The Dudley Group
NHS Foundation Trust

Recovery and restoration plan

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May 2020

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Background

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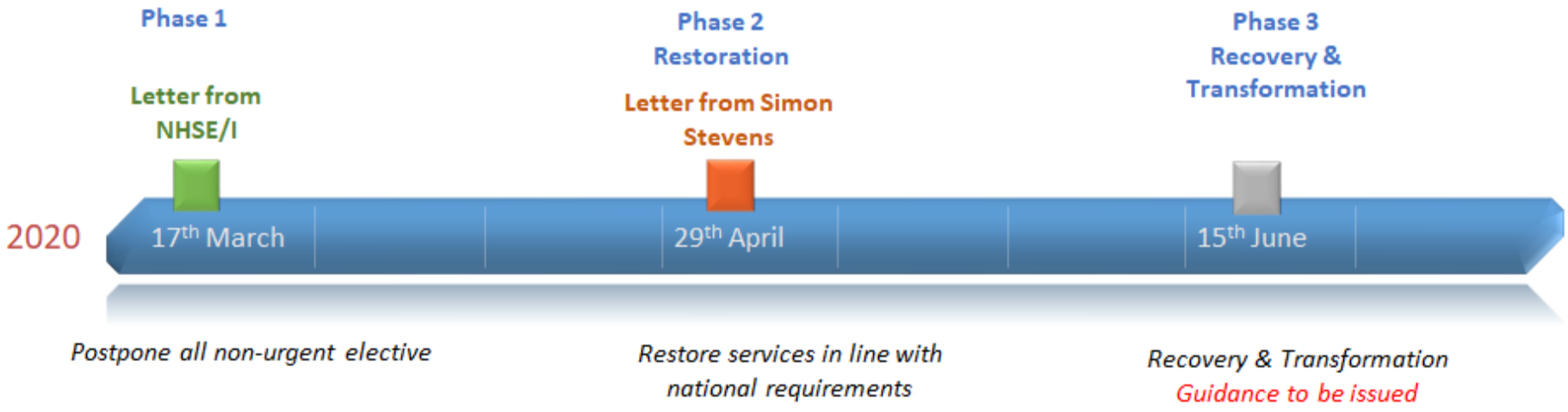
- Response to management of COVID-19 has led to a three phase programme.
- The NHS has now moved from phase 1 to phase 2 and work is already underway for us to begin to progress to phase 3.
- This presentation describes the restoration and recovery plan to return ceased/reduced services to pre-COVID19 levels



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Overview

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- During March 2020 the Trust made changes to the provision of services to support release of capacity to manage COVID-19 presentations.

- Changes in the provision of services included reduction of outpatients, diagnostics, routine and elective work.

- Implementing these changes supported:
    - Provision of increased physical space
    - Release of staff to support critical areas and also to support new ways of working related to changes in space utilisation
    - Management of increased sickness during this period
    - Reduced unnecessary attendance to the Trust

The Trust has done a remarkable job of managing the COVID-19 pandemic with significant limitations in staff, beds, managing surge capacity, personal protective equipment (PPE), oxygen, no external escalation with improved mortality as shown on next slide.

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Mortality

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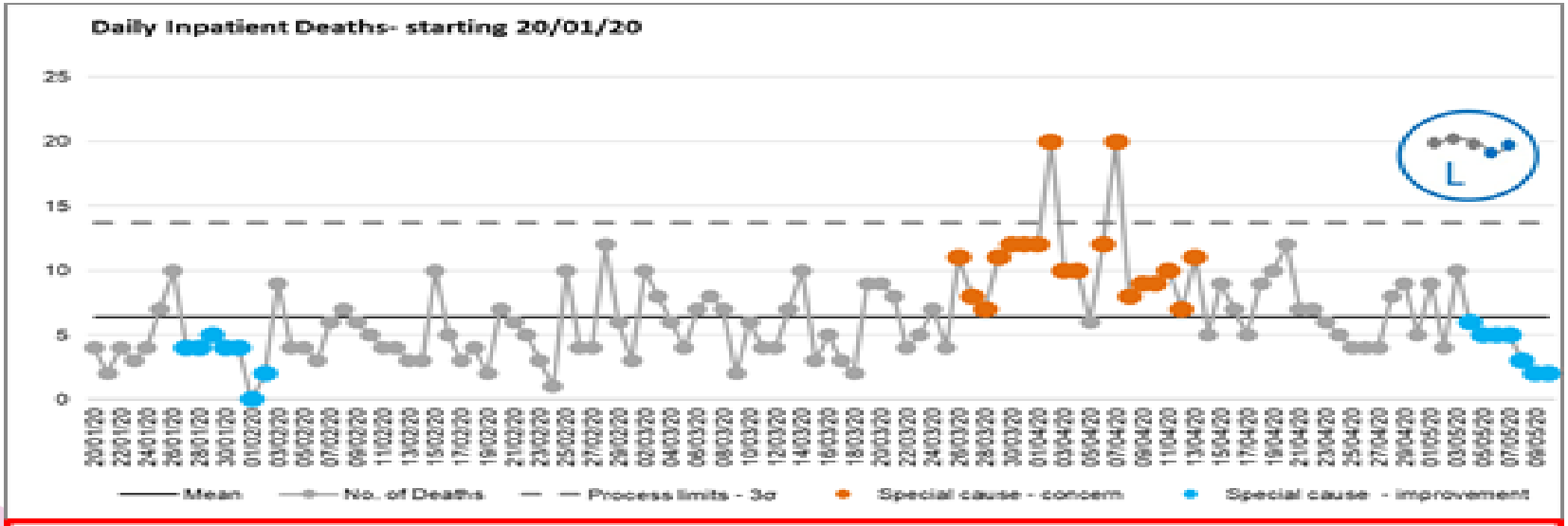

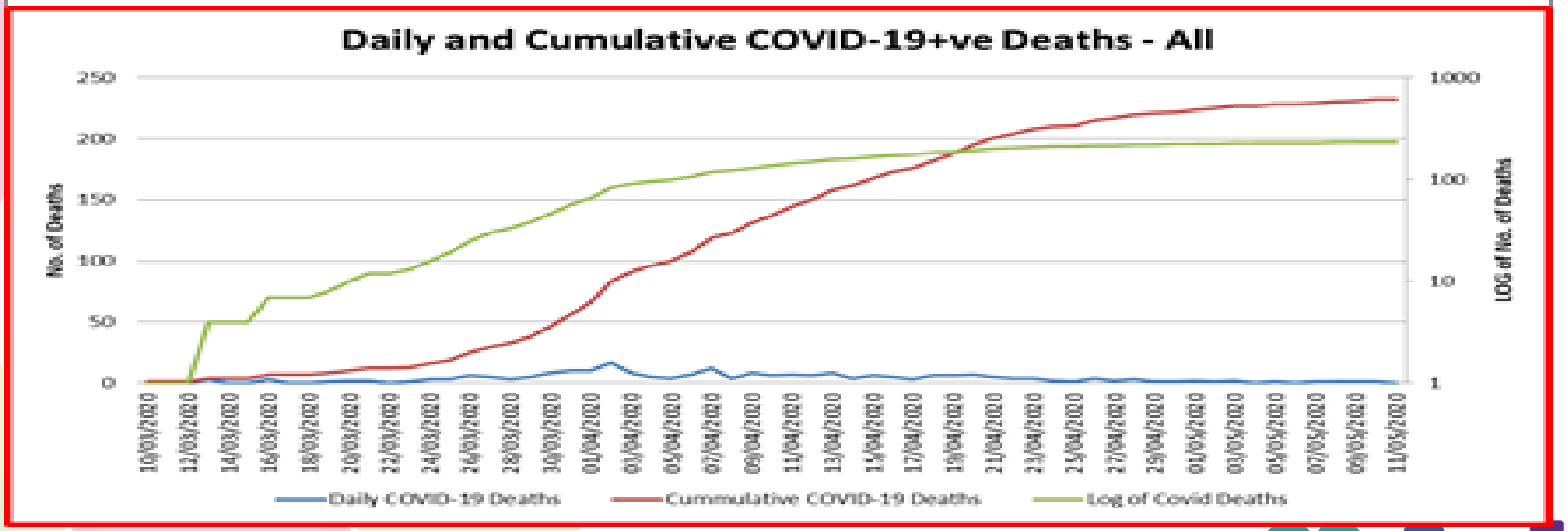

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Innovations & changes

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The Trust has led on a number of innovations including different ways of working, use of technology, enhanced roles across the whole workforce and changes in clinical pathways. A small snapshot includes:

- Streaming of patients in Emergency Department to manage safely, and senior 24/7 medical cover
- Virtual, telephone and triage clinics
- Upskilling of Allied & Healthcare Professional (AHP) staff to support ITU
- Management of Medically Fit for Discharge (MFFD) patients and access to community beds
- Implementation of 7 day working across the Trust, including corporate/support services and flexible rotas
- Home working and use of technology
- Support & wellbeing initiatives for staff
- Patient liaison service

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Changes to service delivery

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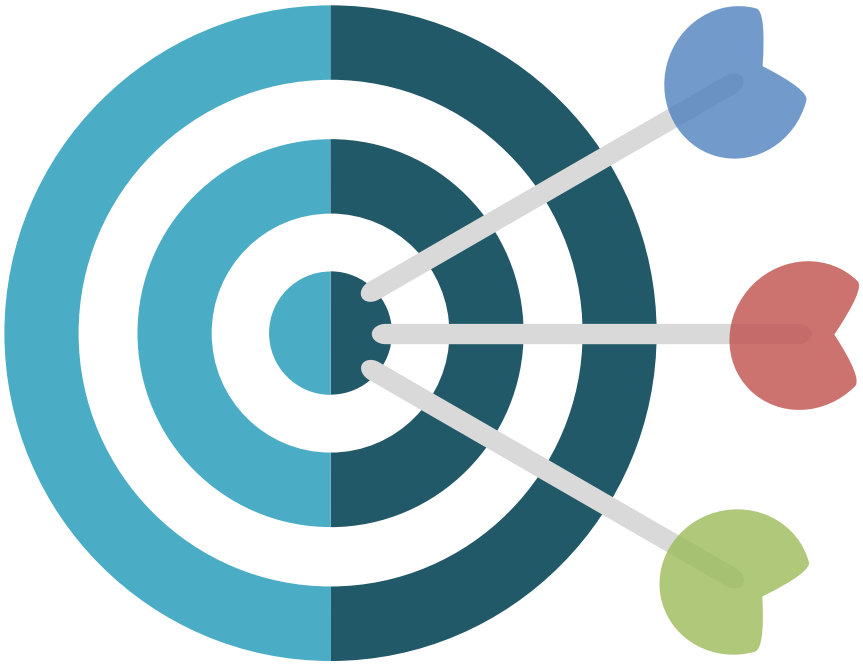
- COVID-19 led to a rapid change of delivery of activity that would usually have been face-to-face.
- Increased usage of the independent sector has led to continuation of some activity.



Patient triage

Virtual outpatients

Use of independent sector

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Outcome of changes: an example

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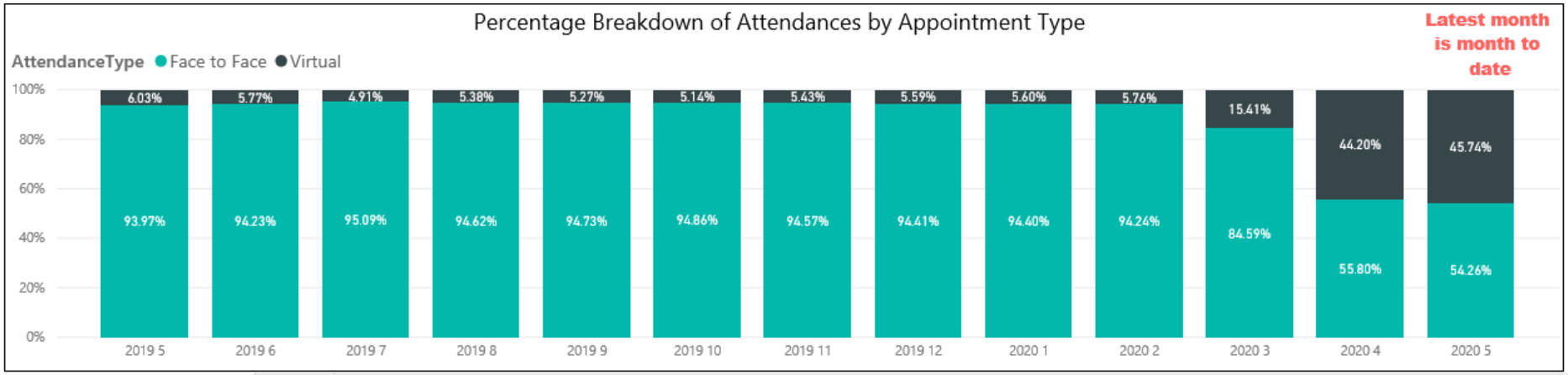
COVID-19 enable transition of face-to-face activity to virtual:



- The change in delivery of outpatient activity through digital means has led to almost half of the available face-to-face activity now being delivered virtually.
- Note: not all clinics are yet being recorded as virtual. Some are still counting virtual appointments as face-to-face.

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Activity & demand

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- Emergency hospital attendances and admissions have reduced across the country, however we expect there to be a rebound in emergency demand once patients' confidence in attendance at hospitals increases.

- Referrals to the Trust have reduced in some instances by 70%.

- There has been a significant drop in cancer referrals across all tumour sites, for example:

    - Breast - 46%
    - Colorectal - 60%
    - Urology - 56%

- Phase 2 of the recovery process relies on the release and redeployment of some of the treatment capacity currently allocated to management of COVID-19 **AND** an assumption that full demand will not return immediately.

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Restoration: Phase 2

Restoration – next 6 weeks

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Letter from Simon Stevens (29th April 2020) – highlights:

- Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) to pre-COVID-19 levels.
- Ensure that urgent, time-critical surgery and non-surgical procedures can be provided at pre-COVID-19 levels of capacity. The Royal College of Surgeons has guidance on surgical prioritisation.
- Restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.
- Maintain access to essential cancer surgery and other treatment.
- Hospitals to accept new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-COVID-19 levels in COVID-19 protected hubs/environments.
- Obstetric units to have appropriate staffing levels including anaesthetic cover.

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Continued…

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- Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.
- High priority bone marrow transplants (BMT) and chimeric antigen receptor T-cell therapy (CAR-T) procedures should be able to continue, where critical care capacity is available.
- Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for percutaneous coronary intervention (PCI and PPCI) and interventional neuroradiology for mechanical thrombectomy.
- Prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.
- Hospitals to prioritise capacity for stroke services for admission to hyper acute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.
- Make available screening services for the recognised highest risk groups, as identified in individual screening programmes.

Restoration so far

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- Divisions working with specialties are to restore services, noting the challenges of social distancing on capacity and flow.

- The hospital has been zoned into three areas to keep patients safe:

Green – COVID-19 free
Yellow – Unknown status
Blue – COVID-19 positive

- Testing of patients for admission is already underway to include all inpatients and day cases with the exception of lucentis and lumps and bumps in plastics.

- Detailed analysis of any proposed service is to take place of “transformation” before reinstating. This will ensure services do not just return to normal pre-COVID-19.

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Approach to restoration

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- Restoration of services will follow this approach:

- All specialties which were scaled down are now being restored

Priority 1
Urgent & cancer patients

Priority 2
Long waiting patients

Priority 3
Routine patients

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Safe restart of services

- Aim is that no patients or staff will contract COVID-19 in our hospitals and both patients and staff will have confidence to use and work in our facilities.

- There will be a ‘safe re-start’ of services stood down or reduced.

Patients

- Risk assessment on all patients attending
- Continued and expanded swabbing
- Reduce physical footfall into the Trust via increase virtual and triage deployment
- Implement strict social distancing measures across ambulatory areas

Staff

- Provision of adequate PPE
- Range of health and wellbeing support to continue
- Staff at increased risk supported with risk assessment

Recovery: Phase 3

Recovery – Medicine outpatients

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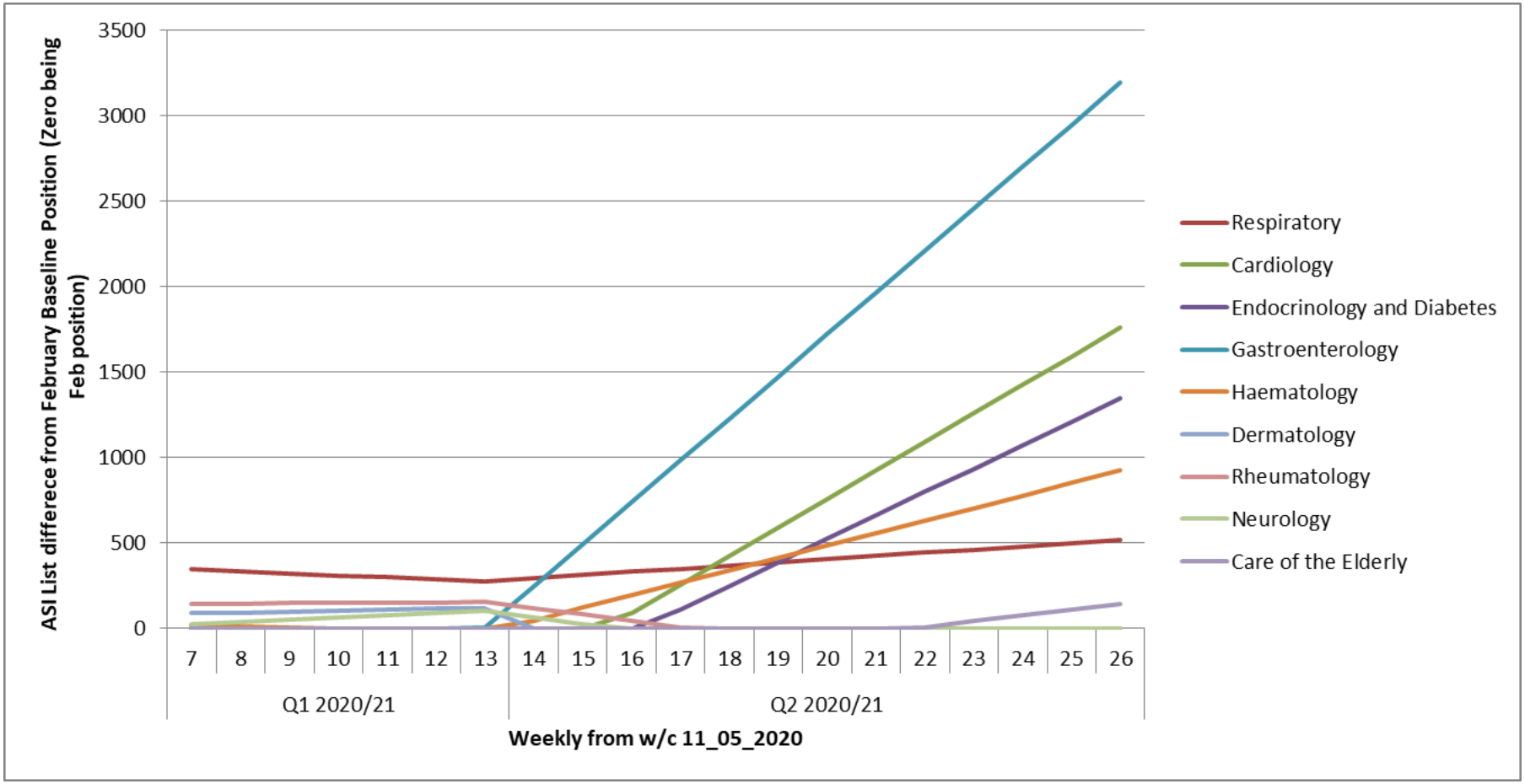
Recovery of Outpatient Department (OPD) for Medicine specialties Q1 &Q2:



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Recovery – Surgery outpatients

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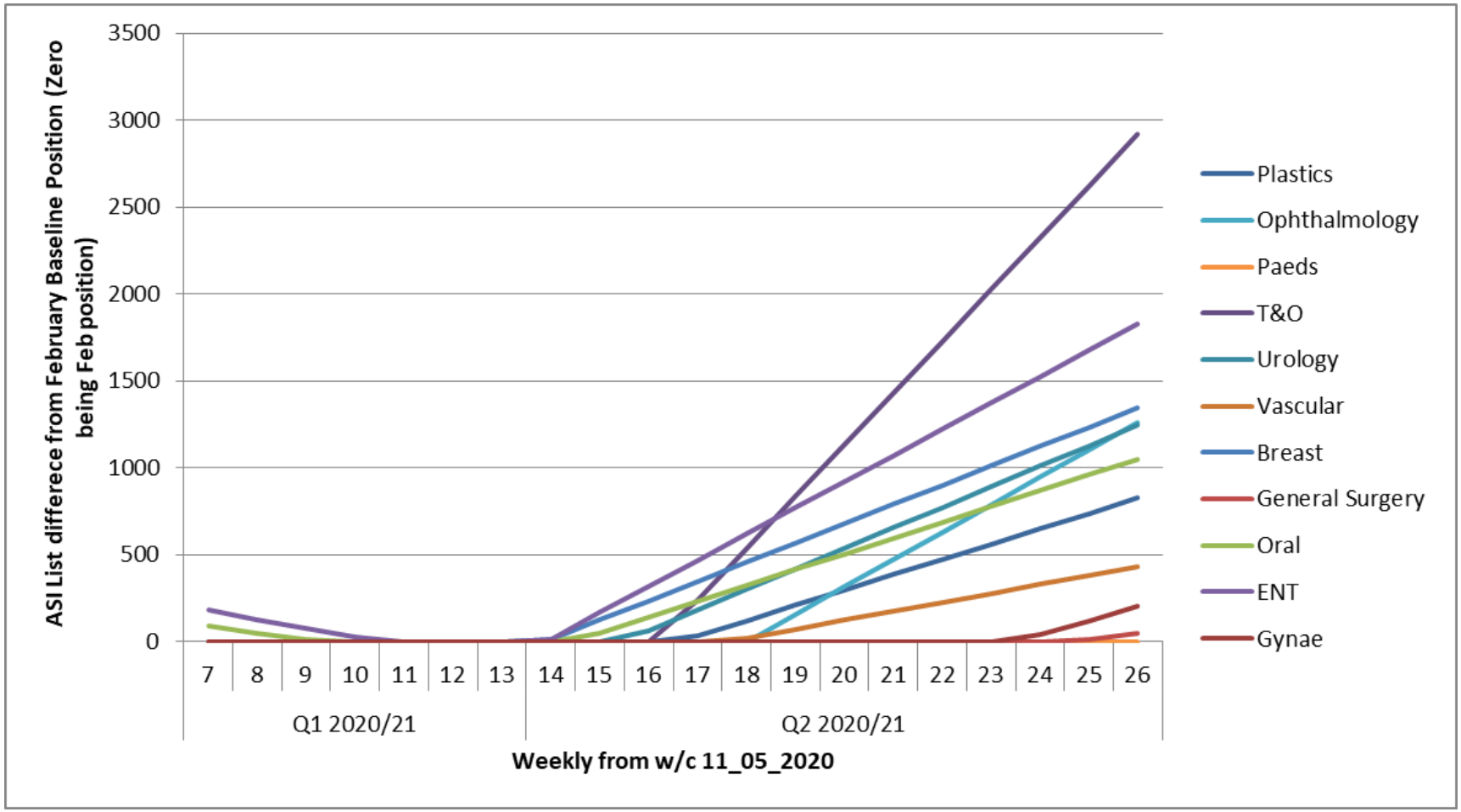
- Recovery of Outpatient Department (OPD for Surgery specialties Q1 &Q2:



Recovery – Elective

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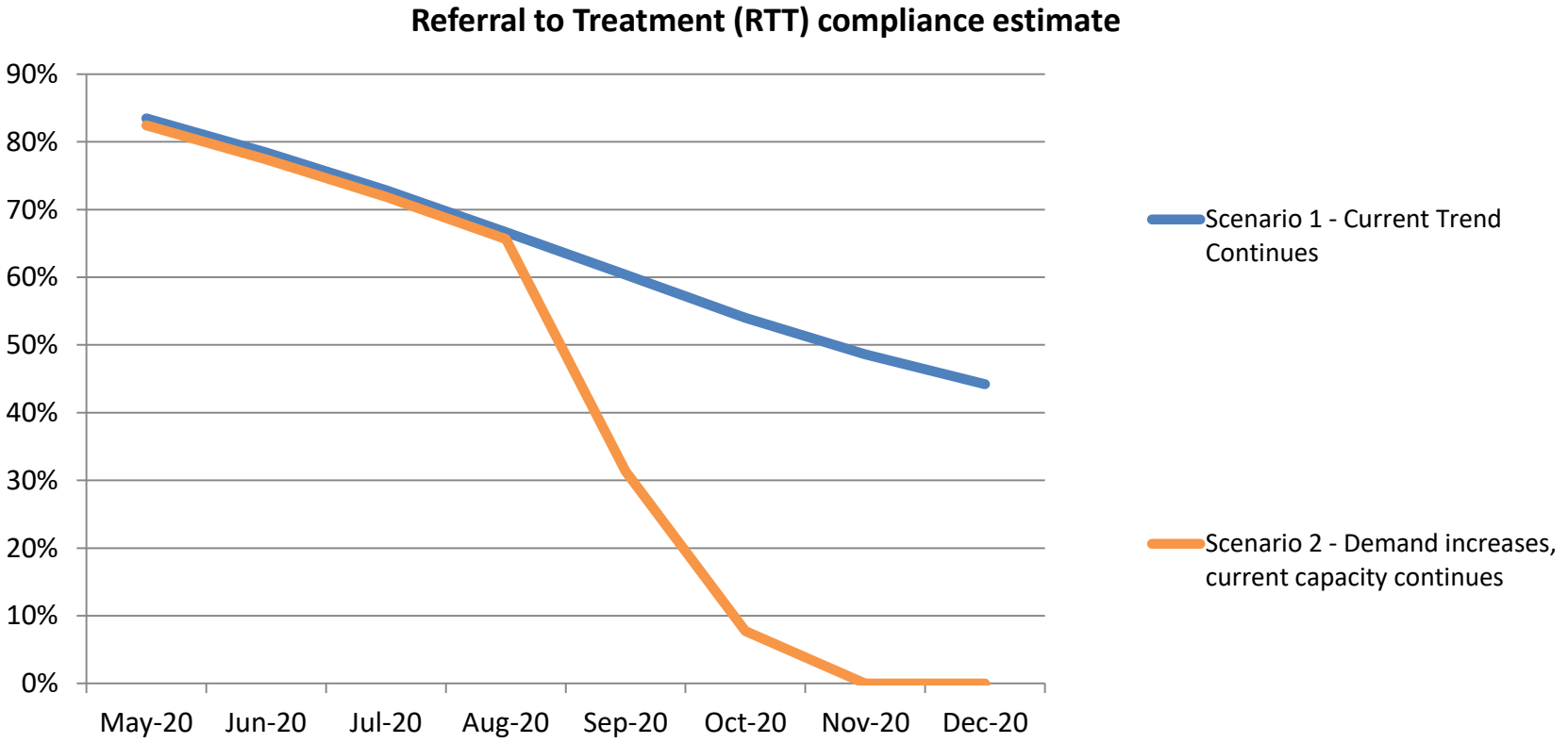

Scenario 1 – If demand remains the same and with reduced capacity performance will deteriorate, although slower than in Scenario 2.

Scenario 2 - When demand returns to normal and with reduced capacity performance will deteriorate.

Clinical support services

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Radiology

- Significant backlog generated and an expected surge for GP direct referrals. Capacity will be obstructed with social distancing and enhanced cleaning between cases.

Phlebotomy

- Phlebotomy has been running a reduced service to support a reduction in footfall. Routine, not urgent bloods will form part of the backlog.

Cancer

- Existing cancer treatment diagnosis and treatment has built up as scoping and surgery has largely stopped. This will impact on the 62 day and other performance measures where more patients will soon be breaching that having treatment in time.
- Scoping and surgery returning - scoping started 11th May 2020 building up to 50% capacity.

Recovery – Highlights

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- Assumed current referral rate and activity is unchanged to the end of Q1
- From 1st week Q2 the assumption is a return to normal referral rate (pre-COVID19) and activity returning to 75% of pre-COVID-19
- Based on assumptions and low referral rate in Q1, progress can be made on working through backlog accrued through COVID-19
- With a return to normal referral rates and reduced capacity due to social distancing, availability of theatre space & potential cessation of Independent sector, very few specialties will be able to manage demand to pre-COVID-19 levels (as shown in the graphs) – therefore recovery unlikely without intervention
- This demonstrates a clear need for increased capacity, extending private sector, additional physical capacity e.g. modular build and Vanguard theatre to reduce the significant deterioration expected.

Key issues that impact recovery

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Medicine & Integrated Care

- Availability of medical staffing supporting wider rota
- Testing of patient
- Use of independent sector
- Impact of social distancing
- Reliant on reduced activity from pre-COVID-19 levels

Surgery

- Capacity of testing of patients
- Availability of theatre
- Minimal impact of social distancing
- Assumes minimal impact of COVID-19 second surge
- Reliant on reduced activity from pre-COVID-19 levels

CSS*

- Patient and staff testing capacity
- Availability of critical medicines
- Reduction in performance and productivity with social distancing measures leading to all backlogs increasing
- COVID-19 second surge
- Workforce availability to deliver recovery and COVID-19 related activity
- Assumes reduced activity based on pre C-19 levels

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*Clinical Support Services (CSS)

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Risks – Top risks

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RISK 1	Workforce still supporting C-19 areas
RISK 2	Reduced capacity due to social distancing
RISK 3	Supply of medicines to support activity
RISK 4	Potential second surge of COVID-19 coinciding with flu season
RISK 5	Insufficient beds due to delays
RISK 6	Increased usage of PPE outstrips supplies

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Governance

Governance & oversight – Restoration, recovery & transformation

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- Restoration and recovery oversight through Taskforce, further work streams if required to be formed from main Taskforce Group.
- Awaiting national guidance on phase 3, however expect that phase 3 will be based on reintroducing services based on best practice.
- Divisions will proceed with implementing plans for phase 2 service restoration, with aim of restoring to full capacity.
- Divisions have a process of phase 3 recovery of services following review of transformation.
- Assurance of progress against restoration and recovery to be reported to Finance & Performance Committee
- COVID-19 related innovations being captured and to be utilised to support phase 3.
- Audit of surgical outcomes for patients treated during COVID-19.

Reporting and Assurance

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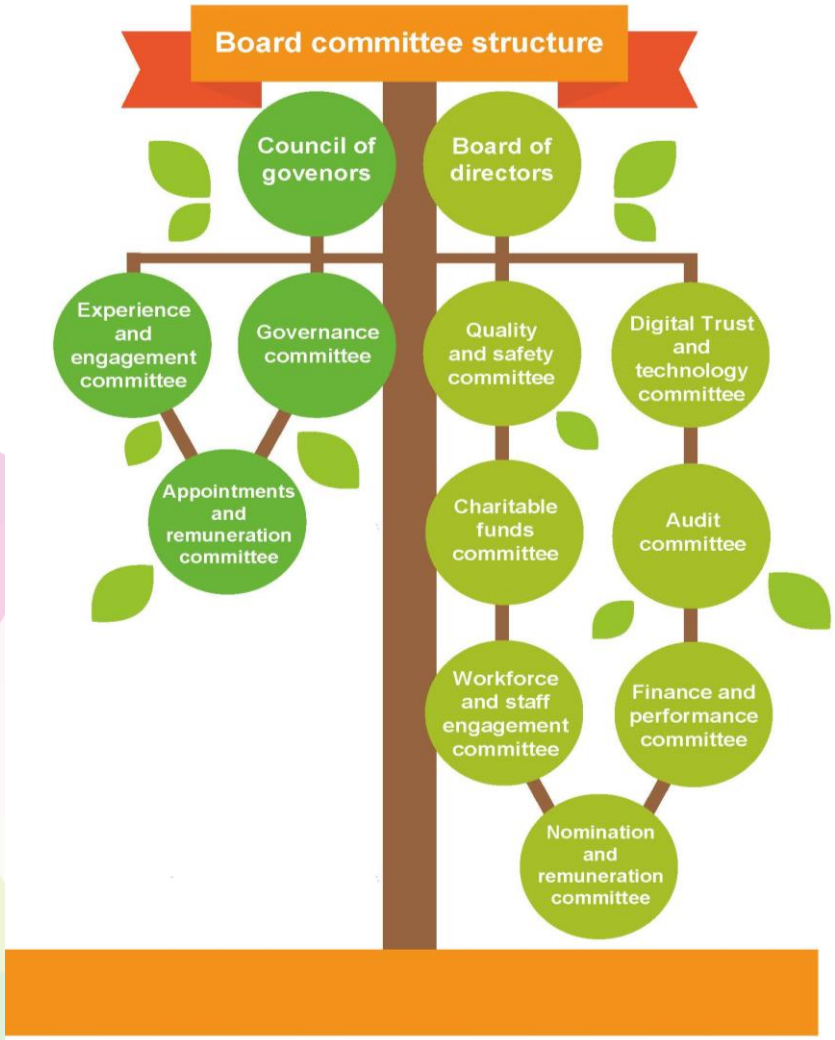

The COVID-19 restoration and recovery progress report will feed into the 'Finance and Performance' committee – sub-committee of the Trust Board

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Communications

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We are:

- An active partner in the sustainability and transformation partnership (STP) communications cell.
- Following the ’Help Us, Help You’ public confidence campaign with national and Trust messages.
- Adopting #OurFuture for our social media posts highlighting innovation
- Using public messaging for our sites.
- Building on the goodwill and generosity of the nation and our local communities.

We have:

- A comprehensive communications and engagement plan for the 3 stages of restoration, recovery and reset.

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Questions