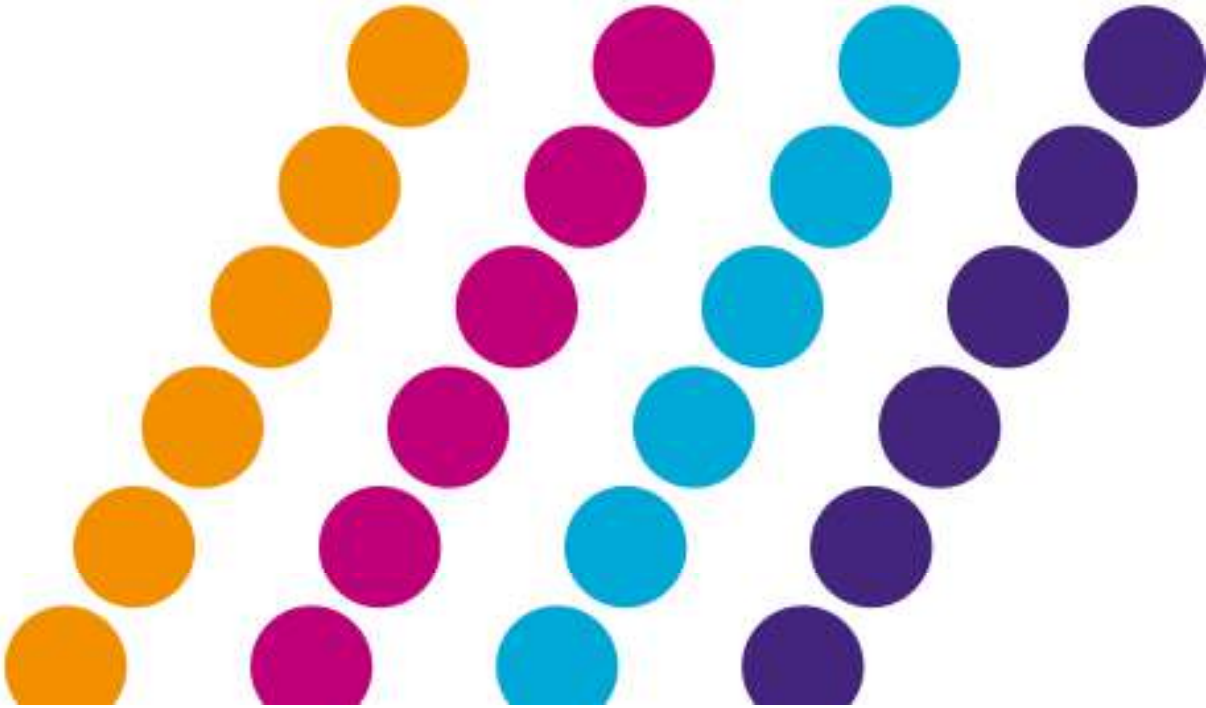
PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

Protecting and Expanding Elective Capacity – Board Self-Assessment

SWBH



Protecting and Expanding Elective Capacity

- NHS England wrote to Trusts on 4th August asking for assurance against a set of activities that will drive outpatient recovery at pace.
- This process has required a review of current annual plans and the progress that can be made on outpatients' transformation – these plans are covered in detail in the slide pack within the reading room.
- NHS England has asked each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by **30 September 2023**.
- This presentation covers this self-assessment and summarises the output of the plans detailed within the accompanying slide pack. It is suggested that the accompanying, detailed slide pack, is considered by the Performance and Finance Committee later in September.
- Nationally and regionally, NHS England will use this self-assessment to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery.

Assurance Area	Assured?	RAG Rating
Validation The board: a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.	Data not available to assess levels of pre-COVID validation against current levels of validation. The current monitored validation as of week ending 3rd of September as per Waiting List Minimal Data Set (WLMDS) submission to NHSE are as follows; 52+ weeks – 53.4% 26+ weeks - 31.3% 12+ weeks – 18.1%	
b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.	Communications to improve this metric using digital techniques has commenced on 7th of September and experience from a experience from other providers we anticipate significant improvement in performance outcome however we do not anticipate achieving 90% by end October 2023 in line with required outcome. We therefore aim to increase the volume of surgical validation in addition to assessing whether technical validation could be applied for patients with multiple pathways within the same sub-specialities. The Trust does not have sufficient staff capacity to maintain levels of validation and aims to employ digital solutions ongoing to support achievements of requirements. The Trust however has sufficient "digital" resource and "technical" capacity.	
c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.	The Trust's access policy is consistent with national guidance and adherence is monitored through regular data quality reports as well as a Trust RTT (referral to treatment) validation team. The training is mandated to all operational and clinical staff to comply with national guidance.	
d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	To comply with this requirement we propose a report is provided to Board in October 2023, which will have been scrutinised by the Quality Committee in advance.	

Assurance Area	Assured?	RAG Rating
First appointments The Board: a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.	The Trust will not achieve the clearance of all first outpatients by the end of October 2023. The Trust expects c650 first outpatients to remain without a date in ENT. Where we have other risks i.e., Dermatology, Urology and General Surgery we are working closely with clinical groups to resolve before end of October. An outsourcing and insourcing plan for ENT is being finalised to ensure no 65 week waits breach by the end of March 2024, however we anticipate not clearing ENT first OPD until January 2024. **The expectation remains that no 65-week waits will remain at the end of March 2024, for which this target is a precursor.**	
b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	The Trust has been routinely using all available independent sector capacity since the end of the pandemic. Outsourcing and Insourcing arrangements are either in place or due to start to support reduction in waiting list and the trust requests support through the DMAS solution as when required.	

Assurance Area	Assured?	RAG Rating
Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.	The Trust is ahead of plan on this metric and straight line projection indicates that we will achieve plan by the end of financial year and in addition, clinical groups are working through further plan to improve through; review of clinic template, virtual consultation, referral avoidance through specialist advise, review of discharge protocol. The Trust is focusing its efforts on increasing the uptake of patient initiated follow up (PIFU) which will further support the achievement of this target.	
b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.	The Trust is adrift of plan on this performance metric currently achieving less than 1% of patients moving on to PIFU. There is however a plan in place to increase this to 5% by the end of the year. A number of specialties i.e., Ophthalmology, Rheumatology, and cancer specialties rolled out by October 2023 and the other specialties by November 2023.	
c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.	There is a plan in place to reduce DNA's from the current rate of 10.34% to 8% by the end of the year through increased awareness of DNA's and targeted intervention in 3 specialities with high DNA - Midwifery, Obstetrics and Ophthalmology. A plan for patient engagement will be developed and included as part of October submission to Board.	
d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking data (via the Model Health System and data packs) to identify further areas for opportunity.	The Trust was off track by 793 against the plan at the end of July 2023. The Trust has a plan to increase the volume of advice and guidance being offered. To support this initiative clinical groups are; reviewing clinician job plans, undertaking clinical template reviews and auditing clinical access to A&G and RAS systems. Our objective in undertaking these activities is to improve the "turnaround time" which will encourage primary care to divert more referrals to specialist advice. Specialities will use OPRT, GIRFT checklist and national benchmarking data as part of assessing areas for improvement.	
e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	Through its outpatient transformation programme and engagement with GIRFT and the Further Faster programme, the Trust is taking forward a number of initiatives across a number of specialties. We will provide to November's board how specialities aim to take some of the identified transformations forward in SWBH.	

Assurance Area	Assured?
Support Required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	Working through Black Country Elective and Diagnostic Board, additional capacity continues to be requested from system partners in challenged specialties – particularly ENT. The Trust continues to engage with the regional NHSE team in a bid to secure additional support for ENT and in parallel continues in seeking both internal and outsourcing solutions. The Board is asked to support: a. Recovery efforts by approving cases where a funding stream has been identified (further faster £80k investment). b. Recovery through taking further updates against the program throughout the remainder of the financial year.

Sign Off	
Trust Lead (name, job title and email address)	Jo Newens, Chief Operating Officer
Signed off by chair and chief executive (names, job titles and date signed off)	Sir David Nicolson, Chair Richard Beeken, Chief Executive