

Report Title	Planned Care update		
Sponsoring Executive	Liam Kennedy – Chief Operating Officer		
Report Author	Janice James –Deputy Chief Operating Officer		
Meeting	Trust Public Board	4 th March 2021	

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

The report highlights the deteriorating position the Trust has experienced in planned care in line with the impact of the pandemic. Mitigations are still in place to ensure we have safety nets to capture patients and stratify the risk levels. We are still seeing a significant increase in long waits and those with high priority who require urgent intervention.

Recovery plans are beginning to be developed in light of the de-escalation plans associated with reductions in Covid admissions and plans will shortly be drawn up by speciality to address these.

The Committee is asked to:

- a) Note the contents of this report
- b) Offer challenge or explore areas that require further review

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 <i>[specify in the paper]</i>	

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

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4. Recommendation(s)

The Committee is asked to:

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

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

Trust Risk Register	x					
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: Trust Board

Planned Care Update

1. Introduction

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

- Production Plan, RTT & Referrals
- Long waits and Clinical prioritisation
- Mitigation Plans & Supporting Strategies

2. Production Plan

2.1 Across all Elective Care Delivery the Trust has delivered 75.4% of activity but only 63.5% of Value. The Loss of value most significant in Surgical Services. This aligned with the reduction of elective services, but the ability to maintain most Outpatient services through this period. As we begin our restoration period we will start to align our financial activity plans with work required to reduce waiting lists. Table 1 provides an overview by Group of their current Production plan position.

Table 1: group position on value and % of activity delivered

Clinical Group	% of Value Achieved	% of Activity Delivered
Imaging	60.0%	76.4%
Medicine & Emergency Care	66.6%	66.2%
Primary Care, Community and T	80.0%	79.7%
Surgical Services	57.9%	76.4%
Women & Child Health	79.5%	79.0%
Grand Total	63.5%	75.4%

2.2 At this stage it is difficult to predict an end of February position, it is unlikely much improvement will be seen as the recovery work starts at the beginning of March and an increase in activity will be seen with surgical activity beginning. We have agreed the step down of 1 of the 4 ICU areas on the 1st March with elective activity forecast to increase from the 22nd of March allowing transition time for staff and adequate notice for patients.

3. RTT position

3.1 As of end of January 2021 the Trust was at 77%. Appendix 1 provides Speciality level detail; dermatology and oral surgery are the areas of most concern. Oral surgery requires regional input as UHB have pulled this service and we are reliant on them or other black country provides to develop a recovery plan. Dermatology will have a recovery trajectory outlined by the end of Feb. Other Speciality level recovery trajectories will be complete by mid-march once the planned reset of activity is agreed.

4. Referrals

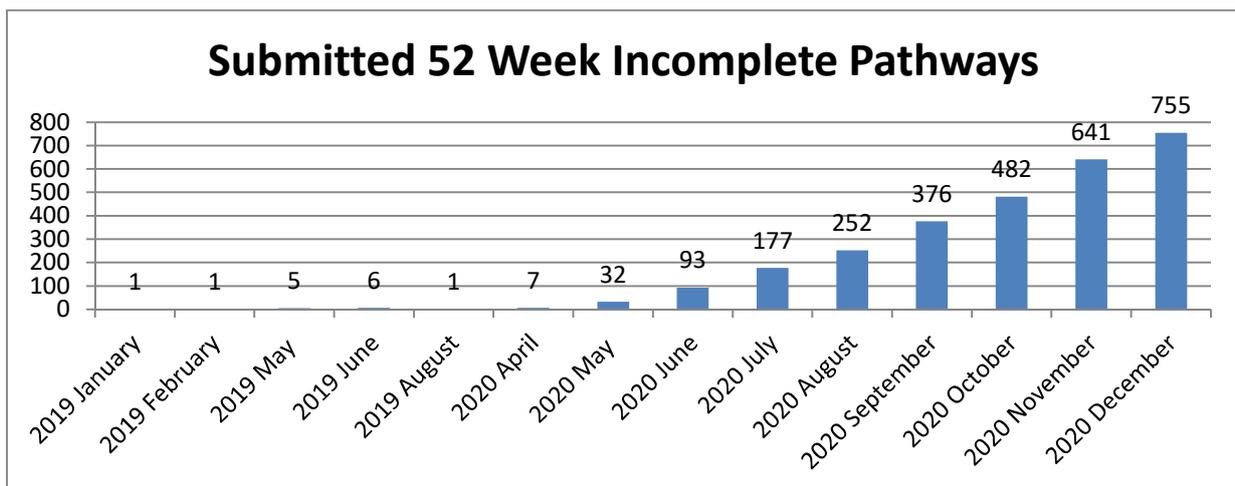
4.1 Urgent & Routine referrals are at c.70% of the referral activity pre Covid. Cancer referrals are almost on par with monthly average but routine are down on previous years. It is reassuring to see the cancer referrals at a steady state albeit conversion rates are still relatively low and triage processes are being explored.

4.2 Further engagement nationally and locally with patients to present to GP's is required, as GP's are also seeing a reduction in presentation and this could be generating a hidden problem for the months and years to come.

5. Long waits

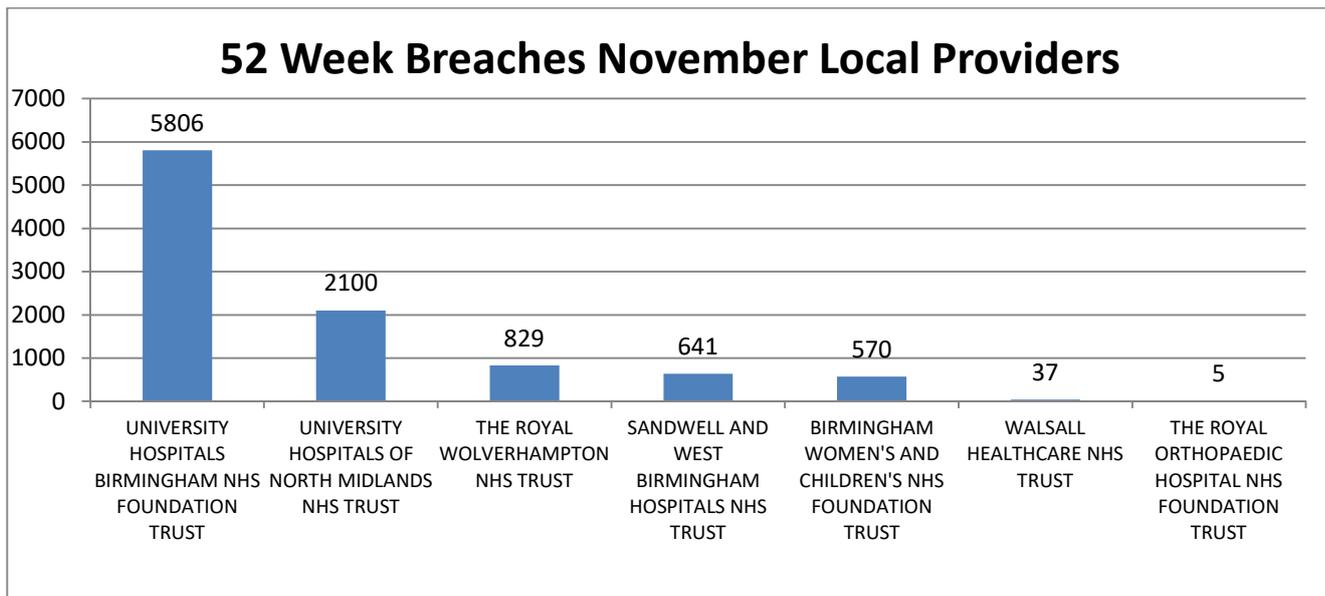
5.1 Many Trusts are experiencing unprecedented 52 week waits. The table below highlights our growth in 52ww since Wave 1 CV19

Table 2: the growth in 52 WW since the beginning of wave 1 Covid.



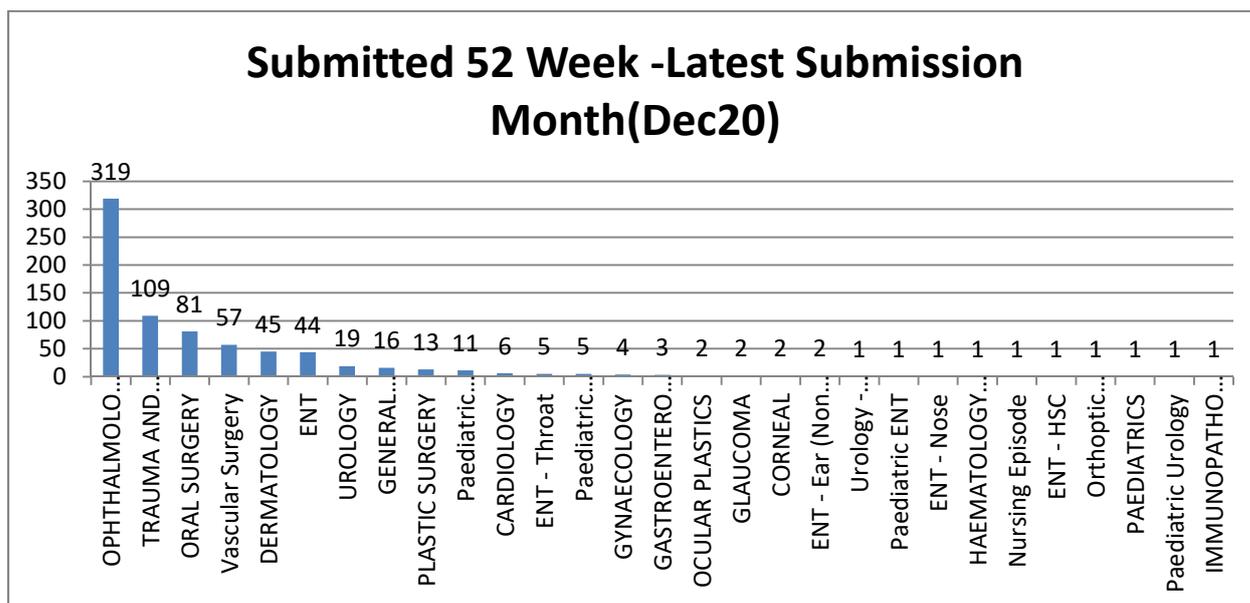
5.2 As a percentage the Trusts 52ww against the total PTL in Nov 2020 sat at 1.6%. For context, this sits favourably with some comparable Trusts, Wolverhampton which is sitting at 2.1%. UHB at 5.2%.

Table 3: 52 week position, in Nov 2020 for neighbouring Trusts



5.3 The Trust’s waiting list at the end of Jan is, 926 InPatients over 52 wks and 181 OutPatients over 52 wk . The distribution as of Dec 2020 is detailed below at Table 4. Whilst 29 Specialities across the Trust have 52ww, Ophthalmology remains a significant outlier. We are developing plans on how we tackle our 52ww position, but focus must remain on treating those of highest clinical priority. Plans are in place to address T&O and Dermatology over the next few months, but Oral surgery and vascular surgery are services solely provided by UHB and identification of when those services will be back up and running are not clear.

Table 4: Speciality Distribution of 52 ww across SWBH



6. Clinical Prioritisation :

6.1 At the end of January Trust had 7416 patients on its InPatient waiting list. 74% have been reviewed & allocated a revised priority value. This is an ever evolving position as patients are removed and added to our waiting list. We will start to track the movement in and out of the priority groups each month to hopefully demonstrate a positive movement in the higher priority groups first.

P value	Length of wait	Numbers of patients waiting THIS week
P2	Within a month	497
P3A	Within 3 months	1586
P3B		553
P4A	Greater than 3 months	1579
P4B		586
P4C		671
P5 (CV19)		92
P6 (Non CV19)		43

6.2 It is interesting to note that P5 & P6 numbers continue to reduce, suggesting that patients are becoming more accepting of treatment in a CV19 environment.

6.3 In order to ensure ourselves of harm amongst these patients and amongst our 52 week waits the following is being done:

- **Clinical Harm Reviews** - established as BAU for all specialities, some still have to make tweaks to how this is recorded.
- **Auto flag** - added to PAS which 'flags' when a 'P' value timeframe has expired

- **Harm Review SOP & Template** - Creation of an Harm Review template & SOP built within Unity which draws on/links to Trust systems & processes (i.e. iPM system & SI process), which will be complete by 16th March.

7. Next steps

- 7.1 Speciality recovery trajectories are being developed and will be ready for the March meeting; these will include plans to resolve 52WW, times lines for recovery of RTT and alignment with the trust production plan by the end of Q1 in line with the exit of the fixed income allocation.
- 7.2 All patient on the inpatient waiting list will have been prioritised and movement in and out of each of the priority group will be monitored
- 7.3 Plans for Oral surgery and vascular will be developed to alongside the paper to board around the next steps in Ophthalmology.

8. Recommendations

The committee is asked to:

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

JJ (Janice James)
Deputy Chief Operating Officer
Feb 2021

Appendix 1: speciality breakdown of RTT position

Appendix 1

Spec	Within 18 weeks	Outside 18 weeks	Total	Potential Slippage	% Performance
100-GENERAL SURGERY	2093	682	2775	16	75.42%
101-UROLOGY	1742	870	2612	26	66.69%
110-T&O	2264	1129	3393	29	66.73%
120-ENT	1712	612	2324	19	73.67%
130-OPHTHALMOLOGY	5580	1597	7177	48	77.75%
140-ORAL SURGERY	676	1022	1698	2	39.81%
160-PLASTIC SURGERY	76	78	154	5	49.35%
170-CARDIO SURGERY	6	0	6	0	100.00%
301-GASTROENTEROLOGY	1455	701	2156	27	67.49%
320-CARDIOLOGY	1051	133	1184	5	88.77%
330-DERMATOLOGY	1300	1748	3048	32	42.65%
340-RESPIRATORY MEDICINE	915	84	999	4	91.59%
400-NEUROLOGY - ACUTE	379	52	431	6	87.94%
410-RHEUMATOLOGY	244	55	299	3	81.61%
430-GERIATRICS	28	1	29	0	96.55%
502-GYNAECOLOGY	1750	363	2113	18	82.82%
X01-OTHER SPECIALTIES	13936	1651	15587	64	89.41%
Trust Total	35207	10778	45985	304	76.56%