East Suffolk and North Essex NHS Foundation Trust

Trust Board of Directors Meeting

Report Summary

Date of Meeting:30 09 2023	
Title of Document: **Protecting and expanding elective capacity – self certification**	
To be presented by: **Karen lough**	**Author:** **Emma Mckay**
1. Status: For Approval	
2. Purpose: NHSE requirement to support elective recovery – Outpatient transformation	
Relates to:	
Strategic Objective	√
Operational performance	√
Quality	√
Legal/Regulatory/Audit	
Finance	
Governance	√
NHS policy/public consultation	√
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	
Other	

3. **Summary:**

With the majority (c80%) of patient waits ending with an outpatient appointment, we need to increase the pace in transforming outpatient services to release capacity for patients awaiting their first contact and diagnosis. This will be particularly important ahead of and during winter, when pressure on inpatient beds can be at its highest. To further support elective recovery NHSE have written to all Trusts, setting out detail on three key actions that we are being asked to take:

- Revisit plans on outpatient follow up reduction, to identify more opportunity for transformation.
- Set an 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 outpatient appointment after 31 October 2023.
- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022

validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

We are being asked to provide assurance against a set of activities that will drive outpatient recovery at pace. This process will require a review of current annual plans, detailing the progress that can be made on outpatients transformation. As part of the above priorities, we are being asked to ensure that this work is discussed appropriately at Board.

4. Recommendations / Actions

The Board/Committee is asked to review this self-certification and sign it off for NHSE submission by **30 September 2023**.

Assurance area	Assured?
1. Validation The board: a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation. b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation. c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients. d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	a. **Partial** – Currently PAS systems are unable to record and report this, there is a focus moving forwards with this new requirement and the Trust will explore ways of establishing how we can record and report this in line with the expectation set out on our systems. However we do have a validation process in place at service level – patients' validation is reviewed every time there is activity on the pathway and by the Validation team who review– clock stops, no validation after 1st OPA, weekly validation of 78/65 position and weekly PTL meetings review all DQ and validation of long waiting patients. b. **Yes -** we have a plan in place for all patients to be contacted that meet that requirement- Actions are in place to contact those waiting on the waiting list who have breached their P coding. This includes a mass mail out and then to continue on a daily basis. This will generate daily audit reports which will confirm those patients who have been contacted. This audit report will be used to provide reports and assurance on this. c. **Yes** - Reports on both RTT and non-RTT patients are now included in the waiting list app which is accessible, work is also in progress to increase training in relation to correct Waiting List Management – in forms of focused specialty session. Mass online modular learning via NHSE and Trust Role Essential training resources are under review. Clock stop audits in place for weekly snapshot audits and a quarterly deep dive in specialties triggering concern. Onboarding of Improving Elective Care Coordination for Patients programme

	waiting list management tool also support the data quality of Trust RTT waiting lists. d. **Partially** - Each division report Non-RTT patients, including planned and patients on a follow-up waiting list through their own divisional boards that then through to the Elective Recovery Programme Board. For those services with significant follow-up backlogs these are added to the CDG risk register and reported on through the CDG Accountability Framework meetings and services review this, undertake harm review assessments, and prioritise any patients as appropriate, with Executive support and oversight through monthly Divisional Accountability Meetings. Capacity plans to include this patient cohort are discussed at individual Accountability Framework meetings, with any exceptions or risks escalated through to the appropriate Board assurance committee.
2. First appointments The board: a. has signed off the trust's plan with an 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 outpatient appointment after 31 October 2023. b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	a. **Yes** - Each specialty has plans in place to achieve the ambition to eliminate all patient waits over 65 weeks by March 2024. Divisional and specialty meetings are in place to monitor progress of these plans and support as required. Divisions have clinical involvement in recovery plan development and sign off. b. **Yes** - Good partnership working in place and part of ongoing recovery capacity - Mutual aid in place between sites and providers to support long wait recovery. DMAS being used as is ISP.
3. Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. b. has reviewed plans to increase use of PIFU to	a. **Yes** - A Medium Term Elective Care Outpatient Transformation report has been presented and praised by NHSE Outpatient Transformation Productivity Team on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.

achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.	b. **Yes** – improvement plans for PIFU by specialty in place, looking to accelerate the delivery of this with national initiatives ie NHSE PIFU specialty "Sprint" for General Surgery. A visit to NNUH is planned as an opportunity to share good practice and learn from the POP programme. The Trust continues to increase the use of PIFU on a month-by-month basis. Further increases to achieve the National Target are through Patient Centred Follow Up (PCFU), this is fully established in Breast, Prostate and Colorectal cancer pathways. Endometrial and Thyroid pathways will go live in September 2023 and Haematology (lymphoma and myeloma pathways) will go live by the end of the end of the year (2023). ESNEFT is one of the most established trusts in terms of PCFU completeness, all fully supported by both ICB and Cancer Alliance.
c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.	c. **Yes**– plans in place - The trust is implementing a fully integrated patient portal that supports 2 way patient engagement. Patients will have the ability to confirm/cancel appointment by their chosen method of contact text/email or phone. Daily reporting will support Trusts access policy to review multiple cancellations for clinical review.
d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking data (via the Model Health System and data packs) to identify further areas for opportunity	d. **Yes** – The Trust will continue to engage with primary care colleagues via the GP forum to increase specialist advice opportunities. General Surgery (Colchester) went "live" for receiving A&G referrals in August. Gastro Surgery (Colchester) is an area of concern, Executive approval was given to suspend A&G referrals until September due to reduced medical workforce and the need to prioritise urgent patient treatment. An update will be received from the DMT at the beginning of September as to the decision to accept A&G referrals again.
e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	e. **Yes** - From the Time and Motion studies conducted across 6 key specialties with the longest waits; ie gynae, plastics, ophthalmology, general surgery, T&O and Gastro, our biggest opportunities for maximizing clinical value and minimizing unnecessary touch points are in redesigning and standardizing our triage

	and validation processes to ensure that we are seeing the patients who actually need to be seen. There are many examples where patients are coming in for an appointment who should have been previously discharged or indeed no longer needed the appointment, which is unnecessarily taking up clinical time which is needed for other patients on long waiting lists. This is a key focus for transforming our pathways. Additionally, in several of the specialties, focus is on changing pathways to ensure that relevant diagnostics are performed in advance or as a 'one stop shop' on the day of the appointment. EG gynae for antenatal appointments, general surgery for assessing patients fitness for straight to test for patients over 70, gastro and banding of hemorrhoids straight after the colonoscopy Nurse-led clinics are being established, freeing up consultant time; ie alcohol-related liver disease, plastics, renal CKD outreach *(nurse-led, working alongside GP with consultant oversight and joint system learning)*, stroke patient follow ups pathways; ie moving to a single MDT clinic rather than separate consultant, then nurse/therapy follow-ups.
4. Support required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	

Sign off

Trust lead (name, job title and email address):	Karen Lough Director of Elective Care karen.lough@esneft.nhs.uk
Signed off by chair and chief executive (names, job titles and date signed off):	