

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY REPORT TO COUNCIL OF GOVERNORS HELD ON 2 SEPTEMBER 2014

Subject:	Update on 18 Week Wait Performance
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Author:	Annette Peck – Head of Information
Status (see footnote):	N

PURPOSE OF THE REPORT:

This paper provides an update on the performance against the 18 week referral to treatment targets as reported to the Trust Board in July 2014 and sets out the progress against the action plan to secure delivery of the target in future months which was agreed by the Board in February 2014.

KEY POINTS:

The average waiting time for the majority of patients having care at the Trust is 8 weeks or less.

The Trust continues to meet all the cancer treatment waiting time standards – the prioritisation of these urgent pathways inevitably sometimes impacts on our 18 week performance in non-cancer, non-urgent diagnoses.

The Trust met the 18 week referral to treatment target for incomplete pathways in May 2014.

The number of non-admitted and admitted patients treated within 18 weeks in May was just below the required national waiting time standards. The figures were 88.6% (target 90% admitted patients) and 93.3% (target 95% non-admitted patients).

All agreed actions within the action plan are progressing well.

Since the Trust Board considered this paper the performance against the 18 week targets has continued to be below target. The figures for June were admitted patients treated within 18 weeks – 86.7%, non admitted patients treated within 18 weeks – 94.1%. This was expected as the backlog of long waiting patients is being treated.

RECOMMENDATIONS:

The Council of Governors is asked to:

- receive the update on 18 Week Wait Performance

IMPLICATIONS:

		TICK AS APPROPRIATE
1	Deliver the best clinical outcomes	✓
2	Provide patient centred services	✓
3	Employ caring and cared for staff	
4	Spend public money wisely	✓
5	Deliver excellent research, education & innovation	

APPROVAL PROCESS:

Meeting	Presented	Approved	Date
Board of Directors	DSO		16 July 2014

1 Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

2 Against the five aims of the STHFT Corporate Strategy 2012-2017

1. Introduction

This paper provides an update on performance against the 18 week referral to treatment targets; sets out current performance and provides an update on progress against the action plan agreed at the Board in February 2014.

Until recent months, the Trust has always met the waiting times for patients receiving treatment within 18 weeks from the time they are referred by their GP. The average waiting time for the majority of patients having care at the Trust is 8 weeks or less. The Trust continues to meet all the cancer treatment waiting time standards

However growing numbers of patients and their doctors are choosing Sheffield Teaching Hospital NHS Foundation Trust for their care and this has resulted in a significant increase in referrals. This has in turn made meeting the 18 week timeframes for treatment much more challenging. The Trust has recognised this and developed a robust action plan which, when implemented, should ensure the standards for waiting times are met from October 2014.

The performance across the 3 targets to date in 2014/15 is summarised in the table below.

Target	March	April	May
Non-admitted	x	x	x
Admitted	x	x	x
Incomplete	✓	✓	✓

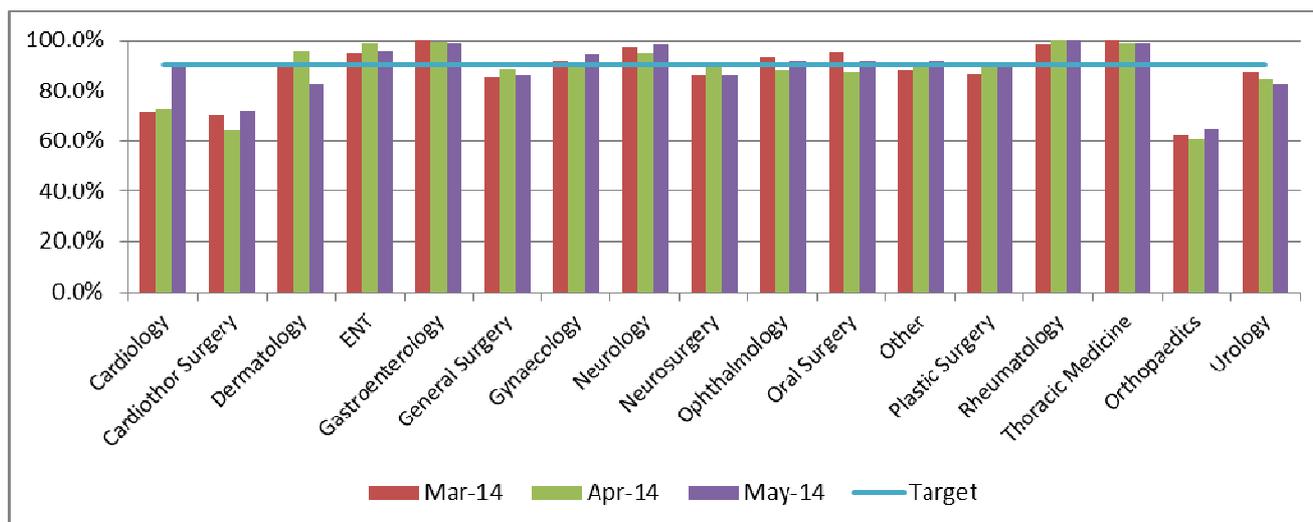
2. Current Performance

2.1 Admitted Pathways

In recent months it has become increasingly challenging to meet the target to meet admitted pathways (90%). In February, March and April performance deteriorated to 86.5% against the national standard of 90%. Performance has improved in May to 88.6% and work continues to bring the figure back up to 90% by the Autumn. If a further 53 patients had been treated within 18 weeks in May then the target would have been met. There were a total of 4427 admitted clock stops and of these 3932 were treated within 18 weeks. Appendix 1 sets out the detail of this by speciality.

The changes have been across a number of specialities and **Figure 1** compares the percentage within 18 weeks in March, April and May. Of the 17 specialities reported individually, 7 were below target in May compared to 8 in April.

Figure 1 Admitted Performance



The number of patients on admitted pathways who waited over 18 weeks reduced in May to 495.

2.2 Non-admitted Pathways

In recent months, the number of non-admitted patients treated within 18 weeks has been below the required national waiting time standard (95%). The position improved slightly in March to 93.2% and to 93.8% in April but dropped slightly to 93.3% in May.

There were a total of 10,451 patients requiring care in May and 9,757 of these were treated within 18 weeks. If a further 172 patients had been treated within 18 weeks then the target would have been met. Appendix 1 sets out the detail of this by speciality.

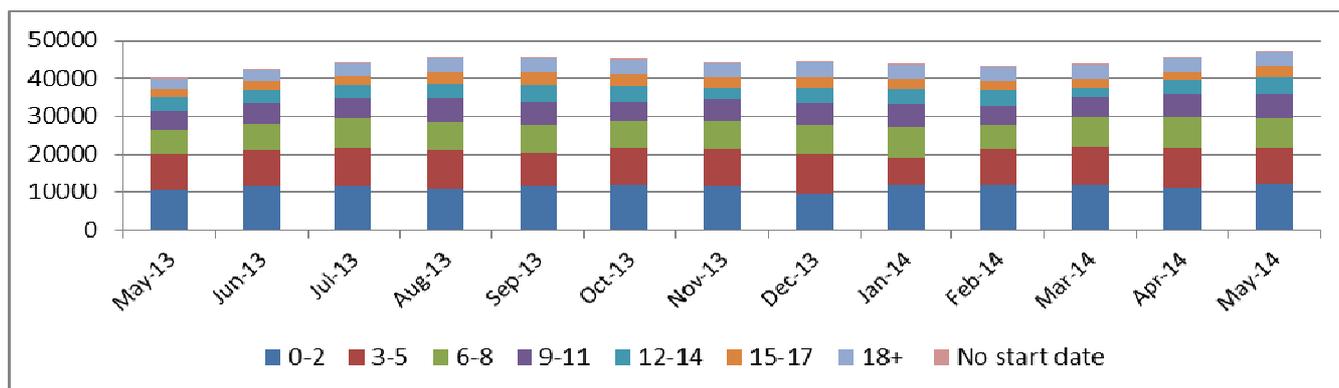
The number of patients on non-admitted pathways who waited over 18 weeks fell in April to 658 but rose again in May to 694.

2.3 Incomplete Pathways

The Trust has met the target for incomplete pathways (92%) every month so far this year. However the growing numbers of patients has meant this has been a greater challenge over recent months.

The numbers of patients on incomplete pathways is in effect the total 'waiting list'. The number of patients on incomplete pathways over 18 weeks had increased from 2,430 in April 2013 to 3,500 in December 2013 and has then fallen to 3,350 in March 2014. However, this rose in April to 3,529 and again in May to 3,671. (Figure 2)

Figure 2 Incomplete pathways by weeks waiting



2.4 Average Waiting Times

The average waiting times for all patients on admitted pathways fell from 70 days in March to 69 days in April and has fallen again in May to 68 days. The average waiting time for all patients on non-admitted pathways fell to 50 days in March and April. It rose slightly in May to 53 days.

The causes of the deterioration in 18 week performance are multifactorial and remain the same as those which were discussed at the Board in February 2014.

3. Progress on the Action Plan

3.1 Access Policy

The Access Policy that was approved by the Board in February 2014 is now being implemented across the Trust. Workshops were held in May for staff involved in the management of waiting lists to reinforce the key messages and support any changes in operational procedures required. These were well attended and well received by staff.

3.2 Waiting List Task and Finish Group

The Waiting List Task and Finish Group are scheduled to meet on 14 July 2014 and verbal feedback will be given at the Board meeting.

4.0 Recovery plans for directorates

It has been reported to previous Board meetings that all directorates have put plans in place to ensure that the 18 week targets are met by the Trust as a whole from October 2014, i.e. Quarter 3. These plans have now been further developed setting out the number of cases that directorates expect to do on a month by month basis and the 18 week performance that this will deliver. Performance against these anticipated activity levels will be monitored on a weekly basis.

There are some directorates where this is a significant challenge and involves providing additional capacity and support for service redesign. In particular detailed plans have been developed in Neurology, Neurosurgery, Cardiac Services and Orthopaedics. The plans include:

- Providing additional capacity in outpatient clinics both by increasing the number of clinics and improving the throughput in existing clinics
- Providing additional theatre lists
- Expanding critical care capacity
- Redesign of administrative processes to improve scheduling and management of patient pathways
- Development of business cases for additional staff

Progress against the action plans will be reported to the Trust Executive Group on a regular basis.

In addition, a trajectory has been set for the organisation to significantly increase its rate of validation, such that every pathway will be validated down to 5 weeks by the end of December. Measuring 18 weeks and the rules that surround the many complex pathways patients take requires very active management. For example whether a clinician has agreed to active monitoring for 6 months and how the national rules in measuring the 18 week pathway are applied are not straightforward. It is routine practice to ensure all pathways at 17/18 weeks are double-checked or 'validated' to ensure patients are not waiting longer than they should. This validation will be increased significantly.

Exception reporting is also being introduced for any pathways over 52 weeks with a detailed review required by the relevant Clinical Director and submission to the Director of Strategy and Operations. The tolerance for defining exception will also be reduced month on month.

Between now and 1 October, the Chief Executive will chair and host a series of summit meetings alongside the Director of Strategy and Operations with Clinical Directors and General Managers to review progress against the agreed trajectories.

5.0 National Reporting

5.1 Weekly Reporting

We are required to submit to NHS England on a weekly basis the numbers of patients on 18 week pathways that are still waiting for treatment at the end of the week and the number of patients on 18 week pathways that we have treated in the previous week.

5.2 System Sustainability Funding

As part of the National programme to build some additional resilience into the NHS system for winter, additional funding has been allocated to the NHS England area teams to support both winter plans for unscheduled care and any additional activity that will be required to sustain achievement of the 18 week RTT targets.

The plans for the additional activity required were submitted to NHS England on 30th June 2014. A more detailed plan to ensure the delivery of the 18 week targets is required to be produced in conjunction with the CCG by 30 July 2014.

6.0 Conclusion

The average waiting time for the majority of patients having care at the Trust is 8 weeks or less.

The Trust continues to meet all the cancer treatment waiting time standards – the prioritisation of these urgent pathways inevitably sometimes impacts on our 18 week performance in non-cancer, non-urgent diagnoses.

The Trust met the 18 week referral to treatment target for incomplete pathways in May 2014.

The number of non-admitted and admitted patients treated within 18 weeks in May was just below the required national waiting time standards. The figures were 88.6% (target 90% admitted patients) and 93.3% (target 95% non-admitted patients).

All agreed actions within the action plan are progressing well.

7.0 Recommendations

The Board is asked to:

- a) To receive the more detailed description of 18 week RTT performance as requested previously by the Board of Directors.
- b) To be assured that all actions are being progressed.
- c) To identify any further actions the Board would want to pursue

APPENDIX 1

18 WEEK RTT PERFORMANCE BY SPECIALITY

1. ADMITTED PATHWAYS – MAY 2014

Speciality	Number within 18 weeks	Total	% Within 18 weeks	Additional patients required to be treated to achieve 18 week target
Cardiology	130	146	89.0%	2
Cardiothoracic Surgery	59	82	72.0%	15
Dermatology	19	23	82.6%	2
Ear, Nose & Throat (ENT)	136	142	95.8%	n/a
Gastroenterology	304	307	99.0%	n/a
General Surgery	142	165	86.1%	7
Geriatric Medicine	0	0		n/a
Gynaecology	249	265	94.0%	n/a
Neurology	53	54	98.1%	n/a
Neurosurgery	132	153	86.3%	6
Ophthalmology	590	645	91.5%	n/a
Oral Surgery	343	375	91.5%	n/a
Other	778	847	91.9%	n/a
Plastic Surgery	410	450	91.1%	n/a
Rheumatology	33	33	100.0%	n/a
Thoracic Medicine	86	87	98.9%	n/a
Trauma & Orthopaedics	266	409	65.0%	102
Urology	202	244	82.8%	18

2. NON ADMITTED PATHWAYS – MAY 2014

Speciality	Number within 18 weeks	Total	% Within 18 weeks	Additional patients required to be treated to achieve 18 week target
Cardiology	332	405	82.0%	53
Cardiothoracic Surgery	44	44	100.0%	n/a
Dermatology	614	653	94.0%	7
Ear, Nose & Throat (ENT)	354	366	96.7%	n/a
Gastroenterology	367	385	95.3%	n/a
General Surgery	209	216	96.8%	n/a
Geriatric Medicine	49	50	98.0%	n/a
Gynaecology	561	577	97.2%	n/a
Neurology	469	624	75.2%	124
Neurosurgery	258	272	94.9%	1
Ophthalmology	754	760	99.2%	n/a
Oral Surgery	175	185	94.6%	1
Other	3931	4153	94.7%	15
Plastic Surgery	400	420	95.2%	n/a
Rheumatology	249	250	99.6%	n/a
Thoracic Medicine	166	168	98.8%	n/a
Trauma & Orthopaedics	522	595	87.7%	44
Urology	352	378	93.1%	8