

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>10.9.20</b>	<b>Agenda item</b>	<b>Bo.9.20.8</b>

## Implementing phase 3 of the NHS response to COVID 19

<b>Presented by</b>	John Holden, Director of Strategy & Integration		
<b>Author</b>	Christos Fysarakis, Head of Policy		
<b>Lead Director</b>	Sandra Shannon, Chief Operating Officer		
<b>Purpose of the paper</b>	The purpose of this report is to: <ul style="list-style-type: none"> <li>Outline the expectations of phase 3 of the NHS response to COVID 19</li> <li>Update the Trust Board on progress and proposed actions</li> </ul>		
<b>Key control</b>	To provide outstanding care for patients		
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>	Executive Team Meeting		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	

### Key Options, Issues and Risks

NHS E/I have issued guidance on the requirements of phase 3 of the NHS response to COVID 19, from August onwards. There are three strands:

A. 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

B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

C. 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.

The Trust will work with system partners to fulfil these requirements and will report its plans as part of the WY&H Integrated Care System, but there are challenges, especially in relation to the capacity required to achieve pre-COVID activity levels.

### Analysis

System working with partners in our Bradford districts and Craven place will help the Trust to optimise delivery of services. A lot has already been achieved and we are making good progress to address some of the wider issues identified in the NHSE/I guidance. But given that, until recently, levels of infection and hospital admission remained relatively high in Bradford, and the district is still in local lockdown at the time of writing, it may be unrealistic to expect a "return to near normal levels of non-Covid health services in the short term. In any case the work underway can be summarised as follows:

A. Accelerating return to "near normal" service levels, the Trust has set up a Re-establish and Recovery programme with the following objectives:

- To manage the safe restart of elective outpatient and diagnostic services
- To identify opportunities for expansion of capacity to reduce waiting list and waiting times
- To ensure an effective process is in place to prioritise capacity by clinical urgency, reduce 52 week waits and 62 day waits
- To monitor and manage recovery plans against performance recovery plans and targets

B. Preparing for winter alongside possible Covid-19 resurgence we are:

- Following good Covid-19 related practice (e.g. Implementation of latest PHE guidance,

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>10.9.20</b>	<b>Agenda item</b>	<b>Bo.9.20.8</b>

<p>Development of Isolation suite in Emergency Department)</p> <ul style="list-style-type: none"> <li>Sustaining current capacity supported by IS</li> <li>Optimising system ED attendance avoidance programme</li> <li>Opening the clinical advice and triage unit for the elderly at St Lukes Hospital to reduce admission</li> <li>Delivering expanded flu vaccination programme</li> <li>Applying effective demand and capacity management and system working to manage patient discharge</li> </ul>	
<p>C. Locking in beneficial changes whilst supporting our staff and tackling inequalities</p> <ul style="list-style-type: none"> <li>We're locking in beneficial changes at Trust and system level through our work on the Act as One programme. Examples include the development of new pathways and the management of urgent care demand across the system</li> <li>We're supporting our staff by: <ul style="list-style-type: none"> <li>a. building on the listening service which will enable 500 staff to be developed in the role of peer supporter, prioritising BAME staff and staff with disabilities</li> <li>b. Prioritising a review of our flexible working arrangements so that all roles are flexible by default</li> <li>c. Ensuring all staff have access to the flu vaccination</li> <li>d. Participating actively in the development of a Place based People plan</li> </ul> </li> <li>We're tackling inequalities by: <ul style="list-style-type: none"> <li>a. nominating our CEO, Mel Pickup as the named Executive Director responsible for tackling inequalities</li> <li>b. ensuring our patient ethnicity data is complete achieving a high compliance over and above the regional and national averages</li> <li>c. adopting a 10 year plan to become representative of the communities we serve by 2025</li> <li>d. Regular monitoring of ethnicity will be a key area of focus for the Trusts Restart and Access to Healthcare programme board</li> </ul> </li> </ul>	
<b>Recommendations</b>	
The Board is invited to note the work underway to implement phase 3 and associated risks to delivery.	

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>10.9.20</b>	<b>Agenda item</b>	<b>Bo.9.20.8</b>

Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Risk Implications</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b>
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Effective</b>
<b>Care Quality Commission Fundamental Standard: Good Governance</b>
<b>NHS Improvement Effective Use of Resources: Clinical Services</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Directors' Committee/Academy: (please select all that apply)</b>					
Workforce	Quality	Finance & Performance			Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix A: NHSE/I phase 3 – letter 1

Appendix B: NHSE/I Phase 3 – letter 2