

**SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**



**EXECUTIVE SUMMARY**

**REPORT TO THE BOARD OF DIRECTORS MEETING**

**HELD ON 19 MARCH 2014**

<b>Subject:</b>	Update on 18 Week Wait Performance
<b>Supporting Director:</b>	Kirsten Major – Director of Strategy & Operations
<b>Author:</b>	Annette Peck – Head of Information Paul Buckley – Deputy Director of Strategy & Planning
<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 admitted and incomplete pathways in January 2014
- The target for non-admitted was not met in January 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 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		19 March 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

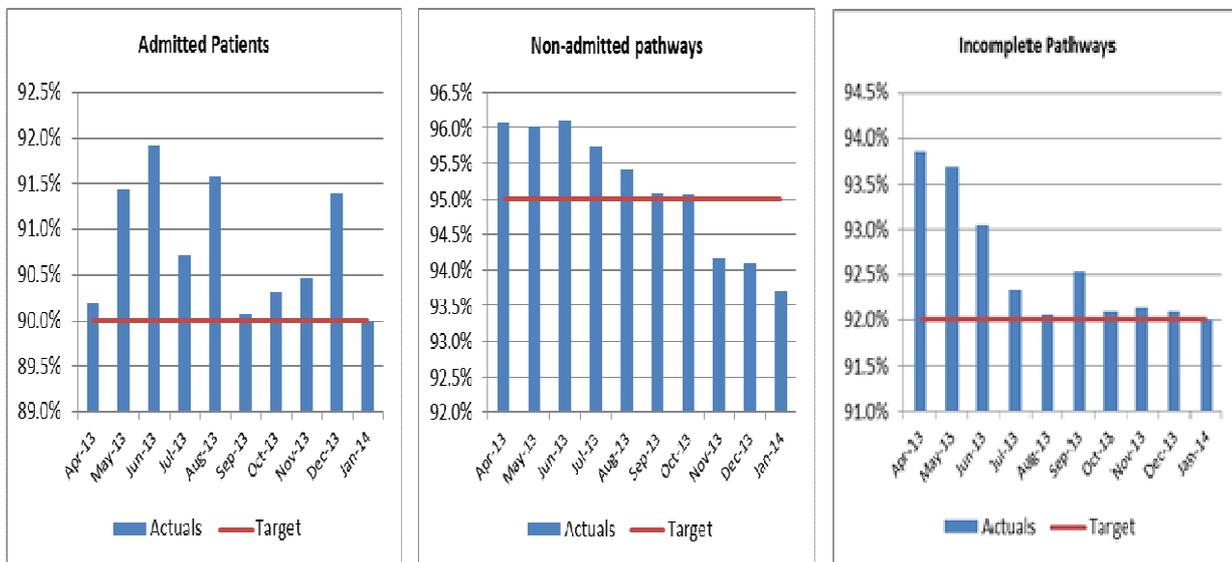
This paper provides an update on performance against the 18 week referral to treatment targets and sets out current performance and provides an update on progress against the action plan agreed at the Board in February 2014.

As reported at the Board in February, the targets for the 18 week admitted and incomplete targets were met in November and December 2013 but the non-admitted target was not. In January 2014 the Trust again met the targets for admitted and incomplete pathways but not for non-admitted.

## 2. Current Performance

The performance against the 18 week referral to treatment targets for 2013/14 for April 2013 to January 2014 is set out below. The performance against all the 18 week targets has deteriorated in the past few months

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



### 2.1 Admitted Pathways

The Trust has met the target for admitted pathways (90%) every month so far this year but this has become increasingly challenging with performance in January being exactly on target (90%). The performance varies across specialities with a number being consistently below target. These include Orthopaedics, Neurosurgery, Dermatology and General Surgery.

The number of patients on admitted pathways who waited over 18 weeks has increased from 451 in April 2013 to 525 in January 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 three months has been 94.2% in November, 94.1% in December and 93.7% in January 2014. Again the performance varies across specialities with Cardiology, Neurology, Neurosurgery and Orthopaedics being consistently below target.

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.

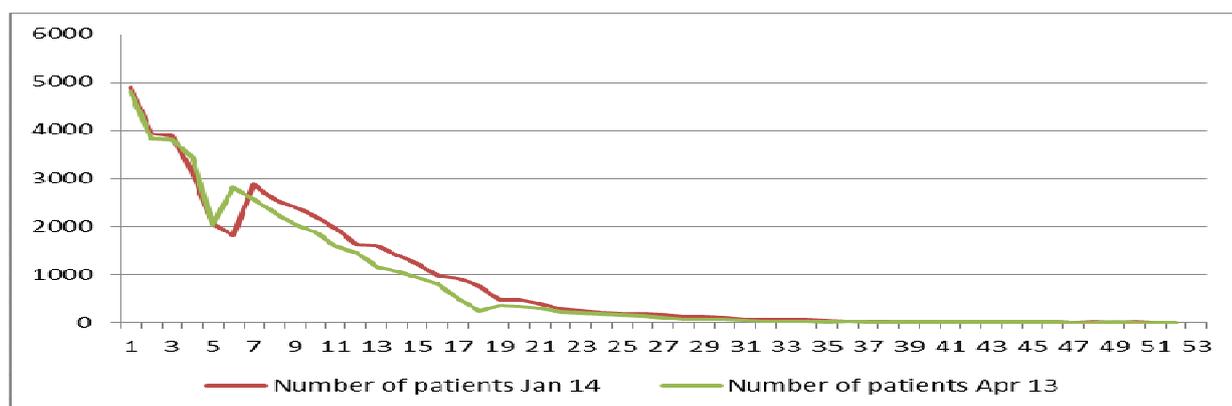
### 2.3 Incomplete Pathways

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 2014. The specialities that have been below target in recent months are Cardiology, Cardiothoracic Surgery, Neurology, Neurosurgery and Orthopaedics.

The numbers of patients on incomplete pathways is in effect the total 'waiting list'. Although the number of patients on incomplete pathways over 18 weeks had increased by 3,733 at the end of December 2013 it fell during January by 175 and is now at a similar level to that at the end of August 2013. **Figure 2** presents this and the distribution between different time categories of waiting.

The distribution of the patients waiting has changed slightly and is now showing an increase in waiting time in the 9 to 19 weeks bracket.

**Figure 2 – Distribution of incomplete pathways**



### 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. However, the average waiting time for all patients on non-admitted pathways rose from 46 days in December to 64 days in January. This is due in part to the targeting of long waiting patients in some specialities to treat a backlog of patients that has developed due to the increase in referrals that has occurred during this year.

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 was approved by the Board in February 2014 and has now been published on the Trust intranet. The General Managers are in process of reviewing implications and operational actions required to monitor adherence to the Policy. The Medical Director is to circulate this to all consultant staff and emphasise the importance of implementing the requirements effectively. Workshops will be

held 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 has been set up and commenced working on 18 February 2014. The team have closed over 3,000 incomplete pathways to date and had a positive impact on the month end position against the target.

The number of open pathways has reduced from 44,375 on 19 February to 42,644 as at 10 March.

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

A web-based 18 week e-learning training and assessment system is being implemented. The first assessments have been undertaken, showing, generally, a baseline low level of knowledge and understanding of the 18 week pathway. The training was offered to over 1200 members of staff and was delivered in sessions between the 10th and 18th March 2014. These will be followed by a second assessment to establish the impact of the initial training.

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, will be convened to 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 being road tested by Surgical Services. 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 14 February 2014 and approved the more detailed action plan. General Managers have been asked to report on actions requiring their leadership and operational management for the next meeting of the group.

## **4.0 Recovery plans for directorates**

All directorates have been asked to put plans in place to ensure that the 18 week targets are met 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.

## **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 admitted pathways (90%) and incomplete pathways (92%) every month so far this year. However, this has become increasingly challenging with performance in January being exactly on target.

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 three months has been 94.2% in November, 94.1% in December and 93.7% in January 2014.

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 is well underway. 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 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