

**EXECUTIVE SUMMARY****REPORT TO THE BOARD OF DIRECTORS****HELD ON 18 MARCH 2015**

<b>Subject:</b>	Update on 18 Week Wait Performance
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<b>Status (see footnote):</b>	A & D

**PURPOSE OF THE REPORT:**

This paper provides an update on the current performance and planned trajectories for the organisation against the 18 week referral to treatment targets.

**KEY POINTS:**

- The average waiting time for patients receiving care at the Trust is 8 weeks.
- The Trust continues to meet all cancer treatment waiting time standards – the prioritisation of these urgent pathways can at times impact on our 18 week performance in non-cancer, non-urgent diagnoses.
- In January the required national waiting time standard for non admitted patients was achieved again for the fourth consecutive month, with 96.4% of patients being seen within 18 weeks (target 95%). The target has not yet been achieved for admitted patients where 86.0% were seen within 18 weeks marginally below the target of 90%. This is a slight deterioration of the position in December (88.8%)
- The number of incomplete pathways remained above the national waiting time standards, with 93.2% waiting less than 18 weeks (target is 92%). This is an improvement on the performance in December which was 92.7%.
- The Trust has continued to receive more referrals than expected throughout the year, and despite this has consistently delivered more inpatient and outpatient activity than target.
- The number of 18 week pathways that have been closed in the second quarter of the year was higher than those closed in the first quarter. In Q3 the number of pathways closed fell but was still higher than Q3 in the previous year. In January 15 there were 16,080 pathways closed compared to 16,485 in December and 16,765 in January 14. However, both elective activity and outpatient attendances were lower in January 15 than in the previous year.

**RECOMMENDATIONS:**

The Board is asked:

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

**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		18 March 2015

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

The Board has received previously a summarised position of performance against the 18 week referral to treatment targets. This summary provided an overview of the year to date position up to and including September and provided both a narrative and additional analysis of the key factors affecting performance at individual speciality level. This paper provides a further update on current performance for December alongside a projected outline of expected performance going forward.

The average waiting time for all patients receiving treatment at the Trust is 8 weeks. The Trust continues to meet all the cancer treatment waiting time standards

However, delivery of 18 weeks has remained challenging and the impact of growing numbers of patients and their doctors choosing Sheffield Teaching Hospital NHS Foundation Trust for their care has resulted in a significant increase in referrals. This has, in turn, resulted in significant challenges in meeting the required 18 week timeframes for treatment this year.

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

Target	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan
<b>Non-admitted</b>	x	x	x	x	x	x	✓	✓	✓	✓
<b>Admitted</b>	x	x	x	x	x	x	x	x	x	x
<b>Incomplete</b>	✓	✓	✓	✓	x	✓	✓	✓	✓	✓

## 2. Current Performance

### 2.1 Admitted Pathways

As highlighted above, delivery of the admitted pathways (90%) in the current year has been an ongoing challenge and this target has not been met this year. Implementation of the Trust Action Plan to ensure recovery required that all patients (other than those for whom an urgent clinical priority was identified) should be treated in chronological order. This resulted in those longer waiting patients being treated first and the impact of this was a planned further deterioration of the performance. Table 1 shows the actual performance by month this year.

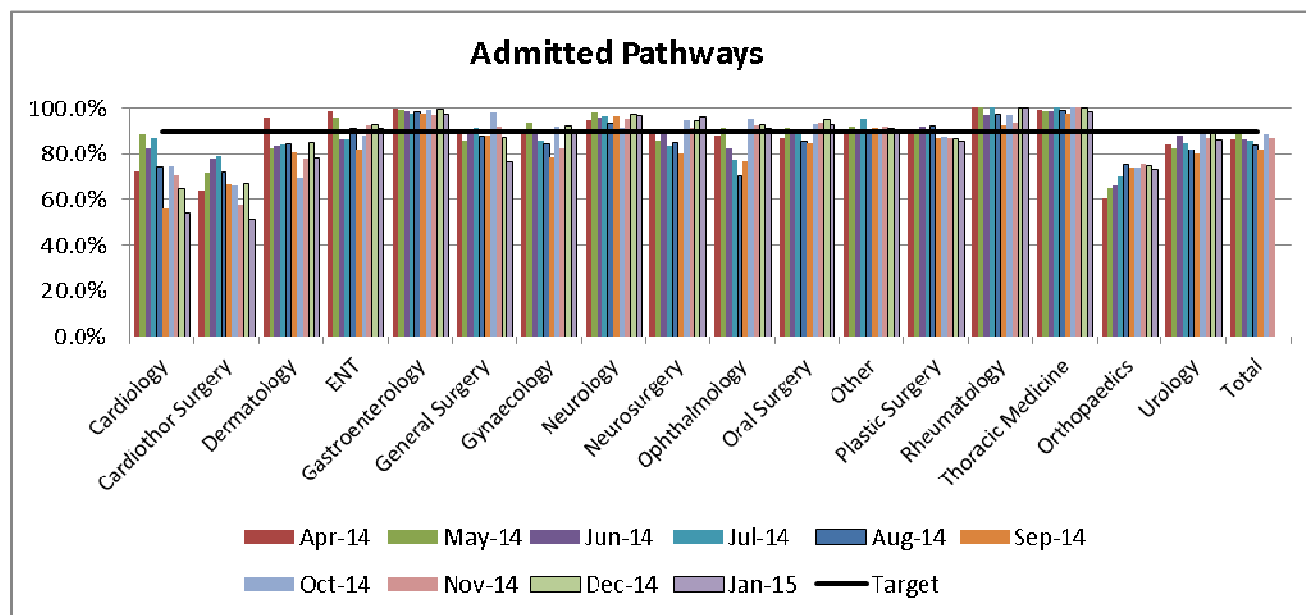
**Table 1 Admitted Performance**

Month	Pathways <18 weeks	Pathways >18 weeks	Total Pathways closed	% closed within 18 weeks
April	4003	627	4630	86.5%
May	3932	495	4427	88.8%
June	4057	621	4678	86.7%
July	4280	692	4972	86.1%
August	3506	647	4153	84.4%
September	4239	930	5169	82.0%
October	4638	592	5230	88.7%
November	3936	546	4482	87.8%
December	3661	465	4126	88.7%
January	3884	631	4515	86.0%

The January position is slightly worse than the position in December. It is worth noting that if a further **52** patients been treated within 18 weeks in December then the target would have been met. Appendix 1 sets out the actual performance detail by speciality.

The changes in performance have been achieved across a number of specialities and **Figure 1** shows the percentage treated within 18 weeks over the past 10 months. Of the 17 specialities reported nationally, 8 were below target in January compared to 7 in December. This compares to 7 in November, 8 in October and 12 in September.

**Figure 1 Admitted Performance**



**2.2 Non Admitted Pathways**

In January the number of non admitted patients treated within 18 weeks was 96.4% which is the required national waiting time standard (95%) and is the fourth consecutive month that this has been achieved this year. Table 2 sets out the performance by month so far this year.

**Table 2 Non-admitted performance**

Month	Pathways <18 weeks	Pathways >18 weeks	Total Pathways closed	% closed within 18 weeks
April	9862	658	10520	93.7%
May	9757	694	10451	93.4%
June	10992	693	11685	94.1%
July	11668	711	12379	94.3%
August	10425	841	11266	92.5%
September	13240	1103	14343	92.3%
October	12767	640	13407	95.2%
November	11671	610	12281	95.0%
December	11882	425	12307	96.5%
January	11111	415	11526	96.4%

Those specialities that did not manage to achieve the required target in January were Cardiology, Dermatology, Urology and Orthopaedics.

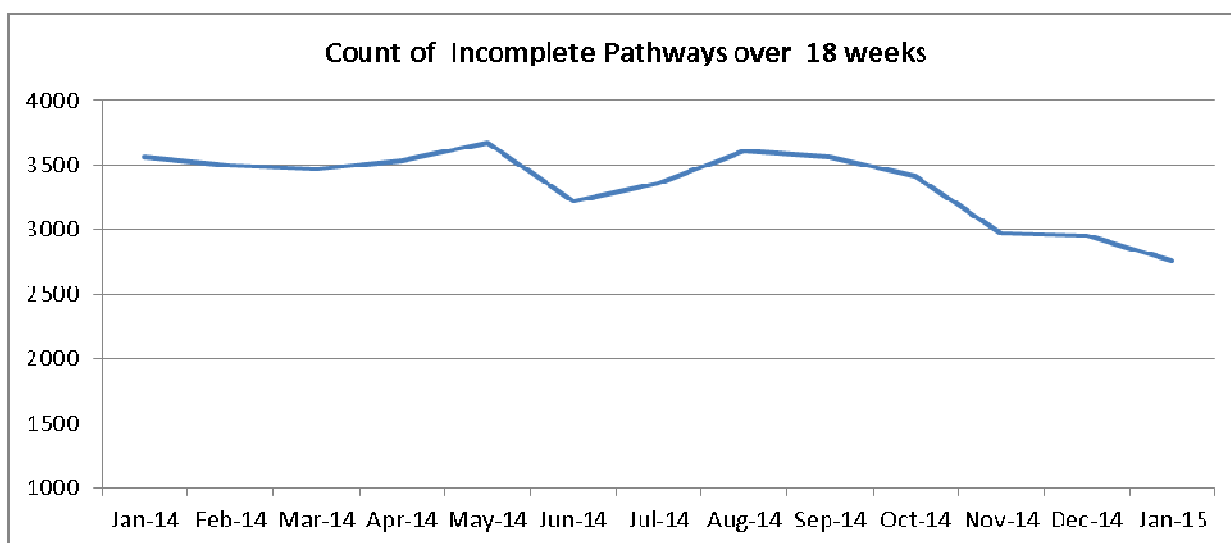
### 2.3 Incomplete Pathways

The Trust has continued to meet the required target for incomplete pathways (92%) each month this year apart from August when actual performance narrowly missed the required target with actual delivery at 91.9%. In January improved from 92.7% in December to 93.2%

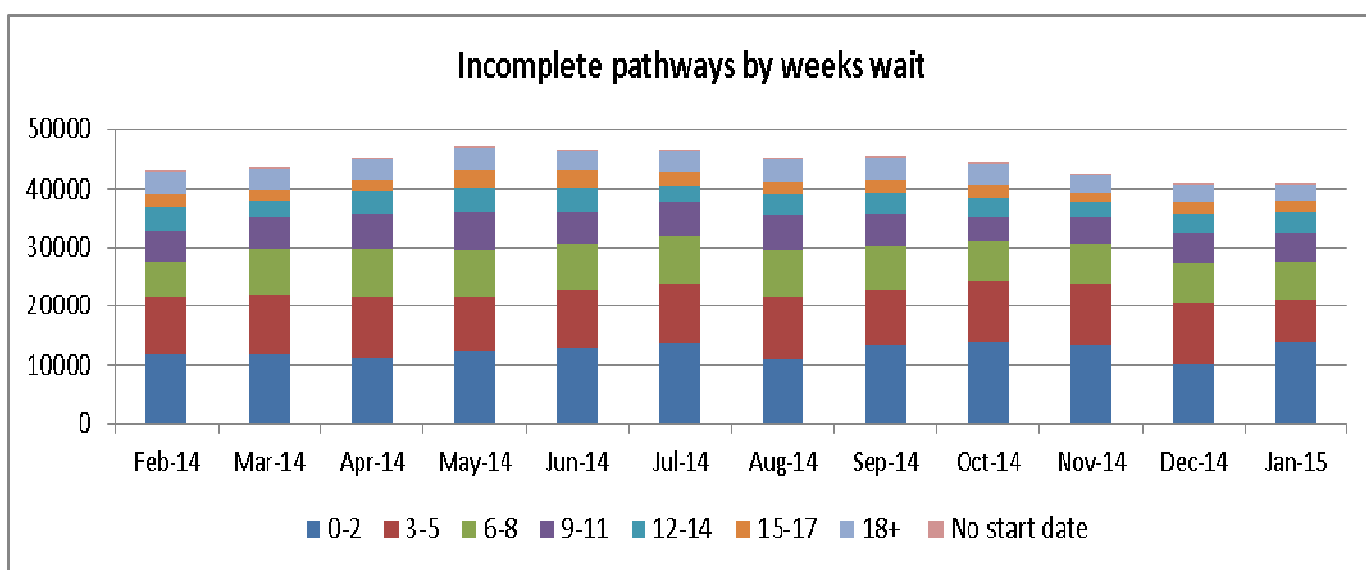
The total number of patients on incomplete pathways is in effect the total 'waiting list' and this continues to fall which is a good indicator that our recovery plan is delivering. The total number of incomplete pathways has fallen by 13% since May, from 46,749 to 40,334 at the end of January.

This improvement has seen the number of patients on incomplete pathways over 18 weeks fall. There is a decline in the number of incomplete pathways over 18 weeks of just over 17% in the last year (Figures 2 and 3).

**Figure 2 Incomplete pathways over 18 weeks**



**Figure 3 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, to 68 days in May and 67 days in July. The waiting time rose again in August to 69 days, increased significantly to 78 days in September but again this was a reflection of the drive to clear the backlog of patients with longer waits. In October the average wait time has started to reduce and was 71 days. This reduction continued in November and was 70 days and has remained at that level in December. However, it has risen again in January to 75 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, and again in July to 55 days. It subsequently fell in August to 51 days but rose to 54 days in September. In October the average wait time for non-admitted fell to 47 days, the lowest wait time recorded this year. The position remained the same in November and December. In January this average waiting time has fallen to 43 days.

## **3.0 Recovery plans for directorates**

It has previously been reported at Board meetings that all directorates had recovery plans in place to ensure that the 18 week targets for admitted, non-admitted and incomplete were met by the Trust as a whole from October 2014, and delivered in full for Quarter 3. In October recovery was achieved for non admitted and incomplete pathways. This continues to be the position for November, December and January. The number of patients waiting over 18 weeks continues to reduce.

Further adjustments to Directorate recovery plans, with improved and more robust trajectories are now in place and these continue to be recalibrated to take account of growing referrals.

### **3.1 Non Admitted pathways**

It is expected that the target for non admitted pathways will be met again in February for the Trust as a whole but the specialities that are not expected to achieve the targets are Cardiology and Hearing Services.

There were some ongoing challenges within Dermatology that as expected had a negative impact on delivery for January but we are confident of achievement of the non admitted target from February onwards. The plans for Cardiology are still being developed and the date by when the targets will be achieved on a consistent and sustainable basis will be reported at a future meeting. In Hearing Services this is a planned under performance to clear a one off backlog to enable the target to be met in subsequent months. The current plans show that all other specialities will meet the target from February onwards.

### **3.2 Admitted pathways**

The latest trajectories show that the target for admitted pathways will be met for the Trust as a whole in June. However, the only specialities where the 90% target will not be achieved are Cardiology, Cardiac Surgery and Orthopaedics. It is anticipated that Cardiac Surgery and Cardiology will meet the 90% target from July onwards.

The plans in Orthopaedics are still being developed and the date by when the target will be achieved on a consistent and sustainable basis will be reported at a future meeting. This relates to ongoing work with the CCG and NHS England regarding alternative capacity.

Meetings are now being held with Operations Directors every two weeks to monitor progress against the trajectories for quarter 4 and beyond. Trajectories and queues are being remodelled on a monthly basis.

#### **4.0 Conclusion**

The average waiting time for patients receiving care at the Trust is 8 weeks.

The Trust continues to meet all the cancer treatment waiting time standards – the prioritisation of these urgent pathways can at times impact our 18 week performance in non-cancer, non-urgent diagnoses.

In January the number of admitted patients treated within 18 weeks was below the required national waiting time standards at 86.0% (target 90%).

The Trust met the target for non admitted pathways with 96.4% of patients being seen within 18 week (target 95%).

The Trust has met the target for incomplete pathways (92%) every month so far this year apart from August when the performance was just below target at 91.9%. The position improved in September to be at 92.4% and in October to be at 92.5% and again in November to be 93.0%. In December the position deteriorated slightly to 92.7 but improved in January to 93.2%.

#### **5.0 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 – JANUARY 2015

	<18wks	Total	%	Additional patients required to be treated to achieve 18 week target
CARDIOLOGY	91	168	54.17%	61
CARDIAC SURGERY	19	71	26.76%	45
THORACIC SURGERY	38	40	95.00%	
CARE OF THE ELDERLY	3	3	100.00%	
CHEST MEDICINE	17	18	94.44%	
PRIMARY PULMONARY HYPERTENSIO	38	38	100.00%	
DERMATOLOGY	47	60	78.33%	7
EAR NOSE AND THROAT	134	147	91.16%	
GASTROENTEROLOGY	72	74	97.30%	
GENERAL SURGERY	68	91	74.73%	14
OBESITY SURGERY	9	10	90.00%	
GYNAECOLOGY	267	295	90.51%	
NEUROLOGY	59	61	96.72%	
NEUROSURGERY	111	117	94.87%	
STEREOTACTIC RADIOSURGERY	69	70	98.57%	
OCULAR ONCOLOGY	25	26	96.15%	
OPHTHALMOLOGY	523	581	90.02%	
VITREORETINAL SURGERY	80	80	100.00%	
ORAL SURGERY	417	449	92.87%	
ORTHOPAEDIC	337	461	73.10%	78
ADULT CYSTIC FIBROSIS	2	2	100.00%	
BREAST SURGERY	68	68	100.00%	
BURNS	6	6	100.00%	
CHORIOCARCINOMA	3	3	100.00%	
CLINICAL IMMUNOLOGY	1	1	100.00%	
CLINICAL ONCOLOGY	67	67	100.00%	
COLORECTAL SURGERY	116	130	89.23%	1
ENDOCRINOLOGY	1	1	100.00%	
GYNAECOLOGY ONCOLOGY	41	41	100.00%	
HAEMATOLOGY	38	38	100.00%	
HEPATOBIILIARY & PANCREATIC SURG	68	82	82.93%	6
HEPATOLOGY	4	4	100.00%	
INFECTIOUS DISEASES	53	53	100.00%	
MAXILLO-FACIAL SURGERY	66	74	89.19%	1
MEDICAL ONCOLOGY	29	29	100.00%	
MEDICAL OPHTHALMOLOGY	8	8	100.00%	
NEPHROLOGY	17	17	100.00%	
PAEDIATRIC DENTISTRY	29	31	93.55%	
PAIN MANAGEMENT	9	9	100.00%	
SPINAL INJURIES	16	16	100.00%	
SPINAL SURGERY SERVICE	64	84	76.19%	12
UPPER GASTROINTESTINAL SURGERY	48	54	88.89%	1
VASCULAR RADIOLOGY	44	49	89.80%	1
VASCULAR SURGERY	47	49	95.92%	
PLASTIC SURGERY	395	460	85.87%	19
METABOLIC BONE	39	39	100.00%	
RHEUMATOLOGY	1	1	100.00%	
UROLOGY	179	207	86.47%	8



## 2. NON ADMITTED PATHWAYS – JANUARY 2015

	<18wks	Total	%	Additional patients required to be treated to achieve 18 week target
	286	334	85.63%	31
CARDIAC SURGERY	18	18	100.00%	
THORACIC SURGERY	22	23	95.65%	
CARE OF THE ELDERLY	38	39	97.44%	
CHEST MEDICINE	180	181	99.45%	
PRIMARY PULMONARY HYPERTENSION	2	2	100.00%	
DERMATOLOGY	776	828	93.72%	11
EAR NOSE AND THROAT	767	794	96.60%	
GASTROENTEROLOGY	239	248	96.37%	
GENERAL SURGERY	178	187	95.19%	
GYNAECOLOGY	982	1008	97.42%	
NEUROLOGY	605	636	95.13%	
NEUROSURGERY	214	225	95.11%	
STEREOTACTIC RADIOSURGERY	22	22	100.00%	
COLLAR ONCOLOGY	54	54	100.00%	
OPHTHALMOLOGY	671	675	99.41%	
VITREORETINAL SURGERY	104	104	100.00%	
ORAL SURGERY	250	254	98.43%	
ORTHOPAEDIC	386	413	93.46%	7
ANTI-COAGULATION	74	74	100.00%	
AUDILOGICAL MEDICINE	174	183	95.08%	
BREAST SURGERY	312	330	94.55%	2
BURNS	3	3	100.00%	
CHEMICAL PATHOLOGY	16	17	94.12%	1
CHORIOCARCINOMA	13	13	100.00%	
CLINICAL IMMUNOLOGY	146	150	97.33%	
CLINICAL INHERITED GENETICS	58	58	100.00%	
CLINICAL NEUROPHYSIOLOGY	114	114	100.00%	
CLINICAL ONCOLOGY	263	266	98.87%	
CLINICAL PSYCHOLOGY	57	58	98.28%	
COLORECTAL SURGERY	164	177	92.66%	5
DIABETES	277	277	100.00%	
ENDOCRINOLOGY	124	126	98.41%	
GYNAECOLOGY ONCOLOGY	32	32	100.00%	
HAEMATOLOGY	246	247	99.60%	
HEARING SERVICES	74	97	76.29%	19
HEPATOLOGY	62	62	100.00%	
INFECTIOUS DISEASES	68	68	100.00%	
MAXILLOFACIAL SURGERY	79	79	100.00%	
MEDICAL ONCOLOGY	23	23	100.00%	
MEDICAL OPHTHALMOLOGY	212	212	100.00%	
NEPHROLOGY	163	164	99.39%	
OBSTETRICS	13	13	100.00%	
ORAL MEDICINE	144	144	100.00%	
ORTHODONTICS	207	208	99.52%	
PAEDIATRIC DENTISTRY	227	244	93.03%	5
PAEDIATRIC MAXILLO-FACIAL SURGERY	23	24	95.83%	
PAEDIATRIC OPHTHALMOLOGY	17	17	100.00%	
PAIN MANAGEMENT	123	123	100.00%	
PALLIATIVE MEDICINE	11	11	100.00%	
REHABILITATION	15	15	100.00%	
RENAL	11	11	100.00%	
RESPIRATORY PHYSIOLOGY	67	69	97.10%	
RESTORATIVE DENTISTRY	370	388	95.36%	
SPINAL INJURIES	29	30	96.67%	
SPINAL SURGERY SERVICE	172	181	95.03%	
TRANSIENT ISCHAMIC ATTACK	39	39	100.00%	
VASCULAR RADIOLOGY	19	20	95.00%	
VASCULAR SURGERY	111	111	100.00%	
PLASTIC SURGERY	359	372	96.51%	
METABOLIC BONE	52	52	100.00%	
RHEUMATOLOGY	209	209	100.00%	
UROLOGY	382	409	93.40%	7