

Board of Directors

Briefing Paper – Elective and Diagnostic Recovery

Context

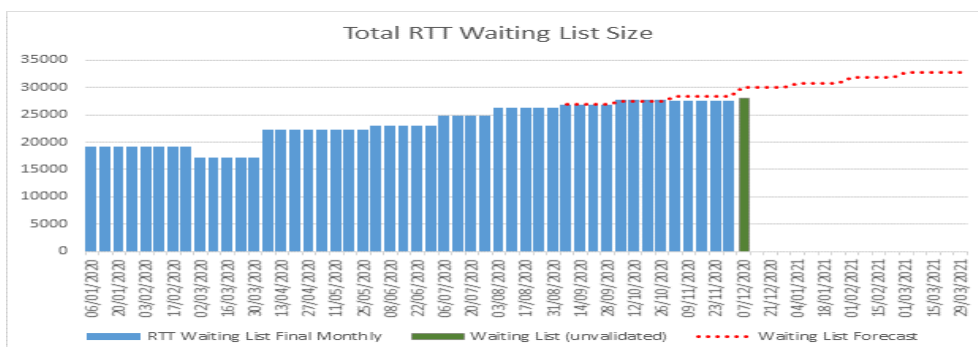
The Covid-19 pandemic has had a significant impact on the ability of the Trust to deliver against the national Diagnostic and Referral to Treatment (RTT) target. The consequence of the initial cancellation of routine non-urgent activity, combined with the capacity constraints created through social distancing, infection control and PPE requirements and the reductions in theatre and bed capacity for elective patients throughout the pandemic has resulted in lower levels of activity being delivered, impacting on the waiting list and waiting times for elective patients.

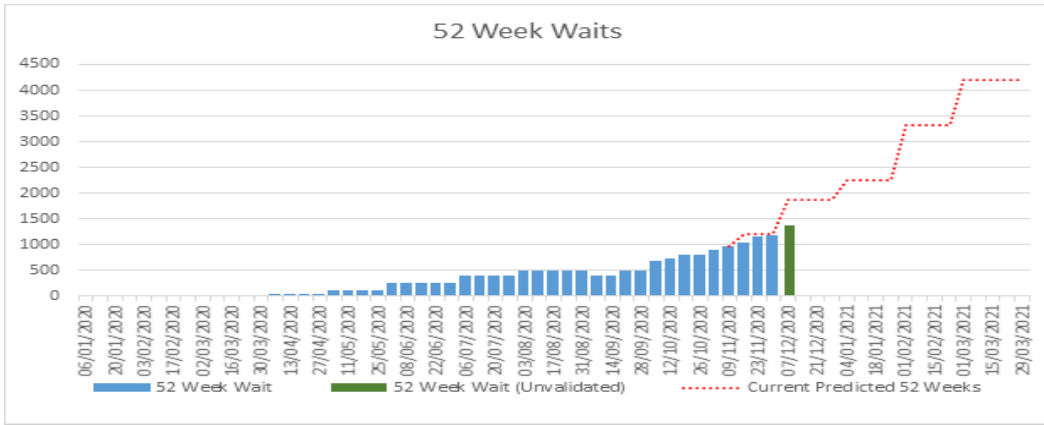
The capacity available continues to be clinically prioritised using the national criteria of Priority 1-P6 for admitted pathway patients. This means that for surgical procedures patients with highest clinical priority are scheduled ahead of routine long waiters and as overall capacity is reduced the wait times for long waiting patients is increasing.

Similarly for non-admitted pathways, while innovations such as virtual clinics have been implemented, the total capacity remains lower than pre-covid-19. New patients referred are likely to require more face to face contact for their initial clinical assessment. Priority is given to those on urgent suspected cancer pathways, resulting in longer waits for outpatient and diagnostics for routine patients. These patients may subsequently convert to requiring admitted surgical procedures and have already waited longer than in the pre-covid-19 times prior to listing for surgery.

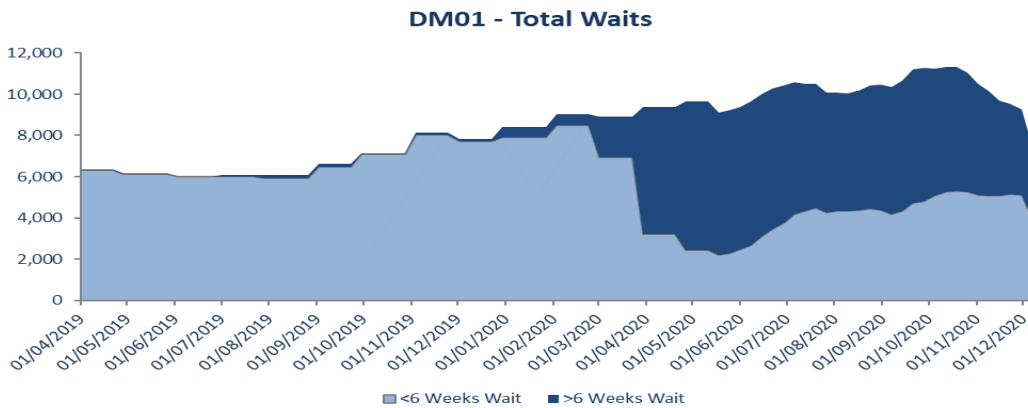
Current position

A detailed breakdown of the elective specialties and diagnostic modalities has been discussed in the Finance and Performance Committee, and information is included in the integrated performance report. The current RTT waiting list and >52 week patient numbers position and forecast until the end of March 2021 is included below.





For Diagnostics, the total position is show below.



The delivery of activity has also been impacted by staff absence, and this is likely to remain a factor through Q4, due to Covid and underlying winter pressures.

Actions

Whilst clinical prioritisation is vital, the objective is to bring as much capacity into use as possible. Weekly planning reviews remain in place to make best use of internal capacity. SATH, together with system partners such as RJAH and the Shrewsbury Nuffield hospital, is using any joint capacity for admitted patients. The Board supported the extension of mobile MRI units into next financial year, and the Trust continues to work with NHSE/I to optimise mobile CT; further use of private sector contracts (such as for ultrasound) will also be a vital element. However, planning to make best use of capacity in Q4 and also to plan options for 2021/22 is well underway, and the Trust and local system will have options and plans to review in line with the expected national planning framework in January 2021.