

Report Title	Planned Care update		
Sponsoring Executive	Liam Kennedy – Chief Operating Officer		
Report Author	Janice James, Deputy Chief Operating Officer		
Meeting	Trust Board	Date	6 th May 2021

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

This Report provides an overview on the planned care standards, where we are with our recovery and restoration, including the system perspective and provides next steps that will be taken.

Production Plan, RTT & DM01

- Our financial activity plan for 20/21 concluded with c. 68% delivery, this puts us in a good position against the national ask of 70% for April. We are currently tracking between 70-75% delivery for April 21.
- Our overall RTT position is 71% and improving. We have particular outliers referenced in section 3.1 of the report.
- DM01 – 89% achieved year end and forecast to recover by June 2021, Cystoscopy remains an outlier, but good mitigation is now in place.

Long waits & Clinical prioritisation

- Unallocated 'P' values are being cleared, with a deadline for clearance by the end of April.
- The Trust P2 & P3 IP backlog modelled to be back within allocated time by June & Aug, respectively.
- There are 5 104+ week wait patients all have a plan to be treated by the middle of May.

BCWB System Update

- P2 remains priority for the System. P3 & P4 growing due to P2 focus
- Walsall investigating scope to support other Trusts with P2. SWBH currently exploring up to 6 sessions per week for Colorectal

ISP update

- Note transition from national to local negotiations
- Identification of potential patients for ISPs – ongoing work to validate
- Opportunity to use ISP to deliver c 100 xP2 Ophthalmology patients

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 & PCB, CLE

4. Recommendation(s)

Trust Board is asked to:

- Note** the contents of this report
- 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	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: 6th May 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
- BCWB System Update
- ISP update

2. Production Plan performance – Year end 2021

2.1 The total year's production plan performance (subject to final validation) achieved 66% income with delivery ranging from 59% for Surgical Services to 83% for W&C

Clinical Group	Activity Plan	Activity Actual	Activity Diff	Price Plan	Price Actual	Price Diff
Imaging	399	309	-90	£438,626	£278,223	£-160,403
Medicine & Emergency Care	128,042	93,541	-34,501	£25,233,374	£18,614,728	£-6,618,647
Primary Care, Community and Therapies	139,835	111,050	-28,786	£13,378,477	£10,680,736	£-2,697,741
Surgical Services	440,389	346,616	-93,773	£84,410,380	£50,150,630	£-34,259,750
Women & Child Health	44,163	38,722	-5,441	£10,902,536	£9,085,446	£-1,817,090
Grand Total	752,829	590,238	-162,591	£134,363,393	£88,809,762	£-45,553,631

Table 1: Full year 2020- 2021

2.2 The above clearly demonstrates the impact CV19 has had on the Trust's ability to deliver. However it should be noted that innovative responses, particularly reviewing patient pathways & alternative methods of delivery (ie virtual clinics & one stop shop clinics) have been forth coming.

3. RTT Performance - to 23rd April 2021

3.1 The Trust's RTT position as of 23rd April was 70%. The table below offers further detail.

Spec	Within 18 weeks	Outside 18 weeks	Total	Potential Slippage	% Performance
100-GENERAL SURGERY	2704	1094	3798	98	71.20%
101-UROLOGY	1926	1260	3186	89	60.45%
110-TRAUMA AND ORTHOPAEDICS	2384	1840	4224	188	56.44%
120-ENT	2293	758	3051	120	75.16%
130-OPHTHALMOLOGY	6257	2880	9137	221	68.48%
140-ORAL SURGERY	579	1432	2011	36	28.79%
160-PLASTIC SURGERY	94	102	196	7	47.96%
170-CARDIOTHORACIC SURGERY	16	2	18	0	88.89%
301-GASTROENTEROLOGY	1076	304	1380	14	77.97%
320-CARDIOLOGY	1350	150	1500	22	90.00%
330-DERMATOLOGY	1571	1589	3160	83	49.72%
340-RESPIRATORY MEDICINE	1213	238	1451	59	83.60%
400-NEUROLOGY - ACUTE	460	22	482	7	95.44%
410-RHEUMATOLOGY	413	36	449	14	91.98%
430-GERIATRICS	35	0	35	0	100.00%
502-GYNAECOLOGY	1735	475	2210	42	78.51%
X01-OTHER SPECIALTIES	9198	2016	11214	192	82.02%
Trust Total	33304	14198	47502	1192	70.11%

Table 2: RTT position as of 23rd April 2021

- 3.2 Oral's position will start to see improvement as they have recently seen the consultant team & dental nurse back working operationally. Both surgery lists & outpatient clinics recommenced 26th April.
- 3.3 Dermatology has seen a significant increase in 2ww referrals which has resulted in under-performance. However Tele-dermatology clinics & the additional use of Modality clinics should positively impact performance. Further work across the system has commenced with a shift of backlog patients to RHH and WHT.

4. DM01 performance - to March 2021

- 4.1 Trust performance against DM01 was 89%, finishing the year 2% higher than the previous month. Table 3 offers specific modality detail via our national submission

- exclude patients waiting for a planned diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency		Total	% Within
MRI and CT scans			
Imaging	Magnetic Resonance Imaging	3,508	95.01%
	Computed Tomography	1,688	85.49%
TOTAL	LDP PSA13b	5,196	91.92%
Other diagnostic tests and procedures			
Imaging	Non-obstetric ultrasound	2,166	96.08%
	Barium Enema	0	#DIV/0!
	DEXA Scan	117	100.00%
Physiological Measurement	Audiology - Audiology Assessments	548	99.09%
	Cardiology - echocardiography	1,143	99.04%
	Cardiology - electrophysiology	0	
	Neurophysiology - peripheral neurophysiology	738	92.41%
	Respiratory physiology - sleep studies	85	100.00%
	Urodynamics - pressures & flows	19	100.00%
Endoscopy	Colonoscopy	294	80.27%
	Flexi sigmoidoscopy	187	72.19%
	Cystoscopy	594	21.89%
	Gastroscopy	484	64.46%
TOTAL		11,571	88.57%

Table 3: DM01 position March 21

- 4.2 Cystoscopy remains a key outlier at yearend; however training is currently underway in the use of disposable use Cystoscopy scopes. May 10th is the 'go live' date for this new way of working.

5. Long waits & Clinical Prioritisation

- 5.1 The Trust & the region locally have agreed that clearance of P2 patients & a 'zero tolerance' to 104wk waits is where the priority should be in the first instance. This is an important point for the planning & delivery of the BCWB System's Recovery as it has set the expectation for System clearance of P2 & 104 wk waits before individual Trust's move onto P3 patients & 90+wk waits.
- 5.2 As at the 23rd April, 90% of the Trust's Inpatient waiting list had been allocated a clinical priority. Key areas with high numbers of unallocated patients include;

- Ophthalmology – 119
- T&O - 98
- Cardiology – 95
- ENT - 65

- 5.3 Specialities have been given until the end of April to clinically prioritise patients. Exceptional reasons for not meeting this deadline will require a reason for non-compliance & a trajectory for completion.
- 5.4 Ophthalmology like other specialities has struggled to allocate 'P' values & the addition of the mandatory field on the EDTA will significantly aid compliance to this task. T&O, Cardiology & ENT like many other specialities have seen high volumes of staff take leave post the last wave of CV19 which although absolutely appropriate, has placed increased pressures on recovery & restoration tasks.
- 5.5 Clinical priority clearance trajectories for the Trust's Inpatients waiting list (where 'P' values have been allocated) have been modelled. These are currently being validated by specialities, (timeframe for validation is the end of April).
- 5.6 Modelling assumptions used by BI colleagues for the clearance trajectories included; 80% theatre utilisation, a fixed demand rate, average listed times by specialties & the ability of specialities to utilise theatre sessions allocated to them.
- 5.7 It should be noted that current modelling suggests P2 patients are cleared by June & P3 patients are cleared by the mid/end of Aug. However P4 patients begin to rise from the end of Sept & the Trust does not currently have enough capacity in Ophthalmology, Oral & T&O to meet ongoing P2 & P3 patient demand whilst clearing P4 patients. Further capacity is being scoped in all areas.
- 5.8 The Trust is working with other Trusts within the BCWB region for mutual aid opportunities as well as exploring opportunities within ISPs. Both will help to mitigate Inpatient waiting list concerns. Walsall has offered up to 6 sessions per week in Colorectal & the Trust is currently exploring this option.
- 5.9 The Trust's PTL remains a concern. As of the end of 23rd April 40+wk waiting PTL was at 3,655. 52+wk breaches were at 2,453 with 38 at 90+ wks. All 104 wks waits have TCIs and no other patients will no breach this target.
- 5.10 Clinical risk continues to be monitored & managed locally. Any 90+ wks waits should have TCI dates & an individualised plan with exception reporting in place if this is not the case. Additional management of clinical risk within Specialities includes;
- Specific 'validators' reviewing long waits
 - Weekly clinical reviews using on call consultant/consultant of the day (& previously shielding clinicians)
 - Discussions/Reviews at Directorate Review
 - Additions to Trust risk register
- 5.11 A Trust wide Harm Review template is currently being finalised by IT colleagues. It will be accessed via Unity & will pull 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.

6. System Update - Key Themes:

- P2 remains priority for the System hence continued rises in P3 & P4
- Specialties with high levels of P2 across the System include; Ophthalmology 467, Plastics 421, Urology 348, Gen Surg 280, Gynae 172 & Ent 138
- 47% of P2 WL with no TCIs (key drivers RWT, SWB & WHT)
- Rising P2 trend mainly driven by SWB (Walsall is investigating scope to support others with P2)
- 55% of ENT are paediatric (mainly SWB & RWT)
- Cancer WL has increased by 22 in month

7. ISP update

- 7.1 From the 1st April 2021 contracts & negotiations with ISPs transitioned from being a national to a local interface. Trusts can access the Increasing Capacity Framework (ICF) to review ISPs who have expressed an interest in working with NHS providers.
- 7.2 A mapping exercise has been initiated within the Trust using input from Clinical groups & BI colleagues. This should help the Trust in identifying areas where we have worked with ISP this year as well as identifying patients who could potentially be treated in ISP service. An opportunity is currently being explored for 100x P2 Glaucoma patients.
- 7.3 BI colleagues have created a list of *possible* patients (identified by their primary listed procedure) & initial findings suggest that; 118 x P2 patients, 630 x P3 patients & 932 x P4 patients could be suitable for treatment with ISPs. Clinical validation is required as the initial BI modelling is not currently sensitive enough to comorbidities/complexities which would then exclude patients. However it is hoped that this model can be refined & will be a useful planning tool for the Trust in its ISP negotiations. Initial findings can be seen in the table below.

Potential ISP	Y						
No of Elective Listing	Priority Status						Grand Total
Specialty	P0	P2	P3	P4	P5	P6	Grand Total
General Surgery	4	12	124	562	3	2	707
Gynaecological Oncology		42					42
Gynaecology	22	61	88	94	1		266
Trauma & Orthopaedics	32	3	418	276	4		733
Grand Total	58	118	630	932	8	2	1748

Table 5: Initial modelling of SWBH Trust patients potentially suitable for ISP treatment

8. Recommendations

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