

Board of Directors Meeting in Public - Cover Sheet

Subject:	Framework for Recovery, Reset & Winter 2020/21	Date: 22/6/20		
Prepared By:	Simon Barton, Chief Operating Officer			
Approved By:	Simon Barton, Chief Operating Officer			
Presented By:	Simon Barton, Chief Operating Officer			
Purpose				
This paper outlines the framework for the rest of the year with regards to recovery, reset and winter		Approval	✓	
		Assurance		
		Update		
		Consider	✓	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
✓			✓	✓
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		✓		
Risks/Issues				
Financial	✓			
Patient Impact	✓			
Staff Impact	✓			
Services	✓			
Reputational	✓			
Committees/groups where this item has been presented before				
Executive team Board Workshop Trust Management Team				
Executive Summary				
Further to the Board workshop that took place in June, this paper describes the framework and approach to the recovery and winter planning element of the coming months.				
The reset phase – the large scale transformation programmes that have emerged out of Covid-19 - is picked up by the SFH Transformation Programme led by the Director of Culture & Improvement as it is related to the further development of the key successful changes made during the Covid surge period.				
This framework describes the governance and meeting structure, principles, plans and timescales that will need to be developed over the next month reported into Board and monitored through the single oversight framework.				
The Board is asked to note and approve the framework for the recovery and winter plans				

Framework for Recovery, Reset & Winter 2020/21

Following the experience of the Trust's initial surge of Covid-19 admissions and the subsequent work to restore services, this paper outlines the framework for the future that will seek to recover waiting times and plan for winter 20/21. It builds on the conversation from the Board workshop on 18th June. It is approved by both the Executive Team and Trust Management Team.

Restoration of services

Following national guidance and specifically the letter from Sir Simon Stevens dated 15th March 2020 the Trust temporarily paused or stopped some services due to the ability to safely staff them or due to infection control precautions and the risk to patients during the lockdown period. Much of the work undertaken during June by the Incident Control Team (ICT) has been to restore these service offers to patients.

50 Specialty and Service restoration plans have been developed since the start of May, 44 have been agreed and implemented and the remaining 6 are expected to be agreed by the end of June 2020. Of the plans agreed and implemented a review of actual activity against plan commenced on 22nd June. A review of plans will continue into the next phase of recovery to ensure they remain aligned with any changes to national guidance.

Senior Leadership Team (SLT) workshop

The SLT took part in a workshop facilitated externally by officers on secondment to the NHS from the British Army on 2nd June. This identified learning from the Covid period as well as looking to the future of what may be required. It also encompassed learning from colleagues from within British Army about how they have managed restoration and recovery programmes, albeit in a different context.

This session identified some key points:

- The speed and frequency of decision making from Executives has been seen as a positive, along with the continued devolution of decision making to the Clinical Chairs and beyond
- The identification of clear principles for the future is required
- The importance of understanding and tracking the clinical impact on patients of longer waiting times and ensuring this is taken into account in the recovery phase
- The need to restructure some services and pathways (or sites) to support the uninterrupted continuation of elective and cancer services during Covid surges
- The need to work with local communities and partners across health and social care to ensure patients get their care in the right places to meet their needs, including end of life

Governance for the next 9 months

The diagram below outlines the governance framework for the coming months that tries to baseline some of the positives of the structural changes and decision making systems within the organisation. The recovery programme will be led by the Recovery group reporting into the TMT and up through the Executive to the Trust Board. This will have a clear interdependency with the Transformation cabinet, chaired by the Director of Culture & Improvement, which will lead the change programme elements for the coming year (for example the transformation and digitisation of outpatients) from the successful pilots that have taken place during the Covid period. The daily incident control function will remain until the NHS steps down its alert level nationally, should that happen.

There is also a governance infrastructure across the ICS which SFH are playing a key role in.

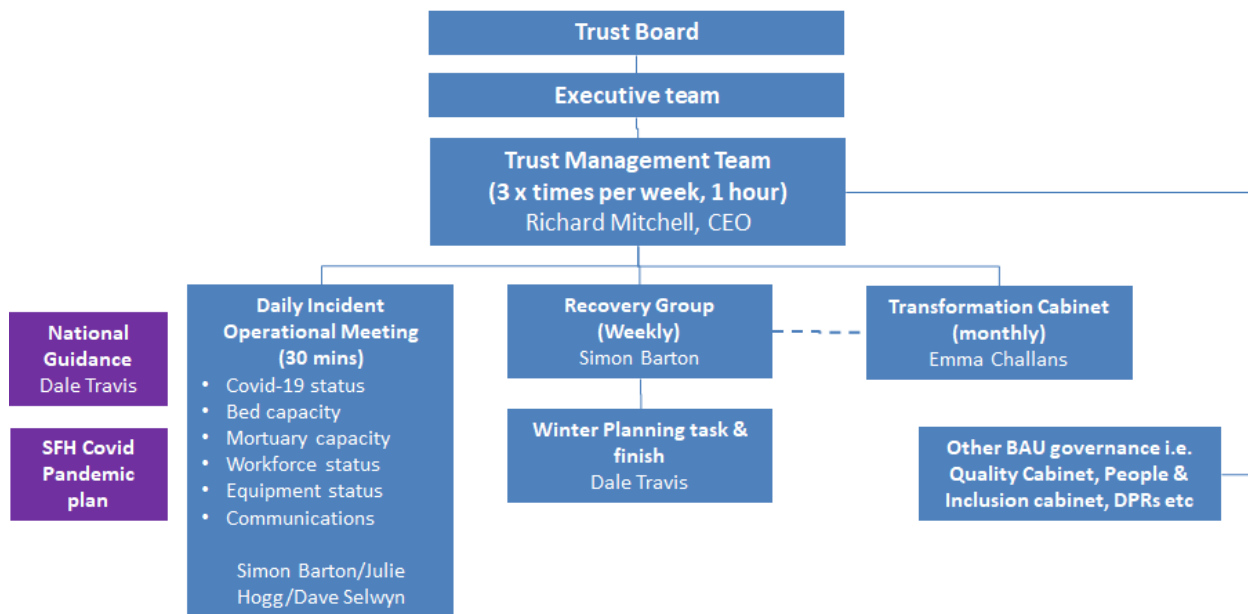


Figure 1 - Governance framework for the recovery phase

There are a number of principles which the teams have been working to during the Covid period and these will be fundamental as the Trust moves into the next phases; we will

- Keep patients at the centre of our decision making
- Minimise the risk of cross infection in both patients and SFH colleagues
- Lead and support colleagues in line with Health & Safety guidelines, CARE values, ensuring their well-being is looked after
- Learn from our experiences and that of others and implement this learning
- Manage Covid-19 surges with only necessary disruption to non-Covid services whilst maintaining first principle bullet point
- Assess risk and safely recover services for patients in line with national expectations

The coming 6-9 months

Figure 2 shows what may well happen over the coming months and how SFH will plan for this. It is illustrative.

There will be three plans that are interconnected and underpinned by a whole Trust capacity plan.

- **Updated Covid-19 pandemic surge plan** – this plan shows clearly the actions that SFH will take to safely meet demand when certain triggers of Covid-19 positive admissions take place, crucially with only minimised disruption to non-Covid services in line with the principles outlined earlier. This will be complete by end of June 2020.
- **Recovery plan** – the current waiting times are shown in this month’s SOF and the method of harm/risk review described in a further paper to the Board from the Medical Director. The recovery plan will show the recovery of waiting times, by when and how. It is intended to monitor this

through the SOF presented to Board monthly. This is expected to be completed by the end of July 2020, although further national guidance is awaited

- **Winter plan** – the usual process will take place for the development of a winter plan, but this will focus on the demand for winter as per the original annual operating plan, plus Covid-19 demand in addition. This is also expected to be complete at the end of July 2020 as there will be a strong interdependency between the recovery plan and the winter plan.

Figure 2 below is illustrative shows how this may work and interact throughout the rest of this year.

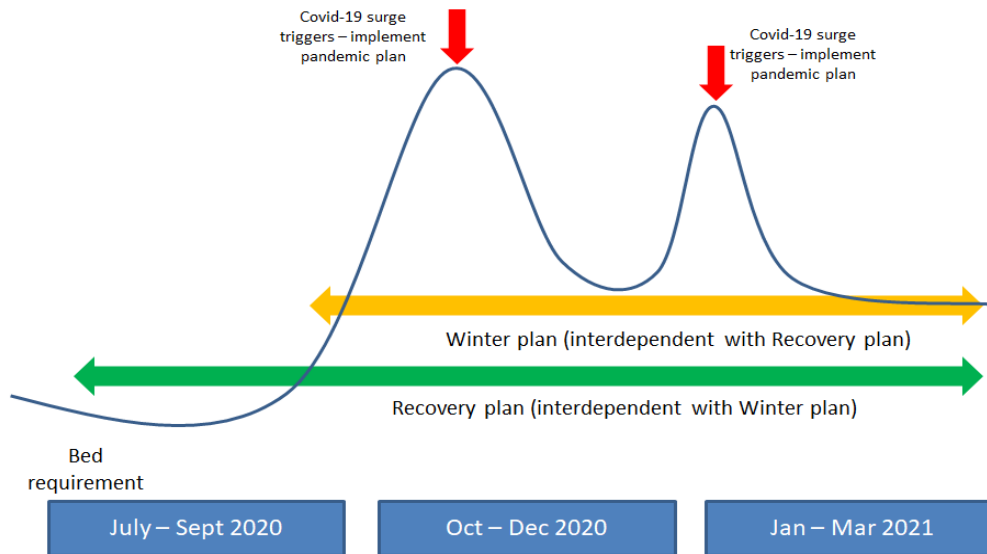


Figure 2 – illustration of what may happen in 2020/21 in terms of potential demand and plans to meet demand and recover waiting times

At present, the current bed forecast based on demand as per the annual operating plan plus Covid -19 demand would be the worst case scenario. Figure 3 shows this for the coming months (from Edge Health, 92% bed occupancy, 75% of the time), therefore the objective will be to safely create c.90 beds worth of additional capacity or equivalent this autumn across the UEC/Medicine/Surgery and this number is likely to increase over the winter period.

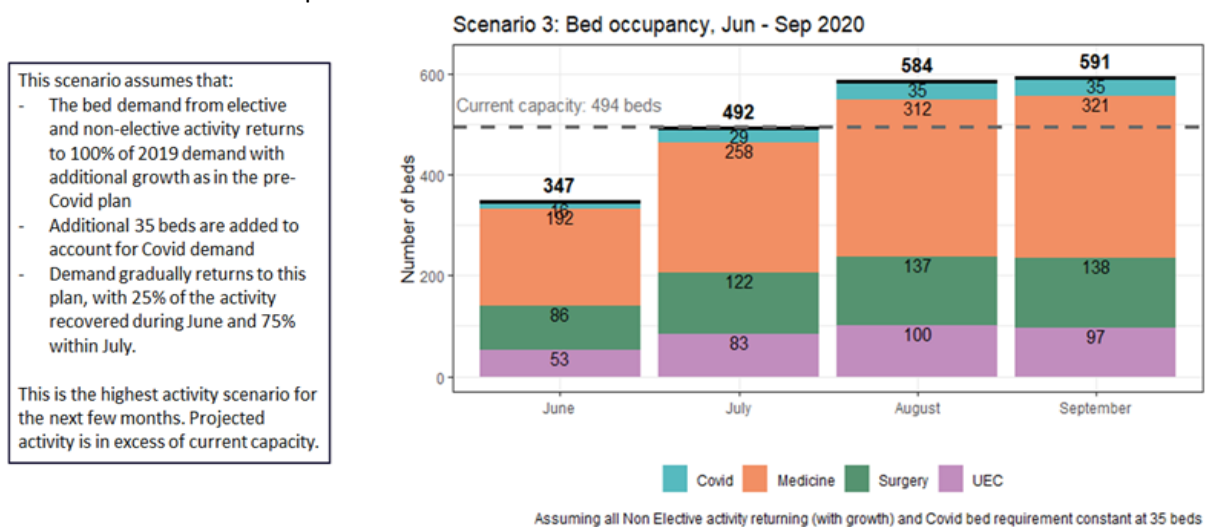


Figure 3 – planning scenario for capacity planning for the next 4 months (Edge Health)

To put this into context, in winter 19/20 there were 91 more beds available to the medical/UEC pathway, so at present the forecast would be that this would be required earlier than winter.

However, this is a plan that would appropriately plan for the worst case scenario. With this in mind, the capacity, and therefore staffing plans will need to be flexible so they can be stood up and down when required. A rolling 4 month reforecast will take place in the bed model to help with this.

Unlike in previous years, it will be critical that it is clear how areas such as imaging and endoscopy will meet urgent care demand this winter. This wouldn't normally be detailed within a winter plan but given the impact of enhanced infection control procedures on the capacity of some of these services this will need to be better understood for the next 6 months.

Next steps:

- Transition from the current governance structure to the new one (from beginning of July)
- Sign off of the final revised Covid-19 pandemic plan that incorporates learning from the April surge (end of June)
- Development of the recovery plan for elective and cancer care including the SOF metrics to be reported to Board in September
- Development of the winter plan, that will need to meet demand from August, September 2020 and will require a significant amount of capacity flexibility in September

It is recommended:

- That the Board notes and approves the framework for the recovery and winter plans

Simon Barton
Chief Operating Officer
June 2020