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**To: Coventry Health and Wellbeing Board**

**Date: 25/01/2021**

**From:**

Phil Johns, Chief Executive Coventry and Warwickshire CCGs

**Title: NHS Recovery and Restoration Update**

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**1 Purpose**

To brief the Health and Well-being Board of the work done to date on NHS recovery and restoration in response to the NHS Phase 3 letter from NHS England, and to give an update on the impact on this restoration due to the latest surge in Covid-19 cases in the last few weeks.

**2 Recommendations**

The Health & Well-being Board is recommended to:

- Note the report

**3 Background**

- 3.1 At the end of June activity levels across most NHS services were at around 30-40% of pre-COVID-19 levels. This was due to services being scaled down to protect urgent care services, and the impact of managing red (COVID-19) pathways, and green (non-COVID) pathways. The use of protective equipment had also impacted on the efficiency of services, as it took a lot longer to deliver services safely for patients.
- 3.2 The focus of the NHS was to protect cancer and clinically urgent workload. This meant that routine non-clinically urgent cases were as a result delayed and waiting times for routine elective surgery increased nationally as well as locally.
- 3.3 Some clinically urgent services were also impacted as the potential risk for patients of coming into potential contact with COVID-19, meant that it was clinically more appropriate to delay services until a new green (COVID-free) pathway could be put in place.
- 3.4 The NHS over this period saw a tremendous amount of service transformation in developing new green and red pathways, such as the mass implementation of virtual non face to face appointments across primary, community and secondary care, different entry routes into secondary care for COVID patients, and more same day urgent care (SDEC) being delivered without the need for attending A&E, and being directed to services directly such as “hot” same day clinics.

## 4 Current position

- 4.1 On July 31, 2020, NHS England wrote to trusts and clinical commissioning groups to indicate the start of “Phase 3” of our response to Covid-19 and the need to restore services following the first wave of the pandemic. Within the Phase 3 letter, they outlined national expectations for the restoration of services within the NHS.
- 4.2 Prior to the latest increase in Covid-19 cases and the renewed stress they have placed on both health and social care, the systems restoration was doing well and the last summary of performance before the new year is shown below.

Service Area	Activity Type	C&W STP Latest Position (% of last weeks activity over last year)	UHCW latest	Current Target (phase 3 letter)
Cancer	2 WW Referrals	174%	154%	100%
	Treatments	74%	68%	100%
	Breached 62 Days	250	137	Minimise
Diagnostics	Gastroscopy	128%	95%	90%
	Colonoscopy	182%	115%	90%
	CT	127%	128%	100% by October
	MRI	122%	126%	100% by October
Outpatients	Outpatients First	109%	96%	100% by September
Elective & DC	Daycases	108%	106%	90% by October
	Elective Admissions	125%	135%	90% by October
Primary Care	GP Appointments	89%		
UEC	A&E Attends (type 1)	54%	46%	
	Emergency Admissions	109%	121%	
Bed Occupancy	G&A bed Occupancy	92%	94%	

- 4.3 The level of restoration is judged as being the current weeks level of activity compared to the same equivalent week the previous year i.e. 2019/20. The above table shows the final week of December this year compared to the same week in 2019. Please note that this data is from weekly returns made by NHS organisations to the three CCGs and as such is unvalidated data. The final published data is made available monthly generally six weeks after the end of each month.
- 4.4 This confirms the trends seen in terms of restoration across the system, with activity levels at or above the same period last year. The system has used the ‘window of opportunity’ before the winter to restore services, and to mitigate the negative impact on health services to patients during the first wave of COVID-19 between March and June 2020.
- 4.5 Waiting times for diagnostic tests has fallen back to levels seen before COVID-19, and the longest waits for cancer care have fallen i.e. 2 week wait performance has increased, and over 62 day cancer waits for treatment have fallen significantly.

## 5 Referrals

- 5.1 We do however remain in a period of recovery, and there are still significant challenges in terms of waiting times for routine care, with long waits for routine care and many patients waiting over 52 weeks for treatment.
- 5.2 Pre-COVID the Referral to Treatment (RTT) target nationally was that 92% of patients on an 18-week RTT pathway should wait for less than 18 weeks. Both at a national level and

in Coventry and Warwickshire, RTT performance fell dramatically when COVID-19 first appeared. Performance has been improving again month on month since July but has been hampered by the growth of long waits, especially for those who have waited for over 52-week.

### STP - Combined Trust Position

Month (If Red then weekly snapshot)	Total					Total	RTT %
	Less than 18 Weeks	18 - 40 Weeks	40-45 Weeks	45-52 Weeks	Over 52 Weeks		
April	39434	17856	831	492	74	58687	67.2%
May	32565	21657	1233	862	258	56575	57.6%
June	25396	25806	1764	1219	480	54665	46.5%
July	21270	27318	2667	1759	980	53994	39.4%
August	25529	22568	3333	2551	1570	55551	46.0%
September	30583	17991	3519	3232	2243	57568	53.1%
October	32427	15012	3823	3971	3071	58304	55.6%
November	36142	10870	4264	3340	3199	57815	62.5%
December	37658	10802	4102	3287	3236	59085	63.7%
January	38775	8716	3374	4114	3714	58693	66.1%
February							
March							

Weekly snapshots will change when actual month figures published

- 5.3 The above table shows that, from a low point of RTT falling to 39.4% against the 92% target in July, as activity has been restored RTT performance increase month on month to a present position of 66.1%. However the number of people waiting over 52 weeks has also increased.
- 5.4 The eradication of elective long waits will be a priority both for the NHS nationally and for the system locally once COVID-19 is under control. Within that, the priority remains to address cancer and clinically urgent cases first, with longest waits next.
- 5.5 We observed a reduction in referrals during the first COVID-19 wave, which means that there will be fewer patients approaching 52 weeks as we move past March 2021, and we will be able to recover our position more quickly. We are pleased to note however that referrals for elective care are now generally back to levels pre-COVID.

## 6 Restoration through second COVID surge

- 6.1 Whilst progress on restoration during the window of opportunity before winter has been good, we cannot assume that this progress will continue between now and the end of March 2021. We are currently experiencing a surge in COVID-19 cases, with more new cases being confirmed in the first weeks of January and more patients in hospital with COVID-19 than we did at the peak of wave one. The R rate i.e. the rate of infection in the community is still above 1, so we anticipate that the number of new cases, and therefore cases admitted to hospital, will continue to grow. Only when the R rate falls below 1 can we then expect to see reductions in hospital admissions.
- 6.2 This latest increase in Covid-19 cases, is placing even greater strain on the ability of NHS services to continue to restore normal non-COVID services, and we anticipate that we will see some reversal in level of restoration of services, especially for non-clinically routine cases, between now and the end of March 2021.

- 6.3 We believe we are however in a far better place to maintain services in this second/third wave of COVID-19 due to the development of green non-COVID pathways, the use of same day services, and use of virtual appointments, established in the first wave.
- 6.4 We will continue to update the Health and Wellbeing Board as to the position and restoration of services over the coming months.

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**Appendices**