

<b>Report Title</b>	COVID-19 Recovery and Restoration Performance Scorecard		
<b>Sponsoring Executive</b>	Liam Kennedy, Chief Operating Officer		
<b>Report Author</b>	JJ (Janice James) Deputy Chief Operating Officer		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	3 <sup>rd</sup> September 2020

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

Covid-19 has triggered rapid change across SWBH which accelerated many transformational initiatives. A structured approach to recovery and restoration has been set up to capture the positive initiatives and ways of working that we implemented during COVID 19 and the need to continue to implement to safe care for our patients and clear current backlogs. This has needed to be balanced with the potential re-surge of Covid 19 and the strategic direction of MMUH and winter 2020.

The paper outlines the work completed to date to restore & recover our pre CV19 position via an initial 8 week Trajectory. Within the IQPR a performance scorecard has been developed to capture this 8 week initial trajectory. This will need further development in light of the Phase 3 request. This paper also includes progress of the recent initiative adopted by the Trust to risk assess & clinically prioritise SWBH waiting lists

An explanation of the national Phase 3 CV19 ask is also included for completeness.

The Board are asked to note the progress each service is making, discuss the longer term implications & and comment on any additional mechanisms or opportunities which should be considered

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input checked="" type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

CLE, PMC & Q&S

### 4. Recommendation(s)

The Board is asked to:

- |    |  |
|----|--|
| a. | <b>Note</b> the progress of Recovery trajectories, Risk assessment & Waiting List prioritisation & the national Phase 3 CV19 ask |
| b. | <b>Discuss</b> future priorities & mitigating actions  |
| c. | <b>Suggest</b> 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	<input checked="" type="checkbox"/>	Covid risk register				
Board Assurance Framework	<input type="checkbox"/>					
Equality Impact Assessment	Is this required?	Y	<input checked="" type="checkbox"/>	N	If 'Y' date completed	July TBC
Quality Impact Assessment	Is this required?	Y	<input checked="" type="checkbox"/>	N	If 'Y' date completed	July TBC

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Trust Board: 3<sup>rd</sup> September 2020

### COVID-19 Recovery and Restoration Performance Scorecard

#### 1. Introduction or background

- 1.1 Whilst the Trust remains focused on national & local requests to ensure recovery & restoration of services are aligned to the latest submission (ie national Phase 3 submissions), the Trust has also focused on assurance which has seen the trust launch a risk assessment & clinical prioritisation process for inpatients to ensure these patients are seen in a timely manner in line with their clinical need.
- 1.2 Clinical Groups continue to model detailed plans & trajectories of how they will re-establish services which ensure patient care, & increase activity levels so that by the end of March 2021 RTT activity is back to 92%.

#### 2. Review of dashboards

- 2.1 A Recovery & Production Plan scorecard has been used to track actual delivery & provide assurance. Clinical Group level detail can be seen at Annex 1.
- 2.2 For Inpatient activity when monitored to the recovery trajectories the Trust reached 95%. However when tracked to the production plan despite over-delivery by the Medicine and emergency care clinical group & high levels of achievement by Primary Care, Community and Therapies clinical group and the Women and Child Health clinical group. Overall the Trust delivered 63% of its Production Plan target.
- 2.3 New Outpatient activity tracked positively to recovery trajectories with a 93% achievement however when tracked to the Production Plan the overall achievement was 65% despite significant over achievement by Women and Child Health clinical group.
- 2.4 Overall Follow Up Outpatient activity tracked positive for the Trust with a 91% achievement of recovery trajectories, however achievement against the Production Plan was 74%.
- 2.5 Recovery trajectories were established for an 8 week period (ie beginning of June to end of July 2020) & monitoring will now be refocused to the delivery of the Trust's clinically prioritised & stratified waiting lists & the Phase 3 CV19 national targets. In light of this the performance scorecard will be refreshed to capture the new data required so that the Trust can be assured we are meeting the targets that have been set.

### **3. Clinical Prioritisation Process**

3.1 The Clinical Groups were asked to clinically prioritise & risk assess (ie stratify) their waiting lists as part of a Trust wide Clinical Prioritisation initiative. Clinical priority levels have been informed by various national & clinical group guidance & are as follows;

- Priority level 1 Emergency-operation needed within 24hours
- Priority level 2 Urgent-operation needed with 72hours
- Priority level 3 Surgery that can be deferred for upto 4weeks
- Priority level 4 Surgery that can be delayed for upto 3months
- Priority level 5 Surgery that can be delayed for more than 3months

It should be highlighted that the Trust has allocated (or clinically prioritised) 87% of its InPatient waiting list to date & the ambition is reach 100% by month end.

3.2 Ophthalmology has the biggest numbers of Inpatients on their waiting list (1949) followed T&O (923) General Surgery (448) Oral (441) & Pain Mgt (359). However it should be noted that Ophthalmology has made significant progress with the stratification of their waiting list.

3.3 Annex 2 details the 867 clinically prioritised patients currently waiting 40+ weeks in the Inpatient waiting list. This dashboard alters on a daily basis & is tracked weekly at the recently reinstated, but refreshed Trust wide 'confirm & challenge' forum known as the RTT/PTL PMO.

### **4. DNAs**

4.1 All specialities are experiencing high levels of DNA. In many instances patients are reporting they want to defer their appointment. Each patient on the waiting list is being called & repeatedly offered appointments. This is causing high levels of 'rework' for colleagues within the Trust but offers assurance that patients are remaining on the Trust's waiting lists & are being offered further appointments.

4.2 The Trust has initiated a short piece of work which is specially asking reasons for 'deferment/DNA' & analysing patient responses. The intention is to use this intelligence to inform strategies which increase levels of compliance.

## 5. Harm reviews

Harm Reviews & 52 week breaches are being conducted as part of the Trust's stratified waiting list initiative. The Ophthalmology speciality level Harm Review recently concluded that; 139 patients were in breach of 52 weeks (1 x OPD the remainder surgical). 136 have been 'safely reviewed' with 3 to be assessed by clinicians. Within the 136, the 'harm' review determined that;

- 131 x incurred 'no harm'
- 4 x may have suffered psychological harm (Clinician will talk to the patients)
- 1 x to be removed as RIP

29 of the above are prioritised for surgery within the next 2 months as they are L3 risk rated, 63% however are L4 & L5 & will be prioritised accordingly.

5.1 Below are the numbers of 52 week patients the Trust has had from the start of the calendar year to present. The categorisations for the breaches are;

- **Category A** = Open Ref Not Tracked-Toby Processes to NHSE
- **Category B** = Incorrect Admin stop on Pathway Not Tracked-Toby Process to NHSE
- **Category C** = Tracked and Genuine-Submission (Covid-19 related)

**Completed Breach:** patient has now received treatment from the Trust or no longer wants to be seen/treated.

<b>Completed Breaches</b>	<b>Jan</b>	<b>March</b>	<b>April</b>	<b>May</b>		<b>June</b>	<b>Grand Total</b>
<b>Specialty</b>	<b>C</b>	<b>C</b>	<b>A</b>	<b>A</b>	<b>C</b>	<b>C</b>	
ENT				1	1		2
NULL		1					1
OPHTHALMOLOGY	1		1		2	6	10
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>13</b>

**Incomplete Breach:** patient is still on the Trust’s waiting list awaiting treatment or intervention

<b>Incomplete Breaches</b>	<b>April</b>			<b>May</b>		<b>June</b>			<b>Grand Total</b>
<b>Specialty</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>B</b>	<b>C</b>	<b>A</b>	<b>B</b>	<b>C</b>	
Cardiology		1				2	1		4
DERMATOLOGY					1		1	3	5
ENT			1		2		2	1	6
ENT - Nose					1			1	2
ENT - Throat								1	1
GENERAL SURGERY								1	1
GYNAECOLOGY								4	4
IMMUNOPATHOLOGY					1				1
OCULAR PLASTICS								1	1
OPHTHALMOLOGY	1		6	1	24		8	69	109
ORAL SURGERY					2		1	8	11
Paed Clin Immunology				1			1		2
Paed ENT						1			1
Paed Opth							1		1
TRAUMA							1		1
UROLOGY				1	1		1		3
Vascular Surgery								4	4
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>32</b>	<b>3</b>	<b>17</b>	<b>93</b>	<b>157</b>

Weekly PTL/Harm Review meetings ‘confirm & challenge’ the management of patient pathways thereby assuring safety, quality & prioritisation of care. Work is underway to see how best to reinstate the RCA process (Route Cause Analysis), taking into account the recent clinical versus chronological prioritisation decision. It is hoped the existing RCA template can be modified to include clinical as well as administration learning & decision making.

## 6. The national Phase 3 Response - outline the ask in more detail

6.1 The national Phase 3 (CV19 Response) asks Trusts & STPs to demonstrate how they will achieve Phase 3 ambitions. The ambitions contain a variety of restorative targets to be achieved between Aug 2020 & March 2021. These include; Cancer targets, Elective/Day cases & OutPatients. Additional targets are also focused in primary, community & mental health care, finance, workforce, health inequalities & preparation for winter (ie non elective).The scale & use of capacity within the System is also to be detailed via a System response to challenged specialities & recovery in Acute activity.

Timeframes for the final submission is 21<sup>st</sup> September 2020 although there are various intermediary deadlines. Progress will be monitored weekly in Planned Care meetings

with a variety of dashboards including the recently drafted IQPR Recovery Dashboard. Annex 3 offers two snapshots of the *draft* IQPR Recovery Dashboard. The intention is this will be 'live' from September 2020

## **7. Summary**

- 7.1 In summary; whilst our initial 8 week Recovery Trajectories showed significant achievement there is a less than favourable position when measured to the Trust's Production Plan in the majority of instances.

Gaps between the initial Recovery Trajectories & the Trust's Production Plan will now be carried forward to the national CV19 Phase 3 ask & lessons must be learnt when planning for & forecasting delivery assumptions in the next iteration of returning our services to pre CV19 levels.

Harm reviews & RCAs remain a focus for the Clinical groups but it should be noted that good progress has made against compliance

## **8. Recommendations**

- 8.1 The Trust Board is asked to:
- a. Note the progress of Recovery trajectories, Risk assessment & Waiting List prioritisation & the national Phase 3 CV19 ask
  - b. Discuss future priorities & mitigating actions
  - c. Suggest opportunities or aspects not outlined

JJ (Janice James)  
Deputy Chief Operating Officer  
Sept 2020

## Annex 1 - Recovery & Production Plan dashboard extracts

Table 1- Inpatients activity against production plan

Specialty	Delivered	Recovery Target	Production Plan Target	Recovery Variance	Production Plan Variance
Imaging	1	35		2.86%	
Medicine & Emergency Care	634	643	573	98.60%	110.61%
Primary Care, Community and Therapies	351	368	389	95.38%	90.24%
Surgical Services	845	906	2008	93.27%	42.08%
Women & Child Health	181	165	210	109.70%	85.99%
<b>Grand Total</b>	<b>2012</b>	<b>2117</b>	<b>3181</b>	<b>95.04%</b>	<b>63.26%</b>

Table 2- New Outpatients activity against production plan

Specialty	Delivered	Recovery Target	Production Plan Target	Recovery Variance	Production Plan Variance
Imaging	0	1		0.00%	
Medicine & Emergency Care	2702	3205	3549	84.31%	76.14%
Primary Care, Community and Therapies	893	1383	2159	64.57%	41.36%
Surgical Services	6861	8942	15298	76.73%	44.85%
Women & Child Health	4102	2124	1555	193.13%	263.72%
<b>Grand Total</b>	<b>14558</b>	<b>15655</b>	<b>22561</b>	<b>92.99%</b>	<b>64.53%</b>

Table 3- Follow up Outpatients activity against production plan

Specialty	Delivered	Recovery Target	Production Plan Target	Recovery Variance	Production Plan Variance
Imaging	0	4		0.00%	
Medicine & Emergency Care	2842	6320	6158	44.97%	46.15%
Primary Care, Community and Therapies	5493	6487	8148	84.68%	67.42%
Surgical Services	10857	12597	18043	86.19%	60.17%
Women & Child Health	6118	2486	1782	246.10%	343.34%
<b>Grand Total</b>	<b>25310</b>	<b>27894</b>	<b>34130</b>	<b>90.74%</b>	<b>74.16%</b>

## Annex 2 – Specialty level Clinical prioritisation 40+ weeks

Inpatient Waiting List Entries (exc Planned)	Weeks waiting												Grand Total		
	40	41	42	43	44	45	46	47	48	49	50	51		52	
<b>BREAST SURGERY</b>	<b>1</b>														<b>1</b>
Priority_Level_Cateogry_2	1														1
<b>CARDIOLOGY</b>		<b>2</b>	<b>1</b>						<b>1</b>		<b>1</b>		<b>1</b>		<b>6</b>
Not_Allocated											1				1
Priority_Level_Cateogry_3									1						1
Priority_Level_Cateogry_4		2	1										1		4
<b>CLINICAL HAEMATOLOGY</b>													<b>1</b>		<b>1</b>
Not_Allocated													1		1
<b>CLINICAL IMMUNOLOGY</b>	<b>1</b>	<b>2</b>	<b>1</b>		<b>1</b>					<b>1</b>			<b>2</b>		<b>8</b>
Priority_Level_Cateogry_3	1	2	1		1					1			2		8
<b>DERMATOLOGY</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>4</b>			<b>2</b>		<b>1</b>				<b>29</b>
Priority_Level_Cateogry_3	6	5	3	2	6	4			2		1				29
<b>ENT</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>2</b>		<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>42</b>
Priority_Level_Cateogry_2	2														2
Priority_Level_Cateogry_3			2		1										3
Priority_Level_Cateogry_4	7	5	4	3	1	1	2		1	3	1	2	2	5	37
<b>GENERAL SURGERY</b>	<b>2</b>	<b>1</b>			<b>1</b>	<b>2</b>	<b>3</b>							<b>1</b>	<b>10</b>
Priority_Level_Cateogry_3		1					1								2
Priority_Level_Cateogry_4	2				1	2	2						1		8
<b>GYNAECOLOGICAL ONCOLOGY</b>				<b>1</b>											<b>1</b>
Priority_Level_Cateogry_2				1											1
<b>GYNAECOLOGY</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>1</b>		<b>9</b>	<b>4</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>14</b>	<b>82</b>
Not_Allocated	8	4	3	8	4	7	1		6	4	6	1	1	13	66
Priority_Level_Cateogry_2					1				2					1	4
Priority_Level_Cateogry_3	1	1	1	1							1				5
Priority_Level_Cateogry_4			2		2				1			1	1		7
<b>OPHTHALMOLOGY</b>	<b>29</b>	<b>37</b>	<b>22</b>	<b>22</b>	<b>34</b>	<b>31</b>	<b>22</b>		<b>22</b>	<b>18</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>145</b>	<b>424</b>
Not_Allocated	1	2	1				3		1	1	1		2	6	18
Priority_Level_Cateogry_3	5	9	5	5	6	8	4		8	5		1	1	40	97
Priority_Level_Cateogry_4	5	5	4	4	6	3	3		3	3	3	6	5	36	86
Priority_Level_Cateogry_5	18	21	12	13	22	20	12		10	9	9	7	7	63	223
<b>ORAL SURGERY</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>3</b>			<b>1</b>	<b>1</b>	<b>2</b>		<b>11</b>	<b>48</b>
Priority_Level_Cateogry_4	4	3	5	3	9	6	3			1	1	2		11	48
<b>PAEDIATRIC CARDIOLOGY</b>										<b>1</b>					<b>1</b>
Not_Allocated										1					1
<b>PAEDIATRIC DERMATOLOGY</b>			<b>1</b>												<b>1</b>
Priority_Level_Cateogry_3			1												1
<b>PAEDIATRIC EAR NOSE AND THROAT</b>	<b>10</b>	<b>4</b>	<b>1</b>		<b>1</b>	<b>2</b>	<b>1</b>					<b>1</b>		<b>5</b>	<b>25</b>
Priority_Level_Cateogry_4	10	4	1		1	2	1					1		5	25
<b>PAEDIATRIC OPHTHALMOLOGY</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>		<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>14</b>	<b>42</b>
Not_Allocated														1	1
Priority_Level_Cateogry_3		2	1						1					1	5
Priority_Level_Cateogry_4					1	1				1			1	1	5
Priority_Level_Cateogry_5	1	5		1	1		2		1	3	2	3	1	11	31
<b>PAEDIATRIC SURGERY</b>						<b>1</b>								<b>1</b>	<b>2</b>
Priority_Level_Cateogry_4						1								1	2
<b>PAEDIATRIC UROLOGY</b>		<b>1</b>		<b>1</b>			<b>3</b>			<b>1</b>				<b>1</b>	<b>7</b>
Priority_Level_Cateogry_4		1		1			3			1				1	7
<b>PAIN MANAGEMENT</b>		<b>2</b>													<b>2</b>
Priority_Level_Cateogry_4		2													2
<b>PLASTIC SURGERY</b>	<b>2</b>	<b>1</b>										<b>2</b>		<b>2</b>	<b>7</b>
Priority_Level_Cateogry_3	1											1		2	4
Priority_Level_Cateogry_4	1	1										1			3
<b>RADIOLOGY</b>														<b>1</b>	<b>1</b>
Not_Allocated														1	1
<b>RHEUMATOLOGY</b>														<b>1</b>	<b>1</b>
Priority_Level_Cateogry_4														1	1
<b>TRAUMA &amp; ORTHOPAEDICS</b>	<b>11</b>	<b>9</b>	<b>12</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>3</b>		<b>4</b>	<b>9</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>72</b>
Not_Allocated							1								1
Priority_Level_Cateogry_1	1														1
Priority_Level_Cateogry_2				1											1
Priority_Level_Cateogry_3	9	6	10	6	7	2			4	8		3	1	1	57
Priority_Level_Cateogry_4	1	3	2		1		2			1	2				12
<b>UROLOGY</b>	<b>4</b>	<b>3</b>		<b>1</b>			<b>2</b>							<b>5</b>	<b>15</b>
Priority_Level_Cateogry_2		1					1								2
Priority_Level_Cateogry_3	1														1
Priority_Level_Cateogry_4	3	2		1			1							5	12
<b>VASCULAR SURGERY</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>4</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>		<b>16</b>	<b>39</b>
Priority_Level_Cateogry_4	1	1	3	6	1	1	4		1	1	1	3		16	39
<b>Grand Total</b>	<b>90</b>	<b>88</b>	<b>62</b>	<b>56</b>	<b>72</b>	<b>58</b>	<b>46</b>		<b>42</b>	<b>43</b>	<b>29</b>	<b>32</b>	<b>22</b>	<b>227</b>	<b>867</b>





**Annex 3 – Snapshot of DRAFT IQPR Recovery Dashboard cont...**

**Incomplete Pathways against the 92% standard**

RTT Specialty		2019			2020				Phase 3 Criteria - Forecast				
		April	May	June	April	May	June	July	August	September	October	November	December
<b>100 : GENERAL SURGERY</b>	Within18weeks	2060	2069	2031	1323	1329	1303						
	Backlog_IP	51	52	58	64	122	219						
	Backlog_OP	62	61	58	121	220	342						
	Total	2173	2182	2147	1508	1671	1864						
	Performance	94.8%	94.82%	94.6%	87.73%	79.53%	69.9%						
<b>101 : UROLOGY</b>	Within18weeks	1339	1263	1273	1202	1047	990						
	Backlog_IP	22	28	25	40	86	126						
	Backlog_OP	82	76	80	156	285	435						
	Total	1443	1367	1378	1398	1418	1551						
	Performance	92.79%	92.39%	92.38%	85.98%	73.84%	63.83%						
<b>110 : TRAUMA AND ORTHOPAEDICS</b>	Within18weeks	2579	2706	2854	1913	1653	1406						
	Backlog_IP	97	71	76	316	462	743						
	Backlog_OP	115	138	148	95	130	186						
	Total	2791	2915	3078	2324	2245	2335						
	Performance	92.4%	92.83%	92.72%	82.31%	73.63%	60.21%						
<b>120 : ENT</b>	Within18weeks	2633	2508	2664	1294	1017	930						
	Backlog_IP	43	36	25	163	167	228						
	Backlog_OP	160	169	195	141	222	410						
	Total	2836	2713	2884	1598	1406	1568						
	Performance	92.84%	92.44%	92.37%	80.98%	72.33%	59.31%						
<b>130 : OPHTHALMOLOGY</b>	Within18weeks	6321		6474	5783	5088	4127						
	Backlog_IP	400	437	454	866	1064	1331						
	Backlog_OP	139	133	173	604	1110	2136						
	Total	6860	7273	7101	7253	7262	7594						
	Performance	92.14%	92.16%	91.17%	79.73%	70.06%	54.35%						
<b>140 : ORAL SURGERY</b>	Within18weeks	1447	1363	1224	934	703	378						