



Oxford University Hospitals
NHS Foundation Trust

Update on Elective Recovery Plans

HOSC – March 2022

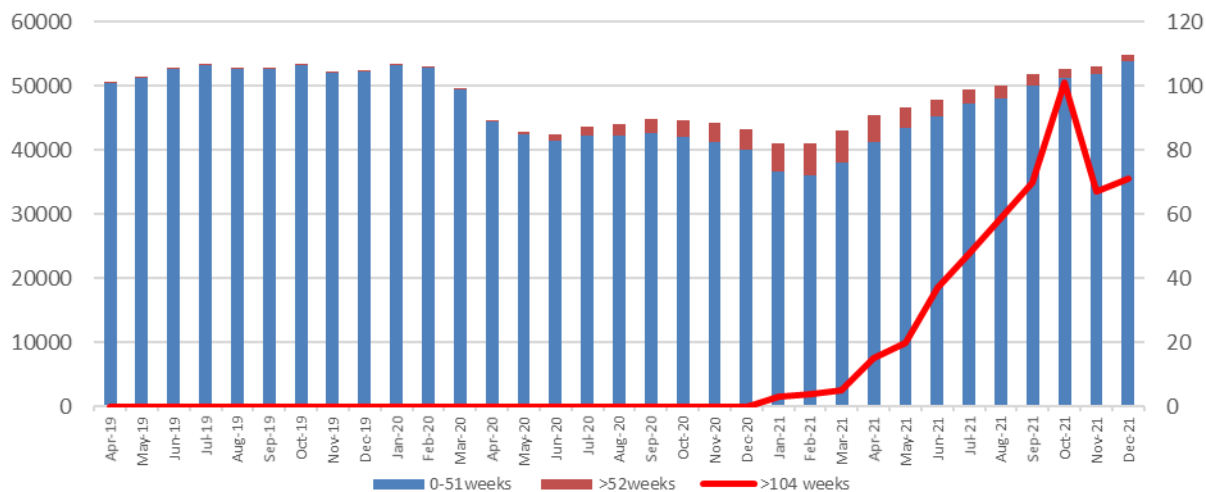
Sara Randall
Chief Operating Officer



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Elective Care: The total list size continues to increase and the number of 52 week waiting patients continues to decrease in December 2021



December 2021 submitted >104 week by speciality:

Specialty	Pathways >104wk
Plastic Surgery	15
Ear Nose and Throat	12
Spinal Surgery Service	10
Paediatric Spinal Surgery	7
Maxillo Facial Surgery	5
Neurosurgical Service	4
Vascular Surgery	4
Paediatric Plastic Surgery	3
Ophthalmology	2
Paediatric ENT	2
Urology	2
Paediatric Neurosurgery	1
Trauma and Orthopaedics	1
Orthodontics	1
Paediatric Oral and Maxillofacial Surgery Service	1
Paediatric Ophthalmology	1
Grand Total	71

Month 9 Performance:

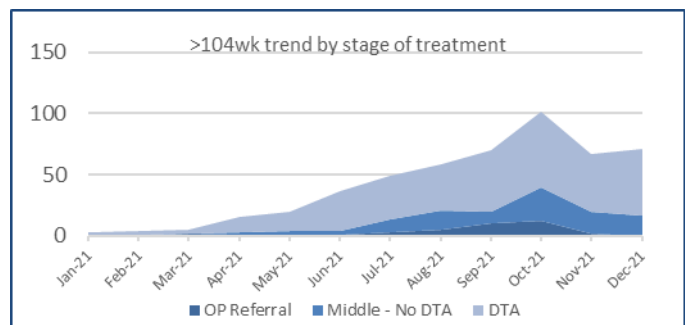
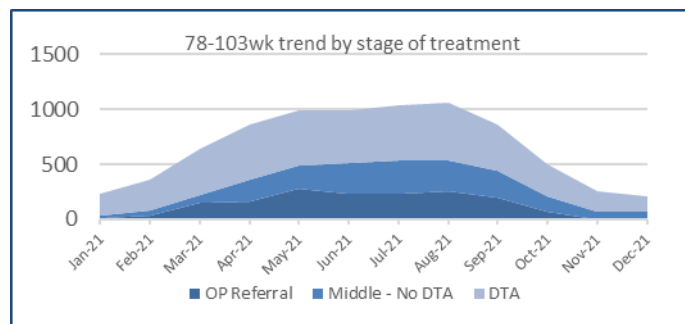
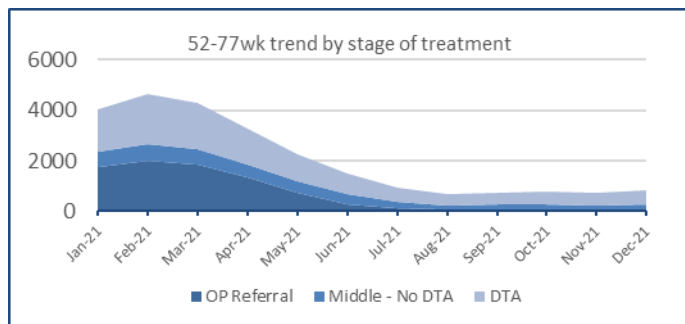
Trust performance against the overall **18-week incomplete RTT standard** was **74.94%**. The **total RTT Incomplete waiting list size for December** was **54,925** and therefore represents a continued **increased list size** (increase of 1,932 pathways) when compared to the previous month's submission.

52 week wait position: There are **1,100** patients waiting over 52 weeks for first definitive treatment at the end of December 2021, this represents an **increase** of 36 patients when compared to previous months reported position. The deterioration is as a result of reduced capacity in December and bed availability. Despite the observed deterioration, the Trust met the second half of the year (H2) planned trajectory for December 2021. **71** patients were submitted as having waited **over 104 weeks** at the end of December. This represents an increase when compared with 67 reported in month 8 (November 2021). The services reporting >104week breaches are detailed in the table (top right).

Areas of focus for elective care include:

- Delivery of specialty plans for the second half of the financial year
- Monitor impact of elective care recovery schemes
- Maintain focus on patients with extended waiting times - >104 weeks, >78 weeks, >52 weeks
- Forecast planning on patients who are at risk of breaching 104 weeks by end of March 2022
- Monitoring referral patterns and impact of services with recently reopened routine referrals.
- Engagement with ICS Task & Finish Groups for challenged specialties
- Expedite projects within the Outpatient Improvement Programme
- Validation strategy to support stabilisation of waiting list size planned to start in January 2022
- Continued escalation of technical issues affecting Incomplete RTT data
- Mutual aid support requested through Quarter 4 for challenged specialties

Referral to Treatment (RTT) long waits - Current >52 weeks; >78 weeks and >104wks:



>52 week wait position month 9:

There were **1,100** patients waiting over 52 weeks for first definitive treatment at the end of December 2021; this represents a slight increase of 36 patients when compared to previous months performance position.

52-77wks:

The number of patients waiting between **52-77 weeks** has **increased** this month when compared to the previous month. The top 4 areas by breach volume in this cohort are Orthopaedics, Plastics, Spinal and Urology.

78-103weeks:

This wait time cohort saw a continued **reduction** in December from 252 in November 2021 to 214 in Dec 2021.

72% of the patients in this wait time cohort are now at **Decision to Admit (DTA) stage**. The top 4 areas by breach volume in this cohort are Spinal (*including paediatrics*), Plastics (*including paediatrics*) Maxfax (*including paediatrics*), ENT (*including paediatrics*).

>104weeks:

71 patients were submitted as having waited **over 104 weeks** at the end of December 2021; this represents an increase in the volume in this waiting time cohort. The majority of these patients have a DTA and are awaiting surgery. The challenges to treating this cohort in December were:

- Theatre capacity across a range of surgical specialties
- Critical care bed capacity, including PICU
- Workforce – Covid-19 isolation/sickness creating short notice challenge
- Urgent and emergency care pressures
- P2 clearance - high volume P2 patients impacting on Plastics, Vascular and Spinal long wait clearance drive

“OP Referral” = patient is still awaiting FIRST outpatient attendance

“Middle” = Patient has attended first new appointment but does not currently have a decision to admit

“DTA” – Patient has a Decision to admit (DTA) and is on the surgical waiting list

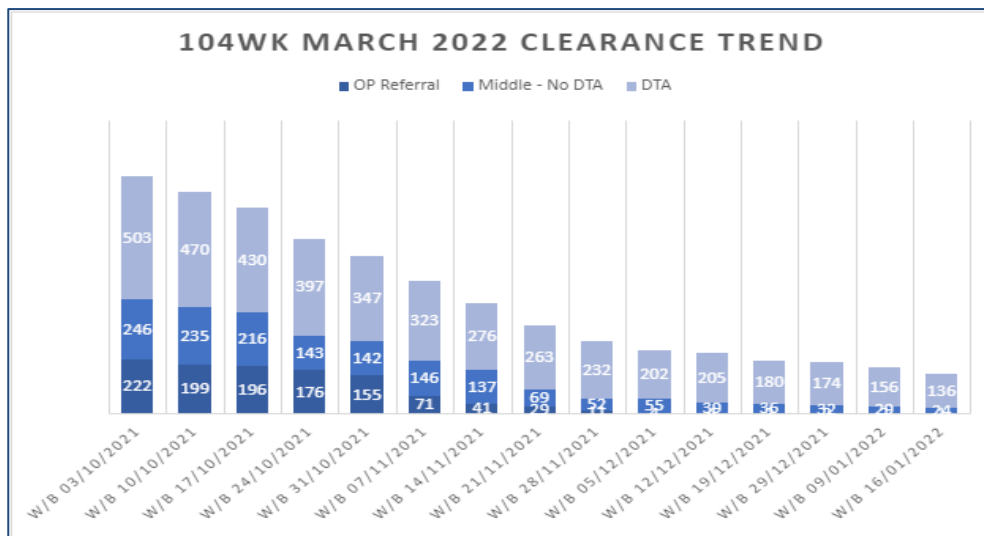
Snapshot date	OP Referral	Middle - No DTA	DTA	Grand Total
w/b 03/10/2021	222	246	503	971
w/b 10/10/2021	199	235	470	904
w/b 17/10/2021	196	216	430	842
w/b 24/10/2021	176	143	397	716
w/b 31/10/2021	155	142	347	644
w/b 07/11/2021	71	146	323	540
w/b 14/11/2021	41	137	276	454
w/b 21/11/2021	29	69	263	361
w/b 28/11/2021	11	52	232	295
w/b 05/12/2021	4	55	202	261
w/b 12/12/2021	4	39	205	248
w/b 19/12/2021	2	36	180	218
w/b 29/12/2021	2	32	174	208
w/b 09/01/2022	2	29	156	187
w/b 16/01/2022	1	24	136	161
15 weeks difference	-221	-222	-367	-810

Reductions and focus:

- Weekly PTL meetings with services are focussing on securing a date for all patients by end of January 2022
- The 104 week March 2022 clearance trend has continued to show week on week reductions, however the rate of reduction has slowed in recent weeks.

Challenges to 104week clearance:

- **Common** themes to **all specialties** -Critical Care bed capacity, including PICU capacity. Theatre capacity across a range of surgical specialties. Workforce - Covid isolation / sickness creating short notice challenge. Urgent & Emergency Care pressures.
- **Spinal** - High risk specialty for >104 clearance by March. Additional all day theatre sessions required over and above current theatre timetable. ACDF activity transferred to the NOC from 17/01/22. Exploring whether additional lists could be undertaken at the JR. Mutual aid request has been submitted for additional support.
- **Paediatric Spine** - High risk specialty for >104 clearance by March. Additional all day theatre sessions required over and above current theatre timetable. Activity continues to be undertaken at the Portland. Additional weekend sessions planned - dependent upon paediatric anaesthetic support.
- **Plastics Craniofacial** - High priority specialty for volume of lapsed P2's - discussions underway internally and through mutual aid support.
- **Plastic Surgery** - Plans are being developed to increase capacity and provisional dates have been proposed. Discussions underway with the independent sector in regards to additional capacity in March. One consultant returning from sick leave will mitigate 50% of the potential breach cases.



Elective RTT Performance against H2 plans:

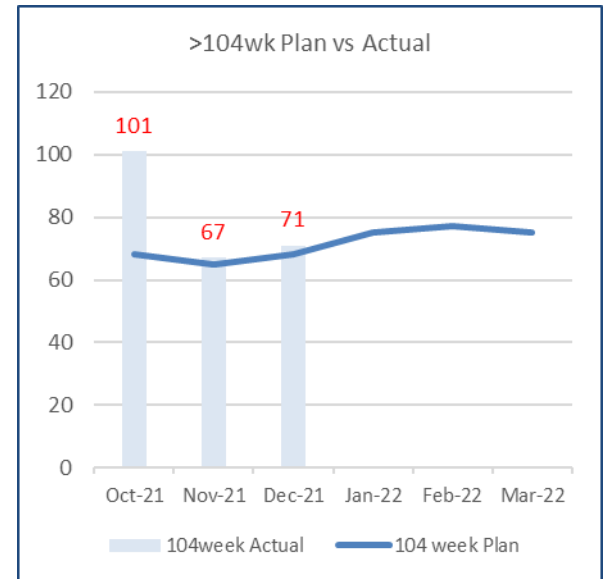
On 30/09/2021, NHSEI published “2021/22 priorities and operational planning guidance: October 2021 to March 2022” which sets out the expectations for Providers and Systems to update their operational plans for 2021/22.

In relation to RTT, the guidance outlines the **aim to return to / or exceed pre-pandemic levels of activity across the second half of the year** in order to reduce long waits and prevent further ageing of the waiting lists. The ambition is for systems to:

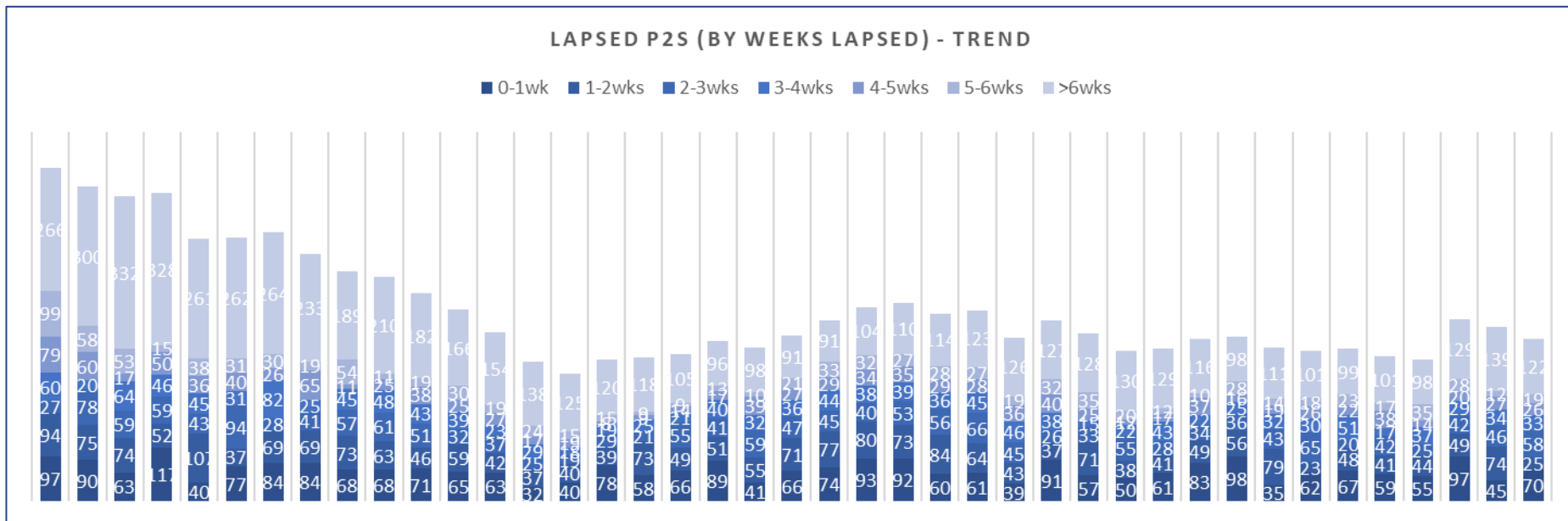
- **Eliminate waits of over 104 weeks** by March 2022 except where patients choose to wait longer
- **Hold or where possible reduce** the number of patients waiting **over 52 weeks**
- **Stabilise waiting lists** around the level seen at the end of **September 2021**

December 2021 Performance against plan:

- **>104 weeks** – In December, the Trust did not meet trajectory plan with an actual of **71** against a plan of 68
- **>52 weeks** – In December, the Trust continued to meet plan with an actual of **1,100** against a plan of 1,580
- **Total RTT Incomplete waiting list size** – The Trust did not meet trajectory plan with an actual of **54,925** against a plan of 52,720



Priority 2 (P2) current wait profile (from P2 documentation date):



- There are **825** patients stratified as Royal College of Surgeons (RCS) category “P2” on the Inpatient/Daycase waiting list as at 16/01/2022
- **42.8%** (353) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan.
- As of 16/01/2022, there were **21 patients categorised as a P2** whose total RTT pathway **exceeded 52 weeks**, of which;
 - 4 Spinal patients have been escalated for date/review
 - 4 Paediatric Plastics patients have been escalated for date/review
 - 2 Craniofacial patients have been escalated for procedure date
 - 2 Neurosurgery patients awaiting TIC Injection – escalated for procedure date
 - 2 Urology patients awaiting a date for procedure
 - 5 patients scheduled for Jan
 - 1 patient scheduled for March
 - 1 patient choice to delay

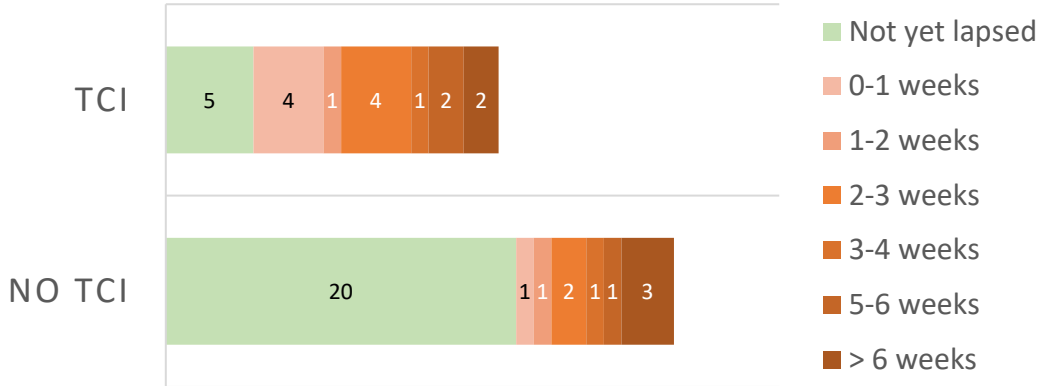
Information on 52 week breaches and lapsed P2 trend information has been shared with Patient Safety team for Harm review processing and discussion

Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 16/01/2022) and To Come In (TCI) status:

Specialty	No TCI	TCI	Grand Total
Urology	48	28	76
Orthopaedics	14	25	39
Spinal Surgery (Including Paed)	33	4	37
Gynaecology	21	5	26
Vascular Surgery	20	1	21
Plastic Surgery Craniofacial	15	5	20
Plastic Surgery (Including Paed)	12	6	18
Maxillo Facial Surgery	9	6	15
Breast Surgery	0	12	12
Colorectal Surgery	3	7	10

Gynaecology: Lapsed P2s and waiting list profile

P2s as at 20/02/2022 (summarised how many weeks lapsed):

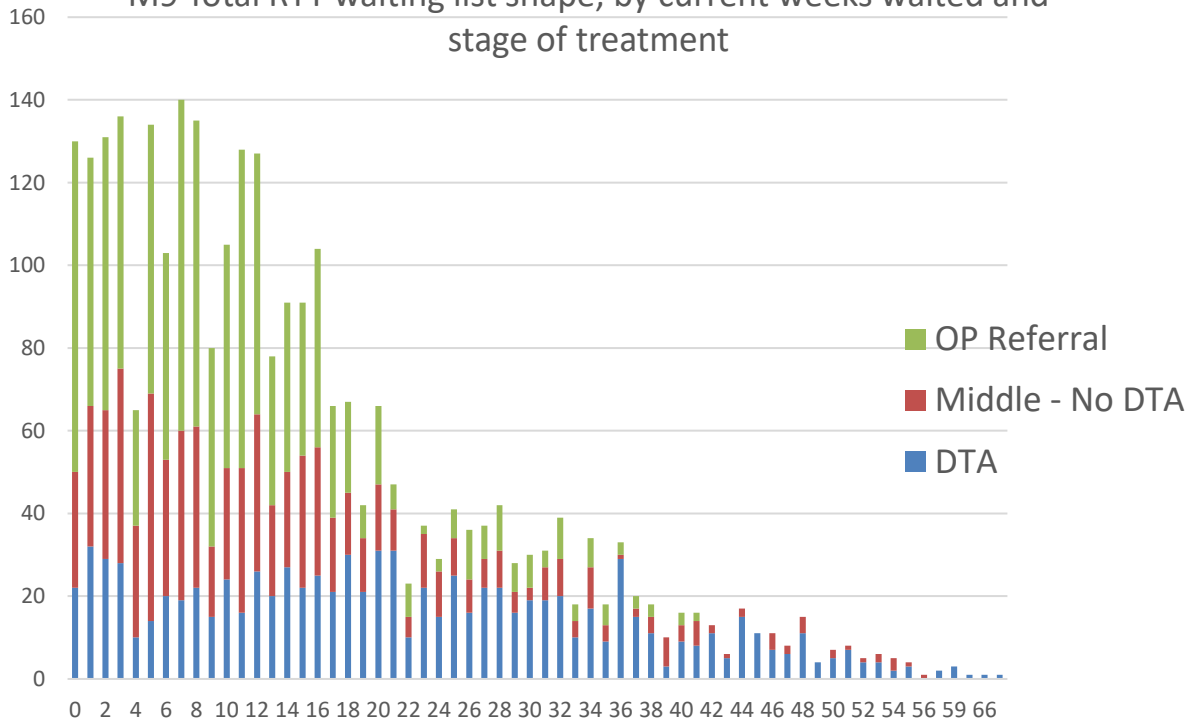


Of the P2 priority patients:

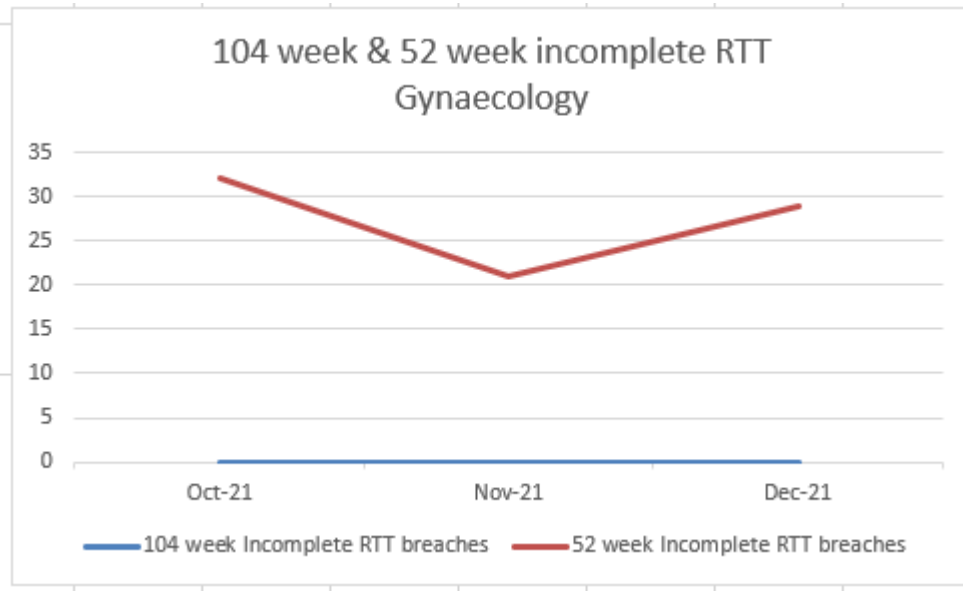
- 19 have a TCI
- 29 are awaiting TCI

Referrals have remained high with additional capacity provided through M10-M12. Review of capacity underway for 2022/23.

M9 Total RTT waiting list shape, by current weeks waited and stage of treatment

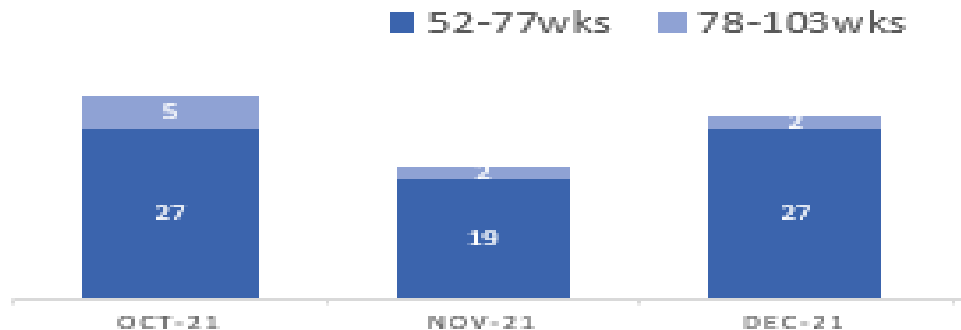


Gynaecology: Referral to Treatment (RTT) Extended Waiting Times



- 52 week waits are forecast to be zero by end of February 2022.
- Supported by continued weekend lists and increased diagnostics to address extended waiting times.

MONTHLY SUBMITTED RTT INCOMPLETE LONGWAITS



Cancer Waiting Time Standards

1 out of 9 Standards achieved in November 2021

Standard	Target	Nov-21				Oct-21			
		Total	Within	Breach	Performance	Total	Within	Breach	Performance
2WW	93%	2,197	1,674	523	76.2%	1,957	1,621	336	82.8%
2WW Breast symptomatic	93%	234	118	116	50.4%	196	168	28	85.7%
31 day 1st	96%	417	377	40	90.4%	437	409	28	93.6%
31 day sub chemo	98%	194	189	5	97.4%	183	180	3	98.4%
31 day sub RT	94%	267	211	56	79.0%	229	184	45	80.3%
31 day sub surgery	94%	105	81	24	77.1%	107	87	20	81.3%
62 day screening	90%	25	20	5	80.0%	34	31	3	91.2%
62 day GP to 1 st treatment	85%	228.5	168.5	60	73.7%	220	155	65	70.5%
28 Day FDS Two Week Wait	75%	2,080	1,663	417	80.0%	1,944	1,586	358	81.6%

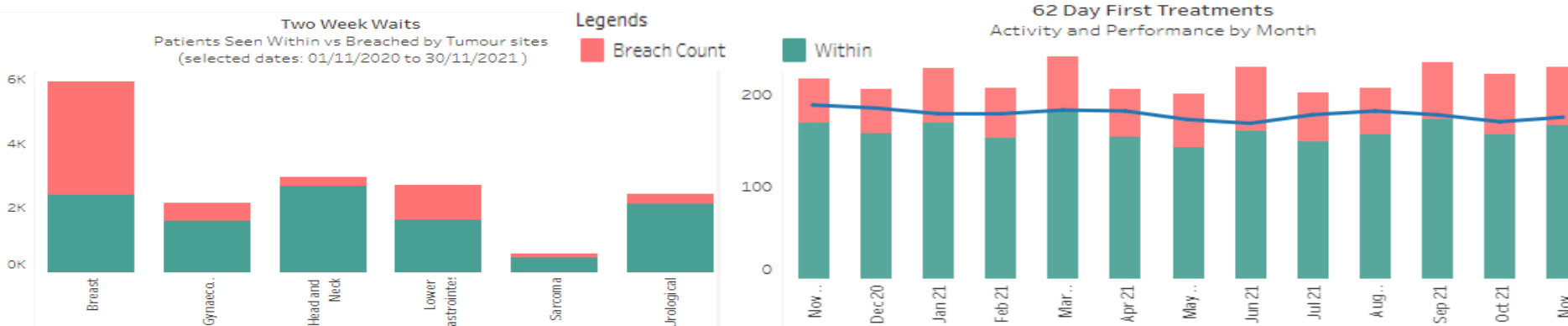
Nov 2021 Performance: Reporting an additional month in arrears, the Trust achieved 1 out of 9 CWT standards in Month 8.

2ww from GP referral: Referrals were 20% above last year November 2020 and despite this, there were 7% less breaches in comparison. In particular, Gynaecology saw a 65% increase, Head & Neck a 22% increase and Skin a 21% increase in referrals compared to November 2020.

The performance standard was not achieved, reporting **76.2%** against 93% threshold with 523 patients breaching. Breast accounted for 143 breaches (27%) followed by Gynaecology with 119 breaches (23%), Urology with 97 breaches (19%) and then Lower GI with 96 breaches (18%).

2ww Breast Symptomatic: Referrals were also 20% higher than in the same month last year and despite this, there were 38% less breaches. However, the standard was not met with performance of **50.4%** against a **93%** threshold. As indicated last month, performance is expected to be challenging due to Mammographer capacity affecting the overall service to deliver the capacity required.

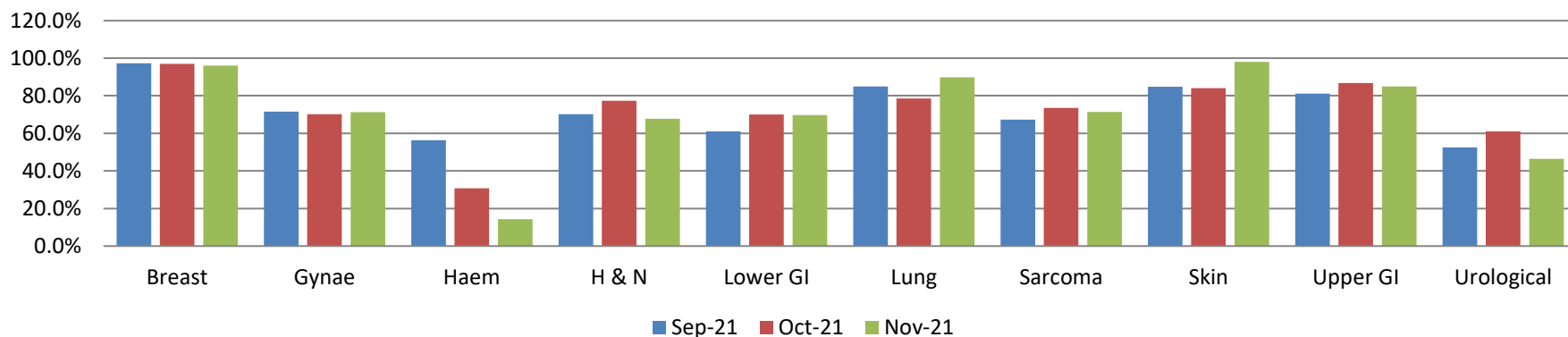
A deep dive into cancer referral rates will be undertaken to understand the drivers for the increase in referrals across a number of tumour sites.



28 Day Faster Diagnosis Standard – September 2021 to November 2021

Tumour Site	Sep-21				Oct-21				Nov-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	517	503	14.0	97.3%	513	497	16.0	96.9%	494	474	20.0	96.0%
Gynae	201	144	57.0	71.6%	184	129	55.0	70.1%	251	179	72.0	71.3%
Haem	16	9	7.0	56.3%	13	4	9.0	30.8%	14	2	12.0	14.3%
H & N	242	170	72.0	70.2%	198	153	45.0	77.3%	260	176	84.0	67.7%
Lower GI	223	136	87.0	61.0%	217	152	65.0	70.0%	238	166	72.0	69.7%
Lung	53	45	8.0	84.9%	56	44	12.0	78.6%	59	53	6.0	89.8%
Sarcoma	55	37	18.0	67.3%	34	25	9.0	73.5%	63	45	18.0	71.4%
Skin	448	380	68.0	84.8%	457	384	73.0	84.0%	398	390	8.0	98.0%
Upper GI	95	77	18.0	81.1%	106	92	14.0	86.8%	86	73	13.0	84.9%
Urological	162	85	77.0	52.5%	144	88	56.0	61.1%	200	93	107.0	46.5%
Total	2028	1599	429.0	78.8%	1944	1586	358.0	81.6%	2080	1663	417.0	80.0%

28 day FDS performance Target 75%



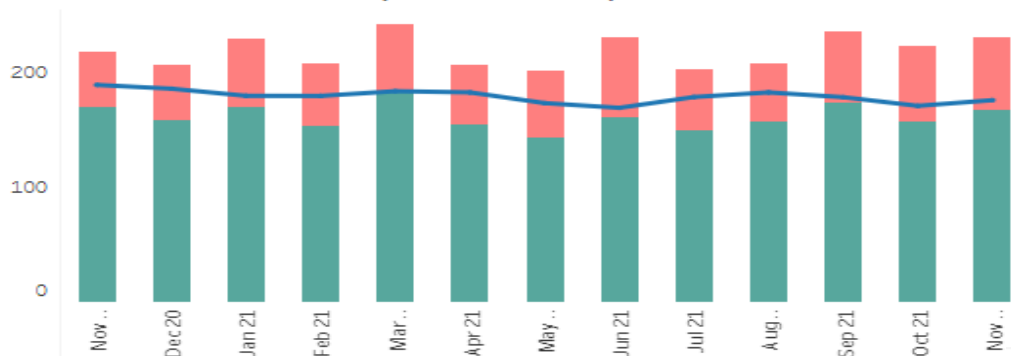
Most significant breach numbers/ reasons:

Lower GI (72) – Delay in Faecal Immunochemical Tests (FIT), Biopsy capacity; **H&N (84)** – Diagnostic & Administrative booking capacity; **Urology (107)** - Diagnostic & Administrative booking capacity.

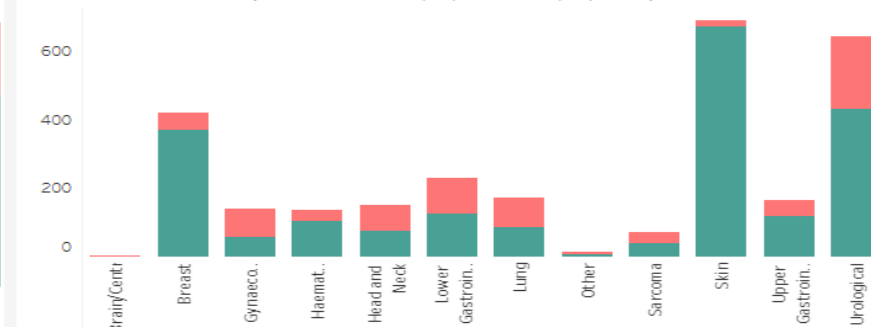
Cancer Waiting Time Standards – November 2021

62 Day from GP referral: The number of completed pathways were 228.5 with 60 breaches resulting in a performance of **73.7%**. The main breaches were in **Urology (15)**, **Lower GI (11.5)** and **H&N (7.5)**. The key breach reasons can be found on the next slide.

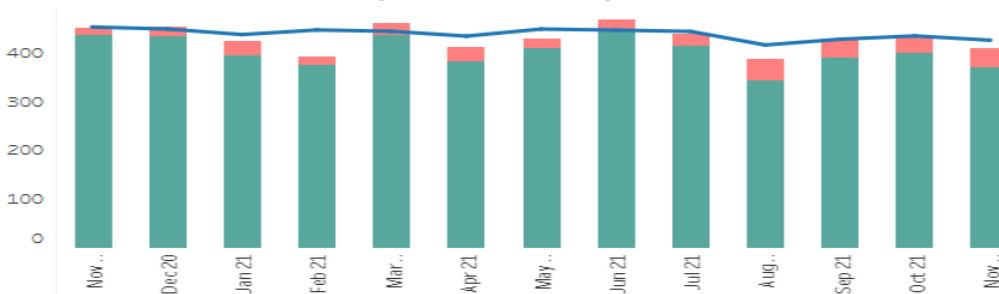
62 Day First Treatments
Activity and Performance by Month



62 Day First Treatments
Patients Treated Within vs Breached by Tumour sites
(selected dates: 01/11/2020 to 30/11/2021)



31 Day First Treatments
Activity and Performance by Month



31 Day First Treatments
Patients Treated Within vs Breached by Tumour sites
(selected dates: 01/11/2020 to 30/11/2021)



Patients waiting over 104 days for diagnosis and treatment:

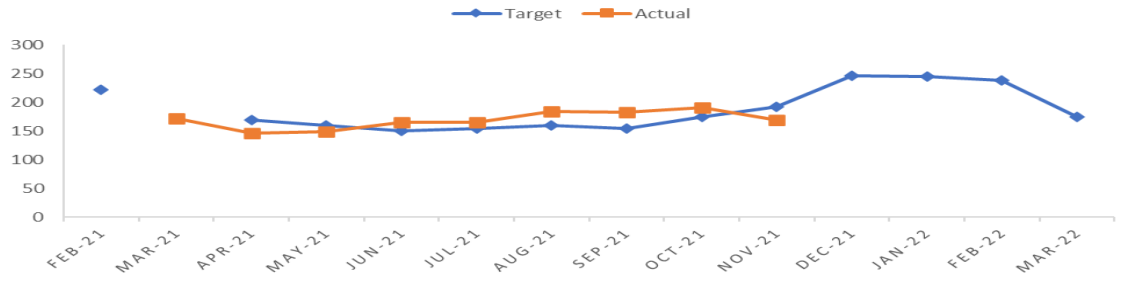
Patients over 104 days (as at 18/11/21) who were untreated = 50 patients, of which 24 were confirmed as having cancer, and 26 patients were suspected of having cancer - (Urology 16, LGI 6, Gynaecology 2, Lung 7, Skin 6, Sarcoma 4, H&N 6, Neuroendocrine 1, UGI 2). The primary reasons for the delays: slow diagnostic pathways, patients delaying diagnostics and late referrals from other trusts (some examples in the table below).

Day Referred	186	181	137	126	113	110	105	97	95	95	81	74	69	69	66	64	63	63
Day in Pathway	238	196	175	205	141	121	141	210	169	116	113	78	150	80	86	73	87	71
Tumour Group	Urology	Lung	Urology	Other	H&N	Sarcoma	H&N	H&N	Skin	Urology	Urology	LGI	Gynae	UGI	Urology	Lung	Urology	Urology
Referring Trust	MKUH	Bucks	MKUH	MKUH	Bucks	Bucks	Bucks	Bucks	GWH	MKUH	Bucks	Bucks	GWH	GWH	MKUH	MKUH	MKUH	Bucks

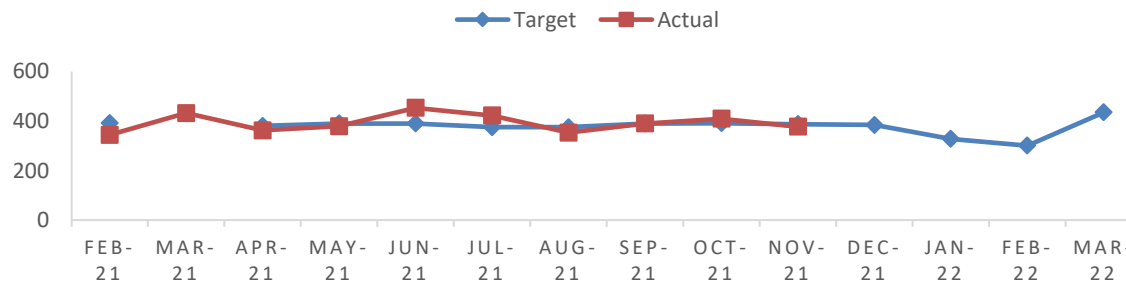
62 Day incomplete pathways >62 days	Count	Nov 170	Oct 191
62 Day incomplete pathways >104 days	Count	Nov 50	Oct 35

Cancer Recovery Plans – Actual vs Trajectory

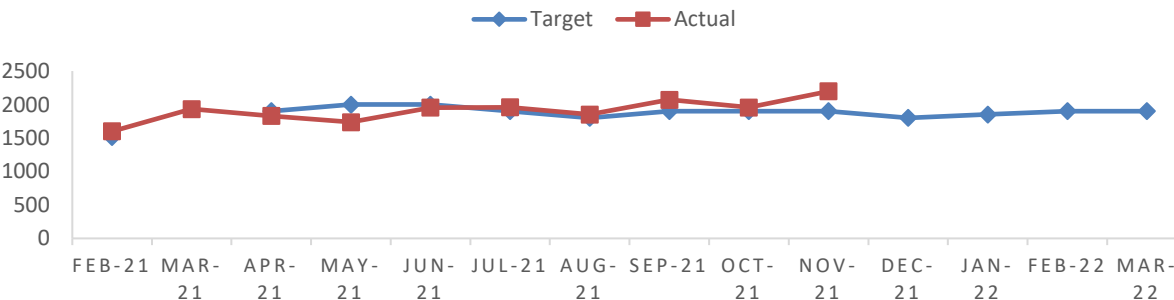
NUMBER OF PATIENTS OVER DAY 63



TOTAL NUMBER OF PATIENTS RECEIVING 1ST TREATMENT WITHIN 31 DAYS



NUMBER OF PATIENTS SEEN IN FIRST APPOINTMENT



- The month end position of **170** patients was below the forecasted trajectory of **192** patients waiting 63 days or more in November 2021
- The trust's position of **377** patients was below the forecasted trajectory of **387** patients receiving first definitive treatment within 31 days in November 2021
- The trust's actual position of **2197** patients was above the forecasted trajectory of **1900** patients seen at a first outpatient appointment in November 2021



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Update on Midwifery Led Units



Midwifery Led Units (MLU)

- Since 8pm **26 August 2021** , the Wantage and Chipping Norton MLUs have been closed to low-risk births due to staffing constraints. Other locations and home births have remained open for the most part, although they have been impacted at times also
- Patients/families in north Oxfordshire still have access to the Horton MLU, while in the south they have the Wallingford unit. There is also the Spires at the John Radcliffe Hospital in Oxford
- As of 17 February 2022, it will be 25 weeks of temporary closure for the Wantage and Chipping Norton MLUs
- We understand the disruption this has and continues to cause some families who will have to go to alternative sites; the Trust are working as hard as possible to restore full services
- Staffing constraints continue, however, the aim is to put a plan in place to re-open these units in **March 2022**