

Report Cover Sheet

Agenda Item: 8

Date of Meeting:	29 th July 2020			
Report Title:	Operational Recovery Update			
Purpose of Report:	To provide an overview of recovery & restart in the hospital identifying current restrictions, current activity levels and summary impact on operational performance, ensuring the Board receives assurance about the Trust's recovery restart, return to new normal and impact on performance.			
	Decision: <input type="checkbox"/>	Discussion: <input checked="" type="checkbox"/>	Assurance: <input checked="" type="checkbox"/>	Information: <input type="checkbox"/>
Trust Goals that the report relates to: (Including reference to any specific risk)	<p>Goal 3 In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs.</p> <p>Goal 6 We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment.</p> <p>Goal 7 We will deliver value for money and help ensure the local health and care system is sustainable and well led.</p>			
Recommendations: (Action required by Board of Directors)	<p>The Board is asked to note the current significant challenges facing the Trust:</p> <p>In our requirement to follow rigorous infection prevention and control arrangements to ensure we offer a safe environment to care for patients whilst keeping our staff safe we have significantly reduced our available capacity to see patients in all care settings. Activity volumes for June are below the comparative period in 2019.</p> <p>As referrals return to pre-covid levels patients are already waiting significantly longer for elective outpatient, diagnostic and inpatient elective care and have been reluctant to attend hospital appointments.</p> <p>An analysis of the activity gap and back-log of patients waiting will be presented in August's report.</p> <p>New ways of working have presented data capture & data completeness issues which are impacting on patient pathway management, progress on recovery to be presented at August's Board.</p>			
Financial Implications:	This report contains reduced activity & performance information which has both a productivity and financial cost impact to the organisation. Addressing areas of deficit may have financial implications but none have been identified at the time of writing.			
Risk Management Implications:	In the absence of new National Planning guidance; this report includes existing SOF performance measures as a guide to assessing our current activity levels against a known measurable framework. The Trust is not			

	<p>required to report operational support needs under the SOF as at 30th June 2020.</p> <p>Local, regional and national capacity deficits are currently being scoped via the ICP & ICS.</p> <p>Balancing C-19 safety requirements with restricted activity capacity could potentially mean that patients present later and are sicker.</p> <p>New ways of working have identified data challenges in capturing activity, coding activity and pose a risk in pathway management.</p>
Human Resource Implications:	<p>The Board is committed to supporting and motivating its workforce during challenging times.</p> <p>Workforce support and health and wellbeing remain a key consideration in staff returning to work.</p>
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	<p>Objective 1 (patient care) Every effort is made in meeting the national access standards to ensure all patients receive streamlined accessible services.</p> <p>Objective 2 (inclusive workforce) The Trust is committed to supporting its workforce</p>
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Operational Recovery Update

Trust Board, 29th July

Debbie Renwick, Interim Associate Director, Planning & Performance

Summary Dashboard

Indicators		Weekly Data			Monthly Data		
Section	Activity	Average Weekly Pre-COVID 2019/20	Activity w/e 19.07.20	% of pre-COVID Activity we 19.07.20	Current Month (June 2020)	Same Month Last Year (June 2019)	% of Current Month Activity to Same Month Previous Year
Referrals	Outpatient Referrals - Routine	1304	1315	100.8%	6202	5567	111.4%
	Outpatient Referrals - Urgent	202	150	74.3%	670	808	82.9%
	Outpatient Referrals - 2ww (Cancer)	216	225	104.2%	854	935	91.3%
Activity	Emergency and Non-elective Spells	552	491	88.9%	2139	2377	90.0%
	Elective Inpatient Spells	74	50	67.6%	113	354	31.9%
	Day Case Spells	597	417	69.8%	1341	2344	57.2%
	New OP Attendances	1337	1333	99.7%	6585	5826	113.03%
	Follow up Attendances	3587	2198	61.3%	9979	15508	64.3%
	of which Outpatients with Procedures	452	182	40.3%	847	1961	43.2%
Performance	ED - Attendances (All Types)	2444	1396	57.1%	6220	10350	60.1%
	ED - 4 hour Performance (All Types)	87.55%	98.14%	10.59%	98.42%	93.89%	4.53%
	Cancer - 2ww Referrals Seen	214	181	84.6%	752	878	85.6%
	Cancer - Patients treated <62 days	12	2	16.7%	25	60.5	41.3%
	Cancer - Patients treated >62 days	3.5	0	0	18.5	18	102.8%
	Patients Waiting	Average weekly Pre-C19 Waiters	Waiters w/e 19.07.20	% Growth	Current Waiters	Same Month Last Year (June 2019)	% increase on same month last year
	Cancer - Patients Waiting >104 days	20	110	550.0%	116	14	828.6%
	RTT Incomplete Long Waiters >40 weeks	20	309	1545.0%	222	14	1585.7%
	RTT > 52 week waiters	0.057	26	45614.0%	16	0	1600.00%
	Diagnostics - Total Activity	1815	1229	67.7%	4491	7228	62.1%
	Diagnostics - Total PTL Size	4630	6096	132%	6555	4593	142.7%
Other	Flow	Average weekly Pre-C19	w/e 19.7.20	% Change	Current Month	Same Month last year	% Change
	Bed Days Lost to DTOCs	5	0	0.00%	5	157	3%
	Bed Occupancy (G&A)	93.8%	72.0%	-21.8%	79.6%	93.7%	-14.1%
	Number of Stranded Patients (>7)	202	144	71.3%	Snapshot Position		
	Number of Stranded Patients (>21)	68	32	47.1%	Snapshot Position		

Elective Activity & Backlog

Referrals are almost back to pre-covid levels & are now received by the Trust via GP Directly Bookable appts, Advice & Guidance slots & Referral Assessment Service.

Elective activity restarted 6th May. Clinical triage via digital appointments and telephone contacts prioritise patients who require face to face clinical appointment. Outpatient capacity is reduced to 8 patients per clinic to comply with IPC guidelines.

- Increases in general 'routine' outpatient activity is driven by serology testing activity.
- Non Face to face digital and telephone contacts accounts for 43% of all outpatient activity.

Capacity restrictions impact on day case and elective activity volumes

- Currently (19/7) running with 54 out of 85 theatre sessions (driven by workforce risks & issues) . In May we were running with 30
- Average list size has reduced from 2.4 patients per list to 1.2. - Due to Complexity of casemix & reduction/ stopping high volume lists.
- Endoscopy lists are running with 3 patients listed / pre-C19 we listed ~8 per session

Patient Choice

- 14 day self isolation guidance is deterring patients coming in for elective procedures (urgent and non-urgent) Current Access Policy does not support stopping the clock for multiple non-attendance choices to defer treatment.

RTT Backlog & Waiting list size has risen again from May 2020, it is 1% less than June 2019 - but distribution of waiters is now older

Median waiter at 15th March: ~7 weeks

Median waiter at 19th July: ~16 weeks

Urgent & Emergency Care & Flow

- June UEC attendances down 44% compared to same period last year
 - Blaydon WIC closed transferred to Jubilee (Type 1)
- Headline 4 hour performance 98.42% in June (91.67% April, 94.65% May)
 - Patients still attending are more likely to be acutely unwell
 - ‘Easy to discharge’ minors work still lower than normal
 - Breaches appear to fall in two categories:
 - Clinically justified
 - Those requiring reviews from other specialties
- Ambulance conveyances 9% below June 2019
- Admissions from QE UEC from 21.7% June 2019 to 25.3% June 2020

Performance

Planning guidance is expected July 2020.

Meanwhile there are no further updates to identify which performance measures should be used to monitor performance. The interim advice is to strive (safely) towards returning to pre-C-19 activity levels.

During C-19 performance reporting and data quality /validation has been limited; we have re-started this programme of work during July.

Operating with reduced capacity, smaller workforce (shielding and sickness) and patients choosing not to be seen / not complying to self-isolating advice the 'backlog' of patients waiting to be seen continues to grow.

Cancer

- Prioritisation/clinical review of referrals to determine most appropriate treatment actions, balancing risks to patients from cancer and Covid-19
- Working in line with Cancer Alliance approach, including some use of Independent Sector capacity
July 2ww standard to date: 52.04% (June: 64.24%).
July 62D standard to date: 61.64% (June: 58.62% Treated patients at ~33% of March levels.

RTT Backlog & Waiting list size has risen again from May 2020, it is 1% less than June 2019 - but distribution of waiters is now older

Median waiter at 15th March: ~7 weeks

Median waiter at 19th July: ~16 weeks

Future performance updates will include an analysis of backlog, impact of reduced capacity ~C-19 and patients waiting across RTT & Cancer and current data quality risks and actions affecting patients waiting.

Risks

- New normal capacity deficits; understanding the risk
- Robust IPC measures & standards
 - Capacity & flow challenges
 - Balancing the risk of not seeing patients
- Growing waiting lists and (different) capacity to deliver
- The impact of recovering from C-19, second wave? & winter
- Patients presenting later / sicker
- Data challenges & data burden + new ways of working
 - Coding & Counting
 - Completeness
 - Patient pathway management
- Imposed 14 day isolation prior to diagnostic and surgical procedures (variation in application across the region)
- Local/regional and national capacity deficits - endoscopy
- New SOF measures

Next Steps

Await planning guidance and SOF measures:
Expected July 2020

Opportunities & Learning from C-19:

- Digital acceleration
- Clinical triage to prioritise patients
- Stratified clinical follow-up
- Better working relationships (cancer hub / oncology teams)
- Collaboration - clinical passport, shared problem solving, joint working between Trusts
- Flexible team work & weekend working
- Pathway improvements – Lung cancer: quicker diagnostics, capsule endoscopy

Reset services to new normal:

- Business cases to increase capacity: Chemotherapy & Endoscopy
- Staff shielding & support in returning to work
- Capacity planning and demand management - inc. new ways of working
- Ongoing identification & risk management
- Review new ways of working & Impact assessment
- C-19 2nd wave threat & proactive planning