



University Hospitals  
of Leicester  
NHS Trust

*Caring at its best*

# COVID-19 RESTORATION & RECOVERY

paper D1

Rebecca Brown  
Acting Chief Executive

*All data correct as of 1 July 2020*

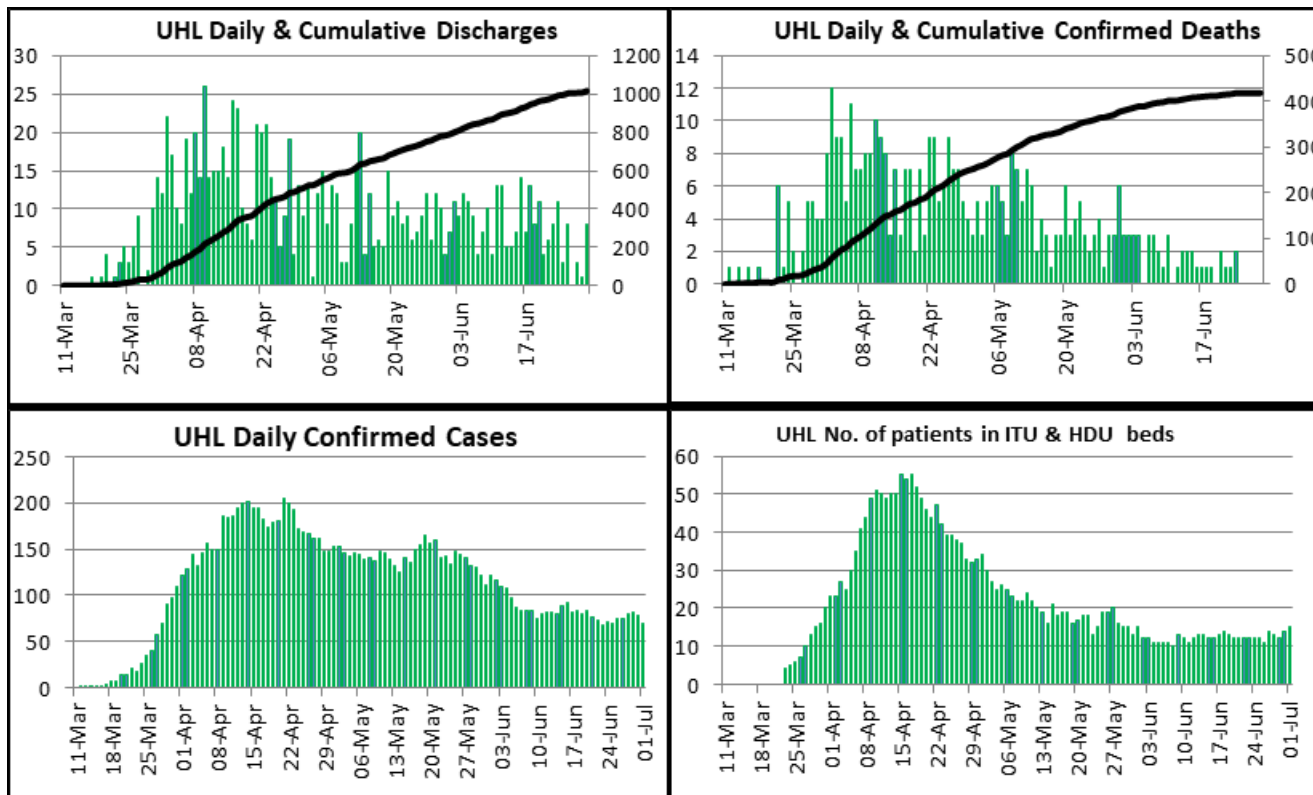
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# Sitrep (1 July data)

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1,020 discharges

399 Deaths

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# Outbreak

Government announced stricter lockdown restrictions for at least 2 wks in Leicester and some parts of Leicestershire close to the city's boundaries.

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Follows a surge in cases in some parts of the city over the past two weeks. As of Monday 29th 3,216 Covid-19 cases confirmed in Leicester since the start of the epidemic, with 944 of those being reported in the last fortnight.

## The headline changes are:

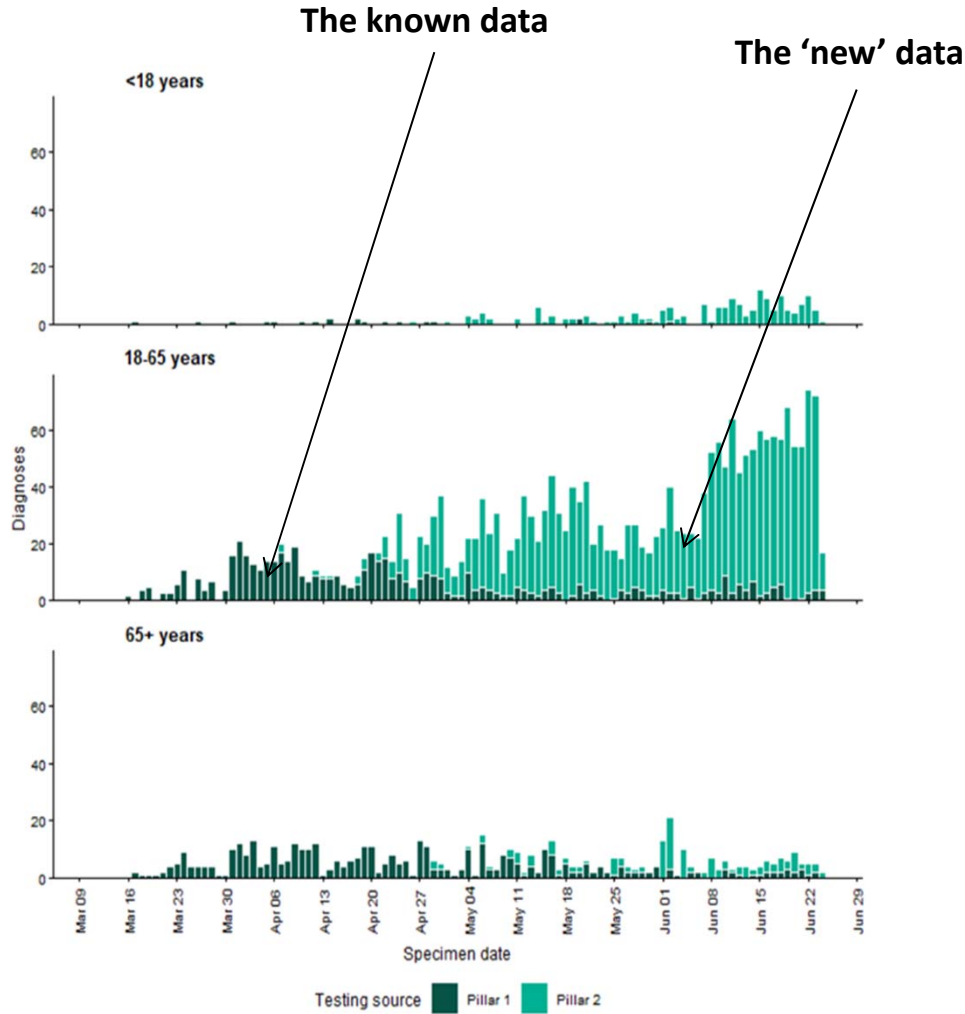
- Non-essential shops will be asked to close from 30<sup>th</sup> June
- The city's bars, restaurants and hairdressers will not open on July 4 as planned
- All schools in the area identified will be asked to close for most pupils from Thursday (2 July) and will not reopen until next term.
- All but essential travel in and out of the city is discouraged.
- The relaxation of shielding measures on 6 July – which allow the most clinical-vulnerable to spend more time outside – will not go ahead

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# Outbreak: Pillars 1&2

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7-Day infection rate per 100k: Top 10		
Rank	Name	Rate
1	Leicester, City of	135.7
2	3 x that of next nearest LAA	42.8
3		34.7
4		31.4
5		28.4
6		23.5
7		22.3
8		21.9
9		21.6
10		21.4

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# Outbreak

## What we're seeing in our hospitals

- The number of patients with confirmed COVID-19 in Leicester's Hospitals has remained relatively stable since early June.
- We have seen a small rise in new cases in the latter part of June but nothing that is statistically significant.
- Due to the nature of transmission rates in the community, there is the potential for a rise in admissions over the coming weeks.
- We continue to work jointly across the local NHS and with the council and Public Health to monitor the situation and to ensure we have measures in place within the hospitals to respond to any rise in admissions.
- Visiting restrictions remain in place at our hospitals to protect patients and staff.

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# In hospital infection prevention

- Masks in hospital in place for communal and staff areas
- Social distancing 2 metres remains in place
- Restricted but compassionate visiting arrangements continue
- Infection rate monitored daily
- Healthcare acquired infection rate (Nosocomial rate) 4%

Meaning the cases we are seeing are community acquired

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# UHL response to potential surge

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- Remain in an incident command and control structure
- UHL ICC fully operational 7 days a week
- Increased frequency of UHL tactical meetings
- Daily monitoring of data and trend including attendances
- Focus on safe discharge of medically fit patients through the Discharge Hub.
- Additional ward and board rounds by Consultants to identify more patients medically fit for discharge.
- Surge plans in place by CMGs
- Enhanced discharge team proactively working
- Continue elective time-sensitive work
- Pathology able to absorb an additional 300 tests/day
- Continue to utilise the Independent Sector capacity
- **Development of an enhanced robust weekend plan for 4<sup>th</sup> & 5<sup>th</sup> July for potential increased ED attendances including good ED staffing in place across the weekend, ANPs to support MTC/injuries, and 2 pre-hospital consultants**

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# Meanwhile, we continue to restore and recover our services: Starting with some good news

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# Breakthroughs and appreciation

## First Covid treatment drug goes 'live' in city hospitals

*IT ABSOLUTELY IS A BREAKTHROUGH, SAYS MEDIC*

“

It is the first time that I feel like we are winning this, like there is something we can do

Professor Chris Brightling



BBC NEWS

BBC.COM

Life-saving coronavirus drug 'major breakthrough'



**FEELING LUCKY:** After almost two weeks in intensive care, Covid-19 patient Alex Guerrero, 45, pulled through. His wife gave medics permission for him to be given the drug dexamethasone as part of a clinical trial

CHRIS GORDON

**'Dark days, but trial may well have saved my life'**



BBC Radio Leicester @BBCLeic... · 1d

Don't you just love these 'Hello Kitty' scrubs? 🐱🐱

Intensive care nurse Kirstie gets a little skip in her step when she wears them.

They have helped her stay positive during the coronavirus pandemic. ❤️

Listen to Kirstie's full story here: [bbc.in/2YJgUIO](https://bbc.in/2YJgUIO)



**LETTERS AND CARDS FLOOD IN PRAISING NHS WORKERS**



**PRAISED:** The Patient Recognition Awards recipients, including Faye Clarke, right

**Patients show appreciation for hospitals staff**

# UHL Key Challenges

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- Local outbreak
- The transmission and consequences of Covid-19 within health care settings between patients and staff continues to be a significant risk
- The National Covid -19 IPC guidance will significantly impact on restoration and full recovery to control and prevent cross infection
- Increase in emergencies and clinical priority patients
- Bed capacity to support activity - elective and emergency services
- Delivery of key targets- Cancer, RTT, ED

- Limited theatre and recovery capacity, utilisation and safe practice in theatre associated with new IPC guidance, donning & doffing
- Turnaround time for swab results for patients
- Estate - enabling social distancing for patients, relatives, staff, office space
- Workforce - implications to support services including sickness, staff welfare, working environment
- Finance - to support restoration - environment, social distancing, additional capacity

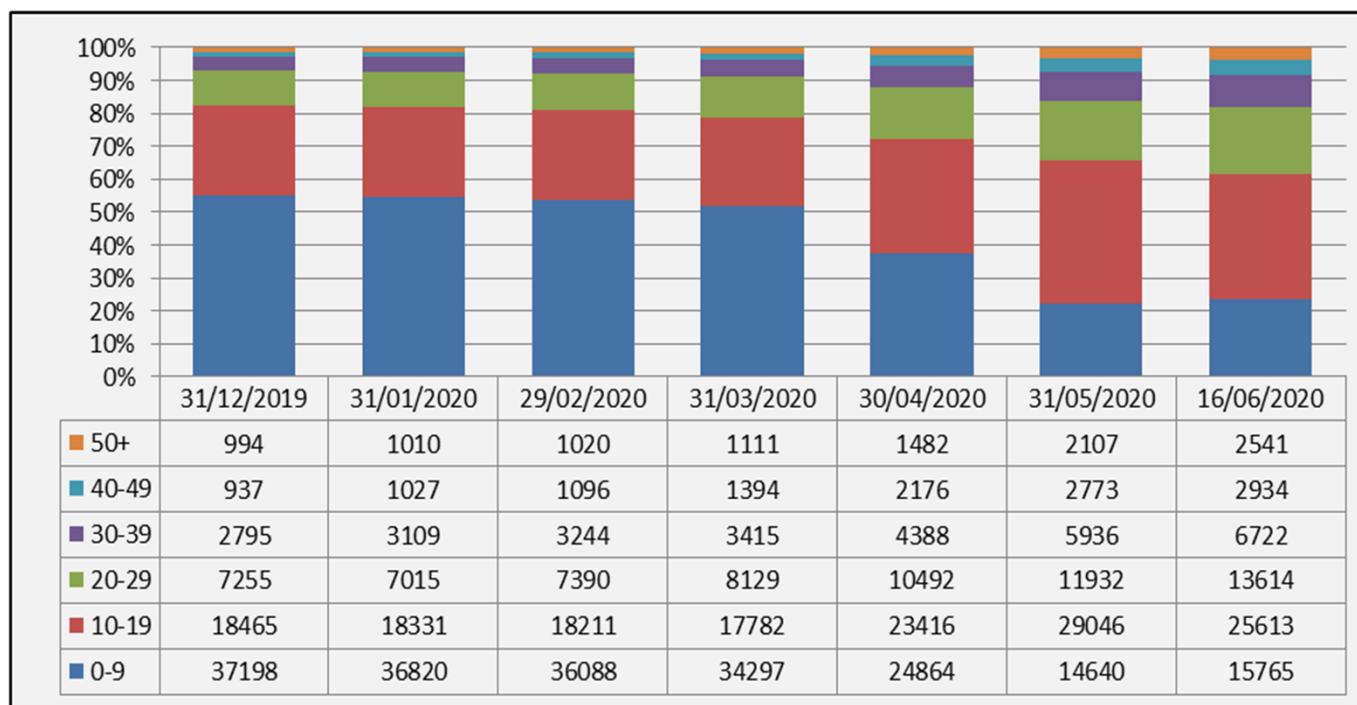
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# Waiting List Position

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The overall size of the waiting list has remained static 67,644 Dec 19 to 67,189 June 20. The waiting times for patients have increased considerably. The 'shape' of the waiting list has changed significantly.



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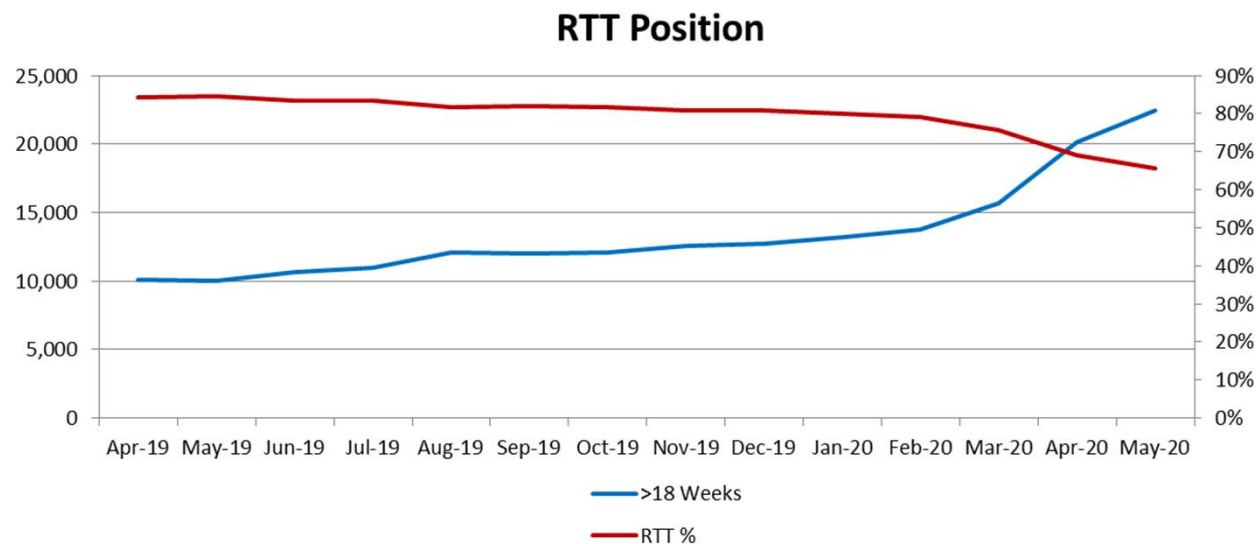


# RTT

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The waiting list can be seen on the graph below with a significant increase of patients waiting over 18 weeks. Whilst we continue to run below 100% capacity (necessary during the Pandemic) in all modalities, this will continue to deteriorate

There is a key risk that when GP's start returning to normal practice hours we will see an influx of referrals which will impact on the size of the waiting list.



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# Cancer Performance

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- May & June – Current Performance Position
- Validation for May is ongoing with upload due the week commencing 29 June 2020; the current position from Somerset is detailed below:

Standard	Target	SCR Position May	SCR Position June
2WW	93%	87%	93.1%
2WW Breast	93%	94.9%	96.4%
31 Day 1 <sup>st</sup> Treatments	96%	86.3%	84.6%
31 Day SUB Surgery	94%	81.1%	73.9%
31 Day DRUGS	98%	100%	100%
31 Day Radiotherapy	94%	91.8%	88.9%
62 Day	85%	55.8%	58%
62 Day Screening	90%	16.7%	100%
62 Day Consultant Upgrades	N/A	77.1%	70.8%
28 Day FDS 2WW	75%	79.9%	83.1%
28 day FDS Screening	75%	7.5%	2.4%
28 Day FDS Breast	75%	100%	97.6%

We continue to record the Priority 1 – 4 data against patients awaiting surgery on a cancer pathway submitting our activity to the surgical hub team on a weekly basis. Patient choice delays are being actively monitored and reviewed

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# Restoration and Recovery Outpatients

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## Principles

- New outpatient standard operating procedure - clinical review to determine appropriate modality of appointments
- Patients should be reviewed non face to face where clinically appropriate - target is 70%
- No overcrowding in Outpatients
- Outpatient physical space re designed to enable social distancing
- Clinical teams to screen patients checking they are covid- 19 negative and asymptomatic prior to any physical attendance at hospital
- Relatives advised not to attend clinic (exceptions apply)
- Use of technology – video conferencing

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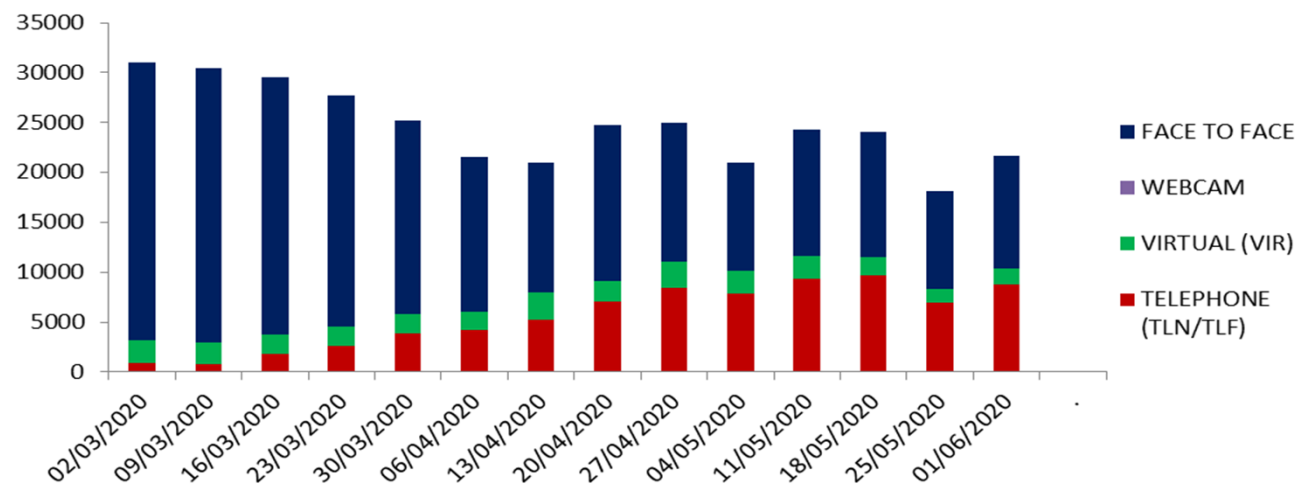
# Restoration and Recovery Outpatients

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## Change in outpatient appointments

- Between March and May there has been a 30% decrease in outpatient activity. The type of appointments has changed significantly which has helped to reduce the impact COVID-19 has had on activity. The Trust has now started to record Webcam appointments, numbers are small but will increase.

Change in outpatients Appointments



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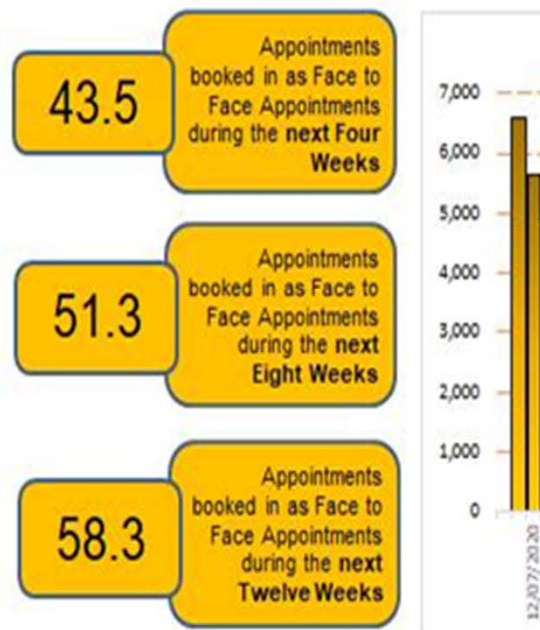


# Virtual now at 59%

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**Future Booked in Outpatients split by Outpatient Categories of Fac**

(All)			(All)		
All Appointments			(All)		
Appointment Date W/E	FACE TO FACE	%	NON FACE TO FACE	%	TOTAL APPTS
05/07/2020	6602	41.1%	9452	58.9%	16054
12/07/2020	5643	44.6%	7015	55.4%	12658
19/07/2020	4905	45.9%	5771	54.1%	10676
26/07/2020	4536	47.7%	4971	52.3%	9507
02/08/2020	4164	51.5%	3919	48.5%	8083
09/08/2020	5853	71.4%	2345	28.6%	8198
16/08/2020	5458	75.0%	1815	25.0%	7273
23/08/2020	4991	76.1%	1565	23.9%	6556
30/08/2020	4700	76.4%	1453	23.6%	6153
06/09/2020	4228	82.5%	896	17.5%	5124
13/09/2020	4826	85.3%	830	14.7%	5656
20/09/2020	4700	86.3%	743	13.7%	5443
27/09/2020	4249	85.6%	717	14.4%	4966



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# Restoration and Recovery Elective Surgery

## Principles

- New Elective standard operating procedure
- Clinical Prioritisation to determine order of treatment
- Pre-assessment becomes a 2 stage process due to swabbing
- Patient advised to self isolate 14 days prior to admission
- Patient attends for COVID -19 swabs 72 hours prior to admission
- Results are checked and approved if positive patients are postponed until COVID – 19 rebooked
- Relatives advised not to attend (exceptions apply)
- Elective physical space re designed to enable social distancing
- Admitted patient pathway COVID -19 negative environment clean and safe on ward and theatres
- Patient screened prior to discharge
- Follow up non face to face if clinically appropriate

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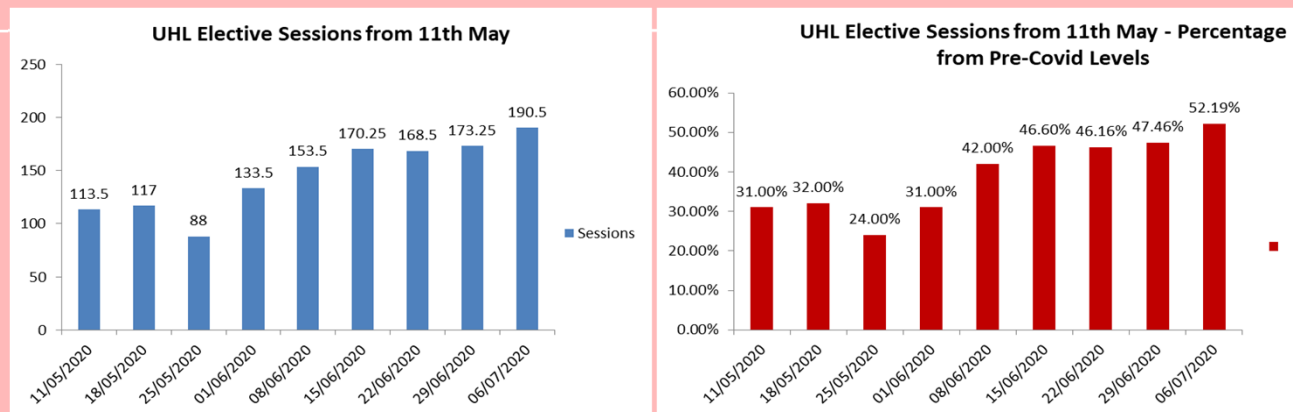


# Restoration and Recovery Elective Surgery

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## Restoring theatre capacity – Target 75%

- ❑ Theatres session availability has significantly reduced since the beginning of March. Through recovery we are increasing the amount of sessions that we run each week. As an organisation we have set an ambitious target - 75% by the end of June.
- ❑ We continue our focus on the delivery of urgent and cancer patients but will also allow us to start treating long waiters which will help us to improve our 52+ week position.
- ❑ The tables below show elective theatre sessions, which when combined with emergency theatres sessions show we are currently running at 70.12% against the target of 75% (15/06/2020).



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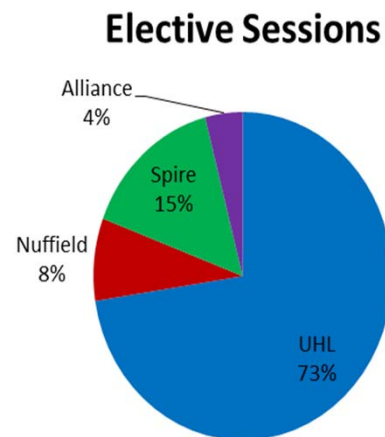


# Restoration and Recovery Elective Surgery

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The way in which we are delivering these sessions are different to Pre COVID-19.

Just over 25% of elective sessions which were previously done within the three main hospitals sites are now within an alternative setting



A key part of the recovery and restoration is to ensure we are fully utilising the capacity we have online. ITAPs have developed a dashboard illustrated below which will be used to monitor in list utilisation.

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# Restoration and Recovery Diagnostics

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## Diagnostics

We have been working very closely with the different specialties to understand their future capacity constraints. We are working towards recovery of the majority of capacity over the coming months but have challenges in particular around Audiology, Endoscopy and Echo.

For these areas the trust are looking into a variety of solutions to help and bridge the gaps, in particular using the independent sector, alliance and potential modular units. Flexible approaches are required to overcome these challenges.

A good example of this is within audiology where they are currently trialling remote audiology assessment and hearing aid fittings. This is done through a mobile app and then the hearing aids can be adjusted remotely through Bluetooth.

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# Restoration and Recovery for Emergency Patients

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## Principles

- No patients on ambulances
- No overcrowding
- No waiting to be seen
- Minimal waiting room space
- Admit only those patients that need to be in an acute bed
- No patients waiting on corridors
- No cross-infection of patients
- Keeping staff safe

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# Restoration and Recovery Emergency patients

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- Maintain segregation of patients in ED and assessment units
  - Maximise use of ambulatory services
  - Creation of Physician Response Unit with EMAS
  - Continuation of external sieve process for all patients
  - Injuries back into main department at front door and in previous ambulance assessment space
- Primary care stream remains in the community
  - Patients initial triage and assessment in majors – no ambulance assessment function
  - No wait principle – specialties to pull patients within 30 minutes
  - Bay nursing across assessment units

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# Ambulance handovers



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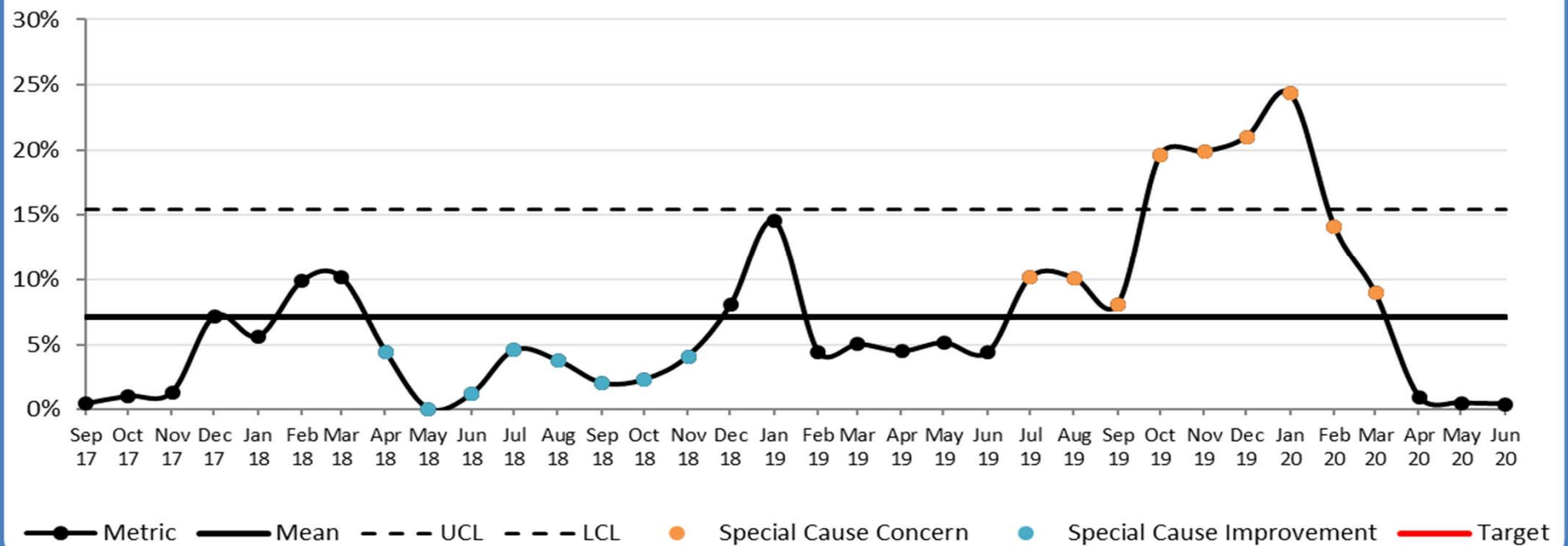
## EMAS Ambulance Handover - June 2020

### Comparison to previous months

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Total Arrivals	5874	5865	5717	5843	6182	6162	6214	6044	5539	5175	3311	4841	5083
Handovers over 60 mins (CAD since Feb 19)	257	596	578	473	1214	1225	1306	1470	784	464	32	25	21
Handovers : 30 - 59 mins (CAD since Feb 19)	655	1077	860	801	1149	1096	1112	1269	1196	880	810	542	382
Handovers >60 Mins	4.4%	10.2%	10.1%	8.1%	19.6%	19.9%	21.0%	24.3%	14.2%	9.0%	1.0%	0.5%	0.4%
Handovers >30 Mins and <60 mins	11.2%	18.4%	15.0%	13.7%	18.6%	17.8%	17.9%	21.0%	21.6%	17.0%	24.5%	11.2%	7.5%

-13.3%

### Monthly % Ambulance handovers > 60 mins



# Restoration and Recovery

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## Next Steps

- A Recovery and Restoration Dashboard is under development which will cover the key areas within the paper.
- Ongoing review and development of solutions for CMG restoration and recovery plans including:
  - Increased utilisation of the independent sector and the alliance
  - Continue innovation and transformation of services to support service delivery
  - Prepare for potential *local* 2<sup>nd</sup> surge without impacting on progress made to support recovery and restoration.
  - Plan for winter

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# Innovation and transformation

## Musculoskeletal & Specialist Surgery CMG

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- In response to NHSE placing Audiology departments on partial stop on 01/04/20 the Hearing Services has been the first in UK to run a pilot study remotely fitting hearing aids.
- Using new Bluetooth hearing aids and the patient's mobile phone or tablet, adjustments can be made live to the hearing aids while the patient is sitting in their own home.



- 
- The study has included 63 patients aged 18-86 , the system has been shown to be effective for all patients, whether the patient or relative is the phone user supporting the patient.
- This has enabled the department to provide continued care to patients and address the incurred waiting list.

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## Innovation and transformation - ESM

System-wide Pre-Conveyance Clinical Discussion and Assessment (PTCDA) *Caring at Heart*  
Service for care home residents led by geriatricians and geriatric emergency physician to:

- Avoid admission to hospital where possible via discussion
- Signpost to alternative care pathways
- Arrange a visit to the care home from GP or Geriatrician with Special Interest in Care Home Medicine

### Covid-19 dedicated education modules:

- Difficult phone call training – supporting junior doctors with phone calls to relatives of patients
- Silent communication drills – training the team to work quickly and effectively when wearing full PPE (respirator masks) during critical clinical episodes
- Along side this, working with Renault on voice microphones for the team whilst wearing respirator masks in the Emergency Room

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# Innovation and transformation – W&C

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- Nursing staff have demonstrated they are able to work flexibly on both adult and kids wards when needed. Moving forward nurses have shown great team working skills across the children's wards to look after all manner of specialties.
- Typists productivity whilst working from home have increased
- Virtual work has taken off. Despite initial resistance from clinicians is now embraced and will be integrated into the new normal.
- Virtual education/meetings have significantly improved attendance and meetings may be more productive

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