

RESTORATION AND TRANSFORMATION

Health and Adult Social Care Overview and Scrutiny Committee



Date:	24 March 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 - NHS Devon CCG
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Your Reference:	RR3 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If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.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Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.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. Introduction

1.1. This paper will provide an update on the NHS Devon CCG programme for Elective Care Restoration, as part of the Devon Phase 3 Restoration Plans.

2. Phase 3 Restoration of elective

2.1. 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

2.2. 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

2.3. 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.
- 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.

3. Current Performance

December 2020 Recovery Rates			CCG		STP		TSDFT		RDEFT		NDHT		UHP	
DEMAND	TOTAL REFERRALS		previous	latest	previous	latest	previous	latest	previous	latest	previous	latest	previous	latest
		Plan	85.2%	83.0%	93%	90%	100.0%	95.2%	89.4%	87.9%	89.0%	92.2%	91.1%	88.4%
		Actual	93.3%	102.0%	87%	94%	91.7%	94.9%	70.5%	76.6%	100.1%	94.4%	92.9%	107.9%
OUTPATIENTS	OP NEW (F2F and non f2f)	Plan	84.4%	85.7%	84%	85.2%	93.4%	90.9%	76.6%	81.2%	94.2%	102.8%	83.2%	80.6%
		Actual	91.6%	111.5%	89%	106.9%	96.8%	120.9%	76.6%	67.3%	90.2%	76.9%	99.4%	138.7%
	OP NEW (non f2f)	Plan	29.3%	29.5%	29%	29.5%	25.0%	25.0%	25.0%	25.0%	48.7%	48.7%	29.0%	29.0%
		Actual	19.9%	15.6%	21%	17.0%	18.7%	14.5%	16.7%	16.7%			30.1%	21.6%
	OPFU (F2F and non f2f)	Plan	89.4%	90.8%	91%	90.8%	85.1%	83.9%	79.4%	83.9%	102.3%	115.7%	97.3%	93.7%
		Actual	99.3%	99.1%	98%	98.0%	96.1%	104.7%	74.6%	73.1%	91.0%	82.7%	109.8%	109.8%
OPFU (non f2f)	Plan	41.5%	44.2%	42%	44.1%	30.0%	35.0%	40.4%	43.6%	63.8%	63.8%	43.7%	44.6%	
	Actual	28.5%	26.7%	31%	29.0%	24.3%	20.7%	33.2%	39.5%			38.2%	35.2%	
ELECTIVE	DAYCASE	Plan	73.8%	74.7%	78%	78%	77.6%	84.8%	75.8%	76.4%	72.1%	72.3%	82.5%	77.0%
		Actual	115.9%	126.4%	108%	116%	99.0%	97.1%	122.1%	136.9%	111.5%	116.0%	102.1%	113.7%
	ELECTIVE INPATIENT	Plan	66.1%	69.5%	73%	75%	79.4%	78.0%	73.8%	80.9%	83.7%	85.9%	67.8%	63.6%
		Actual	98.2%	106.1%	81%	91%	73.4%	106.7%	75.6%	63.5%	88.8%	101.7%	87.8%	112.4%
	TOTAL INCOMPLETE RTT PATHWAYS	Plan	120,766	124,370	122,578	128,057	29,657	30,686	39,077	40,794	17,944	18,984	35,900	37,593
	Actual	103,970	109,714	120,683	122,582	28,030	27,317	48,005	49,195	13,354	14,476	31,294	31,594	
RTT 52 WEEK WAITS	Plan	6,702	7,261	8,336	10,139	1,821	2,125	1,767	1,816	2,858	4,098	1,890	2,100	
	Actual	6,992	8,227	8,626	9,263	1,435	1,509	4,237	4,516	1,358	1,499	1,596	1,739	
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	Plan	79.4%	83.3%	97%	99%	81.8%	94.5%	100.8%	110.4%	90.8%	62.8%	104.4%	101.5%
		Actual	100.2%	102.9%	88%	86%	99.1%	72.7%	64.6%	76.0%	95.3%	99.0%	98.6%	97.5%
	COMPUTED TOMOGRAPHY	Plan	78.4%	77.2%	83%	92%	85.7%	99.1%	107.1%	109.1%	74.6%	62.2%	66.3%	84.1%
		Actual	117.7%	103.9%	114%	107%	101.4%	87.4%	78.0%	87.7%	131.8%	153.8%	161.1%	129.0%
	NON-OBSTETRIC ULTRASOUND	Plan	58.3%	58.4%	73%	79%	81.9%	99.0%	73.3%	78.4%	76.3%	62.8%	69.0%	78.6%
		Actual	136.6%	127.3%	109%	98%	104.7%	71.5%	102.7%	105.4%	78.6%	109.9%	128.3%	102.8%
	TOTAL SCOPES	Plan	72.0%	73.0%	87%	99%	95.2%	110.0%	85.1%	99.0%	90.6%	101.0%	80.1%	87.7%
Actual		90.4%	73.0%	77%	73%	52.5%	55.7%	70.7%	66.0%	93.2%	69.9%	110.1%	102.0%	

Please note: Diagnostics and Outpatients activity is taken from weekly reporting. Planned levels are shown as % of last year's volumes. Both plan and actual activity are shown as the % of last year's volumes. Green indicates activity better than plan and red below plan.

- 3.1. The activity above is for the time period December 2020. Over December and into January as a direct consequence of Covid, performance has significantly reduced as the NHS focused on treating COVID patients and keeping patients safe during the second COVID wave. The requirement to significantly increase the number of Intensive care beds and general covid beds required a significant movement of workforce from delivering elective care into COVID capacity resulting in a reduction in elective care delivered.
- 3.2. Referrals have risen during December 20 into all trusts apart from North Devon where they fell slightly from the previous month. Referrals into University Hospitals Plymouth are now greater than the previous year a strong indicator that primary care is continuing to recover from the impacts of COVID.
- 3.3. Delivering increasing levels of elective activity in a day case environment is key to elective recovery and day case rates remain above plan in all Devon acute trusts as are elective inpatient volumes in all trusts apart from the Royal Devon and Exeter Foundation Trust.
- 3.4. All Trusts in December were below planned non-face to face new and follow-up activity however overall outpatient follow-ups are above trajectory. In 2021 the work to increase appropriate levels of non -face to face activity will be a priority for the system wide clinically led STP group focusing on out-patients.

- 3.5. 52 Week waits at STP level are slightly over plan however below plan for all provider accept RDEFT however this will be adversely impacted further on by the surge on COVID in January. These patient waits represent a negative experience for patients and as the Devon NHS moves from restoration of services to recovery both recurrent and non-recurrent plans to address these backlogs will need to be put in place.
- 3.6. Similarly, total incomplete pathway volumes remain below trajectory at all Devon providers except RDEFT.
- 3.7. In parallel to elective care diagnostic provision has been impacted on by the requirement for trust staff to support the second covid surge and MRI and CT are underperforming at TSDFT and RDEFT.