

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS MEETING****HELD ON 19 FEBRUARY 2014**

Subject:	18 Week Wait Performance – Detailed Analysis
Supporting Director:	Kirsten Major – Director of Strategy & Operations
Author:	Annette Peck – Head of Information Paul Buckley – Deputy Director of Strategy & Planning
Status (see footnote):	N

PURPOSE OF THE REPORT:

- This paper provides a detailed analysis of performance against the 18 week targets and sets out proposed actions to secure delivery of the target in future months and responds to the request from Board members in December for a more detailed understanding and review.

KEY POINTS:

- STH has a long standing record of success in achieving the waiting times targets for all 18 week pathways. Waiting is an important aspect of patient experience in delivering high quality care.
- Performance in November and December for the non-admitted target has been below the required levels. A detailed analysis has been carried out and further actions are proposed to drive improved performance in individual Directorates and across the organisation.
- A number of actions have already been commenced in response to the ongoing analysis of performance. A Task to Finish Group chaired by a Non-Executive Director will be established to oversee progression against the action plan and provide Board assurance.

RECOMMENDATIONS:

The Board is asked to:

- Approve all of the actions proposed and underway to create and sustain more sustainable levels of 18 weeks performance. These are in a number of key areas:
 - A revised Access Policy
 - Validation of Incomplete Pathways
 - Predicting Future Performance
 - Analysis of Capacity and Demand
 - Retraining Staff
 - Comprehensive Monitoring of 18 Weeks
- To agree a more detailed analysis of 18 weeks at each Board meeting until further notice.

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
TEG	DSO		5 February 2014
Board of Directors	DSO		19 February 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 a comprehensive analysis of performance against the 18 week referral to treatment targets. As reported at the Board meeting in January 2014, the targets for the 18 week admitted and incomplete targets were met in November but the non-admitted target was not. As reported verbally at the Board meeting in January, the non-admitted target was not achieved for December.

The paper describes the targets as set by Monitor, our contractual obligations and the NHS Constitution. It sets out current performance, examines a number of possible drivers influencing this and describes a series of proposed actions.

The National Audit Office Report on NHS Waiting Times for Elective Care in England published on 23 January 2014 highlighted a number of recommendations including the need for Boards to be assured of the performance against the 18 week referral to treatment targets.

2. The Targets

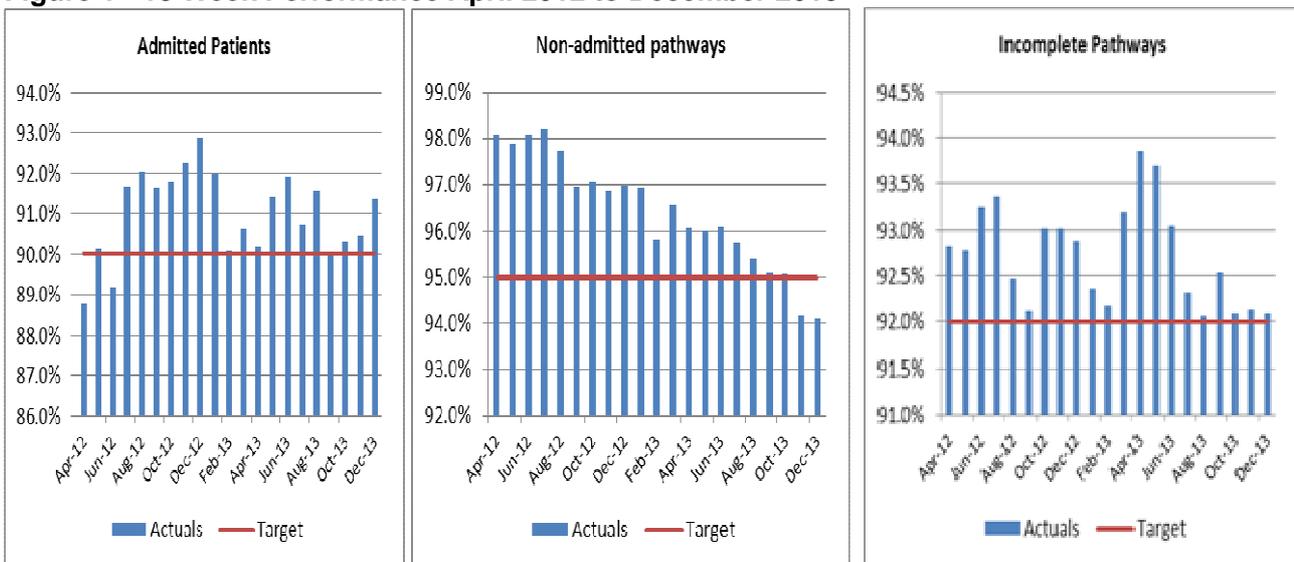
The 18 week pathways targets are set out in our contract with each of our commissioners, by Monitor and as part of the NHS Constitution. These are as follows:

- 90% of patients who required admission for treatment must complete their pathway within 18 weeks (referred to as completed admitted).
- 95% of patients who are treated without admission must start their pathway within 18 weeks (referred to as completed non admitted).
- 92 % of patients who have not yet started their treatment have been waiting less than 18 weeks (referred to as incomplete pathways). This final measure could be interpreted as a measure of our queue or list at any point in time.

3. Current Performance

Sheffield Teaching Hospital NHS Foundation Trust (STH) has a long standing record of success in achieving the waiting times targets for 18 week pathways. On average around 16,000 pathways are completed each month with around 4,800 being admitted pathways and around 11,200 non admitted pathways. **Figure 1** shows the performance for 18 week pathways since April 2012.

Figure 1 - 18 Week Performance April 2012 to December 2013



The number of patients on admitted pathways who are currently waiting over 18 weeks has over the same period increased slightly to 357 in December 2013. The number of patients on non-admitted pathways waiting over 18 weeks has increased significantly rising to 596 in December 2013.

Although the total number of patients who have completed their treatment for both admitted and non-admitted pathways within 18 weeks has also increased, this has not been sufficient to maintain the percentage treated within 18 weeks at the required level. Therefore, in November and December 2013 the Trust did not achieve the non-admitted target with performance of 94.2% and 94.1% respectively.

The average waiting times for patients who have completed their 18 week pathways is shown in Table 1. The average waiting time has increased slightly within the period.

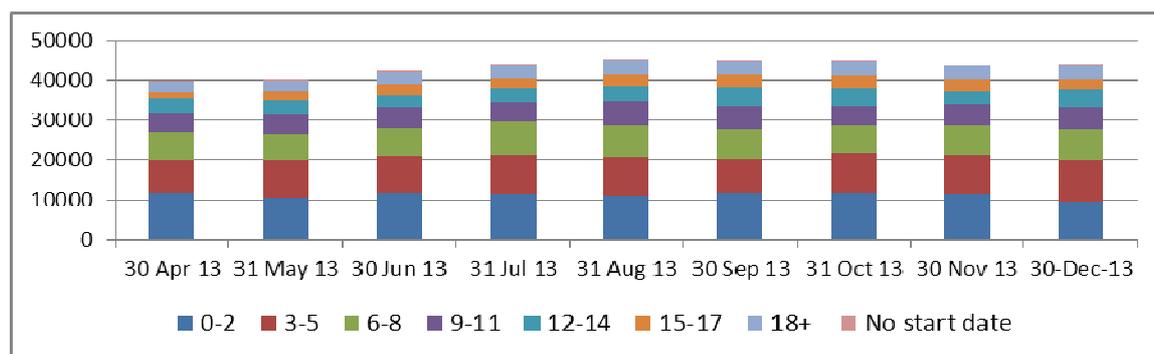
Table 1 - Average Waiting Times April 2012 and November 2013

Pathway	All patients		Patients waiting less than 18 weeks		Patients waiting more than 18 weeks	
	Apr 12	Dec 13	Apr 12	Dec 13	Apr 12	Dec 13
Admitted	62 days	57 days	48 days	46 days	169 days	172 days
Non admitted	41 days	46 days	38 days	38 days	160 days	171 days

For admitted patients the average waiting time for patients who have not breached the 18 week target has reduced and that for those who have breached the 18 week target it has increased slightly. The average waiting time for non-admitted patients in all the categories has remained the same or increased.

The numbers of patients on incomplete pathways is in effect the total 'waiting list'. The number of patients on incomplete pathways over 18 weeks has increased by 3,733 at the end of December 13. These data are displayed in Figure 2 and also show the distribution between different time categories of waiting.

Figure 2 - Incomplete Pathways by Weeks Waiting



NB: The time period for this comparison is from April 2013 not April 2012 because of validation carried out during 2012.

4. Analysis

There are three key issues which are driving current performance.

1. The number of patients being referred to STH are greater than the numbers receiving treatment;
2. Activity levels planned through our contracts with commissioners are less than the number of referrals being received; and
3. The administrative and management processes for 18 weeks in the organisation are sub-optimal.

Figures 3 and 4 illustrate the differences between the level of referrals, activity delivered and activity commissioned since April 2012. For the majority of months since April 2012 the level of both referrals received and new attendances seen have been above the level commissioned.

Figure 3 - Referrals

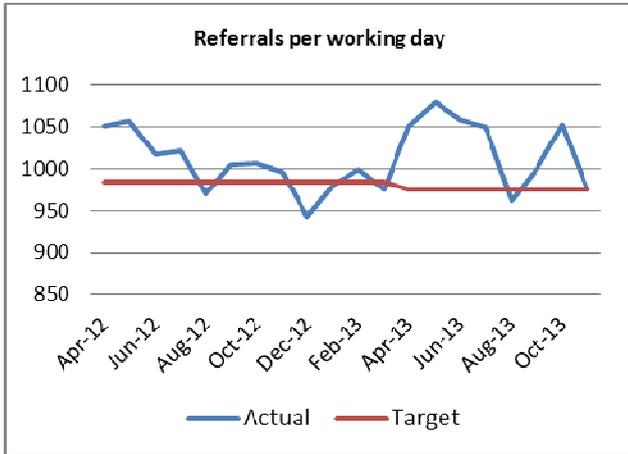
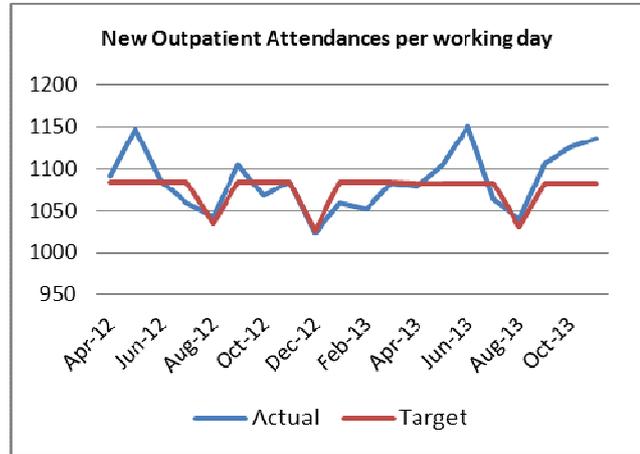


Figure 4 - New Outpatient Attendances



Figures 5 and 6 show the differences between the level of elective and non elective spells commissioned and activity delivered since April 2012. For the majority of months both the elective and non elective activity has been above the target level commissioned.

Figure 5 - Elective Spells

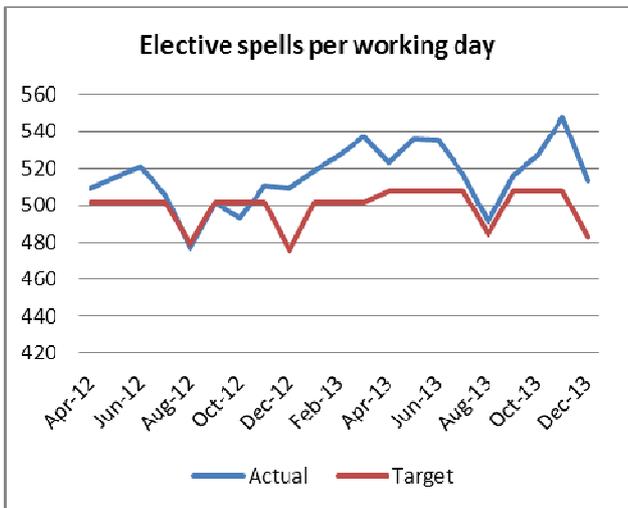
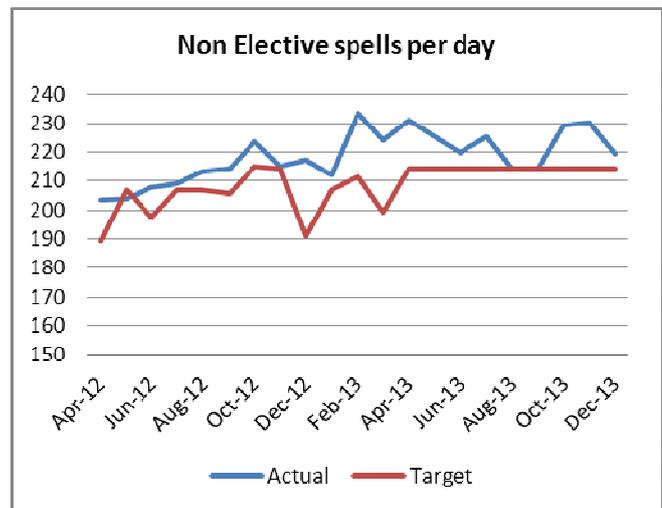


Figure 6 - Non Elective Spells



NB. The data are expressed in terms of elective spells per working day and non-elective spells per day (not per working day).

It is both the gap between demand received and activity carried out by the Trust and the mismatch between plans and actual activity required which have led to an increase in the number of patients on the waiting lists and therefore on 18 week pathways.

Hence, analysis to date suggests that the main factors influencing the current 18 week position are:

- The number of referrals received has exceeded the level of referrals commissioned in most months since April 2012 by an average of 672 per month.

- The number of new outpatient attendances seen in clinic per month has been on average 2,600 lower than the number of referrals received.
- The total number of new outpatients seen per month has been on average over 200 higher than the number commissioned since April 2012.
- The level of new outpatient clinic attendances per month was lower on average in the first six months of this financial year compared to last.
- The number of additions to the waiting list since April 2012 has been on average 600 more per month than the removals through elective admissions.
- The number of elective spells in total has been on average 300 per month higher than the level commissioned since April 2012.
- The number of non elective spells has also been on average 300 higher than the level commissioned since April 2012.
- There are a large number of patients showing as being on incomplete pathways when in fact their treatment has started and the 18 week pathway should have been stopped.
- The poor scheduling of the treatment of some patients resulting in waiting times that are just over 18 weeks.

5. Action Plan

A number of actions have already been commenced in response to the ongoing analysis of performance. A Task and Finish Group chaired by a Non-Executive Director has been established to oversee progression against the action plan. The draft Terms of Reference and membership are set out in **Appendix 1**.

The actions already underway and proposed are as follows:

a) Access Policy

The Trust's Access Policy has been extensively revised and approved by the Trust Executive Group. It sets targets for the maximum acceptable wait for the different stages of the 18 week pathway. For 2014/15, STH maximum waiting times will be set as follows:

- i. No patient should wait longer than 5 weeks for a first outpatient appointment
- ii. No patient should wait longer than 4 weeks for a subsequent diagnostic test to be carried out and the results reported
- iii. No patient should wait longer than 2 weeks for pre-operative assessment (with the aim ultimately to offer pre-operative assessment to patients on the same day as the decision to admit (DTA) is made)
- iv. No patient should wait longer than 15 weeks for hospital admission

These timescales will be reviewed annually, with the aim to reducing the overall patient pathway year on year. It will also introduce more rigorous processes for dealing with waiting lists in general and will necessitate significant changes within the organisation both in terms of process and cultural approaches by teams to managing waits and access

b) Validation of Incomplete Pathways

A validation exercise is underway to make sure that the incomplete pathways list only contains patients that require treatment. This is being carried out in strict adherence to the national 18 weeks rules which are embedded in the Trust Access Policy.

c) Prediction of future performance

An analysis of the current incomplete pathways will be undertaken to predict the likely position for all three targets for the remainder of this financial year and for 2014/15. This will inform a better understanding for when remedial actions will return us to the necessary level of performance.

d) Analysis of Capacity and Demand

As part of the planning process for 2014/15 directorates will undertake a detailed piece of work looking at the likely demand and their ability to meet that demand. This will also form part of the contract negotiation process with commissioners, in particular discussions around reducing demand. In addition, directorates will determine what is required to deliver the targets for 18 weeks in a sustainable way. General Surgery undertook a piece of work earlier this year that has enabled them to improve their performance and provides a good model for doing this in other directorates. This has been presented to the Clinical Management Board.

e) Retraining of all staff on 18 week pathways

To improve the administration of 18 week pathway a training package has been purchased. All staff involved in 18 week pathway recording will undertake this training and be provided support to ensure that recording information about 18 week pathways is consistently applied throughout the Trust.

f) Production of a comprehensive 18 week pathway monitoring report

At present a large number of reports are available to assist staff in the monitoring of 18 week pathways. However, these are not easy to use for staff who are not familiar with spreadsheets. A report that provides the information in an easier to use format has been developed and road tested by General Surgery that will be made available to all directorates. This will improve the administration of the pathways and draw attention to those patients where improved scheduling would enable the 18 week target to be met.

6. Delivery Timetable

Action	Date	TEG	Responsibility	Status
Access Policy - consultation with CMB - wider consultation - TEG approval	17 Jan 31 Jan 5 Feb	Kirsten Major	Annette Peck and Jenny Wilson	Complete
Validation of Incomplete Pathways - Paper to INTEG - Process complete	5 Feb 31 Mar	Kirsten Major	Annette Peck and Jenny Wilson	
Initial prediction of 2014 performance	31 Jan	Kirsten Major	Annette Peck	Complete
Analysis of Capacity and Demand and predicting future performance	31 Mar	Kirsten Major	General Managers	
Retraining of all staff on 18 week pathways - Review of commercial training package - Approval of funding to purchase the package	9 Jan 5 Feb	Kirsten Major All TEG	General Managers/Jenny Wilson	Complete
Production of a comprehensive 18 week pathway monitoring report	24 Feb	Kirsten Major	Annette Peck/Peter Singleton	
Establish a Task and Finish Group – to be chaired by a Non-executive Director	14 Feb	Kirsten Major	Kirsten Major	Complete

7. Conclusion

STH has a long standing record of success in achieving the waiting times targets for 18 week pathways. Waiting is an important aspect of patient experience in delivering high quality care.

Recent performance, and that expected in coming months is likely to be below the required levels. The drivers for under-delivery are multiple and a range of remedial actions have been initiated to drive improved performance in individual Directorates and across the organisation.

8. Recommendations

The Board is asked to:

- c) Approve all of the actions proposed and underway to create and sustain more sustainable levels of 18 weeks performance.
- d) To agree a more detailed analysis of 18 weeks at each Board meeting until further notice.

Appendix 1



Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust

TERMS OF REFERENCE

WAITING LIST TASK AND FINISH GROUP

1. **PURPOSE**

- To oversee the implementation of the action plan to improve the performance against the 18 week RTT targets and provide the Board of Directors with assurance regarding progress.

2. **DUTIES/RESPONSIBILITIES**

- To monitor achievement of the milestones in the plan.
- To assure the Board that the required remedial action is being taken.
- To monitor the effectiveness of the actions being taken and recommend any further action required.
- To ensure that the whole organisation is fully engaged in the improvement process required.
- To provide regular reports to Clinical Management Board, Trust Executive Board and Board of Directors on the progress being made.
- To provide assurance to Clinical Commissioning Groups and Monitor that the Trust is taking action to improve the performance against the 18 week RTT targets

3. **ACCOUNTABLE TO**

- Board of Directors

4. **REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

- Report of each meeting to be presented to the Finance, Performance and Workforce Committee by the Director of Strategy and Operations.
- An update of progress to be included in the Board Performance Report
- Circulation of minutes to Operational Management Board

5. **MEMBERSHIP - NAME/DESIGNATION/CHAIR OR DEPUTY**

➤ Members

NAME	DESIGNATION	CHAIR/DEPUTY
Annette Laban	Non-Executive Director	Chair
Kirsten Major	Director of Strategy & Operations	Lead officer
Peter Braidley	Clinical Director	

NAME	DESIGNATION	CHAIR/DEPUTY
Richard Grunewald	Clinical Director	
Paul Skinner	Clinical Director	
Paul Sutton	Clinical Director	
Paula Bailey	General Manager	
Michael Harper	General Manager	
Ellen Ryabov	Chief Operating Officer	
Annette Peck	Head of Information	
Jenny Wilson	Interim Senior Manager	

6. QUORUM

- The Chair and half the members, including at least one Clinical Director and one General Manager.

7. MEETING FREQUENCY AND PROCEDURES (MINIMUM IF APPLICABLE)

- As required but not less than monthly

8. DATE TERMS OF REFERENCE WERE LAST APPROVED

- January 2014

9. REVIEW DATE

- July 2014

10. PROCESS FOR REVIEWING EFFECTIVENESS

- Through regular reports

11. REPORTING STRUCTURE

- Finance, Performance and Workforce Committee
- Board of Directors