

REPORT TO: Health Policy & Performance Board

DATE: 24th November 2020

REPORTING OFFICER: Lee Bloomfield – Assistant Director of Operations

PORTFOLIO: Health & Wellbeing

SUBJECT: COVID-19 Response and Restoration & Recovery of clinical services

WARD(S): North West Boroughs Healthcare NHS Foundation Trust (NWBH) – Halton Borough

- Dignity and respect
- Quality and excellence
- Feedback and contribution
- Listening and learning
- Delivering commitments
- We say "thank you" and "well done"
- We are not afraid to ask for help if we don't know the answer or make mistakes
- We are clear about what we do and why
- We don't ignore difficult problems or issues
- We share problems in order to solve them together
- We support each other by taking time to listen and understand
- We seek to improve through curiosity and challenge



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1. Purpose of Report

The report provides the Board with an update in respect to North West Boroughs Healthcare NHS Foundation Trust response to COVID-19 and the subsequent restoration & recovery of clinical services for the local population of Halton Borough.

2. Introduction

The report provides an overview of the current Trust and local borough service delivery, patient activity, including referral rates, activity levels, waiting list sizes and how and where care is being delivered.

The report details the process the Trust has undertaken to restore services in the short term and detail the process for the medium and long term.

The Trust is extremely proud of how hard it's staff have worked over the last seven months since the pandemic started. All our staff have gone above and beyond to ensure patients are seen in a timely manner and more importantly that our patients have been kept safe. The dedication from all Trust staff has been nothing short of heroic, many have put their patients' needs above themselves and their families. Whilst it has been a very difficult time for all NHS staff, the Trust has never been prouder.

Following the outbreak of COVID-19, the Trust quickly responded by developing a COVID-19 analysis dashboard. This rich dataset has been utilised by the Trust to monitor service delivery throughout. This dataset has been used in the report to do a comparative analysis of service delivery pre-lockdown and its current position. Whilst the datasets provide detailed service activity, it does have its limitations, which the Trust is currently trying to develop further; therefore, some activity data remains unavailable. This is particularly apparent where services' recording of data is not held by the Trust or not within its main clinical record system (RIO).

In addition, the Trust has taken the decision to produce the report using a snapshot approach. The report focuses on two points:

- Week Commencing 2nd March 2020
- Week Commencing 10th August 2020

Furthermore, new patient access reports that were set up in October 2019 have been used and waiting list comparisons between February and September have been focused upon for comparison.

3. Recovery & Restoration Overview

The recovery and restoration program was initiated in June 2020 in order to ensure that a formal governance structure was in place across the Trust to manage the process of resuming service delivery. The aim of the Trust was to ensure it maximised service delivery to all patients within the confines of the ongoing COVID-19 pandemic.

Initially all operational leaders across the organisation were presented with Trust expectations and aims for bringing services on line and these principles were:

- Keep patients safe and reduce the risk of virus transmission
- Keep our staff safe and reduce the risk of virus transmission
- Face to Face appointments to be the last resort – but remembering it may be our only option
- Home visits is where we can least control IPC rules and should only be delivered when clinically necessary.
- Aim to provide as much of the service as we can
- Limit changes on what we do rather than how/where we do it
- Learn lessons from the pandemic, if we have changed how and where we do it, can we do this long term
- Involve patients/ teams/ partners in our recovery plans
- Understand the changes in our patient activity

Throughout the restoration program, it has become apparent that a two-stage approach to the program was necessary. As the pandemic is ongoing and due to local and national restrictions it was decided to initially explore the restoration of all services. The aim was not to change what clinical service we offered, but to explore how and where care was delivered and to bring back some services as quickly as possible.

Diagram 1 – Two stage Restoration & Recovery



Diagram 1 above shows the overview of the two-stage approach. The aim of the Trust is now to move into stage two of the program and to recover services and ensure longer-term plans for service delivery are now developed.

3.1 Recovery & Restoration Governance

As part of the stage one program, twice-weekly recovery and restoration meetings have been held. Each service across the organisation has been required to produce a clinical service program document. Services were asked to provide a detailed plan for the new short-term service offer; they were requested to consider both the quality and safety of care provided. In addition, all services were asked to complete a quality and equality impact assessment.

During June, July and August, nearly every service has presented this document to an expert clinical and operational panel from the organisation. Plans were reviewed and either approved or asked for further analysis.

The Recovery and Restoration Group could refer any of the services to the Trust Clinical and Ethical Reference Group should they require expert review. The Restoration & Recovery Group reported directly to the Trust's Operations Group which reports to the Trust Board.

Finally, all boroughs continue to have weekly Patient Access meetings, which purpose is to monitor individual services' wait times and put actions in place when issues arise. These meetings report directly to the Trust Patient Access meeting.

4. Trust Overview

Throughout the pandemic, the Trust has tried to ensure it delivers as much service offer to patients as possible. In early March, the Trust was required to change all service delivery within its 173 clinical teams. In addition, new services were required to be developed at pace. Some of the new services include:

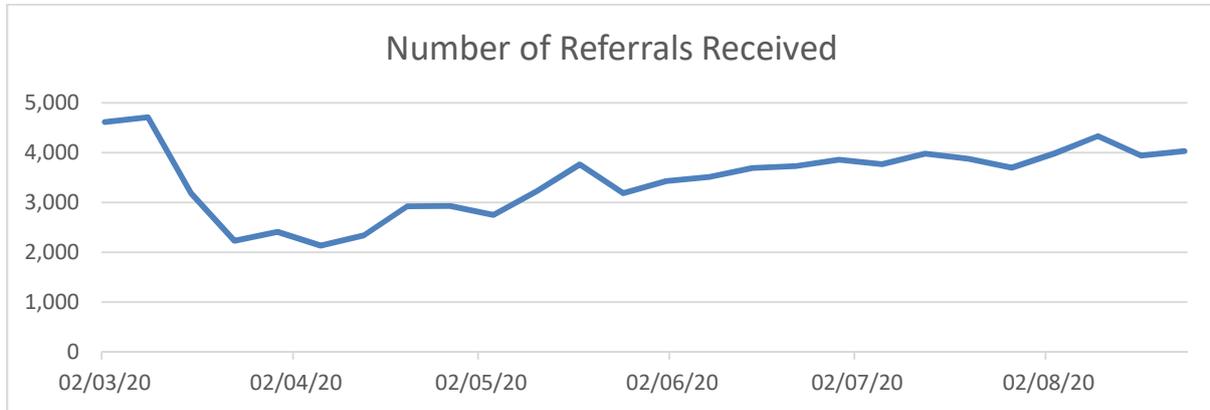
- Incident Management Team
- COVID-19 Testing Team
- Rapid Discharge Team (Community Health Services)
- Enhanced Care Team (Inpatient Services)
- Enhanced Care Home Team
- Mental Health Crisis Line for Adults and Children

All services were developed utilising existing staff from the organisation and, where possible, staff posts were backfilled. At present all these services remain in place, however, have been developed over time.

4.1 Referrals

Graph 1 below shows the referral activity into the Trust from the beginning of March up to mid-August 2020.

Graph 1 – New referrals received



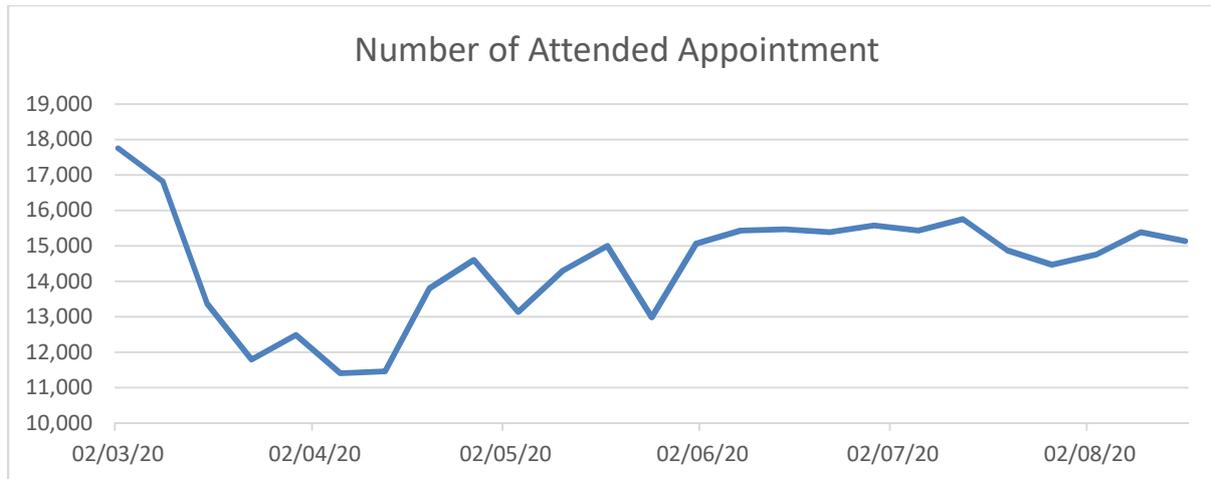
Initially some services based on national guidance stopped referrals into their services for routine conditions and treatments. As part of the recovery and restoration work all services are now accepting referrals for all conditions from all referral sources. The only exception to this is in MSK and Wigan Adult Mental Health services, where patients are unable to self-refer at the present time. It is anticipated that patients will be able to self-refer in MSK services by the end of September and Wigan Mental Health services are reviewing this on a weekly basis with CCG colleagues.

Overall, patient referrals into the Trust have reduced by nearly 20% since the beginning of March.

4.2 Patient Activity

Graphs 2 & 3 below show patient contact activity since the beginning of March up to mid-August. The first graph shows overall patient activity and the second highlights the changes in activity type (Face to Face, Telephone and Video consultations).

Graph 2 – Appointment attended March – Mid August

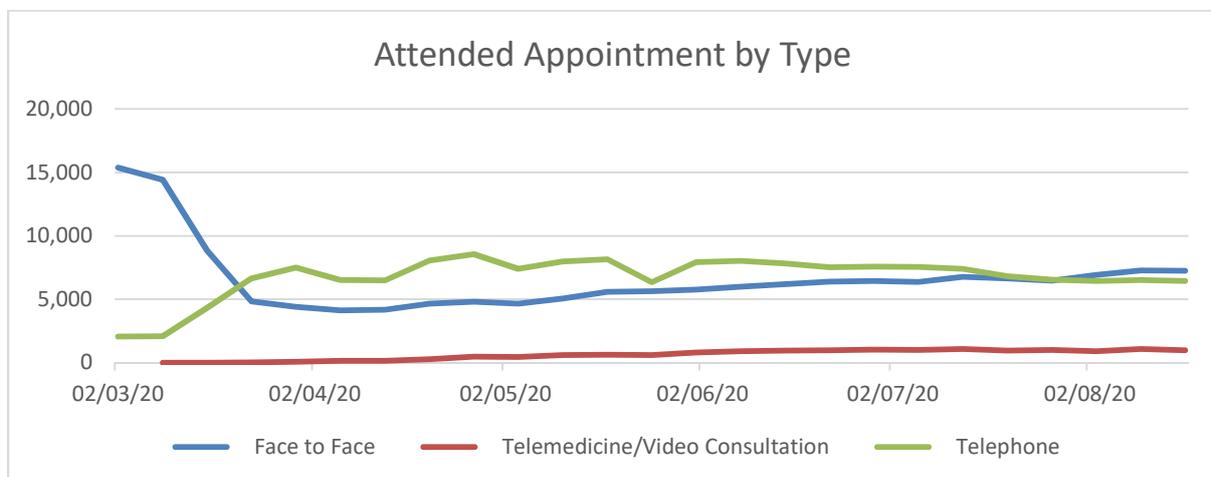


The Trust has been able to recover to 85% of its previous activity levels up to the 16th August. It is anticipated that from September the Trust will achieve between 90%-100% of its pre-Covid activity levels.

Some of the ongoing issues faced by the organisation in recovery to full patient activity include:

- Lack of available clinical space open across the boroughs
- Reduced demand in some services
- Continued redeployment of staff into some of the new clinical teams
- Increased times between individual patients to ensure new infection control procedures can be undertaken and reduce the number of patients in waiting rooms
- Increase in the number of domiciliary visits which reduces overall clinical time.

Graph 3 – Attended appointment by Type



Graph 3 above demonstrates the change in how care is delivered. Since the pandemic and in order to reduce unnecessary face to face contact the Trust has increased its utilisation of virtual appointments. Initially this was solely telephone based; however, video consultations began in early March. Over recent months, this has increased with over 1000 appointments conducted this way per week.

4.3 Activity Analysis

Table 1 & 2 below show some key activity measures in relation to operational activity. The tables are broken down into service lines and by borough. Some key headlines are:

- Overall, patient referrals have reduced by 20%, with Child Mental Health Services having a 40% reduction.
- Patient activity is at 85% of pre-Covid levels, with LD and Adult Mental Health services above 90%
- There has been a 28% reduction in patients waiting for a new appointment.
- Face to face, activity has reduced from 87.9% of all activity to 52.1%. Community Health services continue to see the most patients face to face with over 76% of its activity conducted in this way.

Table 1 – NWBH referrals, activity & waiting list position

	Whole Trust	Adult MH Services	Adult Community Services	Child MH Services	Child Community Services	LD Services
Percentage change in referrals from March to August 2020	-19.6%	-0.4%	-27.7%	-57.7%	-22.0%	+8%
Percentage of patient activity in August compared to March 2020	84.9%	95.5%	78.2%	89.0%	73.9%	101.3%
Number of new patients waiting for their first appointment in February 2020	11592	3113	6343	908	1155	573
Number of new patients waiting for their first appointment in September	8374	2778	3681	431	921	553
Percentage change in wait list from February to September	-27.8%	-10.4%	-42.0%	-52.5%	-20.3%	-3.5%
Percentage of patient activity conducted F2F in March 2020	87.9%	80.2%	93.4%	90.0%	89.2%	72.2%
Percentage of patient activity conducted F2F in March 2020	52.1%	31.6%	76.1%	19.8%	21.8%	37.9%

5. Borough Overview Analysis

Table 2 below provides a detailed breakdown of Halton activity by service lines. Overall clinical activity has increased over recent months with 98.2% of activity being undertaken compared to pre-Covid levels.

Table 2 - Halton referrals, activity & waiting list position

	Halton All	Adult MH Services	Child MH Services	LD Services
Percentage change in referrals from March to August 2020	-17.4%	+2.3%	-56.2%	-46.7%
Percentage of patient activity in August compared to March 2020	98.2%	96.0%	112.9%	80.4%
Number of new patients waiting for their first appointment in February 2020	1917	1296	93	528
Number of new patients waiting for their first appointment in September	1479	924	32	523
Percentage change in wait list from February to September	-22.8%	-28.7%	-65.6%	-0.9%
Percentage of patient activity conducted F2F in March 2020	78.6%	75.8%	90.7%	83.9%
Percentage of patient activity conducted F2F in March 2020	30.7%	28.3%	33.4%	68.8%