

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	2 December 2021

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST SYSTEM FLOW, RESTORATION AND RECOVERY

1.0 Purpose of the report:

1.1 The purpose of the report is to provide an update in relation to Blackpool Teaching Hospitals Trust Restoration of Services including continuing improvement.

2.0 Recommendation(s):

2.1 To scrutinise the contents of the report and identify any issues for further consideration.

3.0 Reasons for recommendation(s):

3.1 To ensure the Committee is aware of the restoration of services at Blackpool Teaching Hospitals NHS Foundation Trust.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? N/A

4.0 Other alternative options to be considered:

4.1 Not applicable.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Dr Neil Hartley-Smith, Executive Clinical Director Blackpool, Fylde and Wyre CCGs, and Janet Barnsley, Executive Director of Integrated Care and Performance at Blackpool Teaching Hospitals will be in attendance at the meeting to present an update in relation to restoration of services at Blackpool Teaching Hospitals.

The paper at Appendix 7(a) sets out the range of activities being undertaken in the Trust to restore services to pre-pandemic levels and accelerate to higher levels, the current position of the waiting list and levels of activity currently being delivered, and ongoing risks to the recovery programme.

Overall the report demonstrates the significant progress which has been made, with the majority of services exceeding planned activity levels, but highlights that with levels of referrals remaining high, and increasing levels of pressure from urgent and emergency care, the outlook for recovery for the remainder of the year continues to be challenging.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): Restoration and Recovery Progress Report, October 2021

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 N/A.

14.0 Background papers:

14.1 N/A.

Blackpool Teaching Hospitals NHS Foundation Trust

Appendix 7(a): Restoration and Recovery Progress Report October 2021

Introduction

At the start of the pandemic national directive was received to step down routine elective work and to focus on the emergency pressures, covid presentations and any elective urgent cases and cancer. Restoration commenced in the late summer of 2019. This paper presents the current restoration position at Blackpool Teaching Hospitals since the start of the current financial year.

BTH Restoration Plan - Key Activities

- Procuring additional out and insourcing capacity for theatres and diagnostics, including the development of a proposal for an outsourced modular endoscopy unit.
- External consultants reviewing efficiency and utilisation within the Trust. An improvement in pre-operative capacity has already been delivered.
- Independent sector contract with Spire Fylde Coast Hospital to take up to 40 patients per week, also liaising with an additional independent sector provider, Ramsay Healthcare, to increase capacity further.
- Reviewing and implementing the newly published infection control guidance which will also increase capacity and improve the ability to further utilise theatre lists.
- Tracking and micro-managing all patients waiting over 90 weeks with escalation processes in operation.
- Clinical review of all patients waiting over 52 weeks to ensure appropriate prioritisation and expedition as necessary
- Targeted investment fund bids have been successful and are now being implemented for a 24 bedded modular ward (to protect elective bed capacity) and for an additional 10 enhanced care beds and 8 peri-operative enhanced care beds.
- Engaging with additional locum staff.
- Additional internal sessions via waiting list initiatives.

BTH Referral to Treatment (RTT) Performance as at October 2021

The tables below show the number of patients on the waiting list for treatment or procedures in 2020/21 and the number of long waiting patients against the plan or trajectory at BTH.

Trajectory												
2020-21 Actuals	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RTT incomplete <18 weeks	11433	10262	9322	9372	10520	11985	13228	13166	12743	12378	12228	12708
RTT incomplete 18+ weeks	4652	6300	8310	9535	8999	7931	7524	7259	6966	6546	6223	6100
Total	16085	16562	17632	18907	19519	19916	20752	20425	19709	18924	18451	18808
% <18 weeks	71.1	62.0	52.9	49.6	53.9	60.2	63.7	64.5	64.7	65.4	66.3	67.6
52 week waiters	80	166	322	514	670	867	977	1125	1301	1469	1672	1717
Open trajectory (2021-22)	18876	19000	19200	19100	19000	18900	18800	18700	18700	18600	18500	18400
52WW trajectory (2021-22)	1563	1620	1593	1599	1579	1567	1551	1503	1452	1408	1354	1299
H2 planning trajectory							21486	19776	19819	19960	21207	22413

Actual												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RTT incomplete <18 weeks	13157	13695	14251	14501	15429	16077	16475					
RTT incomplete 18+ weeks	5679	5218	5174	5290	5800	6414	6570					
Total	18836	18913	19425	19791	21229	22491	23045					
Difference to trajectory	-40	-87	225	691	2229	3594	4245	-18700	-18700	-18600	-18500	-18400
% <18 weeks	69.9	72.4	73.4	73.3	72.7	71.5	71.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
52 week waiters	1471	1244	1199	1214	1184	1165	1046					
Difference to trajectory	-92	-376	-394	-385	-395	-402	-505					
104 week waiters	12	24	41	50	45	40	29					

- The number of patients on an 18 week pathway is above trajectory due to increased referrals into the Trust and restoration levels below those pre-Covid.
- The Trust's focus on long-waiters means that the number of patients waiting over 52 weeks, whilst still high due to the effects of the COVID-19 pandemic, has continued to reduce month-on-month and is below the level projected. 104 week waiters continued to be micro-managed on an individual patient basis to ensure these are avoided wherever possible, there are some patients who have chosen to defer treatment at this time but remain on the waiting list.

BTH Restoration Activity Against Plan - October 2021

The table below shows the level of YTD (year to date) elective activity to the end of October 2021.

Point of Delivery	YTD Plan (Core) @ October 21	YTD Actual @ October 21	Difference	% Difference	YTD Actual @ October 19	Difference between YTD @ Oct 21 actual & YTD @ Oct 19 actual	% Restoration
Elective IP	3,011	3,452	441	14.63%	3,739	(287)	92.32%
Day Case	27,023	29,661	2,638	9.76%	32,482	(2,821)	91.32%
OP procedures	28,752	30,185	1,433	4.98%	30,357	(172)	99.43%
Total elective procedures	58,787	63,298	4,511	7.67%	66,578	(3,280)	95.07%

1 st OP	48,304	55,372	7,068	14.63%	50,501	4,871	109.65%
F/up OP	126,007	132,042	6,035	4.79%	132,030	12	100.01%
Total OP activity	174,310	187,414	13,104	7.52%	182,531	4,883	102.68%
Diagnostics	82,951	81,492	(1,459)	(1.76%)	73,901	7,591	110.27%
Grand Total	316,048	332,204	16,156	5.11%	323,010	9,194	102.85%

- Only diagnostics are below the core plan cumulatively as at the end of October, however overall restoration activity for diagnostics is 110% of pre-Covid levels.
- Overall electives are above the core plan and are 95% restored against 2019 activity.
- Outpatients are above the core plan and are 102% restored against 2019 activity.

BTH Diagnostics YTD Activity as at October 2021

Diagnostic	19/20 YTD @ October 19	21/22 YTD @ October 21	Year on Year Variance - 21/22 vs 19/20	Restoration % vs 19/20
Colonoscopy	2,607	3,031	16.26%	116.26%
CT	20,749	24,188	16.57%	116.57%
Flexi sigmoidoscopy	1,947	707	(63.69%)	36.31%
Gastroscopy	2,458	2,465	0.28%	100.28%
MRI	8,381	10,354	23.54%	123.54%
Non obstetric ultrasound	19,748	21,192	7.31%	107.31%

- The table shows that all diagnostics have recovered the 2019 activity position in October 2021 except flexi sigmoidoscopies. It should be noted that flexi sigmoidoscopy activity has reduced significantly due to the national decommissioning of the bowel scope screening programme, which has transferred to using Faecal Immunochemical Testing (FIT), as such this activity is not comparable to 2019 levels.
- Endoscopy overall has been particularly affected by IPC guidelines to reduce the risk of Covid-19 infections. The impact of this was reduced with the introduction of a low risk pathway in July, and will improve further as revised national IPC guidelines are implemented locally.

The Number of Cancer referral and treatment numbers in the system at BTH by month as at September 2021

Standard	Year	YTD	Var (No.)	Var (%)
Suspected Cancer Referrals	2019	7506	1456	19.40%
	2021	8962		
Breast Symptomatic referrals	2019	681	-4	-0.59%
	2021	677		
31 Day First Treatment	2019	1074	205	19.09%
	2021	1279		
62 Day GP Referred (Classic) Treatment	2019	600	97	16.17%
	2021	697		

The table above shows a year to date comparison of the number of patients referred and treated at BTH in 2021 compared to 2019. It shows that referrals have increased by 19% since 2019, with similar levels of increases in 31 and 62 day treatments.

BTH Restoration Programme – Challenges

- Impact of operational pressures on ability to delivery Restoration:
 - Continued emergency pressures resulting in escalated general and cardiac day surgery facilities and increased number of outliers in surgical and tertiary bed base (8 beds escalated for IP in each of the areas as at 17/11/2021)
 - Increasing numbers of patients not meeting criteria to reside (106 as at 18/11 21) due to shortfalls of care packages and subsequent increases in 7, 14 and 21 day length of stay patients (currently 89 > 21 days) occupying beds which could otherwise be available for elective activity
 - Increases in elective/day-case cancellation on the day and day before due to escalation
 - Some cancellations of patients in medical outpatient clinics (e.g. Respiratory) to release consultants to support patient flow
- Challenges experienced with third party suppliers' ability to deliver insourced/outsourced activity, due to labour market and supply-chain issues.

- Ability to generate Elective Recovery Fund monies to cover the costs of delivering additional activity
- Increased levels of referrals due to patients who did not seek advice previously due to the pandemic now coming forward for treatment, and increased acuity of emergency presentations.

Conclusion

Work continues across the Trust to restore Planned Care services to pre-pandemic levels and beyond. This must be balanced with the requirement to flex capacity to manage Urgent and Emergency Care pressures in order to maintain patient safety at times of high pressure, and this continues to impact on restoration at times. Whilst number of patients being referred into the Trust for treatment are expected to remain high, the focus on the longest waiters and on Cancer services remains. This means that long waits continue to reduce and the highest clinical priority patients will continue to be seen in a timely manner, in addition to treating as many patients as possible given the constraints which will arise through the coming Winter.