Bradford Teaching Hospitals
NHS Foundation Trust

Covid-19 management response
Phase 2& 3 update






Sandra Shannon, Chief Operating Officer & Deputy CEO

Together, putting patients first

COVID-19 – summary

- The number of inpatients continues to reduce and is now 35 compared to 105 at the highest peak in April.
- There are 7 patients in ITU on invasive ventilation
- There are 5 patents receiving non invasive ventilation
- COVID-19 positive deaths continue to reduce to less than 1 per day.
- All in-patient admissions are now being tested.
- Staff absence related to COVID-19 (illness, self isolating or shielding) has reduced slightly in the last two weeks to a daily average of 190 which is a 50% reduction to May.
- We have completed risk assessments for 98% of our BAME staff . A self assessment tool has been developed.
- We are also starting risk assessments for staff who are currently shielding to support return back to work or to facilitate home working
- Focus going forward will be:
  - Reviewing BAME staff over 55, particularly if they have any co-morbidities.
  - Risk assessment of all white staff over 60
  - Risk assessment of all male staff
- Risk assessments for safe working environment have been carried out Trust wide and social distancing measures put in place.
- We continue to maintain sufficient stocks of PPE

Impact on operational performance

Key Performance Indicator	Mar-20		May-20		Jun-20		Performance against Trajectory
	Trajectory	Performance	Trajectory	Performance	Trajectory	*Projection*	
Emergency Care Standard	91.00%	83.59%	86.20%	92.09%	86.50%	93.40%	↑
Ambulance Handover 30-60 min	12	102	75	33	50	*46*	↓
Ambulance Handover 60+ min	0	17	35	2	20	*9*	↓
Length of Stay ≥21days	71	72	71	38	71	*52*	↓
Cancer 2 Week Wait	93.00%	96.21%	93.00%	97.65%	93.00%	97.87%	↑
Cancer 62 Day First Treatment	85.00%	88.83%	85.70%	80.46%	85.70%	68.09%	↓
Cancer 62 day + wait		9		160		157	↓
RTT Incomplete	92.00%	80.74%	86.20%	59.48%	86.50%	46.81%	↓
52+ weeks waiting		0		25		95	↓
Diagnostics Waiting Times	99.00%	93.21%	96.92%	28.90%	97.67%	31.59%	↓

Week Ending	NEL Adm	NEL Same Day	EL Inpatient	EL Day Case	T1&3 ED Attends	T2 Attends	GP 2WW	GP Urgent	GP Routine
Pre-COVID	573	345	104	686	2128	361	388	207	926
Post-COVID	459	249	23	289	1816	318	203	81	151
Change	-114	-96	-81	-397	-312	-43	-185	-126	-775
% Change	-20%	-28%	-78%	-58%	-15%	-12%	-48%	-61%	-84%

- ED attendances continue to increase but the conversion rate to NEL admissions has not increased. This correlates with an increase in see and treat activity within ED and an increase in same day emergency care for patients, avoiding overnight admission.
- RTT performance continues to reflect the loss of elective capacity as a result of the ongoing trust response to Covid-19.
- The total waiting size continued to fall in June with a reduction in the number of patients waiting <18 weeks reflecting ongoing low numbers of routine GP referrals.
- Elective activity increased slightly in the previous three weeks but remains significantly below historic levels. Capcity is prioritised for patients whose disease progression is time sensitive.

Next steps

We continue to focus on increasing elective activity as part of our restart plan

- We have submitted our full year restart plan to NHSE/I:
- We submitted a conservative submission taking into account the likely impact of winter and the loss of productivity due to the need for increased PPE and safe environment requirements.
- We predict being able to undertake the following activity based on pre-covid levels by the end of Q4.;
  - Outpatient first: -70%
  - Day case – 50%
  - Elective – 70%
- We have opened our super green surgical ward and continue to prioritise surgery for the most clinically urgent patients and we continue to utilising the independent sector, mainly Yorkshire Clinic to undertake elective and outpatient activity
- We have re –opened to routine out-patient and diagnostic referrals and we have restarted routine endoscopy.

Recent guidance was received from NHSE/I Chief Operating Officer: key messages:

- Continue to avoid face to face meetings but consider reinstatement virtually some of the governance meetings paused during COVID-19 e.g. Councils of Governors, Members' Meetings, and membership engagement governance meetings (virtually)
- Some national clinical audits and outcome review programmes (HQIP) will recommence and RTT waiting times and waiting list numbers will be reported at Trust level but there is an expectation of system working to allow a greater sharing of demand and capacity.
- Focus remains on vulnerable staff and the need for sufficient support and assessment of risk
- Staff are encouraged to take annual leave.

System wide transformation is key to a sustainable recovery

The future delivery of healthcare will be based on a place based 'Act as One' framework. This will incorporate the shorter/ medium term restart planning plus longer term transformation.

Where are we now?

1. We have agreed a number of key principles

- Patients should be treated in the place that most appropriately needs their needs and by the professional with the most appropriate skills.
- All professionals across the patient care continuum will be equal partners.
- We will implement a standardised approach regardless of organisation
- We have agreed a place based approach to demand and capacity management. Demand currently outstrips supply; there is room for new providers.
- We will use digital platforms to underpin this transformation (Shared clinical records, patient portals, communication tools)
- Patients should be managed at the lowest tier possible. (We can re-set patient expectations and focus on prevention and health promotion)
- Care will be based on outcomes not based on demand

2. The access steering group has been established with representation from all system partners and a programme of work scoped out.

3. Presentations have been given to a number of stakeholders including the Primary Care Network Clinical Advisory Board and the joint health and care partnership board

Programme: Access to Healthcare

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