

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

**EXECUTIVE SUMMARY****REPORT TO THE COUNCIL OF GOVERNORS MEETING****HELD ON 6<sup>TH</sup> MAY 2014**

<b>Subject:</b>	Update on 18 Week Wait Performance
<b>Supporting Director:</b>	Kirsten Major – Director of Strategy & Operations
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<b>Status (see footnote):</b>	N

**PURPOSE OF THE REPORT:**

- This paper provides an update on the performance against the 18 week referral to treatment targets 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 Trust met the 18 week referral to treatment target for incomplete pathways in February 2014
- The targets for non-admitted and admitted patients were not met in February 2014
- The validation of incomplete pathways has reduced the number of these and helped to achieve the target
- All agreed actions within the action plan are progressing

**RECOMMENDATIONS:**

The Council of Governors is asked to receive the more detailed description of 18 week RTT performance and be assured that all actions are being progressed.

**IMPLICATIONS:**

		<b>TICK AS APPROPRIATE</b>
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:**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
Board of Directors	DSO		16 April 2014
Council of Governors	DSO		6 <sup>th</sup> May 2014

1Status: 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.

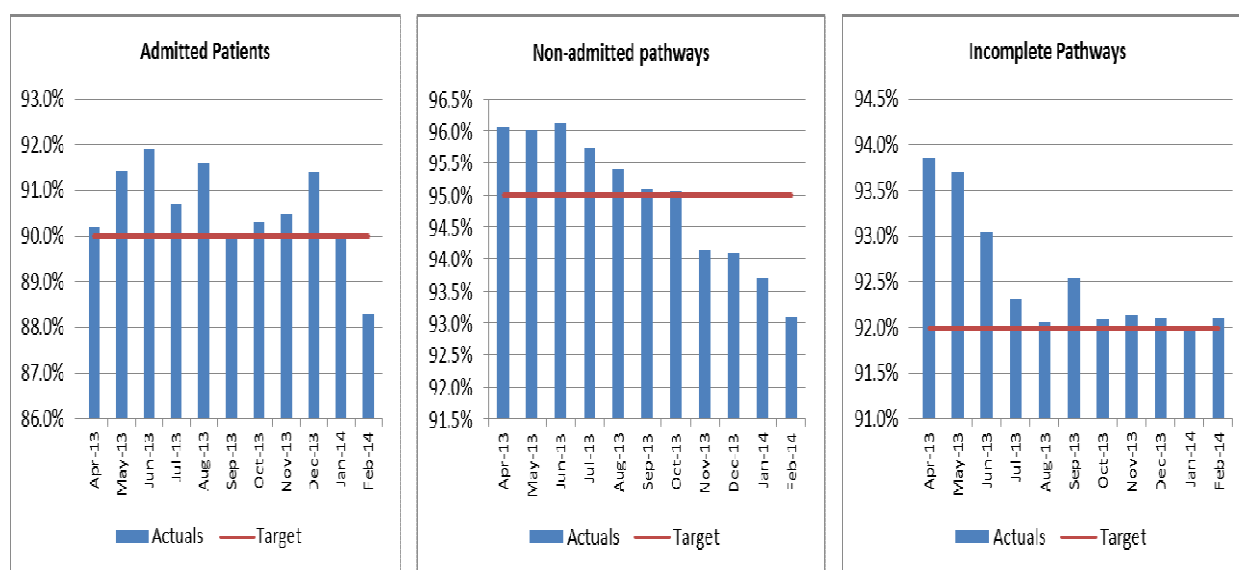
As reported at the Board previously the targets for the 18 week admitted and incomplete targets were met in November and December 2013 and January 2014 but the non-admitted target was not. In February 2014 the Trust again met the target for incomplete pathways but not for admitted and non-admitted. This is the first time that the admitted target has not been met since June 2012. The performance across the 3 targets is summarised in the table below.

Target	November	December	January	February
Non-admitted	x	x	x	x
Admitted	✓	✓	✓	x
Incomplete	✓	✓	✓	✓

## 2. Current Performance

The performance against the 18 week referral to treatment targets for April 2013 to February 2014 is set out below. The performance against all the 18 week targets has deteriorated in recent months.

**Figure 1 - 18 Week Performance April 2013 to February 2014**

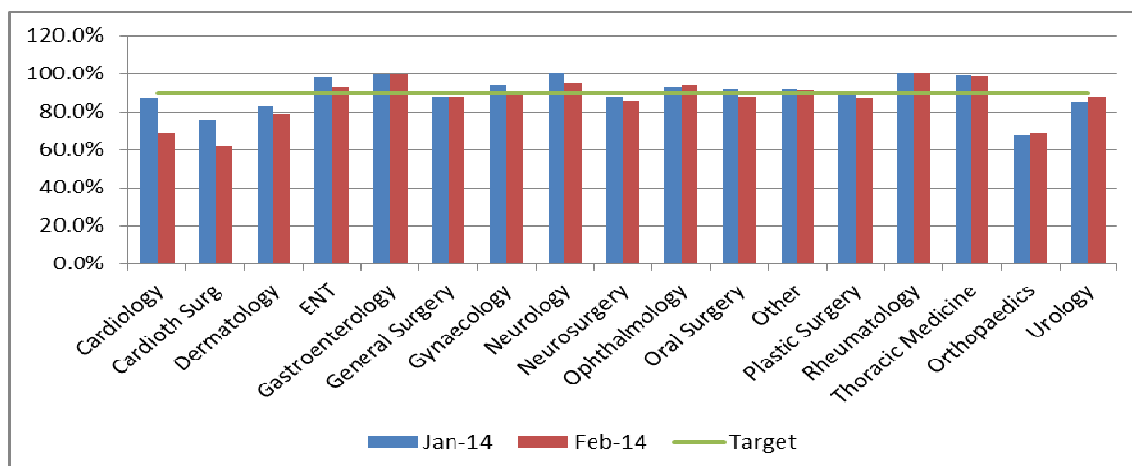


### 2.1 Admitted Pathways

The Trust has met the target for admitted pathways (90%) every month since June 2012. However, this year it has become increasingly challenging and in February performance was below target at 88.3%.

The deterioration in February was across a number of specialities and **Figure 2** compares the percentage within 18 weeks in January and February. The largest reduction in the percentage seen within 18 weeks was in Cardiology and Cardiothoracic Surgery and this was primarily due to an effort to tackle the number of long waiting patients. There was also a reduction in performance in some specialities that have previously achieved the 18 week target, for example, ENT where the performance fell from 98.2% in January to 92.8% in February.

**Figure 2 – Admitted Performance**



The number of patients on admitted pathways who waited over 18 weeks has increased from 451 in April 2013 to 539 in February 2014.

## 2.2 Non-admitted Pathways

The target for non-admitted pathways (95%) was met in the period April to October 2013. However, the target has not been met in the last four months has been 94.2% in November, 94.1% in December, 93.7% in January 2014 and 93.1% in February. Again the performance varies across specialities with Cardiology, Neurology, Neurosurgery and Orthopaedics being consistently below target. Plastic Surgery fell below target in February for the first time this year. This is because there has been a consultant vacancy since October and so outpatient activity has been reduced. The vacancy will be filled with effect from April and the position will improve.

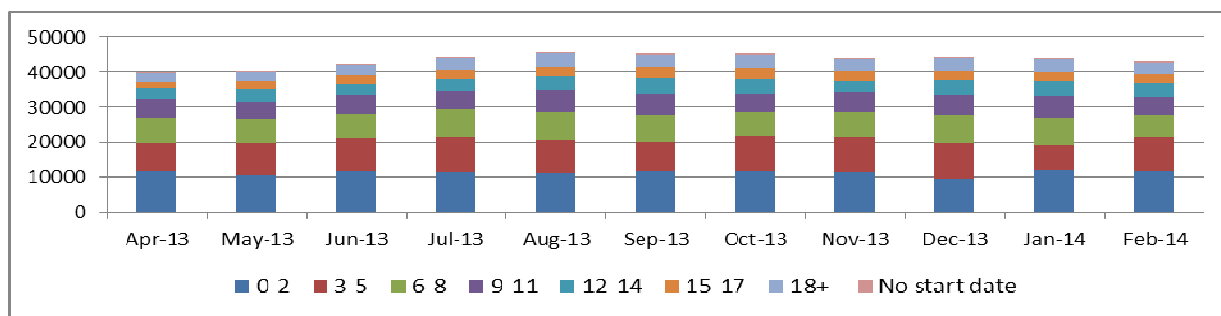
The number of patients on non-admitted pathways who waited over 18 weeks has increased significantly rising from 370 in April 2013 to 716 in January 2014 and 767 in February 2014.

## 2.3 Incomplete Pathways

The Trust has met the target for incomplete pathways (92%) every month so far this year. However, the performance has deteriorated from 93.9% in April 2013 to 92% in January and 92.2% February 2014. The specialities that have been below target in recent months are Cardiology, Cardiothoracic Surgery, Neurology, Neurosurgery, Plastic Surgery and Orthopaedics.

The numbers of patients on incomplete pathways is in effect the total 'waiting list'. However, the work done by the central validation team during February and March has shown that the incomplete pathways is not an accurate representation of the total waiting list as it contains a number of patients whose pathways should have already been completed but the system has not been update to reflect this. The number of patients on incomplete pathways over 18 weeks had increased from 2,430 in January to 3,500 in December and has then fallen to 3,450 in January and to 3,380 in February (**Figure 3**). The validation and treatment of long waiting patients will have reduced this number further during March. The final position will be reported verbally at the Board meeting.

**Figure 3 – Incomplete pathways by weeks waiting**



### 2.3 Average Waiting Times

The average waiting times for all patients on admitted pathways fell from 57 days in December to 53 days in January but rose in February to 67 days. This is due in part to the targeting of long waiting patients in some specialities to treat a backlog of patients that has developed over recent months. The average waiting time for all patients on non-admitted pathways rose from 46 days in December to 64 days in January but fell in February to 51 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 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 will be held in April for staff involved in management of waiting lists to reinforce the key messages and support any changes in operational procedures required.

### 3.2 Validation of incomplete pathways

A central validation team was set up and worked on incomplete pathways from 18 February 2014 to 31 March 2014. During this period the team closed over 7,200 pathways. Directorates are now reviewing the processes within their areas to ensure that a 'clean' list of pathways is maintained. The validation has enabled the incomplete target to be achieved in February and March.

### 3.3 Retraining of all staff on 18 week pathways

The centrally organised training and assessment is now complete. The web based 18 week e-learning package is still available for all staff involved. Directorates are now making sure that the training is reinforced by local specialty specific training sessions. 18 week training will be included in the induction process for new staff.

A number of inconsistencies around the way in which pathways are recorded across different directorates have been highlighted as a result of the validation and the assessments. The Waiting List Group, chaired by the Head of Information, met on 9 April to review the current practices and agree a standard recording process for the Trust.

### **3.4 Production of a comprehensive 18 week pathway monitoring report**

A new report that enables directorates to look at both their current 18 week performance and that for future months has been produced. This is called the 18 week pipeline and is available to all directorates. All of the current reports that are available are being reviewed with the intention of simplifying them.

### **3.5 Waiting List Task and Finish Group**

The Waiting List Task and Finish Group met on 11 April 2014 and verbal feedback will be given at the meeting.

### **4.0 Recovery plans for directorates**

All directorates have put plans in place to ensure that the 18 week targets are met by the Trust as a whole from July 2014. 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
- Continuing to recruit to existing vacancies
- Redesign of administrative processes to improve scheduling and management of patient pathways
- Development of business cases for additional consultant staff

Progress against the action plans will be reported to the Trust Executive Group on a regular basis. In some directorates the current plans may not result in the targets for their directorate being met by July, particularly where recruitment of clinical staff is required.

### **5.0 Conclusion**

The performance against all the 18 week targets has deteriorated in the past few months. The Trust has met the target for incomplete pathways (92%) every month so far this year.

For admitted pathways the target (90%) was not met in February for the first time since June 2012.

For non-admitted pathways the target (95%) was met in the period April to October 2013. However, the target has not been met in the last four months has been 94.2% in November, 94.1% in December, 93.7% in January 2014 and 93.1% in February.

All agreed actions within the action plan are progressing. The validation of open pathways has reduced the number of incomplete pathways and the training programme has been completed. Recovery plans have been developed in key specialities to ensure the delivery of the targets in 2014/15 from quarter 2.

### **6.0 Recommendation**

The Council of Governors is asked to receive the more detailed description of 18 week RTT performance and be assured that all actions are being progressed.