

Report Title	Planned Care update		
Sponsoring Executive	Liam Kennedy – Chief Operating Officer		
Report Author	Janice James, Deputy Chief Operating Officer		
Meeting	Public Trust Board	Date	1 st April 2021

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

The trust continues to increase activity levels, in line with the reduced prevalence of Covid in the community. Sustained efforts to utilise Trust & ISP estate, test new technologies & flexibly support staff to continue to deliver timely patient care has ensured patients have been seen wherever possible.

Mitigations remain in place to ensure we have safety nets to capture patients & stratify the risk levels. However, we are still seeing a significant increase in long waits and those with high priority who require urgent intervention.

Recovery plans are being drafted by specialities, with a mid-April completion timeframe in light of the de-escalation plans associated with reductions in CV19 admissions.

The Trust Board is asked to:

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

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input checked="" type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research & Development	<input type="checkbox"/>	Estates Plan	<input checked="" type="checkbox"/>
Financial Plan	<input checked="" type="checkbox"/>	Digital Plan	<input checked="" type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

OMC, PC Board, CLE

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	<input type="checkbox"/>					
Board Assurance Framework	<input type="checkbox"/>					
Equality Impact Assessment	Is this required?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If 'Y' date completed
Quality Impact Assessment	Is this required?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to The Trust Board: 1st April 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 & DM01
- Long waits & Clinical prioritisation
- Recovery & Restoration Planning

2. Existing 'Recovery' performance

2.1 Current adapted ways of working which are positively affecting performance for Clinical Groups across the Trust includes;

- delivering clinical activity virtually through the utilisation of Visionable, although more F2F activity is being made available via CV19 secure pathways
- 'Super Saturdays/Super Sessions' have been completed by a number of specialities
- Securement of additional locums & community led clinics continues to support the Trust performance
- Re-triaging of referrals & working with primary care has enabled continued patient care for low risk conditions

However as reported below, the Trust has struggled to reverse its deteriorating position in planned care despite the above adapted ways of working.

3. Production Plan performance – to February 2021

3.1 Across all Elective Delivery the Trust delivered 75% of activity but only 63% of value. The loss of value was most significant in Surgical Services (57% achieved) however MEDs saw the greatest loss of activity (64% delivered) Annex 1 offers further detail.

3.2 The Production Plan forecast for March 2021 suggests c£5.5m adverse position although this doesn't account for all capacity, cashing up of clinics, uplift in tariff/coding or Modality opportunities.

4. RTT performance – to February 2021

4.1 The Trust's RTT position was 75% with Oral, Dermatology & Plastics being less than 50% & furthest from the 92% RTT standard. The table below offers further detail.

Spec	Within 18 weeks	Outside 18 weeks	Total	Potential Slippage	% Performance
GENERAL SURGERY	2364	845	3209	36	73.67%
UROLOGY	1823	1055	2878	37	63.34%
T&O	2344	1429	3773	49	62.13%
ENT	1904	650	2554	22	74.55%
OPHTHALMOLOGY	5517	2135	7652	93	72.10%
ORAL SURGERY	724	1138	1862	3	38.88%
PLASTIC SURGERY	84	85	169	2	49.70%
CARDIOTHORACIC	7	1	8	0	87.50%
GASTROENTEROLOGY	1262	653	1915	25	65.90%
CARDIOLOGY	1170	142	1312	9	89.18%
DERMATOLOGY	1455	1634	3089	19	47.10%
RESPIRATORY	1213	173	1386	15	87.52%
NEUROLOGY - ACUTE	440	38	478	0	92.05%
RHEUMATOLOGY	318	44	362	2	87.85%
GERIATRICS	19	1	20	0	95.00%
GYNAECOLOGY	1843	457	2300	20	80.13%
OTHER SPECIALTIES	13925	1915	15840	75	87.91%
Trust Total	36412	12395	48807	407	74.60%

Table 1: RTT position as of end of Feb 2021

- 4.2 Dermatology has drafted an initial recovery trajectory which includes the introduction of TeleDerm interventions & Regional feedback is awaited for Oral (as previously reported UHB have withdrawn this service & the Trust is dependent on BC providers to develop recovery plans.) Both should result in positive impact to performance.
- 4.3 Specialities will begin to see a positive trend emerge as surgical provision is stepped back up in line with continued reductions in surge activity in ITU.

5. DM01 performance – to February 2021 Position

- 5.1 Trust performance against DM01 was 86%. This is a significant improvement from a dip in recovery in January & is driven by performance increases in MRI, US & continued progress in neurophysiology.

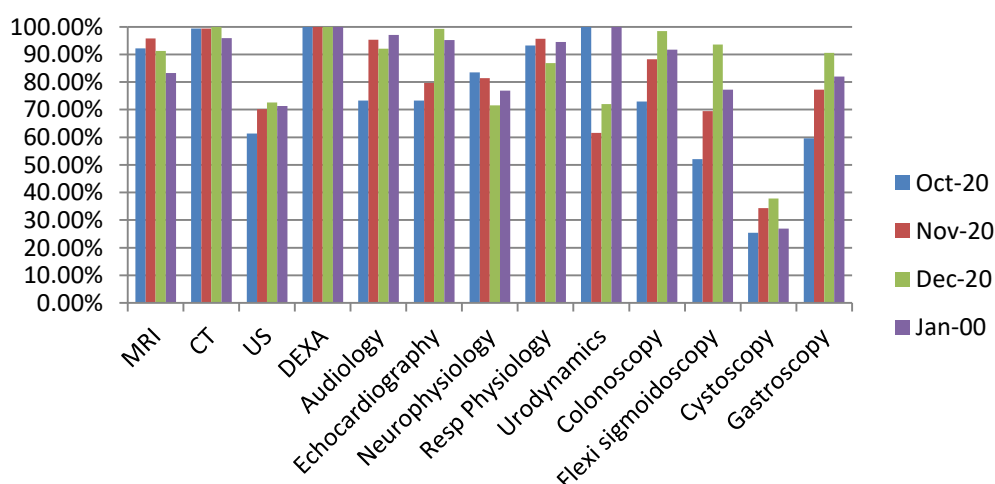


Table 2: DM01 performance Oct 20 to Jan21

- 5.2 Key areas of note with regards to percentage reduction in performance are colonoscopy, flexi sigmoidoscopy & Cystoscopy with the latter accounting for the largest single cause of DM01 backlog (30% of the total over 6 weeks - most of these are over 13 weeks). The introduction of disposal cystoscopy scopes will positively impact on Cystoscopy & DM01 performance as it allows for greater flexibility and use of minor ops rooms instead of theatres to complete these procedures.
- 5.3 The Trust is aiming to return to within 6 weeks 99% standard by the end of June.

6. Waiting Lists, Long waits & Clinical prioritisation

- 6.1 In February, 7718 patients were on the Trust's In Patient waiting list, with 1931 patients waiting over 52 weeks; (1408 In Patients & 523 OutPatients). We have 29 patients over 90 weeks and 8 now over 104 weeks, plans are in place for 7 of these 8, but Oral and Vascular continue to be issue areas as we have no definitive date for return of these services from Vascular.
- 6.2 Clinical Prioritisation of the Trust's InPatient waiting list continues to increase with 82% of patients reviewed & allocated a 'P' value. However, there are still over 1000 patients have yet to be allocated a 'P' value & work continues to focus on this important task. Clinical staff who have been shielding have been really useful in reviewing 'P' values & validating waiting lists. The table below offers further detail.

P value	Length of wait	Numbers of patients waiting
P2	Within a month	561
P3A	Within 3 months	1430
P3B		636
P4A	Greater than 3 months	1947
P4B		663
P4C		982
P5 (CV19)		63
P6 (Non CV19)		28

Table 3: Clinical Prioritisation to Feb 2021

- 6.3 Surgical Clinical Prioritisation Breaches are also to be noted; currently 3254 breaches of the agreed time frame have been recorded to the end of Feb 2021. Ophthalmology, Urology, Gynae, Gynae Onc, ENT & General Surgery are the top 6 specialities with regards to breaching. These specialities have been allocated theatre space as a priority; however issues remain, due to lack of HDU beds & staffing. Recovery & Restoration planning will continue to take into account clinical prioritisation as a key determiner to theatre allocation. This has been added to the Risk register and harm reviews of these patients are being continually evaluated.

7. Next steps Recovery & Restoration

- 7.1 The Trust formally launched its framework for its Restore, Recover & Improve Plan for 2021/22 week commencing 22nd March. Annexe 2 offers further details. All Clinical Groups across the Trust are currently working to develop trajectories which will ensure the Trust recovers its position. Timeframe for completion of trajectories is mid-April with sign off secured from PC Board & OMC.

- 7.2 We have agreed as a system that the following principles will apply to all our recovery work so that we work as one to ensure timely treatment for all patients:

- A focus on clearing P2 In Patients
- Zero tolerance to 104 week waits
- Acknowledgement of likely increase (in the short term) of 52ww as we focus on P2 (then P3 etc)
- Expectation of 6-12mths timeframe for recovery as a minimum
- Use all available resource within trusts and System
- Ensure that staff wellbeing and staff recovery is model into everything that we do

Additionally the Trust has outlined some additional steps to take:

- Ensure all In Patients are allocated a 'P' value (c1000+ Pts currently have no P value)
- Trajectories for P2 clearance to be drafted by 29th March
- Draft plan of how we are going to recover RTT by end of March

- 7.3 Indicative aspirations for the Trust's recovery trajectories are;

- DM01 - May/June 2021
- Cancer - Dec 2021
- RTT - Dec 2021 (with exception of Ophthalmology)

- 7.4 The development of recovery trajectories will include demand & capacity mapping which will identify gaps & priorities. Allocation of estate & staffing will 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.

7.5 **Surgery:** Theatre scheduling & speciality trajectory assumptions are using an incremental approach when bringing theatre sessions back online & preference is being given to specialities with the greatest number of P2 patients (ie ENT, General Surgery, Ophthalmology & Urology.) Week commencing 22nd March saw additional sessions in BMEC for Ophthalmology & Urology, ENT, General Surgery & day case orthopaedics at Sandwell. Planning assumptions have scheduled increases in theatres every 2 weeks throughout April however this is dependent on continued reductions in ITU/ CV19 demand.

8. Recommendations

8.1 The Trust Board is asked to:

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

Janice James
Deputy COO
April 2021

Annex 1 - Elective Delivery Feb 2021

Clinical Group	Production Plan Activity	Activity Delivered	Variance in Activity	Production Plan Value	Arrived Values	Value Variance	% of Value Achieved	% of Activity Delivered
				£	£	-£		
Imaging	366	280	86	402,074	242,505	159,664	60.3%	76.6%
				£	£	-£		
Medicine & Emergency Care	117372	77912	37810	23,130,593	15,310,503	6,336,248	66.2%	66.4%
Primary Care, Community and Therapies	129430	102663	26768	12,402,346	9,851,195	1,914,267	79.4%	79.3%
				£	£	-£		
Surgical Services	402442	303874	98569	77,237,425	43,858,413	32,465,745	56.8%	75.5%
				£	£	-£		
Women & Child Health	40481	32130	8351	9,993,840	7,926,235	1,927,694	79.3%	79.4%
				£	£	-£		
Grand Total	690092	516858	171583	123,166,278	77,188,850	42,803,617	62.7%	74.9%

Phase 1 *Restore* IP services

Step 1: Identify/agree patient allocation methodology;

- Clinical Priority then long waits
- Zero tolerance to 104 ww

Step 2 Identify/agree allocation of estate;

- Use own Trust
- Use mutual aid
- Use ISP

Step 3: identify numbers of P2 by speciality

Step 4 Review & allocate each Pt (ie EL to DC & DC to OPROC)

Step 5 Monitor & actively respond to throughput, DNAs, Canx etc.

Repeat above process for P3 & Pt 4 Pts

As of 15/3

Surgical Services	617
BREAST SURGERY	1
ENT	29
GENERAL SURGERY	37
OPHTHALMOLOGY	358
ORAL SURGERY	1
PAEDIATRIC ENT	9
PAEDIATRIC OPHTHALMOLOGY	5
PAEDIATRIC SURGERY	2
PAEDIATRIC T & O	5
PLASTIC SURGERY	10
T&O	6
UROLOGY	154
Women & Child Health	62
GYNAECOLOGICAL ONCOLOGY	23
GYNAECOLOGY	39
Grand Total	679

Phase 2 - Recover

