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COVID-19 RESTORATION & RECOVERY

Rebecca Brown
Acting Chief Executive

All data correct as of June 1st 2020

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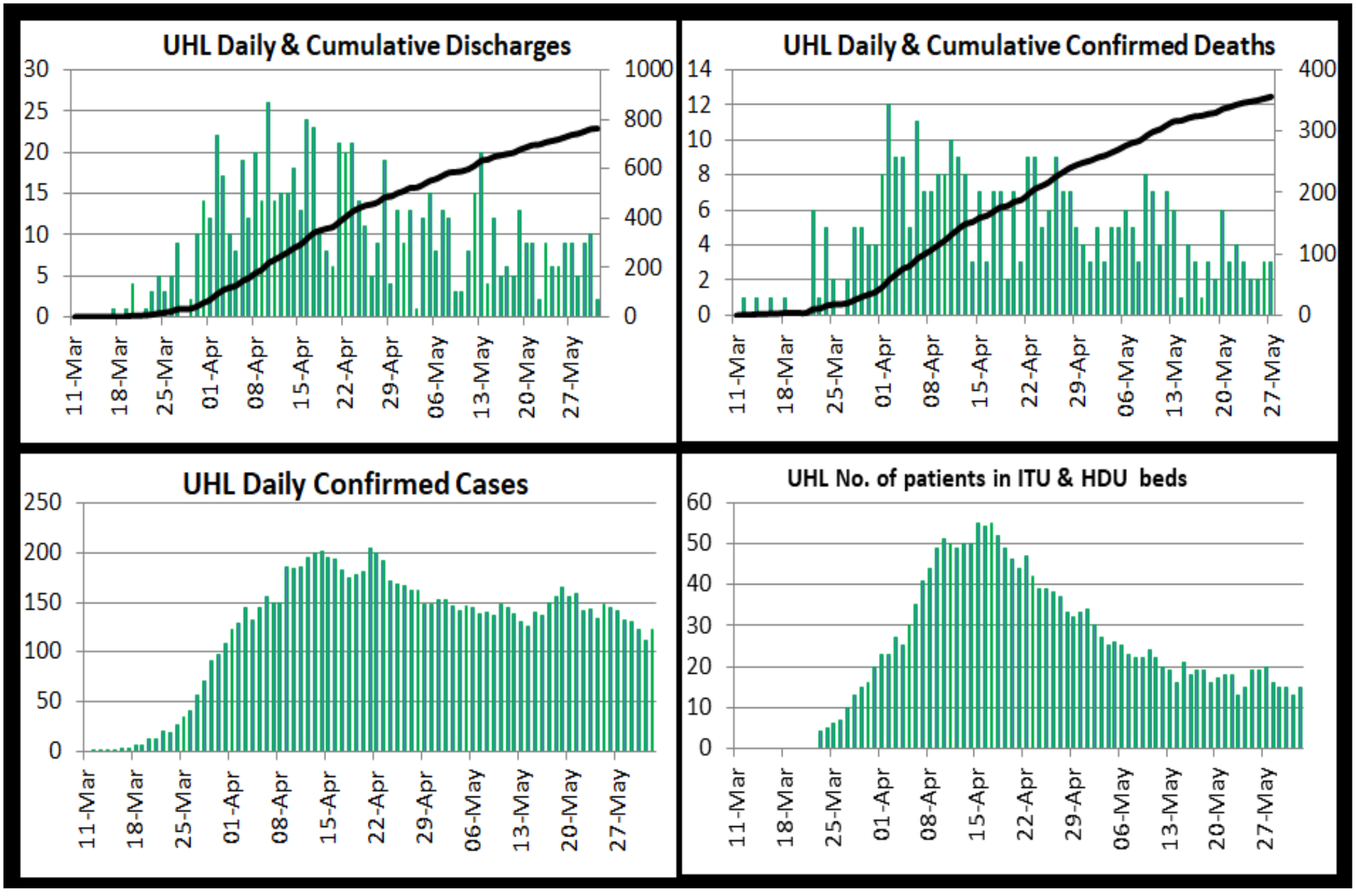
Current situation



356 deaths at UHL

782 patients discharged from UHL

(as of 10am 1st June 2020)

Our superheroes…

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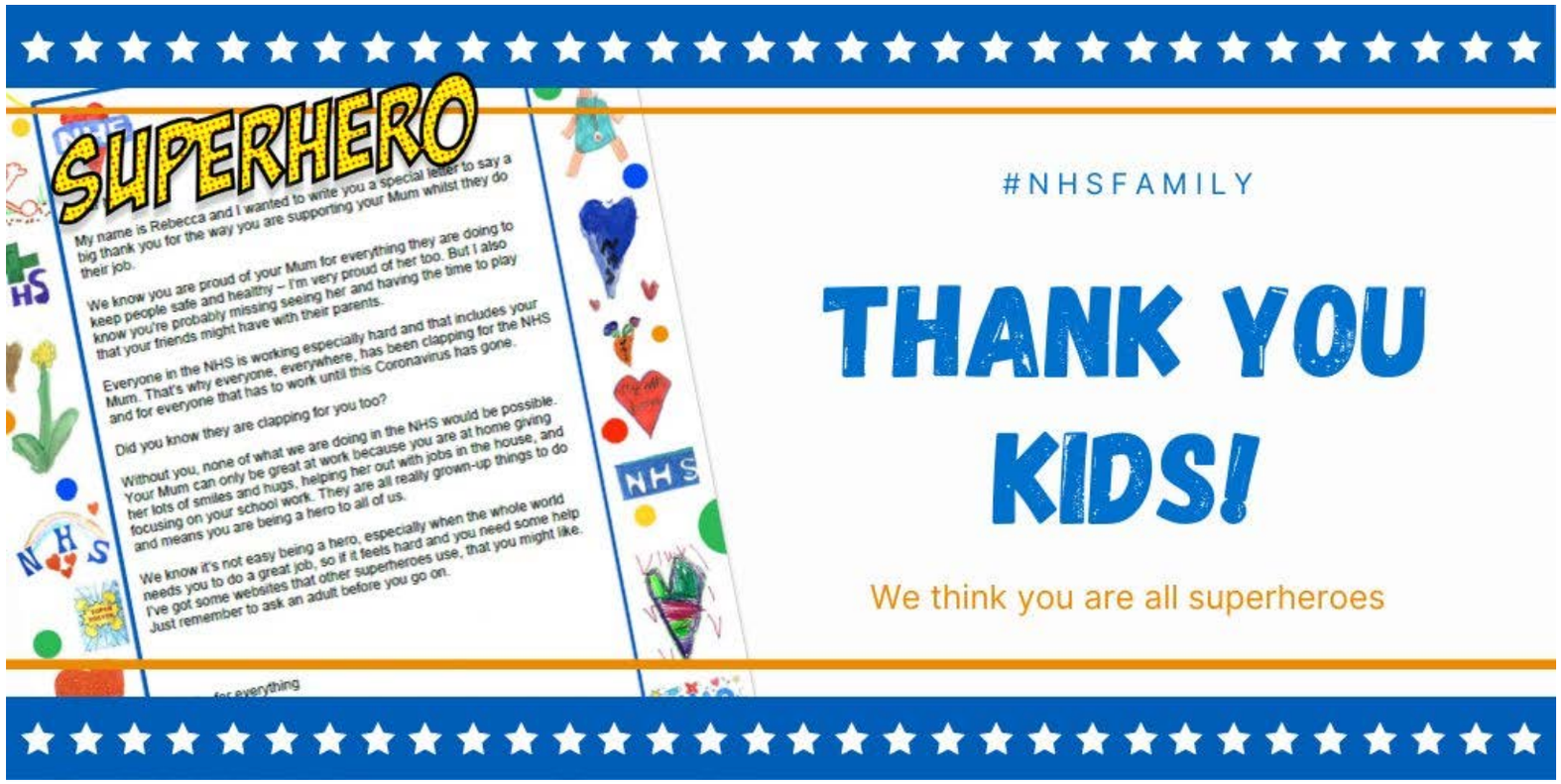

We couldn't do the job we do, without the help of the people at home. The children that we live with, look after or support, have all had to undergo a huge adjustment just like us, and we wanted to let them know just how brilliant they are. So Rebecca Brown, acting chief executive, has written a special letter of thanks just for them, featuring art work sent to us by local children and signposting support for young children and teens.

With more than 1,200 requests in the 24 hours since launch, it's proving to be a real hit with our superhero staff…and their superheroes at home!

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"Research is the world's best exit strategy for the coronavirus pandemic" Wellcome Trust

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- Leicester has become **the top recruiting site** to the RECOVERY trial and other urgent public health priority studies during the coronavirus pandemic.

- While the national average for recruitment into COVID-19 clinical trials was 13 per cent, **over half** of patients hospitalised with COVID-19 at UHL were enrolled into interventional research.

- **95 per cent** of patients with COVID-19 were entered into at least one observational study. In doing so, Leicester has been held up a national model of excellence by UKRI and DHSC.

LEICESTER'S RESEARCH

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THIS MONTH'S WORK

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Known Risks

- Understanding the data > intelligence to enable us to predict COVID and non COVID surge. (Slide 20)
- PPE / Drugs / Supplies (No concerns)
- Understanding innovation & impact on outcomes / £ / capacity (Work ongoing)
- Infection prevention and control in ENDEMIC environment (Slide 13)
- 'Decompression' for staff wellbeing
- System interface and span of control (Slide 25)
- Maintaining appetite for change without bureaucracy (Slide 25)
- Maintaining stamina and pace (Slide 25)

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LLR & NORTHAMPTON LLR DATA MODELLING COLLABORATION

LLR & DATA MODELLING NORTHAMPTON COLLABORATION

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- The COVID-19 pandemic and subsequent operational implications (such as PPE shortages and waiting list increases) does not recognise regional borders.

- Acknowledging this and building on existing relationships; UHL, KGH & NGH hospitals (and all relevant CCGs) have developed a virtual analytical team.

- This new virtual team has enabled a doubling of analytical resource & expertise to support the development (at a rapid pace) of data models and drive a collective COVID-19 response.

- This virtual analytical team is acting as an engine room for a pan Northamptonshire & LLR restoration/recovery process and is supporting work to increase UHL's tertiary presence and support KGH/NGH's general hospital work.

-Northamptonshire and LLR Pre & post COVID-19 Activity Trend Dashboard
-Northamptonshire and LLR Post COVID-19 Activity Forecasting Dashboard
-Northamptonshire and LLR population movement analysis

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NORTHAMPTONSHIRE AND LLR PRE & POST COVID-19 ACTIVITY TRENDS

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LLR PLANNED CARE DASHBOARDS: Helen Mather, Sue Sutton, Alpesh Patel

Outpatient Attendances FY 2019/20 and FY 2020/21 (Monthly and Weekly Trends)

FY20/21 data up until 17th May

*Please not there was 675 Walk in Paitients that were seen during FY2019/20. These have been excluded from FY2019/20 counts as this was discovered after the intial dataloads.

Select Provider, CCG, First Attendance and Specialty Name Criteria from boxes below or leave blank for all

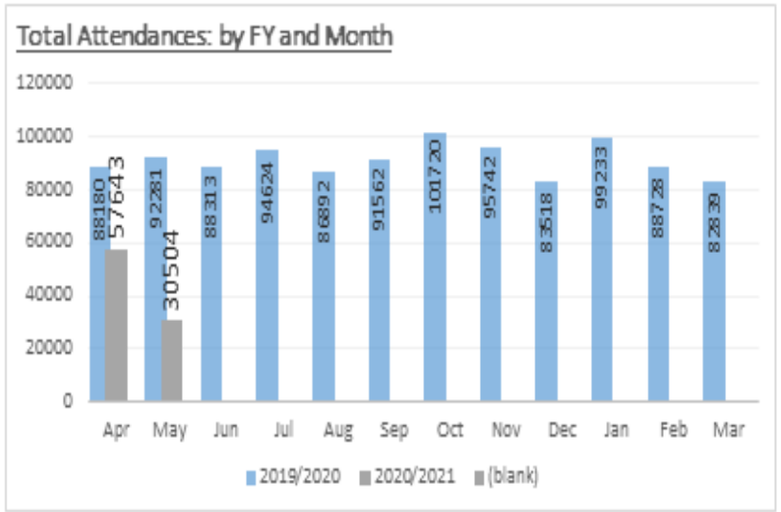
(All) | (All) | (All) | (All)

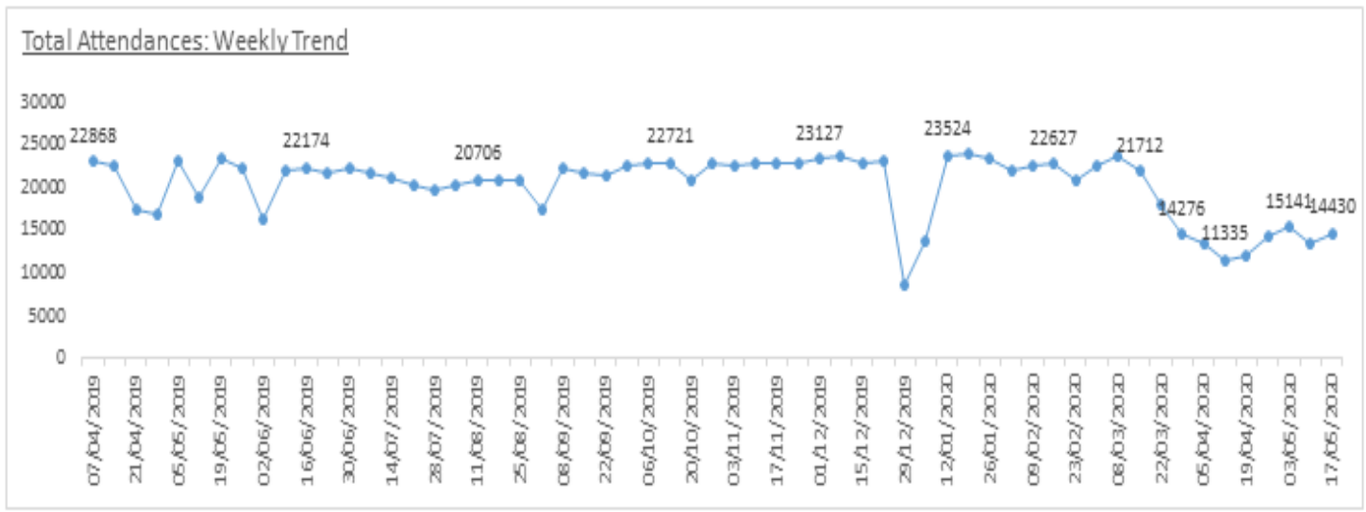
Total Attendances During FY 2019/20	Total Attendances During FY 2020/21	Total Attendances During FY 2019/20 for Planned	Total Attendances During FY 2020/21 for Planned	Total Attendances During FY 2019/20 for Non	Total Attendances During FY 2020/21 for Non
1,093,632	88,147	938,270	75,061	155,362	13,086

Provider: Alliance, UHL

LLR CCGs: NHS East Leicestershire an..., NHS Leicester City CCG, NHS West Leicestershire C..., Non-Leics CCGs

First Attendance Indica...: NEW, FOLLOW UP





Face to Face Attendances

Total Face to Face Attendances During FY 2019/20	Total Face to Face Attendances During FY 2020/21
976,138	26,197

Non Face to Face Attendances

Total Non Face to Face Attendances During FY 2019/20	Total Non Face to Face Attendances During FY 2020/21
117,494	61,950

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NORTHAMPTONSHIRE AND LLR PRE & POST COVID-19 ACTIVITY TRENDS

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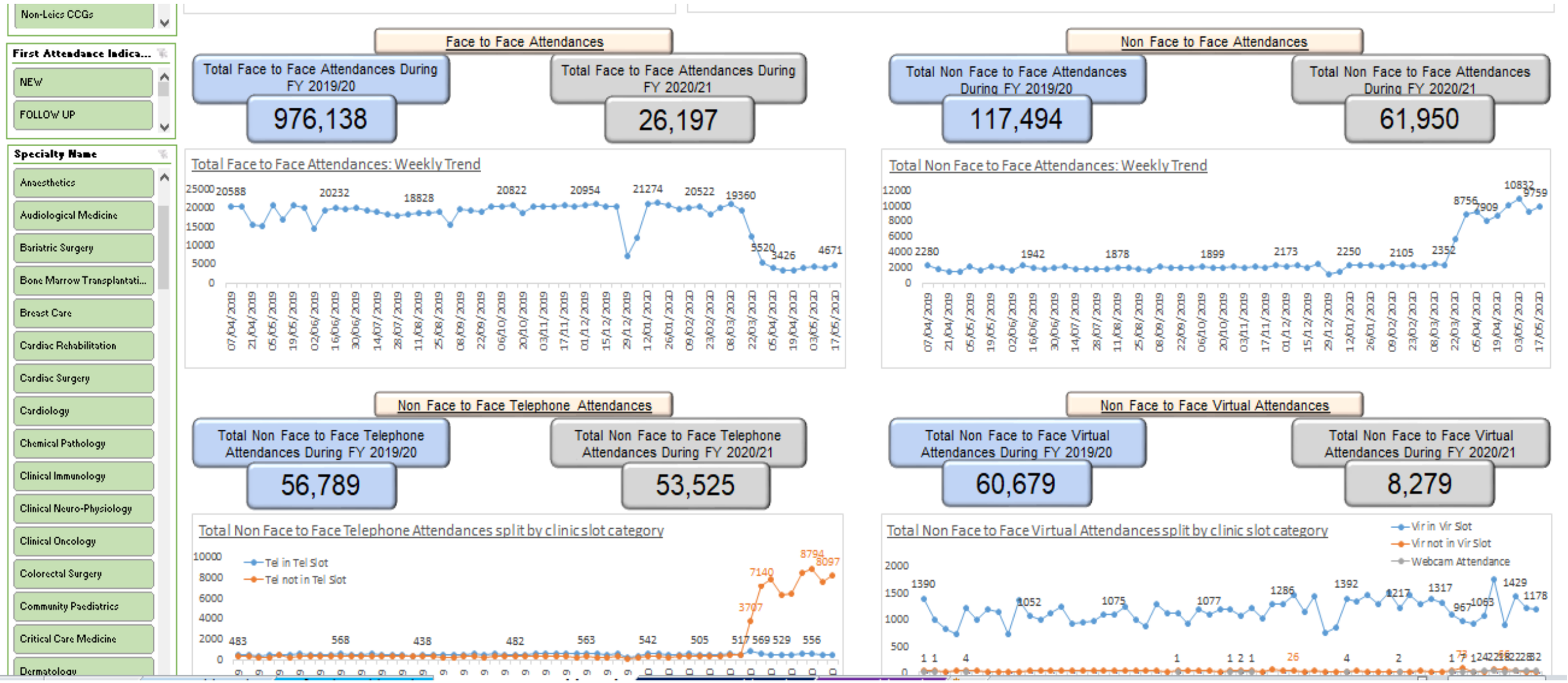

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NORTHAMPTONSHIRE AND LLR PRE POST COVID-19 ACTIVITY

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LLR GP Referrals Forecasting

FY 20/21 Data up until 17th May

Mark Wightman, Simon Pizzey, Helen Mather, Lucy Wightman, Alpesh Patel

(All) | (All) | (All)

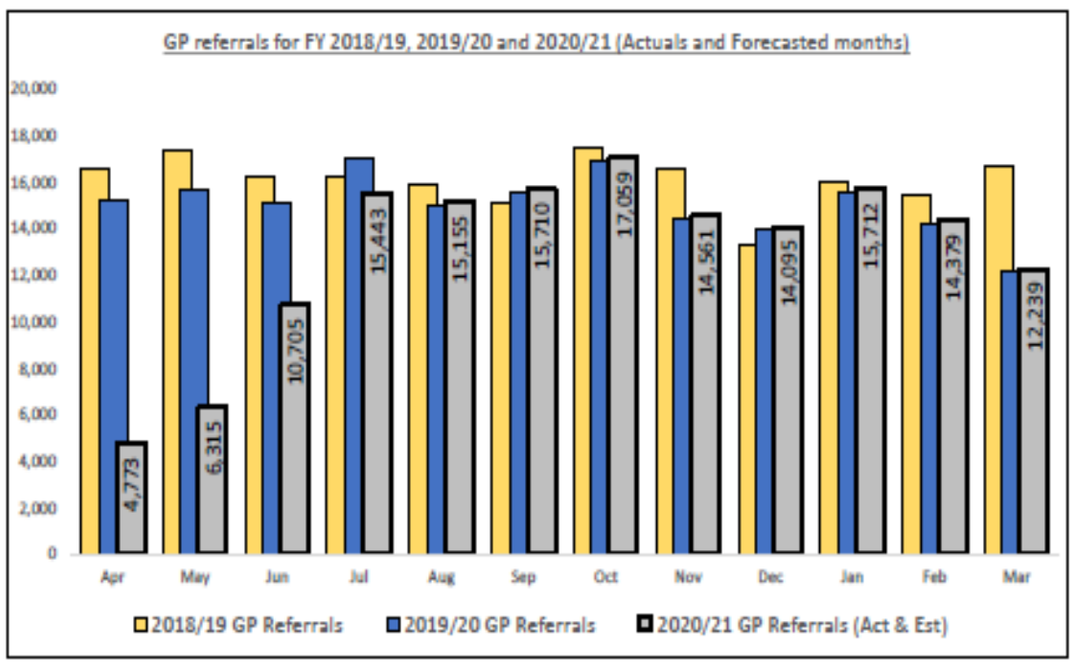
Select Opttions or leave blank for full LLR View

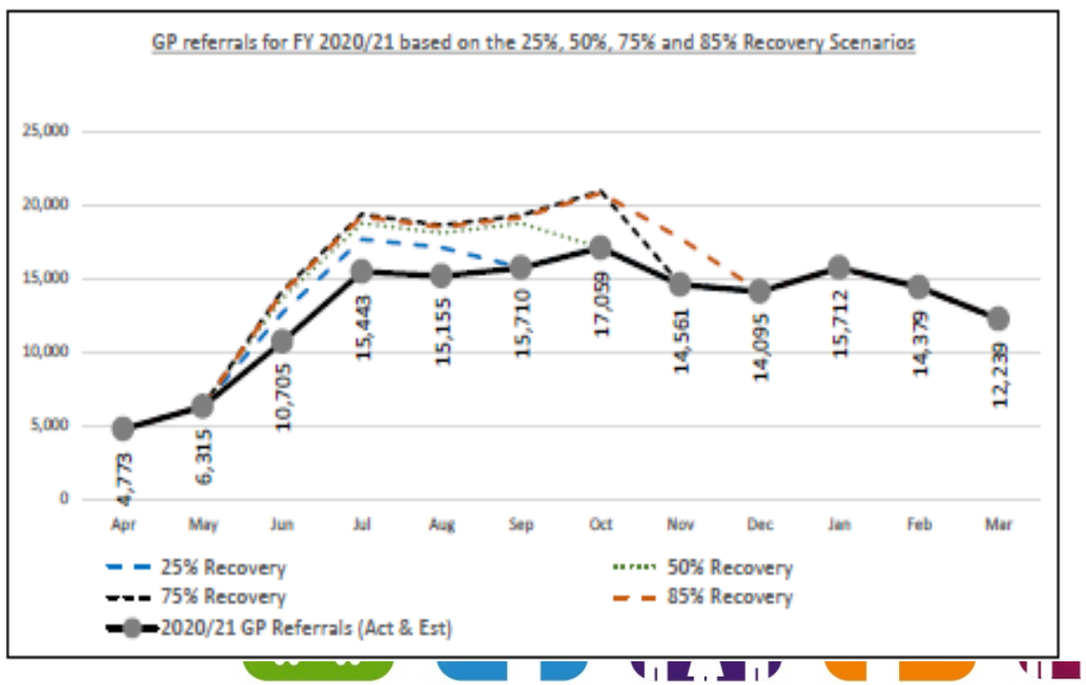
Provider
- Alliance
- UHL

LLR CCGs
- NHS East Leicestershir...
- NHS Leicester City CCG
- NHS West Leicestershir...
- Non-Leics CCGs

Specialty Name
- Accident & Emergen...
- Adult Congenital Ca...
- Allergy
- Audiological Medicine
- Bariatric Surgery
- Bone Marrow Trans...
- Breast Care
- Cardiac Rehabilitation
- Cardiac Surgery
- Cardio Vascular
- Cardiology
- Chemical Pathology
- Clinical Immunology
- Clinical Oncology
- Colorectal Surgery
- Community Paediatr...
- Critical Care Medicine

	Number of GP Referrals				Variances Between 2019/20 and 2018/19			FY 2020/21 Details				Forecast Recovery of Potential delayed GP Referrals coming through in the next month(s)				Potential Year end with recovery and normality resuming			
Month	2018/19 GP Referrals	2018/19 Ave GP Referrals per Day	2019/20 GP Referrals	2019/20 Ave GP Referrals per Day	Var 2019/20 - 2018/19	% Var 2019/20 - 2018/19	Var in Daily Averages 2019/20 - 2018/19	2020/21 GP Referrals (Act & Est)	2020/21 Ave GP Referrals per Day	Var 2020/21 - 2019/20	% Var 2020/21 - 2019/20	25%	50%	75%	85%	25% Recovery	50% Recovery	75% Recovery	85% Recovery
Apr	16,577	553	15,271	509	-1,306	-7.9%	-44	4,773	159	-10,498	-68.7%	-	-	-	-	4,773	4,773	4,773	4,773
May	17,369	560	15,632	504	-1,737	-10.0%	-56	6,315	204	-9,317	-59.6%	-	-	-	-	6,315	6,315	6,315	6,315
Jun	16,206	540	15,141	505	-1,065	-6.6%	-36	10,705	357	-4,436	-29.3%	1,948	2,929	3,461	3,320	12,652	13,633	14,165	14,025
Jul	16,285	525	16,989	548	704	4.3%	23	15,443	498			2,185	3,286	3,883	3,726	17,628	18,729	19,326	19,169
Aug	15,921	514	15,005	484	-916	-5.8%	-30	15,155	489			1,930	2,902	3,429	3,291	17,085	18,057	18,585	18,446
Sep	15,135	505	15,554	518	419	2.8%	14	15,710	524				3,009	3,555	3,411	15,710	18,718	19,264	19,121
Oct	17,495	564	16,890	545	-605	-3.5%	-20	17,059	550					3,860	3,704	17,059	17,059	20,919	20,763
Nov	16,607	554	14,417	481	-2,190	-13.2%	-73	14,561	485						3,162	14,561	14,561	14,561	17,723
Dec	13,257	428	13,955	450	698	5.3%	23	14,095	455							14,095	14,095	14,095	14,095
Jan	15,975	515	15,556	502	-419	-2.6%	-14	15,712	507							15,712	15,712	15,712	15,712
Feb	15,405	550	14,237	491	-1,168	-7.6%	-59	14,379	496							14,379	14,379	14,379	14,379
Mar	16,664	538	12,118	391	-4,546	-27.3%	-147	12,239	395							12,239	12,239	12,239	12,239
Grand Total	192,896	528	180,765	494	-12,131	-6.3%	-35	156,145	427	-24,251	-13.4%	6,063	12,125	18,188	20,613	162,208	168,271	174,334	176,759
								(a)	(b)	(c)		(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)





NORTHAMPTONSHIRE AND LLR PRE POST COVID-19 ACTIVITY FORECASTING DASHBOARD

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Google Covid-19 Mobility Report: trend summary 21/05/20

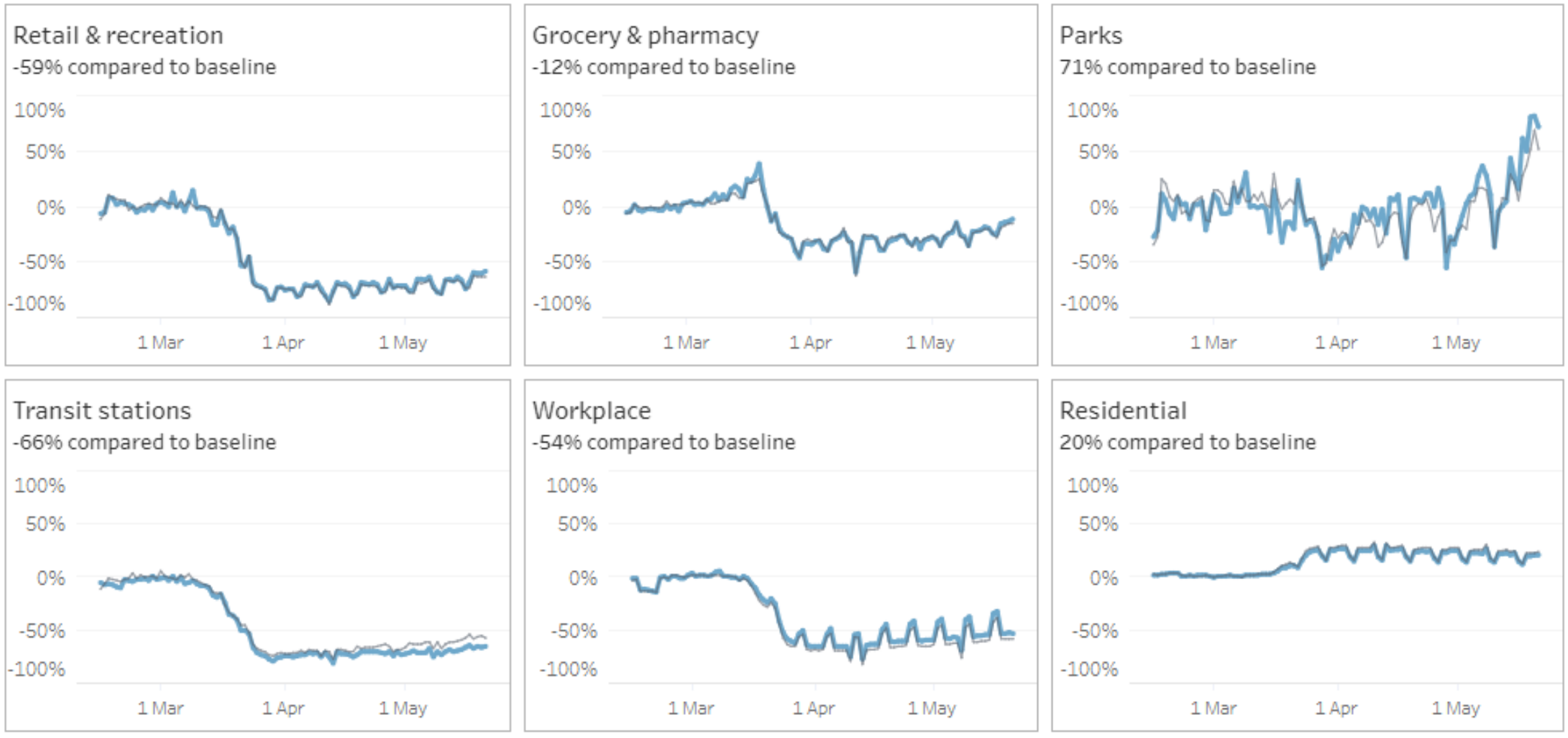
Hover the mouse over the charts & information icon for details.

For some areas there is not enough data to provide a complete analysis and therefore there are some missing values. Please refer to the source for further details (https://www.google.com/covid19/mobility/)

Select an area: Leicester

Leicester

UK (total)



Source: Google LLC *"Google COVID-19 Community Mobility Reports."* https://www.google.com/covid19/mobility/ Accessed: 28/05/20

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NHSE/ I ‘RESTORATION & RECOVERY’

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Reminder, 'Second phase' of response to COVID-19

Simon Stevens 2nd letter (29/4/20) sets out restoration themes

For the next 6 weeks:

- Safe treatment of COVID19+ patients
- Keeping staff safe
- Safe aftercare and support in community based health and care services
- Maintain flexible surge capacity
- Judge capacity for restoring routine elective care
- **'Lock in' beneficial changes as we recover**

Everything in the context of Infection Prevention

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- Positive & negative areas
- Revised patient pathways (internal & external)
- Social distancing clinical/non clinical/communal areas
- Patient testing
- Staff testing
- Infection rate

Our approach:

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- **6 May** through Demand and Capacity an initial review of the challenges from the IPC new guidance and impact on flow was presented by each of the CMGs.
- **18 May** further workshop on for CMGs, Heads of Operations and Clinical Directors to share their current position, issues, risks, potential solutions and impact on services and the Trust.
- Considerable work had been undertaken by the CMGs to inform restoration and recovery for the organisation noting all the key challenges.
- In total there were 126 slides presented the detail and work taking place within the CMGs. (We will explore in more detail at TBTD)
- **This work underpinned our May KLOE return to NHSE/I which has been held up as an exemplar regionally.**

The NHSE/ I expectation: *Progress*

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Urgent Surgery & Care:

- Urgent outpatients and diagnostics continues utilising the IS and Alliance
- Time critical and urgent surgery utilising the limited theatre capacity supported by national categorisation of patients 1a/1b/2
- Maximise the use of SDEC, hot clinics, frailty services to bypass ED.
- Eye casualty remains open
- High risk patients jointly managed by primary / secondary care clinicians
- Transplants continue and live donor transplants
- Maximising the use of the discharge hub for medically fit patients

Cancer:

- Urgent diagnostics are being undertaken, and the use of IS for CT, MRI and CTC.
- Essential cancer surgery prioritised and continues as part of theatre scheduling and the national categorisation process for patients
- Increase utilisation in the Independent Sector and the Alliance for some specialities including plastics, breast
- New 2WW prioritised referrals to the acute trust are receiving a phone triage/appointment.

NSHE/I *Progress* continued:

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Maternity:

- Maintaining full service where clinically appropriate.
- Continued 24/7 emergency service.
- Senior decision making regarding timing of induction of labour.
- Virtual Antenatal clinics in progress to reduce attendance at acute sites. Community midwives working from central hubs as GP surgeries closed.
- Home birth team running as normal and birth centres at each site converted back to midwifery led birthing units
- Continue Neonatal provision, regional lead unit. 24/7 emergency treatment/care.

Outpatients:

- Help lines in place for specialities
- Video or telephone consultations remains the default for all activity without a procedure
- Time critical face to face outpatients and assessment where clinically appropriate – 2WW
- Utilisation of the IS and the Alliance
- Remote appointments as a default triage elective backlog

NSHE/I *Progress* continued:

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Cardiovascular, hearts and strokes:

- Prioritise acute surgery, PCI, PPCI, mechanical thrombectomy, urgent arrhythmia, severe heart failure and severe valve disease. Prioritise capacity for stroke admission
- EMCHC on phased return from Birmingham Children's Hospital

Primary Care:

- Risk stratify patient list, weekly virtual 'care home round', 2WW, urgent and routine referrals as normal
- Fully implement virtual consultations
  Sustain discharge, prepare for increase in Covid discharges needing support

- **Mental Health:**
- Prepare for surge, Support NHS workers, Safeguarding
- Triage facility Bradgate Unit

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LLR COVID-19 ALERT SYSTEM

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THE ASK

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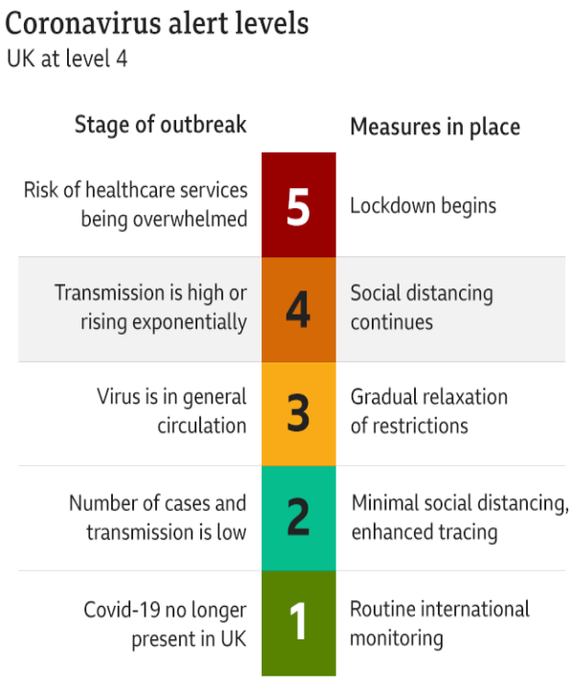
- The LLR Data Cell supports the development of usable insight/intelligence.
- LLR is moving towards data saturation & with this in mind, The Health Executive Strategic Group has requested the COVID-19 Data Cell develop a mechanism for summarising the volume of information.
- Data Cell have recommended the replication of the recently introduced national COVID-19 Alert System (image below). This alert system would be updated weekly & shared with the system:



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SYSTEM APPROACH TO RECOVERY :

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System approach to recovery

- System recovery cell instigated, led by Andy Williams, AO for LLR CCG's
- Tasked with modelling recovery across the system.
- Like us initially focussed on setting strategic direction e.g.
  - Admissions without clinical conversation avoided
  - Elective referrals to be triaged
  - Elective OP to be done virtually unless clinically mandated
  - Digital by default GP consultations
  - Clearer governance, faster decision making

The approach is in the context of the following 'expectations' and corresponding 'actions'.

Draft expectations and actions

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1 Safety first approach

We will adopt a safety-first approach to markedly reduce the infection hazard for patients and staff

- ✓ We will make sure that every service applies the latest Infection, Prevention and Control guidance
- ✓ We will have the right Personal Protective Equipment to maintain safety for our staff and patients
- ✓ We will provide health and well-being support to all our staff

2 Equitable care for all

We will pursue high-quality, equitable care for all focusing on health inequalities, community development and the impact of COVID-19 on our BAME community and staff

- ✓ We will ensure that physical and mental health have parity
- ✓ We will direct resources to where there is greatest need based on population health data by 1st April 2021
- ✓ We will work with our academic and research partners to focus on the risk factors for COVID-19 and develop appropriate interventions by 30th September 2020

Involve our patients and public

We will transform our public and patient involvement and seek to co-produce strategies which improve the health and wellbeing of local people

- ✓ We will develop and implement a new approach and dialogue with our public to ensure advice and care is accessible when needed from the right setting by 31st December 2020
- ✓ We will develop innovative ways of engaging with our population and we will always involve patients in shaping our transformational programmes
- ✓ We will develop a compact with local people which sets what they can expect from their NHS and what we would ask them to do in return by 30th December 2020

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Draft expectations and actions

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Have a virtual by default approach

Remote consultations at the front-end of all care pathways in all health and care settings especially before escalations of care

- ✓ We will ensure that prior to an escalation of care every patient is reviewed remotely by a relevant clinician seeking specialist opinion when appropriate to ensure that the patient is seen in the right setting by 30th September 2020
- ✓ We will adopt a primary care 'total triage' approach for patients that need a consultation and this will be done remotely unless there is a clinical reason not to do so by the end of August 2020
- ✓ We will conduct 70% of outpatient appointments and follow-ups virtually either by telephone or video consultation by 30th December 2020

Arrange care in local settings

There will be a decisive shift away from hospitals to care in local settings based around Primary Care Networks

- ✓ We will produce 'Place Based Plan's for the nine 'places' across Leicester, Leicestershire and Rutland by 31st December 2020
- ✓ We will provide a 2 hour community based response from a multi-disciplinary team to keep people at home and avoid admissions by 31st October 2020
- ✓ We will discharge patients from hospital to the right setting on the day they are deemed medically fit by 31st October 2020
- ✓ We will manage our actual and virtual bed base as one resource across Leicester, Leicestershire and Rutland with all discharges co-ordinated through a central service by 31st October 2020
- ✓ We will develop community based integrated multi- disciplinary teams including appropriate specialist support that will work as one team around the patient 31st October 2020

Draft expectations and actions

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Provide excellent care

We develop standardised end-to end LLR pathways/clinical networks, tackling unwarranted variation, quality improvement, through a population health management approach

- ✓ We will develop and implement standardised pathways for major conditions that improve outcomes, reduce health inequalities and reduce unwarranted variation by 31st March 2021
- ✓ We will use population health management approaches to risk stratify and segment our population
- ✓ We will encourage all clinicians to work at the top of their licence by 30th November 2020

Enhanced care in the community

Working with local government and the third sector we will provide enhanced care in the community

- ✓ We will ensure all patients that need a care plan have one, which is regularly reviewed and can be accessed by all those caring for the patient by 31st October 2020
- ✓ We will provide an enhanced offer to Care Homes by 30th November 2020

Have an enabling culture

We will put in enabling mechanisms to create a culture where our workforce thrive and are nurtured and there is simplified decision-making and governance structures

- ✓ We will review and implement a new simplified system wide governance structure that enables transformation to be undertaken rapidly by 30th June 2020
- ✓ We will develop clinical and managerial opportunities for secondment, rotation and shadowing by 31st March 2021 that supports our underrepresented groups
- ✓ We will ensure all staff involved in transformation are trained and competent in applying the quality improvement methodology adopted by the system

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Draft expectations and actions

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Drive technology, innovation and sustainability

Technology, innovation, financial and environmental sustainability will underpin all our services

- ✓ We will ensure that multi-disciplinary team meetings are supported by the right technology which enables clinicians and services to review individual patients' needs together by 30th September 2020
- ✓ We will undertake an assessment of remote patient monitoring technology and AI to enable improved productivity and support to patients by 30th September 2020
- ✓ We will use technology to support flexible, mobile and home based working to reduce our office footprint, environmental impact and running cost by 30th December 2020
- ✓ We will develop a clear, deliverable plan to restore the system's finances by 30th September 2020

Work as one system with a system workforce

We will take collaborative working to a new level by dissolving boundaries between services providers.

- ✓ We will develop integrated workforce models that enable our pathway approach to be delivered and do not duplicate resources by 31st March 2021
- ✓ We will explore opportunities for shared service teams for our back office functions by 31st March 2021
- ✓ We will become an Integrated Care System by 31st March 2021

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Next steps:

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- Agree approach internally & with system colleagues
- Rapid evaluation of impact and scalability
- Translate into models of care for Trust / system
- Model pathways with finance, activity, workforce, beds. theatres etc
- *Measurable* plans and trajectories
- Define impact on reconfiguration
- Define impact on UHL and system finances
- Antibody testing
- Staff and patient testing
- New financial model for covid