Paper ref:	TB (08/20) 010

Sandwell and West Birmingham Hospitals NHS Trust

Report Title	COVID-19 Recovery actuals versus plan		
Sponsoring Executive	Liam Kennedy, Chief Operating Officer		
Report Author	JJ (Janice James) Deputy Chief Operating Officer		
Meeting	Public Trust Board	**Date**	6th August 2020

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The paper outlines progress made in restoring services & activity to pre-Covid pandemic levels & realignment to the Trust Production Plan

The report refers to a Recovery dashboard which tracks each speciality's delivery of actual activity against those planned. As the Recovery period moves into its final stage (i.e. Sept 2020) specialities are beginning to track to the Trust Production Plan thereby ensuring a smooth transition to BAU monitoring in line with the trust finance plan.

The report also outlines an overview of the submissions made to the STP as part of the system response to recovery.

The Board may wish to discuss our approach to recovery, the realignment to the Production Plan, exceptions which have been highlighted & what other mechanisms or opportunities might be worth considering.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan		People Plan & Education Plan	
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

CLE

4. Recommendation(s)

The Board is asked to:

a.	**Note** the progress to date on Recovery Trajectories & transition to BAU monitoring
b.	**Discuss** future priorities linked to clinical/chronological prioritisation
c.	**Suggest** opportunities or aspects not outlined

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	x	Covid risk register						
Board Assurance Framework								
Equality Impact Assessment	Is this required?		Y	x	N		If 'Y' date completed	July TBC
Quality Impact Assessment	Is this required?		Y	x	N		If 'Y' date completed	July TBC

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST
Report to the Trust Board 2nd August 2020

COVID-19 Recovery actuals versus plan

1. Introduction or background

1.1 The national & local ask has been to restore services back to pre Covid levels of activity, whilst adhering to safe standards of IPC. Groups have developed detailed plans of how they will re-establish services which ensure patient care, increase activity levels & actively track to the Trust's Production Plan.

1.2 A Recovery Trajectory dashboard has been used to track the actual delivery against that modelled by each service to show progression against recovery & provide assurance that recovery is on track. More recently analysis has tracked both the COVID-19 Recovery trajectory & the Trust Production Plan against actual delivery. This paper highlights exceptions, but equally as important highlights areas of good progress & over delivery.

1.3 The Trust is aiming to recovery the Diagnostic standard by November 2020 and to achieve RTT compliance by March 21.

2. Recovery against plan

2.1 For Out Patients when tracked against the Trust's Production Plan; Geriatrics, Clinical Neurophysiology, Immunopathology, Chemical Pathology, Diabetic Medicine, Endocrinology, Orthoptics, T&O & most of Women & Children specialities are all tracking well to both the Recovery Trajectories & the Trust Production Plan.

2.2 Day Case & Elective activity are also showing a positive position especially Cardiology, Geriatrics, Chemical Pathology, Gynae-oncology & Paediatrics.

2.3 The position for diagnostics & in particular adherence to the DM01 targets, which aims to deliver 99% of key diagnostic services within 6 week timeframes, remains a challenge. Like for like comparisons from Q1 for 2019 to Q1 to 2020 (Annex 1) provide some context as to the current position. We can see an improving picture from May to June and this continues in July, but the position is significantly outside those of last year.

2.4 As the Trust moves from the Recovery stage to a Restoration stage, tensions between clinical prioritisation versus chronological prioritisation are becoming evident. All Groups have clinically reviewed their waiting lists (using national guidelines) & have prioritised according to clinical need**.** Annex 2 illustrates the approaches used by each Clinical

group. However this approach has & continues to highlight Trust patients who are experiencing long waits due to lower clinical priority.

3. Limiting factors & mitigations

3.1 Mitigations to our increased risk profile include; Clinic analysis (i.e. Trust use of virtual & f2f clinics), impact analysis of virtual interventions (ie reduced DNAs, greater patient flow etc.), one stop shop approaches, 'super sessions' (ie optimise 24/7 clinic estate) & DNA thematic analysis. Consideration is also being given to more independent sector capacity & working with/utilising capacity within Trusts from the wider BC STP footprint.

3.2 In addition to prioritisation tensions the main limiting factors to recovery continue to be; patients choosing to defer, ability to staff additional theatres & physical space to the deliver the increased requirements diagnostics.

3.3 In response to the Trust's current position a variety of proposals have been developed from each Clinical Group. Some have been submitted to the Black Country STP. These include; Ophthalmology, Endoscopy, additional Diagnostic capacity & a 'point of care' bid which seeks to support a community based acute care service model. Other proposals (Women & Children & PCCT) as well as additional support to specialities in Surgery, Medicine & Diagnostics are currently being finalised.

3.4 In summary; whilst our aggregated position is showing a positive recovery position, care must be taken as it hides significant variances in some specialities. Moreover as tracking moves from Recovery Trajectories to the Trust's Production Plan, planning assumptions for the 8 week Recovery Trajectories are likely to leave gaps between Recovery & Production Plan assumptions. The mitigation & strategies suggested above will be helpful in supporting delivery of Production Plan aspirations.

4. Recommendations

4.1 The Board is asked to:

Note the progress to date on Recovery Trajectories & transition to BAU monitoring
Discuss future priorities linked to clinical/chronological prioritisation
Suggest opportunities or aspects not outlined.

JJ (Janice James)
Deputy Chief Operating Officer
July 2020

Annex 1: % of Tests not carried out Within 6 Weeks Q1 2019 compared to Q1 2020
Annex 2: Risk stratification and how we have categorised the inpatient waiting list

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Annex 1

		2019			2020		
		Apr	May	Jun	Apr	May	Jun
Audiology - Audiology Assessments	> 6 weeks	3	6	6	4	575	680
	Total	597	657	657	753	723	947
	Performance	0.5%	0.91%	0.91%	0.53%	79.53%	71.81%
Cardiology - echocardiography	> 6 weeks	5	51	51	131	803	246
	Total	971	1045	1045	1064	1319	933
	Performance	0.51%	4.88%	4.88%	12.31%	60.88%	26.37%
Colonoscopy	> 6 weeks	0	0	0	37	175	295
	Total	229	262	262	255	298	439
	Performance	0%	0%	0%	14.51%	58.72%	67.2%
Computed Tomography	> 6 weeks	102	147	147	11	368	756
	Total	1273	1269	1269	642	921	1395
	Performance	8.01%	11.58%	11.58%	1.71%	39.96%	54.19%
Cystoscopy	> 6 weeks	3	1	1	17	95	281
	Total	196	182	182	217	228	410
	Performance	1.53%	0.55%	0.55%	7.83%	41.67%	68.54%
DEXA Scan	> 6 weeks	0	0	0	0	107	76
	Total	168	187	187	154	189	238
	Performance	0%	0%	0%	0%	56.61%	31.93%
Flexi sigmoidoscopy	> 6 weeks	0	0	0	24	131	276
	Total	136	141	141	169	231	397
	Performance	0%	0%	0%	14.2%	56.71%	69.52%
Gastroscopy	> 6 weeks	0	0	0	50	257	398
	Total	365	305	305	312	392	663
	Performance	0%	0%	0%	16.03%	65.56%	60.03%
Magnetic Resonance Imaging	> 6 weeks	12	0	0	461	2471	2480
	Total	2206	2062	2062	3050	3409	4383
	Performance	0.54%	0%	0%	15.11%	72.48%	56.58%
Neurophysiology - peripheral neurophysiology	> 6 weeks	0	0	0	34	659	484
	Total	632	696	696	1061	1606	1051
	Performance	0%	0%	0%	3.2%	41.03%	46.05%
Non-obstetric ultrasound	> 6 weeks	32	24	24	27	788	1376
	Total	2329	2220	2220	1189	1459	2736
	Performance	1.37%	1.08%	1.08%	2.27%	54.01%	50.29%
Respiratory physiology - sleep studies	> 6 weeks	0	1	1	0	160	31
	Total	108	99	99	167	168	190
	Performance	0%	1.01%	1.01%	0%	95.24%	16.32%
Urodynamics - pressures & flows	> 6 weeks	6	7	7	0		25
	Total	56	56	56	17		28
	Performance	10.71%	12.5%	12.5%	0%		89.29%
Overall Total	> 6 weeks	163	237	237	796	6589	7404
	Total	9266	9181	9181	9050	10943	13810
	Performance	1.76%	2.58%	2.58%	8.8%	60.21%	53.61%

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Annex 2

Surgical Services

Priority 1 any Emergency-operation needed within 24 hours
Priority 1 any Urgent-operation needed within 72 hours
Priority 2 any Surgery that can be deferred for up to 4 weeks
Priority 3 any Surgery that can be delayed for up to 3 months
Priority 4 any Surgery that can be delayed for more than 3 months

Ophthalmology

Level 1: Emergency Procedures Needed in 24hours
Level 2: Urgent Procedures Needed in 72hours
Level 3: Procedures needed in 4 weeks
Level 4: Procedures needed in 3-4 months
Level 5: Procedures which can be carried out in more than 3-4 months

PCCT

Priority 1 Cancer / risk to mortality
Priority 2 Risk of deterioration and secondary decline in regards to infection and general deterioration – e.g. phototherapy patients with eczema
Priority 3 Risk of symptom exacerbation and reduction to QOL (e.g. those for systemic and biologics)
Priority 4 Awaiting PATCH (financial implication)
Priority 5 Laser (cosmetic and QOL implications)

Medicine

Priority 1 Cancer / risk to mortality / lifesaving intervention
Priority 2 Any urgent cases that risk patient deterioration/exacerbation of symptoms if prolonged
Priority 3 Procedures required within 4 weeks
Priority 4 Procedures that can safely be seen beyond 4 weeks

W&C

Emergency surgery: carried out at admission through CEPOD theatre
Cancer surgery: In line with cancer pathway where possible

RTT:

Clinical Prioritisation

Category 1 = Surgery needed within 1 month
Category 2 = surgery needed within 2 months
Category 3 = Surgery needed within 3 month

Waiting Time prioritisation

Category A = Patient has already waited more than 40 weeks
Category B = Patient has already waited more than 18 weeks
Category C = Patient has waited less than 18 weeks