

<b>Report Title:</b>	Planned care update		
<b>Sponsoring Executive:</b>	Liam Kennedy, Chief Operating Officer		
<b>Report Author:</b>	JJ (Janice James), Deputy Chief Operating Officer		
<b>Meeting:</b>	Trust Board (Public)	<b>Date</b>	7 <sup>th</sup> October 2021

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

This report highlights the continued pressures the Trust is experiencing as it works to recover its own Elective Care position & support peer Trusts in the BCWB ICS.

Mitigations remain in place which helps 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 RTT trajectories have been drafted by the BI team & specialities are currently reviewing/sense checking. Initial projections suggest the Trust will not meet its RTT standard by financial year end. This is primarily due to the difficulty in balancing clinical & chronological priority booking.

However, on the whole we are seeing good levels of activity delivered across many specialities but further work is needed to ensure financial value plans are met.

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	x	Our People	Our Population	x
To be good or outstanding in everything that we do	x	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives	x

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

Quality and Safety Committee: 24<sup>th</sup> September

**4. Recommendation(s)**

The Trust Board is asked to:

**a. NOTE** the contents of this report

**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 Public Trust Board: 7<sup>th</sup> October 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

2.1 August delivered 88% of plan with an un-validated projected income variance of -£1,913,515. High levels of annual leave, DNA rates & difficulties with Swabbing pathways continue to negatively impact delivery.

2.2 More recently, Orthopaedics Inpatient activity has been stood down for 2 wks to support the Trust's CV19 surge plan. Weekly reviews are in place to ensure timely re-instating of the service when appropriate. Additionally Orthopaedics activity has been switched to Day Case for several weeks & Mutual Aid & ISP opportunities continue to be explored.

#### 3. RTT performance – to Aug 2021

The Trust's RTT (patients waiting more than 18 weeks for elective care) position for Aug closed at 73% (down 1% from the previous month) The top 5 Specialities with highest number of patients outside 18wks are:

- Ophthalmology
- T&O
- Urology
- ENT
- Oral Surgery
- Dermatology

Spec	Within 18 weeks	Outside 18 weeks	Total	% Performance
100-GENERAL SURGERY	2523	1095	3618	69.73%
101-UROLOGY	2150	1763	3913	54.95%
110-TRAUMA AND ORTHOPAEDICS	3406	1967	5373	63.39%
120-ENT	3303	1179	4482	73.69%

130-OPHTHALMOLOGY	7851	2548	10399	75.50%
140-ORAL SURGERY	811	1161	1972	41.13%
160-PLASTIC SURGERY	88	97	185	47.57%
170-CARDIOTHORACIC SURGERY	17	3	20	85.00%
301-GASTROENTEROLOGY	1420	80	1500	94.67%
320-CARDIOLOGY	1739	193	1932	90.01%
330-DERMATOLOGY	2006	1044	3050	65.77%
340-RESPIRATORY MEDICINE	1196	123	1319	90.67%
400-NEUROLOGY - ACUTE	443	22	465	95.27%
410-RHEUMATOLOGY	715	84	799	89.49%
430-GERIATRICS	29	0	29	100.00%
502-GYNAECOLOGY	1930	507	2437	79.20%
X02-Other – Medical Services	2230	464	2694	82.78%
X04-Other – Paediatric Services	3435	894	4329	79.35%
X05-Other – Surgical Services	1661	264	1925	86.29%
X06-Other – Other Services	233	26	259	89.96%
<b>Trust Total</b>	<b>37186</b>	<b>13514</b>	<b>50700</b>	<b>73.35%</b>

3.1 Ophthalmology has had recent success in contracting with multiple Independent Sector Providers – all of which should start to impact on the Trust’s P2 & Long wait positions

3.2 Urology & ENT continue to work to try to mitigate capacity issues & Oral requires regional input since the part withdrawal of UHB. However Dermatology’s use of Tele-dermatology clinics & the additional use of Modality & Medinet are all having a positive impact performance.

3.3 Activity in Elective orthopaedic surgery was temporarily reduced as result of non-covid bed availability and the need to redeploy some theatre staff to support ward and critical care beds. As covid positive in patient numbers are reducing, the Trust is planning to reduce the number of medical patients in these beds. Non-arthroplasty surgery will re-start w/c 4 October.

Arthroplasty surgery has been suspended for some time now this group of patients need ring-fenced ward beds due to the higher risk of post operative infection we have needed to utilise these beds for non-elective medical patients due to COVID. Arthroplasty surgery will re-start following the redistribution of patients back into medical wards from Lyndon 3. The Specialist Surgery Directorate are building details plans in anticipation of restarting surgery.

#### 4. Waiting Lists, Long waits & Clinical prioritisation

4.1 As of the end of Aug there were c860 xP2 patients on the Elective Waiting list

4.2 The total numbers of P2s is slowly reducing as are P2s with breaches. The Trust had c35% of ‘dated’ P2s & c54% of P2 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 Gynae Oncology remains a key area for the Trust with significant difficulties in acquiring HDU beds. External ISP negotiations had been unsuccessful however recent opportunities have presented themselves within the Trust's ITU & plans are being developed which will help to mitigate concerns – at least in the short to mid-term.
- 4.5 As at the end of Aug, 97% of the Trust's Inpatient waiting list had been allocated a clinical priority. Key areas with high numbers of unallocated patients include; Ophthalmology & Dermatology. Unallocated 'P' values need further focus as the revised EDTA process has not completely solved this issue.
- 4.6 The Trust's Patient Tracking List (PTL) remains a concern. As of the end of Aug the Trust's 40+week waiting PTL was at 3,605. However the Trust had zero undated 104week waits & 'single figure' undated 90+weeks. The Trust continues to work to ensure that all 90+week waits are dated as close to 90 weeks as possible.
- 4.7 A Trust wide Harm Review template has been created & is accessed via Unity. It pulls patient data through from iPM thereby minimising manual input & duplication of effort. This is a new way of recording Harm Reviews for the Trust & until very recently Clinical Reviews were managed locally with most if not all clinical review outcomes being recorded on iPM in a 'comments' section.

## **5.0 Next steps Recovery & Restoration**

- 5.0.1 Clinical Groups across the Trust are working to review re-profiled RTT trajectories which will ensure the Trust is fully sighted on progress made to date & gaps which require concerted efforts. Timeframe for completion is the end of Sept. Sign off will be secured from Planned Care Board & Operating Management Committee. The re-profiling of trajectories will support & ensure estate & staffing continues to be based on clinical need not historic allocation.

Emergency Recovery Fund Targets which include PIFU (Patient Initiated Follow Ups), increased use of virtual consultations and working with Primary Care colleagues to avoid the need for onward referral (ie Advice & Guidance) continue to gain traction within the Trust. Next month will see a dashboard which will be used to track speciality progress against these three crucial ERF & Out Patient Department Transformational targets.

## **6. Recommendations**

6.1 The Board is asked to:

- a. Note the contents of this report

Janice James (JJ)  
Deputy COO

16<sup>th</sup> September 2021