Paper ref:	TB (12/20) 012

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Planned Care Restoration & Recovery		
Sponsoring Executive	Mel Roberts Acting Chief Operating Officer		
Report Author	Janice James, Deputy Chief Operating officer		
Meeting	Trust Board Report	**Date**	3rd December 2020

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

Progress against the Production plan during October continues to improve. Trust Board should note the following:

- Current Position against Production Plan, RTT & DM01
- Impact of the postponement of overnight elective care and day case surgery to support critical care and respiratory units
- 52 week waits & the realigned Clinical Prioritisation process

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

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

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

PMC, Q&S, RMC & CLE

4. Recommendation(s)

The Trust Board is asked to:

a.	**Note** progress of the Trust's Production Plan RTT & DM01 trajectories.
b.	**Note** the stepping down of Elective Care & Day Case & associated impact
c.	**Discuss** continued progress of the Risk assessment & Waiting List prioritisation, future priorities & mitigating actions

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

Trust Risk Register							
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 3rd December 2020

COVID-19 Restoration & Production plan

1. Introduction

1.1 This report provides a summary position with regards to the Trust's position in the following areas for October 2020;

1. RTT, DM01 & Production Plan trajectories
2. Impact of the postponement of overnight elective care and day case surgery to support critical care and respiratory units
3. 52+wk position & Clinical prioritisation

2. Review of comparator trajectories

2.1 The Trust Production Plan and Clinical Groups comparator dashboard aids the continued identification of 'gaps' between plan & delivery. The summary in table 1 highlights October's *actual* activity to the Trust's Production Plan and Clinical Group trajectories. The Trust is currently at 85% of its Production Plan assumptions (up 0.5% for last month). October's position last year was 90% achievement to plan.

The year	2020				
The month	10				
Clinical Group	**Production Plan Target**	**Clinical Group Target**	**Arrived (Actuals)**	**% of Production Plan Target**	**% of Clinical Group Target**
Imaging	33	33	23	**69.18%**	**69.28%**
Medicine & Emergency Care	10670	8961	8294	**77.73%**	**92.56%**
Primary Care, Community and Therapies	11766	10575	9805	**83.33%**	**92.72%**
Surgical Services	36586	31196	32334	**88.38%**	**103.65%**
Women & Child Health	3680	3497	3148	**85.54%**	**90.01%**
Grand Total	**62736**	**54263**	**53604**	85.45%	**98.79%**

Table 1- October actual activity

Also to note in the above table is the re-forecasted positions completed by the Clinical Groups in Aug/Sept this year. They are showing good correlation, with a 99% delivery position which suggests good levels of maturity and insight with in-year post Surge 1 forecasting.

2.2 The recent decision to step down routine overnight Elective Care and Day Cases will further impact the Trust's Production Plan & RTT positions. The main reason for postponing overnight Elective Care and Day Case surgery is to support critical care to surge to 32 beds to manage their increasing demand.

2.3 At the current point in time the Trust is at 33% of its bed base with CV19 positive patients (within the CV19/Surge readiness template the Trust stated that it could manage without going into Surge until 15 %).

2.4 The Trust has managed above its original surge trigger points and to date the Elective care position has seen the following routine activity postponed:

- **Dates 22nd Oct – 20th Nov**
  - Orthopaedics (320)

- **Dates: 11 – 20th Nov**
  - ENT (20)
  - Urology (30)
  - General Surgery (32)
  - Ophthalmology (5)

- **Dates: 23rd Nov – 4th Dec**
  - ENT (20)
  - Urology (30)
  - General Surgery (32)
  - Ophthalmology (5)
  - Orthopaedics (60)

2.5 This postponement is reviewed 2 weekly and a return to NHSE/I completed 3 times per week.

2.6 The Trust continues to work with Independent Service Providers (ISPs) to ensure provision of urgent & routine services, and it is currently working to utilise 2 ISPs who are new to the Black Country Framework and should be available by the 9th December.

2.7 The Trust will continue to use its Taxonomy of Services in order to manage and mitigate CV19 induced pressures. These include staffing, estate and financial pressures. Annex A details an Executive Level summary by Clinical group for continued stepping down of services with associated impact.

3 RTT Trajectories

3.1 As of the end of Oct 2020, the Trust was at a 72% RTT compliance rate. This up 6% from the previous month and is exactly in line with RTT modelling which was based on case mix and backlog reduction using 'clinical group knowledge from within the Trust. However when measured against the 85% Phase 3 RTT trajectory (which used the

Trust's Production Plan and optimal conditions & case mix) a 13% adverse position is evident.

3.2 Contributors to the above adverse position are well rehearsed & many are associated with CV19. Explicit examples of Speciality level challenges include:

- 2WW demands allows little capacity for routine demand, this perpetuates negative growth in long waits (Dermatology being an example)
- Demand for areas 'out with' our direct catchment area which utilise all available capacity (Breast being an example)
- Specialist equipment shortages &/or estate constraints (Oral being an example)
- Throughput being significantly reduced because of CV19 induced ways of working (AGPs being an example)
- Balancing clinical prioritisation against chronological booking
- Pre Covid demand and capacity issues

3.3 The Trust is currently identifying the amount of lost Elective Care, the potential ISP provision in the coming months & the impact this will have to the Trust's year-end position. Recovery plans will be drafted to ensure the Trust is repositioned favourably.

4 DM01 Trajectories

4.1 As of the end of Oct 2020 the Trust was predicted to be 75% compliant, this is an increase of 3% from the previous month.

4.2 4.2 The end of Oct was a key reporting period for the Phase 3 national targets (ie 100% compliance to DM01 standard for CT, MRI & Endoscopy) whilst significant progress has been made the Trust failed to achieve the Phase 3 targets. This is due to a change in reporting, the use of outsourcing & the capacity to meet the demand and current backlog:

- MRI, 92%
- CT 99%
- Gastro 65%

5 Clinical Prioritisation

5.1 The Trust's revised Clinical Prioritisation and Waiting List validation process is expected to offer assurance to the Board and wider partners with regards to waiting list management and compliance. The initial transition report which saw the realignment of SWBH Trust Clinical Priority categories to BSOL and national clinical priorities, allows the Trust to explicitly monitor patients who wish to defer treatment because of CV19 and non CV19 reasons and to clinically prioritise and review patients in a timely manner. An update will be included within Januarys report.

5.2 The successful completion of the above initial process has positioned the Trust positively for the first national submission of this data set which is due the 11th Dec. The Trust appears to be at the same position as other Trusts within the STP.

6 52+ wk. position and Clinical prioritisation

6.1 The Trust has 482 52+ wk. patients on its PTL as of the end of Oct 2020. Whilst the total 40+ wks. position is 2083. Appendix B has specific speciality level detail.

6.2 Top 5 specialities with high numbers over 52Wks include:

Ophthalmology	231
Vascular Surgery	41
Dermatology	30
Oral Surgery	26
Paed Ophthalmology	23

6.3 Mitigation includes sensitively balancing clinical priority with chronological ordering, implementing WLI and additional clinics wherever possible (including ISPs) and clinically reviewing patients on the waiting lists.

6.4 The P5 & P6 patient choice categories to defer will also positively support the Trust's waiting list as the intention is to move patients who have chosen to defer their treatment to a 'Planned waiting list.' Regular communication between patient and the Trust will ensure when the patient is ready to come in for treatment they are able to be booked in.

6.5 Harm Reviews &/or RCAs are currently being completed from all Specialities and an update will be available will be included within next months report.

7 Recommendations

7.1 The Trust Board is asked to:

a. **Note** progress of the Trust's Production Plan, RTT and DM01 positions
b. **Note** the stepping down of Elective Care & Day Case and associated impact
c. **Discuss** continued progress of the Risk assessment and Waiting List prioritisation, future priorities and mitigating actions

Janice James
Deputy Chief Operating Officer

December 2020

Appendix A - Executive Version Taxonomy of Services

- Womens & Childrens & Diagnostic Imaging unable to step down/offer staff to be redeployed at this point.

- The summary tables below highlights current working assumptions for the numbers of staff who could be redeployed for Surgery, MEC & PCCT without affecting urgent emergency & cancer services.

	Mixture of clinicians	Non clinical	Specialist Consultant/ physician	Registrar	Jn specialist Dr	Scientist	Nurses qualified	Nurses unqualified	Rehab	Physiologist
Surgery	26 staff (mix of consultants, surgeons &nurses)	8 Plus 'X' med secs								
MEC			10	4		4	11	1	5	19
PCCT	20 staff deployed already; (ie 10 staff gone to MEC 10 staff spread across D43/Leasowes & RR)				1		13	15		
Total	46	8 plus…	10	4	1	4	24	16	5	19

1. **Surgery** re-ratifying utilisation of staffing - current *holding position* suggests;

Service Area	Clinical staff available	Non-Clinical staff available
Sterile services		2x wte
Medical Secretaries		Tbc wte
Theatre staff	26 staff already removed	
Pain Mgt		2x secretaries 1 x B5 2 x B3 1 x B2

2. MEC

Service Area	Clinical staff available	Additional comments
Cardiology	Cardiologists x 4 Cons and 3 Reg Cardiology Nurses x 4 Qualified and 1 HCA Cardiac Rehabilitation Staff x 5 Cardiac physiologist x 5	Step down 'routine cardiology' & only continue with urgent & cath lab. Release cardiologist , consultants & registrars BUT note limited redeployment opportunities as not GIM Potential for nurses, rehab & physiologist staff to be released but will need to ensure able to cover 'urgent' patients
Neurology	Neurologists x 1 Cons and x 1 Reg Neurology CNS x 2	Step down 'routine Neurology & only continue with urgent. Release Neurologist , consultant & registrar BUT note limited redeployment opportunities as not GIM Potential for CNS staff to be released but will need to ensure able to cover 'urgent' patients
Neurophysiology	Neurophysiologists Cons x 2 and Scientists x 4 Physiologists x 10	Step down 'routine' & only continue with urgent. Release Neurophysiologist , consultants & scientists BUT note limited redeployment opportunities as not GIM Potential for Physiologists staff to be released but will need to ensure able to cover 'urgent' patients To note In 1st surge this team were 'not really utilised' because of limited transferable skills
Respiratory	Respiratory Physicians x 2 CNSs x 2 Respiratory Physiologists x 4	Staff utilised in NIV/Respiratory hub Staff are 'GIM'
Gastroenterology	Gastroenterologists x 1 CNSs x 1	Gastroenterologists x 1 CNSs x 1
Single point of access	SPA Nurses x 2	Nurses already supporting in ED when not needed for SPA

3. PCCT

Service Area	Clinical staff available
Dermatology	5x Registered Nurses 4x Non- qualified nurses can be reutilised in ITU & IP settings & the service can still provide cancer &/or urgent interventions
Rheumatology	2x Registered Nurses 2.2 x Non- qualified nurses can be reutilised & the service can still provide core work
Diabetes	Medical staff already being reutilised in MEC (D28) Nursing staff needed to manage the service in absence of medical staff
SSHS	5x Registered Nurses 8.9 x Non- qualified nurses can be reutilised & the service can still provide core work
Chemical Pathology	1x Jnr Speciality DR can be reutilised (last time went to Gastro)
Clinical Immunology	1x qualified nurse can be reutilised in an IP area
Medical Infusion Suite	1 qualified nurse went to D30 from the 1st Surge & hasn't returned as yet
D43 & D47 (Sheldon)	D47 not currently up & running so; 10 staff gone to MEC 10 staff spread across D43/Leasowes & RR

Appendix B - 40+ weeks waits

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TCIDate	(All)																																							
Pathways	**Column Labels**																																								
Specialty	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**	**69**	**70**	**71**	**72**	**73**	**74**	**75**	**77**	**80**	**81**	**97**	**Grand Total**
CARDIOLOGY	3	7	2	2	4	1	1	2		1	2	1		3	1			1		1										1			6	3	1						43
DERMATOLOGY	48	38	25	11	19	14	19	15	16	12	11	11	10	6	8	2	1	2	1																					1	270
ENT	14	14	6	5	6	12	3	7	5	8	2	2		1	1				4	1				1																	92
GYNAECOLOGY	3	5	5	3	6		2	3	1	1	3	2		1	2		2		2	1			2																		44
OPHTHALMOLOGY	34	45	19	9	48	39	34	30	23	17	27	17	14	17	25	18	12	15	6	6	8	12	11	2	8	9	12	10	8	5	11	6	4	4	2	2	2	1	1		573
ORAL SURGERY	24	28	8	13	10	14	9	15	3	4		2	2	7	2	2		1	1		1		2				1	1		2	2	1			1						156
Paediatric ENT	5	10	5	2	5	4	1	6	3	2	4	1	1		1	2				3				1					1		1										58
Paediatric Gastroenterology	2	1					2																																		5
Paediatric Ophthalmology	7	5			2	7	5	3	2	1	3	5		3		1	1		2	3	1	1	1	1	2	1		1			1		1			1	1		1		63
PAEDIATRIC SURGERY													1																												1
TRAUMA AND ORTHOPAEDICS	30	27	13	13	21	16	14	11	8	4	3	4	5	3		1		5	1	1																					180
UROLOGY	11	11	16	7	6	6	2	2	6	4	2		2	1						1																					77
Vascular Surgery	7	10	4	3	4	7	3	4	1	1	2	2	4	7	1	4	3	3		2	2		1	3	3	1	2	1		1	1	1	1								89
GENERAL SURGERY	8	11	2	3	12	5	3	1	2	2	2	1				1	1						1																		55
PLASTIC SURGERY	1	3			5	2	1	2	1		3								1	1																					20
GASTROENTEROLOGY	39	25	18	12	9	14	9	6	1	1						1																									135
Paediatric Urology	5	3	1	1		4	1			1	1					2				1																					20
Paediatric Trauma & Orthopaedics		2					1		1	1																															5
RESPIRATORY MEDICINE	2	3	1																																						6
NEUROLOGY - ACUTE		1		2							3																														6
IMMUNOPATHOLOGY	1						1	1	2			1																														6
Paediatric Dermatology	24	17	17	11	11	16	17	10	15	8	2	3																														151
Paediatric Respiratory Medicine	1										1																															2
RHEUMATOLOGY						1																																			1
Paediatric Neurology						1						1																														2
BREAST SURGERY	1	1					2	1	2		1							1																								9
GYNAE-ONCOLOGY	1	1																																								2
Paediatric clinical Immunology	1	1		1	1			1	1																																	6
RADIOLOGY												1																														1
Allergy	1		2																																							3
Paediatric Plastics					1																																					1
NEPHROLOGY					1																																					1
Grand Total	**273**	**269**	**144**	**98**	**171**	**163**	**130**	**120**	**93**	**68**	**72**	**54**	**39**	**49**	**41**	**34**	**20**	**28**	**18**	**21**	**12**	**13**	**18**	**8**	**13**	**11**	**15**	**13**	**9**	**9**	**16**	**8**	**12**	**7**	**4**	**3**	**3**	**1**	**2**	**1**	**2083**