

Health and Wellbeing Board Update

June 2021



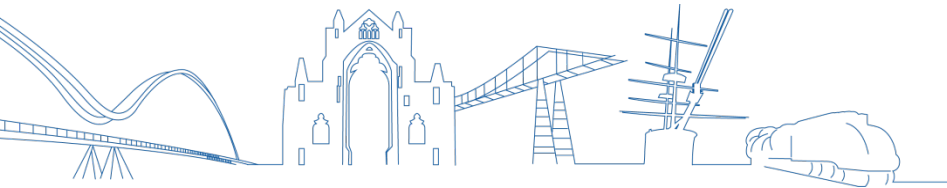
Summary

Background

- National impact of Covid-19 on the Elective programme has been significant
- NTHFT supported in excess of 2,500 patients with Covid-19 over the course of the last year
- Three Quarters of all Covid-19 related admissions at NTHFT took place during Oct 20-Feb21
- Throughout 20/21 c26,000 Day case or Elective operations took place

Expectations

- National expectation that;
 - By the end of April 2021 Elective Activity will be recovered to 70% of pre pandemic levels (19/20 Baseline)
 - By the end of July 2021 Elective activity will be recovered to 85% of pre pandemic levels



Summary

Current position

- NTHFT providing a full elective programme
- April 2021 NTHFT Achieved 80% of 19/20 baseline (against the National 70%)

Action being taken

- NHS system have submitted recovery trajectories for 2021-22
- ICP partners now focussing on developing local system plans
- Key aspects include understanding impact on Health Inequalities and our workforce
- Action specifically related to reducing waiting times and activity backlogs include;
 - Undertaking waiting list initiatives within NHS hospitals and facilities
 - Maximising the use of independent sector
 - Waiting list validation and clinical prioritisation of patients on existing lists
 - Offering patients alternative choice of provider for their treatment



Performance Key Issues

Planned Care

Measure	Latest Data	Operational Standard	England	TVCCG	CDDFT	STHFT	NTHFT
% patients waiting less than 18 weeks for treatment	Mar-21	92.0%	64.4%	73.0%	67.3%	62.1%	84.6%
Number patients waiting more than 52 weeks for treatment	Mar-21	0	437,324	3,413	2,603	4,258	241
% Patients waiting more than 6 weeks for a diagnostic test	Mar-21	1.0%	24.3%	8.9%	3.6%	14.1%	3.7%

Cancer Waiting Times

Measure	Latest Data	Operational Standard	England	TVCCG	CDDFT	STHFT	NTHFT
% of patients seen within 2 weeks of an urgent GP referral for suspected cancer	Mar-21	93.0%	88.7%	84.9%	81.7%	79.9%	92.7%
% of patients treated within 31 days of a cancer diagnosis	Mar-21	96.0%	94.9%	95.6%	97.3%	95.5%	95.9%
% of patients treated within 62 days of an urgent GP referral for suspected cancer	Mar-21	85.0%	74.3%	74.9%	75.9%	75.4%	77.3%

Key Issue: RTT Long waits

- The 52 week wait rate per 100,000 population for Tees Valley CCG is 481.3 patients. This is below the national rate which is 723.8 patients.
- All cases of patients waiting longer than 52 weeks have a harm review. All patients as part of the triage of waiting lists, where treatment for patients is being delayed they are risk assessed for potential harm (this is also the case when the patient has chosen to delay treatment).

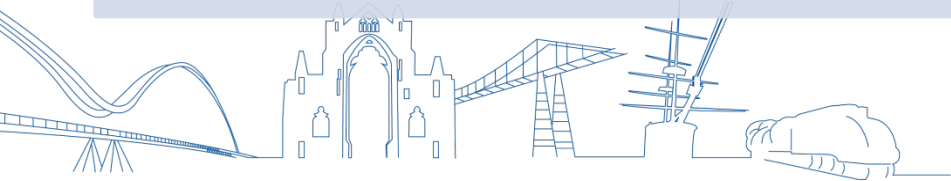
Key Issues: Cancer long waits 104+ Days – NTHFT: 21

- Patients are reviewed each week and the weekly Cancer meetings. All patients have next steps in place unless the patient has opted to delay treatment.



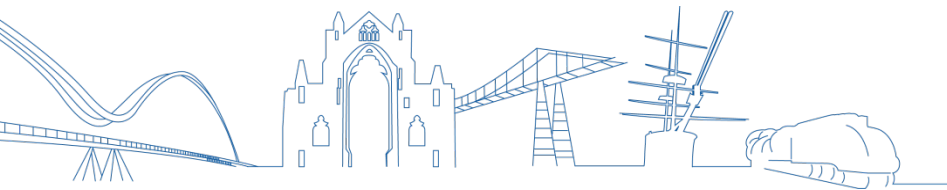
Inpatients

- Engagement with patients to improve confidence in patients to attend appointments and to **reduce cancellation** of theatre time
- Improve pre-assessment processes to enable shorter notice scheduling of patients to **fill gaps in theatre sessions**
- Improve **theatre efficiencies** to maximise the scarce resource
- **Maximise use of estates** across the ICP geography
- Improved **waiting list processes** to ensure robust, timely and accurate information
- **Independent Sector** support.



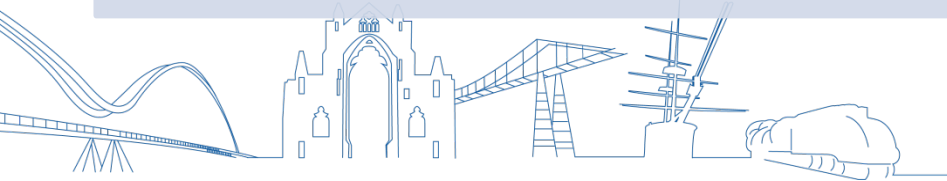
Outpatients

- Ongoing promotion of **Advice and Guidance** to maximise conversion rates
- Ongoing roll out of use of Attend Anywhere (**virtual appts**)
- Implementation of **Patient Initiated Follow up**
- Transfer of agreed activity to Independent Sector
- Continue analysis of **Health Inequalities** dashboard developed for Outpatients
- Continue to engage with Primary Care colleagues to **improve referral quality**, refine pathways and to generally improve relationships.

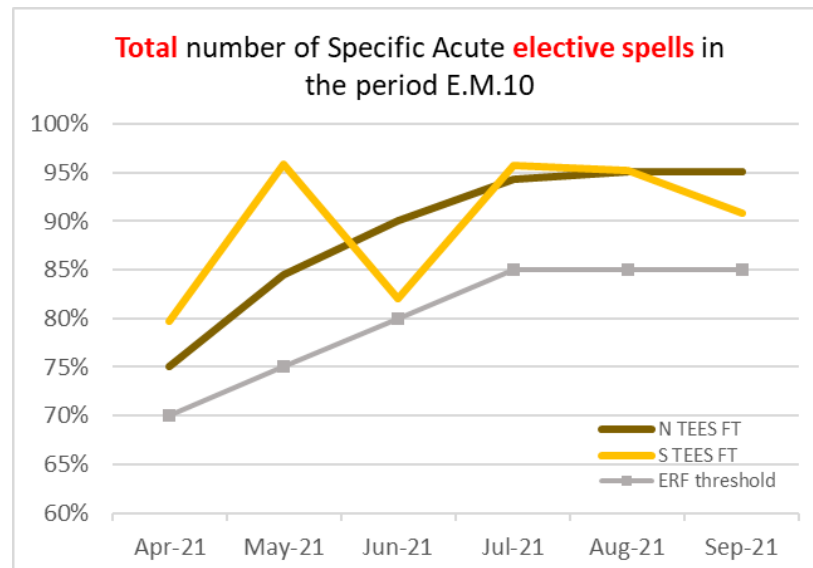
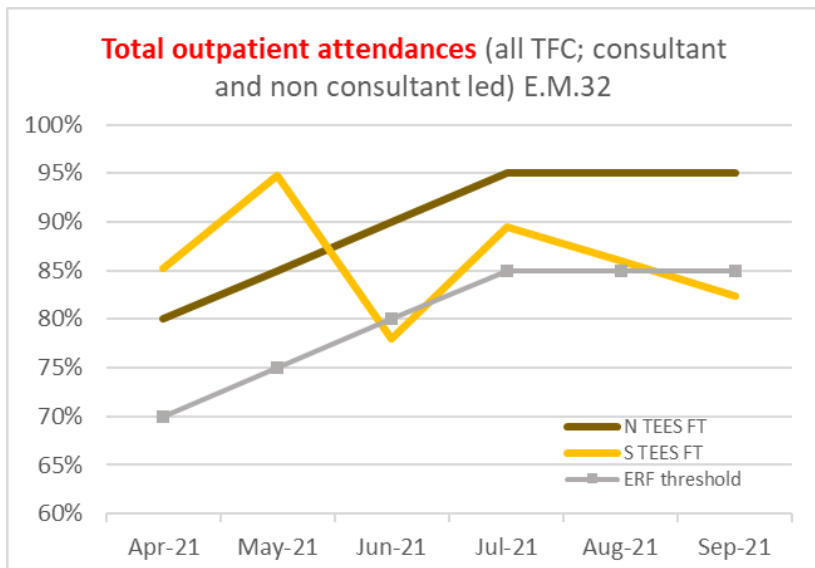


Cancer

- Development of a digital PTL **to improve oversight** and allow us to take a system first approach to capacity/demand
- Model capacity for **pathway optimisation**
- Maintain current good performance on the **Faster Diagnosis** standard:
- Implement optimal pathways for ovarian cancer and head and neck cancer.
- Introduction of the combined abdominal symptoms pathway, increased CT Colonography capacity, introduction of Colon Capsule Endoscopy.



Elective Recovery Trajectories South ICP – 21/22 vs 19/20 (baseline)



- £1bn made available nationally to support elective recovery
- Elective Recovery framework sets thresholds for system performance to access the Elective Recovery Fund
- Planned activity exceeds thresholds for outpatients and inpatients

Trajectory profiling effected due to some providers not taking into account the impact of working days when setting their activity numbers; mainly observed in May21 and Jun21

