

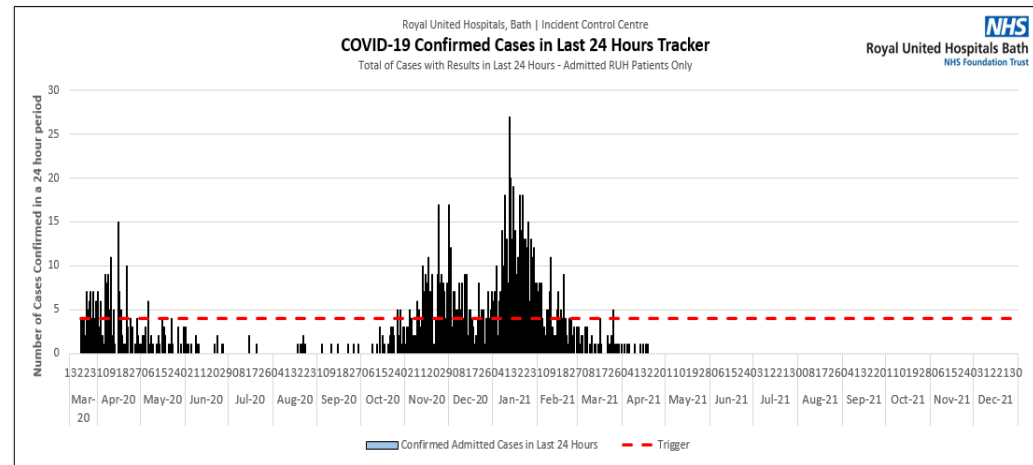
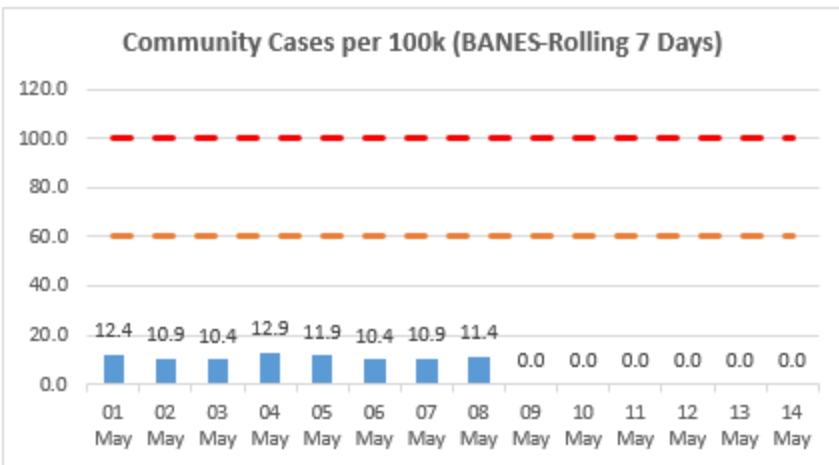
# RUH COVID Recovery Plan

Governor and Members'  
Constituency Meeting  
24 May 2021

Everyone  
Matters  
Working  
Together  
Making a  
Difference

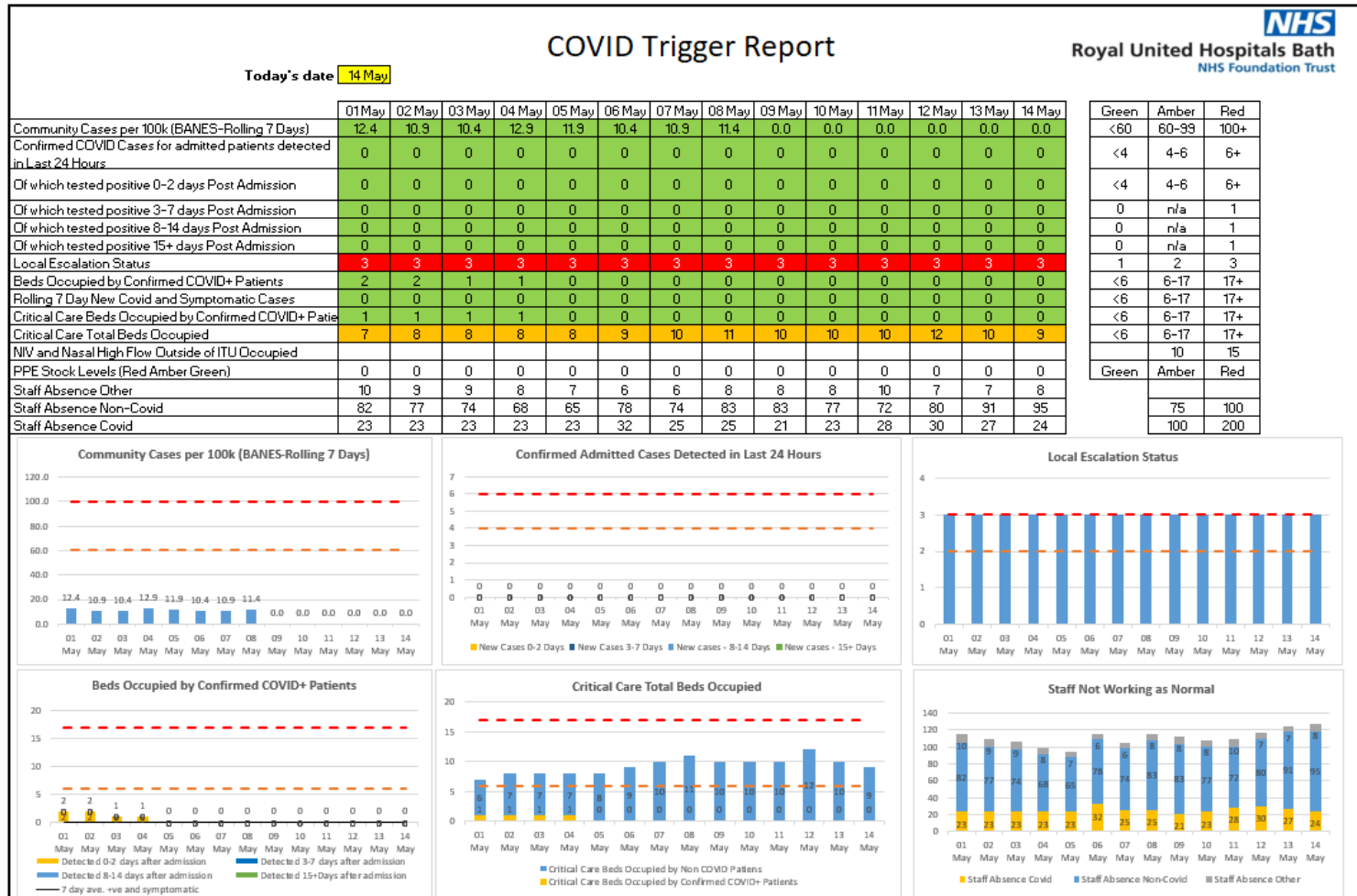
# Covid prevalence

- Community prevalence:** Since the last report to Council of Governors where prevalence was tracking above trigger points, prevalence has reduced substantially and is running at around 10 case per 100k.
- Cases in hospital:** There was a peak in covid admission to hospital in early November and a further peak in mid-December. Since then we have seen a downward trajectory and we have had no new covid admissions since 18<sup>th</sup> April 2021 and current have no patients in G&A or ICU beds.



# Covid Triggers

‘Covid Triggers’ continue to be monitored on a daily basis and escalation plans remain in place.



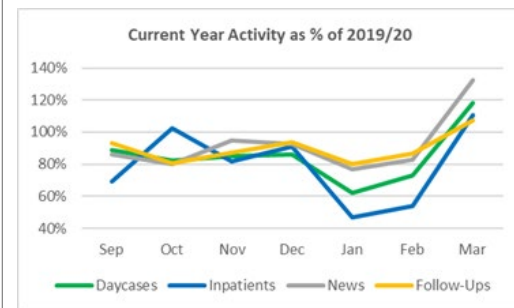
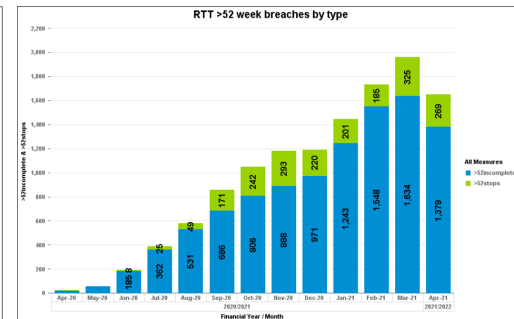
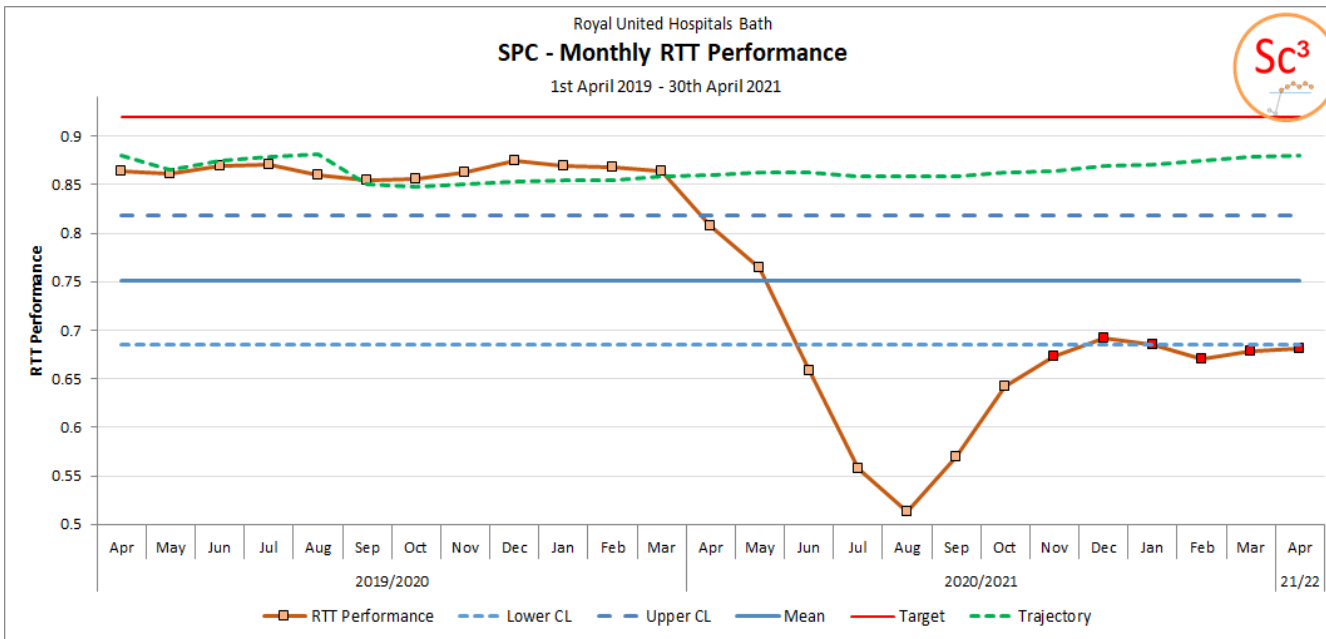
The background features a collection of overlapping squares in various shades of blue, yellow, orange, and purple, creating a dynamic and modern aesthetic.

# Elective Recovery Plan

Everyone  
Working Matters  
Together  
Making a  
Difference

# Impact on waiting lists

- The cessation of routine activity during the Covid pandemic has had a significant impact on elective and outpatient waiting times



- As a result of the Phase 3 recovery work, we have begun to see reduction in the overall number of patients waiting >52 weeks on a RTT pathway but there is a significant backlog of elective patients to treat over the coming year.
- We are currently completing BSW wide submission of elective recovery plans including 5 specific focus on areas of largest waits, including opportunities for shared waiting lists

# Elective transformation and restoration

Transform the delivery of services, accelerate the restoration of **elective** and cancer care

## System plans from April 2021 to September 2021 that:

- Maximise available physical and workforce capacity, including Independent Sector. New mechanisms to access IS capacity to be developed over next two months.
- Prioritise the most clinical urgent (cancer, P1/P2)
- Ongoing clinically led waiting list reviews
- Communicate with patients, including proactively reaching out to the most vulnerable
- Focus on health inequalities – analysis of waiting times by ethnicity and deprivation

## Accessing Elective Recovery Fund:

- Threshold based on 2019/20 elective activity; 70% for April 2021, 75% for May, 80% for June, 85% from July
- Thresholds applied to all NHS-commissioned activity. Activity delivered by IS providers will count towards the system threshold of the patient's CCG.
- Subject to meeting gateways (see next slide)

## System-level transformation:

- System-level waiting lists, clinical review, capacity and demand planning/monitoring
- High impact service models e.g. fast track hubs for high volume, low complexity care
- Whole pathway transformation in cardiac, MSK and eye, support via National pathway Improvement Programme, aim for top quartile performance
- OP transformation – Advice & Guidance, PIFU, 25% appointments held virtually
- Diagnostics - Community Diagnostic Hubs, implement [Richards review](#)



## 1. Clinical Validation, Waiting List and Long Waits

Plans should ensure ongoing clinical validation and shared decision making between patients and clinicians as well as maintain a continuous focus on waiting list data quality.



## 2. Addressing Health Inequalities

Plans should take due regard of the need to reduce pre-pandemic and pandemic related health inequalities using related waiting list data that is embedded within system performance frameworks to measure access, outcome and experience for BAME populations (and those in the bottom 20% of IMD scores).



## 3. Transforming Outpatients

Plans should demonstrate rapid progress on Patient-Initiated Follow-up (PIFU), uptake of Advice and Guidance or similar models; telephone or video consultations should be maintained for necessary outpatient attendances.



## 4. System-led Recovery

Plans should ensure that Patient Tracking List (PTL) management is undertaken at a system level and that all capacity (including IS) is being used to the benefit of the whole-system population.



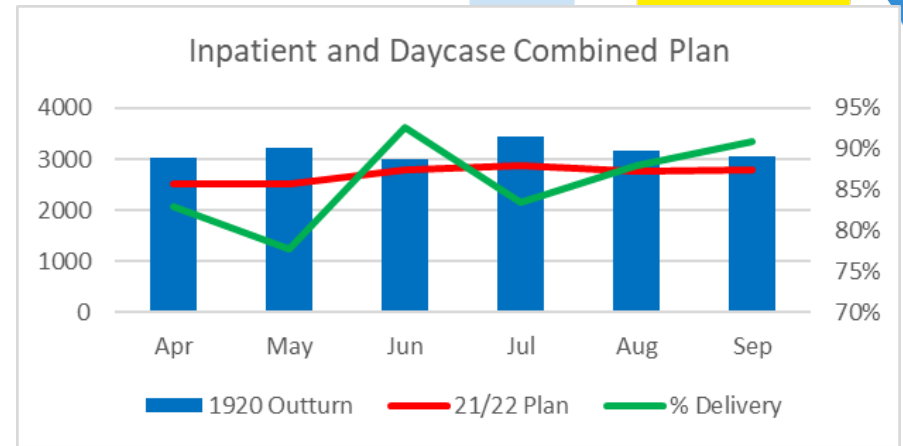
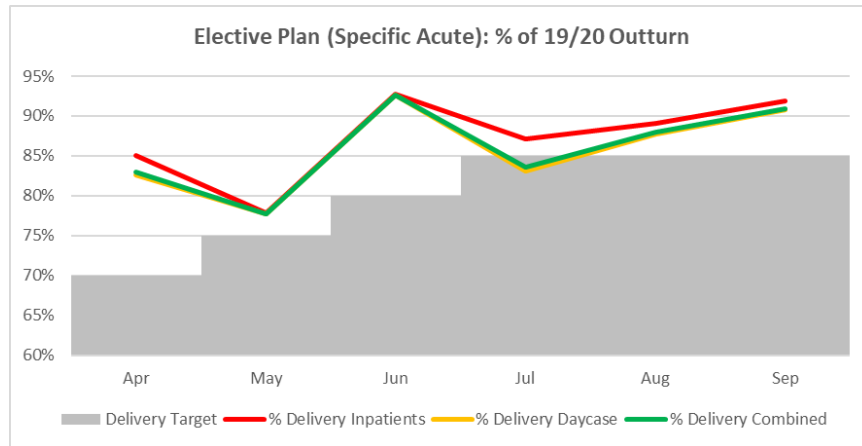
## 5. People Recovery

Plans should demonstrate how the health and wellbeing of staff will be monitored using an appropriate set of measures and that the rate of service restoration takes account of the need for people to recover from their individual experiences and consider the wider workforce capacity availability.

## RUH Elective Recovery Planning

- RUH Elective Recovery group mobilised to oversee and support delivery of plan and achievement of elective recovery funding, including gateway criteria.
- Aligned to this are other improvement programmes of work including Theatre Transformation and Outpatient Transformation and performance monitoring functions such as DM01 group, Cancer Performance etc.
- Pooled waiting lists in BSW – ongoing in Paediatric oral surgery, ENT etc.
- Ongoing theatre transformation agenda to increase productivity and efficiency
- Development of sustainable staffing model business case for theatres
- Maximise elective capacity at independent sector

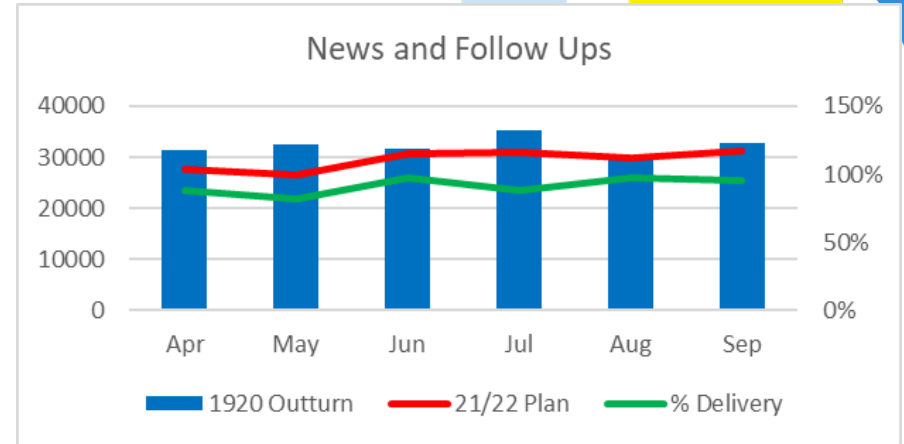
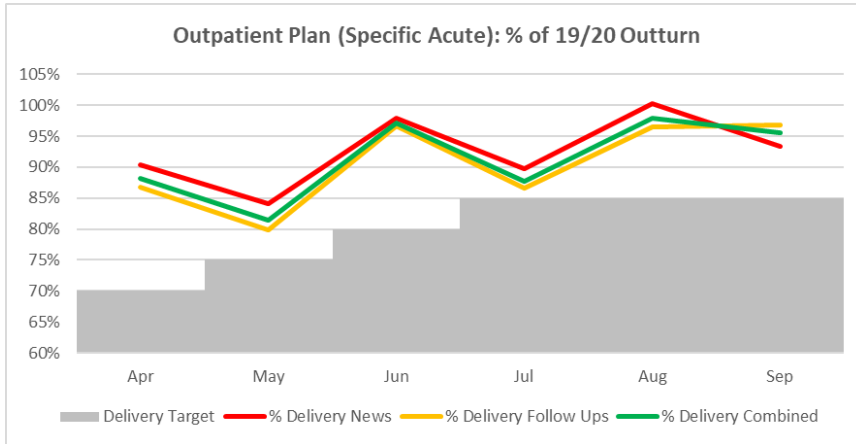




|                        | Apr | May | Jun | Jul | Aug | Sep |
|------------------------|-----|-----|-----|-----|-----|-----|
| % Delivery Inpatients  | 85% | 78% | 93% | 87% | 89% | 92% |
| % Delivery Daycase     | 83% | 78% | 93% | 83% | 88% | 91% |
| % Delivery Combined    | 83% | 78% | 93% | 84% | 88% | 91% |
| <b>Delivery Target</b> | 70% | 75% | 80% | 85% | 85% | 85% |

- IS repatriated onto RUH footprint
- Theatre timetable changes and productivity factored in
- Limited WLI opportunities assumed
- July is a lower performing month in part due to higher activity levels in 2019

# OUTPATIENT RECOVERY



|                        | Apr | May | Jun | Jul | Aug  | Sep |
|------------------------|-----|-----|-----|-----|------|-----|
| % Delivery News        | 90% | 84% | 98% | 90% | 100% | 93% |
| % Delivery Follow Ups  | 87% | 80% | 97% | 87% | 97%  | 97% |
| % Delivery Combined    | 88% | 81% | 97% | 88% | 98%  | 96% |
| <b>Delivery Target</b> | 70% | 75% | 80% | 85% | 85%  | 85% |

- Consistently above activity targets
- Some activity increase reliant on successful recruitment to clinical posts

## Governance

- RUH Elective Recovery Group meeting weekly
- BSW Elective Care Board overseeing system plan



## Actions

- Summary of BSW position expected today/tomorrow
- Internal review of Gateway Criteria compliance
- Ongoing work on speciality plans, ahead of final submission. Impact on RTT performance/backlog sizes to be modelled
- Dashboard to track delivery being developed for Elective Recovery Group
- Ongoing work with BSW Elective Care Board to progress system actions
- Recruitment to additional diagnostic capacity (CT and Endoscopy), discussions in progress on approach to other workforce groups
- Use of Elective Recovery Fund in discussion at system-level



## Summary

Initial recovery plans submitted exceed national trajectories.

Specialty teams are reviewing plans to identify additional actions to increase activity further.

Working with GWH and SFT to identify further opportunities for collaboration is most pressured specialties and minimise variation across BSW.

Continued links to transformation activities in Theatres, Outpatients and Diagnostics.