

Board of Directors (in public)

Item 4.2

Subject: Phase 4 elective recovery position
Date of Meeting: Tuesday 30th March 2021
Prepared by: Jonathan Mathews, Divisional Head of Operations Medicine
Presented by: Hayley Kendall, Chief Operating Officer
Purpose of Report: To Note

BAF Reference	Impact on BAF
AQ6	Provide assurance on the current recovery position and positive impact that the recovery programme will have on statutory performance targets.

1.0 Executive Summary

The purpose of this paper is to provide a position statement on the elective recovery planning at Liverpool Heart and Chest Hospital NHS FT (LHCH), and in particular the performance position as of week commencing 15th March 2021.

As in previous periods of re-set, LHCH has planned a phased approach to increase elective capacity which will be allocated to the patients with the greatest clinical need; it is imperative to focus on the clinical prioritisation of patients to minimise the risk of clinical harm as has been the concept throughout the pandemic.

The Trust is in a strong position in recovering elective activity and reducing the backlog of long waiting patients as an output of reduced activity during the pandemic. The operational and clinical teams are well sighted on the priority areas and have developed robust recovery plans to maximise throughput from quarter one 2021/22.

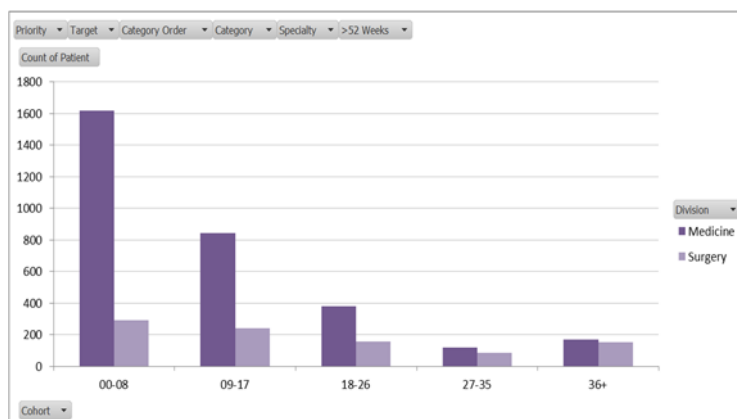
The Board of Directors is asked to note the contents of the paper and receive further updates via the monthly performance paper presented to Board.

2.0 Current Position

2.1 PTL (Patient Tracking List) Profile

LHCH has 4,060 patients waiting on an incomplete (RTT) pathway, of which 321 patients have waited over 36 weeks, of which 146 patients have waited over 52 weeks. The cohort breakdown is summarised as follows:

Wait Times	Medicine	Surgery	Total
00-08	1,615	293	1,908
09-17	842	242	1,084
18-26	381	157	538
27-35	120	85	205
36+	168	153	321
Total	3,126	930	4,056



2.2 Admitted Waiting List (P2 Clearance)

There are 269 patients with P2 codes awaiting a surgical or medical procedure, of which 171 are yet to be allocated a TCI date. The Trust will always have P2 patients with the introduction of the new categorisations (P2 run rate) but the focus will be to ensure that this group of patients are dated within 4 weeks. These patients have been individually validated to confirm the assessment of their clinical prioritisation as P2. A speciality breakdown is below:

	No TCI	TCI			Total
	Not Dated	Dated Breach	Dated Not Breach	Total	
Surgery	137	48	32	80	217
Cardiac Surgery	78	36	5	41	119
Thoracic Surgery	46	5	21	26	72
Aortic Surgery	9	5	4	9	18
Achd Surgical	3	2	0	2	5
Upper Gastrointestinal	1	0	2	2	3
Medicine	34	9	9	18	52
Intervention - Cardiology	10	2	6	8	18
Heart Rhythm	12	5	1	6	18
Structural Tavi	7	0	1	1	8
Achd Medical	2	1	0	1	3
Ebus	1	1	1	2	3
Structural Laao	1	0	0	0	1
Cardiothoracic Medicine	1	0	0	0	1
Total	171	57	41	98	269

Division	>4 Weeks	<4 Weeks	Total
Medicine	14	20	34
Surgery	103	34	137
Total	117	54	171

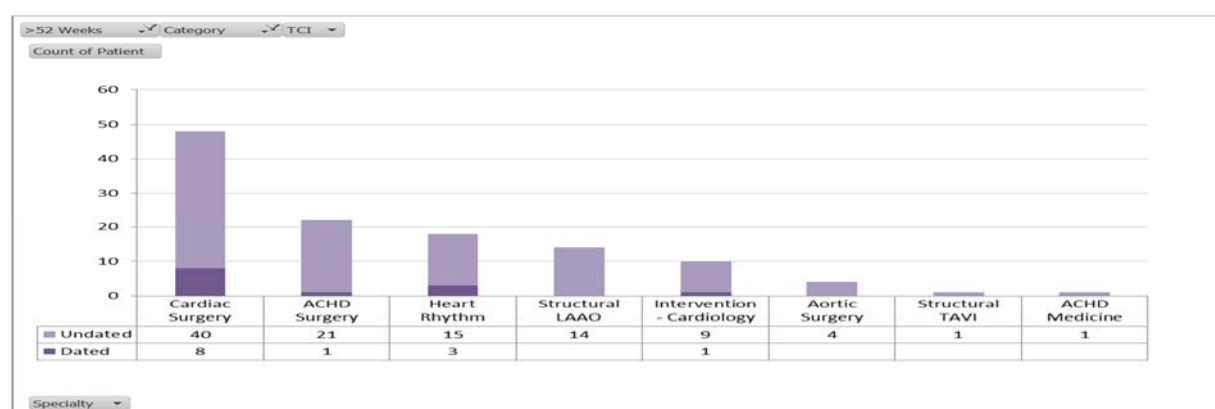
Division	>4 Weeks	<4 Weeks	Total
Medicine	21	31	52
Surgery	146	71	217
Total	167	102	269

Of the 171 awaiting a TCI, 117 have waited 4 weeks or longer known as the P2 backlog.

In understanding the size of the backlog clearance times are a helpful tool, meaning the number of weeks it would take to clear the current backlog as a snap shot. Based on core capacity restoration the clearance time for the P2 backlog coupled with the ability to sustain a zero over 4 weeks position will be achieved by the end of April 2021. This assumes the continued prioritisation of capacity allocation and referral levels remaining similar to those seen over recent months. Should referral patterns change, this position will need to be refreshed.

3.2 Admitted Waiting Times (52 Week Clearance)

LHCH has 1,128 patients waiting on an admitted (RTT) pathway, of which 118 patients have waited over 52 weeks. A speciality breakdown can be seen in the below graph (significant pressure is noted in Cardiac and ACHD Surgery, Heart Rhythm, Interventional Cardiology and Structural LAO).



	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
"LHCH" 52+ Week Clearance													
Total Waiting List	4,065	4,101	4,111	4,118	4,123	4,128	4,134	4,138	4,143	4,153	4,175	4,191	4,207
> 52 weeks	139	138	131	122	108	88	74	55	30	8	3	-	-
< 52 weeks	3,943	3,980	3,997	4,013	4,032	4,057	4,077	4,100	4,130	4,154	4,188	4,216	4,244
Tip in to > 52 week	65	48	57	44	40	50	40	36	45	36	40	32	32
Clock stops > 52 weeks	52	52	64	54	56	68	56	56	70	45	55	44	44
"Surgery" 52+ Week Clearance													
Total Waiting List	1,130	1,166	1,176	1,183	1,188	1,193	1,199	1,203	1,208	1,218	1,240	1,256	1,272
> 52 weeks	92	95	93	88	78	63	53	38	18	-	-	-	-
< 52 weeks	1,038	1,071	1,083	1,095	1,110	1,130	1,146	1,165	1,190	1,210	1,239	1,263	1,287
Tip in to > 52 week	25	16	17	12	8	10	8	4	5	4	-	-	-
Clock stops > 52 weeks	7	16	19	18	20	23	20	20	25	9	10	8	8
"Medicine" 52+ Week Clearance													
Total Waiting List	2,935	2,935	2,935	2,935	2,935	2,935	2,935	2,935	2,935	2,935	2,935	2,935	2,935
> 52 weeks	47	43	38	34	30	25	21	17	12	8	3	-	-
< 52 weeks	2,905	2,909	2,914	2,918	2,922	2,927	2,931	2,935	2,940	2,944	2,949	2,953	2,957
Tip in to > 52 week	40	32	40	32	32	40	32	32	40	32	40	32	32
Clock stops > 52 weeks	45	36	45	36	36	45	36	36	45	36	45	36	36

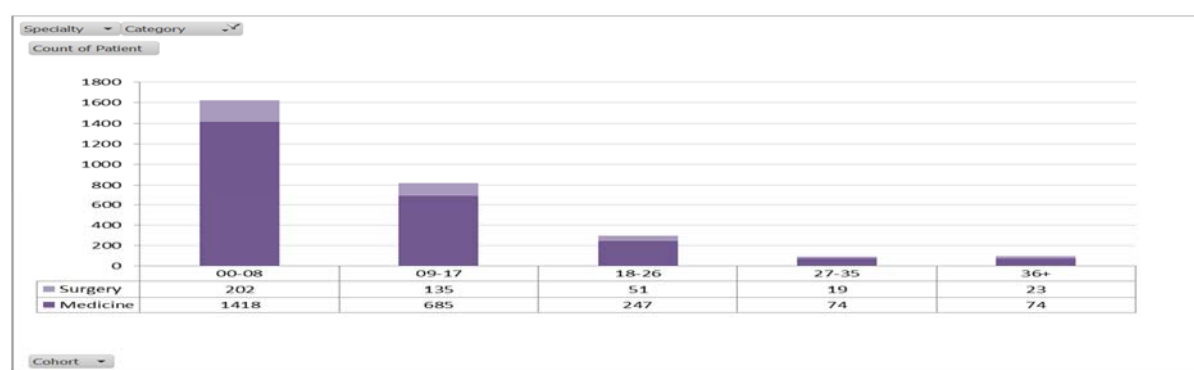
The backlog of patients waiting over 52 weeks on an admitted pathway will be treated according to their clinical priority. The Trust has embedded procedures to ensure all patients added to an admitted waiting list will be allocated a P-Code at the point of decision to treat, this is reason why there is an elongated trajectory to achieve zero over 52 week waiters as a significant proportion of core capacity will be focused on treating the more clinically urgent patients.

It is anticipated that LHCH will have eliminated patients waiting over 52 weeks at the end of quarter 4 2021/22, however there are a number of risks associated with this namely:

- As secondary care provider outpatient activity levels recover there is a significant backlog of patients on the non-admitted pathway across Cheshire and Merseyside and thus there is a high likelihood that the Trust will receive volumes of patients that have already breached 52 weeks that require tertiary treatment.
- It is unknown at present whether a further surge will occur and thus activity levels would significantly reduce and elongate the trajectory set out above if there was a further surge.
- The current trajectories do not take into account any further mutual aid post April 2021 and thus if this was to be extended the impact would need to be modelled.
- Staff recruitment, retention and general wellbeing poses a risk to the delivery of the trajectory due to the significant levels of utilisation of capacity across the Trust and thus the above will be monitored closely as the Trust moves to 100% of pre-covid levels of activity.

3.3 Non Admitted Waiting Times

The Trust currently has 2,928 patients waiting on a non-admitted pathway (RTT); of which 1,974 of which have had an appointment and started there RTT pathway. 954 do not have an appointment as of yet, but will be triaged and dated under 6 weeks.



The above table details the cohort breakdown of patients on an RTT pathway. Delivery of outpatient activity has been maintained throughout COVID, and is currently at 90% of pre COVID capacity for appointments. Approximately 50% of all appointments have been delivered virtually and it is expected that the use of virtual appointments will continue and increasing numbers of face to face clinics will be delivered from April 2021.

Although the Trust has not had significantly reduced OPA activity some pathways have been delayed by reduced capacity in diagnostics (i.e. change in infection prevention guidance for spirometry), community estate and or patient choice to not come in face to face. It is anticipated that all specialities will have reduced waiting times to <36 weeks at the end of quarter 4, however this is subject to availability of capacity, diagnostics, and a maintenance of similar referral levels to those seen in recent months.

4.0 Draft Activity Plans 2021/22

As part of routine annual planning, the clinical divisions have reviewed core capacity and provided an initial draft inpatient / daycase plan. This is summarised by service group below and shown as a percentage of 2019/20 actual activity:

Medicine Inpatient Service Group	Activity Profile												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Bronchoscopy	10	13	9	13	2	4	11	7	9	9	9	10	108
Cardiac Coronary Diagnostic	154	136	152	156	124	153	151	153	147	143	139	159	1,767
Cardiac Coronary Intervention	200	186	170	183	185	190	191	196	177	192	182	151	2,203
Cardiac Disorders	87	90	86	95	80	99	84	86	85	78	83	83	1,034
EBUS	23	24	30	36	33	33	19	27	23	30	27	32	336
EPS	111	95	111	111	78	111	105	111	105	100	100	116	1,253
Other Procedures	6	11	15	8	13	10	17	22	21	13	14	14	164
Pacing/Devices	124	108	124	124	116	124	120	120	120	112	112	128	1,432
Recording Devices	17	9	23	12	18	18	17	12	11	17	16	18	188
Respiratory System Procedures and Disorders	10	10	11	18	13	14	19	15	10	13	12	13	160
Thoracic Imaging Interventions	16	12	12	7	11	8	15	11	6	10	11	11	130
Cystic Fibrosis	28	32	33	32	22	29	31	39	24	31	29	33	364
TAVI	20	20	24	20	20	24	20	22	24	20	20	24	258
ACHD	15	25	16	24	20	21	24	31	21	24	21	24	264
PNCO for Medical or Patient Reasons	9	7	7	10	4	5	5	2	3	2	5	5	65
PNCO for Other or Unspecified Reasons	8	4	1	5	4	6	3	8	7	7	6	6	68
Total Medicine Inpatient Spells	838	782	823	854	744	848	833	861	794	803	786	826	9,793
Comparison to 19/20 Actual	107%	97%	107%	102%	97%	102%	98%	104%	110%	93%	97%	119%	103%

Surgery Inpatient Service Group	ACTIVITY PROFILE												Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Aortic	21	19	23	23	21	22	23	21	22	20	21	23	260
CABG	61	55	67	67	61	64	67	61	64	58	61	67	751
CABG & Valve	13	12	15	15	13	14	15	13	14	13	13	15	166
Cardiac Disorders	12	10	13	13	12	12	13	12	12	11	12	13	144
Valve	51	46	56	56	51	53	56	51	53	48	51	56	628
TAVI	2	2	3	3	2	3	3	2	3	2	2	3	30
Infections	4	4	5	5	4	4	5	4	4	4	4	5	52
Other Procedures	8	7	9	9	8	9	9	8	9	8	8	9	100
Respiratory System Procedures and Disorders	9	8	10	10	9	10	10	9	10	9	9	10	116
Bronchoscopy	8	7	9	9	8	9	9	8	9	8	8	9	101
Thoracic Imaging Interventions	5	4	5	5	5	5	5	5	5	5	5	5	60
Major Thoracic Procedures	74	66	81	81	74	77	81	74	77	70	74	81	910
Thoracic Intermediate Procedures	13	11	14	14	13	13	14	13	13	12	13	14	157
Thoracic Other Procedures	1	1	1	1	1	1	1	1	1	1	1	1	14
ACHD Inpatients	9	8	10	10	9	9	10	9	9	8	9	10	110
PNCO for Medical or Patient Reasons	3	3	4	4	3	3	4	3	3	3	3	4	40
PNCO for Other or Unspecified Reasons	8	7	9	9	8	8	9	8	8	7	8	9	96
Total Surgery Inpatient Spells	302	272	333	333	302	318	333	302	318	287	302	333	3,735
Comparison to 2019/20 Actual %	120%	94%	115%	103%	106%	110%	102%	105%	115%	109%	94%	96%	105%

As indicated above, activity is expected to return to, and exceed, 2019/20 actuals with core capacity alone with plans that have been developed. At the time of writing the report it is expected that Trust's will be monitored on elective activity compared to the 2019/20 actual activity levels which based on the above forecast would place the Trust in a strong position. It should be noted that the above activity is total activity across all points of delivery and thus there maybe months whereby elective activity levels specifically will be lower than 2019/20 actuals with changes in non-elective demand. This will be monitored through the weekly performance meeting and through to Operational Board.

4.1 Additional capacity requirements

Over the course of the last month, LHCH Divisional Teams have reviewed the baseline position at a specialty level, and have quantified the additional activity required in 2021/22 to deliver the following: -

- RTT: zero >52 week waiters
- RTT: 19/20 levels of 36 week waiters
- P2: clearance time < 4 Weeks
- Non-admitted: zero >30 week waiters
- Cancer position maintained (14 days, 31 days and 62 days)
- DM01: <1% of patients waiting no more than 6 weeks across all modalities

The Divisions are currently finalising the stepped increases that could be made to increase capacity but are summarised below:

Options	Cases Delivered	Finance Associated	RAG/Date
Cath Lab Evenings & Weekends (EP) – Two additional 3-hr evening sessions and one all day weekend session	312	£460k	
Cath Lab Org Change- Formalisation of additional sessions in recurrent baseline	312	£360k	July 21
Conversion of LA EP capacity to GA EP Sessions	N/A	£92k	Apr 21
Theatre Weekends- 3 additional all day lists	260	£1,645k	
POCCU3 (as a Level 1 10 bedded ward)		£513k	Jun 21
Spirometry additional capacity- based on renting additional community/remote capacity	4,000	£198k	TBC
Holly Extension /Birch Lounge Development – additional 1.7 WTE	N/A	£66 - 90k	

**Note costings are draft and will be finalised by 1st April 2021 as part of the holistic recovery programme including workforce implications.*

The above schemes have been RAG rated accordingly, as there is risk associated with their delivery and feasibility. Further detail on the risks identified to elective recovery is discussed further in this paper.

5.0 Financial implications/assumptions

The Divisional baseline budgets have been set to deliver the original (pre-Covid) 2020/21 activity plan. National earmarked funding (£1bn) is available to address backlogs and waiting lists; however it is unclear how this funding will be distributed regionally and directly to providers.

- Additional sessions in surgery and medicine have been costed at premium rate in the table above. Lower costs will result if additional capacity is secured through substantive recruitment, but this will be recurrent. Non-pay costs are estimated using an average so will differ depending on complexity.
- In EP, a large amount of the non-pay costs are treated as pass through devices, thus reducing the net cost to the Trust.
- Additional costs to deliver recovery actions have been estimated, including the costs of POCCU 3 (previously unfunded).

6.0 Risks Associated

A number of risks associated with the recovery programme have been identified, these include:

- Non Elective pressure/demand impacting on elective capacity
- Staff engagement and morale
- Workforce recruitment & retention
- Financial pressure if LHCH does not receive regionally
- Safety & governance of delivering activity over and above plan
- System demand and pressure (mutual aid and/or wave 4)
- Winter Planning

7.0 Conclusion

The paper has set out the well-developed waiting list and activity recovery plans and trajectories that provide transparency on the recovery journey for the Trust. This forms part

of the holistic recovery programme that details the financial and workforce implications of the recovery programme. This is currently being developed and will be finalised by the 1st April 2021. It is suggested that the full recovery programme be presented at the April 2021 Board of Directors as to understand and receive approval to progress with additional capacity. This timescale will not delay progress with recovery as April activity levels are at 100% of pre-covid levels and thus financial risk for one month is low.

8.0 Recommendation and Next Steps

It is recommended that the Board of Directors support the implementation of the recovery schemes outlined in the paper and receive a complete holistic recovery programme paper at the April 2021 Board of Directors that will outline the financial risks associated with delivering activity above baseline levels.