



**Oxford University Hospitals**  
NHS Foundation Trust

# **Update on Elective Recovery Plans**

**HOSC – November 2021**

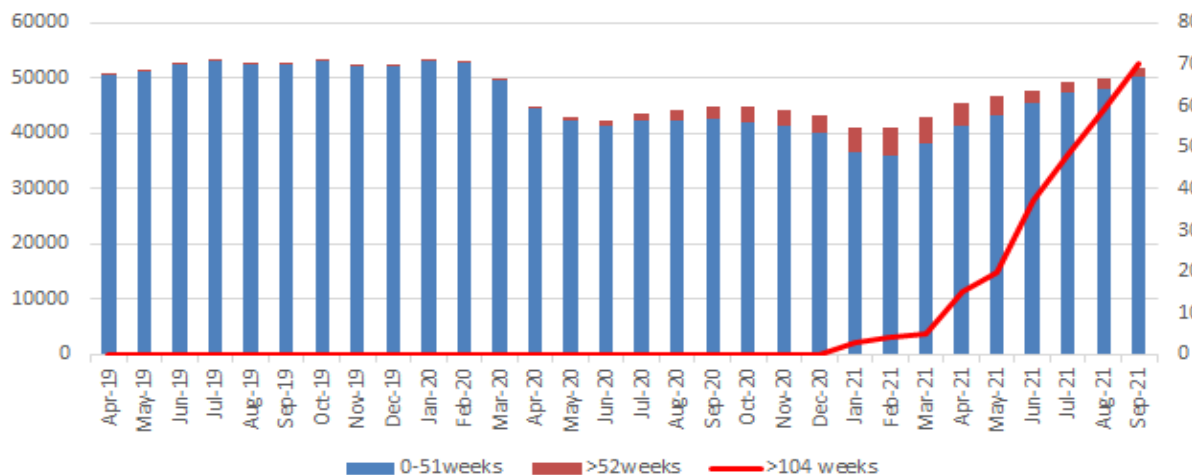
**Sara Randall Chief Operating Officer**



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# Elective Care: The total list size continues to increase with the number of 52 week waits continuing to decrease in September 2021



## September submitted >104 week by specialty:

Specialty	Number of >104wks
Ear Nose and Throat	22
Spinal Surgery Service	12
Plastic Surgery	10
Maxillo Facial Surgery	7
Paediatric Plastic Surgery	6
Neurosurgical Service	3
Trauma and Orthopaedics	3
Paediatric ENT	3
Vascular Surgery	1
Urology	1
Paediatric Urology	1
Ophthalmology	1
<b>Grand Total</b>	<b>70</b>

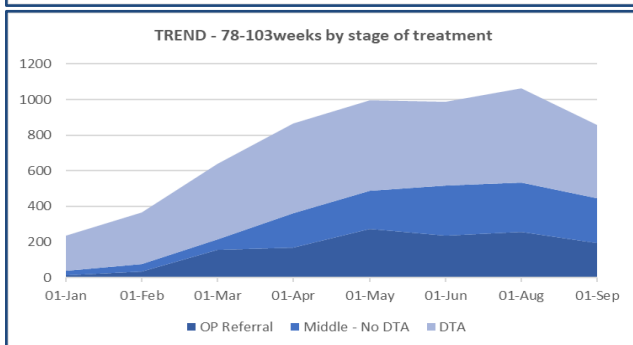
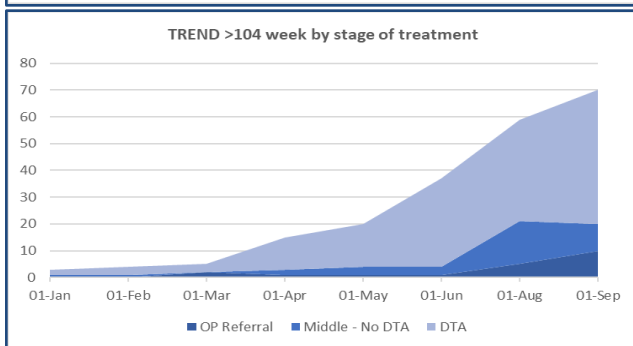
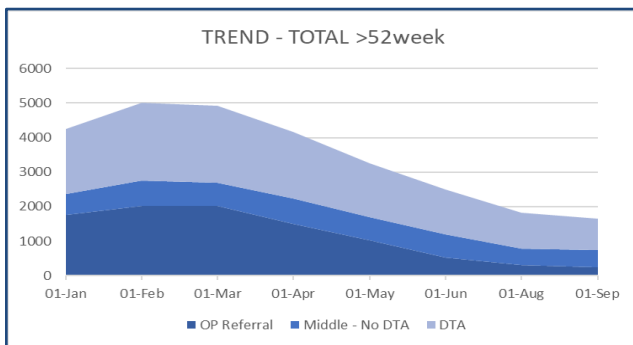
### Month 6 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **75.56%** a slight deterioration from **the 76.38% reported** in the month 5 report. The **total RTT Incomplete waiting list size for September now includes previously unreported Electronic Referral System (eRS) worklists such as Appointment Slot Issues (ASI's)**. The total waiting list size is now **51,741**.

**52 week wait position:** There are **1,643** patients waiting over 52 weeks for first definitive treatment at the end of September 2021; this represents a **decrease** of 180 patients when compared to the previous month. This improvement is as a result of the continued recovery activity undertaken throughout September and the impact of temporary suspension of referrals into the Trust at the beginning of the Covid-19 Pandemic. **70** patients were submitted as having waited **over 104 weeks** at the end of September 2021. This represents an **increase** when compared with 59 reported in month 5 (August 2021) and is predominantly due to theatre capacity for complex cases and the prioritisation of clearing lapsed P2 patients. The services reporting >104week breaches are detailed in table (top right).

### Areas of focus for elective care include:

- Development of specialty plans for the second half of the financial year ahead of H2 planning submission in November
- Review of delivery outputs of funded recovery schemes in H1 to inform plans for the second half of the year
- 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 and Q1 2022/23
- Reviews of specialties which remain closed to referrals
- Engagement with ICS Task & Finish Groups for challenged specialties, including mutual aid plans
- Expedite projects within the Outpatient Improvement Programme
- Validation strategy to support stabilisation of waiting list size
- Continued escalation of technical issues affecting Incomplete RTT data



**52 week wait position month 6:** There are **1,643** patients waiting over 52 weeks for first definitive treatment at the end of September 21, this represents a continued **decrease** of 180 patients when compared to previous months performance position, although the rate of decrease has begun levelling out in the last few months.

**>104 weeks - 70** patients were submitted as having waited **over 104 weeks** at the end of September 2021, this represents a continued **increase** in the volume in this wait time cohort. The majority of these patients have a decision to admit (DTA) and are awaiting surgery. The challenges to treating this cohort are:

- JR theatre capacity for adult spinal cases
- Priority 2 (P2) clearance - high volumes of P2 patients impacting on Plastics, Vascular and Spinal long wait clearance
- Oculoplastic patients – awaiting confirmation of start date of mutual aid
- Access to HDU/ITU beds
- Workforce challenges

The patients still awaiting First outpatient appointment in the >104week cohort are all ENT patients who have not responded to contacts from the Trust to make their appointments. It is expected these patients will be discharged back to primary care if no contact is received by the beginning of November.

### 78-103 weeks:

**Outpatient Referral stage** – 92% of the undated patients in this cohort are ENT (including Paediatric ENT); the majority of which are awaiting outcomes of the patient engagement process.

**Middle stage** – 50% are ENT patients that are either awaiting clinic outcomes, or require imaging or therapy input (tinnitus therapy, balance therapy, audiology). Spinal Services account for 17% without a plan in this cohort; these patients are under validation review for urgent next steps or resolution.

**DTA** – Currently 30% of patients with a DTA in this cohort have been given dates for their surgery between now and March 2022. The Trust is progressing to booking all patients that are at risk of waiting over 2 years in March by the end of December 2021.

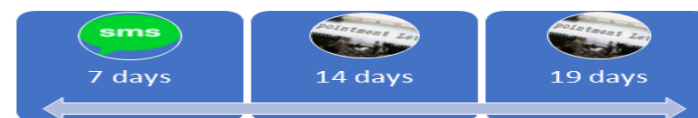
“OP Referral” = patient is still awaiting FIRST outpatient attendance

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

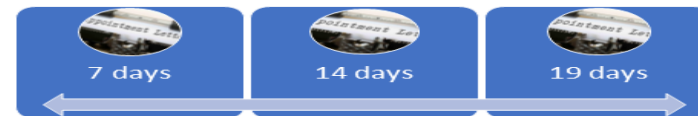
“DTA” – Patient has a Decision to admit (DTA) and is on the surgical waiting list

### Patient Engagement: timeframe illustration of mediums used to contact patients

Those with a mobile number/opted in to digital correspondence:

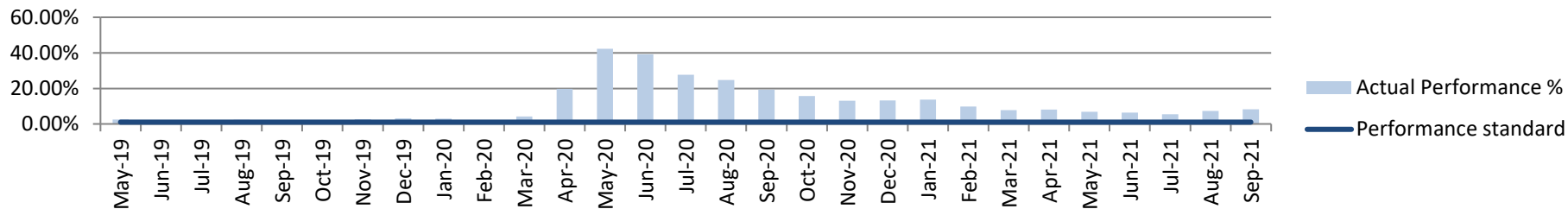


Those without mobile number/opted out of digital correspondence:



# Elective Care: Diagnostic Waits (DM01) September 2021

## % Patients waiting >6weeks for diagnostic procedure against performance standard



## Number of patients waiting over 6 weeks at submitted position for monthly diagnostic return

Specialty	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Trend rolling 12 month period
Magnetic Resonance Imaging	683	504	494	677	808	741	794	882	762	616	547	584	542	
Computed Tomography	174	87	43	32	22	26	21	17	16	14	15	23	20	
Non-obstetric ultrasound	895	871	528	387	193	15	15	20	10	8	6	120	252	
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0	
DEXA Scan	32	0	0	0	0	0	0	0	0	0	0	0	1	
Audiology - Audiology Assessments	21	7	8	11	8	19	5	2	28	71	18	45	146	
Cardiology - echocardiography	45	53	98	49	24	8	9	1	0	40	64	122	125	
Cardiology - electrophysiology	13	15	19	34	28	8	2	21	0	0	0	0	0	
Neurophysiology - peripheral neurophys	17	108	61	42	66	53	36	29	42	24	7	1	5	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	12	2	0	5	1	13	1	14	18	22	15	21	18	
Colonoscopy	178	109	82	61	59	38	13	19	25	22	11	17	28	
Flexi sigmoidoscopy	144	103	91	72	50	27	11	16	18	20	11	13	19	
Cystoscopy	48	45	49	31	53	40	38	48	54	69	50	54	53	
Gastroscopy	399	239	187	169	154	85	37	41	33	41	31	26	24	

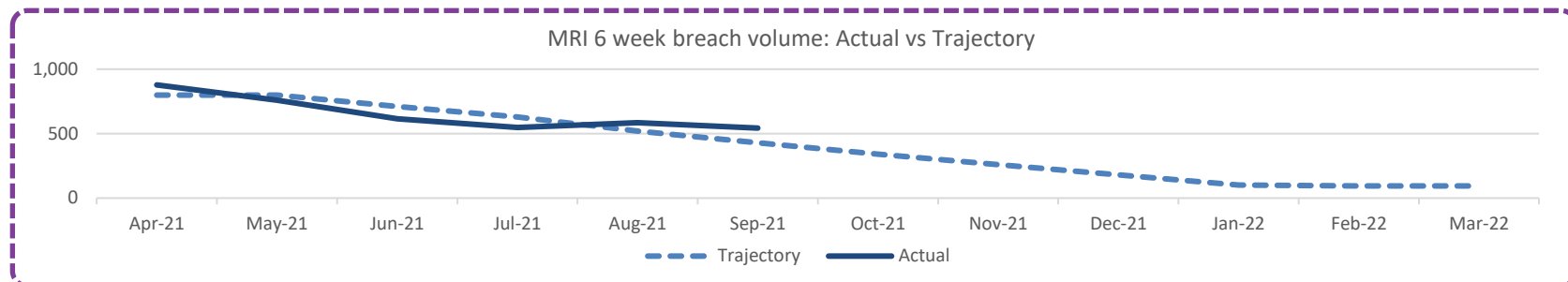
### Month 6 Performance:

There were **1,233** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of September (an increase of **207** patients compared to the previous month). The Trust did not meet **the diagnostic wait** standard with **8.22%** waiting more than 6 weeks. Overall performance remains above the national standard.

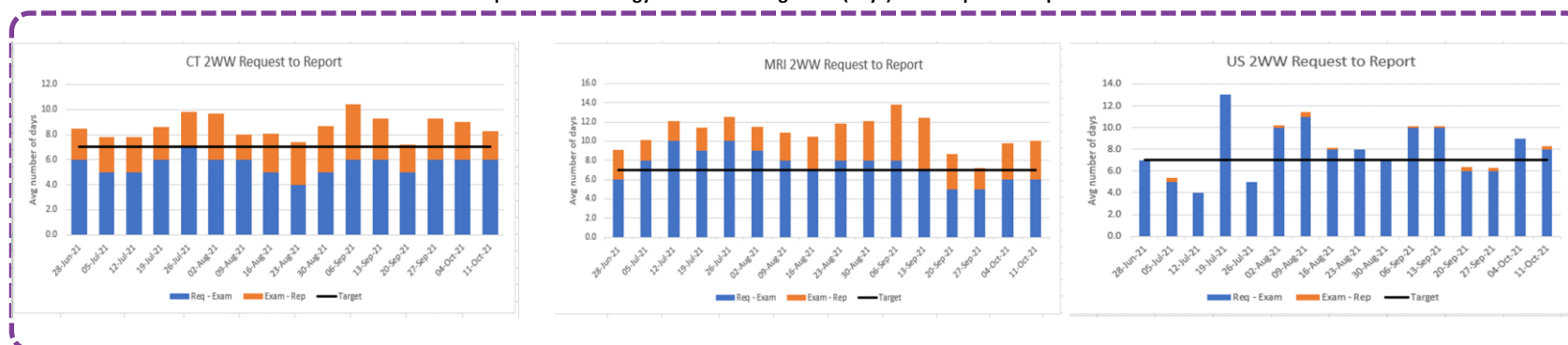
**Cardiac Echocardiography** has continued to increase in breach volume as a result of staff shortages. It is anticipated that the recruitment and training plans being progressed will start to show improvements by December 2021.

**Audiology** remains under pressure due to workforce challenges – recruitment to vacancies is underway.

**MRI and Non obstetric ultrasound** – please refer to next slide



## 2ww requests for radiology: Trend in average wait (days) from request to report



**2ww requests for radiology:** Average wait for request to report for both CT and MRI has stabilised in recent weeks. MRI have made improvements to their booking process resulting in improving the utilisation of 2ww capacity; this improvement can be evidenced when looking at waiting times from referral to exam (blue line). The examination to report turnaround time has increased due to a backlog in reporting. This is being closely monitored and (where possible) routine examinations are being outsourced to enable additional insourcing for 2WW patients. CT is being impacted by Lung and Renal Biopsy waits which are impacting the overall averages; additional day case bed capacity is required to recover the patients alongside improving Radiologist & CT capacity. Backlogs in CT reporting is being addressed through the outsourcing of routine examinations where appropriate.

### DM01 performance against trajectory:

**MRI** - The number of DM01 reportable breaches reduced slightly this month, however, have exceeded the trajectory in September - this is predominantly due to lost capacity caused by staff shortages. Capacity at The New Foscote Hospital has been in place since the end of September, with the impacts of this capacity expected to be seen through November and December. Mobile vans are still in place across multiple sites whilst the replacement programme comes into its final stages.

**Non obstetric US** breaches have risen rapidly for the second month in a row. There has been increased demand and decreased capacity (due to staff shortages) resulting in a greater volume of patients waiting in excess of 6 weeks for routine diagnostic ultrasound. Actions that are being taken to reduce waiting times include: extra sessions through use of agency sonographers and internal additional sessions; increasing current levels of outsourcing and extending the use of the independent sector by an extra 20%.

## Elective Care: Elective on the day cancellations (hospital non-clinical reason) and 28 day readmission

### 28 Day reportable cancellations/readmission breaches by Month

Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
<b>Total Hospital Non clinical cancellations in period</b>	19	20	27	13	14	6	11	23	19	36	38	31	25
28 day Readmission breaches in period	2	1	1	2	0	0	0	1	0	3	4	6	4

### Other - reasons for elective on the day cancellation by Month

Clinical reason	14	14	18	10	21	21	28	18	29	30	22	30	31
Patient declined treatment on the day	3	4	3	3	1	2	6	1	3	3	2	6	3

Specialty	Elective on the day cancellations (Hospital non clinical reason)	28 day Readmission Breaches
Cardiac Surgery	3	0
Thoracic Surgery	0	2
Paediatric Respiratory Medicine	0	1
Paediatric Trauma and Orthopaedics	1	0
Neurosurgical Service	3	1
Ophthalmology	2	0
Orthopaedics	7	0
Plastic Surgery (NOC)	1	0
Endoscopy (Gastroenterology)	1	0
Endoscopy (General Surgery)	2	0
Hepatobiliary and Pancreatic Surgery	2	0
Urology	3	0
<b>Total</b>	<b>25</b>	<b>4</b>

**Month 6 Performance:** There were 25 reportable (**hospital non clinical**) **elective cancellations on the day** throughout the month of September 2021, this represents an **increase in cancellations** due to these reasons when compared to previous month.

The reasons for cancellation were as follows:

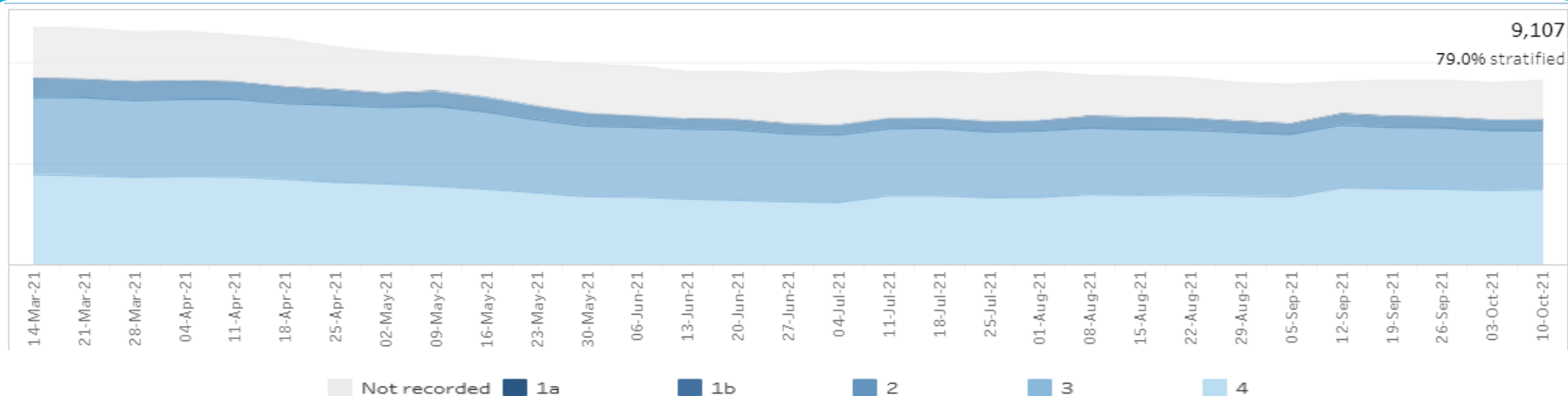
- Ran out of theatre time/list running late (6 patients)
- No Bed (4)
- Overriding emergency/urgent took priority (3 patients)
- No ITU bed (2)
- Theatre staffing unavailable (3)
- Booking error – bowel prep not received (2)
- Consultant unavailable (2 patients)
- Surgeon unwell (2 patients)
- Equipment unavailable/failure issues (1 patient)

There were **4 x 28 day readmission breaches** in September 2021. The reasons why patients were unable to be readmitted within 28 days were:

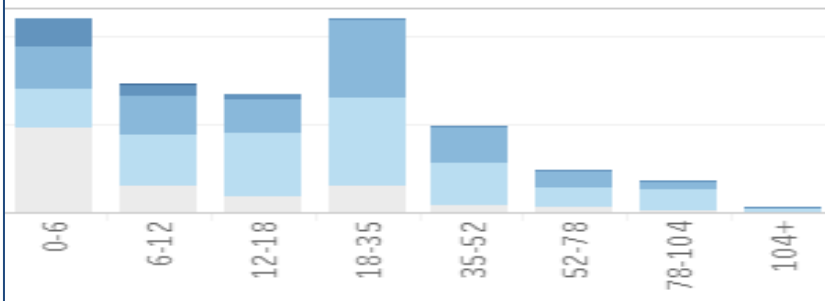
- 1 x Access to CTCCU bed
- 2 x Urgent cases needed to be prioritised into capacity
- 1 x No paediatric bed available to readmit in 28 days

**Improvement projects** are currently underway looking at both **theatre improvement**, and cancellation reason capture and recording within EPR to enable **improved analysis on cancellation data**. An improved selection of cancellation reasons have been promoted in EPR as part of a wider project to improve reporting of elective cancellations. Informatics and reporting are **developing a reporting solution** using these improved reasons, however these are not yet available operationally.

## Elective Care; RCS Prioritisation (P1-P4) of Patients on UNDATED Surgical Waiting List (excluding Endoscopy and "Planned/surveillance")



### Weeks since DTA with Priority Category



Division	Directorate	
CSS	Critical Care,	
	Radiology & Imaging	
MRC	Acute Medicine &	
	Cardiac Services	
	Specialist Medicine	
NOTSSCaN	Children's	
	Neurosciences	
	Ophthalmology	
	Specialist Surgery	
	Trauma and	
SUWON	Gynaecology	
	Oncology &	
	Surgery	
	Transplant, Renal &	

**RCS Prioritisation (P1-4) :** Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" patients), have continued to be clinically prioritised using Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 10/10/2021, **79.0% of UNDATED** patients (excluding Endoscopy "planned/surveillance") had an RCS documented within EPR, showing a deteriorated performance compared with last months position of undated patients.

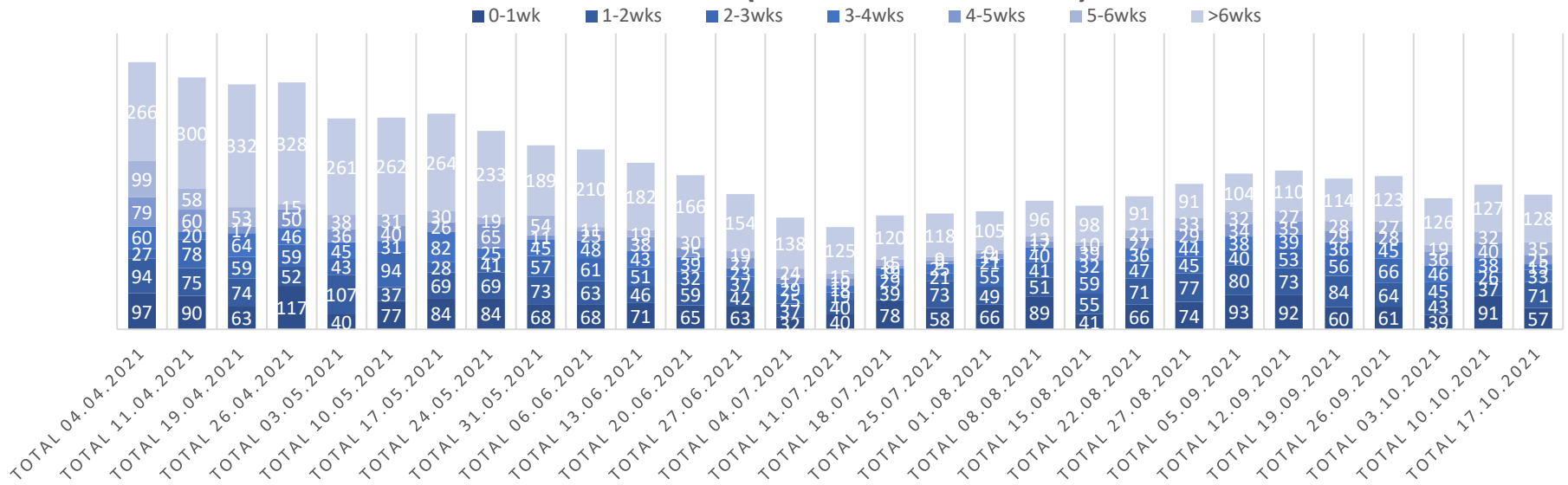
**Redesign** changes to capture the RCS at point of addition to waiting list (via changes to OEF) required Cerner engineers to work with EPR and Information Teams. This work has been completed and final scenario testing is in progress due to complete middle of October. A Go-Live date will now be set as a matter of urgency, with a roll out plan to include an implementation support package.

**Recent external audit** of the Trust RCS process highlighted a number of areas of good practice in the Trust in relation to RCS reporting and recording. The Deputy Director of Elective Care is finalising an action plan to address any areas that were recommended for improvement.



## P2 current wait profile (from P2 documentation date):

### LAPSED P2S (BY WEEKS LAPSED) - TREND



- There are **944** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list as at 17/10/2021.
- **38.6%** (364) 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 17/10/2021, there were 6 patients categorised as a P2 who’s total RTT pathway exceeded 78 weeks, of which:
  - 3 patients have operation dates in place
  - 3 have been escalated for clinical review and urgent action
- Information on 52 week breaches and lapsed P2 information has been shared with the Patient Safety team for **Harm review processing** and discussion. To date, the reviews have identified the following:
  - 1 x 52 week breach in 2020/21 confirmed major harm
  - 15 x 52 week breaches in 2020/21 confirmed moderate harm
  - 2 x 52 week breaches in 2021/22 confirmed moderate harm

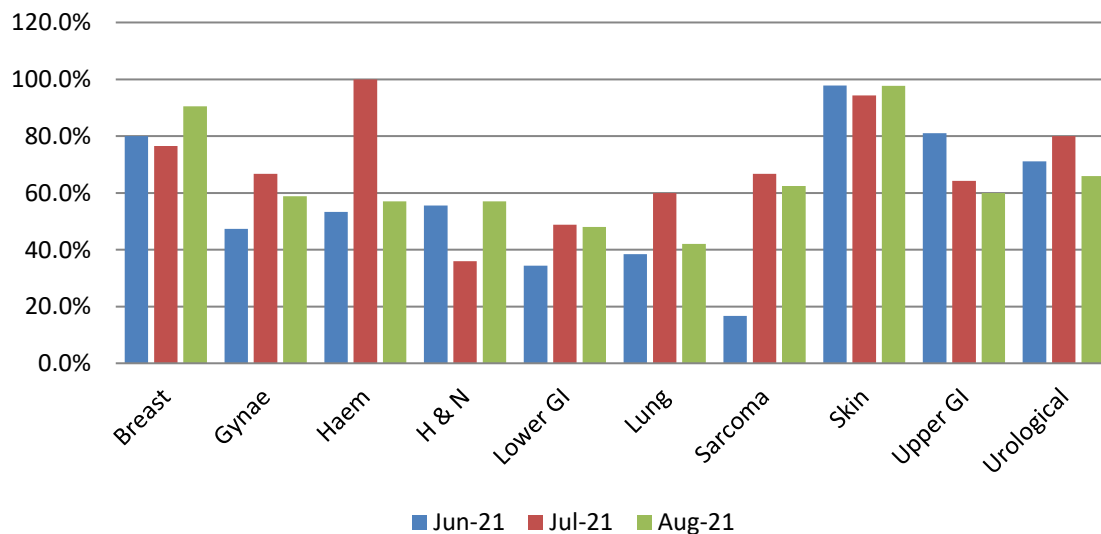
#### Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 17/10/21) and TCI status:

Lapsed P2 Specialty	Currently lapsed with No TCI	Currently lapsed with scheduled TCI	Total currently lapsed P2s
Gynaecology	74	4	78
Urology	43	14	57
Orthopaedics	29	26	55
Plastic Surgery (including paediatric)	18	20	38
Spinal Surgery (including paediatric)	30	1	31
Plastic Surgery Craniofacial	11	5	16
Vascular Surgery	11	4	15
Upper Gastrointestinal Surgery	1	9	10
Cardiac Surgery	5	5	10
Ear Nose and Throat	5	5	10

# 62 day tumour site performance June 2021– August 2021

Tumour Site	Jun-21				Jul-21				Aug-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	30	24	6.0	80.0%	34	26	8.0	76.5%	21	19	2.0	90.5%
Gynae	19	9	10.0	47.4%	6	4	2.0	66.7%	8.5	5	3.5	58.8%
Haem	7.5	4	3.5	53.3%	3	3	0.0	100.0%	7	4	3.0	57.1%
H & N	18	10	8.0	55.6%	12.5	4.5	8.0	36.0%	7	4	3.0	57.1%
Lower GI	16	5.5	10.5	34.4%	20.5	10	10.5	48.8%	12.5	6	6.5	48.0%
Lung	13	5	8.0	38.5%	15	9	6.0	60.0%	9.5	4	5.5	42.1%
Sarcoma	6	1	5.0	16.7%	6	4	2.0	66.7%	4	2.5	1.5	62.5%
Skin	46	45	1.0	97.8%	44	41.5	2.5	94.3%	66	64.5	1.5	97.7%
Upper GI	18.5	15	3.5	81.1%	14	9	5.0	64.3%	12.5	7.5	5	60.0%
Urological	48.5	34.5	14.0	71.1%	30	24	6.0	80.0%	48.5	32	16.5	66.0%
<b>Total</b>	<b>224.5</b>	<b>155</b>	<b>69.5</b>	<b>69.0%</b>	<b>185</b>	<b>135</b>	<b>50.0</b>	<b>73.0%</b>	<b>198.5</b>	<b>150</b>	<b>48.5</b>	<b>75.6%</b>

## 62 day performance Target 85%



### Most significant breach numbers/ reasons:

**Lower GI (6.5)** – Complex\* and co-morbidities\*\*; Patients referred without FIT tests – 3 patients referred without FIT tests were diagnosed with Cancer.

**Lung (5.5)** Complex\*, co-morbidities\*\* and CT guided biopsy capacity.

**Urology (16.5)**  
Complex\*, co-morbidities\*\* and diagnostic capacity.

\* **Complex pathways** - requiring repeated diagnostic tests including GA biopsies

\*\* **Co-morbidity** - delaying diagnostic procedures or synchronous primaries diagnosed

\*\*\* **GA diagnostic** procedures and capacity for treatment

**Month 5 (August 2021) Performance:** Reporting an additional month in arrears, the Trust achieved 2 out of 9 CWT standards in August 2021.

**2ww from GP referral:** This standard was not achieved in August, reporting 87.5% against **93% threshold**. Breast performance has significantly improved at 82.1% when compared to the previous month (19.7%) as a result of the improvement work that has been undertaken. Improvement in the breast performance is expected to continue over the coming months.

**2ww Breast Symptomatic:** This standard was not met due to previously reported capacity challenges, in particular clinic space and radiologist capacity. However, performance against this standard is improving, and will continue to improve, as the actions within the improvement plan start to have an impact. Performance against the standard of **93%** was **38.5%**.

### 62 Day from GP referral:

The number of completed pathways for August were 198.5 with 48.5 breaches. This resulted in a 62-day CWT performance of **75.6%** demonstrating the strongest performance since March '21. The main breaches were in Lower GI, Upper GI, Lung and Urology. Improvement schemes are in place across these tumour sites, with Lower GI and Lung pathways being supported with the implementation of the Rapid Diagnostic Service.

### Patients waiting over 104 days for diagnosis and treatment:

At the end of August, 39 patients remained undiagnosed or untreated >104 days on a 62-day pathway. Most of these patients were in Urology (8), Gynae (4) and Lower GI (12).

The primary reasons for the delays in these patients were slow diagnostic pathways which included the need for additional biopsies, surgical capacity, late referrals from other Trusts, and treatment of another condition or comorbidity delaying diagnostics.

### Impact on cancer pathways during the pandemic:

Cancer patients continue to be prioritised; this has ensured that delays to cancer patients' pathways during the pandemic has been minimal except where patient choice has been a factor. Winter will present its own challenges however cancer will remain a priority during this period.

Indicator	Metric	No of breaches				Aug 2019	Aug 2020
		July 21	July 21	Aug21	Aug 21		
2 WW for suspected cancer	93%	74.5%	499/1958	87.5%	232/1857	94.9%	73.4%
2 WW for Breast Symptoms	93%	21.8%	169/216	38.3%	121/196	97.3%	7.6%
28 Day Faster Diagnosis Standard	75%	81.7%	322/1764	79.3%	360/1738	84.1%	80.2%
31 Days Decision to first treatment	96%	94.8%	23/455	89.1%	43/396	92.1%	93.4%
31 Days Decision to subsq treatment (surgery)	94%	91.1%	8/90	76.3%	23/97	95.8%	83.7%
31 Days Decision to subsq treatment (drugs)	98%	100%	0/144	97.6%	4/170	96.5%	98.4%
31 Days Decision to subsq treatment (radiotherapy)	94%	95.6%	10/229	97.8%	6/267	100%	99.0%
62 Days GP referral to first treatment	85%	73%	50/185	75.6%	48.5/198.5	70.5%	78.4%
62 Days Screening service to first treatment	90%	83.9%	5/31	65.0%	7/20	66.7%	100%
62 Day incomplete pathways >62 days	Count	162	n/a	226	n/a		
62 Day incomplete pathways >104 days	Count	28	n/a	39	n/a		

Annualised Performance