

Recovery and Reform (Phase 3) Business Plan

October 2020 to March 2021



East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides acute hospital and community services, serving a wide geographic area with a population approaching 800,000 residents.

Services are provided from the two main hospital sites in Ipswich and Colchester, six community hospitals, high street clinics and in patients' own homes.



Time is important to everyone whether as patients, as family or carers, or as staff delivering care. Together the Trust and its staff will improve services to make every moment count.

In Simon Stevens' letter of 31st July 2020 (phase 3 planning guidance) to the NHS he set out 3 key priorities to underpin our response to phase 3 of the pandemic:

1. Accelerating **the return to near-normal levels of non-COVID health services**, making full use of the capacity available in the 'window of opportunity' between now and winter
2. **Preparation for winter demand pressures**, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally.
3. Doing the above in a way that takes account of lessons learned during the first COVID peak; **locks in beneficial changes**; and explicitly tackles fundamental challenges including: **support for our staff**, and action on **inequalities and prevention**

This third priority includes starting to deliver on the commitments made in the NHS People Plan:

- Looking after our people
- Belonging in the NHS
- New ways of working and delivering care
- Growing for the future

Recovery and Reform

In updating our business plan we have developed a set of underling principles to guide our recovery planning:

We need to plan for managing with COVID for some time:

- We must maintain excellent infection prevention and control, be prepared for future surges and recognise longer term needs for patients who have recovered

Our patients must stay safe:

- A patient should only be seen face-to-face if they **need** a physical examination, and where possible community based options should be used to avoid coming onto the acute site
- Patients are to be treated in clinical priority order
- Our testing strategy must keep people safe but not overwhelm our pathology service

Our staff must stay safe:

- The psychological needs and wellbeing of our staff are paramount
- All staff who can work off site should do so – and those who come on site must have appropriate PPE

Adapt, adopt or abandon

- Make the most of the changes we've made under COVID, and reap the benefits of the investment that has been made
- Be radical in our thinking
- Deliver on our *Time Matters* commitments to both staff and patients

The Trust was able to mobilise quickly in responding to COVID, and a number of changes were delivered to very short timescales. All changes were agreed through the tactical and strategic command structures, and the Trust has now reviewed whether to adopt, adapt or abandon those changes.

Change	Description	Adopt, adapt, abandon
New pathways and processes		
Discharge HUB and lounge	Service enables patients to be discharged when clinically safe	Adopt – maintain in a permanent base
Community capacity e.g. Avocet Court	Additional capacity in the community to support flow	Adopt
OP phlebotomy at Landseer Road	Ipswich phlebotomy service moved completely to Landseer Road facility out of hospital	Adapt – will need additional presence on acute site but look to keep services away from the acute site and extend booking system
Pharmacy - 28 days home delivery and suspend MDS	Extended home delivery of medicines using 28 day packs but monitored dose systems (MDS) service suspended	Adapt – originally provided by SCC schools service, now by pathology delivery provider.
Oncology & Haematology service	Decanted from IH to Nuffield Ipswich. New Cancer Dedicated Helpline	Abandon- service now relocated back at Woolverstone and Nuffield identified for elective restart
Medical examiner death certificates	If attending doctor cannot attend by early afternoon then the ME is asked to action Death Certificate.	Adopt - needs ongoing agreement with Suffolk and Essex Coroners
Streamlined governance	No meetings suspended. Board Committees streamlined	Adapt – governance being reviewed before reinstated
Technology enabled change		
Attend Anywhere	Number of specialties now undertaking virtual OP appointments via Attend Anywhere	Adapt – ‘best practice’ guide to virtual clinics in development. Appropriate accommodation for virtual clinics to be identified. Identify further options e.g. pre-op assessment Virtual clinic should not replace an unnecessary face to face – these should be reduced through advice and guidance, good news letters and blue cards.
Radiology home working and Q-Pulse	Investment in hardware/software enables clinical staff to work cross-site and/from home	Adopt - facilitates less outsourcing of overnight reporting
Electronic HealthRecords	Evolve packs rather than full sets of patient notes only provided except for emergency admissions	Adapt - look to eliminate need for emergency patients or by exception only
Working at home	Laptops and TEAMS access to enable staff to work off site	Adapt to work from anywhere.
Workforce		
Staff helpline	Single number for absence reporting and management	Adapt – will need permanent home and staffing model
Wellbeing support	New guide and services	Adapt - keep in place but service expanded
Honorary contracts	Mutual aid agreement had been signed with partners which would mean that honorary contracts would not be required. It was confirmed that this would include CCG nurses	Adopt - or develop if replaced by staff passport. Also needs to bring in NHSP staff and mandatory training.
Annual leave and study/training leave		Adapt -new policy agreed - staff encouraged to spread leave through year. Professional/study leave policies should be coordinated across region to avoid disparities All training being moved on-line
Medical rotas	Some cross-site or hot/cold site rotas agreed and implements	Adapt - extend across all specialties
7 day working and extended working		Adapt – extend range to help mitigate social distancing impact as services are restarted

Restoration of elective activity:

The following targets were set within the phase 3 planning guidance:

As % last year's activity	Aug	Sept	Oct
Elective IP, DC and Procedures	70%	80%	90%
MRI/CT and Endoscopy	90%	90%	100%
Outpatient attendances	90%	100%	100%

The Trust's revised activity plan and performance is shown below:

	Oct	Nov	Dec	Jan	Feb	Mar
Referrals	16,589	16,108	15,981	17,864	17,674	12,878
Incomplete RTT pathways	53,520	54,015	54,510	55,005	55,500	55,998
52+ week waits	1,040	930	820	710	600	486
Outpatient appointments	61,480	60,223	52,362	54,068	54,523	57,577
Day cases	7,159	7,477	6,808	6,874	7,038	7,343
Elective inpatients	908	937	861	772	882	947

- Activity undertaken at the Nuffield Ipswich Hospital under the national contract is excluded from this activity. Plans are in place to maximise utilisation. Activity at the OAKs is within the figures.
- Outpatient appointments have switched a significant number from f2f to virtual appointments, with over 24,000 virtual appointments in July

Diagnostic and Cancer activity:

Restoration of this activity is a key priority, and the Trust has set the following trajectory to recovery:

	Oct	Nov	Dec	Jan	Feb	Mar
Urgent cancer referrals seen <31 days	2,673	2,653	2,647	2,682	2,689	2,694
Treatment following diagnosis <31 days	324	323	322	323	324	324
Number of patients waiting 63 or more days	327	268	220	180	148	121
Magnetic Resonance Imaging	3,259	3,164	3,159	2,998	3,258	3,712
Computed Tomography	6,711	6,646	6,956	6,852	6,738	7,749
Non-Obstetric Ultrasound	5,756	5,777	5,082	5,606	5,467	6,235
Colonoscopy	669	718	638	610	683	781
Flexi Sigmoidoscopy	269	218	214	184	233	268
Gastroscopy	550	592	545	501	554	639

- By using additional capacity and Independent Sector providers the targets for diagnostic activity will be met.
- Improved cancer patient tracking has been introduced to support delivery of the trajectory
- Delivery is dependent upon securing additional staff resource to undertake activity. Although this has been funded, the availability of staff will be a key constraint.

Emergency and Non-elective activity

The Trust anticipates returning to 100% of prior year A&E activity by January 2021:

	Oct	Nov	Dec	Jan	Feb	Mar
Type 1-4 ED attendances	16,671	17,138	19,296	19,165	17,328	13,865
% prior year	85%	90%	95%	100%	100%	100%

A similar trajectory is expected for non-elective admissions:

	Oct	Nov	Dec	Jan	Feb	Mar
0 day length of stay	2,137	2,213	2,137	2,103	1,917	1,695
+1 length of stay - COVID	399	406	421	426	367	370
+1 length of stay - Non-COVID	4,590	4,663	4,843	4,893	4,219	4,252
Total Non elective admissions	7,126	7,282	7,401	7,422	6,503	6,317
% prior year	95%	100%	100%	100%	100%	100%

- Covid-19 patients assumed 8% in line with national projection

Additional respiratory demand to accommodate ‘suspected’ COVID patients is expected. Forecasting activity is extremely difficult but additional ARCU beds and designated ‘red’ assessment areas are part of ward re-configuration plans.

Actions to support delivery of non-elective activity:

- Clarify with GP practices other direct referral processes into the acute other than A&E e.g. hot clinics
- Maximise streaming and redirection to more appropriate services including UTCs at Colchester, Clacton and Harwich, supported by enhanced pathways to AMSDEC, CAU, Frailty, T & O, return to GP, Pharmacy, Mental Health, Primary Care, Voluntary sector Housing and increased use of bookable appointments.

Ipswich specific:

- Ipswich DVT pathway moved into primary care
- Split out minors from majors activity, with orthopaedic support to minor injury patients and minor illness/injury being treated in the orthopaedic and fracture department, away from main A&E
- New build AMSDEC area with go live expected for Q4

Colchester specific:

- Funding agreed to commence enhanced service for Tendring residents based at Clacton UTC, which will include AMSDEC, Frailty and EIV/Falls service provided by EEAST
- IRAS team continues 7 day service at front door, with additional resources available to support rapid access to expanded EOL pathway and My Care Choices.
- Urgent Crisis Response Service – 7 day multi-agency up to 72hr wrap around service which will prevent both admission to hospital as well as allow higher acuity patients to be stepped down earlier on their care pathway – both physical and mental health.

Working closely with our partners, we have estimated the increase in demand we are likely to face so that we can take action to help us to manage. In particular, we are focusing on initiatives to reduce length of stay and prevent unnecessary admissions.

We will use the lessons learnt during the initial phase of the pandemic to redeploy staff to cover shortages caused by sickness or by an increase in colleagues who are self-isolating. This will take into account the individual risk assessments which were carried out earlier this year.

We also have the opportunity to roll out seven day working more widely, following its success in helping some specialties reduce the backlog following the first phase of COVID-19.

In Ipswich we have:

- Opened a new acute respiratory care unit (ARCU) with eight single rooms – double the previous ARCU capacity
- Ring-fenced the 12 side rooms on Bramford ward as a red COVID assessment area
- Begun work on a new acute medical same day emergency care unit, which will provide quick and effective assessment and treatment without the need for a hospital stay
- Started some major ward refurbishments
- Plans are in place to open a further 58 beds to support the hospital during a second surge of COVID. We are also reconfiguring our ward areas to co-locate specialties, maximise efficiency and make the best use of our resources

Preparations in East Suffolk Community Services:

- Upskilling staff and expanding admission criteria so that community hospitals can accept higher acuity patients, such as those needing IV antibiotics. Enhanced medical cover has also been put in place
- Increasing beds at Aldeburgh Hospital from 20 to 24
- Piloting care for delirium patients at Aldeburgh Hospital, which is a green COVID secure environment, rather than in care homes. The pathway is also being reviewed to ensure patients receive care in the right place to meet their needs.
- Providing therapy support for Suffolk County Council beds at Avocet Court so that people who no longer need acute hospital care can continue their rehabilitation while waiting for a social care package to be put in place
- Offering flu vaccinations to every patient on the Integrated Neighbourhood Teams' caseloads

In Colchester:

- Opening a new seven room acute respiratory care unit (ARCU) on Layer Marney ward
- Reconfiguring the children's assessment unit so that all children's ED activity can be managed in one area. This will free up the current children's space within the ED to allow social distancing and increased flexibility
- Opening a new frailty unit, which includes a same day emergency care and short stay assessment ward. We also have the potential to open up to 64 additional beds to support the hospital if a second surge takes place

Preparations in the North East Essex Community (with ACE and social care):

- Improving pathways so that patients who have had a stroke can transfer out of Colchester Hospital more quickly and continue their recovery at the community hospitals in Clacton or Harwich
- Providing good quality end of life care for COVID patients in Harwich and working closely with St Helena Hospice to provide end of life care for patients without COVID
- Setting up a care home hub which offers advice and guidance on infection control, PPE, mitigating staff shortages and managing people with coronavirus

COVID infection is the single biggest quality risk to our patients and our staff

- Social distancing measures and infection prevention and control have impacted on physical capacity
- Mitigation has been provided through the use of screens and curtains between beds
- Pathways have been developed which minimise the likelihood of a patient having COVID during treatment
- Appropriate use of PPE will continue
- Testing will also be in place for patients and staff

Harm reviews:

Throughout the pandemic, the Trust has continued to treat patients at level emergency and urgent patients, as well as those needing treatment within 4 weeks.

Our Quality improvement plan remains as before:

- **Deteriorating Patient:** Sepsis screening to increase to improve early recognition and implementation of the Sepsis 6 within 60 minutes; E-obs and updated scoring system (NEWS2) in place to ensure correct escalation of the deteriorating patient; Using QI methodology we aim to further improve compliance with time to administration of antibiotics, fluid and oxygen therapy in patients with suspected sepsis in ED and Wards by regular audits to feedback performance and drive change in conjunction with an established teaching programme
- **End of Life:** Improved individual care planning for patients at EoL by increased and sustained use of the Individual Care Record for End of Life. Standard Operating Procedures, guidelines and processes disseminated across the Trust for all services where patients would benefit from End of Life Care; plaudits and complaints monitored and reported to EOL Steering Group ensuring focussed improvement and feedback to teams; increased EOL education and training to ensure we have a well trained, competent and confident workforce; collaborative working with Bereavement Services improving experience for families and carers
- **GIRFT (Getting It Right First Time):** The newly re-established GIRFT board oversees the clinical outcomes reported by the specialty reviews in addition to supporting reporting on effective use of resources achieved through pathway changes. The Board will draw together Trust-wide themes and will oversee where there is impact across services
- **Interventional Safety:** Development of a Work Plan with shared learning to continue post project finish date.
- **Mental Health:** Five year delivery plan commenced
- **Maternity:** Refocus in short-term on Maternal death action plan relating to recognition and management of sepsis with delivery of the wider Improvement Plan focusing on Caesarean section rates, continuity of care and antenatal monitoring through implementation of the GROW programme

Our philosophy is **Time Matters**. This means that we listen to what causes the stresses and irritations for our staff and work together to improve the working environment.

We want our staff to feel valued for what they do, recognising they have commitments and a life outside work.

We will ensure people have opportunities to achieve their personal and professional ambitions, regardless of where they work in our Trust.

The behaviours and expectations of our leaders in how we support our staff, service delivery and patient care, will be clear and embedded.

We want our staff to be able to give their best, every day.

Planned WTE numbers

Our phase 3 and recovery plans are predicated on having the workforce in place to deliver them. Our planned workforce numbers are:

WTE	Oct	Nov	Dec	Jan	Feb	Mar
Substantive	9,379.56	9,371.96	9,381.45	9,385.83	9,385.11	9,414.06
Bank	456.08	462.36	461.05	460.09	460.09	462.88
Agency	110.68	107.36	101.99	101.99	101.37	101.37
Total Workforce	9,946.32	9,941.68	9,944.49	9,947.91	9,946.57	9,978.31

We recognise the initial response phase has been a testing time, and we will be asking more of our staff as we move through the winter. Therefore we recognise the ambitions of the NHS People Plan, summarised below, and have developed Our People Plan in response:

What	How
Looking after our people	<ul style="list-style-type: none"> • Prioritising staff safety • Looking after physical and psychological well being of all staff • Supporting flexible working
Belonging in the NHS	<ul style="list-style-type: none"> • Creating organisational culture of belonging, including through overhauling recruitment processes to achieve representation at all levels • Listening, and acting upon, views and experiences of workforce • Promoting compassionate and inclusive leadership
New ways of working and delivering care	<ul style="list-style-type: none"> • Building strong multidisciplinary teams, using skills of all staff • Using the skills and energy of our wider workforce, including volunteers • Resuming education and training priorities
Growing for the future	<ul style="list-style-type: none"> • Focusing on local domestic and international recruitment • Supporting former staff to return to NHS • Taking steps to retain staff, especially those nearing retirement, for longer • Undertaking robust workforce planning and transformation to enhance system level recruitment, deployment and retention of staff

Join us

We will...

Welcome people who share our values with the potential, experience or skills to deliver high quality services

Be a great place to work with fulfilling roles and exciting opportunities that make a real difference

Recognise everyone's contribution in work and appreciate their life outside work

Learn and grow

We will...

Ensure learning opportunities are open to all our staff and invest in our leaders

Foster a learning culture with outstanding development opportunities

Provide opportunities to develop new skills and work across the Trust and different health and care services

Stay with us

We will...

Value and embrace diversity in our workforce in a positive, inclusive environment

Provide opportunities to support all our staff to improve their health and wellbeing

Create a culture where people can speak up safely, are listened to and we take action together

Our People Plan's key themes and strategic actions for phase 3 are:

Join us:

- We will review the recruitment process by October 2020 so they are transparent and unbiased
- We will deliver a recruitment brand and social media strategy by December 2020
- We will work with partners to deliver and embed the Health & Care Academy from October 2020
- We will review our on-boarding processes by December 2020 so they support staff in their first year with us
- We will develop and deliver a flexible working policy and framework by January 2021

Learn and grow:

- By November 2020 we will have reviewed our Talent Management Strategy and delivery plan so it supports individual and service development
- By December 2020 we will deliver a business case and implementation plan for the Faculty of Education, Research and Innovation so it brings together all learning, education and organisational development elements into a single, funded entity
- We will have a clear plan for the Talent for Care Team development and levy spend by December 2020
- By December 2020 we will have identified leads and executive support for all our staff networks and trained them in developing action plans that deliver positive change

Stay with us:

- Launch the wellbeing hub to support staff in improving their mental, physical and financial health
- We will deliver a clear plan to engage with staff to embed our values by November 2020
- We will review our appraisal process by November 2020 to ensure it includes a wellbeing and career development conversations, supported with regular engagement with managers
- We will have a clear delivery plan for implementing the assistant to Freedom to Speak Up Guardians by November 2020 to include how we support all our staff in raising concerns
- We will deliver the management leadership competencies and passport by November 2020 to embed an inclusive and compassionate leadership culture
- We will deliver a 'work from anywhere' policy and framework by December 2021 so our staff can work from home or any Trust location effectively and supported by their manager.

Temporary arrangements have been put in place to ensure all providers have sufficient funding to respond to the crisis, including meeting reasonable additional costs.

During the COVID response (April 20 to September 20) providers were funded through a block contract, and national top-up payment with reimbursement for any genuinely additional COVID costs.

Block contract, national top-up payment and COVID cost reimbursement during the outbreak will be backed by income from NHSE/I

DHSC revenue support should not be needed during this period but will be available as a safety net, should it be required.

New financial framework:

From October 2020, the intention is to move to a revised financial framework. The key components of the revised financial framework from October 2020 are:

- Retained simplified arrangements for payment and contracting
- Greater focus on system partnership and restoration of elective services
- Fixed funding envelopes for the majority of services and removal of the retrospective payment mechanism
- “Block payments will flex meaningfully to reflect delivery (or otherwise) against... patient treatment goals”
- Expectation of financial balance at a system level

Current planning position:

On 15 September NHSI/E confirmed the financial envelope for the Suffolk and North East Essex (SNEE) ICS for months 7 to 12 (Phase 3). A plan has been submitted that incurs a deficit of £1.5m for the Trust. This deficit is particularly driven by a shortfall on ‘other’ income, especially car park income. This is an issue that is being negotiated nationally; the outcome of which may impact on the planned deficit.

Divisional Plans:

A prioritisation process was undertaken to allocate £21.6m of additional funding to replace the retrospective top-up. On top of their control totals, divisions have received agreed investments and despite the Trust plan deficit the divisions have sufficient funding to deliver phase 3 activity.

Division (£m)	Beds	COVID	People Plan	Recovery	Winter	Total
Cancer and Diagnostics	-	5.2	-	0.2	0.1	5.4
Integrated Pathways	1.5	0.5	-	-	-	2.0
Medicine Colchester	0.3	0.5	-	0.2	0.4	1.3
Medicine Ipswich	0.3	0.9	-	0.3	0.1	1.5
MSK and Specialist Surgery	0.4	0.2	-	3.8	-	4.3
Surgery and Anaesthetics	0.7	1.0	-	2.5	0.0	4.2
Women's and Children's	0.1	-	-	0.2	0.1	0.4
Corporate	-	1.5	0.8	-	-	2.3
Total	3.2	9.7	0.8	7.1	0.8	21.6

Risks:

There are two significant risks to the financial plan:

- Impact of any further Covid surge – however ‘break glass’ arrangements are in place in the event of a significant rise in COVID activity
- The Elective Incentive Scheme (EIS) which could result in lost income if the Trust does not deliver elective and diagnostic activity to the required recovery levels outlined in page 5

Alongside recovering activity and winter/surge preparations the Trust is still addressing a number of strategic priorities:

Clinical services:

- **Project 3000** – One of six national centres to deliver rapid staff and patient swabbing COVID tests
- Disestablishment of **NEESPS** and transfer of PHE **Microbiology service**
- Dedicated **medicines at home** service to be established permanently
- Development of **Breast Care Centre**
- Additional **mortuary provision** at both acute sites
- Implement **mobile red to green** across all medical wards
- Ipswich **UTC** development
- Review of the **Heart Centre** to improve efficiencies to facilitate repatriation of activity
- **Integrated Neighbourhood Teams** move to 7 day working
- Implement **Discharge to Assess** pathways
- Improve **theatre scheduling** by enforcing 21 day and 7 day lockdown
- **Electronic pre-op assessment and consenting** and **one-stop shop clinics** to minimise on-site patient footfall
- **CCU surge plans** ensuring sufficient staff and preparations are in place supported by a new Critical Care IT system
- Development of the **Elective Care Centre**
- Redevelopment of **Children's services** at Ipswich and **NNU** at Colchester
- **NICS (North East Essex Community)** tender opportunity

Corporate Services:

- **Deliver remote ways of working**, including home working survey, Bring Your Own Device (BYOD)/O365 and Windows Virtual Desktop (WVD) development, assess hardware requirements to support social distancing in the workplace, trial soft phone solution to support phone calls via MS Teams and Agfa Workstations at home
- **Virtual Outpatients** and embedding of Attend Anywhere across all specialties and promote use of Patient Portal for patients to receive appointment letters/patient assessment forms for returning services
- **Digital Records** and Scan on Demand solution to enable Trust wide paperless notes, promoting use of eForms to replace paper and notification to GPs/external partners, and Health Record sharing and viewing via the use of Health Information Exchange (HIE) and Agfa Xero ZEN viewer for Diagnostic Imaging
- Deliver **National Pathology Exchange (NPEx)** and order comms to allow Ipswich Hospital to become the Covid testing hub for the East
- Development of **Recovery & Reform Dashboard**
- Implement **Community Service Data Set** reporting
- **Staff Changing Facilities** at both acute sites
- Assurance on the compliance against **social distancing**
- Harmonisation of **car parking** across sites
- Transfer **NHSP Community** properties
- **Corporate TOM**
- Review of **governance arrangements** and design new governance to support ESNEFT reform
- Undertake a **post-incident review** of COVID response phase