Planned Care Assurance Paper for Board

5th October 2023

1. Introduction

Elective recovery is a key priority for NHSE across Cancer, RTT and Diagnostics. NHSE has written to all Acute Trusts in two letters which set out key expectations for elective recovery and require Boards to have oversight and provide assurance around key deliverables.

The first letter was received on 23rd May 2023 headed **"Elective Care 2023/24 Priorities"** and is included as an attachment following this paper.

The letter sets out the priorities, oversight, and support for 2023/2024. It also recognises the progress on reduction of long waiting patients across cancer and elective care.

Letter 1 asks for completion of a checklist to provide board oversight of the planned care priorities.

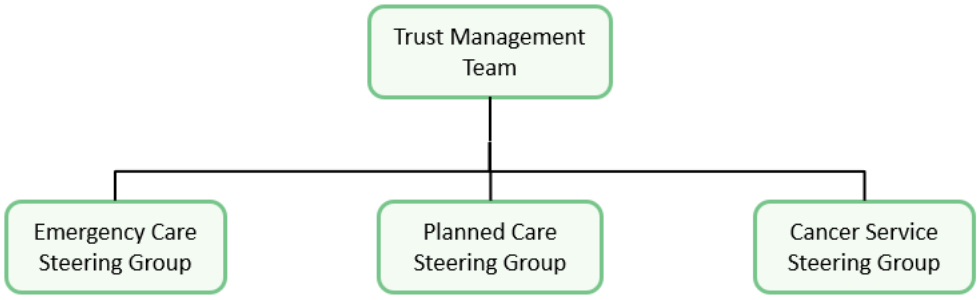
The second letter was received on 4th August 2023 headed **"Protecting and expanding elective capacity"** and is included as an attachment following this paper.

Letter 2 reiterates the priorities for 2023/24 and highlights the need to maintain as far as possible ring-fencing of elective and cancer capacity through winter. It describes the next steps on outpatient transformation and requires board confirmation of assurance and sign off of the checklist within the letter.

The SFH response to both letters is detailed in Sections 3 and 4 below.

2. Operational Performance Governance structure at SFH

It was agreed at September Board that oversight of the Timely Care domain would sit with Quality Committee. This is the first time that this domain has sat under a sub-committee of the Board so it might be helpful to describe the governance structure that sits beneath this.



Oversight of elective performance and improvement is though the monthly Planned Care and Cancer Steering Groups. There are operational groups that report into these forums;

- Corporate Referral To Treatment (RTT) Patient Tracking List (PTL)

- Corporate Cancer PTL
- Theatre Improvement and Transformation group
- Outpatient Improvement and Transformation group

Alongside the internal governance, this agenda is covered at ICB forums all of which feed into the ICB Planned Care Board.

- Elective and Outpatients Board
- ICS Cancer Programme Board
- ICS Diagnostics Board

There are also bi-weekly long wait and cancer performance updates and a recently introduced Outpatient Transformation monthly call with the NHSE regional team.

3. Protecting and expanding elective capacity (Letter 2)

This letter reiterates the priorities for 2023/24 and highlights the need to maintain as far as possible ring-fencing of elective and cancer capacity through winter.

It details the next steps on outpatient transformation, national work ongoing with royal colleges to support this, and the need to increase the pace in transforming outpatient services. The letters details three key actions and requires Trusts to provide assurance against a set of activities to support these key actions through a self-certification process.

The three key actions are:

1. Revisit your plan 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 RTT (referral to treatment) rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

Assurance is requested against 11 activities under 4 broad themes – Validation, First Appointments, Outpatient Follow-Ups and Support Required.

These activities have been reviewed, and we are able to demonstrate that we are compliant against 8 of the 11 activities, with further work required to provide full assurance on the remaining 3.

It should be noted that the letter asks for assurance that the Board has signed off a number of reports and plans which have not previously been expected to go to Board, so it is suggested that more detail is provided in future to Quality Committee following the decision to review the Timely Care domain of the IPR at Quality Committee.

This letter requires Trusts to complete a self-certification, and have it signed off by Chairs and Chief Executives by 30 September 2023 – due to the Board dates at SFH, an extension has been agreed with NHSE to allow consideration at this Quality Committee and Trust Board. To support this, further detail of the evidence of compliance or otherwise is provided below and recommendations made for the completion of the self-certification:

3.1 Validation

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.

Pre-covid data relating to PTL validation was not routinely captured. This reporting requirement was only introduced post Covid via the Waiting List Minimum Data Set (PTL data submitted to NHSE to weekly). However, validation of pathways was locally monitored through weekly Corporate and service line PTL meetings.

Pre-covid the specialties and corporate teams would routinely validate to 12 weeks, based on a total PTL size of c26,000 patients and no patients waiting over 52 weeks for treatment. Post-covid the PTL size has grown to over 53,000 patients with no further investment in validation resource which means it has not been possible to maintain this level of validation – currently the corporate team validate to 52 weeks with specialties validating further down the waiting list where possible.

The Corporate Validation team historically have utilised various RTT data quality reports to cleanse the PTL and ensure that the reported information is as accurate as possible. These reports are monitored daily and are used to inform training needs throughout the Trust.

SFH have used the LUNA dashboard to improve RTT data quality and have replicated many of the reports within the suite of data quality reports. Current performance within the LUNA system shows that as a Trust there is 99.40% RTT PTL Confidence Level. There is an internal validation dashboard to ensure oversight of compliance with validation targets which could be developed to create a report for Board.

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. We are developing a range of digital support offers for providers to improve validation.

The growth in the PTL size post-Covid without any additional investment means that SFH does not have sufficient resources to deliver this objective.

SFH have limited access to digital solutions to aid with the validation of all patients waiting over 12 weeks by October 31st which enable one way text messaging, letter or telephone validation. However, significant administrative resource is required to manage the patient responses so this can only be rolled out one specialty at a time. We have used this tool to target our largest specialty backlogs in ENT and Gastroenterology and are rolling out to further specialties.

In September 2023, SFH was awarded funding to support the introduction of DrDoctor as a digital solution with accompanying temporary workforce to increase the pace of validation – we are in discussion with NHSE and NHIS on the technical implementation of this as it had previously been agreed not to implement this tool in mid-Notts.

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.

The Trust Access Booking and Choice Policy has been recently updated in line with the Elective Care Improvement Support Team (Elective Care IST) model access policy and is available on the intranet. This includes clear direction on communication with patients as they progress along their pathway.

There is an Elective Care Training Strategy in place and staff are signed off as competent upon completion of training. Trust wide RTT training packages are offered on-line, face to face, on Teams, in groups and individually.

The Corporate Planned Care team endeavour to establish themes for training needs through maintenance of the daily RTT data quality reports and feed back to users and line managers where learning is required.

The Board 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 verbal report of the number of ASI (appointment slot issues), patients awaiting a new appointment on the PTL, and overdue reviews (patients with a planned review date yet to be booked in) was presented to the Patient Safety Group in April and May 2023 by the Deputy Medical Director.

Specialties are encouraged to submit risk assessments for any non RTT backlogs, including mitigating actions to manage patient safety, which are reviewed at Risk Committee, and to report any incidences of harm caused by delays on DATIX.
These metrics are also monitored via the Planned Care Steering Group (PCSG), Divisional Performance Reviews, weekly PTL meetings and the Outpatient Transformation and Improvement Programme meeting.

High wait and volume speciality recovery plans are in progress and a paper on trust wide actions is being presented to Planned Care Steering Group on 3rd November 2023. Industrial action is a risk to the recovery due to the volumes of cancellations in outpatients.

3.2 First Appointments

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.

The Board signed off the 65 week trajectory to achieve zero 65 week waits as part of the annual plan, and we are working towards the ambition that no patient will be waiting for a first outpatient appointment after the end of October. This trajectory is on track for the majority of specialties, however there remain risks in ENT, Cardiology and Gastroenterology, which are being closely managed.

- **ENT** have been providing mutual aid to deliver reduce 78 week waits across the ICS, however, this has had an adverse impact on the SFH 65 week wait position. In addition, there have been a significant increase in the volume of out of area referrals into ENT from Lincolnshire specifically to Newark due to the long waits in the Lincolnshire ICB. Work is underway to contact the patients assigned to Newark to offer opportunity to be seen at Kingsmill with 60% of the patients in the ENT 65 week wait cohort willing to attend their appointment at Kingsmill.
- **Gastroenterology** – significant numbers of patients awaiting outpatient appointment and follow up. This is due to consultant vacancies previously being at 33%. Schemes have been funded via the Elective Recovery Fund to increase the number of locums and secure insourcing from October.
- **Cardiology** - are the most challenged service from a non-admitted perspective this is due to delays in cardiology diagnostics (CT cardiac and Echocardiography). The implementation of a referral assessment service (RAS) ensures that patients are triaged and sent direct to test rather than attending an appointment. Insourcing schemes have been approved to provide additional capacity, and as of w/c 25 September, SFH has been allocated additional funding for accelerated CDC capacity for Echos.

Risks to delivery include ongoing industrial action where outpatient activity is significantly impacted and the interplay between urgent suspected cancer referrals and routine.

The Board 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

The independent sector providers in Nottinghamshire are utilised to support recovery plans for the admitted cohort. This is for orthopaedic, urology and general surgical pathways and averages around 55 cases per month. Volumes are limited by complexity and price – many of the cases that would be suitable for the IS can be accommodated within available capacity at Newark Hospital. This will continue to support reduction in waits to <65 weeks.

Several specialities have successfully insourced services to improve waits, including Rheumatology non-admitted pathways, Cardiology diagnostics and plans are in place for Gastroenterology to commence in October 2023.

Work is ongoing across the Nottinghamshire ICS and with providers elsewhere who require support to offer and receive mutual aid where applicable; this has been managed outside of the DMAS solution, but access is in place should this be required.

3.3 Outpatient follow-ups

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.

The ICB submitted a non-compliant plan for follow up reduction for 2023/2024 – this was underpinned by non-compliant plans at both NUH and SFH. This was due to the volume of patients with overdue reviews (patients who have a planned review date which has not been met) who will need to be seen before any reduction in outpatient can be delivered. As of August-23 SFH delivered 0.6% (584 follow up appointments) over the non-compliant plan, this is mixed at speciality level with work required to understand variation to plan and next steps.

Recovery plans are underway with specialities with the highest volumes of overdue reviews to reduce these. Including;

- Contacting patients to check they still require their appointment (administrative validation)
- Ensure PIFU (patient initiated follow up) is embedded within specialities to better manage follow ups and in turn appropriately reduce the volume of patients being brought back for a follow up when not required.
- A full review of the booking rules across the organisation for specialities where follow up ratios could be reduced (those without high overdue review numbers).

The work programme required to deliver a reduction in follow-ups is embedded within Outpatient Transformation and Improvement programme of work which reports to Planned Care Steering Group.

This metric is reported to Board in the Integrated Performance Report.

The Board has reviewed plans to increase use of PIFU to 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.

Patient Initiated Follow Up (PIFU) is a key to reduce the number of follow-up pathways and to allow for a more personalised care experience for patients. SFH deliver over the

5% target for PIFU. This is a performance metric covered on the trusts IPR and at planned care steering group with the work programme for further opportunity being progressed through the Outpatient Transformation and Improvement group.

PIFU has been implemented in breast, prostate, colorectal, endometrial and lymphoma cancer pathways.

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.

DNA (Did not attend) metrics are reviewed at planned care steering group with the work programme for further opportunity being progressed through the Outpatient Transformation and Improvement group. The SFH DNA rate is currently running at 7.3%. Until June 2023 SFH benchmarked in the lower quartile for DNAs however this position has deteriorated during industrial action as the text messaging reminder service has had to be switched off for long periods so as not to cause patients to receive conflicting messages.

This is an area of focus for the Outpatient Transformation and Improvement Group – our systems are not currently capable of two way text communication with patients and we are reviewing options for the future. Patient representation at this group is under consideration. The Access Policy does states that patients should be clinically reviewed after multiple DNAs however it is ultimately a clinical decision to remove a patient from the PTL.

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 min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking 6 data (via the Model Health System and data packs) to identify further areas for opportunity.

Specialist Advice (previously Advice and Guidance) provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity. SFH continue to exceed this target (27 per 100 referrals in August 2023), this is reported to Board via the quarterly IPR. The OPRT (Outpatient recovery and transformation programme), GIRFT checklists and national benchmarking will underpin the programme of work within the Outpatient Transformation and Improvement Group. The increase of specialist advice to support elective recovery can only be supported through appropriate time allocated to delivery through job planning and allocation of alternative resource to manage the volume – the allocation of dedicated PAs in job plans to Specialist Advice has been implemented in some, but not all, specialties.

The Board 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.

SFH have several transformation priorities to maximise clinical value and minimise unnecessary attendances for patients including the following but not limited to;

- One-stop clinics in place across several specialities, ophthalmology have a longstanding clinic in place for cataracts.
- Increased use of RAS (Referral assessment service) to minimise the number of times patients visits the hospital. Cardiology and Gastroenterology patients are triaged and sent for diagnostic test before they have their first outpatient appointment.
- Preoperative pathways - telephone assessments utilised to assess level of pre op required to prevent unnecessary appointments. Slots are available for patients who are consented for surgery in an outpatient clinic to have their initial pre op assessment on the same day.
- Virtual review of patients awaiting reports and communicating with the patient via telephone and discharge if no further clinical input required.

4. Elective Care 2023/24 Priorities (Letter 1)

This letter sets out the priorities, oversight and support for 2023/2024. It also recognises the progress on reduction of long waiting patients across cancer and elective care.

The key priorities for the year ahead include excellence in basics, performance and long waits, outpatients, cancer pathway redesign, activity, and choice. The letter also states how elective service recovery is inclusive and equitable with key points relating to health inequalities, children and young people and recovery of any specialised services at an equitable rate to less complex, high-volume services.

It included a board checklist which Boards are asked to review. Our progress against this is included at Appendix 1 – Elective Priorities Checklist. Our self-assessment suggests that of the 22 assurance statements, SFH is compliant with 13 (green), with 7 requiring further attention (amber) and 1 non-compliant (red).

The non-compliant statement relates to the plan to deliver a 25% reduction in follow ups in line with national planning guidance – SFH will not achieve this and as part of the ICS, submitted a non-compliant plan at the start of the year. Further detail has already been provided in Section 3.3.

There are 7 statements which require further attention, the key statements are:

Has any patient waiting over 26 weeks has been validated in the last 12 weeks?

- Due to the increase in PTL size and no investment in the validation team this is covered in more detail in Section 3.1.

Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?

- Further work is required with the ICB for system level health inequality oversight,

Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?

- Plans are underway to reduce the CYP elective waiting lists and Planned Care Steering Group now have oversight of the relevant data to support with improvement and recovery.

All the statements and SFH position on them have been described in more detail in the table in Appendix 2.

5. Conclusion

Prior to receiving the 2nd letter these reports and plans have not previously been expected to go to Board, so it is suggested that more detail is provided in future to Quality Committee following the decision to review the Timely Care domain of the IPR at Quality Committee.

Following the request from NHSE for assurance Quality Committee are asked to review the information presented in the report above and agree support the recommendations in the self-certification of assurance on behalf of the Board in Appendix 1.

Appendix 1 – Protecting and Expanding Elective Capacity Board Assurance

	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.	**Assured** **Limited assurance** **Assured** **Limited assurance**
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	**Limited assurance** **Assured**

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 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. 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. 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 6 data (via the Model Health System and data packs) to identify further areas for opportunity. 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.	 **Assured** **Assured** **Assured** **Assured** **Assured**
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):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Appendix 2 – Elective Priorities Checklist

Planned Care Steering Group

September 2023

Elective Priorities 2023.24: SFH position

In May 2023 NHS England issue a letter outlining the elective care priorities for 2023/24. Within that letter a board checklist was provided with a series of assurance statements regarding excellence in basics; performance and long waits; outpatients; cancer pathway redesign; activity; choice and inclusive recovery. This papers summaries Sherwood Forest's position against those assurance statements.

Red	Non-compliant
Amber	Further work required
Green	Compliant

No.	Assurance Statement	SFH update/position	
1	Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?	As of 14/09/2023 6335 of the 54,361 (11.6% of the overall waiting list) patients on the Patient Tracking List (PTL) were over 26 weeks wait and currently unvalidated within the last 12 weeks. The increase in total PTL size post pandemic (approx. 50% increase since 19/20) has not been matched by an increased validation resource. A review of the central validation team and validation requirements is underway to establish what resource is required to support this increased workload and any digital solutions that could be used as an alternative. The 'Date of Last PAS validation' is routinely recorded within the Waiting List Minimum Data Set return.	Amber
2	Are referrals for any Evidence Based Interventions still being made to the waiting list?	Evidence Based Interventions (EBI) are procedures and treatments which are clinically deemed unnecessary and so the NHS only offers interventions that are evidence based and appropriate. Referrals for EBI continue to be added the waiting list.	Green

		If referred from GP for EBI procedure and the patient meets a set criteria approval is given. If secondary care decision approval is sought before treatment and if the patient meets set criteria.	
3	Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?	SFH no longer has any patients waiting over 104 weeks having met the 2022 target and continue to not have any since. SFH are continuing to have low number of 78 week waits at month end (3 in August), exceptions being where support is being given to the System to deliver 78W target through Mutual Aid and where there are specific diagnostic challenges in cardiology. This is reported through the quarterly IPR, the monthly Planned Care Steering Group (PCSG) and a weekly Integrated Care Board and NHSE meeting to discuss long waiting performance and Cancer performance.	Green
4	Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?	The Trust set ambitious trajectories to meet the target of zero patients waiting over 65 weeks by March 2024, delivery against plan continues and remain on track to achieve this ambition. The within this target all patients in the 65-week cohort (any patient who could breach 65 weeks by March 2023) must have had their first outpatient appointment by 31st October 2023, with Cardiology and Gastroenterology being the only specialities not on track to deliver.	Green
5	Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	The ICB submitted a non-compliant plan for follow up reduction for 2023/2024. This was due to the volume of patients with overdue reviews (patients who have a planned review date which has not been met). As of August-23 SFH delivered 0.6% (584 follow up appointments) over the non-compliant plan, this is mixed at speciality level with work required to understand variation to plan and next steps. Plans are underway with specialities with the highest volumes of overdue reviews to reduce these. Including contacting the patients to check they still require their appointment and to ensure PIFU (patient initiated follow up) is embedded within specialities to better manage follow ups and in turn appropriately reduce the volume of patients being brought back for a follow up when not required.	Red

		This is embedded within the outpatient improvement and transformation programme of work.	
6	Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	Monitoring and tracking of pathway points is in place through corporate PTL meetings for RTT, cancer and diagnostics. Patient pathways are validated centrally and tracked divisionally where patients awaiting appointment bookings are highlighted and prioritised clinically and by length of wait. Several specialties (including cardiology, gastroenterology gynaecology, orthopaedics) have also implemented a referral assessment service (RAS) to ensure patient pathways are streamlined by triaging the patient and deciding whether an appointment or sending for a diagnostic test is appropriate.	Green
7	Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	FIT testing fully implemented, in April 2023, 555 patients were referred in to the LGI pathway with a FIT result available. 321 patients were referred in without a FIT result available. 191 patients had a FIT result of <10 and 110 of these went on to have a colonoscopy. Agreement is place with the ICB to 'reject' referrals without FIT.	Green
8	Where is the trust against full roll-out of teledermatology?	An agreed approach to implement teledermatology and straight to test is developed. Approval has been received to proceed with Cancer Alliance funding with a current plan to be in place from Q4.	Green
9	Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	In April 2023, 50% of patients met the Best Practice Timed Pathways (BPTP) for mpMRI (scan for diagnosing prostate cancer). 0% of patients met the BPTP for biopsy. Data Shows an average of 41 days from Referral to Biopsy and an average of 10 days from referral to mpMRI.	Amber

		Working towards achievement of BPTP for prostate along with work within the service to achieve Cancer Waiting Times (CWT), that BPTP sits outside of. The pathway is mapped and performance against this monitored but do not yet have an operationally deliverable BPTP patient prostate pathway.	
10	Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	Yes, through corporate cancer PTL, diagnostic PTL and modality SOPs for management of urgent suspected cancer patients. Monitoring of this via diagnostics PTL requires further development and capacity challenges persist due to various factors including inpatient volume, reporting capacity, patient choice and service down time. At SFH the Faster Diagnostic Standard (FDS), for the patient to be told whether they have cancer or not within 28 days, is a standard achieved consistently.	Green
11	Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?	Within the Community Diagnostic Centre (CDC) development, work is underway to embed cancer pathway appropriately within core diagnostics modalities and beyond. Ongoing work in place confirming the specific pathways through the CDC but looking to maximise all opportunities to influence FDS performance.	Green
12	How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics?	The trust benchmarks well on 10-day turnaround from referral to test the average is between 3 and 4 days, with no tumour sites over 8 days. Breast, gynaecology, and testicular resections see the longest turnaround (5-7 days). This is due to the resections requiring theatre capacity which is has reduced options for capacity. Diagnostic modalities attend weekly corporate cancer PTL and Diagnostics PTL is currently undergoing a revised to strengthen terms of reference which will include 2ww test turnaround but not reporting. Work is underway to review 10-day turnaround and identify potential trajectory and action plan for improvement. As an organisation SFH do not have access to the stats package within LIMS which restricts	Green

		how sophisticated and timely the data is but a monthly retrospective report will be made available routinely from the Information Team.	
13	Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery? Are patients supported to optimise their health where they are not yet fit for surgery? Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met? 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery.	Since the COVID-19 pandemic routine screening for Inpatient (admitted) waiting list to highlight any patients who may require intervention whilst waiting for surgery. This includes both Hypertension and HbA1c screening. Identifying patients potentially needing STOPBANG (Sleep) Referrals preoperatively (STOPBANG is the assessment used to screen for obstructive sleep apnoea). 1. Patients are screened for potential lifestyle intervention and support for smoking cessation, weight loss, alcohol intake, and mobility. With patient consent referral can be made to community support services to ensure patients are 'waiting well' 2. A 'Health Navigator' working within the pre-operative team supports patients requiring more detailed pre-operative plans who can take referrals for patients at any point on their pathway. Wherever possible conducting pre-op assessments as close to the DTA date as possible (ideally on their clinic date) 3. Contact has been made to patients on the elective waiting list for surgery by letter on several occasions and now have a texting system enabling contact to be made with patients on a 3-month basis. We are working with a supplier to improve digital access to patients to support this process. 4. Patients are seen preoperatively before their TCI date is offered. 5. Shared decision-making conversations are encouraged with surgical patients and have anaesthetic support where risk vs benefit SDM decisions need to be made. Best Interest Meetings are also facilitated where required as early in the pathway as possible to ensure the right decisions are being made for the patient.	Green

	5. Patients must be involved in shared decision-making conversations		
14	Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?	In August 2023 elective theatre in-session utilisation was at 83%. The Day case rate was 85%. There is a theatre transformation programme in place which reports to Planned Care Steering Group, this covers flow (how to make the best of the space and time available) and effective teams (supporting the teams with culture change to support flow).	Green
15	Is full use being made of protected capacity in Elective Surgical Hubs?	The planned launch date for the Newark TIF theatre is 30th October. The timetable in place allows for capacity to catch up with lost activity whilst wating for the theatre to open. Update to be provided through Trust Management Team Meeting.	Amber
16	Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?	Data from regional diagnostics board shows that SFH perform well on CT, MRI and Endoscopy standards; CT – 3.9 scans per hour (target 3+ per hour) MRI – 2.9 scans per hour (target 2+ per hour) Endoscopy – 81 points per week (target 80+ per week) Echo and US benchmarking is not currently available. A diagnostics group is under development to ensure the utilisation standards are covered with performance and recovery plans.	Green
17	Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op	CDC accelerated activity in due to commence in October 2023 across MRI, phlebotomy. Ultrasound activity will commence following further estates works. The CDC will run 12hrs a day 5 days per week, due to open March 25. Ongoing work on reducing DNA's forms the outpatient improvement programme, Elective Surgical hub patients will have opportunity to utilise the CDC and other sites depending where is the easiest to access. The CDC	Amber

	tests where this offers the fastest route for those patients??	accessible to any patients where this is the best location for them to receive pre and post op tests.	
18	Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?	SFH continues to work with NUH supporting ENT backlogs, specifically Head and Neck non admitted patients and Rhinology where possible. Previously supported UHL and will continue to do so if required and able to DMAS (Digital Mutual Aid System) is a system to enable trusts to request support from other organisations outside of the region, SFH are DMAS registered but have not yet required to request support and currently take mutual aid from in region.	Green
19	Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?	Independent sector arrangements are reviewed annually as part of the planning processes. Sub-contracting arrangements to commence from end of September so the activity is counted in the trust.	Amber
20	Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care	We have low numbers of elective specialised services, chemotherapy forms most of the volume, however most of the activity is delivered on behalf of NUH.	N/A
21	Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?	Alongside the work being embedded to support patients on the waiting lists who have specific needs and vulnerabilities, there is a system to enable the Trust to disaggregate the elective waiting list by vulnerable characteristics such as learning disability, ethnicity, age, gender and by social deprivation score.	Amber

22	Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	Planned Care Steering Group has a performance report and actions specifically to address the waits for Children and Young People (CYP). This includes PIFU which is already rolled out within the speciality and plans to use the text service to focus reduction of overdue reviews where the greatest clinical risk is. This applies with diagnostics where development and plans are needed for MRI paediatric sedation beds and paediatric sleep studies.	Amber

Appendix 3 – Glossary

Acronym / Term	Explanation
104w and 78w	Referral to Treatment (RTT) waits exceeding 104 weeks (2 years) and 78 weeks (1.5 years), respectively.
65-week 'cohort'	Patients who, if not treated by a certain date, will have exceeded a waiting period of 65 weeks for outpatient appointments.
Action On Outpatient Series	A series of actions or initiatives related to outpatient care
ASI (Appointment Slot Issue)	Issues related to available appointment slots for patients.
Cancer Alliance	A collaborative network of healthcare providers and organisations focused on cancer care and treatment.
Central Validation Team	A team responsible for validating patient pathways centrally.
Data Quality (DQ) Reports	Reports that assess and monitor the quality of data, ensuring it meets certain standards.
DMAS (Digital Mutual Aid System)	A digital system or platform used for coordinating and sharing resources within the healthcare system.
DNAs (Did Not Attend)	Did Not Attend, referring to patients who miss their scheduled appointments without cancelling or notifying the healthcare provider.
DPR (Divisional Performance Reviews)	Reviews that assess the performance of different divisions or departments within an organisation.
DrDoctor	A digital partner or solution used in healthcare settings.
GIRFT	Getting It Right First Time - a program designed to improve clinical quality and efficiency
Health Inequalities	Differences in health status or access to healthcare services among different populations or groups of people.
ICB (Integrated Care Board)	A body responsible for planning and delivering integrated health and social care services.
Independent Sector	Non-NHS healthcare providers, such as private hospitals, that may be used to support NHS services.
Industrial Action	Actions taken by employees, such as strikes, to protest labour-related issues or seek better working conditions.
Insourcing	Bringing services or functions back in-house that were previously outsourced to external providers.

Local Access Policies	Rules or guidelines specific to a particular healthcare facility or region regarding patient access to care.
LUNA	A data system or tool used for quality control and validation of healthcare data.
Model Health System	A framework or model for organising and managing healthcare services.
Mutual Aid	Collaboration and support among healthcare organisations to manage patient waits.
NHSapp	The official mobile app for the National Health Service in England, providing access to healthcare information and services.
Non-compliant Plan	A plan that does not meet the established standards or targets.
One-stop Clinics	Healthcare clinics where patients receive multiple services or assessments in a single visit.
Operational Performance	The measurement and assessment of how efficiently and effectively healthcare services are delivered.
OPFU	Outpatient Follow Up
OPRT (Outpatient Recovery and Transformation Programme)	A program focused on improving outpatient services and recovery.
PAS	Patient Administration System, a system for managing patient records and appointments.
PCSG (Planned Care Steering Group)	A group responsible for planning and overseeing planned care services.
PIFU (Patient Initiated Follow Up)	A method where patients initiate follow-up appointments themselves.
PTL (Patient Tracking List)	A list that tracks patients awaiting treatment or appointments.
Referral Assessment Service (RAS)	A service that assesses patient referrals and determines whether an appointment or sending for a diagnostic test is appropriate.
RTT (Referral to Treatment)	A pathway that tracks patients from referral to treatment.
Specialised Services	Healthcare services that require advanced expertise and resources, often for complex or rare conditions.
Specialist Advice	Expert medical advice provided by specialised clinicians to guide patient care and treatment decisions.
Trust Access Booking and Choice Policy	A policy that outlines how patients can access healthcare services and make choices about their care.

TTG-Compliant Plan	A plan compliant with "Time To Go" standards, indicating an approach for reducing follow-up appointments.
Validation	The process of ensuring data accuracy and correctness, especially in the context of patient records and information.
Waiting List Minimum Data Set	A dataset used to record and manage patient waiting times and data related to waiting lists.