

## Item 5.4b Appendix 2

### Restart, Recover and Reset Programme

#### Closure Report

#### Programme Overview

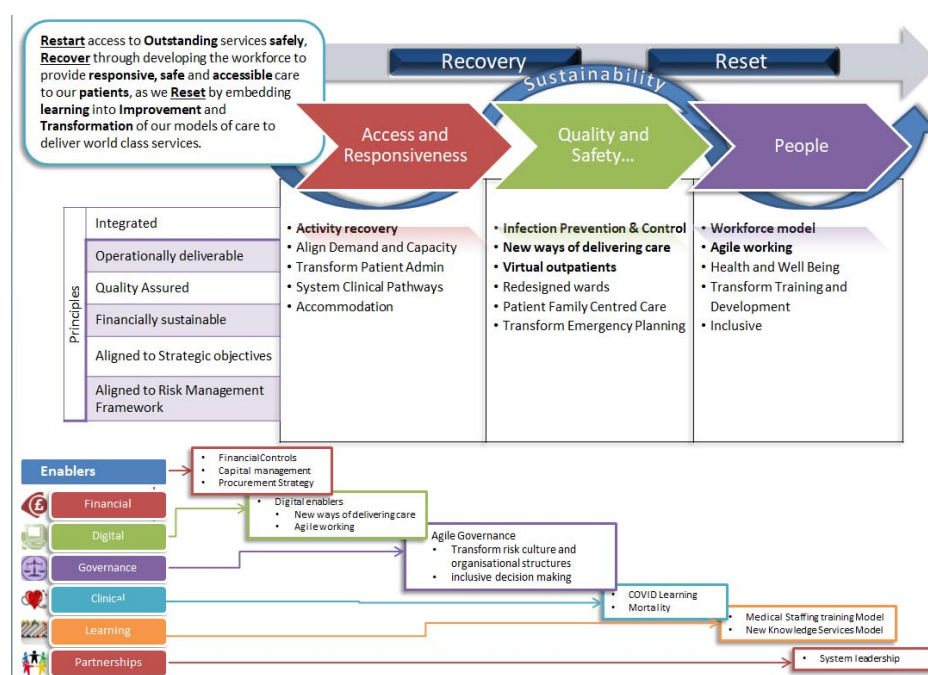
The Restart Recover and Reset Programme was initiated in late June 2020 in order to restart access to our services safely following the initial Covid19 pandemic surge, and, taking into account the new challenges posed by the disease, to develop our workforce to provide continued responsive, safe and accessible care to our patients. Finally, the programme aimed to embed learning into improvement and transformation of our models of care to deliver world class services.

At the same time the programme set out to ensure that the objectives were delivered in a way that was consistent with six key principles:

- Integrated across the health system
- Operationally deliverable
- Quality Assured
- Financially Sustainable
- Aligned to LHCH's Strategic Objectives
- Aligned to LHCH's Risk Management Framework

The programme scope included all areas of the Trust, clinical and non-clinical

The overarching aims of the programme were depicted in the diagram below:



In support of delivery of these objectives, each executive director identified a range of Smart objectives relating to their portfolio. Excellent progress against plan was noted consistently since the commencement of the programme. Substantially all of the required actions have been commenced and the majority have been completed.

### Emerging Issues

At the Executive team meeting 13 January 2021, it was acknowledged that the conditions present at the outset of the first wave of the pandemic have altered significantly and in particular the emergence in late 2020 of a second variant or multiple variants of the Covid19 disease has fundamentally changed the pressure felt across, and the response required of, the NHS.

On 11<sup>th</sup> January 2021, NHSI wrote to providers highlighting the need to act with absolute focus and urgency on five priorities over the seven weeks to the end of February 2021. These five priorities are as follows:

1. **Bed capacity:** Immediately create capacity in hospitals through safe discharge of patients. Rapid roll out of pulse oximetry to be included to bring about a rapid step change in effectiveness of discharge activity.
2. **Vaccination:** Maximise the pace of rollout and delivery of the Covid vaccination programme
3. **Infection Prevention and Control:** Ensure the rigour and professionalism of infection prevention and control across all settings to ensure nosocomial infections are minimised in order to avoid the compounding impact these outbreaks have on staff, patients, and bed capacity.
4. **Emergency Responsiveness and Mutual Aid:** Participate and comply fully in the gold command mechanisms to support in an agile way
  - the most pressured organisations
  - pace in expanding critical care surge capacity
  - equity in protecting urgent non Covid work for as long as possible
5. **People:** Support our staff through both strong communication and making available every possible source of health and well being and pastoral support

In light of the changing environment described above, it is unlikely that the Trust will be able to maintain traction on the programme's original objectives, at the pace originally planned. Further, the changing Covid environment renders some of the objectives outdated and or no longer relevant.

### Programme Closure

In light of the emerging circumstances described above, the Executive Team has taken the decision to formally close the Recovery and Reset Programme. This Programme Closure Report will outline the achievements to date, and outline the action that will be taken in relation to any critical objectives that remain unachieved currently.

## **Key Achievements and Programme Highlights**

The programme's key achievements include:

### **Access to services –**

The objective was to restart initially and then recover services to specified pre-Covid levels in a phased approach in line with targets set by NHSI. The Trust made excellent progress on its Phase 3 targets, originally achieving up to 90% of pre-covid elective activity levels and outpatients returning to normal levels throughout all of the surges. The surge of Covid related activity in October / November 2020 hindered the Trust's ability to sustain achievement against its activity trajectory.

Outpatient services were recovered through a blend of face to face and virtual appointments.

Despite significant pressures, LHCH has been able to provide mutual aid across the Liverpool region supporting LUFT in relation to Upper G.I. and Liver cancer pathways.

Remote monitoring was introduced in some services including pacing.

### **Quality**

- The Trust enhanced its Infection Prevention and Control through the launch of a six point plan to reduce risk of transmission of Covid19, and was successful in ensuring provision of suitable PPE throughout the pandemic.
- Critical Care bed capacity was increased.
- Virtual MDT's were adopted where appropriate.
- A significantly enhanced telemetry solution was introduced to improve patient care.
- The Trust developed a nursing support plan and training plan to increase clinical skills and resilience.
- The Emergency Planning function was strengthened in response to the pandemic.
- Wards were successfully reconfigured in real time based on changing Covid demands.
- New measures and resources have been put in place to ensure good communication with patients and their families about their progress when in hospital; in light of restrictions on visiting.
- Continued review of the waiting list and communication with patients regarding their treatment plans is now in place

### **Agile working**

The Digital, People, and Agile workstreams collectively delivered a successful agile working solution including:

- The effective deployment of digital devices and increased bandwidth to support remote working in clinical and non clinical areas.
- Widespread rollout and adoption of MS Teams

- Site-wide Covid secure office blue print completed with office moves implemented
- Introduction of agile working guidance and training for staff and managers

## **Digital**

In addition to the support provided to the trust's Agile Working provisions, the Digital workstream has also

- Implemented a digital outpatient software solution
- Upgraded and extended audio visual equipment for key meeting rooms
- Commenced the Telehealth project

## **Governance**

Agile and responsive governance was implemented throughout the pandemic ensuring:

- Cutting back on red-tape whilst ensuring robust and timely decision making
- Escalation / de-escalation of command and control as needed
- Building resilience / leveraging resource in Comms team through collaboration (Specialist Trust Alliance)

## **People**

- Enhanced Health and Wellbeing support has been introduced including
  - Additional mental health support
  - Mindfulness & other relaxation sessions
  - Staff hub
  - Food & refreshment provision
- Additional Equality, Diversity & inclusion engagement events and ongoing support mechanisms
- Adopted flexible arrangements to accommodate our vulnerable / shielding staff

## **Learning**

- c50% of clinical trials were restarted and focus on COVID trials as priority
- Developing a virtual knowledge hub, making links with University of Liverpool.
- New clinical training pathways for junior doctors incorporating virtual components
- Covid studies started
- Virtual library established

## **Partnerships**

Work on the future sustainable Cardiology model of care for Cheshire & Merseyside continued

## **Programme Performance Summary**

The table below, showing the programme's critical path, shows those milestones that have been completed and those that are work in progress ("WIP"). For those that are still in progress, in light of the decision to close the Programme, an indication of the proposed management of these is set out below:

Pillar	Complete / Work in progress	Objective	Completion %	Progress RAG	Completion date				Proposed Method of Delivery
					Q1	Q2	Q3	Q4	
Access and Responsiveness	Complete	Develop and agree plan for delivery of Phase 3 activity recovery trajectories	100%						
	Complete	Develop a capacity and demand model for all points of delivery across all specialities and aggregate	100%						
	Complete	Implement Phase 3 recovery actions to deliver August activity target trajectory	100%						
	Complete	Produce performance trajectories for statutory waiting time targets with various demand scenarios	100%						
	Complete	Produce robust activity modelling based on delivering phase 3 of the Covid recovery programme	100%						
	Complete	Phase 3 submission	100%						
	Complete	Implement Phase 3 recovery actions to deliver September activity target trajectory	100%						
	Complete	Implement Phase 3 recovery actions to deliver October activity target trajectory	100%						
	Work in progress	Finalise OPD clinic arrangements and roll out (F2F v virtual casemix)	75%					WIP	Operational planning
	Work in progress	Draft and agree proposal for 24 hour model of care	50%					WIP	Operational planning
	Work in progress	Review opportunity to work collaboratively with Specialist Alliance in relation to Supplies / PPE	50%					WIP	Strategic planning
Digital enablers	Complete	Roll out MS Teams licences	100%						
	Complete	Procure / deploy additional laptops to ensure agile working requirements met	100%						
	Complete	Increase remote working bandwidth capacity (on site VPM)	100%						
	Complete	Increase remote working bandwidth capacity (internet connection)	100%						
Learning and Knowledge	Complete	Implement process to review COVID19 studies and gather knowledge to inform clinical practice	100%						
	Complete	Implement robust governance that enables "fast track" approval of clinical studies and centralise	100%						
	Complete	Design an education and training model that incorporates existing and new digital content to ens	100%						
	Work in progress	Monitor, evaluate and report impact of Covid 19 on mortality	75%					WIP	Manage as BAU
	Work in progress	Implement the redesigned education and training model that incorporates existing and new digit	75%					WIP	Operational planning
	Work in progress	Restart all commercial studies that have been paused due to COVID	50%					WIP	Manage as BAU
	Work in progress	Heighten awareness of cardiac complications Covid 19 through CVD Programme Board and throu	50%					WIP	Manage as BAU
	Work in progress	Evaluate impact of Covid 19 on CVD	50%					WIP	Manage as BAU

Pillar	Complete / Work in progress	Objective	Completion %	Progress RAG	Completion date				Proposed Method of Delivery
					Q1	Q2	Q3	Q4	
People	Complete	Complete COVID workforce assurance review	100%	✓	✓				
	Complete	Design and implement development training plan for support nurses to support continuity of service	100%	✓	✓				
	Complete	Agree the site wide office plan based on Covid secure capacity per space	100%			✓			
	Complete	Develop a master schedule of moves to include all support services required	100%			✓			
	Complete	Develop Agile working policy	100%			✓			
	Complete	Develop costed workforce model at Trust level aligned to demands of COVID environment (incorporating all support services)	100%			✓			
	Complete	Develop agile working principles with a supporting policy for staff and managers draft version 7th	100%			✓			
	Complete	Propose new Clinical Training pathways	100%				✓		
	Complete	Implement Agile working policy	100%				✓		
	Complete	Implement new Clinical training pathways, for junior doctors and other clinical staff groups	100%				✓		
	Work in progress	Deliver training and support for managers and staff via bite size training re Agile Working Policy	100%				✓		
	Work in progress	Implement 'reset' workforce model	25%	●				WIP	Operational planning
	Work in progress	Develop proposals for new Education and Training Strategy, including service charter/offer	25%	●				WIP	Strategic planning
	Work in progress	Implement Education and Training proposals	25%	●				WIP	Operational planning
Quality and Safety	Complete	Develop and agree plan for second surge for ward configuration and staffing (3)	100%	✓	✓				
	Complete	Complete review of IPC, and make recommendations	100%	✓	✓				
	Complete	Develop plan to ensure Outpatient COVID segregation to ensure safe patient flow	100%			✓			
	Complete	Finalise six point infection prevention and control plan	100%				✓		
	Complete	Implement recommendations from IPC Review	100%				✓		
Sustainability	Complete	Lead the re-prioritisation of the Capital Programme to support the Recovery and Reset objectives	100%			✓			
	Complete	Capture financial impact of recovery and reset for the remainder of FY20/21 to support Phase 3 s	100%			✓			

## **Recommendation**

For the reasons set out above it is recommended that the Recovery and Reset Programme be closed, and that outstanding actions are managed in the way set out in the table above, either as Business as Usual, or as part of Strategic or Operational planning.