

<b>Report Title</b>	Planned Care Update		
<b>Sponsoring Executive</b>	Mel Roberts - Acting Chief Operating Officer		
<b>Report Author</b>	Janice James – Deputy Chief Operating Officer		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	7 <sup>th</sup> January 2021

• **Suggested discussion points**

The achievement against trajectories for RTT, DM01 and Production Plan continues to be challenging and the stepping down of elective care has only exacerbated the situation. Trust colleagues are actively working to deliver to remedial action plans.

The Trust is also working to clinically review all long wait patients on its Inpatient waiting list. Prospective harm reviews should further aid assurance as will 52week Harm Reviews which are being conducted.

Furthermore the Trust's revised Clinical Prioritisation process will help with 'resources' being directed at patients willing to come in, whilst those patients choosing to 'defer' will be moved to a 'Planned waiting list.'

It's clear the Trust will not recover to pre- Covid cancer performance in Q4. A new trajectory will implemented once changes in breast and skin 2ww referrals are identified and assurances of the independent sector theatre contract are forthcoming

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

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	Estates Plan	X
Financial Plan	X	Digital Plan	X	Other <i>[specify in the paper]</i>	

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

OMC, PMC, CLE & Q&S Committee

• **Recommendation(s)**

The Trust Board is asked to:

- |    |   |
|----|---|
| a. | Note the contents of the report                         |
| b. | Offer constructive challenge and support as appropriate |
| c. |   |

• **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 Trust Board 7<sup>th</sup> January 2021 Planned Care update

### 1. Introduction

This report offers a summary position with regards to the Trust's position in the following areas:

- RTT, DM01 and Production Plan trajectories
- Long waits and Clinical prioritisation
- Cancer targets

### 2. RTT Trajectories

- 2.1 As of the end of Nov 2020, the Trust was at a 74.81% RTT compliance rate. This continues to improve from the previous month. **Appendix A** offers a detailed look at speciality level performance.
- 2.2 Cardiothoracic Surgery, Respiratory and Geriatrics are all compliant against the 92% RTT standard whilst Dermatology, Oral and Plastic Surgery have the most improvement to make.
- 2.3 The Trust has seen significant reductions in elective & Day case activity but continues to be in a strong position with regards to the trajectory to 92% compliance. The majority of specialties are achieving their forecasted compliance in month; dermatology being the outlier which is currently 27% off their trajectory.

### 3. DM01 Trajectories

- 3.1 As of the end of Nov 2020 the Trust was showing an 83% compliance rate, this showed an increase from the previous month.
- 3.2 Phase 3 national targets require 100% compliance for CT, MRI and Endoscopy. CT achieved 99%, MRI achieved 96% and Endoscopy/Gastro delivered 71%. All of which show an improving picture
- 3.3 The areas of concern continue to be:
- Cystoscopy (42%)
  - Urodynamics (62%)
  - Flexi sigmoidoscopy (70%).
- 3.4 However Non-obstetric Ultrasound is also an area of concern due to the large numbers of referrals and the reduction in skilled staff in specific subspecialties (Paediatric and ENT). Performance is currently at 71%. Mitigation for general Ultrasound includes maximising capacity with Locums and Bank/WLI shifts. Where possible the Trust is also diverting more general Paediatric and ENT studies to generalist radiologists whilst a longer term solution is found.

#### 4. Production Plan

4.1 The table below summarises the Trust's activity position against Production Plan and Clinical group trajectories for November. The Trust is currently delivering 87% of Production Plan assumptions.

Table 2 - Latest Complete Month Delivery By Clinical Group

The year	2020				
The month	11				
Clinical Group	Production Plan Target	Clinical Group Target	Arrived (Actuals)	% of PP Target	% of CG Target
Imaging	66	36	42	63.16%	117.98%
Medicine & Emergency Care	18904	10286	16245	85.93%	157.93%
Primary Care, Community and Therapies	19885	10275	16469	82.82%	160.29%
Surgical Services	69114	30342	61641	89.19%	203.15%
Women & Child Health	6993	3361	5468	78.20%	162.70%
<b>Grand Total</b>	<b>114962</b>	<b>54300</b>	<b>99865</b>	<b>86.87%</b>	<b>183.91%</b>

Source data: 4<sup>th</sup> Dec 2020 BI weekly summary Dashboard

4.2. The Trust's adverse position to Production Plan is significantly attributable to the earlier stopping and more recent 'stepping down' of Elective Care due to the CV19 pandemic. Although factors such as; low referrals, reduced estate, reduced list sizes (because of CV19 induced working practices), patient choice to defer and workforce vacancies (consultant & nurse) continue to also exacerbate the situation.

4.2 Mitigation plans include the recent implementation of dedicated 121 Clinical Group support and challenge review sessions (aka PC PMO) which specifically focus on delivery to plans. These are held weekly and result in the actioning of CG Remedial Action plans which will include potential opportunities such as;

- Smarter use of ISP
- Re-reviewing of Elective to Day Case provision
- Re-review of virtual consultation opportunities
- Greater utilisation of Trust and partner estate (including offsite provision such as Yew Tree Health Centre)
- Promotion of services to GPs and other partners (to increase referrals)
- Active but targeted recruitment to key clinical & operational posts
- Review of partnership delivery models (i.e. Modality)

#### 5 Long Waits

5.1 The Trust had 643 x 52+ week patients on its Inpatient/Outpatients PTL as of the end of Nov 2020. The 40-52 week wait position was 2777.

- 5.2 Clinical Groups are currently reviewing and conducting *prospective* clinical reviews on patients on the Trust's Inpatient waiting list. This includes systematically reviewing all 52+ww patients. However it should be noted that this ask is quite a significant ask for some specialities due to the number of long wait patients and a 52ww wait plan will be needed in these instances.
- 5.3 A full breakdown of the Trust's long waits can be seen at **Appendix B** however the top 5 specialities with the highest number of long waits are:
- Ophthalmology - 265
  - Dermatology - 93
  - Oral Surgery - 68
  - Vascular Surgery - 46
  - T & O - 42
- 5.4 All specialities except Ophthalmology have completed 52wk patient reviews & TCI dates have been scheduled in Dec & Jan wherever appropriate. Ophthalmology continues to work through their clinical/52 wk wait reviews.
- 5.5 The Trust has also reviewed and refreshed its 52week RCA & Harm Review SOP. It was originally drafted by the Clinical Advisory Group (CAG) but has subsequently had input from operational, governance & IT colleagues. The expectation is that Clinical Harm Reviews will be conducted using the patient's Electronic Patient Record in Unity from Jan 2021.
- 5.6 Additionally to note were 2 Harm Reviews for Patients waiting over 100wks. Both have had harm reviews, duty of candour applied and no harm has come to either patient. Both patients have now been seen.
- 5.6 The Clinical Prioritisation process has also aided the identification of patients who have made the choice to 'defer' treatment for either CV19 or non-CV19 reasons. Table 5 below is a very early indication of patient choice to defer. Work continues to ensure patient choice is recorded as part of the clinical/prospective Harm reviews. To note the Trust has successfully submitted the first national clinical prioritisation submission which was due 11<sup>th</sup> Dec. The Trust should receive feedback in due course.

Table 5 -Patient 'Availability' Summary

Wlist Entries	Column Labels					
Clinical Group	Available TCI	P5 CV19 reason	P6 Non CV19 reason	Not Allocated	Grand Total	% Allocated
Imaging				21	21	0.00%
Medicine & Emergency Care	42	1		105	148	29.05%
Primary Care, Community and Therapies	48		1	369	418	11.72%
Surgical Services	1847	776	43	3025	5691	46.85%
Women & Child Health	169	1	5	195	370	47.30%

<b>Grand Total</b>	<b>2106</b>	<b>778</b>	<b>49</b>	<b>3715</b>	<b>6648</b>	<b>44.12%</b>
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- **Cancer Recovery December 2020**

6.1 The Trust recovery plan for cancer would be to return to pre-Covid performance by Q4. Early indications until September identified the Trust had met the trajectory as planned and would manage the recovery of cancer. There have been several factors regarding 2 week waits from September that have now significantly impacted on the Trusts ability to return to pre COVID performance by Q4. The issues are as follows:-

- Increase of referrals for breast which has been identified as national issues which could have been linked to the October breast awareness campaign and would have normally dipped in November, which they have not. The next available appointment is day 33 which is a significant wait for the worried well. The Cancer Alliance is starting a piece of work to look at alternative ways of working and we wait to see the scope of this work and implementation before we see any changes.
- Inadvertent closure of referrals for Upper GI. An investigation has been undertaken and the priority has been to ensure all patients were contacted and have had an appointment.
- Skin referral increase is normally seasonal i.e. in the summer and then they dip which has not been the case. There is an increase of referrals for 2ww and a reduction in routine referrals. The team have consultant vacancies and sickness which restricts the amount of waiting list initiatives that can be undertaken. It's perceived that with the pandemic GPs are not seeing patients face to face and on discussion making a decision to refer on a 2ww referral. This has been discussed with the CCG to say this is not acceptable and potential cancer patients need to be seen, communication to go out to GPs and secondly for Rapid Access to ask patients if they have been seen and to return to GP if not. The next available 2ww appointment is day 42 which will only increase with the BH over the festive season

6.2 BSOL referrals have seen to contribute to the increase in referrals in the two specialities above. BSOL have been approached to discuss with them that our waiting lists is excessive and the Trust will return referrals that would not normally be received by the Trust, which has been supported by the STP who also write formally to BSOL. This has had a mixed reception and GPs stating its patients choice. A further meeting with BSOL has been organised for the new year. A further break down of referrals from 2019 to date has been requested from information by GP surgery and tumour site. The Trust is in discussion across the Black Country and West Birmingham STP (BC & WB STP) providers to seek help with dermatology referrals and awaiting feedback.

6.4 Country wide the 62 day target continues to be below target with SWBH having 15.5 breaches during October. With the predicted failure of the TWW target for the next two months, the increase in referrals with clinics not operating at pre COVID levels, the impact of 2nd wave and 'normal' winter pressures, there is no sign that the target will be recovered in Quarter 4. There are multiple challenges in meeting the 62 day target as follows:

- The impact of the 2ww for breast and skin which is over 4 weeks will certainly influence the recovery of cancer negatively. These two specialities are known to hold up the Trust performance when other specialities breach and this is not the case now and going forward.
- The Second wave of COVID and the lack of theatre sessions on site
- The limited Independent Sector theatre lists allocated for the demand for urology and colorectal
- Head & Neck diagnostic delays for FNA and biopsies
- Staffing in endoscopy due to high vacancy levels

6.5 The Trust has reached out across the BC&WB STP for support with theatre and unfortunately the providers have patients waiting over 40 days from decision to treat and cannot support. Therefore patients are being contacted to see if they will go to another Trust across the Alliance and then the patient is referred to the surgical hub. There is ongoing discussion with the independent sector regarding the new contract from January and gaining regular theatre slots. All patients who breach have a review of the pathway by the Lead Cancer Clinician and colleagues which re reviewed by the Lead Cancer Clinicians.

Table 6 - Trust 62 day achievement over a 3 month period, broken down by tumour site

	Breast	Colorectal	Gynae	Haem	H&N	Lung	Skin	UGI	Urology	Trust
Aug	90.50%	66.70%	53.30%	100%	50%	100%	82.40%	100%	72.70%	<b>77.40%</b>
Sep	95.10%	20%	55.40%	80%	n/a	0%	100%	66.70%	65.40%	<b>74.80%</b>
Oct	100%	64.70%	70%	100%	0%	66.70%	87.50%	56.30%	66.70%	<b>75.40%</b>

6.6 Across all 62 day standards the Trust is reporting 6 - 104 day breaches. The harm reviews have recommenced with the Lead Cancer Clinicians who are now active in post. The development of BC&WB STP standard operating procedures (SOP) for 104 day process has now been put on hold due to the second wave of COVID. The Cancer Team are reviewing the proposed paperwork and process to identify comparisons with the Trusts procedures.

6.7 The Trust has always been a leading light in their performance for cancer and it's clear that we will not recover to pre- Covid performance in quarter 4. A new trajectory will be worked on once we can identify the changes in breast and skin 2ww referrals and have assurances of the independent sector theatre contract. All the administration and clinical teams remain committed to move the patients through the pathway as soon as they can even in the pandemic.

## 7. Summary / Conclusions

7.1 RTT, DM01 and Production Plan trajectories achievement against trajectories continues to be challenging and the stepping down of elective care has only exacerbated the situation. Mitigation plans cited above will actively support the Trust as it works to deliver to its remedial action plans.

- 7.2 Long Waits - The Trust is actively working to clinically review all patients on its Inpatient waiting list. Prospective harm reviews should further aid assurance as will 52wk Harm Reviews and plans which are being drafted.
- 7.3 Furthermore the Trust's revised Clinical Prioritisation will help with 'resources' being directed at patients willing to come in, whilst those patients choosing to 'defer' will be moved to a 'Planned waiting list.'
- 7.4 Cancer targets - it's clear the Trust will not recover to pre- Covid performance in quarter 4. A new trajectory will be implemented once changes in breast and skin 2ww referrals are identified and assurances of the independent sector theatre contract are forthcoming

## 8. **Recommendations**

The Trust Board is asked to:

- a. Note the contents of the report
- b. Offer constructive challenge & support as appropriate

Janice James  
Deputy Chief Operating Offer  
December 2020

**Appendix A – RTT Summary - Incomplete Performance-Target 92% within 18 Weeks**

Spec	Within 18 weeks	Outside 18 weeks	Total	Potential Slippage	% Performance
100-GENERAL SURGERY	2208	493	2701	192	81.75%
101-UROLOGY	1799	722	2521	198	71.36%
110-TRAUMA AND ORTHOPAEDICS	2381	880	3261	236	73.01%
120-ENT	1798	566	2364	180	76.06%
130-OPHTHALMOLOGY	5490	1396	6886	373	79.73%
140-ORAL SURGERY	724	844	1568	123	46.17%
160-PLASTIC SURGERY	69	55	124	16	55.65%
170-CARDIOTHORACIC SURGERY	14	0	14	2	100.00%
301-GASTROENTEROLOGY	1556	1073	2629	231	59.19%
320-CARDIOLOGY	1095	132	1227	97	89.24%
330-DERMATOLOGY	1510	1677	3187	276	47.38%
340-RESPIRATORY MEDICINE	916	69	985	58	92.99%
400-NEUROLOGY - ACUTE	481	77	558	39	86.20%
410-RHEUMATOLOGY	294	35	329	29	89.36%
430-GERIATRICS	40	2	42	3	95.24%
502-GYNAECOLOGY	1909	284	2193	145	87.05%
x01-OTHER SPECIALTIES	6305	1614	7919	480	79.62%
<b>Trust Total</b>	<b>28589</b>	<b>9919</b>	<b>38508</b>	<b>2678</b>	<b>74.24%</b>

