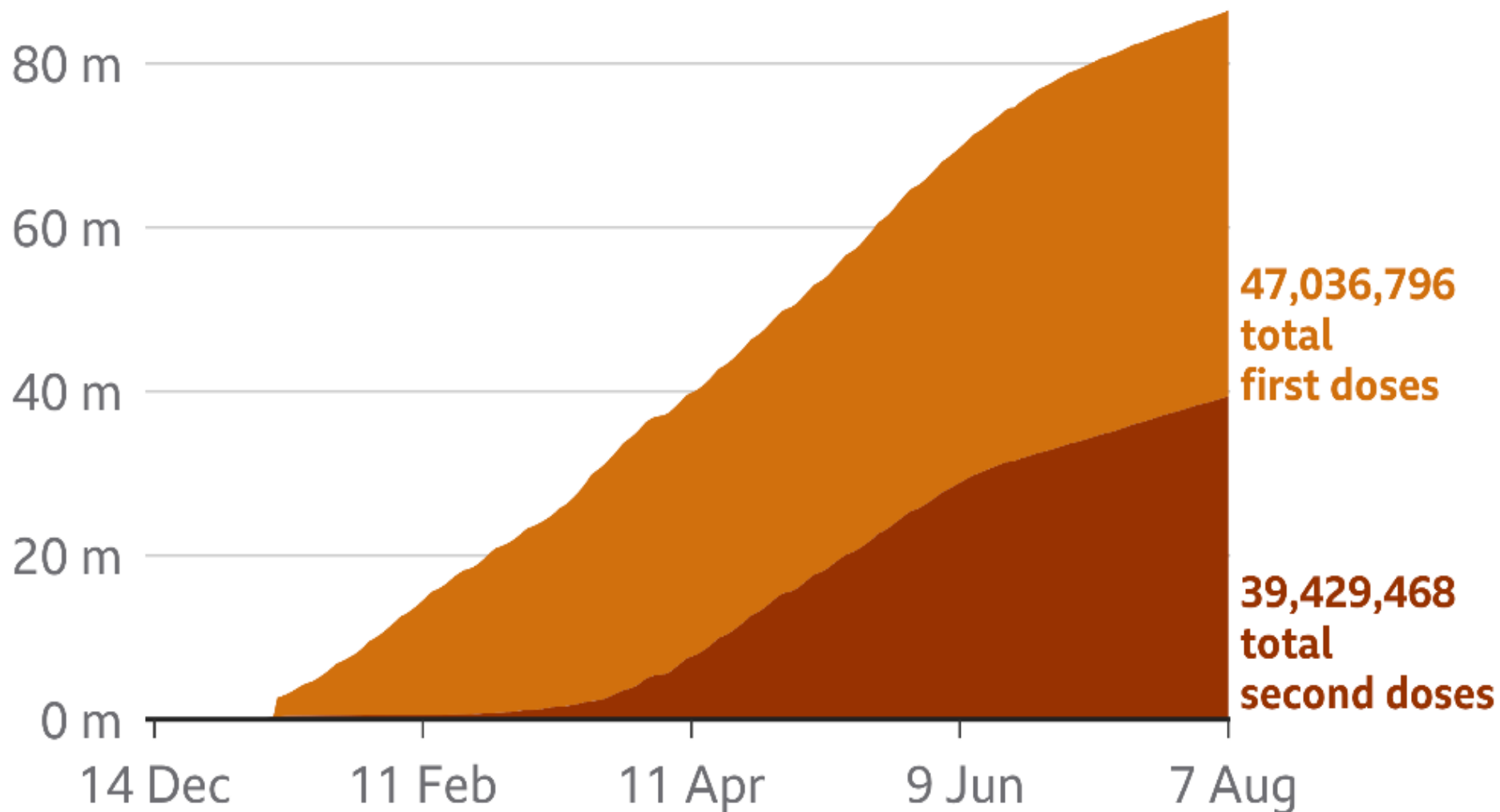
People in hospital with coronavirus, by date



Most recent data for all nations is for 5 Aug

Source: Gov.uk dashboard

More than 86m vaccine doses received across the UK, to 7 Aug



47,036,796
total
first doses

39,429,468
total
second doses

08.08.21 Data at Mid Yorkshire Hospitals:

- COVID-19 Inpatients (10:30):
 - Positive: 76
 - 13 of which are requiring higher acuity care
- Medically Optimised For Discharge = 80
- COVID Related workforce absence = 196
 - Combination of Covid positive (22), isolating (174)
 - 23 able to work from home
- Total workforce 9206, total absence 650.

7 Day Position for Pillar 1 & Pillar 2 Cases - West Yorkshire, Boundary Areas and England Position

5 August 2021

Latest Cases	Latest Day	Latest 7 Days Total	Previous 7 Days Total	Weekly Change	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Rate Change	Cumulative Cases	Cumulative Rate per 100k
▲									
Barnsley	142	821	853	↓ -32	331.0	343.9	↓ -12.9	28,877	11,640.6
Bradford	270	1,663	1,806	↓ -143	306.8	333.1	↓ -26.4	66,734	12,309.6
Calderdale	127	824	831	↓ -7	389.7	393.0	↓ -3.3	21,401	10,121.6
Doncaster	167	1,065	1,277	↓ -212	340.5	408.3	↓ -67.8	34,906	11,159.7
Kirklees	235	1,523	1,326	↑ 197	345.1	300.5	↑ 44.6	47,094	10,671.9
Leeds	470	3,138	2,999	↑ 139	392.8	375.4	↑ 17.4	93,525	11,708.4
North Yorkshire	272	1,621	1,613	↑ 8	261.2	259.9	↑ 1.3	44,941	7,241.4
Wakefield	182	1,269	1,297	↓ -28	360.9	368.9	↓ -8.0	38,858	11,052.0
West Yorkshire Total	Latest Day	Latest 7 Days Total	Previous 7 Days Total	Weekly Change	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Rate Change	Cumulative Cases	Cumulative Rate per 100k
▼									
West Yorkshire	1,284	8,417	8,259	↑ 158	358.9	352.2	↑ 6.7	267,612	11,410.9

England Total	Latest Day	Latest 7 Days Total	Previous 7 Days Total	Weekly Change	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Rate Change	Cumulative Cases	Cumulative Rate per 100k	Top 15 Local Authorities with the highest rates per 100k for the last 7 days:			
										Latest Rates	Latest 7 Days Total Per 100k Population	Previous 7 Days Total Per 100k Population	Weekly Direction
England	26,555	164,080	164,914	↓ -834	290.1	291.6	↓ -1.5	5,302,555	9,376.7	Kingston upon Hull, City of	558.0	504.4	↑
										Torbay	493.3	396.4	↑
										Bournemouth, Christchurch and Poole	482.9	496.7	↓
										Brighton and Hove	476.5	366.1	↑
										Blackpool	476.2	519.6	↓
										Sheffield	473.0	449.1	↑
										North East Lincolnshire	465.6	472.5	↓
										Plymouth	428.0	453.5	↓
										Peterborough	423.4	287.2	↑
										Middlesbrough	416.9	574.0	↓
										Bristol, City of	397.1	421.4	↓
										Leeds	392.8	375.4	↑
										Calderdale	389.7	393.0	↓
										Salford	383.3	424.8	↓
										Southampton	376.5	406.1	↓

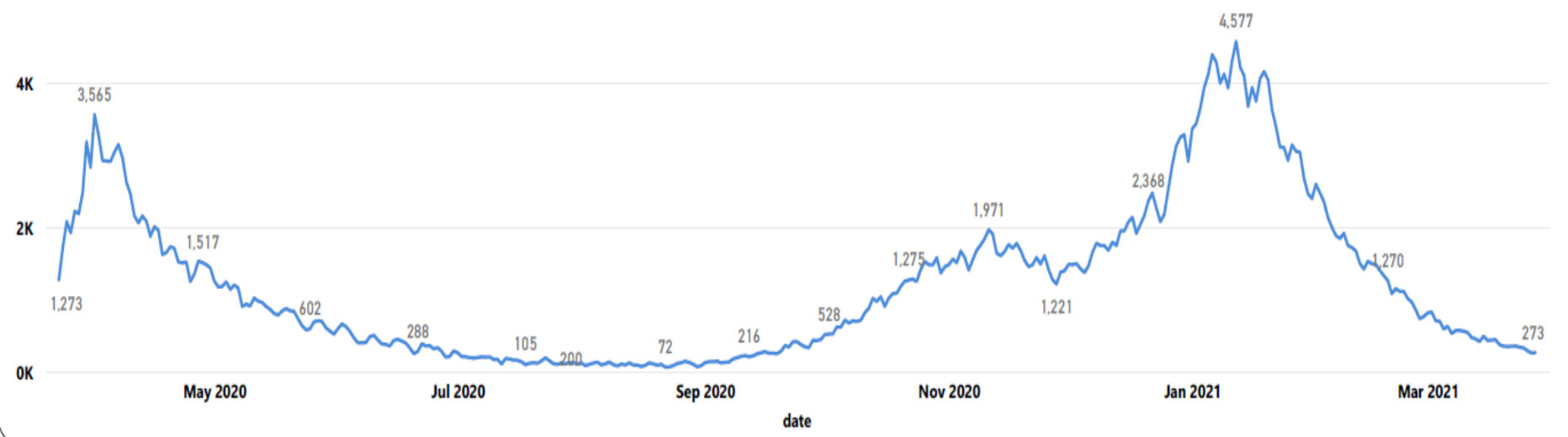
Mid Yorkshire Hospitals NHS Trust Third Wave EPRR Report

Reflection and Learning from the COVID-19 Incident

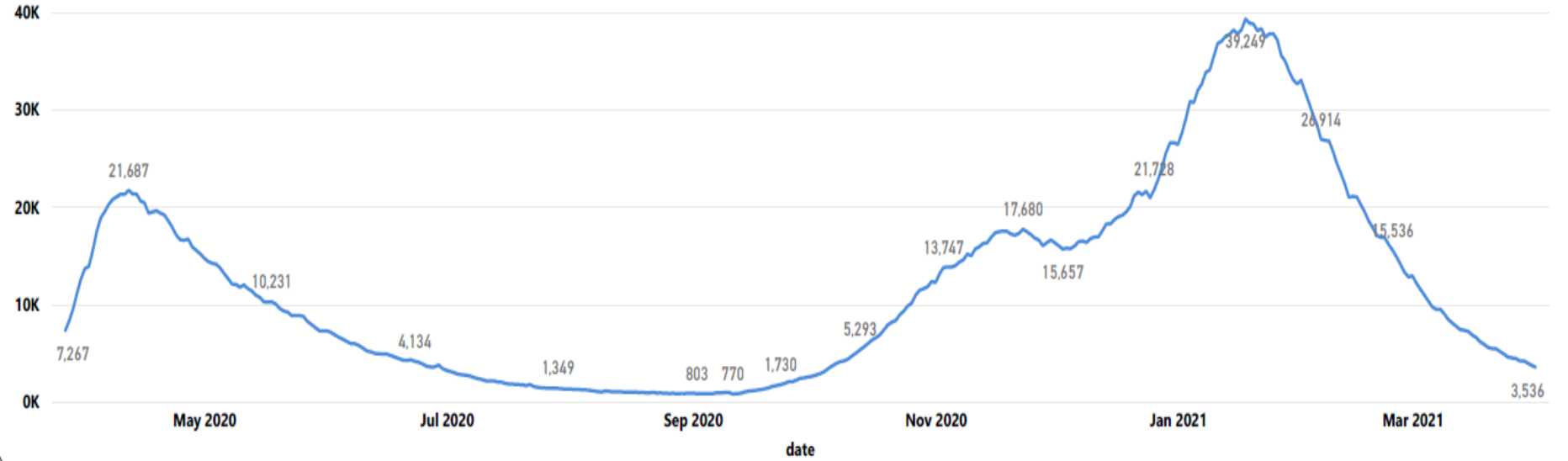


MYHT COVID-19 National Position up to 31 March 2021

New Daily Diagnosed with COVID

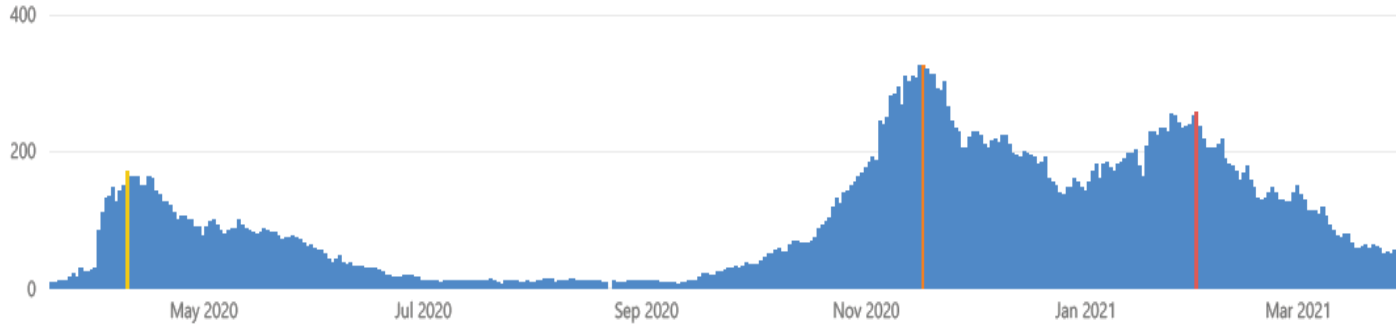


COVID Confirmed Patients in Beds



MYHT COVID-19 Wave Analysis

Hospital Inpatients - Confirmed COVID Patients in Beds



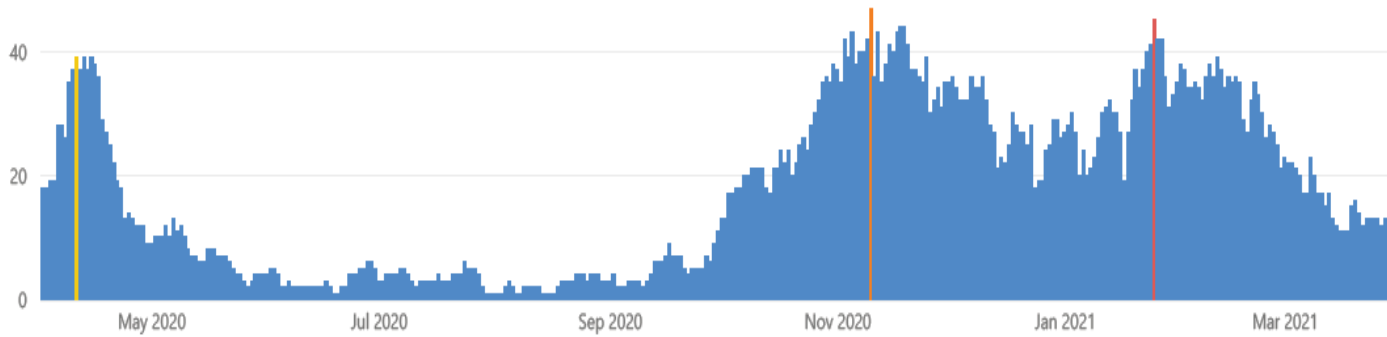
Peaks:

First Wave = 170, 10 April 20

Second Wave = 332, 17 November 20

Third Wave = 257, 25 January 21 (and
256, 1 February 21)

Critical Care Inpatients - Confirmed COVID Patients in MV or NIV Beds



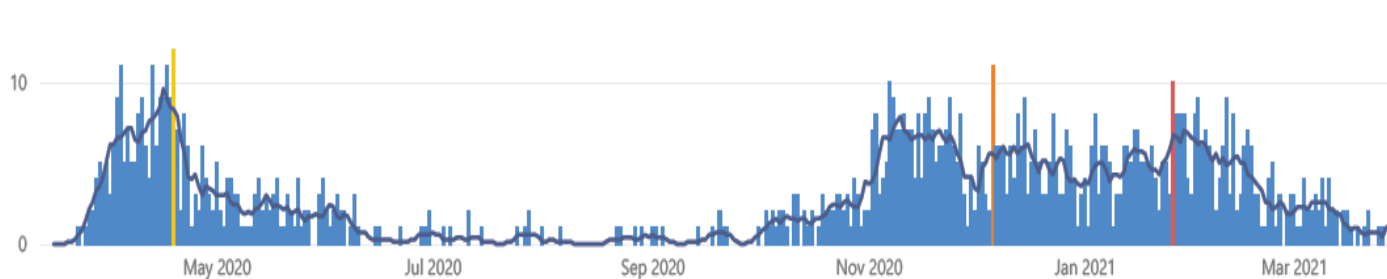
Peaks:

First Wave = 39, 11 April 20

Second Wave = 47, 10 November 20

Third Wave = 45, 25 January 21

Hospital Deaths - COVID Related Deaths



Peaks:

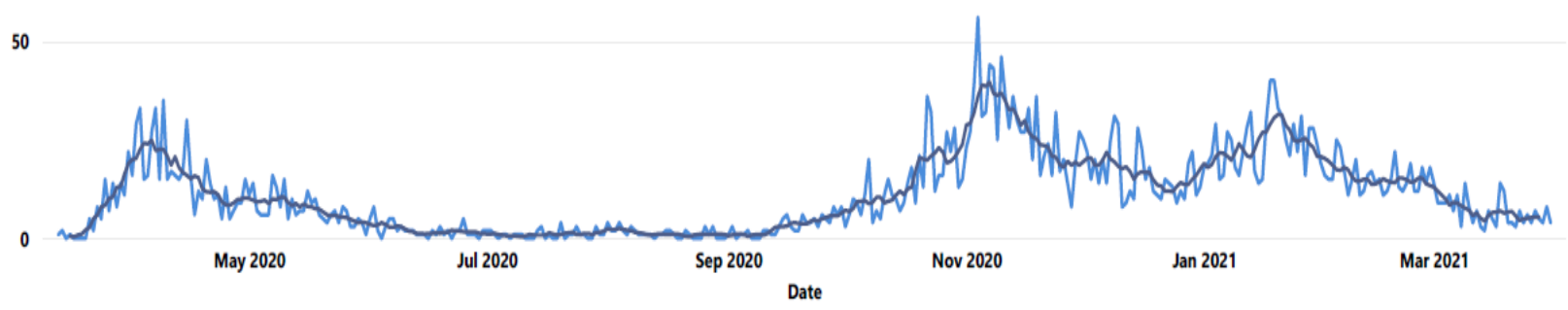
First Wave = 12, 19 April 20

Second Wave = 11, 6 December 20

Third Wave = 10, 26 January 21

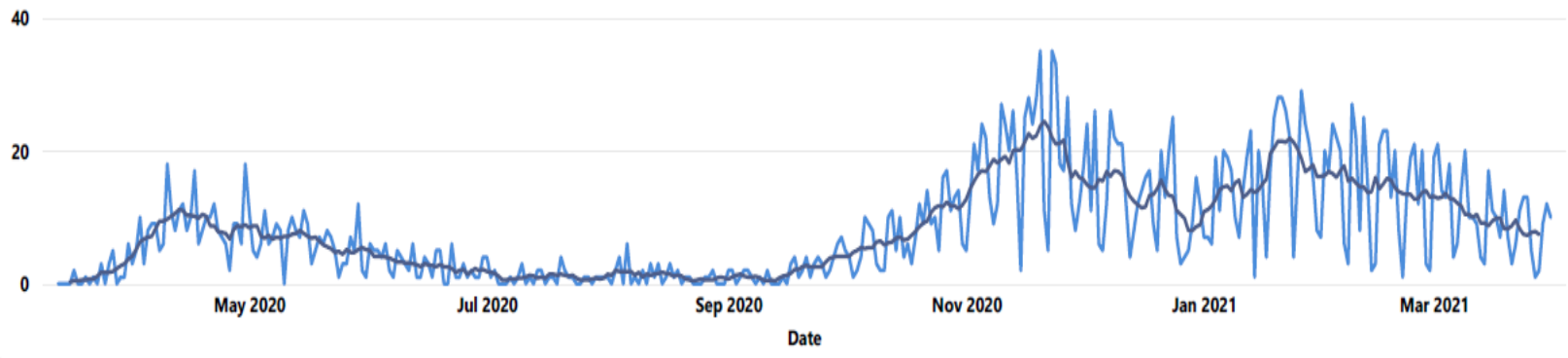
MYHT COVID-19 Position up to 31 March 2021

New Daily Diagnosed with COVID



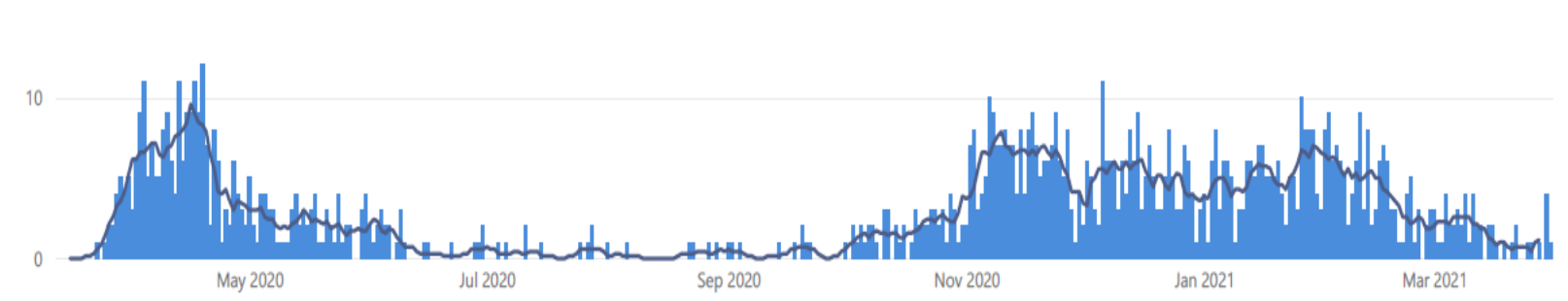
4,262
YTD Inpatients

Daily COVID Patient Discharges



3,151
YTD Discharges

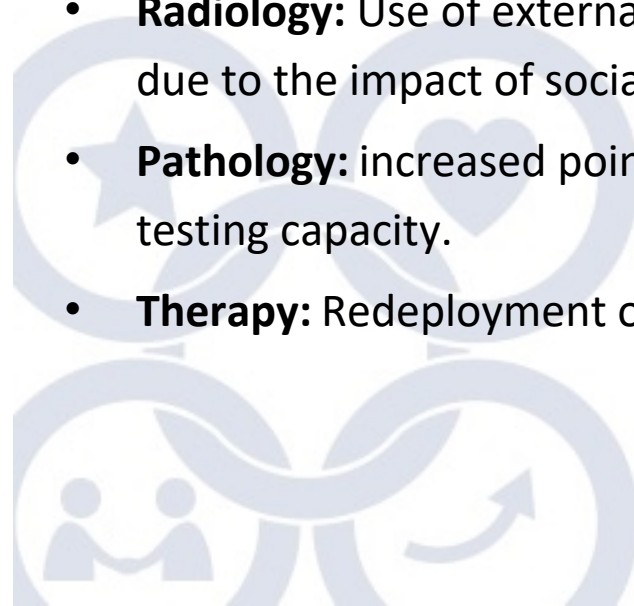
Daily Hospital Deaths - COVID Related Deaths



1,054
YTD Deaths

Lessons Learnt during the COVID Waves

- Health and well-being: staff support and wellbeing offered by the Trust.
- Corporate Nursing leading a daily staffing huddle to ensure balanced risk assessments.
- Working from home possible and encouraged where relevant.
- Good strong governance for executive meetings and associated bronze divisional structures.
- **Critical Care** Hub established way of working between high acuity areas to balance risk
- Support from multi-disciplinary team to Critical Care vital to ensure efficient response to surge – pharmacy, therapies, IPC, Supplies, Estates, Medical gases, medical equipment etc.
- **Radiology:** Use of external van providers to increase the Trust's own radiology equipment due to the impact of social distancing within the Trust estate
- **Pathology:** increased point of care Covid testing across the Trust and provided laboratory testing capacity.
- **Therapy:** Redeployment of staff to support the Trust



Lessons Learnt

- **Programme Management Office:** Team changed their focus from programme management to supporting the significant increase in external reporting requirements
- **Estates** -Linkage into the Daily Bed meetings to ensure that continuity of communications and awareness for all parties. Transacted at speed significant changes to the physical environment within the Trust
- **Facilities** - Regular staff briefings and reassurance to staff to maintain staff welfare.
- **IT and Digital Services** - Continuing the rapid roll out of devices to facilitate working from home.
- **Work force:** Amended our recruitment processes to safely bring new staff into the workforce more quickly than previously. Supported retire and return opportunities and increased the number of volunteers significantly
- **Occupational Health:** Central Test Trace & Isolation team set up with corresponding support to maintain 7 day workforce information support. Fit testing team resources – manage the anticipated changes to available FFP3 stocks. Pillar 1 testing – providing a rapid test to enable staff who test negative a rapid return to work.
- **PPE** – central team enabled, changes to procurement, national monitoring of stock levels, including ICU consumables, revised distribution arrangements.

Improve resilience to second and third wave compared to first wave

Optimal use of Any Qualified Provider (AQP) and local Independent Sector activity to improve resilience

From Oct 20 to Mar 21, the Trust transferred 8,350 patients to independent sector and AQP providers. This was across a number of specialties including dermatology, physiotherapy, radiology, T&O, ENT, gastroenterology, endoscopy, gynaecology, oral surgery, general surgery and urology.

Protect the Pontefract site as a cancer and diagnostic centre

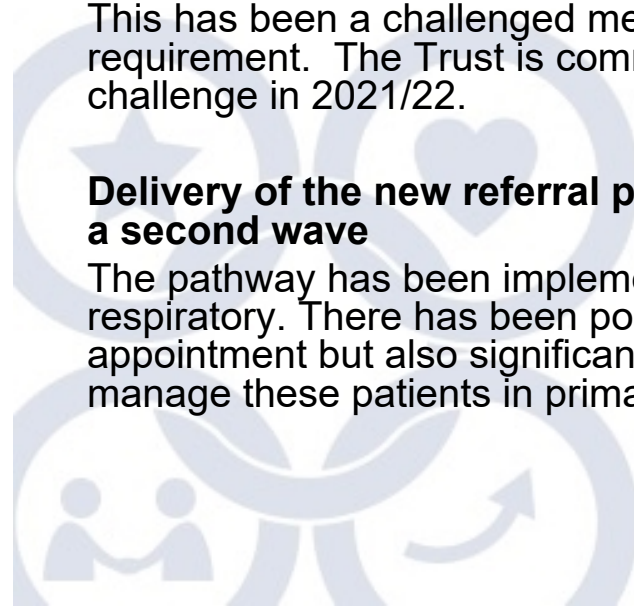
The Cancer and diagnostic unit at PGI remained as a minimised risk area however due to the increased numbers of high acuity patients, staff had to be redeployed from running theatres to increasing staffing in ICU.

Maintain less than thirty patients at any one time Medically Optimised For Discharge

This has been a challenged metric to meet, with an inability to reduce this number in line with our requirement. The Trust is committed to implementing Reason to Reside as a solution to this challenge in 2021/22.

Delivery of the new referral pathway to prevent disruption of routine referrals in the event of a second wave

The pathway has been implemented in 4 specialties – cardiology, paediatrics, gynaecology and respiratory. There has been positive impact on the reduction of patients needed a secondary care appointment but also significant increase in the volume of e-consultation supporting GPs to manage these patients in primary care. Full roll out into other specialties is planned for 2021/22.



Communication and Engagement

- Bi-weekly Trust wide communication from the CEO to all staff
- Bi-weekly reset meetings with key leaders internally
- Bi-weekly strategic meetings with wider stakeholders and partners
- Weekly performance report shared internally and externally
- Daily Bronze commands and huddles within division to share updates, learning, risks and issues
- Key focus on staff Health and Well being and resilience

Priorities for 2021/22

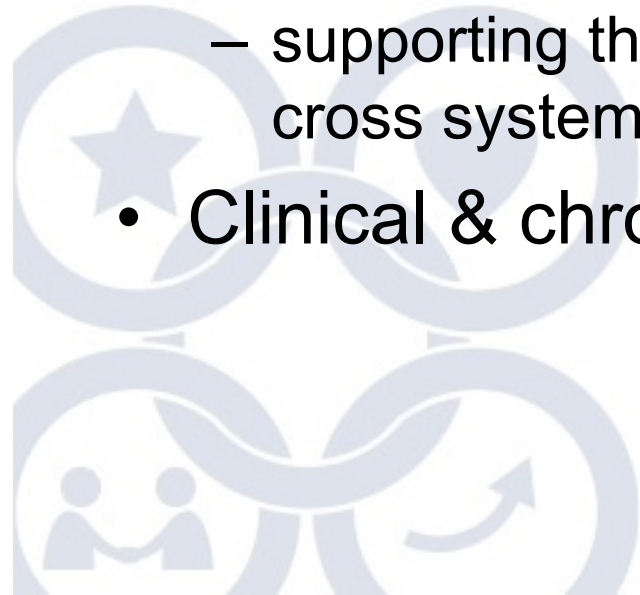
- Health & Wellbeing Support for Staff
- Minimising clinical risk and supporting patients waiting for treatment
- Operational delivery of activity and performance



MY Elective Recovery Principles:

Q1 Elective Recovery & Restoration

- Collaborative working for the benefit of our local population
- Adoption of a whole-system response:
 - recognising the primacy of place-based,
 - acute trust care,
 - supporting the development of innovative, resilient, cross system working.
- Clinical & chronological prioritisation of patients



Health & Wellbeing Support for Staff

In March 2020, a collaboration between Occupational Health Staff Wellbeing (OHSW), Clinical Psychology (OH PWT) and Organisational Development led to the development of the "MY Wellbeing Matters" programme.

My Wellbeing Matters is a package of staff support which has been put together in response to the Covid-19 pandemic situation and offers the following services (all accessible through the MY Wellbeing Matters intranet page):









- Advice for Leaders
- Bereavement Services
- Health & Wellbeing Support for NHS Staff
- Common Rooms
- Occupational Health Services
- Useful Advice
- Induction and Training

- YouTube Videos
- Chaplaincy Support
- Health Coaching
- Schwartz Rounds
- External Coaching Offering
- Staying Safe/Suicide Awareness









1:1 Staff Support Service

A new remote access staff support service has been created specifically to support staff dealing with the impact of the pandemic situation. It offers confidential telephone or video appointments for staff who are worried, have concerns or fears and are being emotionally affected by their experiences.

Activity (compared to 19/20)











Measure		Target	Week Ending - 18 July 2021	Previous Month (Validated) - June 21
Day Cases 	Day Case Delivery Rate 	90%	85.4%	86.4%
Elective Inpatients 	Elective Inpatient Delivery Rate 	90%	77.0%	75.6%
Total Outpatients 	Total Outpatient Delivery Rate 	100%	91.2%	75.6%
	NFTF - Combined % 	35%	31.8%	31.1%

Cancer Performance

		Measure	Target	Current Month to Date - July 21	Previous Month (Unvalidated) - June 21
Cancer		2 Week Performance 	93%	96.7%	97.8%
		28 Day Performance 	75%	85.1%	80.7%
		62 Day Performance 	85%	80.3%	78.6%
		62 Day Backlog 	99	119	111

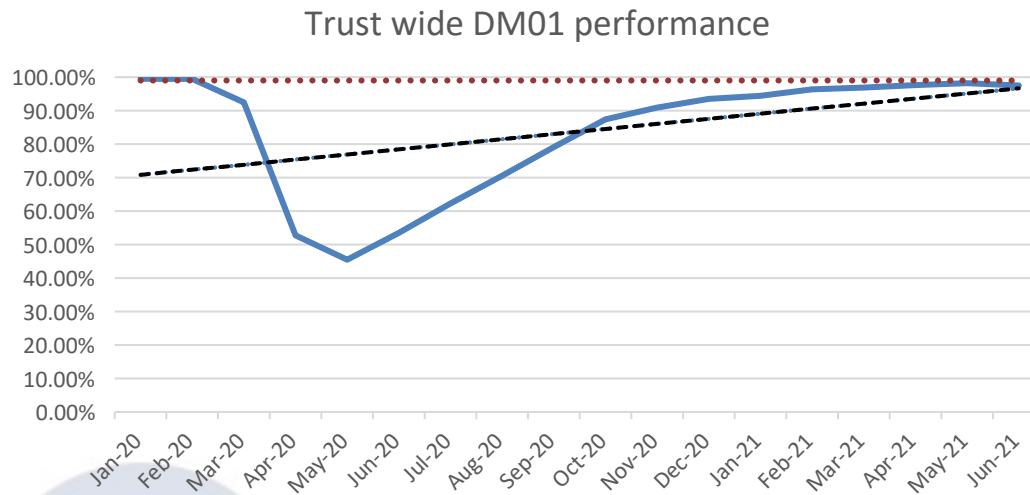


RTT Performance

RTT (Incomplete)	Measure	Detail	Target	Current Month to Date - July 21	Previous Month (Validated) - June 21	National Average	Achieving Target	National Ranking	Quartile Range	
		18 Week Performance		92%	73.7%	75.2%	67.4%	3	46/136	Inter
		Total Waiting List		-	34,492	34,844	n/a	n/a	n/a	n/a
	>52 (Total) 	% of Total Waiting List >52 Weeks		-	2.6%	2.9%	6.4%	n/a	52/136	Inter
	>52 (Admitted) 	>52 Week Waiting List (Non-Admitted)		0	46	39	n/a	n/a	n/a	n/a
	>52 (Non-Admitted) 	>52 Week Waiting List (Admitted)		999	864	963	n/a	n/a	n/a	n/a

Diagnostic position

- Deteriorating DM01 performance from 96.89% (Mar 21) to (forecast) 93.37% (Jul 21)



- Increased radiology activity back to 19/20 levels. Cancer and Urgent demand profile increased, impacting on routine waiting times.
- Workforce constraints and equipment breakdown impacting on capacity.
- Exploration of additional workforce, Independent Sector and imaging van capacity underway to mitigate capacity loss and routine waiting time position.

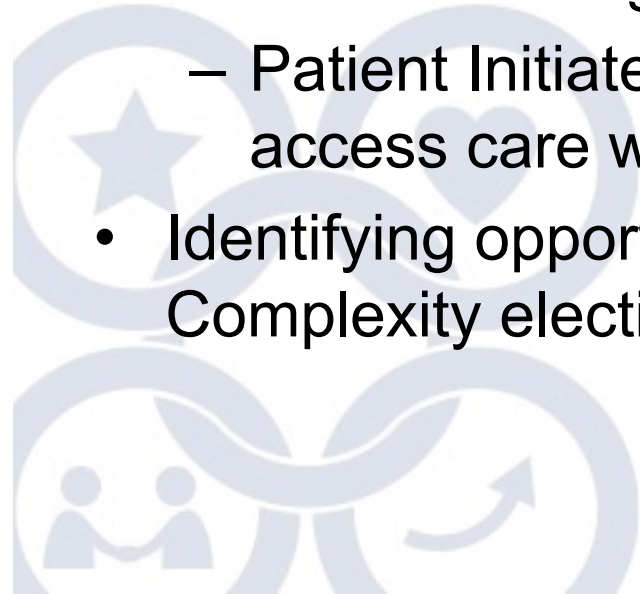
Elective Recovery Trajectories

Metric	Position
NA Backlog > 18 weeks	On track
Admitted Backlog > 18 weeks	On track
NA 52 week Backlog	On track
Admitted 52 week Backlog	On track



Transformational Care

- Implemented a transformational approach to our outpatient services including
 - Shared Referral Pathway to provide advice and guidance to primary care and ensuring only agreed patients are referred
 - Telemedicine to reduce unnecessary visits to hospital while maintaining appointments including telephotos for dermatology
 - Patient Initiated Follow UP to support patients to access care when they need it
- Identifying opportunities for High Volume Low Complexity elective care via a fast track protective hub



Risks & Issues

- Availability of staff due to Covid absence (sickness absence and Test, Trace and Isolate)
- Staff continually being re-deployed from their substantive areas to support staffing shortfalls in acute areas:
 - Obs & Gynae moved from routine clinics to support ANC clinics or labour ward.
 - Community, specialist and outpatient paediatric nurses to support Gate 46.
 - specific areas to support higher Acuity ARCU.
- Lack of theatre staff/capacity:
 - 18/25 theatres across 3 sites (vacancies, maternity leave and long term sickness).
 - Theatre staff being re-deployed across sites to support gaps due to TTI/short term sickness & annual leave ensuring treat our patients in clinical and chronological order.
- Services working collaboratively to support acute inpatient wards - impact across the general elective work to support.
- Increased number of Non-face-to-face appointments offered to ensure that patients are being reviewed and provided an increased access to e-consultation for the GPs.
- SDEC provision increased divisionally to support admission avoidance for patients.
- Changes in demand (profile & quantity) – reconfiguration of services to deal with suspected cancer referrals
- Patients willingness to attend for treatment and supporting decision making
- Demands on the Trust across the system – some services were already exhibiting a significant capacity and demand imbalance prior to Covid-19
- Well being of Trust personnel

Mid Yorkshire Hospitals NHS Trust

Third Wave EPRR Report

- Closing comment from the Conclusion:

“Ahead lies the continued challenge of monitoring and managing the COVID-19 incident, respecting the possibility of further waves, while resetting the provision of all aspects of care within the Trusts remit.

Thorough and careful planning, accepting the lessons learnt, the engagement of the Mid Yorkshire System partners and the tremendous, continued response of the work force will see the Trust deliver the best care possible for its patients while ensuring the safety and well-being of its personnel.”