Bradford Teaching Hospitals
NHS Foundation Trust

Implementing phase 3 of the NHS response to COVID 19

Report for Board
10 September 2020

Together, putting patients first

NHSE/I requirements

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- Letter dated 31 July sets out the NHS priorities from August onwards:

  A. Accelerating return to “near-normal” levels of non-Covid health services, making full use of capacity available in the ‘window of opportunity’ between now and winter;

  B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally;

  C. Taking account of lessons learned during Covid; ii) locking in beneficial changes; iii) tackling fundamental challenges: support for staff, action on inequalities & prevention

- “Supplementary materials” issued 7 August to expand on some of these expectations.
- Further instructions are anticipated e.g. new performance monitoring in respect of service uptake by vulnerable groups;
- Financial framework and value are still be finalised as negotiations with Treasury continue. Finance Discussion planned for the October Board Development session.
- Place-based templates to be aggregated by ICS and submitted to NHSE/I by 18 September

Accelerating return to “near normal” service levels

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- The Trust has set up a Re-establish and Recovery programme. The programme has a number of objectives :
- Manage the safe restart of elective outpatient and diagnostic services
- Identify opportunities for expansion of capacity to reduce waiting list and waiting times
  - Utilisation of independent sector
  - Optimisation of available internal capacity
  - Creation of new capacity eg, refurbishment of Westwood Park
- Ensure an effective process is in place to prioritise capacity by clinical urgency, reduce 52 week waits and 62 day waits
  - Clinical prioritisation group in place.
  - Cancer improvement programme in place
  - Use of Independent Sector to clear diagnostic and treatment cancer backlogs
  - Expansion of demand management processes
    - Expansion of E Consults and GP Assist for Advice and Guidance
    - Streamlining referral process in GP’s EPR including consultant triage of all referrals
    - Implementation of Patient Initiated Follow Up
    - Continued use of virtual appointments
- Monitor and manage recovery plans against performance recovery plans and targets
  - Re-establishment of access performance meetings
  - Development of access dashboards and heat maps
- Sustainable quality improvements will be through system working and transformation

Prepare for winter alongside possible Covid-19 resurgence

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- Follow good Covid-19 related practice
  - Implementation of latest PHE guidance for the remobilisation of services within health and care settings (IP&C recommendations)
  - Development of Isolation suite in Emergency Department
  - Implementation of green diagnostic and surgical pathways
- Prepare for winter
  - Use of Yorkshire clinic, Optegra and Westcliffe for surgery and endoscopy
  - Optimising system ED attendance avoidance programme
  - Opening the clinical advice and triage unit for the elderly at St Lukes Hospital to reduce admissions
  - Working with voluntary services to enhance admission avoidance and discharge support
  - Population health programmes
    - Deliver expanded flu vaccination programme aiming to achieve 95%+ coverage of eligible healthcare workers
- Effective demand and capacity management and system working to manage patient discharge
  - Strategic discharge planning group in place to optimise system discharge processes
  - Focus on reducing length of stay and increasing same day emergency care pathways
  - Use of Command Centre to make best manage patient flow and capacity as well as predict potential peaks in Covid-19 demand
  - Site modelling and reconfiguration working group in place to optimise internal capacity and create best use of estate

Lock-in beneficial changes

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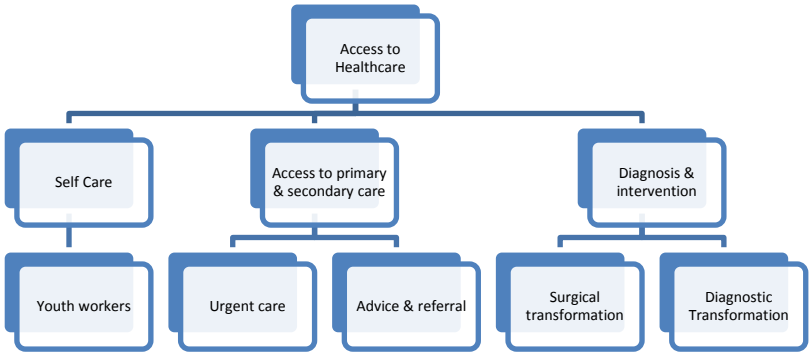
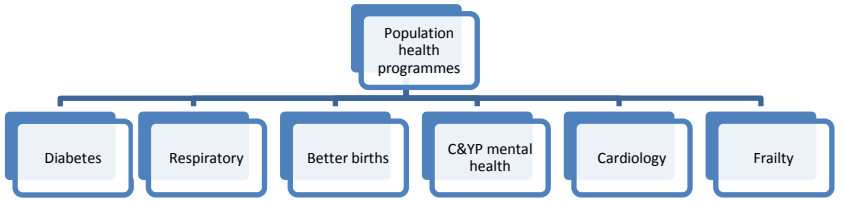
- The real benefits and sustainability of improvements will come through the Act as One Programmes; Access to Health Care & Population Health.





- True system working and partnership – challenge the norm
- All partners equal including the patient – prevention and self care is a priority
  - Youth workers programme aims to reach out to children & young people with the overall aim of improving mental and physical health
- Development of new pathways and new ways of working
  - Development of paediatric clinic in community in partnership with GPSI
  - Shared care protocols e.g. – urology PSA follow up, Vascular intermittent claudication and access to structured exercise
  - programme, FIT testing to reduce need for colonoscopy.
- Management of urgent care demand across the system
  - Call before you walk
  - Use of VCS for mental health peer support for admission avoidance

Tackle fundamental challenges: i. support for our staff

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- Reviewing our mental health support offer to staff in particular on-going psychology provision.
- Building on the listening service successful in a bid which will enable 500 staff to be developed in the role of peer supporter, prioritising BAME staff and staff with disabilities
- Health and well being conversations part of our appraisal process this year
- Prioritising a review of our flexible working arrangements so that all roles are flexible by default
- Ensuring staff have access to rest and staff change facilities
- Ensuring all staff have access to the flu vaccination
- Place based People plan in development (to be discussed separately)

Tackle fundamental challenges: ii. inequalities & prevention

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- In line with the NHSE/I requirement to name an Executive Director responsible for tackling inequalities we have nominated our CEO, Mel Pickup, to lead on this role.

- Regular monitoring of ethnicity will be a key area of focus for the Trusts Restart and Access to Healthcare programme board

- BTHFT benchmarks extremely well for patient ethnicity data completeness with the current rate being 99.3% compliance against a regional average of 96.7% and a national average of 96.0%. Work continues to maintain and improve this standard through regular data quality monitoring and reporting. This data has already been used with the Bradford Institute for Health Research to enable analysis of COVID in the region.

- We have a 10 year plan to be representative of the communities we serve by 2025. This is being reviewed as part of our WRES action plan this year and will come to November Board for ratification.

Timetable

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Task	Date
Phase 3 letter issued	31 July
Implementing Phase 3 guidance and templates issued	7 August
Place planning stocktake meetings with NHSE/I and ICS	w/c 24 August
Submission of draft place templates and commentary to ICS	27 August
Submission of draft aggregate ICS templates and commentary to region	28 August
Feedback on draft submissions	w/c 7 September
Place planning stocktake meetings with NHSE/I and ICS	w/c 14 September
Submission of final place templates and commentary to ICS	17 September
Submission of draft aggregate ICS templates and commentary to region	18 September
Submission of local people plan	18 September