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Health and Care Partnership

Kirklees Scrutiny Committee

9th October 2024

Demand and recovery of planned care services across Kirklees
Intelligence Pack

Questions raised and addressed

To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:

- Receiving updated data on waiting list times by services under pressure and to assess progress against data received by the Panel previously to include:
- An update on diagnostic waiting times.
- An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer.
- Review of cancelled elective/ planned procedures.
- Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog.



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Challenges & Risks

Demand & capacity challenges

For surgery there are ongoing challenges within Ophthalmology (specifically Glaucoma) and ENT (including Head and Neck) although recently we have had some success appointing into some of the gaps. We are currently using independent sector insourcing capacity to support ENT with its significant backlog of ASIs (>5k).

For Gynaecology, where there are a high number of ASIs, we have used super clinics and new consultants are joining the specialty later in 2024. Within medicine Neurology continue to work with the independent sector for additional clinic capacity and referral triage. Working relations have further developed with Leeds Teaching Hospitals with permanent consultants at Leeds in reaching providing both outpatient and inpatient services at CHFT. Further plans are in place to recruitment to joint consultant posts. Dermatology remains in a challenging position regarding workforce and are reliant on support from the independent sector. The specialty have had some success in specialty doctor appointments with a plan to develop appointees into consultants as a long-term approach to addressing the struggle to recruit to consultant positions. Other areas of focus for elective recovery are Rheumatology, Cardiology and Gastroenterology where recovery is being managed in house supported by CHFT clinicians.

Theatres

Recruitment and retention is healthy within theatres. Theatre activity YTD in 24/25 is above plan and is supporting the trust deliver its elective recovery. The trust has introduced some flexible theatre PAs in some job plans which helped support greater throughput in theatres. Issues to note within theatres include a (national) shortage of ODPs and high levels of sickness.

Urgent and cancer cases

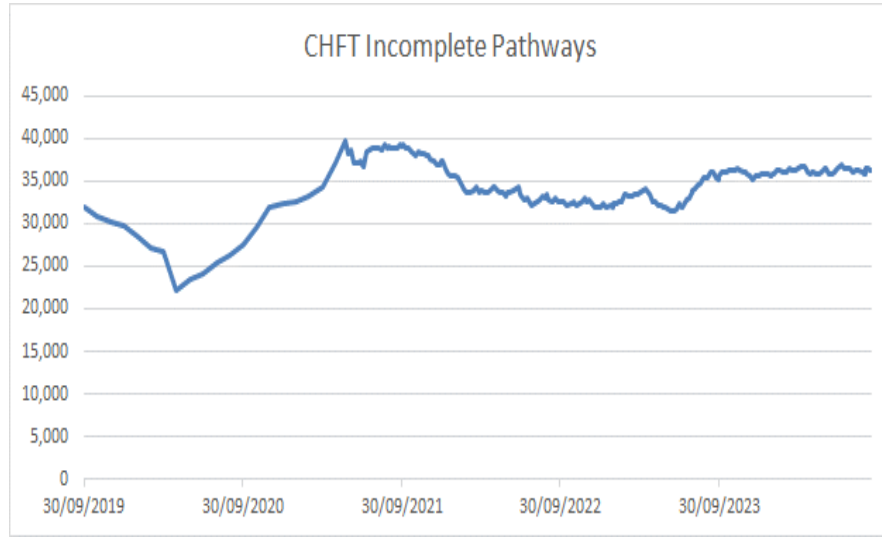
The Trust continues to consider clinical priority, length of wait and any elements contributing to health inequalities in its recovery. Cancer referrals continue to be high, but we continue to offset this by converting routine slots to urgent 2 week wait appts, as needed. Theatre lists are prioritised for cancer patients, where staffing is available to carry out procedures. This can impact on other specialities where extra lists need to be made available.

Demand – cancer and routine

The Trust continues to receive high demand for cancer Urgent and suspected cancer referrals at present we are meeting all National Targets and standards.

Routine referrals overall have not returned to pre-pandemic levels for all specialties, where possible pre referral support packages are being developed by commissioners to support Primary care colleagues to support patients in General Practice and ensure that all referrals require secondary care input.

Specialty Performance (Aug 24)



There are 35,216 patients on an incomplete waiting list at CHFT, with 69.7% waiting within 18 Weeks.

General Surgery, Gynaecology, Trauma & Orthopaedics and ENT being the 4 specialties with the highest volume of patients waiting.

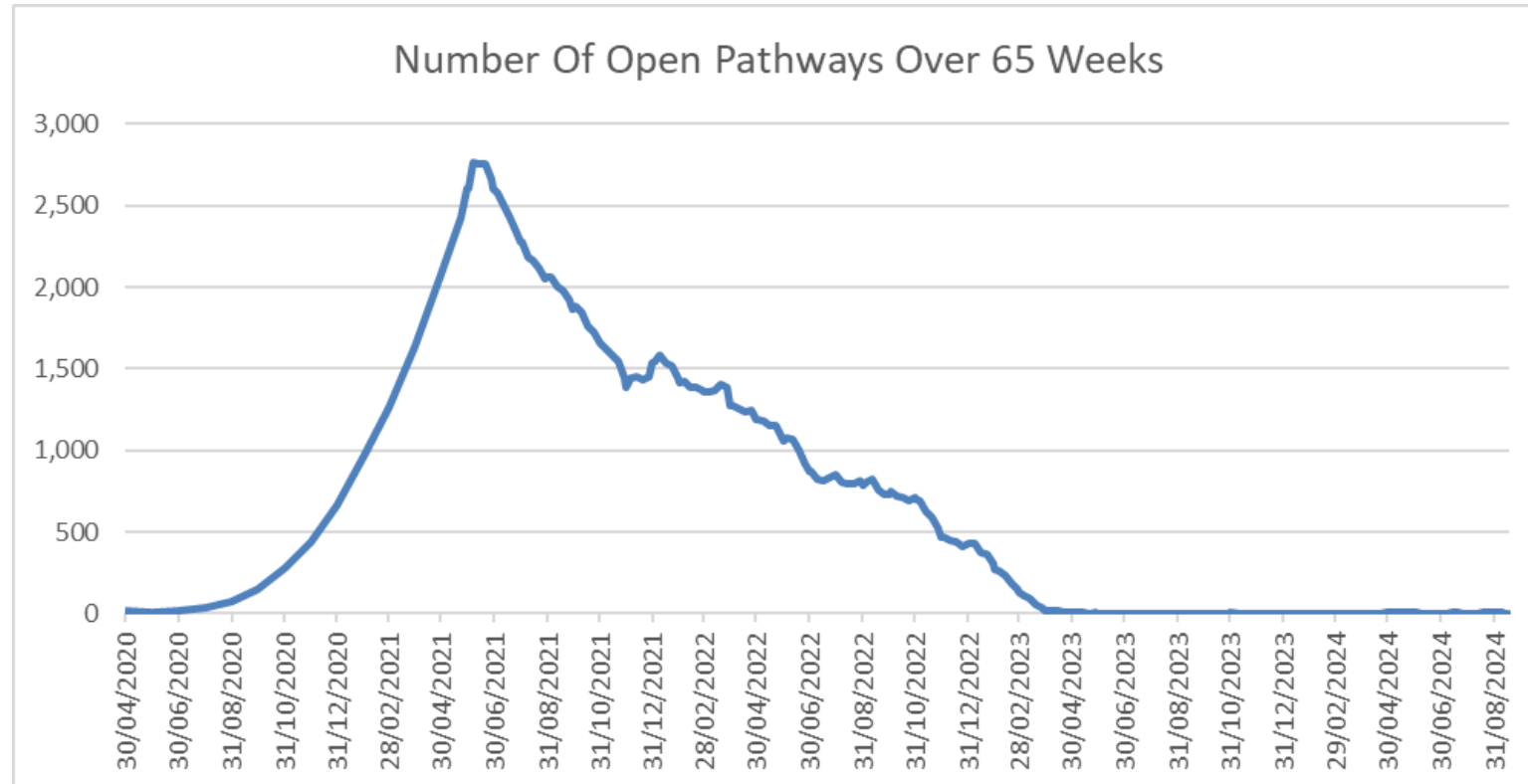
38 patients have been waiting in excess of 52 weeks.

Treatment Function	% <18 Weeks	< 18 Weeks	18 Weeks +	> 52 Weeks
Cardiology	72.8%	1312	489	1
Dermatology	82.6%	1066	225	2
Ear Nose & Throat	47.2%	2848	3180	24
Elderly Medicine	77.4%	113	33	0
Gastroenterology	79.3%	1589	416	0
General Internal Medicine	65.2%	15	8	0
General Surgery	74.0%	3838	1347	3
Gynaecology	65.5%	2036	1073	1
Neurology	70.8%	828	342	0
Ophthalmology	89.6%	1956	227	1
Oral Surgery	58.6%	971	687	3
Plastic Surgery	59.1%	456	316	1
Respiratory Medicine	77.1%	669	199	0
Rheumatology	75.0%	776	258	0
Trauma & Orthopaedics	74.6%	2307	784	1
Urology	68.9%	1369	617	0
Other - Medical	76.8%	975	294	1
Other - Other	92.2%	166	14	0
Other - Paediatrics	89.0%	920	114	0
Other - Surgical	91.9%	352	31	0
Total	69.7%	24562	10654	38

Eliminating 65-week waits



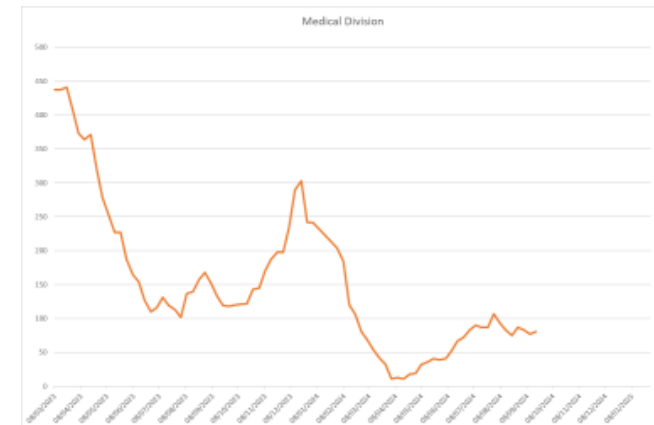
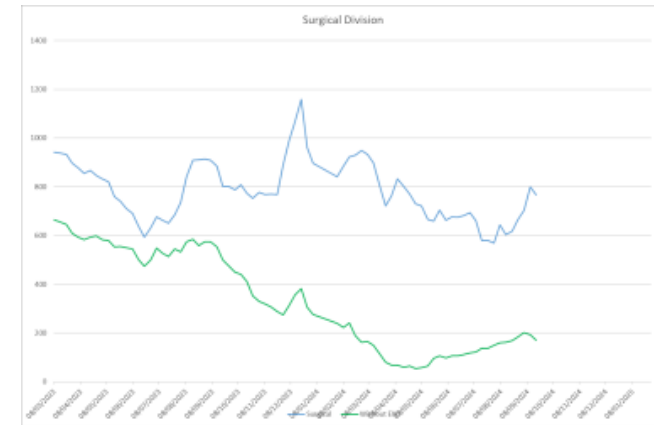
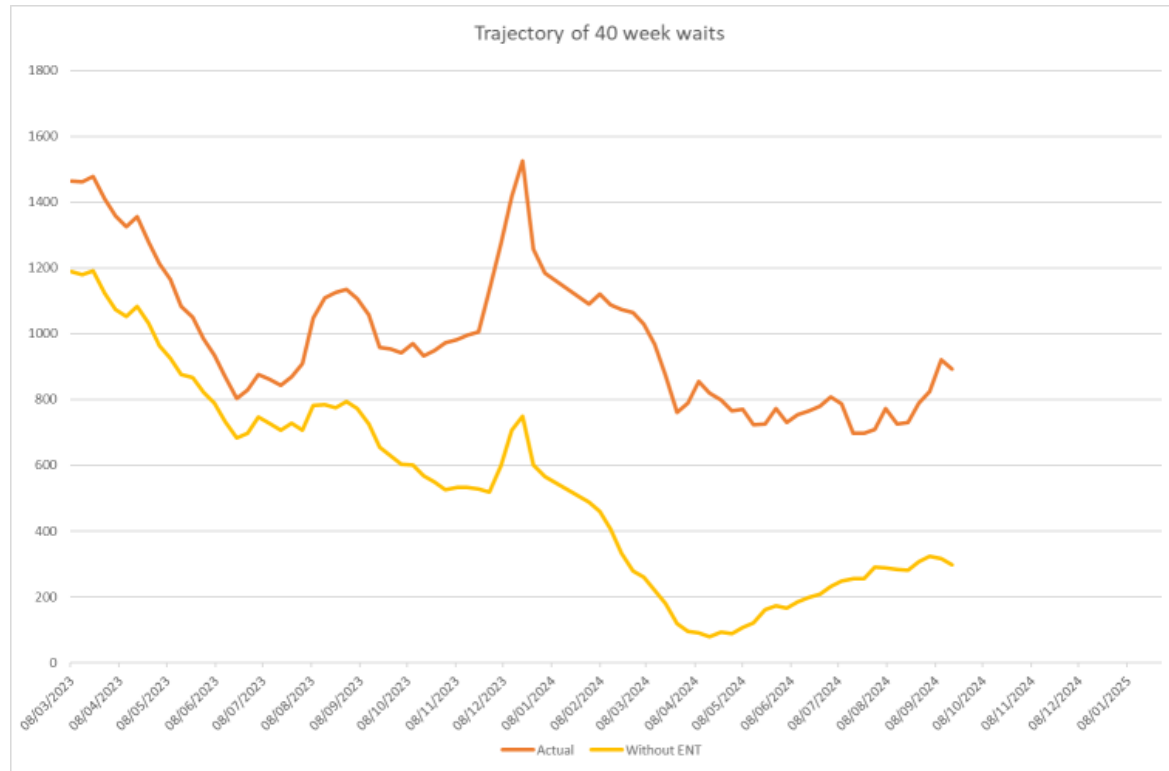
The Trust continues to achieve performance targets ahead of the national ambition. 65ww have now been eliminated at CHFT.



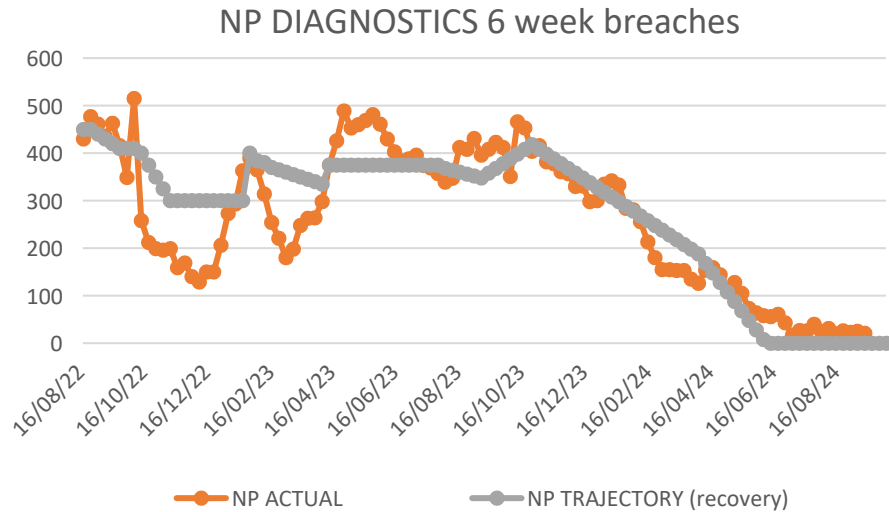
Reducing the 40-week position

Overall, the Trust is on plan to eliminate >40ww patients by Mar 25 (excluding ENT where the target is to eliminate 52ww).

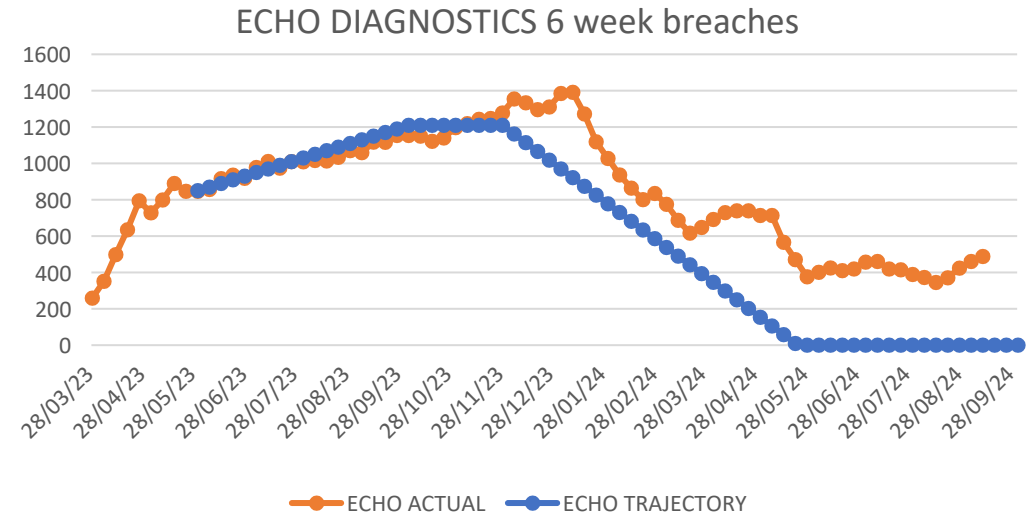
There is a total of 298 >40ww and in the main there are small volumes spread across a numbers of specialities. The specialities with the largest volumes are Max Fax(68) and Gynae (42).



Diagnostic Pressures



Neurophysiology has now recovered and waiting times are back to less than 6 weeks from Request



- Rate of recovery slowed down recently due to leave and sickness.
- Weekend clinics planned into September and CDC activity increasing.
- Reporting backlog now at manageable levels.
- Plan to change templates of trainees due to undertake exams giving us 12 additional scans per week, per trainee.
- Rate of recovery planned to increase significantly into September.

Planned Care Programme

Overview of CHFT Priorities

1. Elective Care Performance

- Continue to reduce waiting times across the admitted and non-admitted pathway
- Validation & Data Quality
- Productivity improvements
- Continue to work with partners across the system

2. Transformation in Elective Care

- Embedding transformation into BAU
- Patient Engagement Portal to enable end to end digital pathways
- Robotic Process Automation application and Artificial Intelligence

3. Partnership Delivery

- Consensus agreement between primary & secondary care
- Continue to collaborate with neighbouring Trusts to support fragile services (Non-surgical onc, Neurology, T&O)

4. Designed Diagnostics

- Community Diagnostic Centre
- Straight to test CDC pathways
- Achieve diagnostic waiting time targets, supporting wider elective care performance

5. Hospital Reconfiguration

- Improved facilities and environment for both staff and patients
- Will support recruitment and retention of staff
- Right care, right place, right time



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Challenges & Risks

Consultant workforce gaps

In Ophthalmology, ENT, Gynaecology, Anaesthetics there are challenges in filling vacant consultant posts. This contributes directly to the inability to deliver 100% activity across theatres and outpatients in those services.

Access to Theatres

The Trust has a priority project to increase the theatre workforce to enable the operation of 25 theatres by March 2025, currently there are typically 21 theatres running and the Trust is building a new Surgical Hub in Dewsbury and District Hospital that will provide an additional two main theatres and four treatment rooms. There remain significant challenges in the recruitment and retention of anaesthetic and theatre staffing.

Complex surgical cases

Many of the longest waiting routine patients are now very complex and long surgical cases, requiring significant time in theatre and often multiple surgeons. This results in less activity delivered in a theatre session and therefore impacts the monthly activity targets.

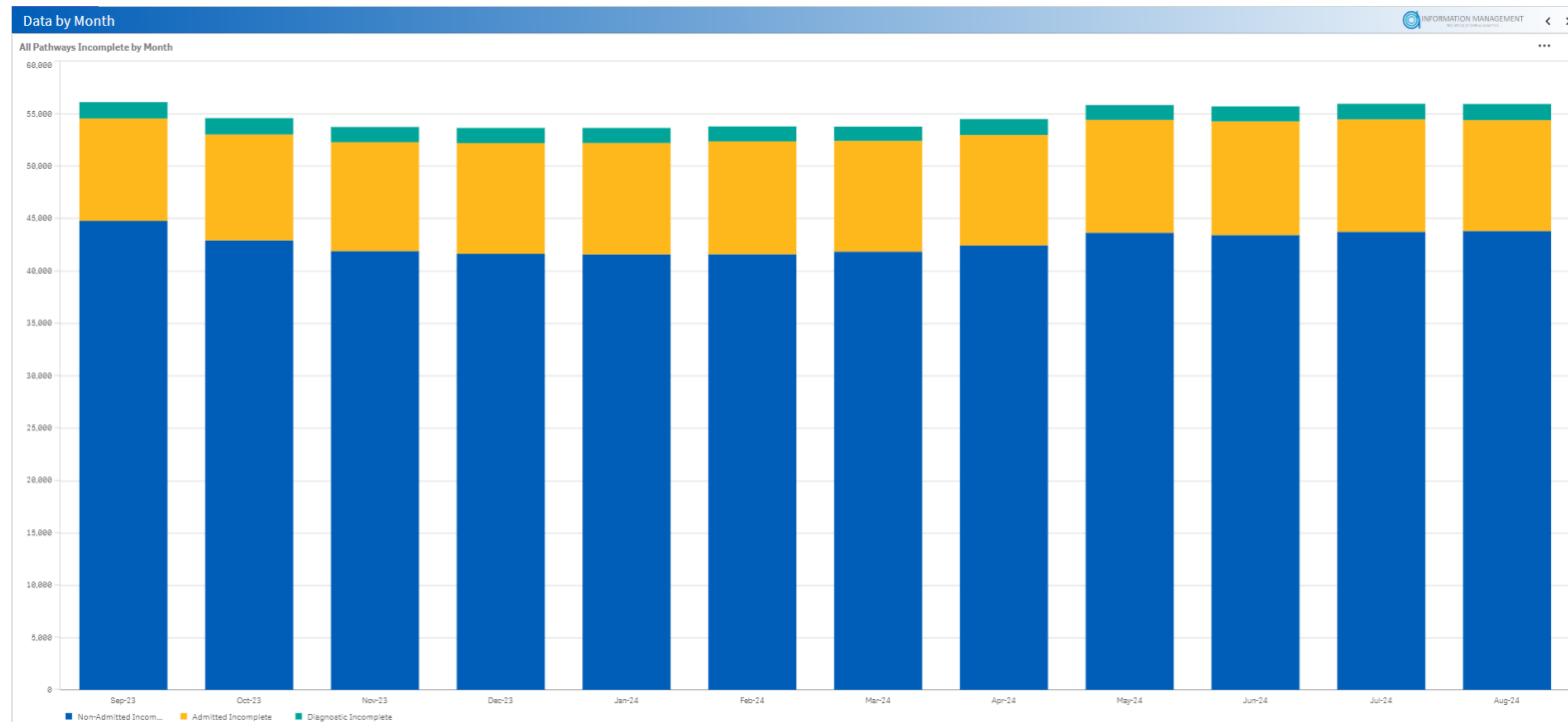
Urgent and cancer cases

The Trust has always approached waiting list management in clinical and then chronological order. This means that at a time when cancer demand is increasing and urgent demand is still high, much of our theatre and outpatient capacity is prioritised for these patients. This will result in routine elective patients waiting longer and sometimes these are the simpler cases, which result in a high throughput in theatre. This particularly influences the Orthopaedic activity position – a reduction of their theatre capacity to treat patients in other specialties.

Demand – cancer and routine

The Trust continues to receive high demand for cancer 2 week wait appointments. This increased demand requires more clinic and consultant time to be allocated to these suspected cancer cases. In addition, the Trust has seen a continual growth in routine referrals, resulting in increasing waiting lists in large specialties, such as ENT, Ophthalmology, Oral and Maxillo-Facial Surgery and Urology.

MYTT Total Waiting List(Sep 22)



104 weeks

MYTT have not reported any >104 week waits in this year.

78 weeks

MYTT has now cleared all patients >78-weeks and expects to maintain this position.

65 weeks

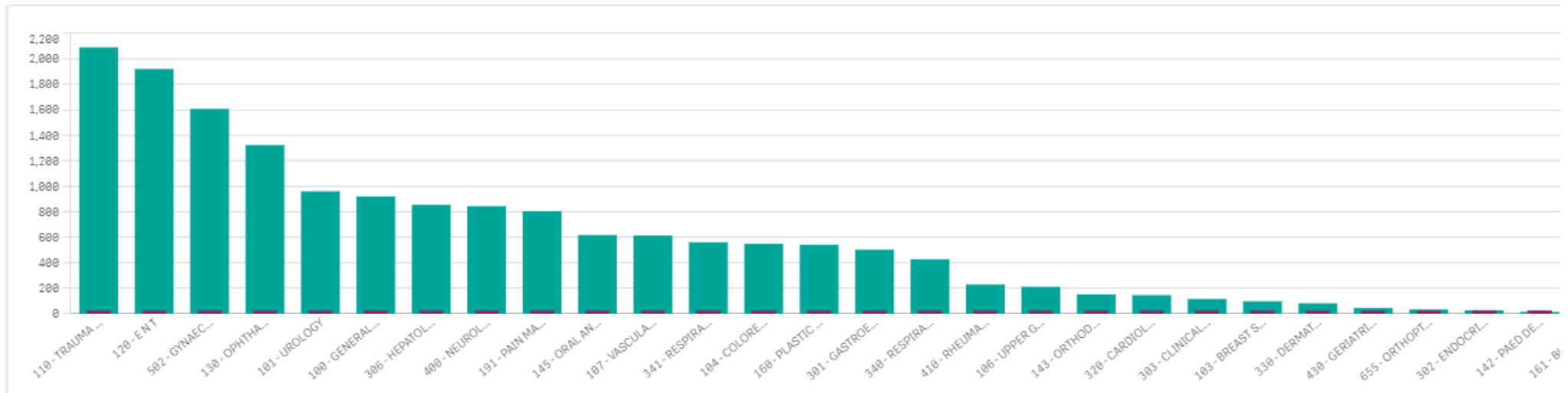
At the end of August, the Trust reported 312 over 65-week breaches and is expected to clear almost all breaches except in complex Gynaecology at the end of September 2024

52 weeks

At the end of August 2024, there were 2,712 patients waiting >52-weeks. The Trust is working to eliminate all >52-week waits no later than 31st March 2025

Reducing the 52-week position

The Trust is on track to eliminate the number of admitted >52 weeks patients by Mar 25. There are currently 16,390 patients in this cohort (23.09.24) and this is reducing by around 1,000 per week with 27 weeks to go.



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