Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 13 September 2023

TB2023.83

Title:	**NHSE Trust Board Self-Certification for Protecting and Expanding Elective Capacity**

Status:	**For Discussion**
History:	**Elective Care Recovery Group (ECRG)**
	Trust Management Executive 31st August 2023

Board Leads:	**Sara Randall, Chief Operating Officer**
	Anny Sykes, Interim Chief Medical Officer
	David Walliker, Chief Digital and Partnership Officer
Author:	**Sunil Johal, Deputy Director of Elective Care**

Confidential:	**No**
Key Purpose:	Strategy, Assurance, Performance

Executive Summary

Following the paper submitted to Trust Management Executive (TME) on 31st August 2023 regarding Elective and Cancer Recovery 2023/24 update, a further national publication was made on the 4th August 2023 focussing particularly on Outpatients (https://www.england.nhs.uk/long-read/protecting-and-expanding-elective-capacity/). This briefing paper provides a response, as requested by the national team, to the key lines of enquiries outlined within the publication.

NHS England (NHSE) have outlined three key lines of enquiry as a form of next steps for outpatient transformation:

1. Revisit Trust plans on outpatient follow up reduction to identify more opportunity for transformation.

2. 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.

3. 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 Referral to Treatment (RTT) rules are applied in line with the RTT national rules suite and local Access Policies are appropriately applied.

A formal request has been made for appropriate discussion and challenge to be made at Trust Boards and to have a self-certification process signed off by the Trust Chair and Chief Executive by 30 September 2023.

Self-certification

1. Validation	Assured	Evidence	Rationale	Action & Predicted Impact
a. The board 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.	Partially	Board paper July 2023, TB2023.63 Trust Response to Elective Care to 2023/24 Priorities	Current validation rates for over 26 week wait pathways have been reported to Board in July 2023.\n\nLimitations of the current validation reports have been outlined.\n\nBriefing paper on Validation Strategy reported at ECRG in August 2023	A proportion of DQ is already undertaken across the PTL.\n\nNew validation tool due to **go-live end of November 2023** with a full programme of training across the organisation. System will provide accurate rates of validation, together with distinct validation cohorts.\n\nA sustainable DQ Group will be considered relating to RTT pathways following the launch, led by the Director of Data and Analytics with support from the Elective Access Team, EPR team and operational teams from Clinical Divisions.
b. The Board 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.	Fully	Buckinghamshire, Oxfordshire & Berkshire West (BOB) Outpatient Steering Group submission	Business case outlines approach based on two previous pilots of engaging with patients digitally with a view to validate whether they wished to remain or not on the waiting list.\n\nPlans are in place to launch trust wide.	Patient Engagement & Validation Working group with Quality Improvement resource commenced 05/09/23. Plans to l**aunch project week commencing 18/09/23** and deliver the ask by **end of October 2023**. Senior Responsible Officer (SRO) of Outpatient Steering Group supports approach 06/09/23. Current QIA and SOP to be updated and reflect wider services.

c. The board 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.	Fully	PTL assurance	Weekly Patient Tracking List (PTL) meetings held guided by RTT experts with operational teams. Weekly Executive-led assurance meetings in place for escalation and oversight.	RTT Website under reconstruction to further improve staff engagement with the RTT rules and policy. Both internal and external training sessions have been offered to Divisional teams. The new RTT validation tool will also provide intelligence on validation outcomes and highlight training opportunities to support the correct application of RTT rules.
2. First appointments	**Assured**	**Evidence**	**Rationale**	**Action & Predicted Impact**
a. The Board 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.	Partially	Board paper July 2023, TB2023.63 Trust Response to Elective Care to 2023/24 Priorities	Agreed milestone dates for each pathway stage have been briefed in TME and the monitoring arrangements have been included within the M4 Integrated Performance Report.	Exceptions to the October target date for first appointments to be seen to ensure plans are economically viable and spend is not created where there is little to no conversion to admission (low risk). All 1st appointments are planned to be seen **by end of January** at the very latest.
b. The Board has signed off the Trust's plan to ensure that Independent Sector (IS) 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 (DMAS), 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	Partially	Elective Recovery Fund (ERF) Process	Agreed ERF for both insourcing and outsourcing services. OUH has signed up to DMAS with several requests for mutual aid made to date.	Contracts **in place** for Spinal services with IS Providers as no uptake via DMAS. Decision to be made around a review of May approved ERF schemes against recent DMAS offers. **Decision TBC**.

				Discussions are being held on the clarity of commissioning arrangements such as Provider Transfer to Independent Sector Provider for local Integrated Care Systems (ICS) to manage funding and pathways or sub-contract via main Provider to manage through local ICS. **Decision TBC.**
3. Outpatient follow-ups	**Assured**	**Evidence**	**Rationale**	**Action & Predicted Impact**
a. The Board 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.	Partially	Outpatient Steering Group (OPSG) and ECRG	OPSG slides available monthly with performance metrics on follow up activity vs 2019/20 baseline	Follow up activity currently performing above submitted Operating Plan. Priority of work to be conducted via the OPSG **has been agreed and plans underway** to recover the position strategically. A deep dive benchmarking paper has been prepared to support clinical services identify specialties where there may be opportunities to reduce follow ups.
b. The Board has reviewed plans to increase use of Patient Initiated Follow Up (PIFU) to achieve a minimum of 5%, with a particular focus on the Trust's 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.	Partially	Outpatient Steering Group and Cancer Improvement Group	PIFU pathways have been in place for Breast, Prostate and Endometrial cancers with a Project Initiation Document (PID) Approved in July 2023 for Colorectal Cancers.\n\nNon-cancer PIFU activity being under-reported	Implement the Colorectal Cancer PID: **4 months to deliver when started**.\n\nAgree the strategy to adopt PIFU using the appropriate technology. **Decision TBC.**\n\nPromote current workflow focussing on high volume specialties and complete need assessments to mitigate failure of on-boarding. Plan to **commence September 2023.**

			due to difficulty of data capture	The Digital plan also includes scoping work to improve the administration of PIFU pathways.
c. The Board 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.	Partially	Outpatient Steering Group	DNA performance is excellent compared to national benchmarking. Digital reminders in place	Health inequalities analysis being undertaken to further understand areas of further improvement. To be concluded **October 2023.** Portal expansion underway to allow patient confirmation of appointments and rescheduling facilities through digital interaction with hospital system. **End of March 2024.** Further analysis to be conducted on areas of high DNA rates directly with patients to mitigate DNA's where applicable. Plan to **commence September 2023.**
d. The Board 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 minimum levels of specialist advice. The Trust has utilised the Outpatient Recovery and Transformation (OPRT) and Get It Right First Time (GIRFT) checklist, national benchmarking.	Partially	Outpatient Steering Group	Advice and Guidance (A&G) pre-referral stage has optimum uptake from Primary Care. A&G post-referral is partly in place. A&G activity is being under-reported due to difficulty of data capture.	Options appraisal of initiating pre-referral A&G across all services to ensure opportunity of managing referrals via A&G before forwarding on for actual referral is made. True pre-referral A&G generates only 30% of A&G requests being converted to a referral. Post-referral generally converts 80% to actual referral. Evaluation of post-referral A&G to determine any missed opportunity of demand management. Appraisal **commencing September 2023**.

| | | | | Prioritising the reduction in follow up activity to allow clinicians capacity for more A&G service provision. **Commencing September 2023**. |
| | | | | Evaluate Outpatient services against national GIRFT guidance and make recommendations. **Commencing September 2023.** |

4. Support required	Assured	Evidence	Rationale	Action & Predicted Impact
The Board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with Regional colleagues as appropriate.	TBC			

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Sign Off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Recommendations

The Trust Board is asked to confirm the assurance provided and approve the Self-Certification for final sign off by the Trust Chair and Chief Executive.

An update on the checklist will be provided in 3 months' time to provide progress update and further assurance on deliverables.