

Meeting Title	Open Board of Directors Meeting		
Date	21 September 2023	Agenda item	Bo.9.23.10

Protecting and Expanding Elective Capacity Self-Certification

Presented by	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive		
Author	James Taylor, Deputy Chief Operating Officer		
Lead Director	James Taylor, Deputy Chief Operating Officer		
Purpose of the paper	To provide detail for Board assurance on specific elements to allow completion of self-certification		
Key control			
Action required	For approval		
Previously discussed at/informed by	ETM – 11 September 2023		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

Introduction

On August 4th 2023 providers received a letter from NHSE entitled 'Protecting and Expanding Elective Capacity' emphasising that to deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. NHSE are now asking providers to complete a return to provide assurance on these specific elements of our recovery plans.

Included with the letter is a Self-Certification document that requires the Chair and CEO of providers confirm that the Board are assured on 3 key areas:

1. Validation
2. First Appointments
3. Outpatient Follow Up

Appendix 1: Copy of letter from NHSE entitled 'Protecting and Expanding Elective Capacity' PRN00673

Appendix 2: Completed Self Certification Checklists

Appendix 3: ETM paper providing additional detail for each key area to provide assurance as per the Self Certification Checklist

Self Certification checklist overview

1. Validation

We have invested in a largescale validation exercise to review 156k records to correct and clear data quality issues across our RTT and non-RTT waiting list.

Greater than 90% of our RTT waiting lists over 12 weeks have been digitally contacted followed by clinical validation for those who wish to be discharged. We continue this process weekly as patients hit a milestone of 12, 26 and 52 weeks wait with no appointment in the last 8 week and no appointment booked in the next 4 weeks. Preceding the patient contact our access team technically validate as patients hit a milestone of 11, 25 and 51 weeks.

Our Access Policy review is being completed, guided by an Access Policy published at WYAAT level to align the acute providers. Our Corporate Access Team ensures RTT rules and guidance are applied via technical validation. They also ensure correction of DQ errors and feed themes into issue resolution, weekly access, and training / education processes. Our objective is to embed prevention with our

Meeting Title	Open Board of Directors Meeting		
Date	21 September 2023	Agenda item	Bo.9.23.10

administrative and clinical teams via education, communication and revisiting local real time validation.

EPR training in relation to pathway correction and encounter selection across admin and clinical staff has started, supported by investment in training resource. We are also looking at the feasibility of mirroring CHFT process for administrative and clinical validation that utilises EPR to communicate a list of patients for review and care progression.

Non-RTT waiting lists report have been generated weekly pre and post COVID with the access team, CSUs and CPBS working concurrently to validate the patients and arrange follow up. Non-RTT has remained on an equal footing with RTT hence the number of patients beyond their 'see by date' on a non-RTT follow up waiting list has reduced over the last three years. There are specific services areas where overall numbers remain high and demand exceeds capacity meaning waits beyond 'see by dates. This will be addressed as part of the 2023/24 Delivering Operational Excellence plan, with objectives focused on accelerating the validation and digital and remote options to conclude patients pathways with a parallel reduction of 'unnecessary follow up orders' either by wholesale pathway change or an increased use of PIFU. Progress will be reported via the performance reporting to F&P Academy and Board.

2. First appointments

We have progressed well with the NHSE ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first appointment after 31 October 2023. As of the week 10 September 2023; 780 patients are the target 'cohort', 694 now have a first appointment booked. Of the 67 awaiting an appointment, 57 are Community Paediatric Patients and the team are exploring options to bring the appointments forward as they are not suitable for transfer to another provider due to their complex needs.

Given the waiting list challenge the Board approved the insourcing and outsourcing plan earlier on in the year which has assisted in our ambition to reduce waiting time. We are focussed on maximising internal capacity through productivity improvements to reduce reliance on both insourcing and outsourcing support.

3. Outpatient follow-ups

NHSE are proposing a reduction in Outpatient Follow Up Appointment to focus capacity on new patient yet to be seen, diagnosed and started on definitive treatment. Currently follow up appointment attendances are 103% of baseline year to date. In the context of recovering an RTT and Non-RTT back log reducing follow appointment number is a challenge without clinically driven pathway changes that will:

1. Reduce the need for secondary care appointments altogether (E consult and Advice Guidance or Community based services providing alternatives)
2. Reduce non-attendance at these appointments
3. Deliver 1 stop appointments that deliver the secondary care decision and advice in 1 appointment
4. Increase in Patient Initiated Follow Up Appointment

16 per 100 referrals are managed via E consult and Advice and Guidance (target 21 per 100 referrals) and we are working closely with Primary Care to increase the usage. We have also embedded the GP Assist Process to enable Primary Care Clinicians to get the guidance they need without a referral at all.

We have implemented a number of measures to reduce DNAs that focus on communication and patient choice.

Meeting Title	Open Board of Directors Meeting		
Date	21 September 2023	Agenda item	Bo.9.23.10

- Patients receive a text reminder 3 days before their appointment date.
- We are currently testing various “nudge” messages to assist in higher attendance rates.
- We are working on identifying patients who consecutively miss appointments to alert CSUs and ensure clinical review where not appropriate to discharge.
- We are call confirming 48hrs before appointments across some CSUs where admin resource allows and planning to roll out further over Q3.
- We are testing machine learning to predict DNAs.
- We are progressing patient flexibility and choice where possible to minimise DNAs:
 - Patients can now use the portal to change/cancel their appointment 24/7.
 - Advanced Scheduling is now in place. Advanced Scheduling will allow patients to see any available slots and request the date/time that suits them best.

Patient Initiated Follow Ups (PIFU) is an area of high focus and we have been working closely with colleagues from NHSE and ICB to agree and implement a revised SOP. Clinical engagement sessions have been held with each specialty to present PIFU opportunities and we have added digital solutions to make the process easier.

Recommendation

Work is in progress to address the 3 key areas:

1. Validation
2. New Appointments
3. Outpatient Follow Ups

At provider level our processes around validation and visibility of patients are well developed but with opportunity to improve this further we will continue to develop this and report progress into the F&P academy.

Continuing our focus on long waiting patients and chronological booking has put us in a strong position to deliver the latest target around new patient appointments with plans to deliver the remaining appointments in Community Paediatrics before the end of the calendar year. Our achievement of this aspiration could be impacted by further Industrial Action from consultant and junior medical staff.

Tools such as PIFU/Advice and Guidance and Digital alternatives are available and the GIFRT recommendations have been shared. Our next step will be to encourage CSUs and their services to integrate outpatient transformation in their strategy to achieve Clinical and Operational Excellence through 2023/24 and 2024/25.

The Board are asked to note the progress made to allow completion and submission of the self-assessment to be signed off my CEO and Chair by September 30th 2023.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients						
To deliver our financial plan and key performance targets						
To be in the top 20% of NHS employers						
To be a continually learning organisation						

Meeting Title	Open Board of Directors Meeting		
Date	21 September 2023	Agenda item	Bo.9.23.10

To collaborate effectively with local and regional partners						
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low	Moderate	High	Significant	Risk (*)	
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance	
NHS Improvement: (please tick those that are relevant)	
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain:	
Care Quality Commission Fundamental Standard:	
NHS Improvement Effective Use of Resources: Clinical Services	
Other (please state):	

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>