



REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 8 OCTOBER 2020

SUBJECT OF REPORT: FINDINGS OF THE INVESTIGATION INTO THE
OUTBREAK OF COVID-19 AT WESTON GENERAL HOSPITAL IN MAY 2020

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HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST

RECOMMENDATIONS

This report is provided to members for consideration and discussion.

1. SUMMARY OF REPORT

The following report outlines the findings of the investigation undertaken by University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) into the outbreak of COVID-19 at its Weston General Hospital site in May 2020.

Weston General Hospital temporarily stopped accepting new patients, including into its Accident and Emergency Department, from 8am on Monday 25 May. This was a precautionary measure in order to maintain the safety of staff and patients in response to the high number of patients with Coronavirus in the hospital, and an increasing incidence in the North Somerset population.

The decision to temporarily close the Hospital was clinically-led, and supported by partners across the wider Bristol, North Somerset and South Gloucestershire (BNSSG) Health and care system. The hospital fully reopened on 18 June 2020 following careful planning and strict criteria being met to ensure it was safe to do so.

The Trust has worked with colleagues in Public Health England (PHE) South West and partners in North Somerset to investigate the outbreak, and an independent system-wide Lessons Learned Review is currently underway. In addition, the Trust has undertaken a robust internal investigation to further understand what may have contributed to the outbreak.

In line with the Trust's commitment to being open about the findings of its investigation and to take any further action identified, as well as contributing to the learning of its partners and the wider NHS in the on-going management of COVID-19 during a global pandemic, the Trust published the findings, recommendations and actions on 10 September 2020.

An overview of the findings is outlined below and in appendix 1.

2. DETAILS

2.1 Background to the Investigation

In order to understand and learn from the events which led to the temporary closure of Weston General Hospital, the Trust's Medical Director and Chief Nurse commissioned an internal investigation (Root Cause Analysis) covering the three week period prior to the closure being enacted – 5-24 May 2020.

The terms of reference for the investigation were to determine:

- a) The root cause(s) of hospital acquired Covid-19 at Weston General Hospital
- b) Whether there was a missed opportunity to detect an outbreak at an earlier stage and if so the root cause(s) of this.

The investigation team was led by a Deputy Medical Director, with a Senior Patient Safety Improvement Manager and supported by appropriate clinicians. These individuals were selected because they were not directly involved in the outbreak, to allow an objective investigation and provision of expert scrutiny and advice.

Information and data from multiple sources has informed the investigation and independent external opinion was also obtained from PHE who also looked at case clustering at the hospital and wider community.

Four broad themes were considered by the investigation team:

1. Estate and bed configuration
2. Infection Prevention and Control and Bed Management Policy and Practice
3. Staff movement and incidence of symptomatic and asymptomatic Covid-19
4. Reporting, line of sight and escalation processes

3.2 Key findings of the investigation

During the investigation, it was identified that 31 patients had sadly passed away having contracted Coronavirus infection whilst they were an inpatient in the hospital. A detailed review into each of these individuals was undertaken. The Trust profoundly regrets that in 18 of these patients, the investigation found that the infection may have contributed to their death. The Trust is in contact with the families of these patients and has informed them of the outcome of the review. The Trust has apologised unreservedly and has offered them support.

For each family concerned, the Trust will undertake an investigation into the specific circumstances which led up to the death of their loved one. Their families will be invited to help inform the investigation to ensure that any questions they have are addressed.

In recognition that other patients and families may have concerns, the Trust has established an advice line (0117 342 1053 between 9am and 4pm Monday-Friday) and provided reassurance that it had followed, and continues to follow, appropriate national guidance, including that for COVID-19 testing, zoning patients and the correct use of Personal Protective Equipment (PPE).

The Trust's internal investigation and independent PHE analysis have not identified a single cause for the outbreak. There are a number of factors or root causes which may have contributed, which include:

The size and layout of the hospital, layout of wards and number of side rooms: the relatively small size of the Weston General Hospital estate, ward configuration and limited number of side rooms in the hospital led to an increased risk of patients with asymptomatic, undiagnosed coronavirus infection being nursed in areas where patient-to-patient transmission remained possible despite other infection prevention and control measures in place.

Staffing: There is evidence to support the contribution of relatively small team sizes to the movement of staff between COVID-19 positive and COVID-19 negative areas, which may have contributed to the transmission of COVID-19 between patients on geographically isolated wards.

Asymptomatic patients and staff: The presence of both staff and patients who were asymptomatic but tested positive for COVID-19 provided a risk of transmission within the hospital environment.

Despite tracking each individual patient in terms of bed moves and a genomic analysis of each infection (to look at a person's virus to see if it were identical to another's), neither the Trust's internal nor the PHE analysis was able to identify with any certainty a primary mode of transmission, be that patient to patient, staff to staff, staff to patient or patient to staff.

3.3 Actions taken to control the outbreak

A number of actions were taken at the time to control the outbreak, which included:

- The temporary closure of the hospital to new patients
- Mass testing of staff, at least twice – which identified those asymptomatic staff who then self-isolated in line with national guidance
- Further review of staffing rosters to minimise movement of staff in the hospital
- Repeated testing of all inpatients
- Deep cleaning of the hospital
- Removal of beds to further improve social distancing

Strict criteria were put in place and had to be met ahead of the carefully phased reopening, noting that the safety of staff and patients has been the Trust's main priority throughout.

3.4 Recommendations identified by the investigation

The investigation identified 13 recommendations to minimise the risk of another outbreak of COVID-19 occurring at Weston General. A number of these recommendations have already been completed as part of our planning for the safe reopening of the hospital, including:

- Enhanced testing on admission, with the introduction of rapid turnaround COVID testing which enables us to know the COVID-19 status of a patient very early in their admission, and which in turn better informs bed management decisions. This is especially important in the context of the relatively small size of the Weston estate.

The Trust continues to cohort and isolate patients, dependent on their COVID status and in line with national guidelines.

- Weekly testing of all inpatients remains in place.

- Since the outbreak, the number of patients who test positive for COVID-19 continues to be monitored by the Trust daily. However, our data now show when a patient becomes positive whilst in hospital, which could indicate possible hospital-acquired coronavirus infection. This is combined with historic data to enable the early identification of any emerging trends, so that local action can be taken as appropriate to ensure that further transmission of COVID-19 is minimised.
- Enhanced training and continuation of regular communications with staff to support their continued correct use of PPE and respond to changes in national guidance as required.

In addition to the Infection Control processes outlined above, the Trust has adequate supplies of PPE (and clear guidance on its use in line with national guidance); handwashing guidance is in place; social distancing and zoning policies continue to follow PHE and NHSEI advice and guidance; and robust staff testing is in place, also in line with national guidance.

The Trust continues to do everything possible to minimise the risk of hospital-acquired infection. To date, there have been no further instances of possible or definite hospital-acquired infection at Weston General Hospital since the hospital reopened, which would demonstrate that the action that has been taken and the measures we have in place are working.

3.5 Wider impact of the local outbreak and broader COVID-19 pandemic on the hospital

As previously outlined, the outbreak at the hospital led to the temporary closure of Weston's A&E department. Working with NHS and social care partners, the Trust was able to ensure that patients who needed urgent and emergency services, or indeed those requiring a hospital admission, could still access the care and treatment they required to minimise as much as possible the impact of the closure on our patients.

More generally, responding to the global pandemic has rightly been the focus of all health and care organisations across the country, and this has inevitably affected the capacity to undertake elective activity. We have been working as a BNSSG system to plan the recovery of elective care against the backdrop of a potential second peak of COVID-19 as we move into the winter period.

The merger between Weston Area Health NHS Trust and University Hospitals Bristol NHS Foundation Trust took place in the early stage of the pandemic. As a result, we needed to postpone our plans to combine teams of non-clinical staff across the enlarged Trust but these are now in progress.

While more quality- and service-related benefits will flow from bringing together clinical and corporate services over the longer term, there are already benefits of operating as a single organisation since April. These include:

- A joined-up COVID-19 response and sharing of expertise across Bristol and Weston, providing greater resilience in dealing with the pandemic.
- Support for staff to work from home, where appropriate, with access to a broader range of on-line training and information.
- The extension of Ambulatory Emergency Care services at Weston as part of the COVID-19 response, with the assistance of the broader project resources of the enlarged organisation.

- The successful introduction of on-line outpatient consultations, across Bristol and Weston.

In addition, clinical teams are working together successfully, with a prime example being in critical care, where the 2019 'Healthy Weston' review envisaged significant changes to the way in which critical care is delivered at Weston General Hospital as a result of collaboration with the ITU at the BRI.

Recruitment to a dedicated transfer service between Weston and Bristol (ambulance with dedicated, consultant-led transfer team) is now underway, to support those patients at Weston General who would benefit from proximity to Bristol-based specialist clinical services. Furthermore, work with IT provider, Philips, to roll out a single ITU clinical system is at an advanced stage. This will provide a digital link to the Bristol Royal Infirmary to allow oversight and monitoring of those patients in the Weston ITU.

Since the establishment of these priorities, the COVID-19 pandemic has, of course, had a significant impact on the need for critical care capacity throughout the country and also provided a stimulus to accelerate team collaboration, leading to:

- Improved rapid transfer of patients from both WGH and BRI to the regional haematology service and more timely repatriation of patients to Weston who no longer require specialist care.
- Bristol consultants working on the Weston ITU daily and weekend rotas, to provide additional capacity and to promote common working practices.

This enhanced collaboration has seen a number of benefits, including:

- Sharing of good practice, resulting in changes to a number of treatment protocols
- Strong collaboration between the two services on the planning for the future in the context of the continuing challenges presented by COVID-19.

AUTHOR

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BACKGROUND PAPERS

Appendix 1. Summary of the investigation into the outbreak of hospital acquired COVID-19 infection at Weston General Hospital in May 2020.