

## Healthy Staffordshire Select Committee

Monday, 10 August 2020

**10.00 am**

Virtual/on-line at <https://staffordshire.public-i.tv/core/portal/home>

**NB.** Members are requested to join the Teams meeting through the Outlook calendar booking (click "Join Microsoft Teams Meeting").

Also, please ensure your Laptops/Tablets are fully charged prior to the commencement of the meeting.

John Tradewell  
Director of Corporate Services  
31 July 2020

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## A G E N D A

### PART ONE

1. **Apologies**
2. **Quorum**  
  
To verify the meeting is quorate (six Members required).
3. **Declarations of Interest**
4. **Minutes of the meeting held on 6 July 2020** (Pages 1 - 8)
5. **Membership Changes following Annual Council Meeting**  
  
To note changes and appoint Committee representation on District/Borough Committees/Panels
6. **Backlog of Hospital Appointments arising from the 2020 Covid-19 Pandemic** (Pages 9 - 62)  
  
Joint report/presentation of Staffordshire Secondary Care NHS Providers and Clinical Commissioning Groups
7. **Work Programme 2020/21** (Pages 63 - 68)  
  
Report of Scrutiny and Support Manager
8. **District and Borough Health Scrutiny Activity**  
  
Oral reports of District/Borough representatives

9. **Date of Next Meeting - Monday 14 September 2020 at 10.00 am, Virtual/on-line**
10. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

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## **PART TWO**

(all reports in this section are Exempt)

Nil

### **Membership**

Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Janet Johnson
Adam Clarke	Dave Jones
Tina Clements	David Leytham
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Kath Perry
Richard Ford	Jeremy Pert (Chairman)
Maureen Freeman	Bernard Peters
Phil Hewitt	Ross Ward
Jill Hood	Ian Wilkes

**Scrutiny and Support Manager:** Mandy Pattinson Tel: (01785) 278502

**Member and Democratic Services Manager:** Chris Ebberley (01785) 276164

**Minutes of the Healthy Staffordshire Select Committee Meeting held on 6 July 2020**

Present: Johnny McMahon (Chairman)

**Attendance**

Charlotte Atkins	Paul Northcott (Vice-Chairman)
Adam Clarke	Kath Perry
Janet Eagland	Jeremy Pert
Ann Edgeller	Bernard Peters
Richard Ford	Carolyn Trowbridge
Maureen Freeman	Ross Ward
Phil Hewitt	Victoria Wilson
David Leytham	

**Apologies:** Tina Clements, Barbara Hughes, Janet Johnson, Dave Jones and Ian Wilkes

**PART ONE**

**7. Quorum (6 required)**

The Chairman verified that the meeting was quorate.

**8. Declarations of Interest**

The Chairman declared an interest in all matters included on the Agenda as they related to services for the deaf/hard of hearing owing to his own condition/disability.

**9. Minutes of the meeting held on 8 June 2020**

**RESOLVED** – That subject to the addition of the following in minute No. 4, the minutes of the meeting held on 8 June 2020 be confirmed and signed by the Chairman:-

“The Trust’s Communications Director commented on the importance of Local Authorities leading by example especially with regard to the siting of Automatic External Defibrillators (AEDs) and questioned whether the County Council currently made such apparatus accessible on the outside of their premises”.

**RESOLVED** - (c) That the Leaders of the County, District and Borough Councils in Staffordshire be requested to make West Midlands Ambulance Service University NHS Foundation Trust (WMAS) registered Automatic External Defibrillators (AED) widely accessible on the outside of their premises for use by the public, as necessary.

(d) That Leaders of Staffordshire District and Borough Council be also requested to contact Parish Council's within their areas with a view to siting additional AEDs where possible.

(e) That WMAS be requested to supply further details regarding waiting times (from initial phone call to arrival at Secondary Care Centres) for Category 2 patients so that their performance in this respect can be scrutinised, as necessary.

## **10. Mental Health Burden and 2020 Covid-19 Pandemic in Staffordshire**

The Committee considered a joint PowerPoint presentation/report (slides attached at Appendix A to the signed minutes) by the Chief Executive of Midlands Partnership NHS Foundation Trust (MPFT), Chief Executive Officer of North Staffordshire Combined Healthcare NHS Trust (NSCHT) and the County Council's Deputy Leader and Cabinet Member for Health Care and Wellbeing regarding the Mental Health Burden and 2020 Covid-19 Pandemic in Staffordshire.

Dr. Olubukola (Buki) Adeyemo, Medical Director; Lisa Agell, Head of Mental Health Services; Neil Carr, Chief Executive; Jennie Collier, Managing Director – Staffordshire & Stoke-on-Trent Care Group, from MPFT were present at the meeting.

Peter Axon, Chief Executive Officer; Tosca Fairchild, Assistant Chief Executive Officer; Jonathan O'Brien, Director of Operations and Deputy Chief Executive Officer and; Liz Mellor, Deputy Director of Operations, from NSCHT, were present at the meeting.

Karen Coker, Senior Commissioning Manager (Children & Families, Health & Wellbeing); Dr. Richard Harling, Director of Health and Care, and; Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing from Staffordshire County Council were present at the meeting.

Good mental health was integral to human health and well-being. A person's mental health and many common mental disorders were shaped by various social, economic, and physical environments. Mental health was therefore facing an unprecedented challenge following the outbreak of the virus owing to its impact on the above-mentioned determinants. Whilst many outcomes were still largely unknown, the mental health of the general population was expected to be adversely affected to a significant degree. Various studies had already been published including:-

- A Survey by Ipsos-Mori which suggested that 49% of respondents were feeling more anxious/depressed; 38% had slept less/less well; 35% had eaten more/less healthy food; 19% had drunk more alcohol; and 19% had argued more with those they live with. In addition, 'coronavirus fear' was an issue with 61% of respondents reporting concerns about using public transport; 61 reporting concerns about going to bars and restaurants; 43% reporting concerns about using non-supermarket shops; 67% reporting concerns about the long term impact on their children's mental health and; only 35% willing to return to their usual place of work.
- A report published by the Centre for Mental Health (May 2020) entitled "Covid-19 and the Nation's Mental Health", which suggested that the Covid-19 pandemic

was likely to lead to an increase in mental ill health, as a result of both the illness itself and the measures being taken to protect people from the virus.

- A survey conducted by the University of Oxford (April 2020) which indicated that one in five primary age children were afraid to leave their homes and were worried that there would not be enough food to eat during the pandemic (NB. The study also found that for a small number of young people their mental health had improved).
- A survey of young people with a history of mental health needs conducted by Young Minds (March 2020) which identified their top 3 concerns during the Pandemic ie (i) isolation/loneliness; (ii) not having enough food/supplies; (iii) managing mental health/mental health deterioration.

There was also anecdotal evidence to suggest that individuals, households and families, had begun to experience the effects of the virus on their wider determinants of mental health including significant financial hardship arising from the imposition of social distancing rules and lockdown of the economy.

Members noted that the various measures implemented by the County Council to mitigate the adverse effect of the pandemic including:- (i) a Coronavirus Kindness Campaign, which aimed to provide people with helpful information about how to stay well (physically & mentally) during the pandemic; (ii) provision of Staffordshire Connects (an online service directory) which offered several digital support tools to enable residents to find information; (iii) the 'Reading Friends Service' which gave people an opportunity to chat and make friends through the enjoyment of books; (iv) access to emergency food parcels; (v) provision of links to and information on the local voluntary sector for the provision of help and support with a variety of tasks; (vi) social care practitioners continuing to support existing clients using telephone and virtual means, for assessments and welfare checks; (vii) information for care providers on the Staffordshire Web including links to Government guidance on adult social care; (viii) 'Other Help for Providers' pages on the Staffordshire Web including information, advice & guidance for staff together with circulation of newsletters, engagement sessions and information on the Corporate Intranet; (ix) development of the iLearn staff learning platform which provided a variety of resources to help staff with their wellbeing, as well as opportunities for continued development; (x) a jointly commissioned emotional health & wellbeing service for children & young people which went live on 1 April 2020 and; (xi) virtual Family Hubs developed in all eight Districts/Boroughs provided a point of access for our most vulnerable children, young people, and families.

During their presentation the representatives of the two Staffordshire Mental Health Trusts highlighted:- (i) the extra capacity which had been implemented to deal with the likely increase in demand for mental health services; (ii) the arrangements made in order to maintain access by those who were and were not already known by providers, to services; (iii) the various 'pathways' to access mental health services including means of self-referral; (iv) the implementation of social distancing guidelines and implications for access to services by patients; (v) various proactive measures being undertaken to identify and contact people at risk and; (vi) measures aimed at dealing with potential increases in substance (drug and alcohol) misuse.

Members then scrutinised all three organisations closely and held them to account over their respective responses, to date, to the 2020 Covid-19 Pandemic, seeking clarification and asking questions where necessary, as follows:- (i) whether the health sector was adequately resourced to deal with the effects of the crisis in the medium to long term; (ii) the extent of the data contained in the reports/presentations and whether it represented an accurate picture of the current position; (iii) the cultural changes needed within the NHS to improve mental health in wider community by being proactive; (iv) the work of mental health support teams within schools since social distancing measures had been implemented; (v) the role of digital technology in facilitating people's care needs during lockdown; (vi) the work of Virtual Family Hubs (VFH) (particularly where children were not able to attend schools); (vii) proactive measures taken by VFH to co-ordinate with Partners in the voluntary sector; (viii) arrangements for testing patients prior to discharge into the local community; (ix) the measures to provide low-level support people who were and were not currently known to mental health services; (x) the need to include mental health services in the NHS's Winter Plan for 2020/21; (xi) inpatient detoxification services available in the south of the County; and (xii) the extent of support given by the Health Trusts' and County Council's staff during the pandemic.

In response, the relevant representatives of the Trusts and County Council stated that:- (i) they continued to work with NHS England who had provided £8m of additional funding to support mental health in Staffordshire during the pandemic. Whilst this would help to increase capacity, provision had also been made in the Trusts' long-term plans; (ii) staff turnover remained low and morale was currently high; (iii) NSCHT were actively pursuing measures aimed at promoting good mental health by engaging with communities and disseminating information; (iv) the data contained in the reports represented the information which was currently available. Unfortunately, many of the long-term consequences of the pandemic on mental health were not yet known; (v) both Trusts had recently undertaken a user satisfaction surveys which had elicited a majority of positive responses; (vi) patients were receiving virtual/on-line assessments where possible and the use of digital technology in patient care had previously been piloted in Staffordshire prior to the outbreak of Covid-19. However, face to face appointments continued to be made where necessary; (vii) currently VFHs were provided in each Staffordshire District/Borough (1 per district) and the County Council had made efforts to ensure that every family had been supplied with the necessary equipment to access this service, where appropriate. In addition there were strong links with many voluntary organisations; (viii) additional bed capacity would be implemented by NSCHT at Bradwell Hospital, in the event further spikes in Covid-19 cases were experienced; (ix) patients at Harplands Hospital were being tested for the virus and appropriate measures taken to prevent transmission where necessary. There had been no outbreaks of Covid-19 in this setting to date; (x) suicide rates in the County were currently at levels similar to those prior to the Pandemic. Measures to prevent suicide and self-harming had been given a greater priority by central government and Staffordshire had been involved in piloting a new model of care which was now being rolled-implemented nationally; (xi) mental health would be included in Trusts' Winter Plans going forward and their representatives had been involved in regional planning meetings during 2020; (xii) during the pandemic NSCHT had co-ordinated the provision of support to vulnerable members of the community with the Police and partners from the voluntary sector. It was important to maintain these links post Covid and joint working with relevant organisations would help to meet low level need, as necessary and; (xii) Whilst the Trusts and County Council had robust measures in place to support

mental health and wellbeing of staff, further details including funding arrangements and contracts with external providers could be forwarded to the Committee, as required.

In response to a question from a Member, MPFT's Chief Executive undertook to provide details of the support provided by his Trust to Autistic children and their families in the County who were unable to access services digitally during the current lockdown restrictions.

Whilst no concerns had so far been raised regarding the capacity of Human Kind (the charitable organisation who provided substance abuse recovery and treatment services in Staffordshire) to meet the needs of residents during the current pandemic, the Deputy Leader undertook to obtain confirmation from the Organisation and implement any remedial measures as required.

In response to a question regarding a specific case, the Chief Executive of NSCHT Officer undertook to investigate the matter, as necessary, in co-ordination with the Member concerned.

The Chairman then thanked the representatives of the Trusts and County Council for their attendance, an interesting and informative presentation and the opportunity to provide constructive health scrutiny for the benefit of the residents of the County.

**RESOLVED** – (a) That the reports/presentations be received and noted.

(b) That the contact details of Midlands Partnership NHS Foundation and North Staffordshire Combined Health Care NHS Trusts' 24/7 emergency mental health helpline (to be supplied) be circulated to (i) Members of the Committee; (ii) all Staffordshire County Councillors and (iii) Leaders of all Staffordshire District/Borough Council's for dissemination, as appropriate.

(c) That the Chairman highlights the importance of improving links between NHS mental health service providers and schools having regard to the 2020 Covid-19 Pandemic, with Staffordshire County Council's Cabinet Members for Learning and Employability and; Children and Young People, as necessary

(d) That the mental health burden arising from the 2020 Covid-19 Pandemic in Staffordshire be monitored closely and that further scrutiny of mental health service providers be undertaken at the appropriate time, as necessary.

## **11. Residential Care Provision and 2020 Covid-19 Pandemic in Staffordshire**

The Committee considered a Powerpoint presentation/report (slides attached at Appendix B to the signed minutes) by the Deputy Leader and Cabinet Member for Health Care and Wellbeing regarding the impact of the 2020 Covid-19 Pandemic on residential care provision in Staffordshire.

Currently there were 243 active Care Homes in Staffordshire, with a total of 7,599 registered beds. Approximately half of all Care Homes in the County had reported at least one confirmed case of Covid-19 amongst either residents or staff and there had been a total of 202 deaths from the virus outbreak so far.

In response to Central Government requirements and having regard to the County Council's duty to the health and care of local residents, the County Council had worked with Clinical Commissioning Groups and other stakeholders to Implement a Care Home Support Plan. This plan set out the various support measures available to the residential care sector, in an attempt to mitigate the negative impact of the pandemic and covered:- (i) advice and guidance; (ii) training in infection control (iii) supplies of Personal Protective Equipment; (iv) surveillance and response to cases and outbreaks; (v) clinical support; (vi) testing; (vii) intensive support with staffing where required; (viii) arrangements to reduce the movement of staff and (ix) additional funding available.

During his presentation, the Deputy Leader also outlined the clinical, operational and financial risks to the sector in the short, medium and long terms arising from the outbreak.

Members then scrutinised the Authority closely seeking clarification and asking questions where necessary, as follows:- (i) the frequency of the current testing cycle (four weeks) and whether it was often enough; (ii) communications by care homes with residents' families during lockdown; (iii) the on-going financial viability of Staffordshire care homes and consequences of failure; (iv) the robustness of infection control measures within care homes and actions to be taken by the County Council to re-assure relatives; (v) workforce recruitment and retention and reliance on agency staff.

In response, the Deputy Leader explained that:- (i) four week testing of all Care Home residents was being undertaken in line with national guidance; (ii) whilst effective and timely communications with residents' families were challenging during this time, monitoring by the Authority had indicated that most homes were coping well. However, in the event the Committee were made aware of any issues in this respect, appropriate action would be taken upon receipt of relevant information; (iv) whilst the long term financial viability of care homes was a concern, it was too early to state how the market for residential care would develop in the medium to long term; (v) changes to operating policies, practices and standards could be incorporated into the Authority's existing contracts with providers, as necessary. Considerations such as these were subject to close scrutiny, nationally and the Authority would remain vigilant and implement revised procedures, where necessary.

The Chairman then thanked the Deputy Leader for his attendance, and an interesting and informative presentation.

**RESOLVED** – (a) That the presentation/report be received and noted.

(b) That the impact of the 2020 Covid-19 Pandemic on Care Homes in Staffordshire be monitored closely and that further scrutiny of relevant commissioners be undertaken at the appropriate time, as necessary.

## **12. District and Borough Health Scrutiny Activity**

The Committee considered a report of the Scrutiny and Support Manager giving a summary of the health scrutiny activity which had been undertaken by Staffordshire



District and Borough Councils under the standing joint working arrangements, since their previous meeting.

During the discussion which ensued Members expressed their continued disappointment that several District/Borough Councils had either not responded to requests to provide written updates for inclusion into the summary report or not undertaken any health scrutiny activity since the previous update (3 March 2020). The Chairman acknowledged that whilst there might have been difficulties in convening Committee meetings at the start of the outbreak, the present situation was unsatisfactory owing to Partners' continued responsibilities, under the Code of Joint Working Arrangements, particularly during this time.

Therefore, the Chairman undertook to write to the Leaders of all Staffordshire District and Borough Councils together with the Chairmen of their respective Health Scrutiny Committees/Panels etc to:- (i) remind them of their responsibilities under the above-mentioned Code (having regard to the recommendations of the Francis report); (ii) clarify the roles of District/Borough and County Councils in relation to health scrutiny as set out in the code and; (iii) suggest Agenda items they might wish to consider in the near future given the current health crisis.

**RESOLVED** – (a) That the report be received and noted.

(b) That the action to be taken by the Chairman to facilitate better involvement by the Staffordshire District/Borough Council's in health scrutiny, be supported.

### **13. Work Programme 2020/21**

The Committee considered a rolling Work Programme for 2020/21 (Appendix D to the signed minutes).

The Chairman informed them that, in accordance with the decision made at their previous meeting, he had met with the Vice-Chairman and Shadow Vice-Chairman on 11 June 2020 to give further consideration to potential items for inclusion into their Work Programme. Accordingly, (i) "Backlog of Hospital Appointments as a Result of Covid-19" had been included for their meeting on 10 August 2020 and; (ii) "Hearing Aids" and "Winter Plans" included for their meeting on 10 September 2020.

**RESOLVED** – (a) That the updated Work Programme be approved.

(b) That the Chairman in consultation with the Vice-Chairman and Shadow Vice-Chairman, give further consideration to potential items for inclusion into their Work Programme 2020/21 (in particular their meeting scheduled for 26 October 2020), so that the necessary arrangements may be made.

**Chairman**



# Healthy Staffordshire Select Committee

## Covid19 Impact on Primary Care Capacity



- The COVID 19 pandemic has had a significant impact on the delivery of general practice services with all routine patients being managed remotely via telephone or video consultations or face to face in 6 'hot hubs' for the management of suspected COVID+ patients (see Appendix 1 for further update).
- 1050 video conferencing displays (with built in camera/speaker/mic) and 560 webcams have been successfully rolled out to all GP practices to support practices with remote consultations and Microsoft Teams meetings.
- At the beginning of the pandemic many services in general practice were 'paused' or stood down and these are outlined in Appendix 2
- General practice worked in line with the national Primary Care Standard Operating Procedure (SOP) which was shared with all practices: <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>
- Practices have been supported through a dedicated Primary Care Covid inbox, over 2,400 emails have been received since it was set up in March including 758 workforce notifications.

# Primary Care Workforce



- Practices informed the CCG daily on absences relating to COVID to ensure the team could provide support where needed
- Processes in place for GPs and Nurses who could offer additional hours either in primary care or who could support across the wider system
- Mental health support offered to primary care staff via the COVID website including sharing information on apps
- Support provided on ensuring practices are undertaking risk assessments on their staff by sharing tools and Occupational Health details and other relevant information. This then enabled the team to target support where needed.
- 700 Laptops were deployed to enable shielded and remote working within the primary care workforce

# Context / Data



- The challenge that primary care faced at the start of the pandemic can be demonstrated in the table below and was based on the Sheffield model issued on 7<sup>th</sup> April 2020.

Measure	Volume
<b>Staffordshire and Stoke on Trent Population</b>	1,131,052
<b>Infections (85% of the population)</b>	961,394
<b>66% of those infected will be symptomatic / 34% Asymptomatic</b>	634,520
<b>20% of symptomatic patients will need intervention in Primary Care</b>	126,904
<b>80% of the symptomatic patients will not need intervention in Primary*</b>	507,616

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# Primary Care R&R Position Statement & Issues



Main Priorities	Position Statement
Primary Care Consultations for Shielded Patients	A system review group is in place which has quantified the needs of the shielded cohort to ensure there are no gaps in service provision between primary and community care. Primary care continue to support these patients remotely in the majority of cases and provide contact and support. MDT discussions are ongoing and a matrix approach is being taken to progress this.
Primary Care Access	Total Triage remains in place across all practices. Antibody testing has been rolled out across primary care – as at 14 <sup>th</sup> July over 65% of the workforce has been tested with 7% of the results being returned as positive Test, Track and Isolate presents a risk to general practice and could impact on delivery of PC services if workforce was to reduce. A resilience plan is in place to mitigate this.
Supporting Care Homes	100% now allocated a clinical lead and have process in place to deliver the 3 key areas issued by NHSE. Letter has been issued to care homes jointly from CCG and Local Authority to show collaborative approach. (Copies also to be shared with practices) Data recording/reporting and KPIs to be developed.
2 week wait & Urgent Referrals	Practices to continue to refer patients identified as a 2WW and Urgent immediately as per normal practice. Communications have been sent to all practices to reiterate these messages.
Vaccinations and Immunisations	System level Steering group and delivery group in place to start developing 20/21 flu programme with partners. Main issue to flag is in relation to PPE availability given change in guidance and clinical workforce available to deliver. Resilience plan in place to support workforce model. Social Distance implications will impact on how the programme is delivered and new delivery model being considered.

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# Appendix 1 – Hot Clinic Update



- 6 dedicated ‘hot’ clinics were commissioned during the initial outbreak of Covid19 in March 20. The capacity was based on predicted modelling for primary care made available at the time.
- The figures below shows the capacity that was commissioned on a weekly basis and the actual demand that has been seen. This is a combined figure across all 5 clinics across the 6 CCGs:
  - Capacity = 430 patients a week
  - Actual Demand = On average 56 patients a week
- Due to the lower levels of demand than anticipated the hot clinics have been scaled back for July & August to provide capacity for 80 a week across 2 clinics + continued OOH access.

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## Appendix 2 – National Actions for general practice

No	Area	Action / detail	Current position
1	QOF 20/21	QOF income to be protected to respond to COVID	To be clarified by NHSE when this should recommence
2	Dispensary Services Quality Scheme (DSQS) payments	For dispensing practices only, the DSQS will be suspended with immediate effect, with income protected. This includes ceasing DRUMs with immediate effect. Medication review should continue if essential.	To be clarified by NHSE when this should recommence
3	Investment and impact fund	Qtr 1 and Qtr 2 deferred – PCN support fund in place	Awaiting NHSE response regarding what the PCN support fund can be used for and awaiting further guidance on what happens post October 2020
4	Network DES service specifications	Structured medication reviews – Postpone until Oct 2020  Early Cancer Diagnosis – Begin work unless COVID work needs to overtake this  Care homes – Requirements to continue	Local COVID specification developed. Alignment of homes currently taking place and readiness to deliver specification from 1 <sup>st</sup> June 2020. SITREP with NHSE has started.
5	Workforce returns	ARRS to continue Delay workforce planning templates to 31 <sup>st</sup> Aug 2020	Communicated to PCN CDs in May 2020
6	Appraisals and revalidation	Appraisals strongly recommended to suspend unless exceptional circumstances	To be clarified by NHSE when this should recommence
7	Scale down of CQC inspections	Routine inspections suspended	To be clarified by CQC when this should recommence



## Appendix 2 Continued...May wish to consider suspending

No	Area	Action / detail	Current position
8	New patient reviews	Suspend offer of consultation within 6 months of joining the list – high risk to be offered a consultation remotely	
9	Ove 75 health checks	If no consultation in last 12 months, may consider using clinical judgement	
10	Annual patient reviews including QOF	Defer if necessary unless can be done remotely	
11	Routine medication reviews	Defer if necessary unless can be done remotely. Key medication reviews to continue where a patient is being regularly monitored	
12	Clinical reviews of frailty	Can be deferred but use clinical judgement where a review might be necessary and consider remote	
13	Friends and Family Test	Practices not required to report results	To be clarified by NHSE when this should recommence
14	Engagement with PPGs	Practices can suspend and/or pause implementing improvements unless clinically necessary	To be clarified by NHSE when this should recommence
15	Dispensing list cleansing	Dispensing patient list cleansing exercises can be deferred (possibly to recommence from October)	To be clarified by NHSE when this should recommence
16	PCN Clinical Director role	PCN director may delegate some functions to a non-clinician where appropriate - £1.50 and CD funding can support this	PCN CDs are aware of this

## Appendix 2 Continued...Locally consider suspending

No	Area	Action / detail	Current position
17	LES/LIS local and national pilots	Unless commissioned services are considered to support the national COVID-19 response, LES/LISs, local pilots, regional or nationally commissioned pilots should cease, based on local discretion. Funding, particularly to support staffing, should be maintained and re-directed to the primary medical care COVID-19 response.	List of LES/LIS sent to practices and PCNs informing them what they should consider suspending or continuing with. See local response below
18	Local audit and assurance	Unless supporting COVID response, cease or reduce frequency	
19	Other local data collections	Unless supporting COVID response, cease or reduce frequency	

# Healthy Staffordshire Select Committee

## Covid19 Impact on Primary Care Capacity

- At the beginning of the pandemic many services in general practice were ‘paused’ or stood down
- General practice worked in line with the national Primary Care Standard Operating Procedure (SOP) which was shared with all practices: <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>

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### **New Operating Model**

- Total Triage
- Remote consultations
- Hot clinics
- Shielded patients
- Enhanced Primary Care in Care Homes
  
- **Primary Care Resilience**
- Business Continuity Planning – Practice, PCN, Federated, Parachute Service
- Workforce – outbreaks, wellbeing, BAME and at risk groups
- Communications – resource platform/website, webinars, daily GP bulletin

# Flu Programme

- Most comprehensive flu programme in UK's history rolled out this winter
- Expanded programme to protect vulnerable people and support the NHS, additional cohorts
  - people aged 50 - 64 (>140K eligible population in STP)
  - Households of those on the Shielded Patient List eligible for free flu vaccination and
  - school programme expanded to the first year of secondary schools for the first time
- Prioritising care home patients, those at risk, shielded/housebound, vulnerable groups
- Capacity and Demand Modelling
- Bulk ordering of PPE
- Commissioning arrangements
- Practice survey has been undertaken on readiness and capacity to deliver the programme and additional 50-64 cohort.
- Plans to increase STP workforce vaccinations, particularly care home and frontline staff.
- Communication and Engagement plan also developed and part of STP Delivery plan.
- System approach and governance involving all stakeholders
- STP Flu Delivery Plan has been developed with first draft submission to NHSE/I on 31/7/20

# Primary Care R&R Position Statement & Issues



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Primary Care Access Age 19	Total Triage remains in place across all practices. Antibody testing has been rolled out across primary care – as at 14 <sup>th</sup> July over 65% of the workforce has been tested with 7% of the results being returned as positive Test, Track and Isolate presents a risk to general practice and could impact on delivery of PC services if workforce was to reduce. A resilience plan is in place to mitigate this.
Supporting Care Homes	100% now allocated a clinical lead and have process in place to deliver the 3 key areas issued by NHSE. Letter has been issued to care homes jointly from CCG and Local Authority to show collaborative approach. (Copies also to be shared with practices) Data recording/reporting and KPIs to be developed.
2 week wait & Urgent Referrals	Practices to continue to refer patients identified as a 2WW and Urgent immediately as per normal practice. Communications have been sent to all practices to reiterate these messages.
Vaccinations and Immunisations	System level Steering group and delivery group in place to start developing 20/21 flu programme with partners. Main issue to flag is in relation to PPE availability given change in guidance and clinical workforce available to deliver. Resilience plan in place to support workforce model. Social Distance implications will impact on how the programme is delivered and new delivery model being considered.



# UHNM Covid 19 Update

## Health Scrutiny Committee

### August 2020

**Tracy Bullock Chief Executive , UHNM**  
**Paul Bytheway, Chief Operating Officer, UHNM**



**PROUD  
TO  
CARE**

## Overview of Covid19

March 2022

- In line with National guidance all routine activity was paused only and clinically urgent work to continue
- ED went from 2 departments on 2 sites to 'multiple zones' on each site to protect patients
- Cancer pathways were reviewed and appropriate clinical triage was initiated to support on-going pathway management
- All other pathways were either cancelled or where possible telephone clinics were initiated
- New oversight patient monitoring was initiated and a specific cancer backlog coordinator was commissioned to provide regular communication with patients
- Urgent operations were risk stratified against the urgency and the risk for Covid 19 – UHNM reorganised all surgery to take place over a 24 hour period with teams working shifts to continue with our urgent caseload
- Outpatient consultations delivered via Attend Anywhere video consultation commenced with now over 5000 patient interactions
- Relationship with the Independent Sector commenced and used to protect some of our vulnerable patient groups i.e cancer ward
- Multiple staff well being initiatives commenced

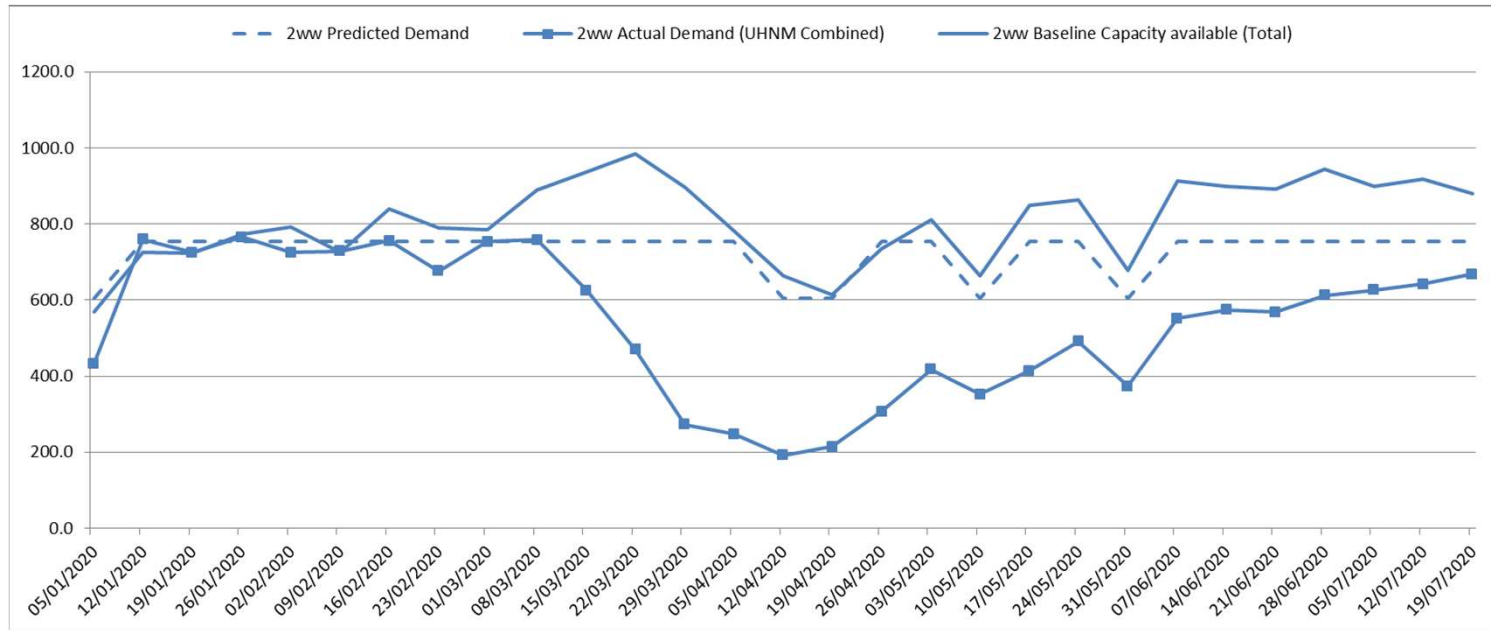
### From July

- New bed model initiated to provide designated zones for Covid and Non Covid patients
- Green surgical pathway to protect patients incorporating the appropriate infection prevention i.e. shielding 2 weeks pre-op and swab testing.
- All essential services recommenced and are at various levels of activity compared to Pre Covid levels including
- Operating at 85% Pre Covid levels but this is using IS to support
- Maximising capacity for delivering diagnostics by extending hours and into weekend and securing mobile vans for imaging
- All waiting lists have been clinically reviewed and patients allocated to 'time slots' to receive treatment based on clinical urgency and not length of time waiting as per national directive
- Big effort on staff well being continues - in some ways more so





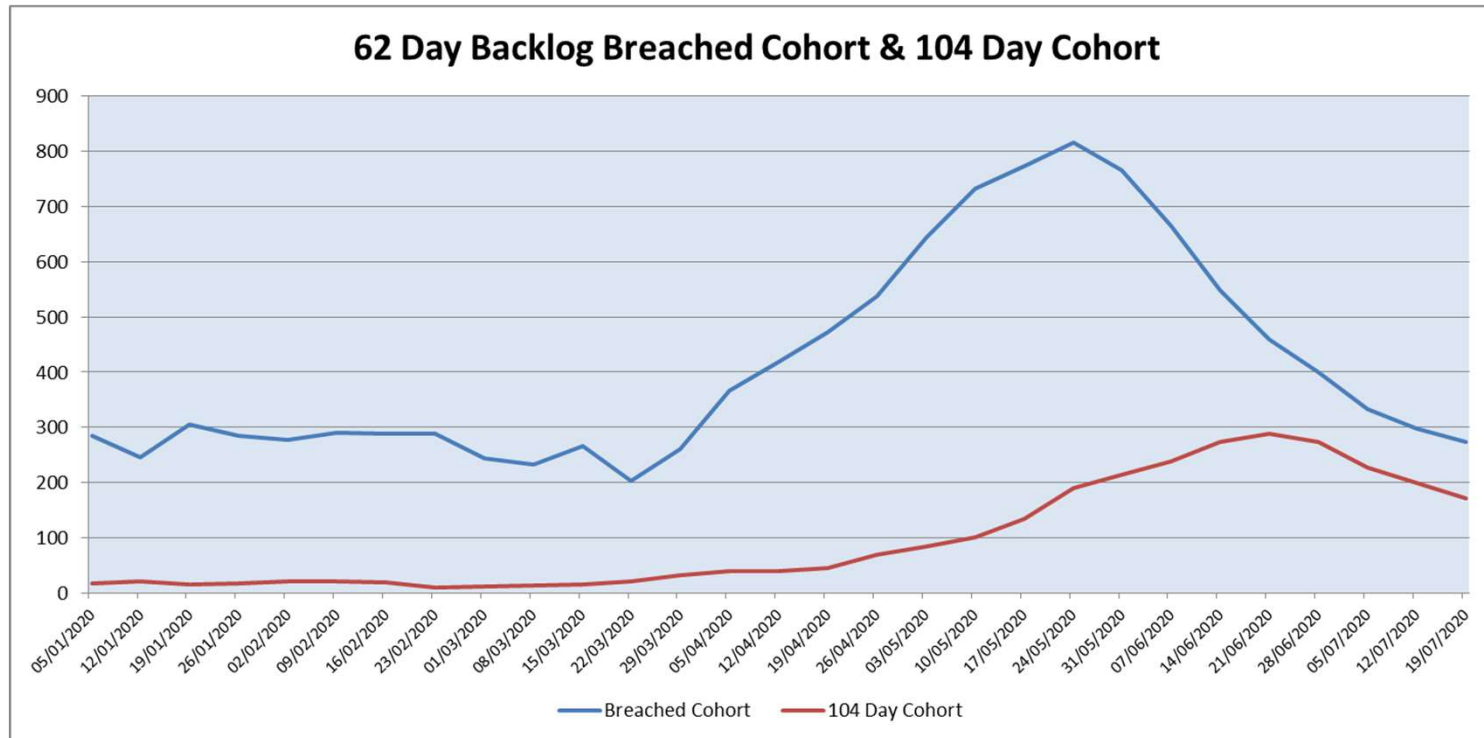
# UHNM Cancer 2 Week Wait



- 2 week wait demand dropped late March/Early April but is building back up to similar levels pre covid-19.
- Currently demand is matching capacity regular demand v analysis continues as we see an increase in referrals .
- Clinical Triage Assessment and Virtual 2WW clinics have supported safe delivery of the First Seen standard since 19<sup>th</sup> March 2020 – there are plans in place to maintain this going forward
- Cancer Board is considering the reduction o cancer referrals and the effect that this has on the local population.

# UHNM Cancer 62/104 day waits

### 62 Day Backlog Breached Cohort & 104 Day Cohort



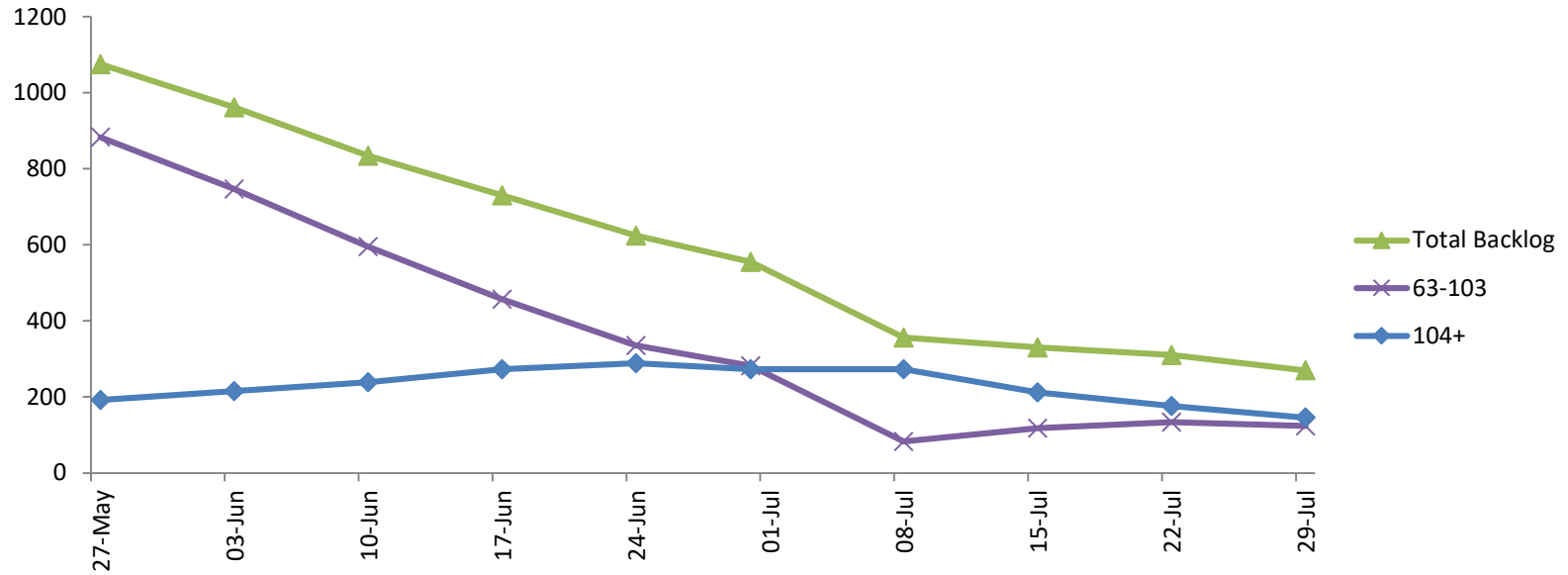
62 day backlog grew significantly in April/May due to Covid-19 however through June and July work has been on-going to reduce this back down to pre Covid-19 levels.

104 day backlog has followed a similar pattern to the 62 day. It is expected that this backlog will be reduced further through July and August. All patient 104+ on a cancer pathway currently now have a date for either diagnostics or treatment within August 2020 with the exception of those who are high risk / shielding or still unwilling to attend hospital.

Our working trajectory is that there will be 0 x 104 delays from the end of August - then further reduction in the over 62 day backlog over September and October as per the slide on the next page.

# UHNM Cancer 62/104 Backlog Reduction

Total Backlog (27 May – 28 Jul 2020)



Actual Backlog	27-May	03-Jun	10-Jun	17-Jun	24-Jun	30-Jun	08-Jul	15-Jul	22-Jul	29-Jul		
Total PTL Size	2606	2660	2710	2797	2743	2935	2866	2838	2838	2976		
Total Backlog	1075	962	834	730	624	555	356	330	310	270		
63-103	883	747	595	457	335	282	83	118	134	124		
104+	192	215	239	273	289	273	273	212	176	146		
Actual reduction		113	128	104	106	69	199	26	20	40	<b>104</b> Median	<b>89</b> Average
% reduction		-11%	-13%	-12%	-15%	-11%	-36%	-7%	-6%	-13%	<b>-12%</b> Median	<b>-14%</b> Average

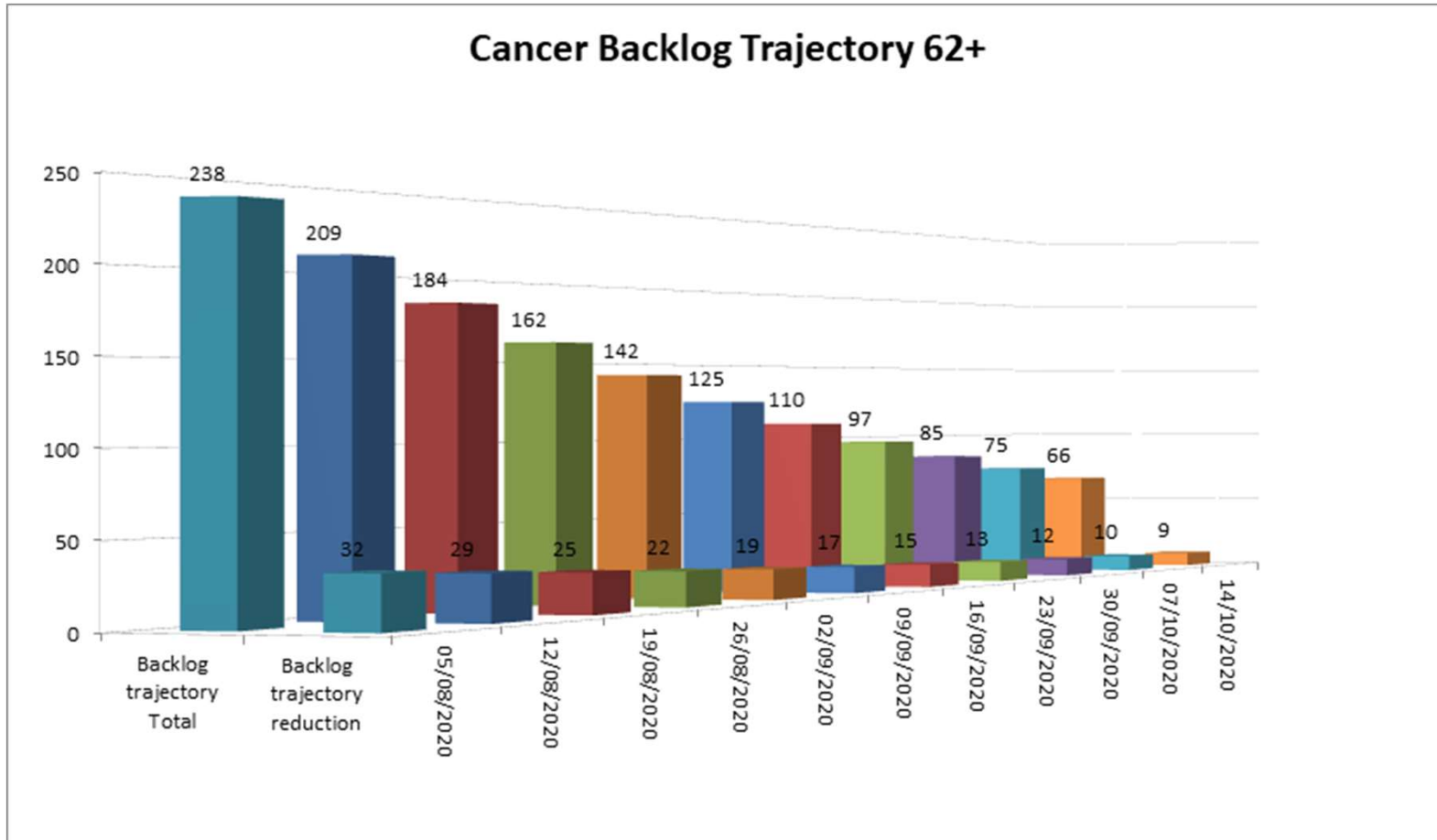
Since May 2020, the total backlog has reduced by 12% each week. There will be 0 x 104 at the end of August other than those shielding or high risk as agreed with the Consultants responsible

A key part of UHNM response has been the introduction of a designated administrator to communicate and engage with patients over 62 days and ensure patients are managed through the cancer pathways.



# UHM Cancer 62/104 Backlog Reduction

### Cancer Backlog Trajectory 62+

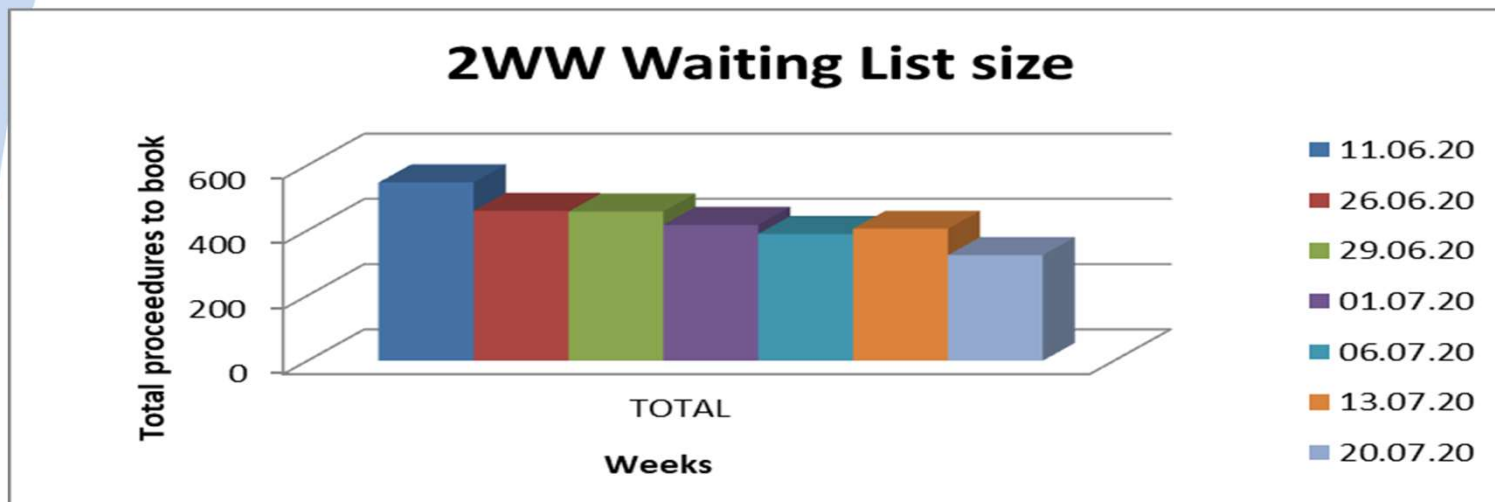


## UHNM 104 Breakdown

Below table describes comparison patient delay reasons and plans between 03.07.20 and 28.07.20

	03.07.20	28.07.20
104+ Position	273	140
Covid-19 Delay	263	139
Patient Shielding	67	9
Clinically High Risk	24	4
Diagnostic Surveillance	49	25
Diagnostic Tests Which Had Been Unavailable Prior To R&R	123	75
Non Covid-19 Related	10	1
Removed from pathway as treated	28	14
Will join 104+ pathway co-hort in the next seven days*	64	10
(*of which, will require Endoscopic procedures)	39	3

# UHNM Cancer Endoscopy waits CAN WE EXPAN THIS SLIDE BY END OF AUG AND SEPT

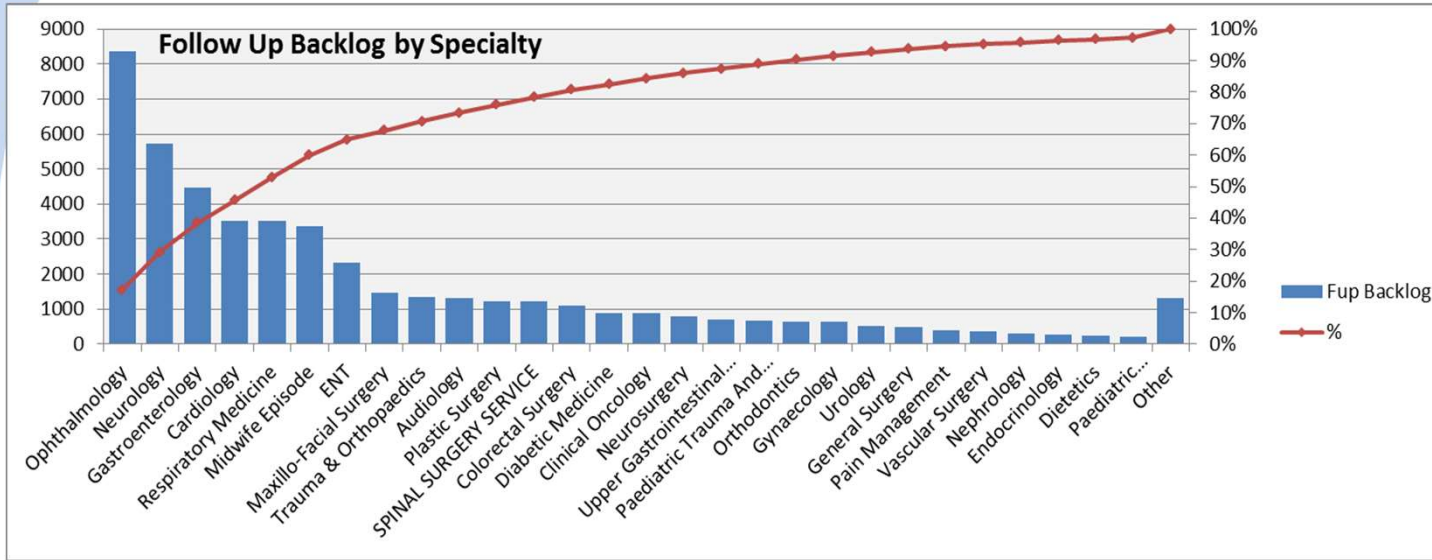


	11.06.20	26.06.20	29.06.20	01.07.20	06.07.20	13.07.20	20.07.20
FLEXI	88	61	61	46	29	26	15
EOA	22	16	11	10	11	10	13
EMR (Flexi)	4	4	4	4	3	2	1
THERAPEUTIC	6	6	5	4	3	4	1
OGD & FLEXI	3	4	4			1	
ERCP						1	3
DBE	1	1	0	0	0	0	
COLON	161	56	56	64	41	50	34
COLON & OGD	23	13	12	11	11	9	6
EMR (colon)	2	1	1	1	2	3	3
THERAPEUTIC	10	1	3	2	4	3	4
OGD	218	289	292	265	274	283	233
EUS	9	8	9	10	11	13	11
<b>TOTAL</b>	<b>547</b>	<b>460</b>	<b>458</b>	<b>417</b>	<b>389</b>	<b>405</b>	<b>324</b>

# UHNM Cancer Screening

National Screening Programmes	
Breast Screening for High Risk Women	<ul style="list-style-type: none"> <li>• High Risk Breast screening continued throughout the pandemic – there is no backlog or loss of service.</li> <li>• UHNM routine Breast Cancer Screening Mammography service re-commenced 20.07.20</li> <li>• new service taking 20 mins per appointment compared to 6 mins pre CV-19.</li> <li>• Service at closure had 746 appointments cancelled who had had an appointment date – these patients will have had their appointments by mid-August.</li> <li>• 5,841 patients who had been selected for screening but with no appointment – these patients will take until December 2020 to clear.</li> <li>• The national team are piloting a new ‘Open Invite’ system which will as the patient to call to make an appointment as opposed to being sent a set appointment. UHNM are part of this pilot scheme.</li> </ul>
Bowel	<p>Suspended on 24/03/20 and restarted 04/05/20. In May the service began with two lists per week, (25%) now there are four lists per week (50%) and by August we will be back to 100% with 8 lists per week.</p> <p>The screening HUB is back to full capacity as of 21/07/20 and the service have started to address the backlog by sending out invitations to all patients to attend screening</p> <ul style="list-style-type: none"> <li>• UHNM plan to have all back-log surveillance patients seen by mid-August 2020 and as such agreed with Commissioners to re-commence the service to new invites on 21.07.20</li> <li>• The screening hub has a backlog of 18,015 patients which is c.17 weeks behind plan. Initial estimates confirm the backlog will take approximately 12-18 months to clear.</li> <li>• Bowel Cancer Screening have 100% pre-CV-19 levels of clinic and endoscopy capacity available to meet the forecast demand which has been factored into the overall endoscopy capacity.</li> </ul>
Cervical	<p><b>Royal Stoke Hospital</b>          236 cervical screening patients eligible for restore and recovery since 23<sup>rd</sup> March 2020          222 patients seen and restored/treated in the programme as of 29/07/2020</p> <p><b>County Hospital</b>          128 cervical screening patients eligible for restore and recovery since 23<sup>rd</sup> March 2020          118 patients seen and restored/ treated in the programme as of 29/07/2020</p>

# UHNM Follow up backlog



The Pareto chart shows that the top six specialties make up 60% of the total Follow up back log (End of June).

## Top 6 Specialties – Covid-19 impact

	Pre Covid-19 (Jan-20)	Current (Jun-20)	Change
<b>Ophthalmology</b>	4,247	8,373	4,126
<b>Neurology</b>	4,283	5,729	1,446
<b>Gastroenterology</b>	2,904	4,479	1,575
<b>Cardiology</b>	3,756	3,514	-242
<b>Respiratory Medicine</b>	3,471	3,513	42
<b>Midwife Episode</b>	5,414	3,379	-2,035

### Ophthalmology

The follow up backlog has grown by 4,126

### Neurology

The follow up backlog has grown by 1,446

### Gastro

The follow up backlog has grown by 1,575

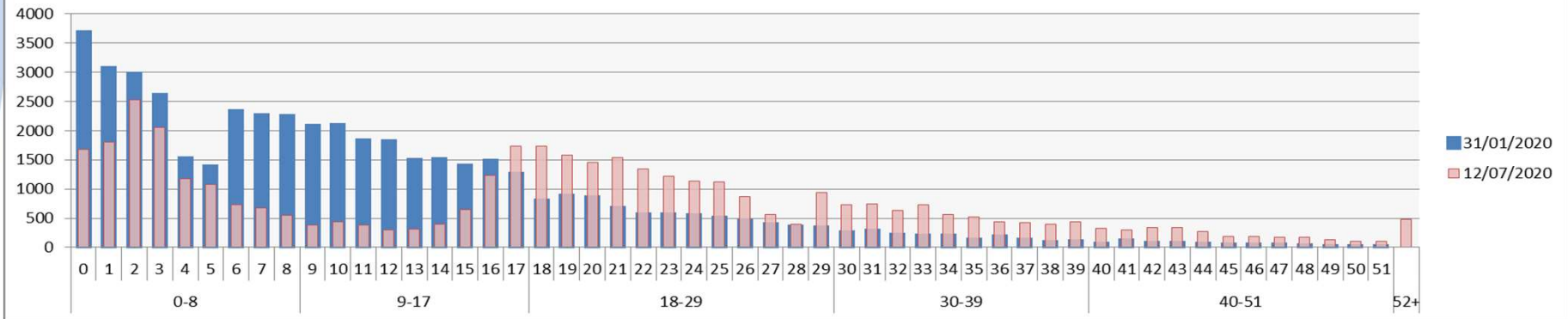
**Chronic disease management;** many of the follow ups within the top 5 fall under the guise of chronic disease management reviews.





# UHNM RTT backlog Covid-19 impact

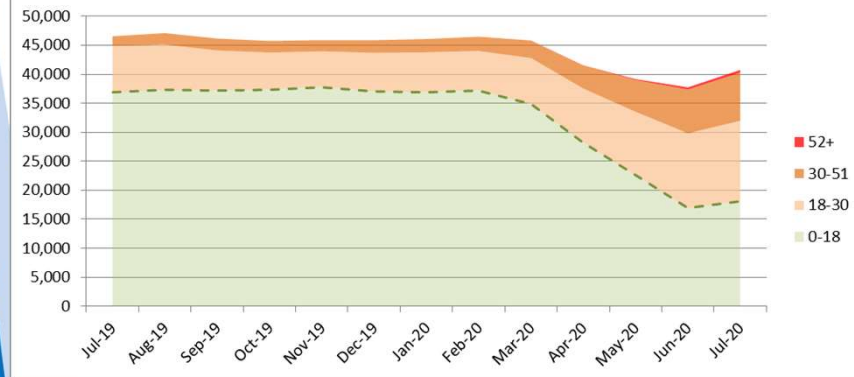
RTT Waiting list profile comparison (Pre-Covid Vs. Current)



	0-8 Weeks	9-17 Weeks	18-29 Weeks	30-39 Weeks	40-51 Weeks	52+ Weeks
Pre Covid	22,039	14,914	6,854	1,736	549	0
Current	12,273	5,815	13,901	5,631	2,663	475
Change	-9,766	-9,099	7,047	3,895	2,114	475

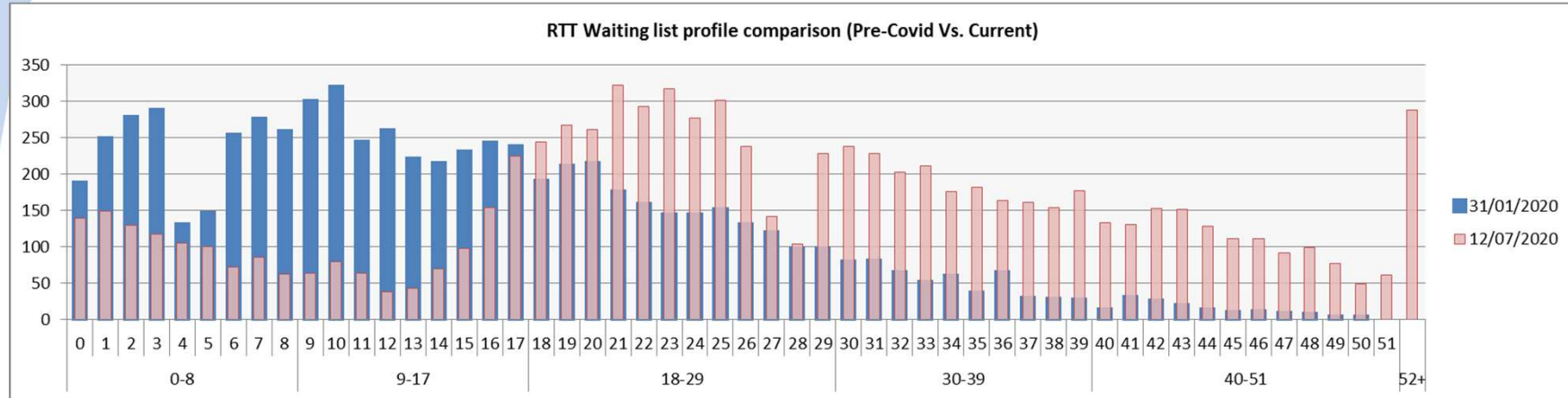
	Within 18 weeks	Backlog
Pre Covid	36,953	9,139
Current	18,088	22,670
Change	-18,865	13,531

RTT Waiting list over time



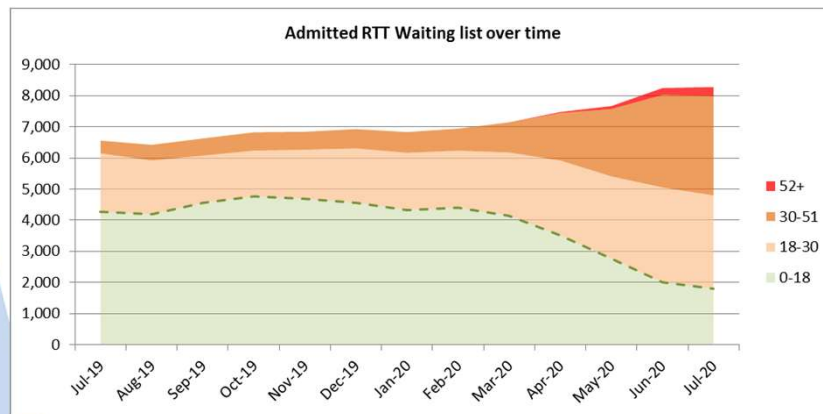
- Chart 1 shows over the last 4 months the profile of the RTT waiting list has shifted (blue bars to red). The dip in referrals being received due to CV-19 can be seen in the low numbers waiting 8-16 weeks.
- Chart 2 helps to show that the impact of covid-19 has seen the overall waiting list reduce by a little over 5,000 however the backlog has increased by 13,531.(larger proportion of orange in more recent months)
- There are now 475 patients on the waiting list at 52+ Weeks
- The longest wait is 141 weeks.

# UHM Routine Surgery - RTT Waiting list i



	0-8 Weeks	9-17 Weeks	18-29 Weeks	30-39 Weeks	40-51 Weeks	52+ Weeks
Pre Covid	2,067	2,268	1,833	520	146	0
Current	964	836	3,000	1,895	1,298	288
<b>Change</b>	-1,103	-1,432	1,167	1,375	1,152	288

	Within 18 weeks	Backlog
Pre Covid	4,335	2,499
Current	1,800	6,481
<b>Change</b>	-2,535	3,982



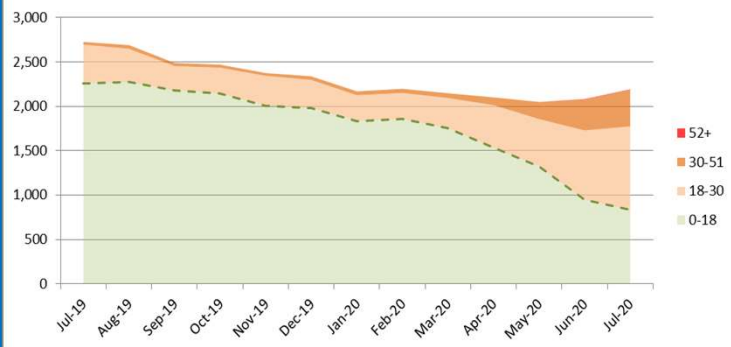
For the admitted RTT pathway over the last 4 months the profile of the waiting list has shifted. Since the end of January (pre covid-19) the shift has seen the overall waiting list increase by 1,447 (21%) with the backlog increasing by c4,000.

78% of the admitted pathway are now over the 18 week target.

# UHNM RTT backlog Covid-19 impact

## Ophthalmology

RTT Waiting list over time



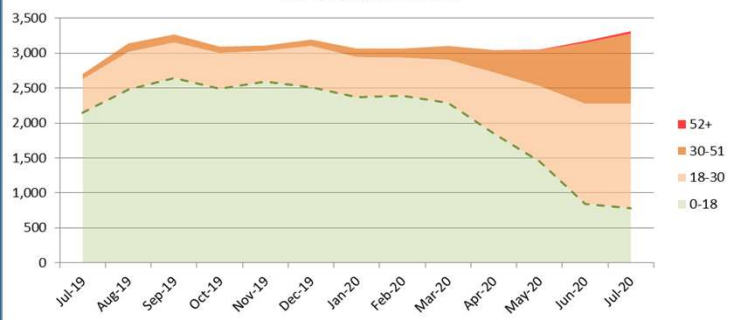
	Within 18 weeks	Backlog
Pre Covid	1,834	335
Current	832	1,359
Change	-1,002	1,024

## Ophthalmology

- Since January the Ophthalmology backlog has increased by 1024. There are now 5 52+ week waiters.
- Ophthalmology reinstated Cataract Surgery 3<sup>rd</sup> July 2020 utilising sessions within the Independent Sector.
- Current Cataract waiting list consists of circa 407 patients. List continues to be clinically prioritised
- Cataract Surgery will return to UHNM 31<sup>st</sup> August 2020 to support training and development of trainees
- Ophthalmology introduced 3 session days to support demand
- Introduction of Virtual Clinics to support Follow Up management

## T&O

RTT Waiting list over time



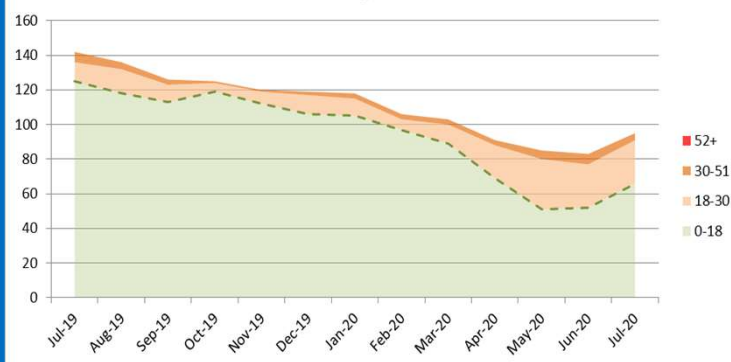
	Within 18 weeks	Backlog
Pre Covid	2,369	697
Current	786	2,529
Change	-1,583	1,832

## Trauma & Orthopaedics

- Since January the T&O backlog has grown by 1832.
- There are now 33 52+ Week waiters
- IPWL has been clinically prioritised.
- Introduction of Virtual Clinics to support Follow Up management.
- From 16 June T&O can access 20 hours per week of theatre capacity at Rowley.
- From 29 June T&O were able to access 88 hours per week of Elective theatre capacity at County
- From September there will be a further 8 hours per week available fro T&O elective capacity at County.

## Cardiothoracic

RTT Waiting list over time



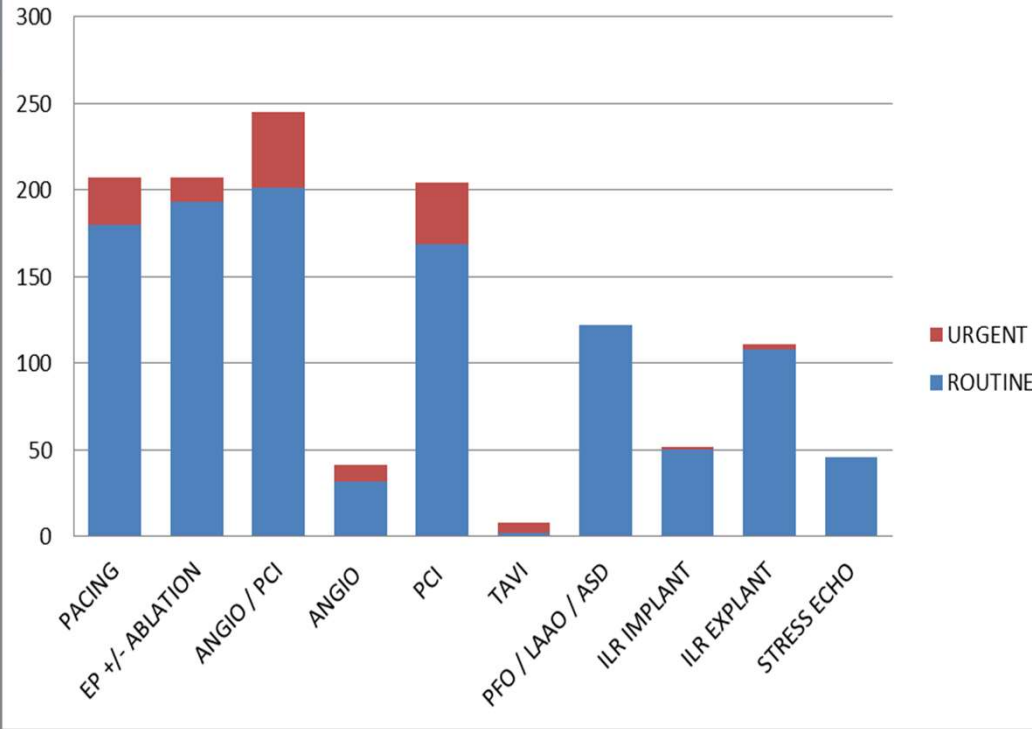
	Within 18 weeks	Backlog
Pre Covid	105	131
Current	66	124
Change	-39	-7

## Cardiothoracic Surgery

- Since January there has been little change in the backlog. There are no 52 week waits
- Currently 66% Cardiothoracic Theatre capacity
- All referrals go via MDT
- At peak of COVID-19 ITU capacity was limited and based on priority (non-elective / emergency / COVID demand)
- ALL elective Cardiothoracic operations ceased for ~6/52

# Coronary bypass and Angioplasty backlog

### Cath Lab Waiting List



#### Cardiology:

The main things to take from this are:

- TAVI waiting list is very minimal as we've continued to deliver this during COVID
- PFO / LAAO – these are newly commissioned services and as such there is a W/L that was in place pre-COVID with pts waiting.
- Angioplasty (PCI) – there are currently just of 200 pts waiting

#### Cardiac Surgery:

- There are 15 bypass procedures on the elective waiting list currently:
- 15 x CABG
  - >18 weeks 4
  - <18 weeks 11

# School Aged Immunisations (SAIS) – Impact of COVID 19

SAIS is Commissioned across Staffordshire and Stoke-on-Trent to deliver:

- Year 8/9 Human Papilloma Virus
- Y9 Diphtheria, Tetanus and Polio and Meningitis ACWY
- Reception to Y6 – Fluenz Tetra (Nasal Flu vaccine)
- Targeted Measles, Mumps and Rubella if missed in early childhood

## National Advice of Stepdown due to COVID 19

- All school aged immunisations ceased from 23<sup>rd</sup> March until 22<sup>nd</sup> June 2020
- Vaccinations not completed by SAIS during this time were approximately **19,200**

## MPFT – SAIS Recovery Plan

- Advice from PHE that recovery could take up to August 2021
- SAIS recommenced immunisations w/c 22/6/20 - Focus on schools already scheduled and health clinics (cross county)
- Support from schools has been very positive
- Innovation by setting up Drive Through sessions maximising reach in partnership with: -
  - Internal services MPFT Testing Site (St George's, Stafford)
  - bordering Trusts (Derbyshire) to reach East Staffs
  - Community venues (Uttoxeter Racecourse/Stoke City Football Club)

### Current Situation

- Current vaccinations undertaken (to 20/07/20): - **2250**
- Summer programme scheduled to continue catch up work – aim to offer a further **1000** appointments

### Future plans

- Scheduling undertaken to re-programme missed school sessions
- Business case submitted for additional resource to ensure catch up programme is achieved
- Possible increase in year group edibility for Flu programme will place additional pressures to the service
- Roll out of e-consent (target October 2020) to reduce administrative burden on service and schools.

### Challenges

COVID secure practice = decrease in capacity e.g. each vaccination takes approx. 4x longer

# Impact of COVID-19 on UHDB

# Overview

From end of March:

- In line with National guidance all routine activity was paused - only emergency admissions and clinically urgent treatment taking place
- Cancer pathways reviewed by MDTs to assess whether treatment should be paused, changed to a lower risk or delayed. Process signed off by Trust's ethics committee and included national advice re: chemotherapy and radiotherapy
- Cancer surgery moved to Independent Sector with weekly review and prioritisation of cases across MDTs
- Outpatient consultations delivered via telephone or NHS Appointments Anywhere video consultation as far as possible

From July

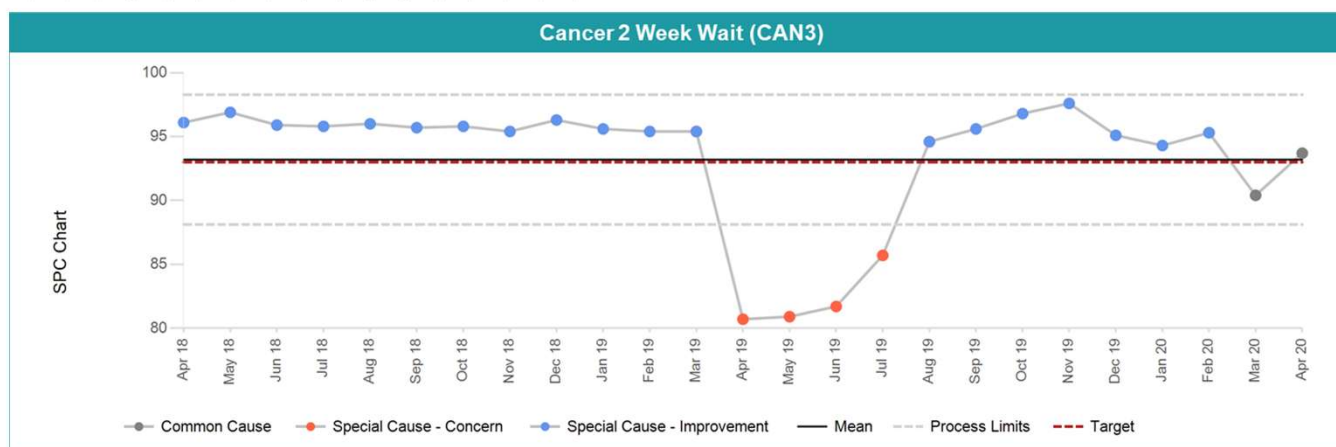
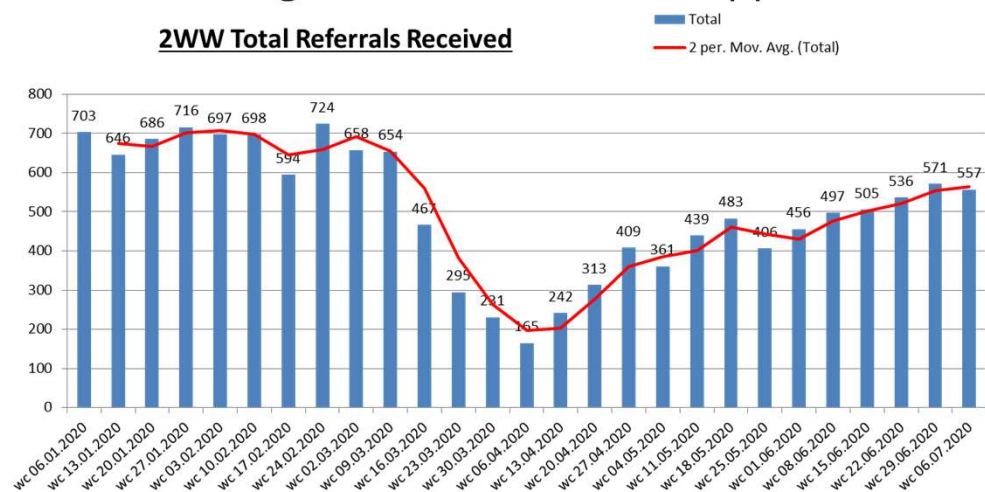
- Trust has established a Green surgical pathway incorporating shielding 2 weeks pre-op and swab testing.
- Restarted endoscopy
- Restarted Radiotherapy and Oncology services that were on pause
- Maximising capacity for delivering diagnostics by extending hours and into weekend and securing mobile vans for imaging
- Review of WL to clinically stratify and prioritise all patients plus harm reviews to track impact of delays



# Cancer

Initial dip in referrals during lockdown but now returning to expected levels in most tumour sites with exception of haematology and urology (prostate).

Performance against 2ww standard dipped in March but recovered in April



# Cancer - Endoscopy

- Activity paused but has now re-started. Utilising DC Theatre capacity to allow for current PPE guidelines – 20 min air change required between each procedure.
- Currently forecasting to achieve around 55% capacity for all endoscopies
- No confirmed cancer patients awaiting endoscopy and those unconfirmed reducing

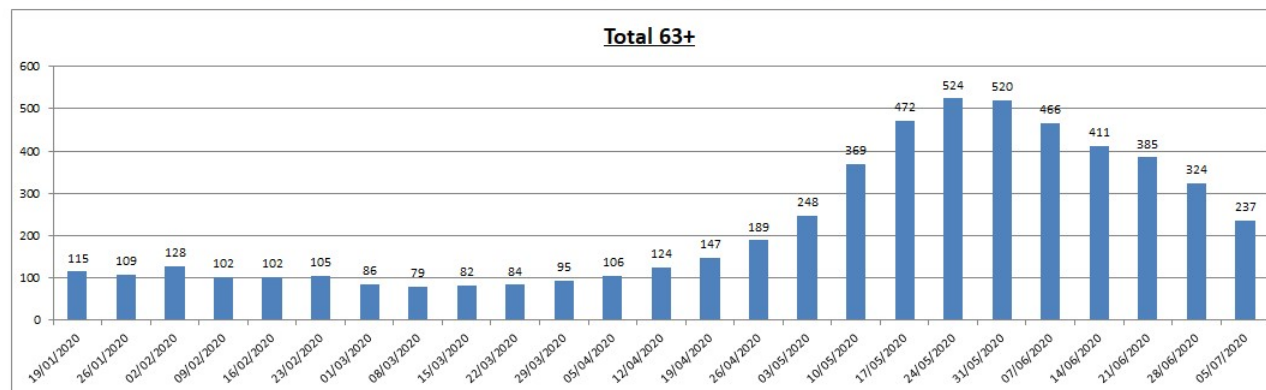
Page 40

Patients with confirmed cancer							Patients without confirmed cancer						
Total 104 day waits	Total 104 waiting for endoscopy	Total 62 day waits	Total 62 day waiting for endoscopy	Total patients waiting for endoscopy	Number removed from endoscopy list since previous submission	Total patients waiting with confirmed cancer	Total 104 day waits	Total 104 day waiting for endoscopy	Total 62 day waits	Total 62 day waiting for endoscopy	Total patients waiting for endoscopy	Number removed from endoscopy list since previous submission	Total patients waiting without confirmed cancer
25	0	47	0	0	0	144	106	10	198	17	197	89	2028

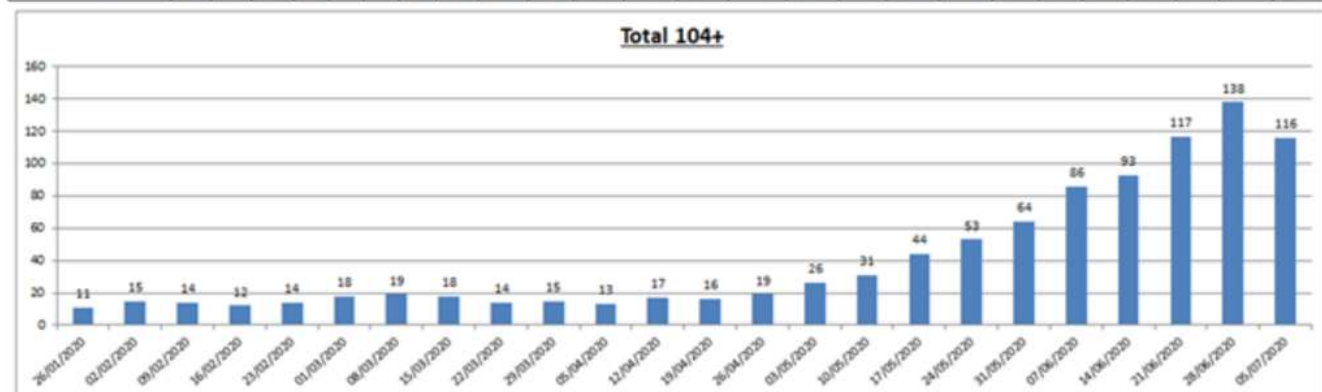
# Cancer– 62 Day Std backlog

Numbers starting to come down now activity has resumed, some patients choosing to delay treatment or diagnostics. Video created to help reassure patients that hospital is safe to attend plus social media Comms.

Week Ending	19/01/2020	26/01/2020	02/02/2020	09/02/2020	16/02/2020	23/02/2020	01/03/2020	08/03/2020	15/03/2020	22/03/2020	29/03/2020	05/04/2020	12/04/2020	19/04/2020	26/04/2020	03/05/2020	10/05/2020	17/05/2020	24/05/2020	31/05/2020	07/06/2020	14/06/2020	21/06/2020	28/06/2020	05/07/2020
<b>Totals</b>	115	109	128	102	102	105	86	79	82	84	95	106	124	147	189	248	369	472	524	520	466	411	385	324	237



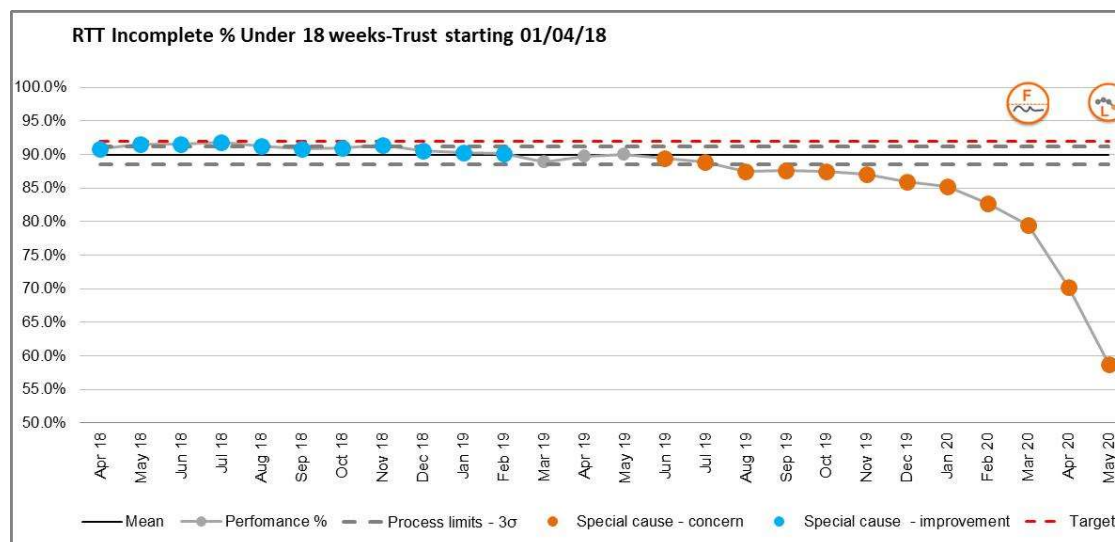
Week Ending	02/01/2020	09/01/2020	16/01/2020	23/01/2020	30/01/2020	06/02/2020	13/02/2020	20/02/2020	27/02/2020	06/03/2020	13/03/2020	20/03/2020	27/03/2020	03/04/2020	10/04/2020	17/04/2020	24/04/2020	01/05/2020	08/05/2020	15/05/2020	22/05/2020	29/05/2020	05/06/2020	12/06/2020	19/06/2020	26/06/2020	03/07/2020
<b>Totals</b>	15	11	15	14	12	14	18	19	18	14	15	13	17	16	19	26	31	44	53	64	86	93	117	138	116		



# Cancer Screening Backlog

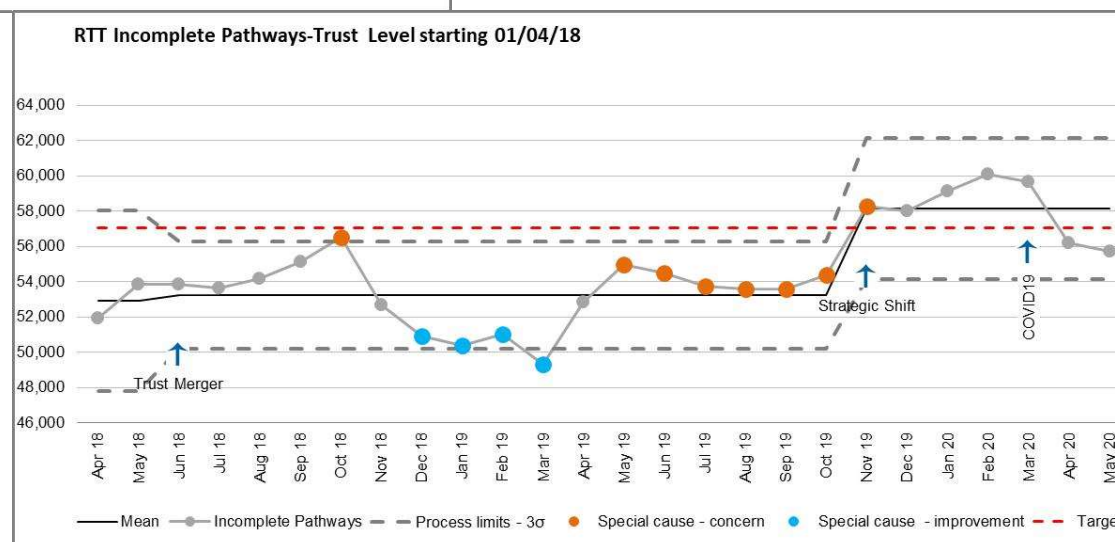
- Cervical screening – processing of samples continued, working with Screening Service to ensure capacity to turnaround any backlog from primary care
- Breast Screening – The Phase 1 tier 4 cohort contains 4153 clients. The predicted capacity is 144 per day. Screening at this capacity will result in the backlog being screened in 29 days (or 6 weeks). With screening commencing on the week beginning 13th July the phase 1 backlog should be completed by 21st August.
- Colorectal – screening was paused nationally and existing patients that had their test cancelled are currently being prioritised for the limited capacity available due to infection control requirements

# Routine Surgery Backlog

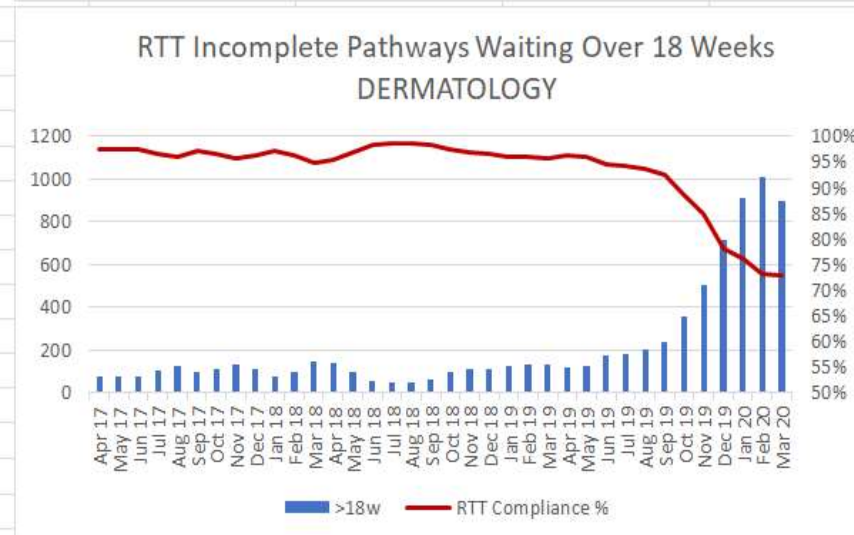
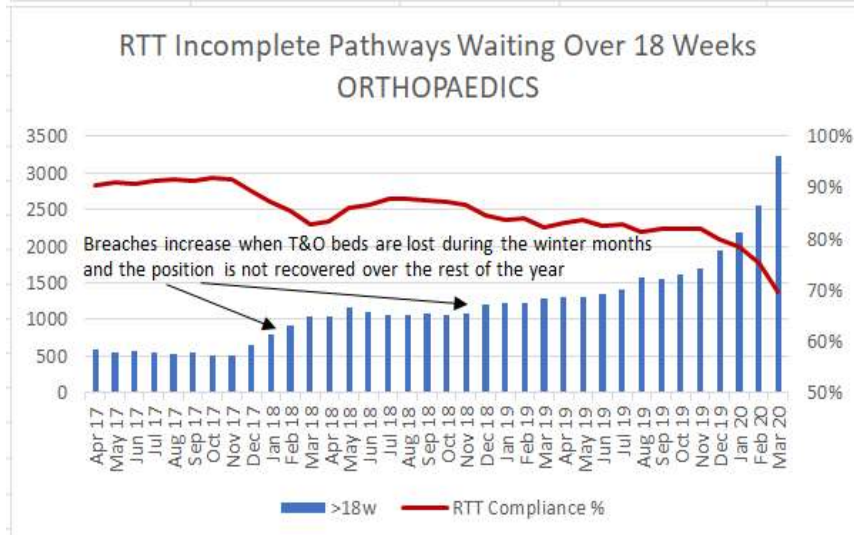
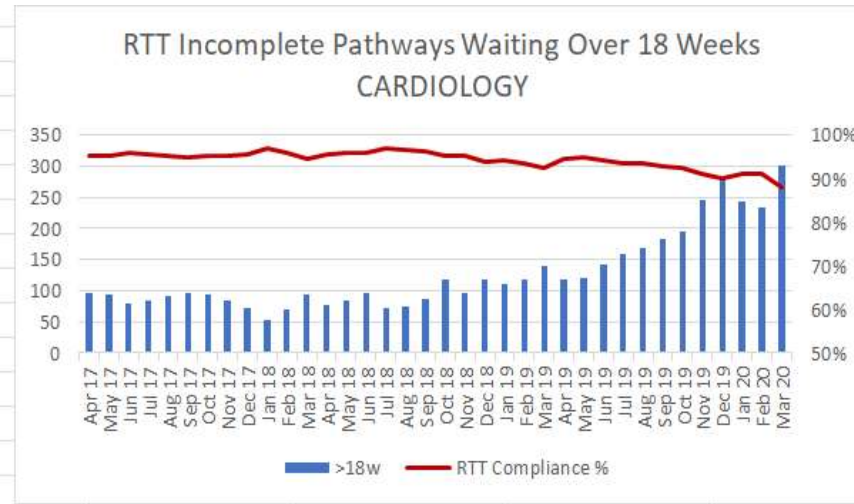
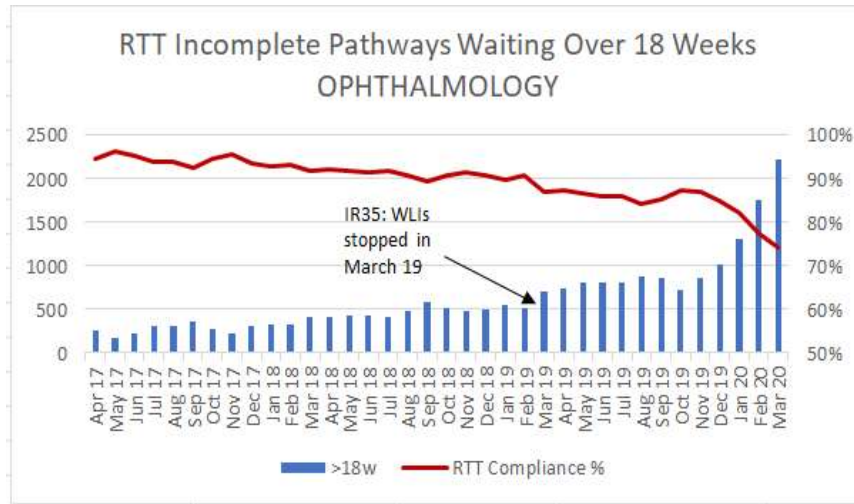


Performance has significantly deteriorated as routine operating has ceased. Routine referrals have been low over end March – June but are now beginning to pick up.

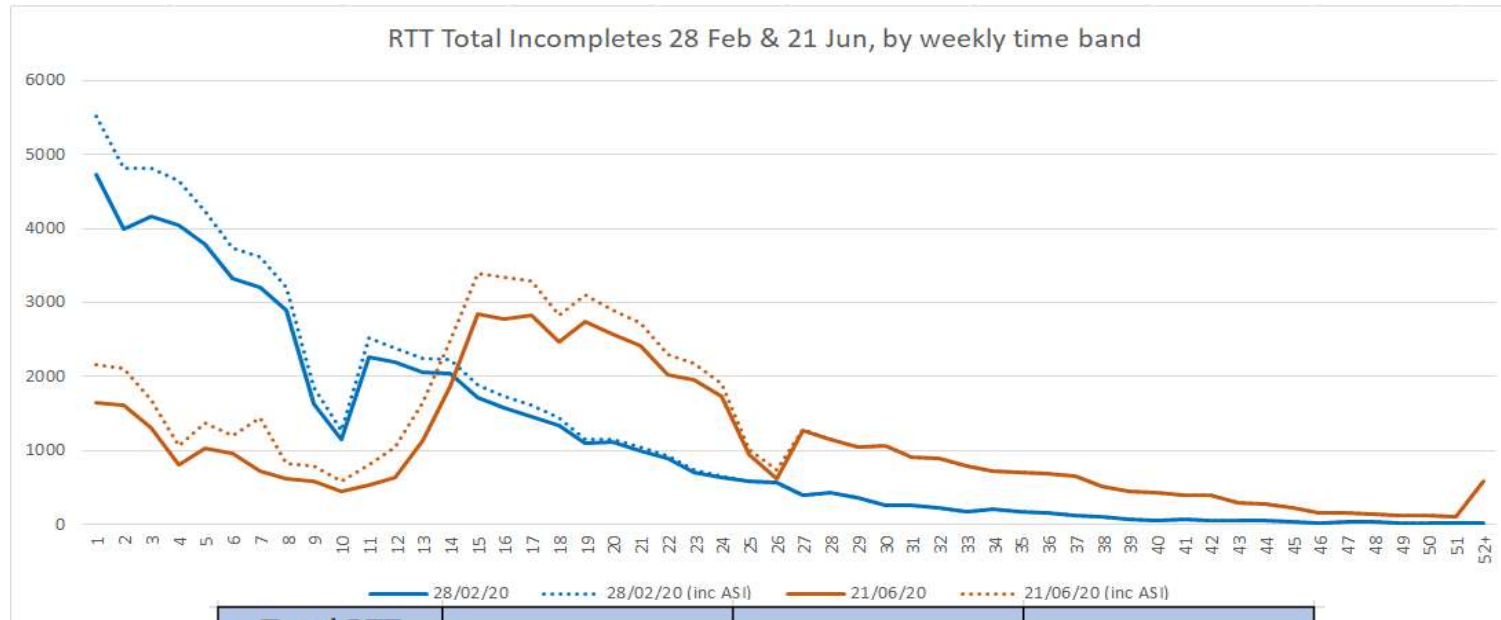
UHDB reviewing demand for surgery over the next 4 and 12 weeks based on existing Patient Treatment Lists (PTLs) reviewed by Consultant teams against the priority levels 2 and 3 assigned by the Royal College. C900 patients require treatment.



# Impact on RTT Waiting Lists



# Impact on RTT Waiting Lists



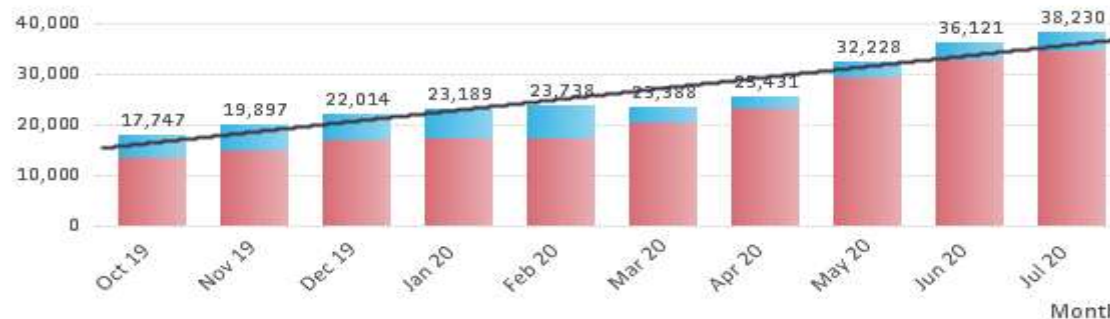
Total RTT Incomplete Pathways	29 Feb (pre Covid)	21 Jun	Change
<30	55319	43220	<b>-12099</b>
30-40 wks	1706	7353	<b>5647</b>
40-50 wks	401	2551	<b>2150</b>
50+ wks	47	798	<b>751</b>
<b>Total</b>	<b>57473</b>	<b>53922</b>	<b>-3551</b>
ASI's	6375	9142	<b>2767</b>

# Impact on OP Waiting Lists

Overall the numbers waiting for a first OP appointment has decreased in line with the drop off in referrals, however waiting times have increased significantly whilst services were paused and due to the reduction in F2F appointment capacity in line with social distancing rules



12wks or more overdue over time



The number of patients overdue a follow up review also increased by c15,000



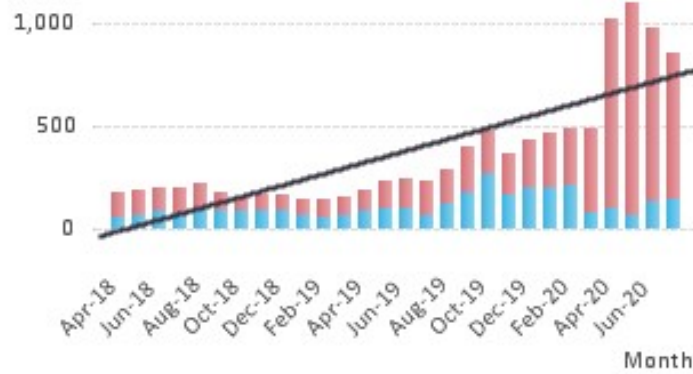
# Impact on OP Waiting Lists



University Hospitals of  
Derby and Burton  
Foundation Trust

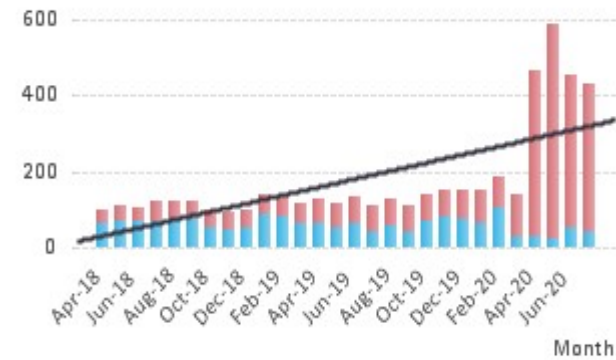
12w+ Over Time

Cardiology

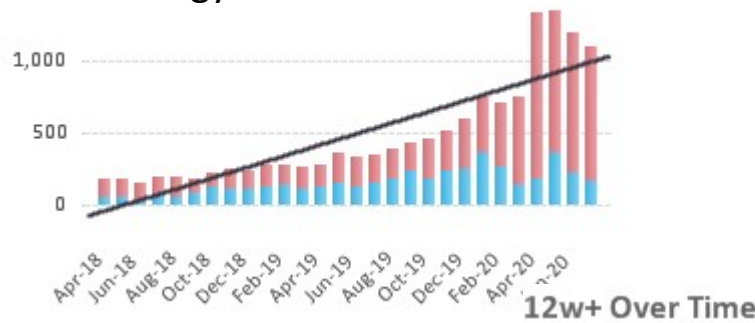


12w+ Over Time

Neurology

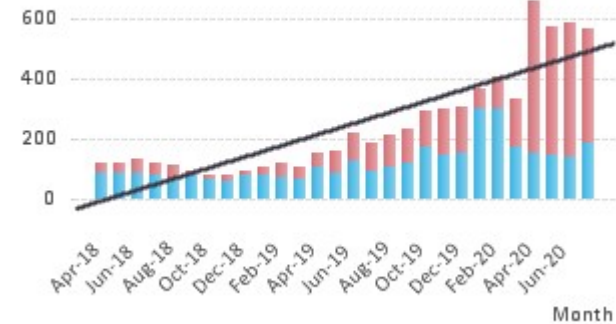


Dermatology



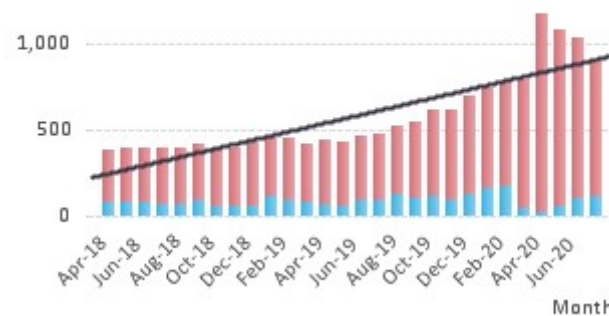
12w+ Over Time

Rheumatology

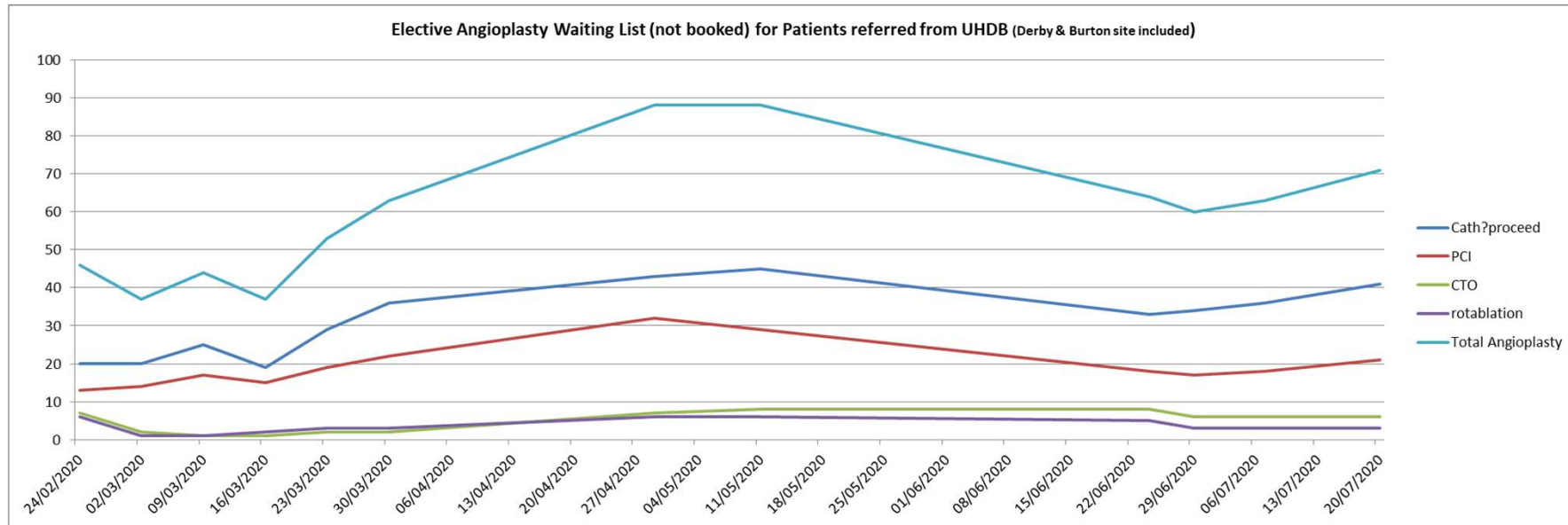


12w+ Over Time

Respiratory



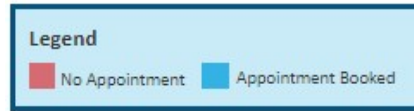
# Impact on Angioplasty WL



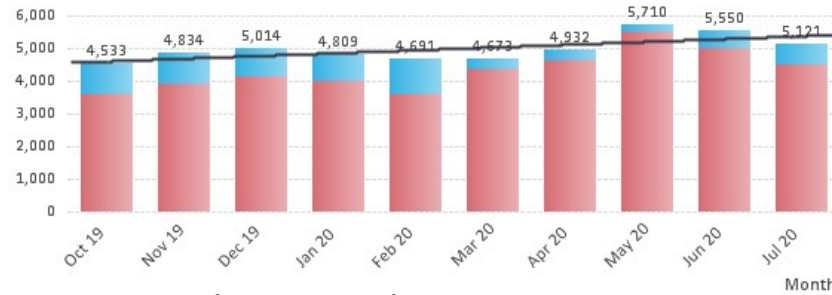
# Impact on OP Review Lists



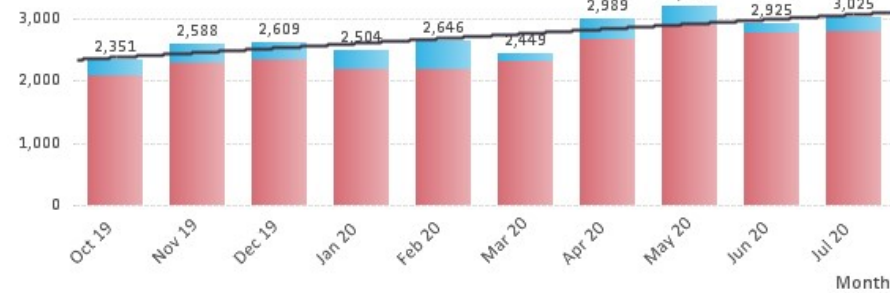
University Hospitals of  
Derby and Burton  
NHS Foundation Trust



### Cardiology Overdue Review Appts



### Neurology Overdue Review Appts



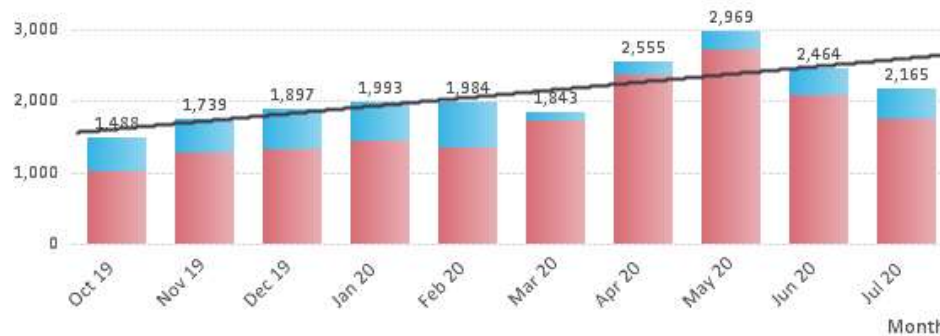
### Dermatology Overdue Review Appts



### Rheumatology Overdue Review Appts



### Respiratory Overdue Review Appts





# RWT Covid 19 Update Heathy Scrutiny Committee August 2020

Gwen Nuttall, Chief Operating Officer



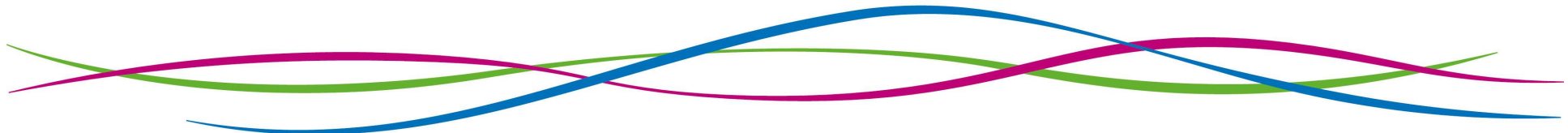
# Introduction

## Throughout the height of the crisis:

- RWT's first confirmed Covid-19 case was on the 7<sup>th</sup> March with the West Midlands being ahead of the national profile and being significantly impacted.
- In line with National guidance, all routine activity was paused and only clinically urgent work, including cancer services, continued.
- Cancer pathways were reviewed and adapted to continue to operate in the new environment with 2 week waiting times maintained throughout the first wave of the pandemic.
- All other pathways were either cancelled or where possible telephone clinics were initiated
- Urgent operations were risk stratified against the urgency and the risk for Covid 19.
- Relationship with the Independent Sector commenced and used to protect some of our vulnerable patient groups i.e. cancer.
- Bed model implemented to provide designated zones for Covid and non-Covid patients

## Where are we now?

- Number of Covid cases has significantly reduced and is currently less than 5
- All services have been reinstated and are at various levels of activity compared to Pre Covid levels
- Planning underway for second wave whilst continuously simultaneously with recovery efforts
- Significant focus on staff well being

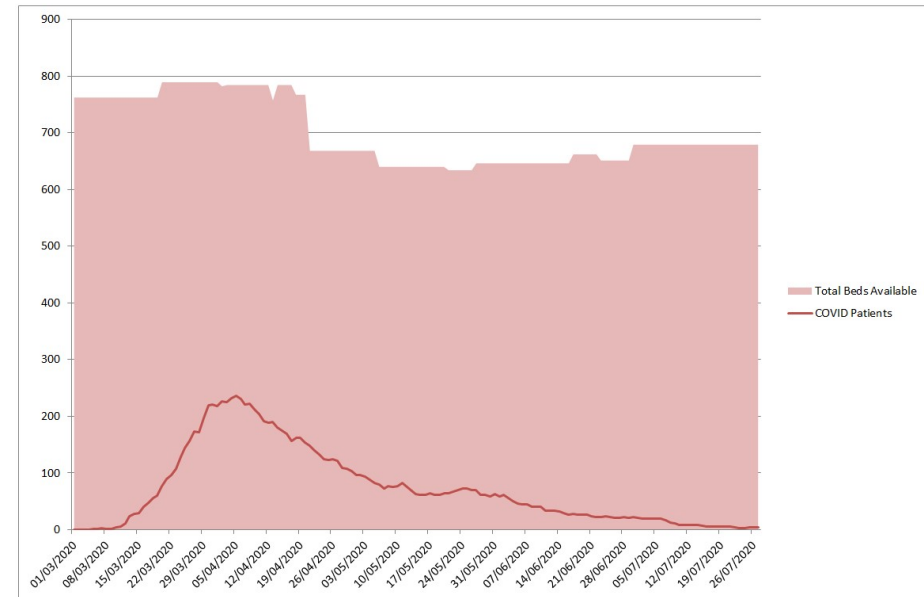


# Impact of Covid on bed base

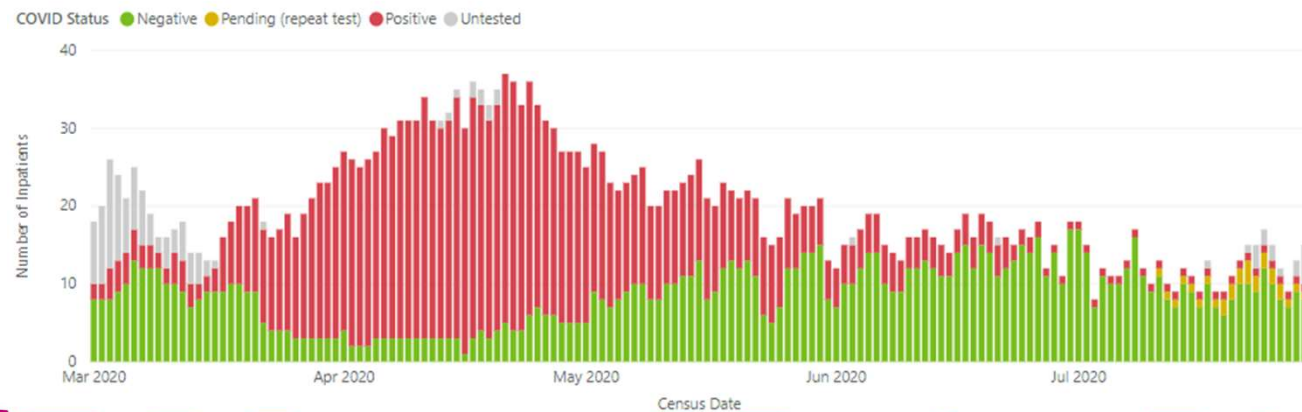


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- General beds reached a peak of 236 (see upper right graph opposite) and critical care 38 (see bottom right hand graph)
- Surge plan enacted with designation of 'clean' and 'covid' occupied wards
- Sufficient physical capacity was in place to cope with the Covid demand but only as a result of the curtailment of the elective programme and reduction in other non-elective demand.

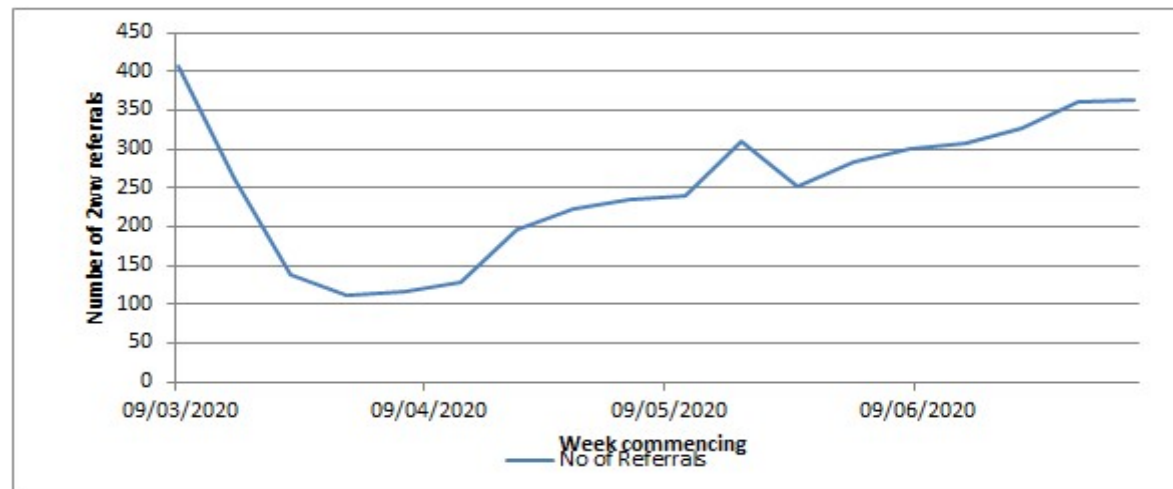


Total Inpatients per day by COVID status



# Cancer Referrals

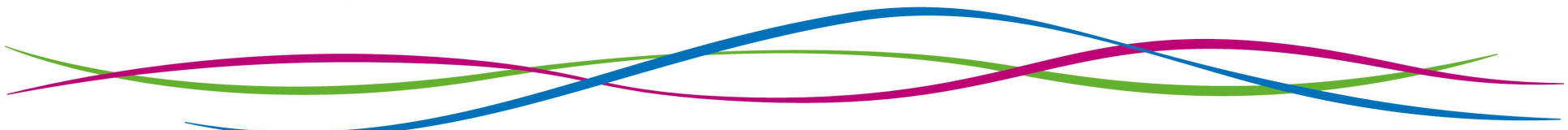
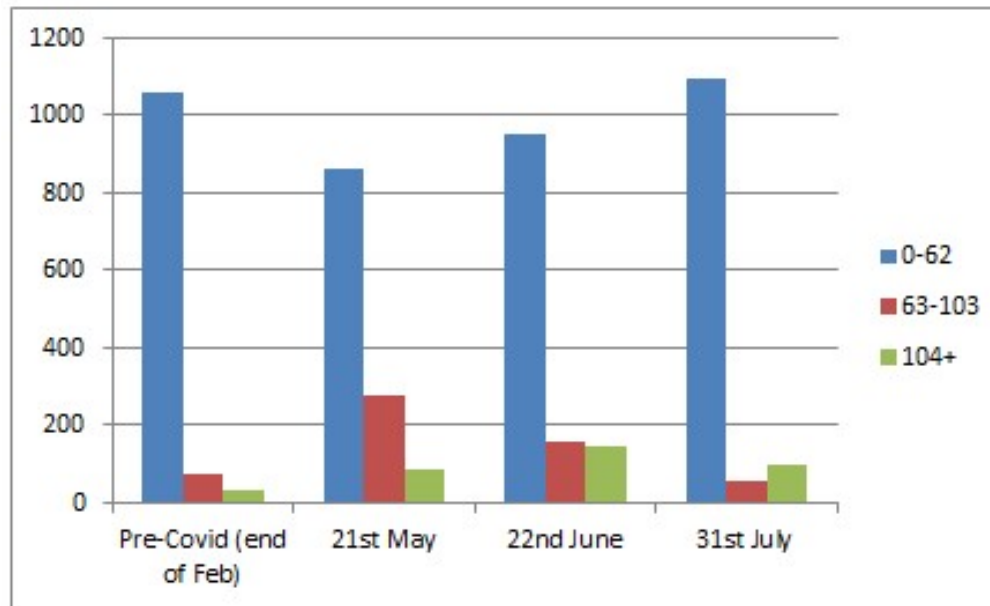
- After reducing significantly during the initial outbreak, there was specific direction to maintain cancer services.
- As a result of the above, cancer referrals began to rise in mid-April and have now grown to around 90% of normal levels (in line with the Cancer Alliance’s expectations). Referrals are predicted to rise to 120% of normal levels by the end of August.
- Clinical Triage Assessment and Virtual 2WW clinics have supported safe delivery of the First Seen standard throughout with plans in place to maintain this going forward
- Local review of referrals to ensure no health inequality evident in numbers of referrals. Some initial evidence in the Black Country of a reduction in referrals for patients with an ethnic background





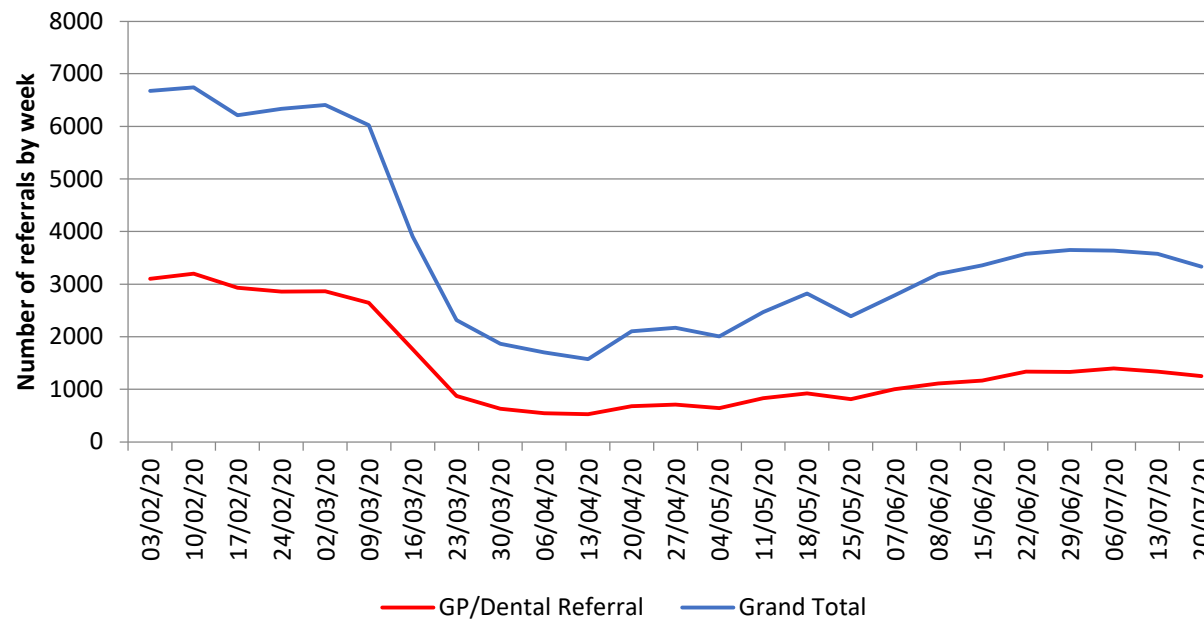
# Cancer Waiting Times

- The 62 day cancer waiting list remains reasonably static to that pre-Covid.
- The profile of the waiting list has however changed with a shift in patient waiting time. This profile is continuing to improve as services recover.
- Cancer services have been prioritised for recovery and specifically a reduction in the number of patients waiting over 104 days.
- Diagnostic activity is being prioritised towards cancer.
- Various factors mean that treatment numbers remain at around 70% of usual levels but continue to increase.



# All Referrals

- Following the marked reduction in referrals in the week commencing 16/03/2020, there has been a slight increase in recent weeks although mainly for cancer referrals with routine referrals continuing to remaining static. The reasons for this and the extent to which this trend is expected to continue is unclear.
- This trend is consistent across all of the main specialties.
- Referral rates remain at around 50% of normal levels reflective of primary care not operating as normal.



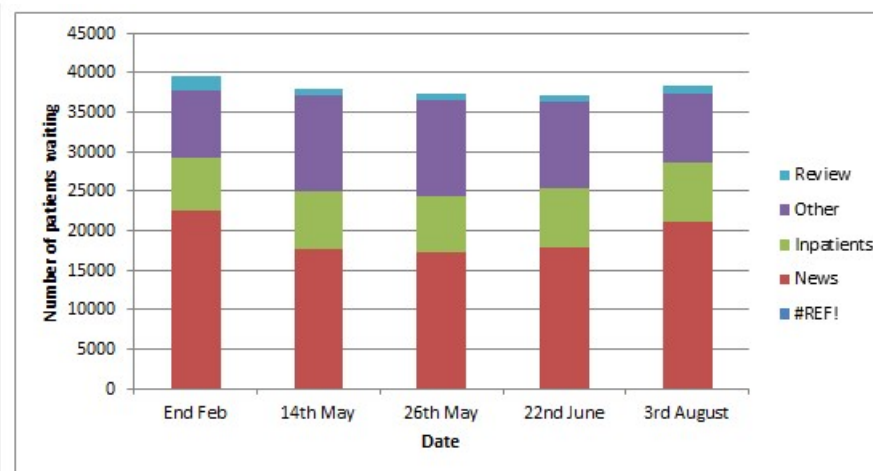
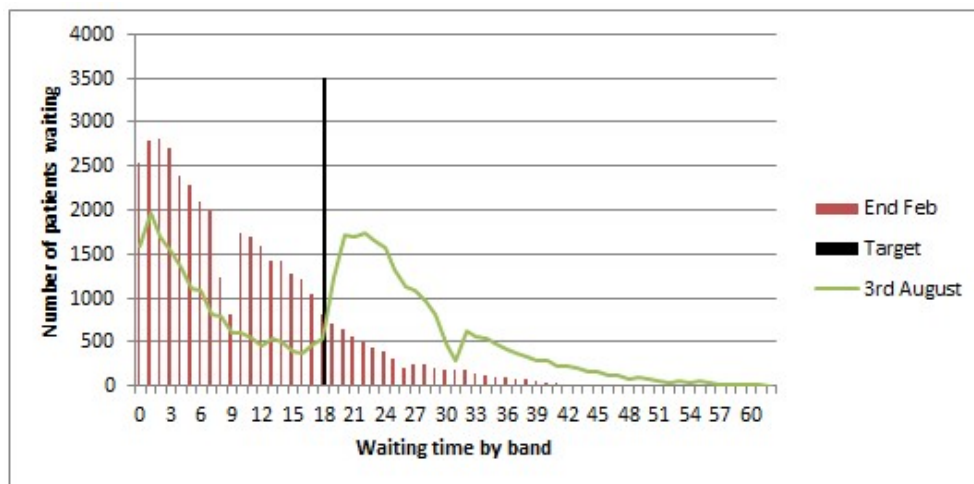
# Referral to Treatment Times (RTT)



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NHS Trust

- Despite the reduction in activity, the reduction in referrals has meant that the Trusts overall waiting list size has reduced from 39,816, at the end of February, to 38,301 at the time of writing.
- However, with the reduction in activity, the profile of the waiting list has changed drastically such that there is a much greater proportion of patients waiting over 18 weeks, as demonstrated below.
- A combination of both of these factors means that performance has reduced significantly from 83.74% in February to 51.3% (at the time of writing).
- Regrettably but inevitably, the Trust has also had 166 52 week breaches at the end of June – a target that is now being widely breached across the country.
- National RTT performance has deteriorated from 83.2% in February to 62.2% in May. Similarly, the number of patients waiting over 52 weeks increased from 1,613 in February to 26,029 in May.

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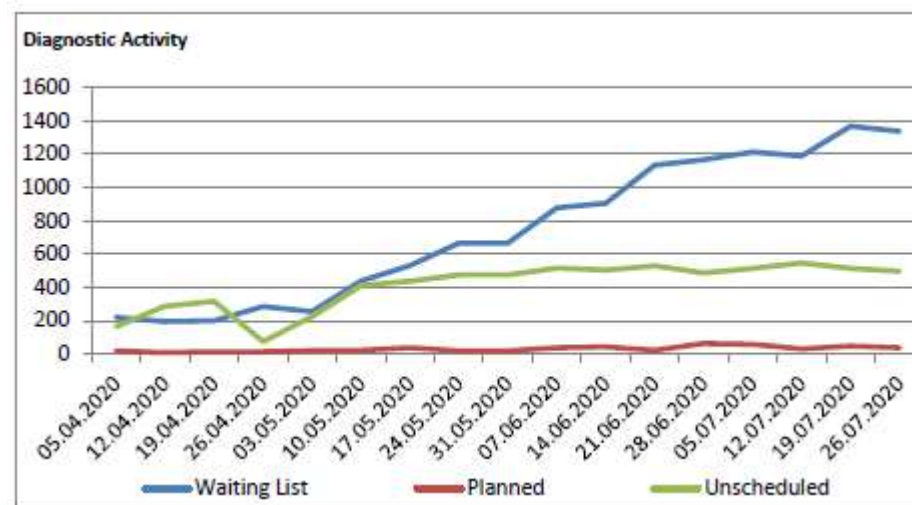
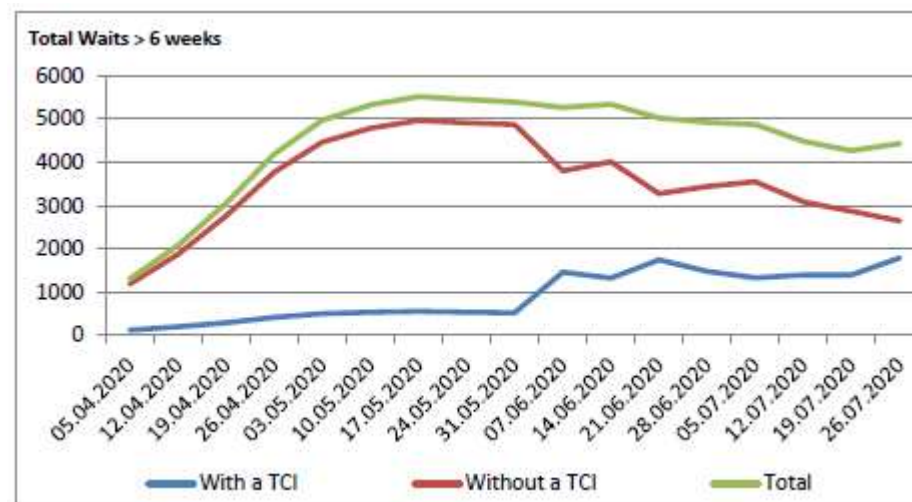


# Diagnostics



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NHS Trust

- Diagnostics activity was significantly curtailed during Covid-19, with the two largest areas of diagnostic activity (radiology and endoscopy) cancelling all routine work.
- Endoscopy is of specific concern on a national level and likewise remains our key area of challenge at RWT.
- Waiting times have now begun to reduce in line with an increase in activity although both of the main areas (radiology and endoscopy) continue to run at a reduced productivity (c60% and 50% respectively) and normal demand has not yet been restored.
- Most significant progress has been seen in radiology owing to the additional capacity procured with endoscopy continuing to be challenge. Additional independent sector capacity has now been procured.
- Like with RTT, demand has not increased significantly and remains focused on urgent and cancer patients.

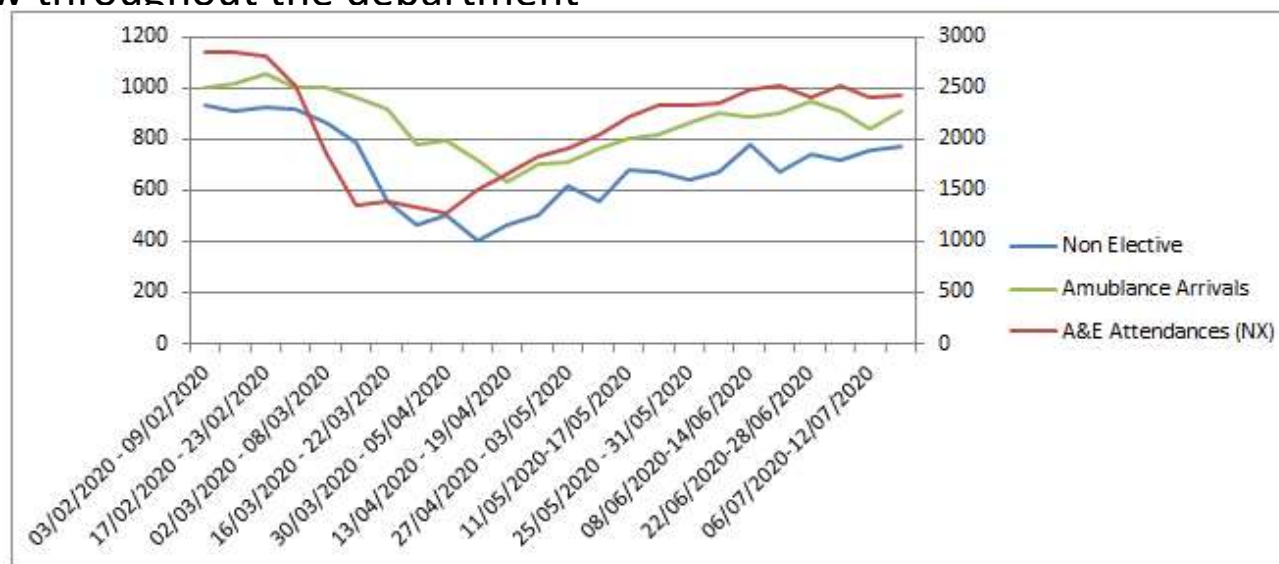


# A&E and Unplanned Pathways



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- A&E attendances, ambulance arrivals and non-elective admissions all reduced significantly during the height of the crisis
- Performance increased largely as a result of bed breaches being eliminated (due to the number of available beds increasing) and additional support with DTOCs
- The flow across respective pathways changed as 'minors' demand reduced leading to the closure of Cannock MIU and significant reduction in referrals to UCC. Cannock MIU will be part of consultation on long term future in conjunction with the CCG
- Small physical reconfiguration in A&E to maintain social distancing and enable one way flow throughout the department

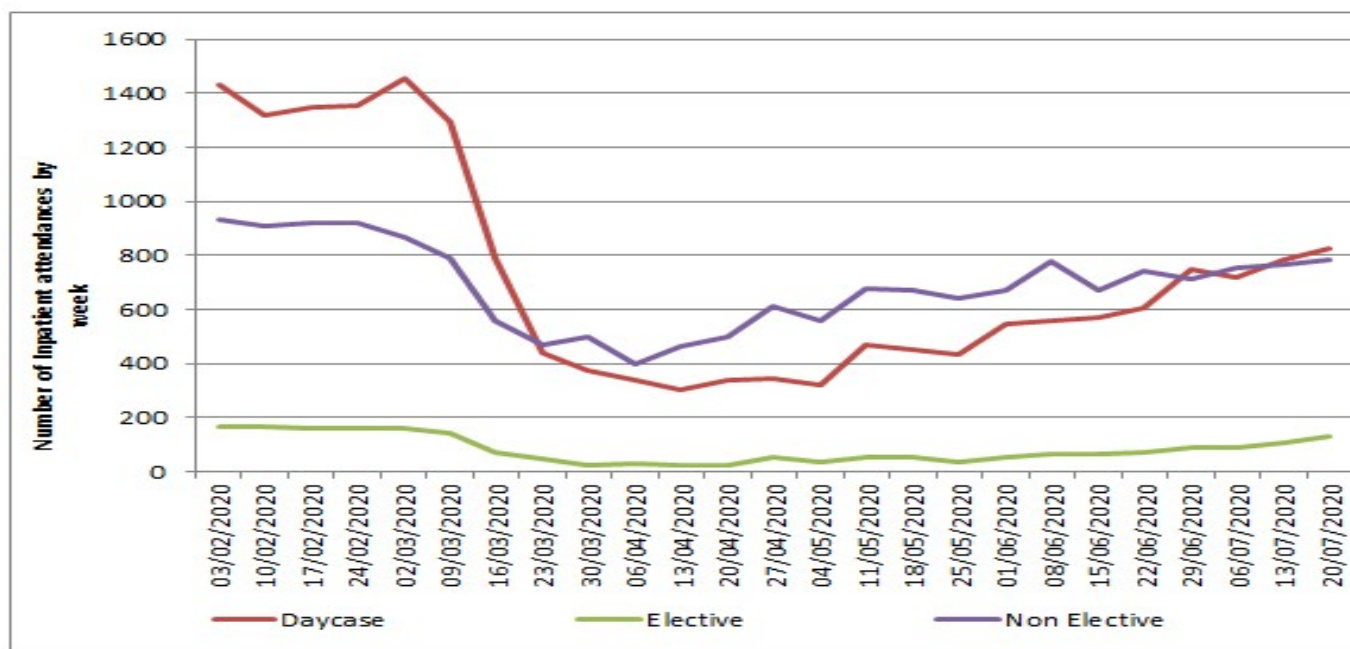


# Activity - Inpatients



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- All inpatient activity is restored.
- Day case activity in particular has risen sharply over the course of the month (and is expected to rise further in August). Priority is being given to cancer and clinically urgent patients along with long waiters.
- Non-elective activity was not so significantly affected by Covid 19 and is returning to normal levels at a faster rate than for planned activity.
- Elective and day case activity now resides at around 60% of normal levels and non-elective at around 85%.

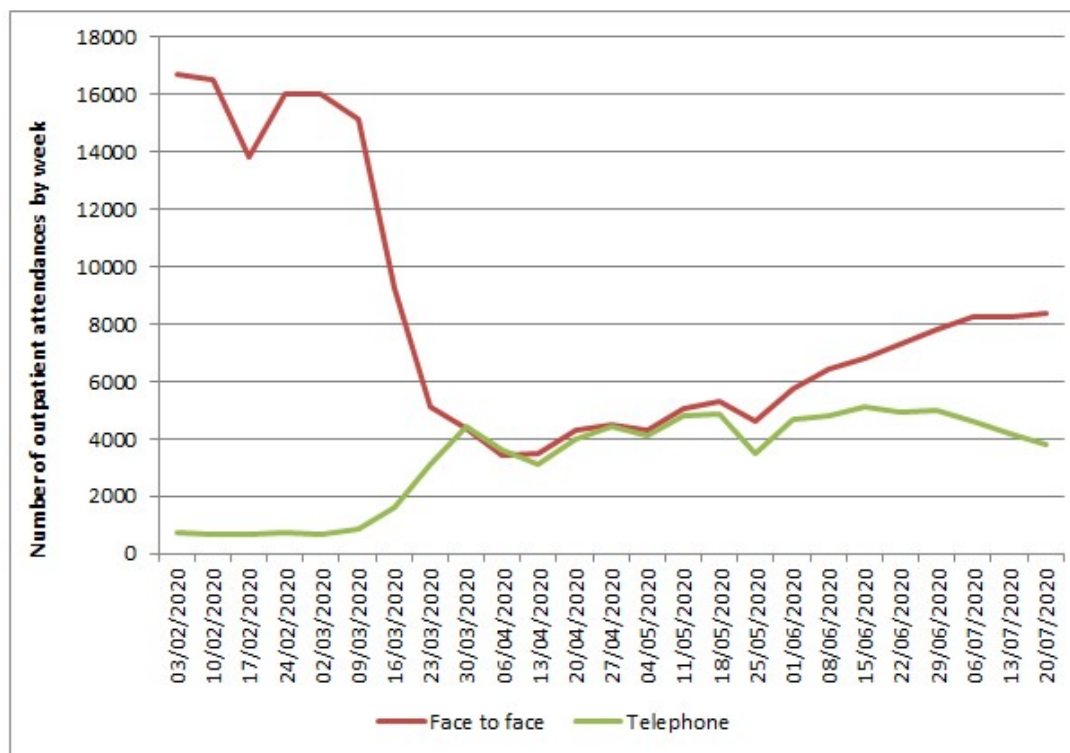


# Activity - Outpatients



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NHS Trust

- Outpatient activity is now rising markedly – the priority remaining on cancer and urgent patients but with more routine patients also now being seen.
- Notwithstanding the above, the Trust is currently operating at around 75% of its usual activity which reflects the reduced productivity stemming from social distancing measures.
- The ratio of telephone activity to face to face remains under close scrutiny at performance forums.



# Next Steps

## Screening Programmes.

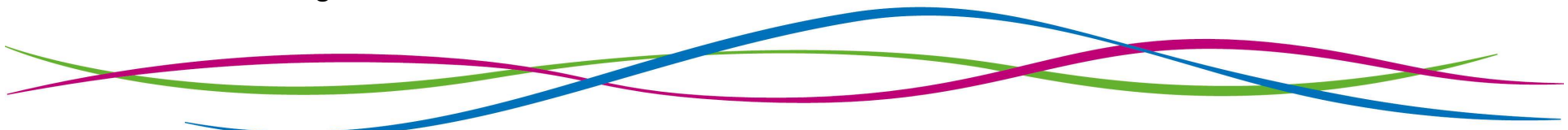
- Breast Screening managed by The Dudley Hospitals, due to be restored in August.
- Cervical Screening restored. Reporting times for results all within standard
- Bowel Screening, re-introduced but significantly reduced at the time of writing.

## Response to Phase 3 Letter

- Will be a challenge to restore activity to required levels as detailed in the letter.
- RWT will continue to use the Independent Sector for some cancer services and diagnostics.
- Cannock Chase Hospital 'green' hospital for the provision of elective orthopaedics, endoscopy, ophthalmology and outpatient services. These are all restored.

## Planning for Winter and 2<sup>nd</sup> Wave

- Learning lessons from wave 1. Maintaining of services, patient flow. Review of deaths.
- Flu campaign
- Staff wellbeing





## WORK PROGRAMME – 10 August 2020

### Healthy Staffordshire Select Committee 2020/21

This document sets out the work programme for the Healthy Staffordshire Select Committee for 2020/21.

The Healthy Staffordshire Select Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

#### **Link to Council's Strategic Plan Outcomes and Priorities**

Be healthier and more independent

A joined up approach to **Health, Care and Wellness** that encourages people to take responsibility for their own health and plan for their future, so that we can support those who really need it.

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

**Councillor Jeremy Pert**

**Chair of the Healthy Staffordshire Select Committee**

If you would like to know more about our work programme, please get in touch with Chris Ebberley, Manager and Democratic Services Manager on 01785 276164 or [chris.ebberley@staffordshire.gov.uk](mailto:chris.ebberley@staffordshire.gov.uk)

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Healthy Staffordshire Select Committee is made up of elected County Councilors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Healthy Staffordshire Select Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

## Work Programme 2020/21

Date	Topic	Background/Outcomes	
<b>Committee Meetings, Reviews and Consultations</b>			
		Background	Outcomes from Meeting
<b>15 April 2020 (additional meeting)</b>	Modernising Adult Social Care Programme. An update, containing an evaluation of the introduction of the service. Member: Alan White Officer: Richard Harling/Amanda Stringer		<b>Meeting cancelled</b>
<b>May/June 2020 TBC (Informal Meeting)</b>	Staffordshire Health and Care Green Paper - - Informal Workshop		
<b>Scrutiny Review (Public session July 2020 TBA)</b>	Urgent Care and Delayed Transfer of Care.	Item raised at Triangulation meeting.	<b>Currently on-hold</b>
<b>8 June 2020</b>	Community First Responders – Reconfiguration by West Midlands Ambulance Service University NHS Foundation Trust		<p><b>RESOLVED</b> – (a) That the report/presentation be received and noted.</p> <p>(b) That the impact of the above-mentioned changes on the Trusts' performance metrics be monitored closely and that further scrutiny of the Trusts' operations be undertaken at the appropriate time, as necessary.</p> <p><i>Members scrutinised and held West Midlands Ambulance Service University NHS Foundation Trust to account over their recent decision to make changes to (i) the vehicles used by Community First Responders (CFRs); (ii) range of drugs routinely carried by CFRs and; (iii) the training received, and qualifications attained by CRFs. In addition, they learned of the Trust's expectations for the future of the CFR initiative having regard to these changes and the impact on service delivery to the residents of Staffordshire.</i></p> <p><i>Whilst the Trust were unable to re-visit their decisions, they acknowledged the Committee's criticisms regarding the limited consultation and communication with local communities undertaken prior to implementation of the new arrangements. They therefore undertook to ensure that such measures on future service reconfigurations were robust, meaningful and took account of local concerns. In addition, the Trust gave the Committee assurances regarding the future of the CFR service in general and the contribution they foresaw it would make to the continued provision of an Outstanding service to the residents of the County.</i></p>

6 July 2020	<p>(i) <del>Staffordshire Healthwatch Contract Update</del>  Member: Alan White  Officer: Wendy Tompson/Jackie Owen</p> <p>(ii) <del>CCG – Financial Exception Report</del>  Officer: <del>Clinical Commissioning Groups</del></p> <p>(i) Mental Health Burden and 2020 Covid-19 Pandemic in Staffordshire.</p> <p>(ii) Residential Care Provision and 2020 Covid-19 Pandemic in Staffordshire</p>	<p>Requested at meeting on 16 September 2019</p> <p>Requested following meeting on 8 June 2020</p>	<p><b>RESOLVED</b> - (a) That the reports/presentations be received and noted.</p> <p>(b) That the contact details of Midlands Partnership NHS Foundation and North Staffordshire Combined Health Care NHS Trusts' 24/7 emergency mental health helpline (to be supplied) be circulated to (i) Members of the Committee; (ii) all Staffordshire County Councillors and (iii) Leaders of all Staffordshire District/Borough Council's for dissemination, as appropriate.</p> <p>(c) That the Chairman highlights the importance of improving links between NHS mental health service providers and schools having regard to the 2020 Covid-19 Pandemic, with Staffordshire County Council's Cabinet Members for Learning and Employability and; Children and Young People, as necessary</p> <p>(d) That the mental health burden arising from the 2020 Covid-19 Pandemic in Staffordshire be monitored closely and that further scrutiny of mental health service providers be undertaken at the appropriate time, as necessary.</p> <p>They received a joint presentation/report from (i) the Director of Health and Care; (ii) Chief Executive of Midlands Partnership NHS Foundation Trust and; (iii) Chief Executive Officer North Staffordshire Combined Healthcare NHS Trust regarding the mental health burden arising from the 2020 Covid-19 Pandemic in Staffordshire.</p> <p>Members scrutinised and held the Trusts to account over the various measures they had implemented to deal with the effects of the Pandemic including:- (i) service changes to comply with social distancing guidelines; (ii) forward planning for a potential increase in demand; (iii) ensuring access to services by existing patients were maintained and; (iii) their efforts to reach residents in high risk groups who were not already known to providers. With regard to the County Council's Public Health responsibilities, they heard that whilst the longer-term effects of the pandemic were not yet known, actions to improve mental health in the wider population would require a sustained system-wide, multi-agency approach lasting many years.</p> <p>In response to the above, the Committee identified certain immediate actions aimed at improving access to services in the County.</p> <p><b>RESOLVED</b> - (a) That the presentation/report be received and noted.</p> <p>(b) That the impact of the 2020 Covid-19 Pandemic on Care Homes in Staffordshire be monitored closely and that further scrutiny of relevant commissioners be undertaken at the appropriate time, as necessary.</p> <p>They received a presentation/report from the Deputy Leader and Cabinet Member for Health, Care and</p>

			Wellbeing regarding Residential Care Provision and the 2020 Covid-19 Pandemic in Staffordshire.  Members learned that whilst approximately 50 % of Care Homes in the County had recorded at least one case of the virus (amongst residents and staff), all Homes had been affected to a degree (i) operationally; (ii) clinically and/or; (iii) financially. However, in line with Central Government requirements, the County Council had implemented a Care Homes Support Plan to provide (i) Advice and guidance; (ii) training in infection control; (iii) supplies of Personal Protective Equipment; (iv) surveillance and response to cases and outbreaks; (v) Clinical support; (vi) testing; (vii) intensive support with staffing where required; (viii) arrangements to reduce the movement of staff and; (ix) additional funding. They were pleased to note that the plan had helped to alleviate the position in respect of the above-mentioned areas but agreed to keep Staffordshire's response to the Pandemic under review as the situation both nationally and locally developed.
<b>10 August 2020</b>	Backlog of hospital appointments as a result of Covid-19	Requested at pre-Agenda preview on 26 June 2020	
<b>14 September 2020</b>	(i) Hearing Aids (ii) Winter Plans	Requested at pre-Agenda preview on 26 June 2020	
<b>26 October 2020</b>		To be identified at pre-Agenda preview on 5 August 2020	
<b>30 November 2020</b>			
<b>1 February 2021</b>			
<b>16 March 2021</b>			
<b>Suggested Items</b>	<b>Background</b>	<b>Possible Option</b>	
Role of Community Hospitals	The Committee wish to explore the role of the Community Hospitals within the wider Health Economy	North of the County – Part of the consultation with the Joint Committee with Stoke on Trent South of the County – Part of the STP consultation	
Consideration of the range of approaches to sharing information between PCTs (Now CCGs) and education.	Referral from the Education Scrutiny Committee Closing the Gap Scrutiny Review. Scrutiny and Support Manager to undertake further work and report to the Committee		
<b>Chairman's Activity</b>			

**Working Groups/ Inquiry Days/Briefing Papers :**

**Membership**

Jeremy Pert	(Chairman)
Paul Northcott	(Vice-Chairman)
Charlotte Atkins	(Shadow Vice-Chairman)

Philip Atkins  
Tina Clements  
Janet Eagland  
Ann Edgeller  
Phil Hewitt  
Dave Jones  
Kath Perry  
Jeremy Pert  
Bernard Peters  
Ross Ward

**Borough/District Councillors**

Ann Edgeller	(Stafford)
Maureen Freeman	(Cannock)
Richard Ford	(Tamworth)
Barbara Hughes	(Staffordshire Moorlands)
Adam Clarke	(East Staffordshire)
Janet Johnson	(South Staffordshire)
David Leytham	(Lichfield)
Ian Wilkes	(Newcastle-under-Lyme)

**Calendar of Committee Meetings**

at County Buildings, Martin Street, Stafford. ST16 2LH  
(at 10.00 am unless otherwise stated)

~~15 April 2020 (additional meeting) – Meeting Cancelled~~  
~~8 June 2020~~  
~~6 July 2020~~  
10 August 2020  
14 September 2020  
26 October 2020  
30 November 2020  
1 February 2021  
16 March 2021

**NB:** In considering their work programme for the year, Members are advised to have regard to the likelihood of referrals from Corporate Review Committee arising from the Covid-19 epidemic.

