

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Natalie Hudson, Chief Operating Offer, BTH
Date of Meeting:	23 June 2022

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST UPDATE REPORT

1.0 Purpose of the report:

1.1 The purpose of this report is to update and outline actions that the Trust are undertaking to reduce the 52 week backlog, improve non-elective/emergency patient flow and address long COVID-19.

2.0 Recommendation(s):

2.1 To consider the topics in the report and identify any further issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny.

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? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

- 6.1 Like many other Trusts across region and nationally BTH have seen an increase in patients waiting for elective surgery with a significant number of patients waiting in excess of 12 months. However, over the last 12 months we have seen a considerable reduction in 52 week waiters from 1,717 in March 2021 to 742 in March 2022. We also remain on track to have zero 104 week breaches by June 2022. In line with nationally mandated guidance we will shift our focus to reducing the 78 week backlog to zero by March 2023 and we are confident that we have plans in place to achieve this. These plans include increasing capacity for diagnostic tests, specifically around Endoscopy and working with system partners on improving clinical pathways. To build additional rigour into the management of waiting lists we have reinforced our governance with weekly divisional meetings and an Assurance and Escalation Group chaired by an Executive Director.
- 6.2 With regards to patient flow and improving effective discharge from the Acute Hospital we perform well against the metric of the number of patients that are Medically Optimised Fit For Discharge (MOFFD). We have also established a Patient Flow Improvement Programme which has five key workstreams designed to support the delivery of safe and effective patient flow throughout the organisation which are accountable to the A&E Delivery Board.

The five workstreams are:

- Admission Avoidance – This workstream is focussed on interventions and initiatives that can be implemented to avoid attendance to the Emergency Department and/or admission to a hospital bed. The five areas of focus are:
 - Implement 2 Hour Urgent Care Response
 - Community hospitals
 - Ensure a comprehensive Local directory of services (DOS)
 - Care homes
 - Primary Care
- Emergency Department – The Emergency Department workstream has four key areas of focus to ensure that the focus is on the safe, effective assessment and treatment of patients.
- The focus areas are:
 - Refurbishment – Progression of the emergency village
 - Rapid Assessment of patients
 - Effective Triage of patients
 - Workforce
- In-Hospital Patient Flow – This workstream has five key areas to support the standardisation of hospital processes and streamline patient flow throughout the organisation.
- The key areas for focus are:
 - Internal Professional Standards – Internal Response standards will be agreed

- with inpatient teams and wards, radiology, and pathology.
 - Ward Processes - The standardisation of ward processes.
 - Same Day Emergency Care - Increasing the number of patients treated and discharged on the same day
 - Frailty Assessment Unit - Build on the current service to complete a clinical frailty assessment within a purpose designed Frailty Assessment Unit
 - Virtual Wards - To support patients to leave hospital early or avoid admission altogether.
- Discharge Planning – There are three areas of focus for this workstream, all supporting the safe and effective discharge of patients from hospital as soon as they no longer require acute care.
- The key areas for focus are:
 - Clifton Hospital
 - Home First:
 - Discharge Pathways - to support improvements in access times to avoid prolonged and unnecessary hospital stay
- Mental Health – For this workstream there are three areas of focus to support people with urgent or emergency mental health needs and avoid unnecessary attendance to the emergency department. The focus areas are:
 - The use of the Mental Health Urgent Assessment Centre
 - To develop a single point of contact for patients requiring mental health support
 - Transform NHS community mental health services

6.3 Long Covid Update

The Blackpool Long Covid Service went live in March 2021, assessing and managing patients with persistent symptoms developed post infection from SARS-CoV-19. Following referral from primary or secondary care, the service offers holistic assessment and patient-centred management plans, including cognitive function clinics, breathing pattern rehabilitation, pacing and mental health support. The service can refer into and has developed good relationships with other specialist services including IAPT, Pulmonary Rehab, MSK Physiotherapy and third sector organisations, including Blackpool Active.

The service is funded by NHS England and finance has been received in blocks. This initially had a negative impact on recruitment due to a lack of appetite for short term, temporary contracts. Following a paper presented to the Trust, permission was gained to offer staff 18-month contracts, which significantly improved the picture. Challenging recruitment has resulted in demand upon the service outstripping capacity for a prolonged period, resulting in waits for patients to access the service.

On the 30th May 2022, enhanced funding was confirmed for 22/23.

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 None associated with this report.

9.0 Legal considerations:

9.1 None associated with this report.

10.0 Risk management considerations:

10.1 None associated with this report.

11.0 Equalities considerations:

11.1 Health inequalities are being considered within the Trust.

12.0 Sustainability, climate change and environmental considerations:

12.1 None associated with this report.

13.0 Internal/external consultation undertaken:

13.1 None associated with this report.

14.0 Background papers:

14.1 None.