

# RESTORATION AND TRANSFORMATION

Health and Adult Social Care Overview and Scrutiny Committee



Date: 27 January 2021  
Title of Report: **Restoration and Transformation**  
Lead Member: Choose a Councillor  
Lead Strategic Director: Choose a Director  
Author: John Finn, Associate Director, In Hospital Care  
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Your Reference: RR2 Plym  
Key Decision: No  
Confidentiality: Part I - Official

## Purpose of Report

This report is in response to the request from the Plymouth Health and Social Care Overview and Scrutiny Committee for an update on the restoration and recovery of services.

## Recommendations and Reasons

The Committee is asked to note the report.

## Alternative options considered and rejected

None. As a relevant NHS body, NHS Devon CCG has a duty to attend before a local authority when required (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions.

## Relevance to the Corporate Plan and/or the Plymouth Plan

By working with NHS bodies to maintain oversight of health and care services in Plymouth the committee is supporting the Democratic and Co-operative values of the Plymouth City Council, alongside objectives in the “*Healthy City*” Chapter of the Plymouth Plan.

## Implications for the Medium-Term Financial Plan and Resource Implications:

This update does not give notice of any required decision which may require expenditure or resource allocation which impacts upon the Local Authority.

## Carbon Footprint (Environmental) Implications:

None arising from this report.

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

None arising from this report.

## Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7

### Background papers:

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

### Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A											
Please confirm the Strategic Director(s) has agreed the report? N/A											
Date agreed: 10/06/2019											
Cabinet Member signature of approval: N/A											
Date: 10/06/201											

## 1. Phase 3 Restoration of elective services

1.1. The national Phase 3 guidance (*Third Phase of NHS Response to COVID19*, dated 31 July 2020) set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of MRI, CT and endoscopy procedures (by October)
- 100% of last year's levels for new and follow-up outpatients

1.2. The Elective Care Cell has been broken into 4 workstreams to support the delivery of the Phase 3 and Adapt & Adopt:

- Management of GP referral processes
- Pathway development and GP and patient communication  
<https://northeast.devonformularyguidance.nhs.uk/> / <https://myhealth-devon.nhs.uk/>
- Outpatients
- Surgical Restoration

1.3. This programme focusses on the following priorities and this is incorporated into the Elective Care Cell's workstreams for delivery:

- **Theatres** - Prepare regional core principles based on national Infection Prevention Control (IPC) guidelines to support systems with practical implementation of relevant measures, including lessening PPE & Cleaning requirements and enabling local decision making to downgrade PPE according to risk.
- **CT MRI** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures.
- **Endoscopy** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures, including settling time on COVID negative AGP.
- **Outpatient** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures. For outpatient transformation, adapt and adopt work complements and helps with rapid implementation of the existing National Outpatient Transformation Programme

1.4. There are targets to be delivered against each of these priorities and the CCG is required to report weekly to NHSEI against all of these targets.

## 2. Current Performance

November Phase 3 - Activity Recovery				STP	TSDFT	RDEFT	NDHT	UHP
DEMAND	GP REFERRALS	Plan	90%	100.0%	84.3%	77.8%	94.3%	
		Actual	52.9%	88.0%		99%	63.5%	
	OTHER REFERRALS	Plan	97%	100.0%	100.1%	117.8%	83.7%	
		Actual	65.8%	85%		116%	93%	
	TOTAL REFERRALS	Plan	93%	100.0%	89.4%	89.0%	91.1%	
		Actual	57.7%	86.3%		105%	71.6%	
Outpatients	OP NEW (F2F and non f2f)	Plan	84%	93.4%	76.6%	94.2%	83.2%	
		Actual	88%	95.6%	76.6%	90.2%	98.7%	
	OP FU (F2F and non f2f)	Plan	91%	85.1%	79.4%	102.3%	97.3%	
		Actual	99%	95.6%	81.7%	90.9%	108.8%	
	TOTAL OUTPATIENTS	Plan	89%	87.3%	78.4%	99.5%	93.1%	
		Actual	96%	95.6%	76.0%	90.6%	106.1%	
ELECTIVE	DAYCASE	Plan	78%	77.6%	75.8%	72.1%	82.5%	
		Actual	108%	98.8%	122.1%	111.4%	102.1%	
	ELECTIVE INPATIENT	Plan	73%	79.4%	73.8%	83.7%	67.8%	
		Actual	82%	73.4%	75.8%	89.1%	88.0%	
	TOTAL ELECTIVE	Plan	77%	77.8%	75.4%	73.8%	80.0%	
		Actual	104%	96.3%	112.9%	107.5%	100.1%	
	TOTAL INCOMPLETE RTT PATHWAYS	Plan	123%	142.4%	112.5%	140.2%	113.6%	
		Actual	97%	93.3%	113.7%	80%	89.1%	
RTT 52 WEEK WAITS	Plan	7628	1517	1924	2637	1550		
	Actual	7413	1277	3401	1290	1445		
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	Plan	92%	86.0%	100.3%	77.8%	91.8%	
		Actual	86%	87.5%	70.4%	111.5%	93.7%	
	COMPUTED TOMOGRAPHY	Plan	84%	90.2%	106.7%	74.9%	67.0%	
		Actual	110%	80.9%	85.9%	138.0%	152.2%	
	TOTAL SCOPES	Plan	82%	69.8%	88.5%	115.7%	79.2%	
		Actual	79%	78.7%	66.6%	79.6%	91.0%	

- 2.1. The activity above is for the month of November 2020. Over December and into January as a result of Covid, performance has significantly reduced.
- 2.2. Both day case and elective inpatients are performing above trajectory across all trusts. The trajectory is based on delivering the same amount of activity as during the same time period in 20/21.
- 2.3. For all trusts in Devon, non-face to face new and follow up outpatients are below plan. However, outpatient follow ups overall are above trajectory. The trajectory is based on based on delivering the same amount of activity as during the same time period in 20/21.
- 2.4. The number of patients waiting for more than 52 weeks for their procedure is slightly over the plan agreed by NHS England. However, it is below plan for the RD&E where staffing pressures have been felt most keenly and are below the anticipated level at this stage. This has been further impacted in the months up to the end of January 21 by further staff absences and the third wave of Covid 19. Across the county our incomplete pathway volumes remain below the forecast trajectory at all our trusts except the RD&E.

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NHS Devon CCG

Deputy Director In-Hospital Commissioning