



AGENDA ITEM

7.3

CTM BOARD

ELECTIVE CARE RECOVERY PORTFOLIO

Date of meeting

29/07/2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Nicky Croxon, Interim Director Elective Care Recovery

Presented by

Gareth Robinson, COO

Approving Executive Sponsor

Chief Operating Officer (COO, DPCMH)

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

OPD Out Patients Department

2WW Two Week Wait cancer referral pathway

GP General Practitioner (Primary Care)

CQC Care Quality Commission

ECRP Elective Care Recovery Portfolio

OMFS Oral and Maxillofacial Surgery

FIT Faecal Immunochemistry Test



SOS	See On Symptoms
PIFU	Patient Initiated Follow Up

1. SITUATION/BACKGROUND

- 1.1 In March 2020 a Covid 19 outbreak began across the World, although at this stage the full impact and devastation which would follow was not yet known or predicted. The resultant exponential rise in hospital admissions, in particular the demand for Critical Care beds placed unprecedented pressure on the NHS and led inevitably to a significant scaling back of elective services in all NHS Acute Hospitals across the UK.
- 1.2 Over a year later some elective services have restarted, however the scale of backlogs created are the worst that the NHS have ever seen.
- 1.3 In April 2021 an allocation of funding to CTM was made available following a submission of schemes / bids for interventions in order to address the growing elective care recovery.
- 1.4 This paper seeks to provide an update on the overall progress that has been made following the agreement of funding from Welsh Government.

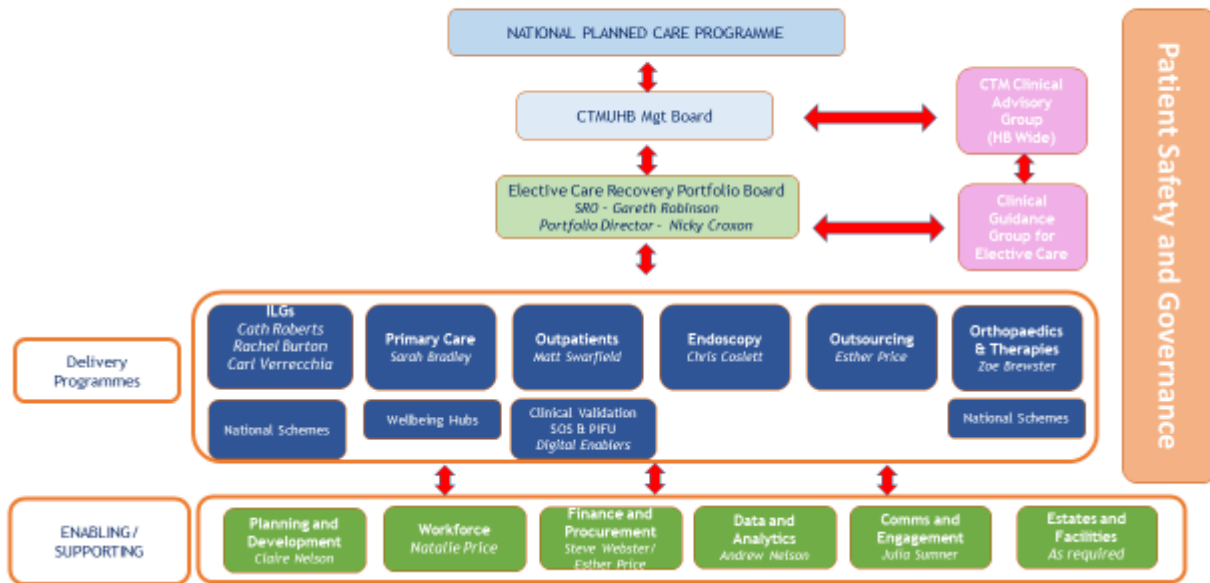
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

Governance

- 2.1 The overall portfolio of programmes and projects has been split into the following workstreams for ease of management:
 - X 3 ILGs
 - Primary Care, including Wellbeing Hubs
 - Orthopaedics and Therapies
 - Outpatients, including digital enabler projects
 - Endoscopy, including Regional Mobile Unit
 - Outsourcing



Elective Care Recovery Portfolio - Governance



- 2.2 There is an established rhythm of weekly oversight meetings, which will transition into a monthly board session in the near future. The current draft Terms of Reference for this group can be found in **Appendix 1**. These have been agreed at the weekly oversight meeting (board) and will be confirmed following ratification at Management Board.
- 2.3 Each of the workstreams (which all have a number of schemes, projects or programmes within them) have an identified Management lead and are supported by a Workforce and Finance lead who provide subject matter expertise. There are financial and workforce (recruitment) trackers in place across all of the workstreams.
- 2.4 The monitoring of activity benefits (ie reduction in FUNB, 100% overdue follow ups and overall waiting lists) will take place via QlikSense dashboards; these are being developed specifically for tracking of the Elective Care Recovery Portfolio. Trajectories have been developed across most schemes, there are a total of 71 schemes on version 11 (approved funding), with replacement schemes and new schemes being developed – these are subject to our change control process (**Appendix 2**).
- 2.5 On a weekly basis, the management lead produces a highlight report which is presented to the weekly oversight group. A sample of this is embedded below:



Highlight Slide - Elective Workstream: RTE ILG

Lead : Rachel Burton

KEY CELL OBJECTIVES:

- To ensure that quality and patient safety is fundamental
- Plan and implement internal interventions to increase activity

OVERALL RAG

Amber

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Outsourcing activity	<ul style="list-style-type: none"> 226 Orthopaedic cases sent 34 Treated, 41 dated 9 Returned DEXA continues with USW. Ultrasound insourcing tender is now live 	Green
Medicine	<ul style="list-style-type: none"> 5/10 interventions have commenced 3/10 interventions commenced but halted due to staffing/recruitment issues 2/10 Sli page and not proceeding: Recruitment of Diabetic locum and recruitment of Cardiology locum. 8 new interventions scoped being updated to be agreed 	Amber
Surgery	<ul style="list-style-type: none"> 5/15 interventions have commenced 1/15 intervention changed and to be updated 8/15 planned to commence in the next 3 months 'Green' ward capacity increased to 30 beds Planning commenced for another 'Green' ward in July. 	Amber
Mental Health service recovery	<ul style="list-style-type: none"> RTE MH recovery plan agreed to be included and to be added 	Red
Radiology interventions	<ul style="list-style-type: none"> 8 interventions identified and to be detailed in plan against RTE 30 	Amber
Pharmacy	<ul style="list-style-type: none"> 1/1 Additional pharmacist to be advertised for green area. 	Green

KEY METRICS:

Measure	Jan	Feb	Mar	Apr	May	June (Day 28)	RAG
Elective cases	141	216	324	365	401	498	Amber
Av cases per session	1.5	1.61	1.98	2.07	2.28	2.32	Amber
Missed Opportunities	38	30	37	25	29	56	Amber

RISKS/ ISSUES:

Risk/Issue	Description & Mitigation	RAG
A&C and staff engagement for additional activity	Scoping all possibilities and roles	Red
Finance for research position	To be reviewed against schemes	Amber
Clinical support service capacity	Engaged in weekly meetings to support plan	Red
17th Wave Covid	Reduction in activity to align with guidance	Amber
Physiotherapy	Impact of IPC guidelines as multiple services reduced	Red
Recruitment	Short term agency locum assets being advertised	Amber
Cancer RCP performance	Delivery of T10 in sub-speciality	Red
WS validation 52 week	Plan for delivery of validation	Amber

ESCALATIONS/ DECISIONS TO BOARD:

- Workforce template detail for discussion
- To note A4C agreement still an issue across areas
- Intervention tracking and changing process with all templates

- 2.6 The highlight report is in the process of being adapted to align with the specific activity reporting being developed via QlikSense. In addition, the centralised RAID log will be updated via the weekly highlight reports – which will annotate if there is a new risk or issue, if a risk or issue has been closed or indeed if the grading of the risk has been amended. The standard risk management scoring matrix will be used to determine the risks. Corporate risks will be held within the usual business model for risk management.
- 2.7 In addition to the above, an overall portfolio scorecard has been drafted for use which covers four key components of the portfolio; Activity and Benefits, Quality, Safety and Governance, Finance and finally Workforce. Specific KPIs are in the process of being agreed, including the associated target levels. A drafted section of the Activity KPIs can be seen in **Appendix 3**.

Workstream Updates

2.8 Outpatients

- Three pilot specialties identified for clinical validation (WG initiative), Stamped Addressed Envelopes on order to progress, patients have been risk assessed prior to contact and an EQIA has been undertaken
- Use of DrDoctor is being worked up for a pre validation stage – OMFS have expressed an interest (patients <18 years will be removed)
- A bid for specific support in delivery of SOS and PIFU has been drafted which will include a team of validation clerks and project managers, the posts have gone out to advert at risk given the turnaround times for delivery versus recruitment.
- A dedicated patient line has been set up and is ready to accept calls from patients who have questions regarding the validation letter they receive and an audit will follow in respect of impact on GP practices (LMC have been consulted)

2.9 Endoscopy



- FIT pathway now underway with first tests due in July
- Insourcing lists are underway and being tracked (manually) however issues with staffing has impacted delivery
- Validation of Endoscopy waiting lists is underway at both sites
- Regional Mobile Unit – work underway, funding decision from WG awaited

2.10 Primary Care (including Wellbeing Hubs)

- Initial pathways agreed for Wellbeing Hubs; IBS, Pain Management and Cardiology
- Training providers in place to deliver Health Trainers training
- Additional OOH triage/treatment sessions required have been identified/costed for Urgent Dental Access
- An issue with IT connectivity has delayed the Glaucoma project progressing beyond 1 practice

2.11 Outsourcing

- Monthly sessions with the independent sector (IS) have commenced with representation from operations, procurement and the providers
- Development of agreed (revised) capacity trajectories is underway and this will support forecasting financials (by specialty, by provider, by month)
- Expressions of interest for gynaecology capacity has closed with one supplier located in Reading offering support
- A specification for Insourcing of Echocardiograms is being developed

2.12 Orthopaedics and Therapies

- Specific orthopaedic and therapy schemes (7 in total) have been worked up and put forward within the final IMTP submission, these schemes are progressing well with great engagement from clinical teams (such as Urogynaecology combined clinic with physio)

2.13 RTE ILG

- All schemes with agreed funding (V11) have agreed activity benefits trajectories which have been shared with informatics for onward reporting
- 12 out of a total of 28 (V11 agreed) schemes have commenced, 3 have been halted due to rates of pay, 9 schemes scheduled to commence by September, 4 have been identified as undeliverable and replacement schemes are being developed
- Increased throughput of elective cases can be seen in the numbers reported locally

2.14 Bridgend ILG

- Trajectories of activity benefits have been produced for each scheme (V11 agreed) and shared with Informatics
- Pay rates is an issue within Bridgend affecting a number of their schemes
- Additional Orthopaedic, Gynaecology and Medicine clinics commenced during June
- Weekend operating for Orthopaedics commenced in June and is scheduled into July but this will cease after August if pay rate announcement doesn't conclude, case mix change during July to Carpal Tunnel
- Reconfiguration of theatres on POW site took place 18th June.

2.15 MC ILG

- Commencement of some of MC schemes has proved difficult due to competing priorities – however recruitment plans have gone ahead as per initial milestone

- Medefer (outsourcing) has been identified to support MC specifically (initially) and a discovery session has been set up for the 7th July. Medefer's outpatients service has been designed with practising Clinicians to enable patients to be reviewed, investigated, and managed without the need for a physical hospital outpatient attendance. This has been achieved through developing a virtual outpatient pathway supported by a remote access platform, the beauty of this service is that the team follow CTM clinical pathways.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Support from Informatics and Performance **at pace** is required now to triangulate the work that has been started from within the portfolio.
- 3.2 Inherent risk within the backlog waiting lists may lead to increase mortality in some services, and almost certainly reductions to quality of life live across all specialities.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Details of workforce implications are available from within the detail of the schemes (there are multiple).
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care



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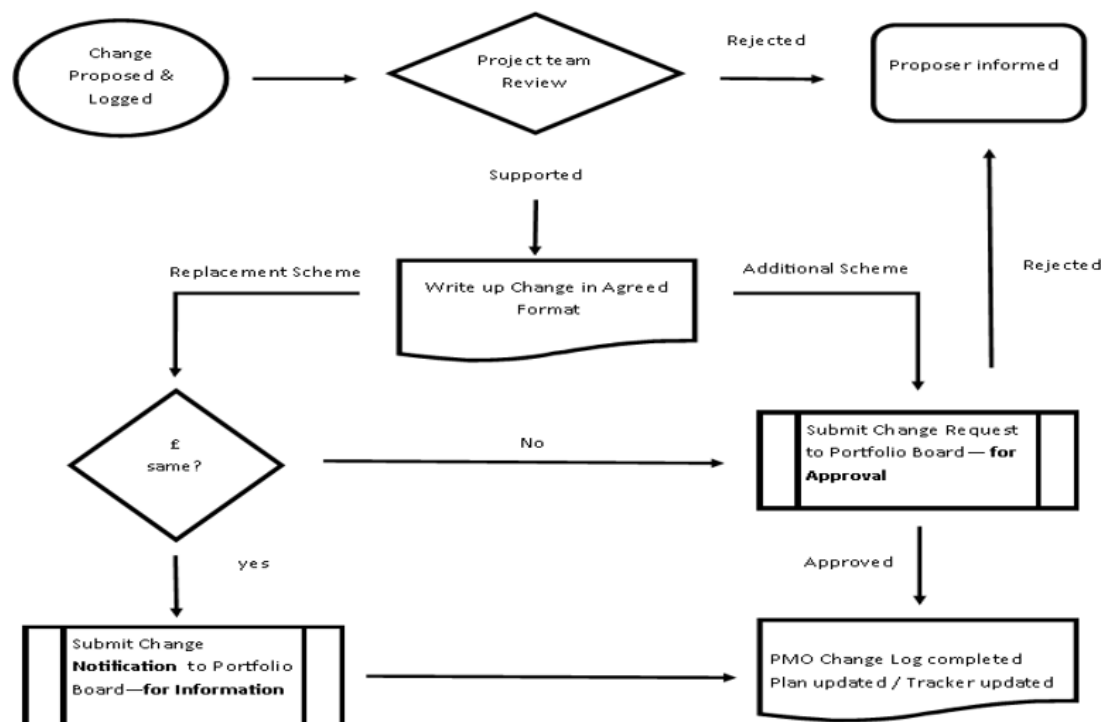
5. RECOMMENDATION

5.1 The Board is being asked to **NOTE** the contents of this update report.



Appendix 2

Change Process Overview



Appendix 3

ECRP Overview

June 21

Nicky Croxon

	Ref.	KPI	End of Year Target	Monthly Target	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Sparkline
Activity (Benefits and leading indicators)	A01	Overall Count of patients >52 weeks (all stages)	0		30,155	31,538	33,778	36,725	40,809	45,663	49,758	53,706	59,652	66,548	70,214	68,538	67,303	
	A02	Count of patients waiting >36 weeks (all stages)	TBC		43,281	48,741	55,089	61,534	66,080	74,956	82,573	81,881	81,404	81,209	80,839	81,609	82,689	
	A03	Count of patients in stage 1	TBC		70,064	72,546	75,974	79,466	80,974	81,776	82,999	84,791	86,346	87,882	90,261	93,268	95,749	
	A04	Count of patients 100% overdue FUNB	TBC		21535	21270	21151	22255	23911	24212	24929	26231	27469	28158	28300	28196	28680	
	A05	Count of patients treated outside of core activity (against trajectory)	trajectory															
	A06	Count of patients treated via the Independent Sector	trajectory															
	A07	Count of patients on a PIFU pathway	trajectory															
	A08	Count of patients on an SOS pathway	trajectory		0.8%	0.5%	0.8%	0.9%	0.8%	0.7%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	
	A09	Total number of schemes (xx) delivering	100.0%															
	A10	Endoscopy Waiting List	TBC	trajectory													7486	
	A11	% of patients from XX referred to Wellbeing Hub services																
	A12	Count of Referrals received	TBC		22837	29850	26783	31922	30408	30428	26739	26185	28272	38215	36055	36455	39613	
	A13	Outpatient CAN / DNA rate			4.60%	5.43%	6.11%	7.53%	7.63%	7.88%	8.14%	7.14%	6.80%	7.15%	7.46%	7.83%	8.37%	
	A14	Emergency admissions (overall) as a % of all admissions			67.81%	65.80%	66.68%	62.86%	60.00%	56.29%	62.25%	63.78%	60.06%	58.46%	58.63%	58.93%	57.00%	
Commentary																		

****NB notes on the dataset above ****

- A01-03 are all waiting lists and all stages - not just RTT
- A06 – Currently on manually submitted spreadsheets – WIP to automate
- A07 - We don't have historic figures for PIFU at the moment
- A08 - SOS pathway data is only old Cwm Taf and not Bridgend at present as the Bridgend
- A11 – no data on this currently.