Paper ref:	TB (02/21) 013

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Planned Care update		
Sponsoring Executive	Liam Kennedy - Chief Operating Officer		
Report Author	Janice James – Deputy Chief Operating officer		
Meeting	Trust Board	**Date**	4 February 2021

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

This paper summarise the position of Planned Care as of the end of December. Since the restoration and recovery period began the Trust has been managing several Covid Surges and is currently in the middle of the largest Covid Surge to date, reducing all non-urgent elective activity. This will have a huge knock on effect to constitutional standards as well as wait times for patients. The committee is asked to reflect on the following points outlined in the paper:

- The Planned care position as of December against all core standards
- The implementation of a standardised Harm review document that is within Unity to allow capture of any potential harm to patients due to significant wait times
- The current position of clinical prioritisation across our inpatient waiting lists, under section 5

2. 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		Estates Plan	x
Financial Plan	x	Digital Plan	x	Other *[specify in the paper]*	

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

OMC

4. Recommendation(s)

The Board is asked to:

a.	• The Planned care position as of December against all core standards
b.	• The implementation of a standardised Harm review document that is within Unity to allow capture of any potential harm to patients due to significant wait times
c.	• The current position of clinical prioritisation across our inpatient waiting lists

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

Trust Risk Register	x	Under Covid Risks					
Board Assurance Framework	x						
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 4th February 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

2. **RTT position:** As of 15th January 2021 the Trust was at 75% Compliance (which is a static position compared to the same point last month). Specialities below 70% compliance are highlighted in Table 1 below. Their positions have been significantly impacted by Elective Care step down decisions made by the Trust

Spec	Total	Potential Slippage	% Performance	Last Week
100-GENERAL SURGERY	2809	144	79.03%	**80.55%**
101-UROLOGY	2614	173	67.02%	**67.79%**
110-T&O	3289	171	69.81%	**70.66%**
120-ENT	2369	94	75.39%	**75.90%**
130-OPHTHALMOLOGY	7079	403	78.68%	**79.52%**
140-ORAL SURGERY	1594	109	41.66%	**45.33%**
160-PLASTIC SURGERY	128	10	42.97%	**50.34%**
170-CARDIOTHORACIC SURGERY	11	0	90.91%	**90.00%**
301-GASTROENTEROLOGY	2309	158	62.41%	**61.03%**
320-CARDIOLOGY	1159	51	88.52%	**87.67%**
330-DERMATOLOGY	3125	199	44.67%	**45.16%**
340-RESPIRATORY MEDICINE	1009	49	88.11%	**89.49%**
400-NEUROLOGY - ACUTE	476	39	92.44%	**94.09%**
410-RHEUMATOLOGY	318	25	83.96%	**84.89%**
430-GERIATRICS	20	1	95.00%	**100.00%**
502-GYNAECOLOGY	2207	104	83.78%	**84.86%**
X01-OTHER SPECIALTIES	11953	397	86.71%	**84.40%**
Trust Total	**42469**	**2127**	**75.46%**	**74.95%**

Table 1: RTT position as of 15th Jan 2021

3. **DM01 position:** As of 15th January 2021 the Trust was at 71% compliance, (down 9% compared to same point last month)

Phase 3 DM01 position: (Target 100%)

- MRI is at 66% (down 19% from last month)
- CT is at 87% (down 13% from last month)
- Gastro is at 99% (down 18% from last month)

Non-obstetric Ultrasound : 67% (down 2% compared to same point last month)

4. Production Plan:

4.1 The Trust's unvalidated position for December 2020 is c£3.5m behind plan. This adverse position is significantly attributable to the earlier stopping and more recent 'stepping down' of Elective Care due to the CV19 pandemic. However 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) also continue to exacerbate the situation.

4.2 **January Forecast position** - The Trust is currently forecasting a gap of c£5.6m against a plan for month end of £11.2m. The £5.6m gap does not yet include any available capacity, (although with the stopping of all but urgent & cancer provision this remains limited) the cashing up of clinics, the uplift in tariff/coding or Modality opportunities. However Surgical Services are c£4m behind plan behind plan pre 'uplifts'.

4.3 **Production Plan Mitigation**: The Trust continues to work to position itself favourably with ISP partners & recent partnership working has resulted in a new ISP partnership which will see the Trust able to continue to deliver Elective Care for T&O patients.

4.4 The Trust has also used the 'unique situation' which CV19 has brought to challenge itself with new models or different pathways of care & different environments in which to deliver care. This has included the adoption of Day Case instead of InPatient overnight elective care & increasingly piloting virtual outpatient appointments within a PDSA cycle so as to ascertain if new appointments or follow up appointments work best in the virtual context. Intel to date suggests it is speciality specific – some specialities found it works best for new appointments & others found the follow Up appointments work best. Work will now focus on embedding virtual care provision across all specialties & ensuring equity of IT equipment

4.5 The good progress which has been maintained to date with regards to the continued booking of OutPatients appointments will have an impact with regards to case mix when Elective Care is stepped up again (ie increased ratio of InPatient/Day Case compared to OutPatient activity) The table below illustrates the 'Case Mix' point, highlighting the switch

from Elective to Day case wherever clinically appropriate & the continued focus on OutPatients including follow-ups which was partly driven by decreasing referrals.

POD	Dec Activity	Dec Value
Day Case	69%	66%
Elective	47%	46%
New OP	72%	70%
F/Up OP	73%	78%

Table 5: Case mix comparison

5 Long waits:

- InPatients over 52 wks equates to 738
- OutPatient over 52 wk equates to 109

5.1 All Clinical groups have completed their 52 Wk Clinical/Harm Reviews with the exception of Ophthalmology. Timeframes & blockers are currently being reviewed. No harm has been highlighted to date.

5.2 A revised Harm Review SOP has been co-designed with input from the Clinical Advisory Group & Trust Clinical Groups. It has been signed off at CV19 Tactical and a template is currently being created in Unity with a go live date for the end of Jan/begin Feb. The creation of a virtual, paperless and self-populating template will save staff time, enable more efficient reporting and enable secure storage of patient details.

6 Clinical Prioritisation :

6.1 As of 14th Jan the Trust had 6915 patients on its InPatient waiting list. 74% (up 8% from same point last month) have been reviewed & allocated a revised 'P' value. Further detail is shown in the summary table below

P value	Length of wait	Numbers of patients waiting THIS week
P2	Within a month	365
P3A	Within 3 months	1522
P3B		513
P4A	Greater than 3 months	1562
P4B		542
P4C		667

P5 (CV19)	**150**
P6 (Non CV19)	**47**
1744 yet to be allocated	

NB: All P5 & P6 patients will be transferred to a 'Planned Waiting List'

6.2 The Trust continues to report nationally each month on the number of patients who are in each 'P' category & booking of patients is still lead by clinical need followed by chronological order.

6.3 The Trust is currently completing a review of all those categorise to work through when they will or have exceeded their recommended wait time as this will provide us with a further level or risk or assurance on potential clinical harm.

7 Summary / Conclusions

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

- **RTT, DM01 & the Trust's Production Plan positions:** all been adversely impacted by the stepping down of elective activity. However, the Trust continues to position itself positively & uses the CV19 situation to challenge itself to deliver the best possible patient care in the current climate.

- **Over 52 wk waits Inpatients**: All specialities have completed 52wk harm reviews except Ophthalmology which is working up a plan for completion. A revised Harm Review SOP has been designed & a template is currently being created in Unity that we hope to have available in the next few weeks.

- **Clinical Prioritisation**: The Trust continues to book patients by clinical need followed by chronological order & c75% of Inpatients have been reviewed & allocated a revised 'P' value. Modest numbers of patients (c200) are choosing to defer due to CV19 or personal reasons.

8 Recommendations

The Board is asked to:

- Note the Planned care position as of December against all core standards
- Discuss the implementation of a standardised Harm review document that is within Unity to allow capture of any potential harm to patients due to significant wait times

- Confirm and Challenge the current position of clinical prioritisation across our inpatient waiting lists, under section 5

Janice James
Deputy Chief Operating Officer

January 2021