

**REPORT TO:** Health Policy & Performance Board

**DATE:** 28<sup>th</sup> June 2022

**REPORTING OFFICER:** Head of Acute Commissioning, NHS Halton Clinical Commissioning Group

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Cheshire and Merseyside Elective Restoration

**WARD(S):** Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 To provide the Board with an update on the Cheshire and Merseyside Elective Restoration

## 2.0 **RECOMMENDATION: That the Board**

- i) Note the level of activity restored across the Cheshire and Merseyside Hospitals in comparison to the levels undertaken prior to the pandemic; and
- ii) Note the number of patients currently on the hospital waiting lists, particularly the over 52 week and 104 week thresholds.

## 3.0 **SUPPORTING INFORMATION**

3.1 Cheshire and Merseyside Hospital Cell Gold Command continue to monitor and report on the Hospital Elective Restoration position on a weekly basis.

3.2 Restoration is measured by the level of activity undertaken within the week in comparison to the corresponding period in 2019/20. Overall, the position within Cheshire and Merseyside is in line with the positions reported in Greater Manchester, Lancashire and for England as a whole.

3.3 The impact of Covid infections has significantly reduced, but there continues to be requirement to operate within Infection, Prevention and Control guidelines to ensure safe services are maintained. There are still dedicated Covid wards in all hospitals and patients are still being diagnosed with Covid in hospital, but it is generally not the cause of their attendance.

3.4 The greatest impact on the level of elective inpatient activity and cancellations continues to be the excessive emergency presentations and non-elective admissions, with all hospitals working at full occupancy.

3.5 The activity level for both Warrington and St Helens hospitals in comparison to the C&M overall position are

Week ending 8/5/2022 - 4 week average

	Warrington and Halton Hospitals NHS Foundation Trust	St Helens and Knowsley Hospitals NHS Trust	Cheshire and Merseyside
Day Case	95%	92%	86%
Inpatient Elective	75%	97%	97%
New Outpatients	90%	91%	95%
Follow Up Outpatients	89%	89%	104%
Cancelled Operations	29	22	233
Patient Waiting Times			
Over 52 weeks	1,134	1,688	18,987
Over 104 weeks	20	17	455

The activity levels good across all the hospitals within Cheshire and Merseyside, with some fluctuations due to non-elective pressures, but the levels being undertaken aren't bringing the number of 52 week waiters down materially and at the end of April leading into May there was a slight rise, primarily at Liverpool University Hospital.

Most new referrals to all hospitals are being managed within the 18 week target, but there is extended tail of patients being treated after 18 weeks out to over 104 weeks.

- 3.6 The NHS Priorities and Operational Planning Guidance recognises the backlog in elective activity and has set an ambition to deliver 30% more elective activity by 2024/25 than before the pandemic, with 10% being achieved during 2022/23, plus reduce the number of face to face outpatient appointments and reduce the number of follow up appointments within hospital.

The guidance has set the requirement to eliminate waits of over 104 weeks as a priority and maintain this position through 2022/23, reduce waits of over 78 week and conduct three-monthly review for this cohort of patients, extending the three-monthly reviews to patients waiting over 52 weeks from 1 July 2022, develop plans that support an overall reduction in 52-week waits where possible and accelerate the progress for personalised approach to follow-up care reducing outpatient follow-ups by a minimum of 25% against the 2019/20 activity levels by March 2023.

The work to deliver the requirements of the guidance is being led by the Cheshire and Merseyside Hospital Cell and the Elective Transformation Programme.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 There are no implications for Halton Health or Care policies.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no financial implications for Halton’s Health or Care budgets.

6.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 **Children & Young People in Halton** – none identified

6.2 **Employment, Learning & Skills in Halton** – none identified

6.3 **A Healthy Halton** – none identified

6.4 **A Safer Halton** – none identified

6.5 **Halton’s Urban Renewal** – none identified

7.0 **RISK ANALYSIS**

7.1 The main risk for the delays in treating patient continues to be the potential for deterioration in the patient’s condition because of the excess wait. Patients on the waiting lists are regularly contacted by the hospital teams to review their condition and assess their needs, and if there are concerns their case can be prioritised.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no equity or diversity issues identified

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Cheshire and Merseyside Elective Restoration Gold Command: Tuesday 17 <sup>th</sup> May 2022		Martin Stanley NHS Halton CCG