

 <p><b>manx care</b> Kiarail Vannin</p>	<p><b>SUMMARY REPORT</b></p>	Meeting Date:	23-11-21
		Enclosure Number:	14

Meeting:	<b>Board meeting</b>		
Report Title:	<b>Restoration and Recovery Report</b>		
Authors:	Alan Wilson		
Accountable Director:	Oliver Radford		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	none		

<b>Summary of key points in report</b>			
<ol style="list-style-type: none"> <li>Legacy waiting list backlog and validation of the Patient Tracking List (PTL)</li> <li>Additional elective capacity</li> <li>Defining the demand and capacity balance</li> <li>Sustaining elective performance</li> </ol>			
<b>Recommendation for the Committee to consider:</b>			
Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
<p>The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.</p> <p>This report describes the actions being progressed under the auspices of the Restoration and Recovery Business Case to address the legacy elective waiting list backlogs held by Manx Care whilst developing and embedding methodologies that will move Manx Care towards sustainable 18 week compliance in 2022/23</p>			

<b>Is this report relevant to compliance with any key standards? YES OR NO</b>		<b>State specific standard</b>
Data Security and Protection Toolkit	No	
Others (pls specify)		
<b>Impacts and Implications?</b>	<b>YES or NO</b>	<b>If yes, what impact or implication</b>
Patient Safety and Experience		
Financial (revenue & capital)		
Workforce & Culture including H&S		

Equality, Diversity & Inclusion		
Legal		

Title	Name of Report
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## Restoration and Recovery Report

### Section 1: Analysis and supporting detail

#### Background

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

The emerging recovery and restoration work streams are;

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL)
2. Additional elective capacity
3. Defining the demand and capacity balance
4. Sustaining elective performance

#### Supporting detail

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL)

The trust currently has a non -cancer Patient Tracking List of 46000 live referrals. This value needs to be validated and we have begun discussion with Medefer Ltd to understand how we can undertake the safe administrative and as necessary clinical validation of the non-cancer PTL.

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL) 18/10 Update

Manx Care Interim Head of Information and Business Intelligence has provided to our Patient Information Centre Manager a report of all the duplicate patient entries and duplicate elective pathways to validate. This process should be completed by the end of October.

1. Legacy waiting list backlog and validation of the Patient Tracking List (PTL) 15/11 Update

All duplicate pathways have been validated and a review of all patients with 3 follow- up appointments has commenced. Medefer will be engaged in December 21 at which the pre-assessment validation of our out-patient pathways will commence.

## 2. Additional, Elective Capacity

In order to address two areas of concern within the elective procedure backlog Manx Care have approached 18week Ltd

Manx Care are engaging with 18weeks Ltd to deliver 560 Colonoscopies, Flexible Sigmoidoscopies and OGDs between October 2021 and 31<sup>st</sup> March 2022. The aforementioned activity will be undertaken in weekend sessions at a rate of circa 48 procedures per weekend.

Manx Care are engaging with 18weeks Ltd to commence the undertaking of between 600 and 1200 Cataract procedures on circa 600 patients between October 2021 and 31<sup>st</sup> March 2022. The aforementioned activity will be undertaken in weekend sessions at a rate of circa 80 procedures per weekend.

Manx Care currently have circa 5000 patient awaiting a 1<sup>st</sup> outpatient appointment. To address this situation Manx Care have engaged Medefer Ltd

### 2. Additional elective capacity 18/10 update

Due to an uplift in the cost associated with the 18 weeks support work Manx Care have decided undertake the endoscopy work stream in-house whilst renegotiating the cataract work stream. We plan to commence Pre-Assessment Clinics on the 23<sup>rd</sup> October with endoscopy procedures beginning on the weekend of 6th November. We are continuing to negotiate best value in relation to the cataract work stream whilst exploring alternative delivery options.

The 1<sup>st</sup> six week activity trajectory is described below. Six weeks has been selected as this concurs with annual leave notice periods for Consultants and clinical rota horizons.

R&R endoscopy Activity 6week forecast	week 1	week 2	week3	week 4	week 5	week 6
Activity period	23-29/ 10	30/11-5/11	6/11-12/11	13/11-19/11	20/11-26/11	27/11-3/12
activity	booking/scheduling/ Pre procedure assessment	booking/scheduling/ Pre procedure assessment	4 all day endoscopy sessions with 24 points per session	booking/scheduling/ Pre procedure assessment	4 all day endoscopy sessions of 24 points per session	booking/scheduling/ Pre procedure assessment
overheads			£16,620		£16,620	
income (for comparative purposes only)			£19,492		£19,492	
contribution (for comparative purposes only)			17.28%		17.28%	

The Medefer Ltd support phase 1 delivering virtual outpatients across Cardiology, Respiratory Dermatology and Pain Services is due to commence at the beginning of November.

## 2) Elective capacity 15/11 update

Endoscopy activity has commenced as planned on the 6<sup>th</sup> Nov. Endoscopy activity has had to be revised from 343 to 310 due to £233K being allocated to the Mental Health Patient backlog (123k from the T&O Day case activity with the remaining £110K apportioned across the other work streams)

Cataract activity has been revised from 420 to 347 due to the unbundling of the cataract tariff by the proposed vendor and the requirement to allocate £233K being allocated to the Mental Health Patient backlog (123k from the T&O Day case activity budget with the remaining £110K apportioned across the other work streams) Currently the Cataract equipment has an indicative arrival date of the 4<sup>th</sup> of March with the first indicative operating session on the 5<sup>th</sup> of March. Due to the lead in time required by the lease equipment provider Manx Care are exploring alternative framework options to confirm the tariff by, the proposed vendor is the market rate or to change providers should an alternative less expensive option be available.

The Medefer Ltd support phase 1 undertaking the discovery and validation phase across Cardiology, Respiratory Dermatology and Pain Services is due to commence at the beginning of December. Medefer activity has been revised from 3,628 new outpatient appointments and 2835 follow-up appointments to 3512 new appointments and 2741 follow-up appointments due to £233K being allocated to the Mental Health Patient backlog (123k from the T&O Day case activity with the remaining £110K apportioned across the other work streams)

There has been an allocation of £233k towards addressing the Mental Health patient backlog. The plan is "to provide circa 1680hrs of individual and group psychological therapy to approximately 140 service users within a period not exceeding 12 months

Please see Appendix A for further detail on the aforementioned

## 3. Defining Demand and Capacity Balance

As we move forward Manx Care will wish to confirm its substantive capacity in order to accurately identify all capacity gaps requiring mitigation.

### 3. Defining Demand and Capacity Balance 18 /10 update

Various capacity management tools have been shared with senior management and senior operational colleagues. The aforementioned will be included in the Manx Care Patient Access policy with a view to being activated post approval of the Patient Access Policy

### 3. Defining Demand and Capacity Balance 15 /11 update

A validation and demand capacity group has been formed to develop robust demand capacity models this group reports into the Implementation and Elective Restoration working group.

#### 4. Sustaining Elective Performance 18/10 update

Inaugural Manx Care Access Policy to be presented at EMC on 29th Oct. Policy will articulate the aspiration to shadow 18 week performance metrics. The Policy will be accompanied by enabling appendices on for example monitoring of elective capacity and stratification of the non-cancer Patient Tracking List as well as procedural appendices on e.g. appointment booking process and Did Not Attend (DNA) guidance.

#### 4 Sustaining Elective Performance 15/11 update

Inaugural Manx Care Access Policy received at EMC on 29th Oct. Two weeks feedback period agreed with next steps to be reviewed by the clinical guidelines committee and return to EMC and on to Board for executive sign off.

## Section 2: Risks

- 2.1 There are emerging risks around the unpredictability of the winter weather though Manx Care have shared flight business continuity options with 18 weeks and indicated that only service delivery impediments directly attributable to Manx Care will incur attendance fees from third party providers.

Manx Care have endeavoured negotiate contracts to ensure 18weeks Ltd and Medefer Ltd shares as much equity with the Manx Care restoration and recovery plan as possible. Specifically operational leads have been consulted in the agreement of the specialty level patient outcome measures.

We may not be able to secure a tenable loan option with Alcon and outsource providers may not be able to support cataract surgery off island

## Section 3: Assurance *(please complete as far as is possible)*

### Benchmarking

- 3.1 All Third parties will be working to specialty specific guidelines. For example the 18 weeks Consultants undertaking the additional Endoscopies, Flexi sigmoidoscopies and OGDs will work to Joint Advisory Group) JAG standards.
- 3.2 Specialty outcomes have been agreed and captured within the relevant contract.

## Triangulation

- 3.4 We will monitor the activity undertaken by our third party partners as detailed above this allied to the PTL house keeping will enable a clear performance trajectory to be developed.

## Engagement

- 3.5 Manx Care Head of Communication has been briefed and is developing a communications strategy to describe the additional activity plan to the Manx Care workforce and wider community.

Elective Activity Management Models have been shared with key internal stakeholders.

## Section 4: Implications *(please complete as far as is possible)*

### Strategic Aims

- 4.1 The Restoration and Recovery work stream aims to right size the Manx Care waiting list whilst simultaneously quantifying any deficits in capacity post confirmation that substantive elective capacity is being optimised.

### Equalities, diversity and inclusion

- 4.2 No equality, diversity and inclusion impacts have been identified.

### Culture and People

- 4.3 There is a need to ensure that the transformation agenda acknowledges the nuances of the Isle of Man health economy whilst embracing any shared learning opportunities from for example third party provider work patterns.

It is envisaged that amongst other emerging factors a conflation of the redefinition of substantive capacity with the resizing of any capacity gaps will lead a sustainable waiting of less than 10 % of annual activity.

### Integration

- 4.4 Both of the Third Party Organisations that Manx Care have engaged with to support the Restoration and Recovery Plan have allocated dedicated support and have commenced weekly project meetings

Detailed Operational/Resilience Plans describing the mobilisation of the third party activity have been drawn up and shared with all stakeholders.

Work on developing meaningful operational metrics e.g. outpatient 1<sup>st</sup> appointment polling times will be shared with all stakeholders to ensure the efficacy of the elective pathway dashboard that Manx Care plan to develop.

### Financial

- 4.5 The funding allocated for the Restoration and Recovery Plan continues to meet the needs of the case. Contracts with third part providers have been scrutinised to ensure that Manx Care make the very best use of this funding. For example third providers have agreed specialty level patient outcome targets

*Please see appendix A – R&R Business case v proposals by outsourcing partners table. The aforementioned table describes the activity the case can afford based on changes that have occurred due to for example uplifts in the National Tariffs.*

The restoration and recovery plan will also be complimented by a right sizing of the non-cancer Patient Tracking List and adherence to expected elective activity levels

### Compliance - Legal/Regulatory

- 4.6 There are no legal or regulatory implications relating to the restoration and recovery work stream. Should Manx Care elect to fully embrace the 18 week constitution then consultation with DHSC would be required

## Section 5: List of Appendices

Appendix A Copy of revised R&R business case v 05

 <p><b>manx care</b> Kiarail Vannin</p>	<p><b>SUMMARY REPORT</b></p>	Meeting Date:	23 -11-21
		Enclosure Number:	14

Meeting:	<b>Finance Performance and Commissioning meeting</b>		
Report Title:	<b>Restoration and Recovery Report (supplementary update on timelines)</b>		
Authors:	Alan Wilson		
Accountable Director:	Oliver Radford		
Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
	none		

**Summary of key points in report**

1. Additional elective capacity

**Recommendation for the Committee to consider:**

Consider for Action  Approval  Assurance  Information

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

This report describes the actions being progressed under the auspices of the Restoration and Recovery Business Case to address the legacy elective waiting list backlogs held by Manx Care whilst developing and embedding methodologies that will move Manx Care towards sustainable 18 week compliance in 2022/23

Is this report relevant to compliance with any key standards? YES OR NO	State specific standard	
	Data Security and Protection Toolkit	No
Others (pls specify)		
Impacts and Implications?	YES OR NO	If yes, what impact or implication
Patient Safety and Experience		
Financial (revenue & capital)		
Workforce & Culture including H&S		



Equality, Diversity & Inclusion		
Legal		

Title	Name of Report
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## Restoration and Recovery Report

### Section 1: Analysis and supporting detail

#### Background

The Covid-19 pandemic has had an unprecedented effect on access to health services both in the UK and on the Isle of Man. The requirement to scale down elective inpatient services to create dedicated wards to care for patients with Covid-19 has had a significant impact on inpatient waiting lists. The requirement to implement social distancing within waiting rooms has reduced outpatient capacity, particularly for new patient referrals who require a face to face consultation often followed by diagnostic procedures, which have also been impacted by the pandemic, resulting in an overall increase in waiting time for new outpatient consultation, be it in our physical or mental health services.

This report articulates the reasons for a proportion of the Restoration and Recovery activity being delivered in the next financial year.

The potential that all activity might not be completed within 21/22 was anticipated in the contract as detailed below;

Although it is hoped that all backlog activity will be completed in the financial year 21/22, there is a possibility that some activity could be delivered in the next financial year, for example due to delayed mobilisation of external providers etc, however this will not change the overall financial requirement as requested in this case. (ref: *The Restoration and Recovery after COVID-19 short form BC v1.5*)

It is important to note that the £1.86m allocated to this case is only going to make some in roads into the elective recovery programme because the lists are growing all the time and are even more hampered now from the suspension in elective activity at Nobles – To this end an Implementation and Elective Recovery working group has been commissioned by the Director of Operations and the Terms of Reference for this group are Included in the FCP papers for review.

#### Supporting detail

##### Endoscopy Activity

Our engagement with 18 weeks support has been challenging. This culminated in 18 weeks support announcing at the time when a Letter of Intent was about to be presented to our CEO for sign off that the tariff they were going to charge Manx Care was going to be 33% higher than previously agreed (as detailed in Octobers R&R report to FC&P). At this point we were fortunate that Manx Care colleagues offered to support the programmed activity and this commenced on 6<sup>th</sup> November.

##### Cataract Activity

We continue to engage with 18 weeks support however they are still not in a position to definitively confirm the final tariff though we have an indicative value of £1000.00 per cataract which is 66 % above the £602.00 tariff price of the business case. We are exploring other framework providers to assure Manx Care that 18 week support pricing is at the going market rate.

In addition Alcon have changed their policy with regard to leasing ophthalmology equipment therefore the equipment will need to be loaned or purchased which is challenging given the viability of the substantive service and the overall financial position. In light of the aforesaid we have reached out to two outsourcing providers to understand whether they could provide the capacity we require.

#### Medefer Outpatient activity

Due to the complexities of sharing data with an off island organisation a very detailed DPIA and joint controller agreement has necessitated a protracted process involving Manx Care colleagues, Medefer colleagues and the Information Commissioner. The Medefer Ltd support phase 1 delivering virtual outpatients across Cardiology, Respiratory Dermatology and Pain Services is due to commence in Jan subject to DPIA and Joint control agreements being signed off in November.

#### Mental Health Patient backlog

The R&R business case has been recut to allocate 233k of the overall budget towards addressing the Mental Health patient backlog. The plan is “to provide circa 1680hrs of individual and group psychological therapy to approximately 140 service users within a period not exceeding 12 months. The sum of 123k has been re-provisioned from the T&O Day case activity with the remaining £110K apportioned across the other work streams). This contract is in the final stages of being agreed.

## Section 2: Risks

- 2.1 There are emerging risks around the unpredictability of the winter weather though Manx Care have shared flight business continuity options with 18 weeks and indicated that only service delivery impediments directly attributable to Manx Care will incur attendance fees from third party providers.

Manx Care have endeavoured negotiate contracts to ensure 18weeks Ltd and Medefer Ltd shares as much equity with the Manx Care restoration and recovery plan as possible. Specifically operational leads have been consulted in the agreement of the specialty level patient outcome measures.

We may not be able to secure a tenable loan option with Alcon and outsource providers may not be able to support cataract surgery off island

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Elective Activity Management Models have been shared with key internal stakeholders.

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- 4.2 No equality, diversity and inclusion impacts have been identified.

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- 4.3 There is a need to ensure that the transformation agenda acknowledges the nuances of the Isle of Man health economy whilst embracing any shared learning opportunities from for example third party provider work patterns.

It is envisaged that amongst other emerging factors a conflation of the redefinition of substantive capacity with the resizing of any capacity gaps will lead a sustainable waiting of less than 10 % of annual activity.

### Integration

- 4.4 Both of the Third Party Organisations that Manx Care have engaged with to support the Restoration and Recovery Plan have allocated dedicated support and have commenced weekly project meetings

Detailed Operational/Resilience Plans describing the mobilisation of the third party activity have been drawn up and shared with all stakeholders.

Work on developing meaningful operational metrics e.g. outpatient 1<sup>st</sup> appointment polling times will be shared with all stakeholders to ensure the efficacy of the elective pathway dashboard that Manx Care plan to develop.

### Financial

- 4.5 The funding allocated for the Restoration and Recovery Plan continues to meet the needs of the case. Contracts with third part providers have been scrutinised to ensure that Manx Care make the very best use of this funding. For example third providers have agreed specialty level patient outcome targets

The restoration and recovery plan will also be complimented by a right sizing of the non-cancer Patient Tracking List and adherence to expected elective activity levels

### Compliance - Legal/Regulatory

- 4.6 There are no legal or regulatory implications relating to the restoration and recovery work stream. Should Manx Care elect to fully embrace the 18 week constitution then consultation with DHSC would be required

## Section 5: List of Appendices

**REVISED BUSINESS CASE INCLUDING MENTAL HEALTH V3.0**

**Outpatient Services**

Specialty	Business Case		Revised Business Case						
	Covid-19 Related backlog	Total	Backlog	Triaged to OPD (non chargeable)	New OP activity (chargeable)	New OP £	Pop OP activity (chargeable)	Fup OP £	Total £
Cardiology	810	£179,516	650	78	572	£74,553.36	500	£34,435.16	£108,988.52
ENT	890	£148,845	1227	147	1080	£130,318.30	944	£48,443.37	£178,761.67
Gastro	471	£133,762	447	53	394	£67,085.47	394	£28,444.40	£95,529.87
Pain Management	182	£49,260	213	21	192	£31,608.59	164	£11,589.15	£43,197.74
Respiratory	184	£53,102	171	34	137	£24,612.77	131	£11,154.66	£35,767.43
Orthopaedics	590	£108,258	1144	343	801	£108,315.98	378	£21,532.41	£129,848.39
Neurology	226	£60,663	420	84	336	£61,952.87	230	£18,991.79	£80,944.66
<b>Total</b>	<b>3353</b>	<b>£733,406</b>	<b>4272</b>	<b>760</b>	<b>3512</b>	<b>£498,447.34</b>	<b>2741</b>	<b>£174,590.94</b>	<b>£673,038.28</b>
Dermatology			440	88	352	£43,806.40	242	£16,093.00	£59,899.40

**Daycase Services**

Procedure	Business Case			Revised Business Case		
	Covid-19 Related Backlog	Tariff Price	Total	Activity	Average Tariff	Total
Ophthalmology – Cataract	735	£601.38	£442,014	310	£1,051.28	£409,367.81
New Referral Colonoscopy	190	£358.05	£68,029			
New Referral Flexible Sigmoidoscopy	50	£358.05	£17,902			
New Referral Gastroscopy	250	£358.05	£89,512			
<b>Endoscopy Sub Total</b>	<b>490</b>	<b>£358.05</b>	<b>£175,443</b>	<b>347</b>	<b>£468.00</b>	<b>£162,453.80</b>
Day Case Orthopaedics	166	£740.25	£122,881			
<b>Total</b>	<b>1391</b>		<b>£740,338</b>	<b>657</b>		<b>£571,821.61</b>

**Radiology Services – Priced from Increasing Capacity Framework**

Modality	Covid-19 Related Backlog	Tariff Price	Total	Activity	Average Tariff	Total
MRI Scanning	200	£187.74	£37,548	168	£187.74	£31,585
CT	268	£108.36	£29,040	225	£108.36	£24,428
Ultrasound	596	£84.42	£50,314	501	£84.42	£42,324
DEXA	275	£50.40	£13,860	231	£50.40	£11,659
Interventional	184	£592	£108,928	155	£592.00	£91,629
<b>Total</b>	<b>1523</b>		<b>£239,691</b>	<b>1,280</b>		<b>£201,624</b>

**In House Support Services – Costings provided by Departments**

Service	Volume of Days	In House Unit Price	Total	Revised Total
Histology Consultant	60hrs	£650/PA	£9,750	£7,819
Histology Lab Costs			£14,679	£11,772
General Pathology			£12,500	£10,025
Ward Costs	30 days	£1158.96 per day	£34,768.80	£27,884.38
Facilities Management (Portering, Domestic Services, Catering, Linen)			£3,250	£2,606
Patient Transfer Services				0
<b>Total</b>			<b>£74,948</b>	<b>£60,108</b>

#### Project/Operational Management Costs

Post	Grade/WTE/ Terms	Salary	Revised Total
Project/Operational Lead	EO, 1.0WTE, 12 month	£41,447	£90,000
Booking Administration Lead	AO, 1.0WTE, 12 month	£35,066	£35,066
<b>Total</b>		<b>£76,513</b>	<b>£125,066</b>

Area	Cost	Revised Cost
Outpatient Backlog	£733,406	£673,038
Daycase Backlog	£740,338	£571,822
Mental Health		£233,227
Radiology Backlog	£239,690	£201,624
In House Support Service Provision	£74,948	£60,108
Project Cost	£76,513	£125,066
<b>Total</b>	<b>£1,864,895</b>	<b>£1,864,885</b>