

Report Title	Planned Care update		
Sponsoring Executive	Liam Kennedy, Chief Operating Officer		
Report Author	JJ (Janice James), Deputy Chief Operating Officer		
Meeting	Trust Board (public)	Date	2 nd September 2021

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

This report highlights the continued pressures the Trust is experiencing as it works to recover Elective Care provision. We continue to sustain efforts to utilise Trust & ISP estate, test new technologies & flexibly support staff to continue to deliver quality patient care. A combination of all the above is ensuring patients are seen as timely as possible.

Mitigations remain in place to ensure we have safety nets to capture patients & stratify risk levels. However, the Trust still has significant numbers of long wait patients as well as patients with priority clinical needs who require urgent intervention.

Re-profiled trajectories are being drafted by specialities, with a mid-Sept completion timeframe which takes into account annual leave and all other competing pressures. However Ophthalmology has recently re-profiled its P2 trajectory & anticipates early Nov for clearance of its P2 backlog.

With regards to next steps, the Trust's continued commitment to waiting list validation & leading negotiations for a System-wide PTL validation exercise should be noted, as should endeavours to fully utilise ISP & offer reciprocal Mutual Aid.

On the whole we are seeing good recovery of services with some areas still requiring support.

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 & 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?]*

OMC, CLE & Q&S committee

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the contents of this report
- b. **OFFER** challenge or explore areas that require further review

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	x	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 2nd September 2021

Planned Care Update

1. Introduction or background

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

- Production Plan & RTT
- Long waits & Clinical prioritisation
- Recovery & Restoration Planning

2. Production Plan performance – as of 17th Aug 2021

2.1 The Out turn position for July was c.91% of activity, which is below levels required of the new ERF trajectory of 95%. A combination of high levels of annual leave, DNA rates & difficulties with Swabbing pathways are negatively impacting delivery. We have also had to consolidate the T&O ward with other surgical wards to release staffing for our surge plan. This has resulted in a reduction of T&O work.

2.2 The Trust continues to work up plans to try to ensure activity levels support the Trust to take full advantage of the ERF incentives, YTD the trust has attracted c. £5million of ERF funding, which needs careful consideration as to how to invest, but patient safety must be our top priority.

3. RTT performance – to July 2021

3.1 The Trust's RTT position for July closed at c74% static from the previous month. Oral (36%) remains below 50% of the 92% RTT standard along with Plastics c53% & Urology c58%.

3.2 Oral requires regional input since the part withdrawal of UHB, other trusts are being approached about this to look for further support.

3.3 Dermatology has started to recover from its backlog position and we have seen an improvement in both 2ww and RTT.

4. Waiting Lists, Long waits & Clinical prioritisation

4.1 As of 11th Aug there were c730 xP2 patients on the Elective Waiting list awaiting surgical procedures.

- 4.2 The total numbers of P2 patients are showing small increases, whilst breaching patients are slowly decreasing. The Trust had a total of 516 P2 Breaches (as of 11th Aug) of which c36% were dated. However it should also be noted that c45% of dated P2s will not breach their TCI Date.
- 4.3 Specialties with high levels of P2s continue to be allocated theatre space as a priority nonetheless issues remain as previously stated due to lack of HDU beds & staffing.
- 4.4 Ophthalmology remains a key specialty & it makes up over 70% of the P2 backlog and breaches. Booking practice is being reviewed to ensure compliance with the Trust's organising principles, these being P2 breached patients, P2 patients, Long waits & then P3/P4 patients.
- 4.5 A revised P2 clearance trajectory for Ophthalmology which takes into account increased capacity from ISP & Mutual Aid is suggesting clearance of P2 should be achieved early November 2021. Focus will then move to P3 & long wait patients.
- 4.6 The Trust's PTL remains a concern. As of the 18th Aug the Trust's 40+wk waiting PTL was at 3,594 52+wk breaches were at 1,736. However the Trust had zero undated 104wk waits & 'single figure' undated 90+wks. The Trust continues to work to ensure that all 90+wk waits are dated as close to 90 wks as possible.
- 4.7 A Trust wide Harm Review template is in use. It is accessed via Unity & pulls patient data through from iPM thereby minimising manual input & duplication of effort. This new way of recording Harm Reviews will also provide the Trust with Trust wide reporting.
- 4.8 Ophthalmology remains one of key areas of risks for the Trust due to the number of patients on the waiting list. Sub-specialty Risk Assessments/Harm Reviews were completed in March, however consistency of methodology was a concern as some sub-specialities focused on reviewing all patients waiting longer than 6 months, whilst other specialities reviewed patients based on particular procedures. Findings/comments were subsequently updated on the Trust dashboard for 18 week incomplete pathways, in the comments section, specifically noting where a patient had been upgraded to a P2 patient.
- 4.9 Ophthalmology like the other specialities across the Trust will use the Unity Harm Review template. Additionally for Ophthalmology the Royal college of Ophthalmology Prioritisation of ophthalmic procedure guidance will be used to ensure consistency within the Trust template

5. Next steps

- 5.1 Clinical Groups across the Trust are working to re-profile trajectories which will ensure the Trust is fully sighted on progress made to date & gaps which require concerted efforts. Timeframe for completion is mid-Sept (due to annual leave pressures) with sign off secured from PC Board & OMC.

- 5.2 The re-profiling of trajectories will include demand & capacity mapping which will identify gaps & priorities. Allocation of estate & staffing will continue to be based on clinical need not historic allocation & subsequent proposals may include; pathway changes & new ways of working such as PIFU (Patient Initiated Follow Ups), increased use of virtual consultations & working with Primary Care colleagues to avoid the need for onward referral (ie Advice & Guidance) Together these three specific initiatives should reduce unnecessary OP appointments by a third, as per NHS LTP steer.
- 5.3 Specialities & the IP&OP central booking team are also contacting patients to ensure the clinical prioritisation value is still appropriate. To complement this waiting list validation initiative & further extend it, the Trust is currently finalising a contract with its Friends & Family supplier to validate the Trust's entire RTT waiting list (c50k patients). The Trust is also leading on negotiations with this supplier for a System wide PTL validation exercise.
- 5.4 Ophthalmology has seen recent success in its negotiations with ISPs having previously failed to meet initial recovery & restoration projections utilising only in week theatre capacity. Insourcing procurement exercises have secured three ISPs who will assist in clearing the elective treatment for all P2 patients across the Ophthalmology sub-specialities. Two of the ISPs were able to full fill this requirement by providing quotes for 100% theatre treatments of P2 patients. Whilst the third ISP is supporting the Trust in less complex P3a & longer wait patients. A similar outsourcing procurement exercise secured another ISP who is focusing on some of the most complex P2 patients.
- 5.5 ISP & Mutual Aid capacity will continue to be a focus for the Trust as it works to ensure we offer both quality & timely care.

6. Recommendations

- 6.1 The Trust Board is asked to:
- a. Note the contents of this report
 - b. Offer challenge or explore areas that require further review

JJ (Janice James)
Deputy Chief Operating Officer

26th August 2021