

Senior Responsible Officer

Karen Edge

Programme Manager

Mike Filek

Reporting Period (meeting date):

13-Jan-21

## 1 Overview of Progress

## 2 RAG Status

The **Recovery and Reset Programme** vision is to **Restart** access to Outstanding services safely, **Recover** through developing the workforce to provide responsive, safe and accessible care to our patients, and **Reset** by embedding learning into Improvement and Transformation of our models of care to deliver world class services. The programme consists of 10 workstreams. Each workstream is led by an executive director.

Progress to date is set out in this report.

**Progress Highlights:**

All workstreams continue to progress their milestones in accordance with the programme. Additional allowance was built into the forecast completion dates last month due to the evolving Covid landscape. The action plan to deliver the trajectory commenced in October. However, plans to fully restore elective activity have been disrupted by the third wave Covid surge. From 11/1/2021 the Trust has paused all routine inpatient activity to support Cheshire and Merseyside Hospital Cell capacity plan for the third surge. The focus for Q4 is to maximise daycase activity whilst the inpatient activity is paused, and once the third surge is past to refocus on elective recovery plans in line with the trust's trajectory. Approximately two thirds of the programme's critical path milestones have now been completed. Of the remaining milestones, nearly half are planned for delivery in March 2021 (see Appendix 1).

The third wave and the emergence of the new Covid variant introduces further risk of delay on delivery of the programme's objectives. Patient and Family experience continues, with follow up calls within 7-10 days post discharge. The family liaison team communicates regularly with patients to update them on their pathways. Workforce plans have been finalised and agreed by the executive team. All outpatient services have been recovered using a blend of face to face and virtual appointments. The Agile Working policy and associated Digital enablers have facilitated a smooth transition to home working where appropriate to comply with the latest UK Government guidance issued in late December.

Previous

Current



## Access and Responsiveness

- From 11 January, all routine inpatient activity has been paused to support Cheshire and Mersey Hospital cell's capacity plan, weekend and evening sessions organised for January have been stood down for Cath Labs and Theatres.
- Review of patient admin is complete, and will be shared with Executive team in January 2021
- All outpatient services have been re-established although there remains a challenge with some community service locations being closed due to the national lockdown
- Principles agreed and operational steps in place to allocate patients as virtual or face to face in outpatients
- **EP patients have been able to access additional sessions at Manchester since late November.**
- Family liaison team continue to communicate regularly with patients with regard to their treatment plan during the extended period in which visiting is permitted

## Quality and Safety

- Patient and Family experience have commenced calls to patients within 7-10 days of discharge as part of the follow-up objective. This will be evaluated in January
- Therapies review of 7 day working to conclude in January
- Ongoing monitoring to assess impact of Covid on cardiac complications, mortality, and impact of on demand for our services. Overall there is an increased awareness of cardiac complications and this is under constant review; the current surge will generate further analysis for review.
- The GIRFT review relating to management of Covid has been completed and will be shared with Gold in early January.
- Consultant job planning has commenced and is expected to be completed by the end of March.

## People

- The significant IT developments and investments have helped facilitate a smooth transition to home working, and entering into the third surge and the national lockdown, staff who can work from home must do so, and the trust has responded well to this.
- The People Plan is completed and ready for review by the Board.
- A further in depth review of HWB offering will be completed by end January 2021.
- A new Education and Training strategy will be developed and implemented by the end of June 2021.
- Changes to the delivery of clinical audit have been put in place and have been shared with the Divisions via QPFEC.

## Enablers

- Work continues to increase utilisation of Attend Anywhere.
- Various schemes in place to support remote monitoring where appropriate for patients
- Home reporting for radiology is operational apart from complex radiology (CT/MR) which requires resolution of some technical aspect of reporting. Where possible and appropriate all medical staff are undertaking some duties remotely.
- The organisational structure review is complete. It has been agreed that no changes are required at this point in time
- The new Knowledge and training hub, EDEN, is being finalised; content has been provided by clinical training leads working in collaboration with the Knowledge service and the system developer from Alder Hey

## Sustainability

- The financial regime for the remainder of the financial year has been published and system wide allocations communicated
- Financial forecasts have been prepared based on a number of scenarios and budgets have been put in place for the remainder of the year
- Budgets continue to be flexed based on activity and the financial impact of COVID captured.
- CIP planning and options for supporting the recurrent financial position continue to be developed
- The Specialist Trust Alliance's new Associate Director of Procurement has proposed options for a service model with the preferred option of a shared service, which has been agreed in principle by LHCH to be followed by a partnership agreement and implementation plan for approval by all specialist trust boards.

#### 4 Operational Board / Board of Directors to Note / for Information

1	None noted	1	Increased numbers of Covid positive patients has adversely affected delivery of the Phase 3 targets.
		2	Dependent upon the level of activity that can be delivered for the remainder of the year with the impact of the second surge, the financial position will vary against the forecast for Phase 3. System allocations will be reviewed based on performance against forecast.
		3	There is no dedicated resource available to progress Equality and Diversity, and Health and Wellbeing agendas.
		4	Non face to face currently predominantly phone call consultations. Consultant training on Attend Anywhere has not taken place yet.
		5	Work continues to increase utilisation of Attend Anywhere, which is dependent on the divisions identifying services appropriate for on-boarding
		6	Attend Anywhere roll out will require adjustment to trust administration processes as appropriate
		7	Second wave of COVID impacting on research RESTART programme; LHP STOP COVID focus on COVID studies. Research income significantly reduced

[illegible]

## 6 Top / Key Risks

Ref	There is a risk that	Owner	Date identified	Date Reviewed	Consequence	Likelihood	Inherent Risk	Current controls	Consequence	Likelihood	Residual Risk Score	Target Risk Score	Further Mitigation actions
1	Delivery of programme objectives may be delayed by a second surge leading to delay or non delivery of programme objectives		09/07/2020	15/10/2020	4	3	12	Emergency planning response has been redesigned to ensure optimal mitigation can be achieved	3	4	12	9	
2	Insufficient I.T. capacity or functionality may adversely affect delivery of workstream objectives		09/07/2020	15/10/2020	3	4	12	Purchase of bandwidth, roll out of training, support of I.T. department.	3	2	6	6	Specialist Trust collaboration
3	Financial pressures may arise due to the delivery of the Programme objectives.		09/07/2020	15/10/2020	3	3	9	Financial controls including finance workstream to quantify impact and mitigations	2	3	6	6	
4	Programme objectives are not delivered due to failure to engage adequately with the key stakeholders leading to failure to deliver all objectives and or delay delivering programme objectives		09/07/2020	15/10/2020	3	3	9	Exec leadership	3	2	6	6	
5	Stakeholder acceptance of programme may impact on the pace and delivery of workstream objective		09/07/2020	15/10/2020	3	3	9	Exec leadership	3	2	6	6	
6	Clinical capacity to deliver the programme benefits is insufficient		09/07/2020	15/10/2020	4	3	12	Phase 3 planning and exploration of additional capacity	3	4	12	8	
7	The capacity and capability of staff may impact the ability to deliver the Reset and Recover objectives in addition to BAU		06/08/2020	15/10/2020	3	3	9	Strengthened Health and Well Being offer, executive support and leadership	3	3	9	6	

## 7 Financial Summary

Description	Cost / (saving) £000	RAG
See below (section 8)		
<b>Totals</b>	<b>0</b>	

## Risk Matrix &amp; Section 2 RAG rating key

X	Y	LIKELIHOOD				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
IMPACT / CONSEQUENCE	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligable	1	2	3	4	5

- Workstream is on track to achieve milestones
- Workstream has slipped & requires review of milestones to correct
- Workstream is no longer on track & requires major changes

8 Financial Schedule

The Trust has spent **£3.5m** up to Month 8 (£3.4m to end of Month 7) supporting the Covid Recovery and Reset agenda. This has been funded through the interim financial regime.

A review of any recurrent costs and any to be committed post Month 6, resulting from the delivery of objectives in the workstreams is underway and the updated findings are detailed below:

Recurrent				
Workstream	Item Description	Capital / Revenue / STP	£000	Comments
Clinical	Proposal for seven day consultant cover/ward rounds across all wards	Revenue	0	Additional PA's to support weekend ward rounds in Medicine are anticipated to be in region of £40k.
Governance	Risk system software/ management costs	Revenue	30	Divisions to manage through job planning process with no recurrent pressure.
Quality	Optimum ward / bed configuration	Revenue	0	Subject to business case
Digital	Internet Connection bandwidth costs	Revenue	0	Movement between divisions, net pressure £27k to be managed within existing budgets.
All	Workforce model reviews	Revenue	0	Additional bandwidth costs met by Digital Strategy.
Quality	Patient & Family experience	Revenue	0	Expected to be cost neutral
Strategic Partnerships	Costs to support Programme Management support for CVD Prog Board within existing funding envelope	STP/ LHCH	0	Expected to be cost neutral
Agile Working	IT - licences, recurring maintenance, bandwidth etc	Revenue	TBC	To be funded from existing CVDPB budget (internal or external).
Learning	Net financial impact of increase in e-books and e-subscriptions	Revenue	TBC	IT implications still being scoped.
Quality	24 hour model of care - investment being scoped.	Revenue	TBC	Model in development
				Pilot underway. Investment subject to Business Case

Non recurrent				
Workstream	Item Description	Capital / Revenue / STP	£000	Comments
Learning	Reduction in commercial income Q3/4 non-recurrent	Revenue	391	YTD shortfall as at Month 8 I&E position (deterioration of £97k since previous update (Month 7))
Governance	Investment in AV upgrades (charitable funds)	Capital	0	£45k funded through Charitable funds
Agile Working	Highfield house - Office changes, flooring, moving internal walls, etc.	Capital	5	Agreement internally is to fund these via the Covid budget to ensure Covid secure environments
Agile Working	IT - equipment (laptops etc)	Capital	TBC	Final non recurrent IT costs to be confirmed.
Learning	Clinical training costs relating to increased virtual training - Office 365 developer costs	Revenue	0	Developer costs absorbed within joint working Alderhey

## Appendix 1 - Critical Path Milestones

[illegible]