

## Board of Directors (in Public)

### Item 4.2

**Subject:** Operational Recovery Update  
**Date of Meeting:** Tuesday 27<sup>th</sup> July 2021  
**Prepared by:** Hayley Kendall, Chief Operating Officer  
**Presented by:** Hayley Kendall, Chief Operating Officer  
**Purpose of Report:** To Note

BAF Reference	Impact on BAF
BAF3 BAF7	Assurance that performance is in line with the recovery trajectories. Risk that national changes in ERF rules will reduce income recovery, impact assessment being undertaken by C&M ICS.

Level of assurance					
✓	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

#### 1. Executive Summary

The Covid pandemic placed significant pressures on the healthcare system and for the Trust the mutual aid and non-elective pressures led to a major reduction in elective throughput over a prolonged period. In response to this the operational teams developed recovery trajectories for all elective services that focused on reducing the backlog of the most urgent patients awaiting treatment; these have previously been approved by the Board of Directors.

The restoration and recovery of elective services has progressed well with all services being fully restored, other than a small number of community outpatient settings and performance against the recovery trajectories remains strong.

The Board of Directors is asked to note the strong performance against the trajectories.

#### 2. Background

In preparing for recovery of elective services there was a drive to recover activity levels to pre-Covid levels but in a safe and sustainable way being mindful of the challenging times that staff had experienced during the pandemic. Recovery trajectories were developed across the three clinical divisions and aggregated into one Trust level plan that the Board are sighted on each

month.

### 3. Performance Overview

#### 3.1 P2 Performance

Due to the nature of the specialties the Trust provides there inevitably will be a large proportion of surgical patients that fit into the P2 category with patients being prioritised for treatment within 4 weeks of the decision to treat. There are a proportion of patients included as a P2 that do not have a decision to treat, and work is ongoing to ensure that there is an accurate record reported. The table below details patients by specialty that are dated within the target time and those that are waiting longer:

	No TCI			TCI			Total
	Not Dated Breach	Not Dated Not Breach	Total	Dated Breach	Dated Not Breach	Total	
<b>Surgery</b>	<b>37</b>	<b>16</b>	<b>53</b>	<b>15</b>	<b>16</b>	<b>31</b>	<b>84</b>
Cardiac Surgery	27	3	30	12	2	14	44
Thoracic Surgery	1	12	13	0	13	13	26
Aortic Surgery	8	0	8	2	0	2	10
Aorto-vascular Surgery	1	0	1	0	1	1	2
Achd Surgical	0	1	1	1	0	1	2
<b>Medicine</b>	<b>12</b>	<b>20</b>	<b>32</b>	<b>7</b>	<b>16</b>	<b>23</b>	<b>55</b>
Structural Tavi	2	9	11	1	4	5	16
Intervention - Cardiology	1	5	6	1	6	7	13
Heart Rhythm	3	4	7	1	2	3	10
Achd Medical	5	0	5	3	1	4	9
Ebus	1	2	3	1	2	3	6
Adult Cystic Fibrosis	0	0	0	0	1	1	1
<b>Total</b>	<b>49</b>	<b>36</b>	<b>85</b>	<b>22</b>	<b>32</b>	<b>54</b>	<b>139</b>

During June and July there have been occasions whereby P2 patients have had their procedure cancelled due to the very high levels of non-elective demand that the Trust has experienced. All patients are clinically triaged to make sure it is safe for the procedure to be delayed.

#### 3.2 52-Week Position

Historically the Trust did not have a challenge with treating patients within 52 weeks but as a result of the reduced elective activity a backlog of long waiting patients was accumulated. This was particularly a challenge within surgery as the majority of operative capacity was focused on treating urgent patients first and then long waiting patients. Current performance against the recovery trajectory is detailed below:

52 Week	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	138	131	122	108	88	74	55	30	8	3	0	0
Actual	121	103	107									
Variance	-17	-28	-15									

Performance remains in line with expected levels but there are challenges in a number of sub-specialty areas namely; aortic surgery, LAAO, EP. This has also been compounded by the shortfall in anaesthetic capacity due to unplanned absence. It is forecast that performance will remain in line with the trajectory subject to no further impact of Covid.

#### 3.3 RTT Performance

As would be expected there is a significant backlog of patients waiting longer than 18 weeks as

an output of the reduced elective programme and was previously in excess of 1,000. As capacity has been utilised for the most clinically urgent patients first and then longest waiting patients, managing patients through an 18-week pathway has not been possible. Even with capacity focused in this way the backlog of 18-week breaches has remained within the recovery trajectory that was developed and is illustrated in the table below:

18 Weeks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	952	863	879	844	804	772	740	700	668	628	596	564
Actual	869	839	829									
Variance	-83	-24	-50									

The yearend forecast of having circa 500 patients waiting longer than 18 weeks for treatment is an optimistic one and several challenges are expected in achieving this but the divisional teams remain focused on reducing the backlog of patients.

### 3.4 Activity

When developing the recovery trajectories, the focus was to ensure that activity levels reached pre-Covid levels as quickly and as safely as possible. The trajectory and performance against it are detailed in the table below and shows activity delivered has been excess of the internal target set for services:

Elective Recovery	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
19/20	668	697	676	780	665	729	814	767	657	751	756	661	8621
21/22 Actual	691	687	729										
Variance	+23	-10	+53										
% Delivery	103%	99%	108%										

From quarter two these activity levels will be at 100% of pre-Covid levels. It should be noted that whilst the above is actual activity the Elective Recovery Fund (ERF) is based on income, although activity is a good proxy for this.

## 4. Costs of Recovery

The Board approved the interim H1 financial plan with an expectation that ERF income would be achieved and flow to the Trust and in addition that the system top-up would be reduced for this contribution; noting the risk that ERF is earned at an aggregate Cheshire & Mersey level. This contribution would support the costs of recovery associated with the restoration and recovery plan.

The plan and actual cost against the key schemes associated with the plan are detailed in Appendix 1 for Q1.

The budget for Q1 totaled £384k and costs to date total £354k, giving a favourable variance of £30k.

The flexing up of Critical Care beds has been seen in Q1 through the nurse bank where it was originally anticipated that this would commence in Q2 due to expected delays in mobilising additional staff. This has been offset by less than anticipated additional session costs in Surgery weekend working.

In respect of ERF, the Trust has made good progress with recovery of income in line with the expectation set out in paper to the May Board. As outlined in the Finance report, a national change to the thresholds as to the point ERF is earned will introduce a financial risk which is being explored with the ICS for potential mitigations.

## **5. Overarching Risks to Delivery**

Workforce has always remained a high risk in the delivery of the recovery programme with the challenges that Covid has placed on staff generally. Through July there have been significant challenges with absence with the overall rate reaching 5.9% for a good proportion of the month to date. This prolonged period of high absence places pressures on staff that remain in work and makes it very difficult to provide additional capacity over and above core to assist with reducing the backlog further. Recruitment continues daily for nursing and the risk will be mitigated somewhat with the arrival of the international nursing cohort.

There have been three unplanned consultant absences within anaesthesia that is causing an issue with being able to provide enough general anaesthetic capacity to all required lists. This has led to a substantial number of cancelled procedures, adding to the already sizeable backlog of patients waiting for treatment. A locum consultant has been appointed and an advert has been published for a substantive consultant.

## **6. Conclusion**

Considering the challenges that were faced during the pandemic the Trust has restored its elective services to full capacity facilitating the reduction in waiting times for patients. Although waiting times are far in excess of pre-Covid levels the Trust remains focused on reducing these to a reasonable level over the financial year.

## **6. Recommendations**

The Board of Directors is asked to note the strong performance against the recovery trajectories and the associated challenges that have and are being faced with achieving these.

## APPENDIX 1

RECOVERY PLAN £	M1	M2	M3	Q1 TOTAL
POCCU 3	0	0	0	0
Expanding critical care	0	0	0	0
Hot lab	3,667	3,667	3,667	11,000
Remote monitoring - CF	0	0	0	0
Remote monitoring - Cardiac	20,000	20,000	20,000	60,000
Birch staffing	0	0	0	0
Private ambulance service	34,000	34,000	34,000	102,000
Expanded validation team	0	0	0	0
Surgery additional sessions	70,417	70,417	70,417	211,250
EP - additional capacity through org change	0	0	0	0
Spirometry	0	0	0	0
	<b>128,083</b>	<b>128,083</b>	<b>128,083</b>	<b>384,250</b>

ACTIONED IN MONTH £	M1	M2	M3	Q1 TOTAL
POCCU 3	0	0	0	0
Expanding critical care	(22,300)	(22,300)	(22,300)	(66,900)
Hot lab	0	0	0	0
Remote monitoring - CF	0	0	(4,382)	(4,382)
Remote monitoring - Cardiac	0	0	(60,000)	(60,000)
Birch staffing	0	0	0	0
Private ambulance service	(34,000)	(34,000)	(34,000)	(102,000)
Expanded validation team	0	(2,885)	(1,358)	(4,243)
Surgery additional sessions	(40,000)	(40,408)	(20,475)	(100,883)
Medicine additional sessions	0	0	(16,000)	(16,000)
EP - additional capacity through org change	0	0	0	0
Spirometry	0	0	0	0
	<b>(96,300)</b>	<b>(99,593)</b>	<b>(158,515)</b>	<b>(354,408)</b>

<b>Balance</b>	<b>31,783</b>	<b>28,490</b>	<b>(30,432)</b>	<b>29,842</b>
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