

Report Title	Planned Care – Restoration and Recovery		
Sponsoring Executive	Liam Kennedy, Chief Operating Officer		
Report Author	JJ (Janice James), Deputy Chief Operating Officer		
Meeting	Public Trust Board	Date	1 st July 2021

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

This report offers updates on the Trust's:

- Production Plan & Recovery & Restoration position
- RTT & DM01 performance
- Clinical Prioritisation & Long wait performance

It highlights the predicated achievement for June against national planning assumptions whilst offering insights into the challenges to deliver to the clinical prioritised trajectories & treat lower clinical priority, but long waiting patients.

The report also summarises the work being done to utilise external additional capacity via ISP & Mutual aid

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

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

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

4. Recommendation(s)

The Trust Board is asked to:

- | | |
|----|--|
| a. | Note predicated achievement for June against national planning assumptions |
| b. | Offer constructive challenge & solutions to aid the delivery |

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

Trust Risk Register		214			
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

Planned Care Performance (as of 15th June) Public Trust Board: 1st July 2021

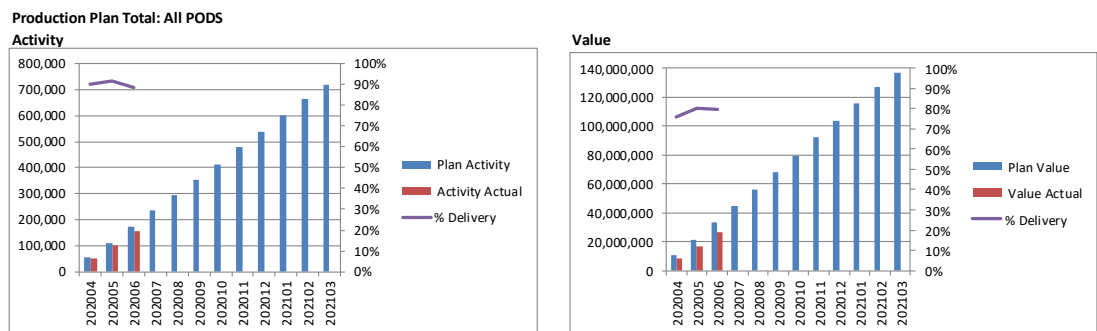
1. Introduction or background

1.1 This report offers updates on the Trust's:

- Production Plan & Recovery & Restoration position
- RTT & DM01 performance
- Clinical Prioritisation & Long wait performance

2. Production Plan

2.1 The cumulative positions for both activity & value can be seen in the graphs below. The cumulative forecast position for June is 89% activity & 80% value.



Graph 2.1a: Cumulative activity & value positions

2.2 The June Production Plan EOM position currently suggests 85% activity & 79% value. This is in line with national planning asks which requires the Trust to deliver 80% in June. A further 5% increase is expected for July.

3. Recovery & Restoration - InPatients & Outpatients activity levels

3.1 As of 15th June the forecast end of month overall Trust position is c96%. Inpatients are forecasting c87% activity levels at month end, whilst Outpatients *new & review* are predicting c100%.

3.2 The Trust is working to maximise its own internal capacity & available theatre rotas as of 1st June were at 100%. This will be complemented by additional external capacity. Negotiations are in place with ISPs & Trusts within the Black Country ICS (via Mutual Aid) for the following specialities; Ophthalmology, T&O, Urology, Cystoscopy, Vascular & Dermatology.

4. RTT & DM01

4.1 The RRT position is currently at 74%, whilst the DM01 position at the end of May 2021 was 90%. Cystoscopy is the most significant outlier (c25%). An R&R ICS bid & ISP support is being sought to mitigate. Cystoscopy's are being delivered in OP rooms now in a one

stop shop linked to 2ww appointment, which is a considerable improvement in the pathway.

5. Clinical Prioritisation

5.1 The Trust currently has 9137 patients on its InPatient waiting list & has seen improvement in the allocation of P values, however there is further tweaks to be done to ensure 100% compliance.

5.2 Currently there are c1000 P2 patients. The graph below highlights the current P2 trajectory position of those who have breached their 28 day tolerance as of 15th June.



5.3 Deviation from trajectory can be noted and booking horizons although improving are still an issue. However P2 breaches are reducing (current number is 574 against the trajectory of 325)

5.4 The Deviation from the current trajectory is all within Ophthalmology, the short term plan is to outsource and insource through Cost per case Proposal to immediately tackle the clinical risk. Longer term, the glaucoma suite on D46 and the implementation of Vanguard over 3 years linked to the timelines for the new Build will need to be planned and funded.

5.5 Late booking 'in month' has contributed to the above adverse position however the very recent consolidation of the InPatient & OutPatient booking teams has allowed additional, skilled/experienced resources to be deployed to the InPatient booking function which will help to mitigate this going forward.

6. Long waits

6.1 As of 16th June the Trust had zero undated 104wk waits & fifteen undated 90+wks. The Trust is working to ensure that all 90+wks waits are dated as close to 90 wks as possible. The 104 wk waits were in Oral & Ophthalmology.

7. Recommendations

7.1 The Trust Board is asked to:

- a. Note continually achievement for June against national planning assumptions
- b. Offer constructive challenge & solutions to aid the delivery.

JJ (Janice James), Deputy Chief Operating Officer.
June 2021