

# Planned Care Recovery and Restoration

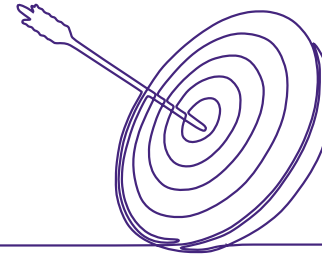
Page 23



Appendix A



**OUTSTANDING CARE**  
*personally* DELIVERED



## Background

A request was received into the Trust on 5<sup>th</sup> January 2023 for an updated position regarding the restoration, recovery and management of the waiting lists within ULHT to be presented at HSC on 15<sup>th</sup> February 2023.

## Current Position and National Context

Since the original request for an update, national instructions have been issued to all Trusts in England that all patients waiting over 78 weeks will have an outpatient appointment and a first definitive treatment by 31<sup>st</sup> March 2023. This was 1 of 5 promises made by the Prime Minister.

Our current position within ULHT is that we will meet this instruction. By the end of March by internal increases in capacity and in partnership with the independent sector.

ULHT is supporting each of our services to restore to pre covid capacity from an outpatient and theatre capacity profile.

We have also been put forward to create an Elective Hub based on the Grantham District Hospital site and we have also embarked on a second Community Diagnostics Centre on the East Coast (Boston).

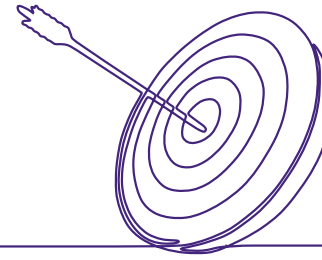
All of these measures will restore full capacity to meet the complete recovery of our waiting list position and build further resilience into moving ever closer to the 18 week RTT standard.

The slides contained within this update detail the position as at end of December in terms of waiting size and recovery trajectories.

From April 2023, the new target will be no patient will exceed 65 weeks and that by the end of March 2024, that no patient will be waiting greater than 52 weeks.

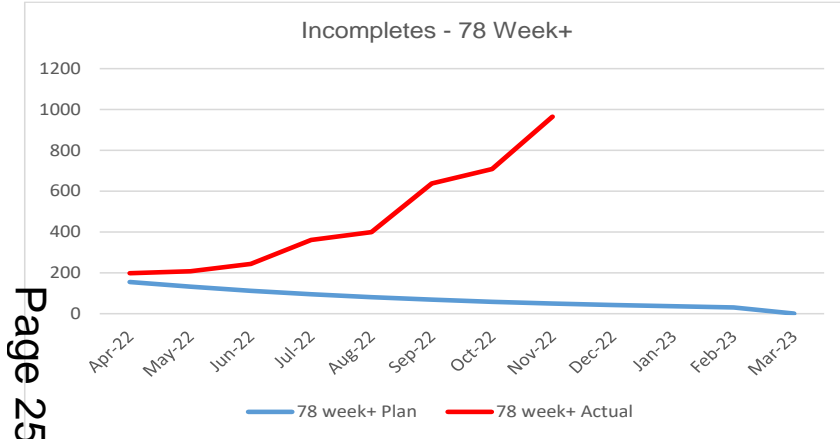
ULHT are just modelling the recovery of our 65 weeks position as per the national target declared in January.

# 1. Focus Metric Update – Month Ending December 2022



This slide offers a point in time position of our greater than 78 week and 52 week patients waiting for assessment and treatment. This needs to be taken in context of the nationally reported position at end of December 2022 and does not reflect the significant progress made since then. Progress and plans are described in the following slides.

## 78 Week+ Waiters – Progress vs. trajectory



Page 25

## Month End Position

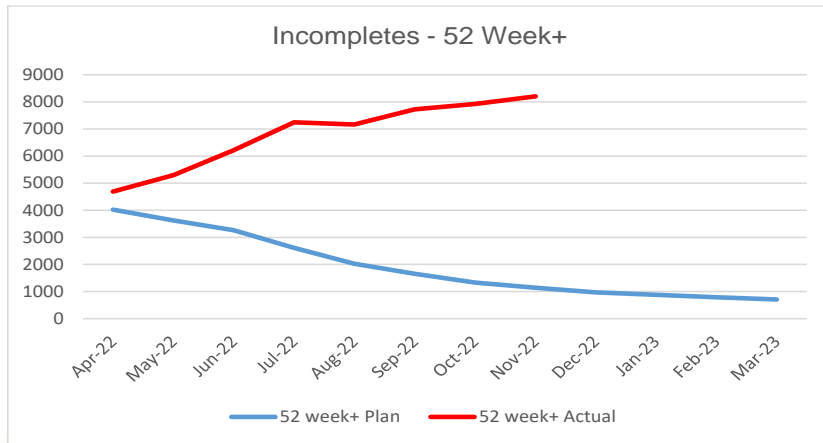
Over 52 Weeks	8,204	up by 277
Over 78 Weeks	965	up by 256

## Current Weekly Position

Over 52 Weeks	8,782	up by 6
Over 78 Weeks	1,283	up by 8

62 day backlog at 03/01/2023 was 548

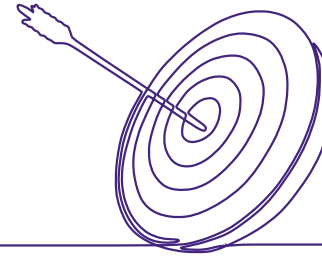
## 52 Week+ Waiters – Progress vs. trajectory



## Cancer 62 Day – Progress vs. trajectory



## 2. >78 week Cohort

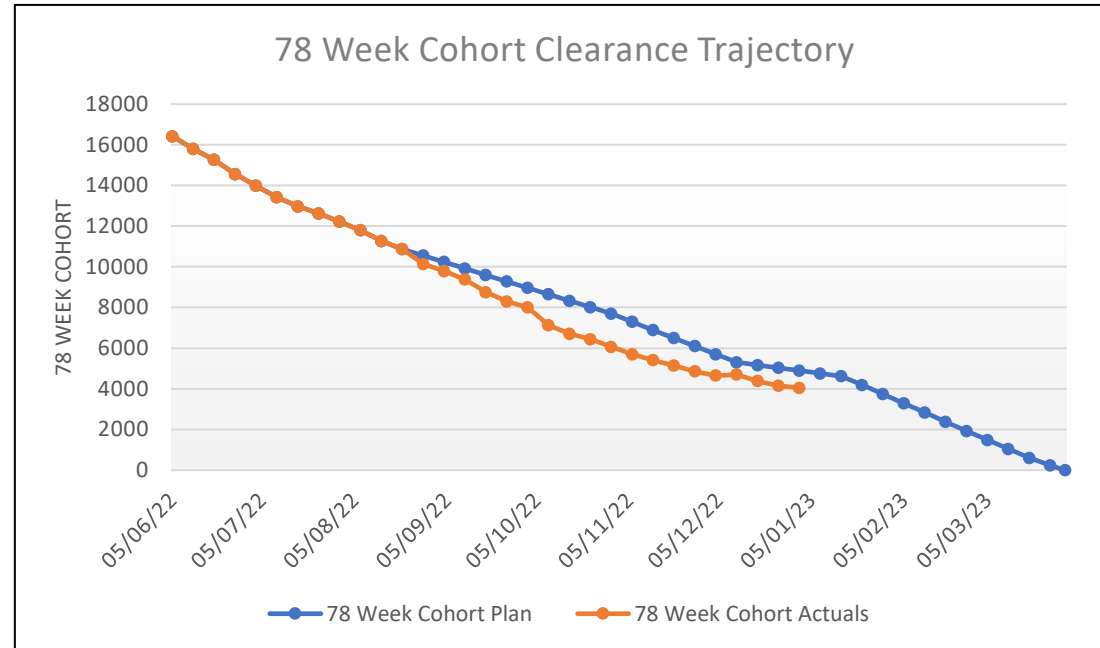


Focus has now switched from monitoring 104 week waits (of which we are at zero) to the clearance of 78 week waiting patients by the end of March 2023

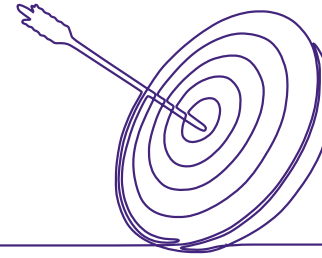
The table below shows ULHTs submission for this patient cohort as part of the planning round 22/23.

A further trajectory was produced based on the clearance of 78 week cohort patients NHSE were monitoring us against at the time. This trajectory was back loaded with increased activity in Q4 when it was felt recovery programmes would kick in. This trajectory is shown in the graph on the right

NB – increase w/e 11/12/22 is due to change in methodology to calculate those patients due to be 78 weeks by 31/03/23 (previously this was 26/03/23)



## 2. >78 week waiters continued



Backlogs were compared with clearance rates and 4 specialties were hi-lighted as a concern for hitting the required zero position by the end of March. These specialties are;

- Respiratory
- Gastroenterology
- Neurology
- Rheumatology

Dermatology and ENT are also 2 specialties with significant long waiters but currently have clearance rates required to hit zero by March

PAE require weekly insight on the following:

1. >78 week actuals increasing week on week
2. % of 78 week waiting patients that do not have an Out patient Appointment (OPA) or 'To Come In Date' (TCI) – the latter is for those patients requiring an inpatient admission for Surgery or inpatient intervention

OPA/TCI information is shown in the table to the right and reinforces concerns but also plans to rectify and meet the agreed completion date.

Twice weekly meetings with Medicine and Surgery are in place to work through plans, alongside daily ICB and ULHT updates to respective Chief Executives on the recovery actuals verse trajectories.

The Chief Operating Officer, ICB Planned Care Executive Responsible Officer and Planned Care Leads meeting three times a week to ensure delivery of the 78 week target is on track and if any further intervention are required.

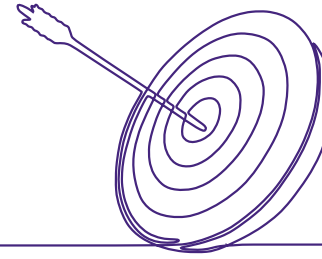
### Position at Specialty Level as of 31<sup>st</sup> December

TREATMENT FUNCTION NAME	78 Weeks+	With TCI/OPA	With TCI/OPA %
Respiratory Medicine Service	168	20	12%
Dermatology Service	164	56	34%
Gastroenterology Service	149	64	43%
Neurology Service	140	21	15%
Rheumatology Service	135	20	15%
Ear Nose and Throat Service	91	24	26%
Paediatric Dermatology Service	38	7	18%
General Surgery Service	37	17	46%
Ophthalmology Service	9	6	67%
Vascular Surgery Service	7	4	57%
Gynaecology Service	7	5	71%
Maxillofacial Surgery Service	7	7	100%
General Internal Medicine Service	4	3	75%
Orthodontic Service	3	0	0%
Rehabilitation Medicine Service	2	2	100%
Colorectal Surgery Service	2	2	100%
Respiratory Physiology Service	1	0	0%
Cardiology Service	1	0	0%
<b>Grand Total</b>	<b>965</b>	<b>258</b>	<b>27%</b>

### Current Position of >78 week Waiters and Capacity to resolve as of 1<sup>st</sup> February 2023

	Dated	Undated	Total	Need OPD appt
<b>Non-Admitted</b>	1305	1055	2360	
Colorectal Surgery Service (104)	6	4	10	10 Diagnostics; 2
Dermatology Service (330)	97	66	163	Diagnostics; No capacity 75 3 x bkd April and further booking today
Ear Nose and Throat Service (120)	189	153	342	Diagnostics; No capacity 88 Declined for patient choice
Elderly Medicine Service (430)	0	1	1	Diagnostics; 0
Gastroenterology Service (301)	247	101	348	Diagnostics; No capacity 71 2 x bkd April and booking Friday and Monday
General Internal Medicine Service (300)	5	2	7	Diagnostics; 1
General Surgery Service (100)	65	30	95	Diagnostics; No capacity 18 Booking today
Gynaecology Service (502)	27	5	32	Diagnostics; No capacity 2
Interventional radiology	0	1	1	Diagnostics; 0
Maxillofacial Surgery Service (144)	20	4	24	Diagnostics; No capacity 6 4 x bkd Feb / April
Neurology Service (400)	150	361	511	Diagnostics; No capacity 357 1 x bkd April. Mutual Aid agreed and booking commenced
Ophthalmology Service (130)	9	2	11	Diagnostics; 1
Orthodontic Service (143)	7	5	12	Diagnostics; No capacity 5 Booked
Paediatric Dermatology Service (257)	34	47	81	Diagnostics; No capacity 45 Booking today
Paediatrics	1	0	1	Diagnostics; 0
Rehabilitation Medicine Service (314)	1	3	4	0
Respiratory Medicine Service (340)	267	141	408	Diagnostics; No capacity 136 2 x April. Mutual aid in place and booking
Respiratory Physiology Service (341)	1	0	1	Diagnostics; 0
Rheumatology Service (410)	152	66	218	Diagnostics; No capacity 42 Capacity released and booking
Urology	1	0	1	Diagnostics; 0
Vascular	26	63	89	Diagnostics; No capacity 26 3 x April / May. Capacity release and booking
				<b>410</b> this number is recording daily at 8am and re-circulated

### 3. Admitted Waiting Times and Backlog Summary



The admitted waiting backlog is 5,571 as at 10<sup>th</sup> January 2023 .

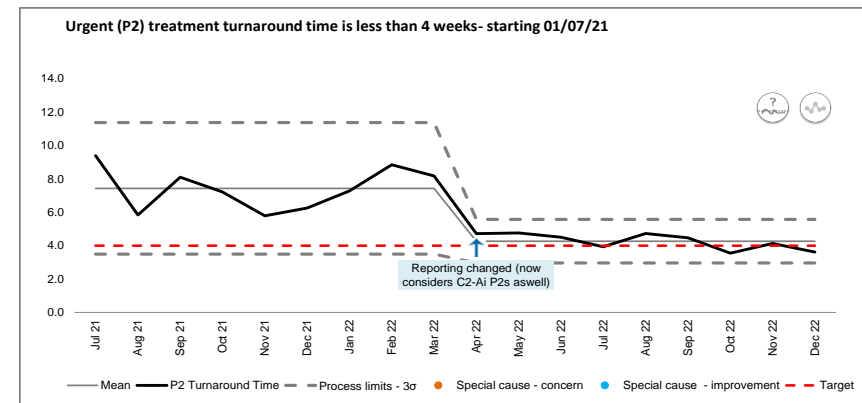
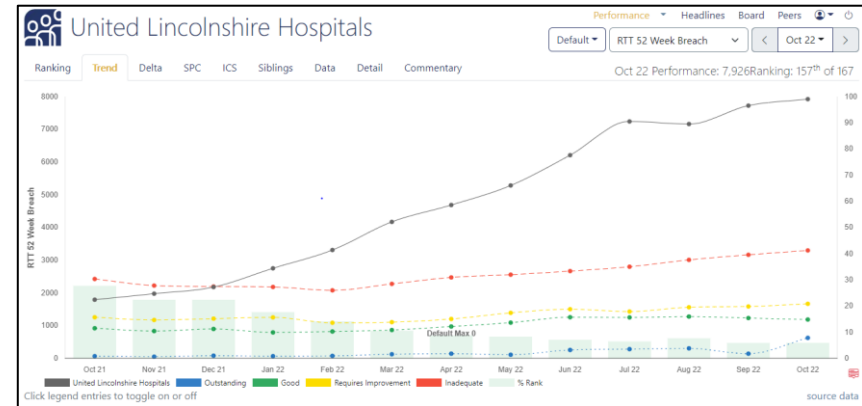
The total number of patients waiting over 52 weeks at the end of November has risen and is sitting at 8,204. In comparison to regional peers we are ranked 157<sup>th</sup> out of 167, which shows no movement from last month. Leicester are currently reporting 18,583, Derby 8,052 and Sherwood at 732.

Priority Clearance is a term used nationally that we apply to those patients who need a surgical intervention that determines in which order we apply treatment to those patients most at risk from avoidable harm, increased mortality and recovery against the confirmed diagnosis. There are 4 'P' levels. 'P1' is classified Urgent and potentially life threatening – this is applied immediate, non planned surgeries. 'P2' is classified as urgent and potentially 'life limiting' – this applies to our patients with a cancer diagnosis where treatment time is considered critical. 'P3' and 'P4' are considered 'non-urgent' but will support a return to increased function and an ability to resume activities of living. 'P2' clearance currently is 3.62 weeks against a trajectory of less than 4 weeks. The regional average is 6 weeks.

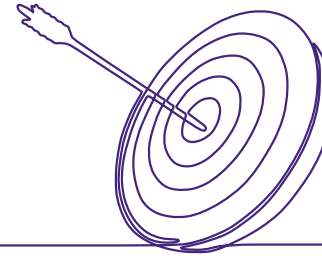
P2 classified surgical wait clearance times are making progress. After improving data quality and collection the accuracy of this data is also greatly improved.

1124 removals were achieved in December and the table below shows performance by speciality and week waiting average.

Specialty	Removals	Average Wait
100 : General Surgery	638	3.0
101 : Urology	185	3.9
103 : Breast Surgery	55	2.7
104 : Colorectal Surgery	66	1.9
107 : Vascular Surgery	26	3.4
110 : Trauma & Orthopaedics	49	7.3
120 : Ent	38	3.8
130 : Ophthalmology	41	4.8
502 : Gynaecology	26	8.4
<b>Grand Total</b>	<b>1124</b>	<b>3.4</b>



## 4. High Volume Low Complexity Recovery Plan



Whilst Elective delivery is reasonably strong, High Volume Low Complexity (HVLC)/daycase activity is low and ULHT are an outlier regionally.

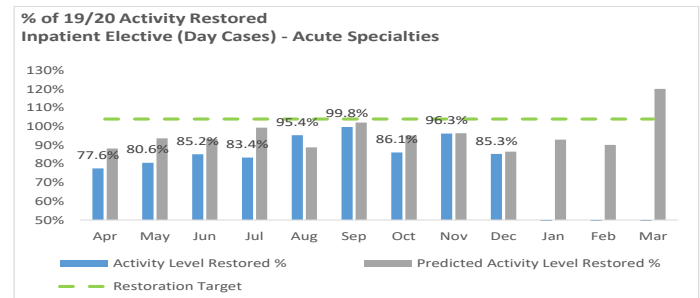
Dec-22 is showing Day case restoration of 85.3% (of the 19/20 activity level)

Ongoing action to address are;

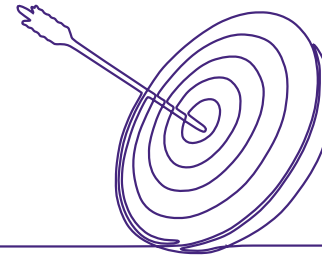
1. Super Sprint started in January to focus on Grantham & Louth Theatres. A 'Super Sprint' is designed to temporarily increase resource for a targeted period of time to treat as many patients as is safely possible to do so.
2. Implementation of theatre modelling tool to ensure theatre resource is matched to backlogs
3. Develop and implement opportunities identified in Urology, General Surgery & Ophthalmology
4. Foureyes implementation programme now complete – Foureyes are an independent improvement company

The high level objectives are;

1. No one on a waiting list for more than 6 weeks
2. No 104 week waiters (excluding patient choice)
3. No 78 week waiters by March 2023
4. No 65 week waiters by March 2024
5. Reduce 52 week waiters to 700 by March 2024



## 5. Outpatient Waiting Partial Booking Waiting Lists and Improvements



The Partial Booking Waiting list (PBWL) are patients who are awaiting a further appointment.

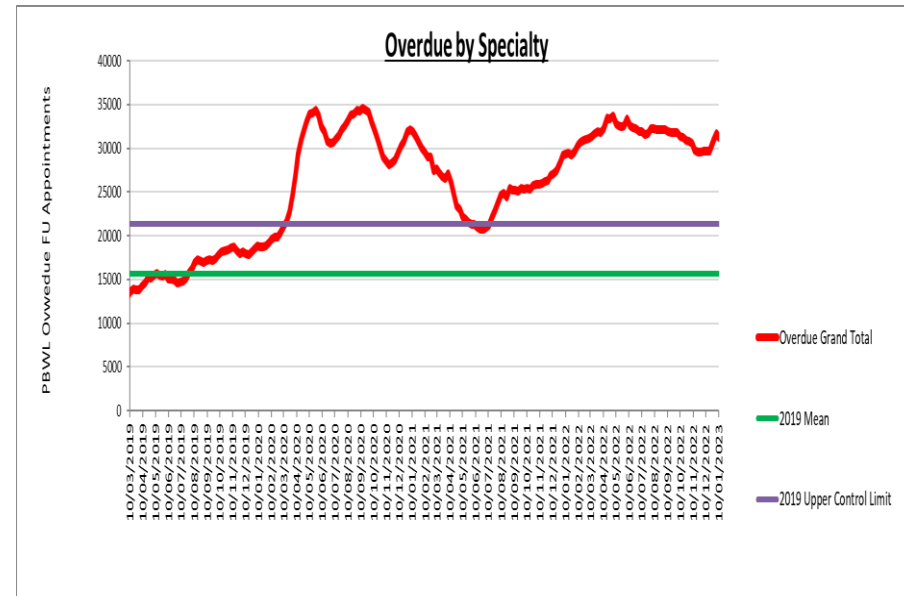
Progress to date

The fortnightly PBWL meeting

The Trust has appointed an external team to come in and validate open pathway patients and is due to start shortly. Open pathway validation is to ensure that the Trust can ensure that all patients on our waiting lists have clear plans and treatment end dates.

PIFU (Patient Initiated Follow Up) role out plan into specialties are being followed for suitable patients. This means that routine follow ups are not booked and put the patient at the centre of any onward treatment by escalation.

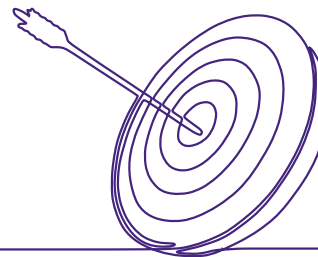
Personalised Outpatient Plan is being developed to ensure PBWL (Partial Booking Waiting List) entries are genuine waiting follow up patients.



The data shows number of patients overdue their follow up appointment had overall been reducing since August 2022. December demonstrated a small increase but is back on track.



## 6. Validation Update As at End of December



As part of the personalised Outpatient Plan (POP), trusts are expected to complete a 3 stage validation process;

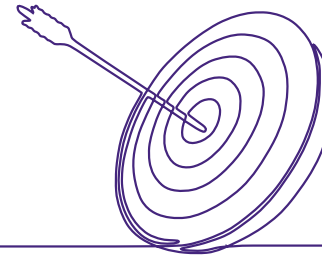
1. Technical – Technical correction of any incorrect/duplicate pathways. [Being delivered via Insource \(external validation company\)](#)
2. Administrative – Contact with patients to review need for procedure/appointment and any changes in symptoms. [Being delivered via Healthcare Comms \(ULHts Hybrid Mail Partner\)](#)
3. Clinical – Priority and next steps based on outcome of Administrative validation. [Divisional plans required to progress](#)

The 3-stage validation process above is governed by our Outpatient Recovery Improvement Group (ORIG) and will report through our Improvement Steering Group (ISG) to the Board.

Page 31

Specialty	Weeks validated to:		
	Business Unit		18 Week Team
	Admitted	Non-admitted	All
Gynaecology	43	43	52
Breast Surgery	43	43	52
Paediatrics	30	30	52
Community Paeds	N/A	0	52
Gastroenterology	52	70	52
Rheumatology	N/A	68	52
Cardiology/Cardiac Surgery	18	18	52
Nephrology	N/A	18	52
Stroke	N/A	18	52
Endocrinology	N/A	18	52
Diabetes	N/A	18	52
Lipid	N/A	18	52
Chest	N/A	18	52
Neurology	N/A	18	52
Dermatology/Paeds Derm	18	18	52
HCOP	N/A	18	52
Urology	18	18	52
Orthopaedics	25	18	52
Ophthalmology/Orthoptist	40	35	52
ENT	52	70	52
Max fax/Orthodontics	52	65	52
General/Paeds/Upper GI Surgery	52	52	52
Vascular Surgery	30	30	52
Colorectal	N/A	55	52

# 7. Diagnostic Wait Times and the DM01 6 week standard



## DM01

DM01 is the national report that covers all of our diagnostic wait times. The compliance against this 98%

We are currently at 51.42% for December 2022 which is a slight decrease from November.

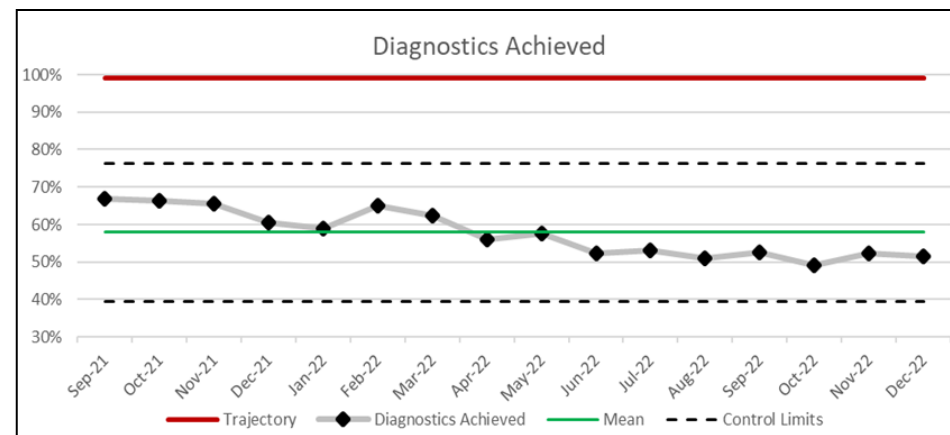
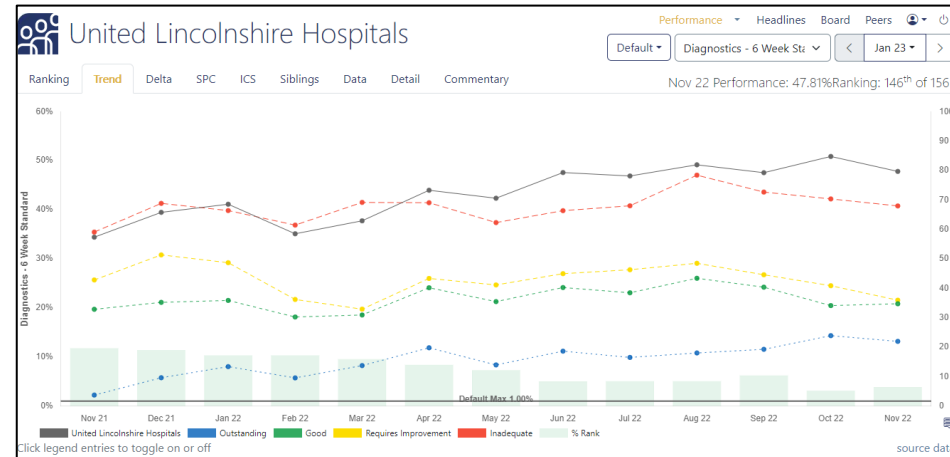
Page 22

The majority of diagnostic breaches sit in Cardiac Echo with 6316 breaches recorded in December. MRI has 1798 breaches. Additional outsourcing to help reduce the backlog from January 2023 hopefully reducing breaches to within limits by April

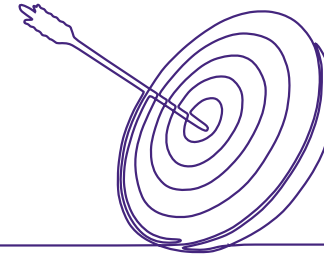
- There are 1439 DEXA Breaches as the scanner is not up and running we should see a reduction of around 250 breaches each month
- We are now seeing Breaches in Endoscopy due to the increase in demand from the Colorectal pathway

External review and improvement plans are now in place.

**NB – ULHT are still recovering from the arson attack at Lincoln County where the whole Imaging Suite was destroyed.**



# 8-7 day endoscopy standard



## OPERATIONAL PERFORMANCE

	Week ending 11 <sup>th</sup> December 2022	Week ending 18 <sup>th</sup> December 2022	Week ending 25 <sup>th</sup> December 2022	Week ending 1 <sup>st</sup> January 2023
Referrals received	100	114	86	60
7 Day Performance (F&S Sig/OGD/STT)	<b>94%</b>	<b>96.2%</b>	<b>75.5%</b>	<b>96.5%</b>
	Accepted date within target 35%	Accepted date within target 50%	Accepted date within target 20%	Accepted date within target 44.8%
	Patient choice 60%	Patient choice 45.4%	Patient choice 53.3%	Patient choice 51.7%
	Hospital Specific/Admin 6%	Hospital Specific/Admin 4.5%	Hospital Specific/Admin 26.6%	Hospital Specific/Admin 3.4%
	Capacity – 0%	Capacity – 0%	Capacity – 0%	Capacity – 0%
10 Day Performance (Colonoscopies)	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>96.8%</b>
	Accepted date within target 87%	Accepted date within target 75.4%	Accepted date within target 12.9%	Accepted date within target 61.2%
	Patient choice 13%	Patient choice 24.5%	Patient choice 87.8%	Patient choice 35.4%
	Hospital Specific/Admin 0%	Hospital Specific/Admin 0%	Hospital Specific/Admin 0%	Hospital Specific/Admin /Meds 3.2%
	Capacity – 0%	Capacity – 0%	Capacity 0%	Capacity 0%

## Main themes of breaches & challenges

Endoscopy no longer send appointments out in post, All appointments are agreed with the patient over the telephone In line with our new booking process - New pathway within Endoscopy 5 days prior pre assessment - Leaves only 2 days for the booking team to get hold of the patient, if not contacted within first 2 days, we will not hit 7 day target.

Staffing – review of Booking clerk hours taking place this week  
 Extra colorectal clinics are still running but at a reduced rate/lower numbers. Need to be aware in advance so that we can plan for these to be dated within breach date.

Delay in STT referrals being received in Endoscopy – this has been flagged to Gastro as this is having a significant impact on breaches for the 7 day target for these patients

Postal delays – issues with post and prep for patients

This page is intentionally left blank