

Board of Directors

Report Title:	Recovery & Reform Group Report – October 2020
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Report author(s):	Ivan Catling, Interim Recovery & Reform Programme Manager Sean Whatling, Associate Director of Finance - Analytics
Previously considered by:	Recovery & Reform Group 27 October 2020

Approval
 Discussion
 Information
 Assurance

Executive summary	
<p>The Recovery & Reform Group was established at the end of April '20 for a time-limited period to put in place governance and oversee the recovery & reform planning governance arrangements necessary to ensure effective recovery to achieve business as usual from the COVID-19 escalations and to ensure coordination and prioritisation of COVID-19 recovery and reform, ensuring timely decision-making; resource allocation; and awareness of risks.</p> <p>Recovery and Reform planning is not about how we go back to the way we used to work, but how we want to work in the future, this report provides an overview of the key activities and achievements of the Recovery & Reform Group in the past month.</p> <p>ESNEFT received formal national recovery guidance on 31 July 2020 that set out actions to be undertaken, effective from 1 August 2020 and the priorities for the rest 2020/21 and outline financial arrangements heading into Autumn as agreed with Government.</p> <p>R&RG is overseeing the development of the Divisions recovery business plans for months 7 to 12 for 2020/21 and the development and submission of the Trust's financial plan to the ICS, and subsequently was submitted to NHSE on 22 October 2020.</p> <p>As of the week commencing 21 September 2020, the UK government has introduced further restrictions on public gatherings and The UK's coronavirus alert level is being upgraded from three to four, which means transmission of the virus is now high, or rising at an increasing rate.</p> <p>Summary of Key Achievements this month:</p> <ul style="list-style-type: none"> • ESNEFT Financial Plan submission to NHSE • Phase 3 Recovery Business planning completion. • Responded and submitted information to NHSE and ICS in relation to all Phase 3 requests. <p>As stated above, with the UK's coronavirus alert level being upgraded from three to four, and locally Essex being placed in Tier 2 with the resultant lockdown restrictions in place this has meant that ESNEFT is reinstating some of the Tactical response forums at the end of October. As ESNEFT enters into a Response phase again R&RG is to step-down to meeting once per month from November and will focus on remaining reform activities that will support ESNEFT's tactical response to winter planning and Covid second surge.</p>	
Action Required of the Board/Committee	
The Trust Board is requested to receive and note the contents of this report.	
Link to Strategic Objectives (SO)	
	Please tick
SO1	Keep people in control of their health <input checked="" type="checkbox"/>
SO2	Lead the integration of care <input checked="" type="checkbox"/>

SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input checked="" type="checkbox"/>
Risk Implications for the Trust (including any clinical and financial consequences)		Risk 15: If we don't have appropriate emergency preparedness response and recovery plans in place, there will be unplanned disruption to clinical and corporate services, which may lead to patient care being suboptimal and prolonged disruption to services.
Trust Risk Appetite		<p>Risk Appetite for Quality: The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of "no harm" at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and the potential for mitigation is strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients.</p> <p>Risk Appetite for Compliance & Regulation: The Board has a minimal to cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so and the gain will outweigh the adverse consequences.</p>
Legal and regulatory implications (including links to CQC outcomes, Monitor, inspections, audits, etc)		<p>Major incident planning, training, exercising and testing is monitored under the Care Quality Commission Fundamental Standards of Quality and Safety.</p> <p>The Civil Contingencies Act (2004) The purpose of planning for emergencies in the Trust is to ensure an effective response to any Major Incident resulting in abnormal demand upon our services.</p>
Financial Implications		No central financial allocations have been allocated to Recovery currently. Any investment requirements will be submitted through agreed Trust financial governance controls.
Equality and Diversity		There are no equality and diversity implications associated with this paper.

Covid-19 Recovery and Reform Group

1. Background

Recovery and Reform planning is not about how we go back to the way we used to work, but how we want to work in the future:

- Plan to ensure we are delivering all Phase 2 and 3 response requirements
 - Ensure we are delivering all urgent and emergency care services
- Consider how we may restart all non-bed related activities taking into account constraints outlined below.
- Review approach to capacity planning for all elective activity, identifying investment required to resolve any mismatch between demand and capacity
- Plan to manage with COVID for 18 months, and we may need to switch back to managing future surges
- Ensuring our staff and patients stay safe with appropriate protection (including supply chain resilience), social distancing (including extended home working), as well as managing exhaustion and motivation if there are multiple surges
- Dealing with elective backlogs and suppressed demand by working on a digital first basis (this also keeps patients safe)
- Keep stopped what can stay stopped, and take the opportunity to review where and how activities are done
- Streamlined governance and corporate services
- Clear financial plan

2. Recovery & Reform Milestone status

The status of milestones due for completion during October and those to be completed in the next month shown below.

The 'Delayed' milestone is for the following reasons:

- Clinical Audit Plans for 2020/21 approved by EMC and Integrated Assurance Committee – requires further work to finalise the plans.

Milestone description	Status	Target Start Date	Target Finish Date	Original Start Date	Original Finish Date
Business Planning					
Final business plans to Trust Board for approval	On Track	14/08/2020	05/11/2020	29/07/2020	06/08/2020
Estates Reform					
PAM completed for ESNEFT to identify ongoing/additional estates compliance needs following CV19	On Track	01/06/2020	31/12/2020	01/06/2020	31/10/2020
Estates Ops & EBME PPM compliance to 'pre CV19' levels including additional Estates Ops costs approved	On Track	01/06/2020	30/11/2020	01/06/2020	31/10/2020
EFM harmonisation of car parking solutions	On Track	01/06/2020	15/12/2020	01/06/2020	31/07/2020
Recommencement of E&F provided training activities	On Track	01/07/2020	30/11/2020		
ICT Reform					
PAC Workstations for Remote Working deployed for IH and CH Consultant Radiologists	On Track	11/05/2020	31/10/2020	11/05/2020	09/10/2020
Video Consultation Solution – OBC presented to eHealth/Investment Group	On Track	26/03/2020	30/11/2020		
Self-check in app to support social distancing in Outpatients – enabling upgrade of Intouch	On Track	01/10/2020	15/11/2020		
Self-check in app to support social distancing in Outpatients – enabling upgrade of Clarity	On Track	01/10/2020	30/11/2020		
Patient Portal – Eform for Covid Risk Assessment	On Track	01/07/2020	30/10/2020		
Workforce Recovery					
Mandatory Training review completed, including plan for future delivery	On Track	01/08/2020	30/11/2020	01/08/2020	30/09/2020
Governance Reform					
ICS Governance Forums link	On Track	01/08/2020	30/11/2020	01/08/2020	31/08/2020
Clinical governance structure approved by EMC	On Track	01/06/2020	30/11/2020	01/06/2020	31/07/2020
Clinical Audit Plans for 2020/21 approved by EMC and Integrated Assurance Committee	Delayed	01/06/2020	30/09/2020	01/06/2020	31/07/2020
Post incident review (COVID-19) – maybe subject to amended timeline	On Track	01/06/2020	31/10/2020		
Re-establish training programmes delivered by Clinical and Corporate Governance Teams	Complete	01/08/2020	30/09/2020		
Review mandatory training programme and establish oversight group	Complete	01/08/2020	30/09/2020		

3. Key Activities since last report

The following key activities have taken place since the last report:

3.1 Recovery Dashboard

The Recovery & Reform Group has identified a number of KPI's that it will be monitoring as we move ahead with recovery. The Dashboard has now been developed in Power BI and is being used not only by R&RG but also other forums such as Operational Delivery Group.

The Recovery Dashboard can be found at <https://app.powerbi.com/groups/me/reports/8290021a-9171-4366-a34c-107b1306fe70/ReportSection> for latest live reporting.

The report shows that ESNEFT has made good progress in getting activity levels back to the levels seen this time in 2019. There are some areas where we haven't reached the target performance and these are being monitored by both Operational Delivery Group and R&RG. Some of the key performance areas are:

- First outpatient appointments – 92% (target is 90%, but this is rising to 100% this month). Well done to our Urology team which is already at 100%
- Follow-up outpatient appointments – 84% (below target of 90%)
- Inpatient elective procedures – 97% (target is 80% but this is rising to 90% this month). Well done to our teams who are above 90%; General Surgery, Urology, Trauma and Orthopaedics, Ear, Nose and Throat and Gynaecology.
- Day Cases – 93% (target is 80% but this is rising to 90% this month). Well done to our General Surgery team which is already above 90%.
- MRI elective appointments – 82% (below target of 90%)
- CT appointments – 105% (target is 90%, but rising this month to 100%)
- Endoscopy appointments – 105% (target is 90%, but rising this month to 100%)

3.2 Phase 3 Recovery Business Planning

The ICS submitted its financial plan to NHSE on 5th October 2020 and the trust submitted its financial plan in line with financial guidance on 22nd October 2020 to NHSE. Due to these national timelines, the trust's business plan accompanies this report, please see Appendix B.

The business plan is compiled from the following:

- Previous draft
- ICS plan submission (activity, workforce and actions)
- Winter preparations plans
- Our People Plan
- Financial submissions and funding summary
- Review of divisional and corporate plans.

4. Month 7-12 Financial Prioritisation

Further to the publication of the national phase 3 expectations, alongside the COVID M1-6 financial framework concluding and M7-12 guidance publication, the Divisions assessed the requirements (operationally, clinically and financially) to meet the ask. These included, alongside the financials of the normal operating environment, in the formulation of proposed Divisional forecasts for 20/21.

This resulted in a £29m request above the Divisional Control Totals (CT) in place, compared to the estimated funding envelope of circa £19m available from the allocations to the Trust. Appendix A accompanying this report details the headline elements of the process ESNEFT went through and the schemes identified and their individual funding envelopes. Appendices 1 to 5 within Appendix A shows all the detail, a summary of which is as follows.

Scheme funding was prioritised and then re-prioritised into 3 envelopes for review

- £13.5m of schemes (£8.4m + £5.1m P3k) prioritised to proceed (please see appendix A.2);
- This leaving a remaining £2.7m gap between the prioritised funding requested and the amount available;
- with the remaining £5.5m to be allocated to the £8.1m of current recovery bids (as in appendix A.3)

Further to system discussions the £2.7m gap was allocated meaning funding availability rose to £21.6m (funding appendix A.2 & A.3)

Divisions have been tasked to implement plans with funding availability to deliver the Phase 3 ask:

- All funding being non-recurrent to the end of March 21, and any recurrent funding (expectation to be minimised / zero linked to the current national financial / no funding availability for 21/22 understanding, and hence any costs post March 21 would need to be borne divisionally within CTs) to be agreed through the 21/22 budget setting and business case approval process, linked to the divisional control total allocations
- Funding allocation to be held in a central Trust reserve and allocated following confirmation of start of schemes

Any material slippage returned or funding not drawn-down will be available to be reallocated to other schemes.

5. Key Activities in Next Month

The Recovery & Reform Group always planned to be a time limited group and as such the programme plans activities were always planned to complete by October. At present the plan is for R&RG to step-down to meeting once per month from November and will focus on remaining reform activities that will support ESNEFT's tactical response to winter planning and Covid second surge.

6. Recommendation

The Trust Board is requested to receive and note the contents of this report.

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