

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11 SEPTEMBER 2023

PROGRESS AGAINST TARGETS FOR THE ELECTIVE RECOVERY PROGRAMME AND FUTURE PLANS

Summary

1. The Health Overview and Scrutiny Committee has requested an update on progress against targets for the Elective Recovery Programme and future plans, following an earlier overview of the programme in March 2023.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) and Worcestershire Acute Hospitals NHS Trust (WAHT) have been invited to the meeting to respond to any questions the Committee may have.

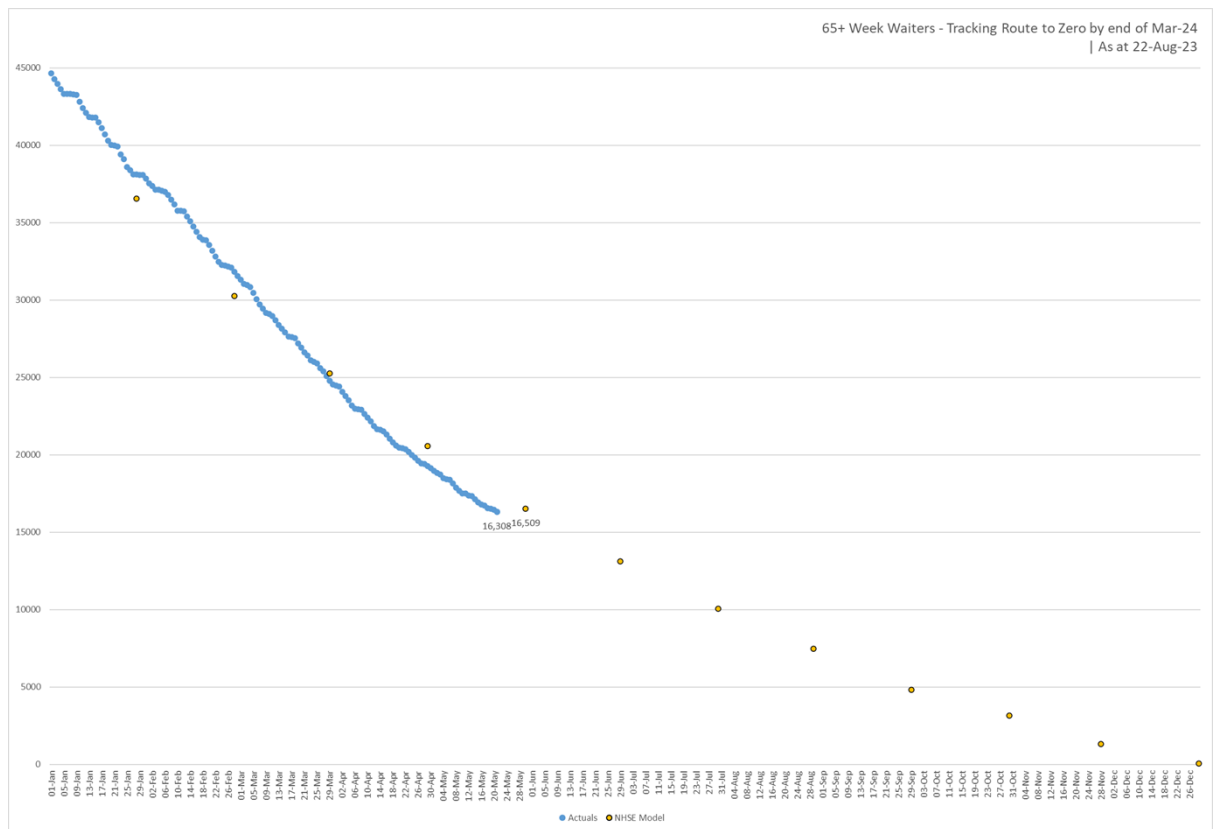
Background

3. Elective recovery is the process of working to eliminate long wait times for elective care. This includes hospital appointments, investigations and treatments.
4. NHS England published an elective recovery plan in February 2022 seeking to tackle the long waiting times for elective care, reducing the backlog of patients waiting for diagnostics and treatments over a three-year period.
5. The plan outlined increases to capacity and service transformation as well as giving patients greater control over their own health and offering choice of where they can access care.
6. The Committee has previously been briefed about the Elective Recovery Programme for Worcestershire at its 13 March 2023 meeting, following which a further update on performance against targets and future plans was requested.
7. The plan set out a number of ambitions for elective recovery of which HWICB and WAHT are currently working to deliver on the following:
 - Waits of over 18 months/78 weeks to be eliminated by March 2023
 - Waits of over 15 months/65 weeks to be eliminated by March 2024
 - Waits of over 12 months/52 weeks to be eliminated by March 2025
8. Across Worcestershire, since the March programme update, delivery of elective recovery has continued to focus on a) increasing capacity, b) productivity and transformation, and c) information for patients.
9. Delivery of elective recovery continues to be overseen weekly through an Integrated Care System (ICS) Operational Group with Chief Operating Officers and Chief Medical Officers, focusing on the sustainability of services across the system, and through the ICS Elective, Cancer and Diagnostic Board, as well as

strategic and operational oversight at Trust level within Worcestershire Acute Hospitals Trust.

10. Worcestershire has continued to be in Tier 1 for elective care, meaning it is also subject to weekly regional/national support and scrutiny. Recent focus has been on reducing waits of over 78 weeks to zero and tracking progress of delivery in elimination of 65 week waits.
11. Despite not achieving the national ambition, there has been continuous improvement in the number of patients waiting longer than 78 weeks, with a reduction from 316 in March to 41 in July. Targeted work continues in challenged specialties.
12. Significant progress has been made in reducing 65 week waits, however there is still a way to go to ensure this is delivered by March 2024. The following graph demonstrates the reduction in the number of patients waiting over 65 weeks since January 2023.

Worcestershire Acute Hospitals Trust at-risk of 65ww



13. There is increased national focus on providing patient choice in relation to elective care. System partners are currently working through the detail of this but ultimately this provides patients with better choice in relation to where they access care and treatment, within and outside of the local system.
14. Transforming outpatient services means changing how outpatient services are delivered so that patients can be seen more quickly and can access and interact with NHS services in a way that better suits their lives.

15. This has been a key focus across Herefordshire and Worcestershire for some time, and there is increasing national focus on this in supporting elective recovery.
16. Locally, WAHT has established a team dedicated to outpatient transformation to reduce waiting times and improve patient experience. Initiatives include establishing referral pathways (enabling patients to be referred to the right place, first time), reducing DNAs (Did Not Attend) with reminder messages, group consultations/events, reviewing opportunity to embed one-stop clinics, offering patients the choice of managing their own follow up appointments and reviewing benchmark information / sharing best practice and learning from other providers.

Progress

17. WAHT is currently on track to meet the elimination of 65 week waits by the end of March 2024. Targeted work is taking place to ensure that all of these patients receive their first outpatient appointment by the end of October 2023 in line with the national ambition.
18. Increased insourcing has increased elective capacity within some services. This is in addition to extra activity delivered by Trust staff.
19. Mutual aid support across the ICS is routinely being explored where there are capacity challenges.
20. Developments in personalised care (which means people having more choice and control over the way their care is planned and delivered) include:
 - Implementation of a video library to support patient self-management.
 - Regular shared decision-making training being made available for Trust staff to ensure patients are actively involved in decisions about their care and treatment.
 - To further facilitate shared decision making, health literacy champions are being recruited across the system and a healthy literacy policy is being developed to support the writing of health information.
 - The Trust is planning to audit shared decision making across each directorate using a tool called CollaboRATE.

Challenges

21. Workforce challenges are ongoing however partners are actively exploring new ways of delivering services to ensure sustainability of services.
22. Industrial action is having a significant impact on recovery plans due to the cancellation of some elective appointments when there are strikes. WAHT seeks to minimise impact by planning additional activity, but this remains a key challenge to elective recovery.
23. There are a number of vulnerable services in Worcestershire, (e.g. dermatology), where more significant service redesign is underway to ensure sustainability of

services. This is overseen weekly by the Chief Medical Officers and Chief Operating Officers across the system.

Purpose of the Meeting

24. The HOSC is asked to:

- consider and comment on the information provided; and
- determine whether any further information or scrutiny on a particular topic is required.

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- [Agenda and Minutes for the Health Overview and Scrutiny Committee on 13 March 2023](#)

All agendas and minutes are available on the Council's website here.