

**Reference** FOI2021/448

Number:

From: Private Individual

Date: 25 January 2022

Subject: Non-Urgent Waitlist and plans

Q1 Please can I ask for the number of people currently waiting for non-urgent hospital treatment

treatmer

A1 1034

Q2 The latest copy of the plan to tackle this waiting list (this could be a project plan in gantt chart format or product flow format or it could be an OGIM type document (Objectives, Goals, Initiatives, Metrics)

Q3 The latest copy of an internal document describing progress against plan to tackle this waiting list

A2- Please see the attached document – FOI2021448 Operational Recovery Planning

**A3** 



# 2021/22 Operational Recovery

January 2022

Jonathan Mathews. Chief Operating Officer

30/10/20

### 52 & 104 Week Planning

52 Week	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	138	131	122	108	88	74	55	30	8	3	0	0
Actual	121	103	107	96	85	72	54	45	62			
Variance	-17	-28	-15	-12	-3	-2	-1	+15	+54			

104 Week	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Actual	0	0	0	0	0	0	0	0	3			
Variance	0	0	0	0	0	0	0	0	-3			

#### **Key pressure points:**

<sup>\*</sup>Surgery Trajectory significantly impacted by urgent demand with Omicron impacting staffing for Q4

<sup>\*</sup>LAAO, EP & Aortic Surgery main sub specialty pressures (based on clinical prioritisation)

<sup>\*</sup>All 52 week breaches have a completed harm review & are prioritised where possible

<sup>\*</sup>All 104 week patients are rereviewed

### 18 Week Trajectory

- Divisional trajectories submitted for 21/22
- Further review and modelling has been undertaken and the below Trust position has been created

18 Weeks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	952	863	879	844	804	772	740	700	668	628	596	564
Actual	869	839	829	877	799	777	791	675	697			
Variance	-83	-24	-50	+33	-5	+5	+51	-25	+29			

#### **Key pressure points:**

\*Non admitted validation has been impacted by sickness and redeployment of resources to COVID support

## Risks, Constraints & Mitigations

Risks	LHCH constraints	Mitigations/Actions	RAG
Staffing	<ul> <li>Short term sickness</li> <li>Long term gaps- national shortages (ODP/Radiographers)</li> <li>Staff morale/resilience</li> </ul>	<ul> <li>Command &amp; control structure in place (Bronze, Silver &amp; Gold) to review levels of sickness within the Trust</li> <li>Recruitment and retention strategy being developed led by Director of HR</li> <li>Divisional actions in place for key workforce areas (on the risk register)</li> <li>Health &amp; wellbeing team in place to support staff</li> </ul>	
Non Elective Demand & Bed Capacity	<ul><li>ACS &amp; urgent surgery demand</li><li>P2 numbers</li><li>Surgical pathway</li><li>COVID + area segregation</li></ul>	<ul> <li>Winter escalation protocol in place</li> <li>Tactical command meetings utilised at peak occupancy (in line with bed meetings)</li> <li>P2 position reviewed weekly and listings flexed accordingly</li> <li>Ward Red/Amber/Green pathways managed in line with infection prevention measures</li> </ul>	
Sub specialty case mix	<ul><li>ACHD &amp; Aortic Surgery</li><li>EP &amp; LAAO</li></ul>	<ul> <li>Divisional trajectories in place</li> <li>Reviewed in performance meetings</li> <li>Clinical validation/harm reviews completed in line with national guidance</li> </ul>	
Information capture/availability	<ul><li>PAS functionality</li><li>EMIS system integration</li></ul>	<ul> <li>SAFER pathway management group in place to review internal systems &amp; processes</li> <li>BI partners involved in weekly performance</li> <li>Senior BI lead in place for weekly/monthly returns (signed of by Senior Ops team)</li> </ul>	

#### Governance

- Weekly Performance Pack & Meeting (Chaired & reviewed by COO)
- Monthly Finance & Performance Meeting (with Divisional leads, DOF & COO)
- Integrated Performance Committee (Exec & Non Exec review of Performance Trajectories)

Command & Control Structure in place within the Trust (chaired by CEO)