



**EXECUTIVE SUMMARY**

**REPORT TO THE BOARD OF DIRECTORS**

**HELD ON 21 JANUARY 2015**

<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>	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 November the required national waiting time standard for non admitted patients was achieved again for the second consecutive month, with 95.0% of patients being seen within 18 weeks (target 95%). The target has not yet been achieved for admitted patients where 87.8% were seen within 18 weeks marginally below the target of 90%.
- The number of incomplete pathways remained above the national waiting time standards, with 93% waiting less than 18 weeks (target is 92%). This is an improvement on October and reflects ongoing improvement in the management of the queue.
- 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. The average number of pathways closed per month in quarter 3 so far is higher than that in quarters 1 and 2.

**RECOMMENDATIONS:**

The Board is asked:

- 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 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		21 January 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 October 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
Non-admitted	x	x	x	x	x	x	✓	✓
Admitted	x	x	x	x	x	x	x	x
Incomplete	✓	✓	✓	✓	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.

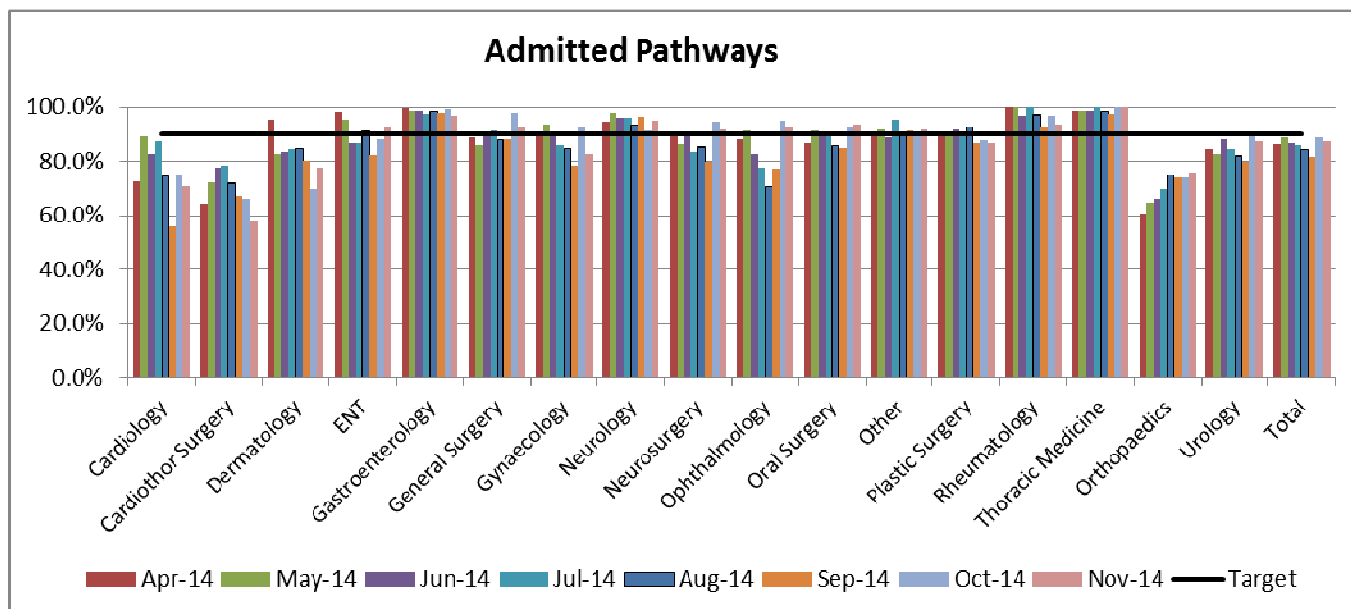
**Table 1 Admitted Performance**

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%

Although the November position is slightly worse than that in October it is better than in most previous months. It is worth noting that if a further 98 patients been treated within 18 weeks in November 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 7 months. Of the 17 specialities reported nationally, 7 were below target in November compared to 8 in October and 12 in September which again is an improved position.

**Figure 1 Admitted Performance**



## 2.2 Non Admitted Pathways

In November the number of non admitted patients treated within 18 weeks was 95.0% which is the required national waiting time standard (95%) and is the second 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%

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

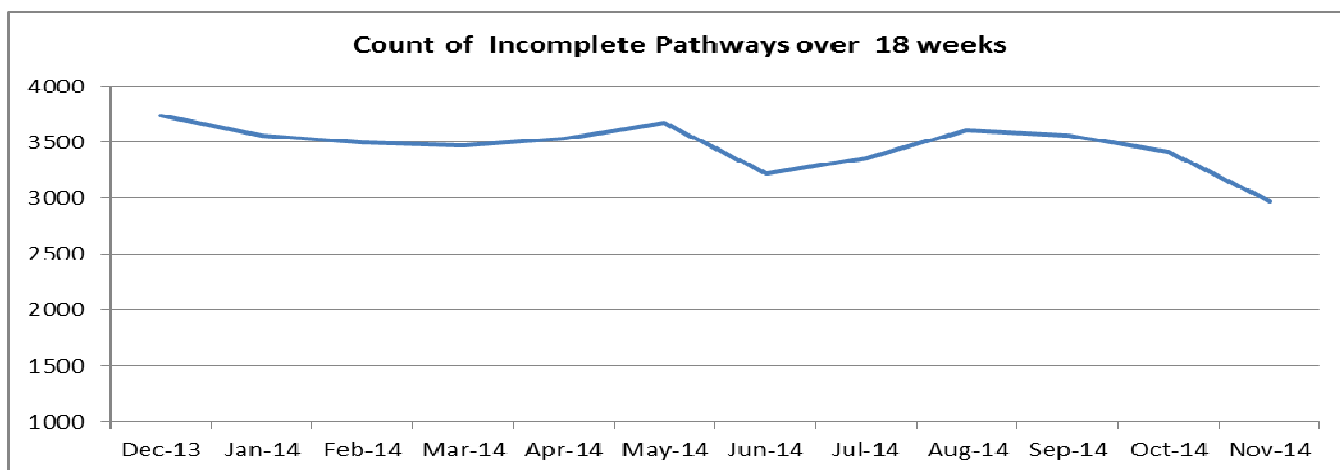
### 2.3 Incomplete Pathways

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 November the position improved again and was 93.0% compared to 92.5% in October.

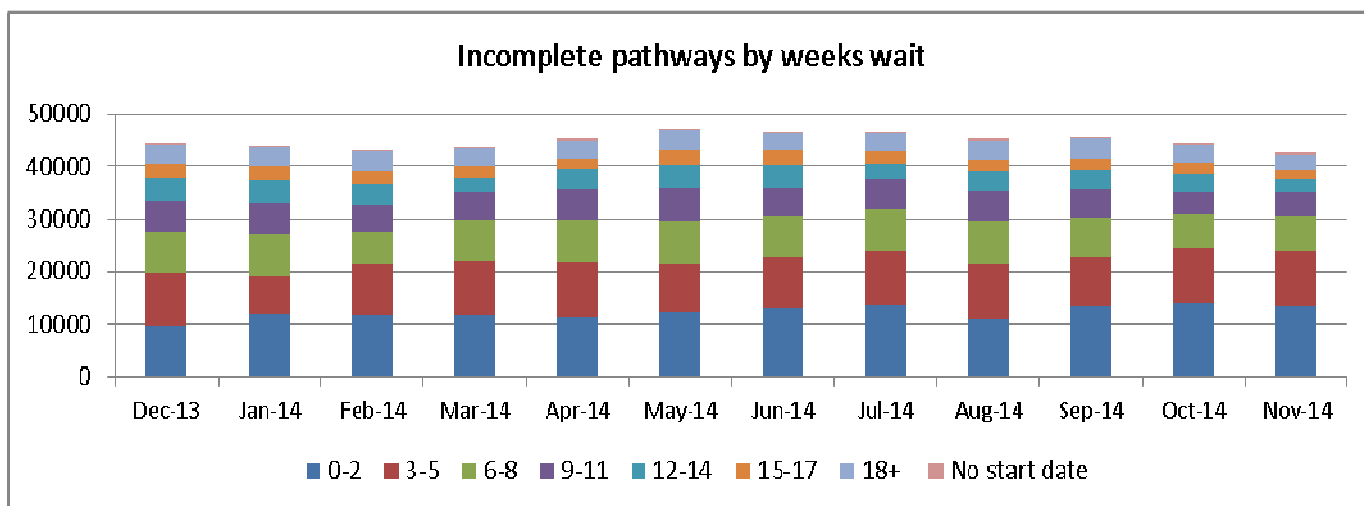
The total number of patients on incomplete pathways is in effect the total 'waiting list' and this continues to fall which is a good indicator that our recovery plan is delivering. The total number of incomplete pathways has fallen by 9.3% since May, from 46,749 to 42,371 at the end of November.

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 15% 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 has continued in November and was 70 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.

## **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. 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 in December for the Trust as a whole but the specialities that are not expected to achieve the targets are Cardiology and Dermatology.

There are some ongoing challenges within Dermatology that may have a negative impact on delivery for January that the team are reviewing. 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.

### **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 3 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 November the number of admitted patients treated within 18 weeks was below the required national waiting time standards at 87.8% (target 90%).

The Trust met the target for non admitted pathways with 95.0% 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%.

#### **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 – NOVEMBER 2014

	<18wks	Total	% within 18 weeks	Additional patients required to be treated to achieve 18 week target
CARDIOLOGY	132	186	70.97%	35
CARDIAC SURGERY	14	59	23.73%	39
THORACIC SURGERY	49	50	98.00%	
CARE OF THE ELDERLY	3	3	100.00%	
CHEST MEDICINE	18	18	100.00%	
PRIMARY PULMONARY HYPERTENSION	48	48	100.00%	
DERMATOLOGY	42	54	77.78%	7
EAR NOSE AND THROAT	151	163	92.64%	
GASTROENTEROLOGY	155	160	96.88%	
GENERAL SURGERY	92	101	91.09%	
OBESITY SURGERY	15	15	100.00%	
GYNAECOLOGY	248	299	82.94%	21
NEUROLOGY	58	61	95.08%	
NEUROSURGERY	81	94	86.17%	4
STEREOTACTIC RADIOSURGERY	64	64	100.00%	
OCULAR ONCOLOGY	29	29	100.00%	
OPHTHALMOLOGY	545	597	91.29%	
VITREORETINAL SURGERY	98	100	98.00%	
ORAL SURGERY	375	400	93.75%	
ORTHOPAEDIC	342	451	75.83%	64
ADULT CYSTIC FIBROSIS	2	2	100.00%	
BREAST SURGERY	73	76	96.05%	
BURNS	4	4	100.00%	
CHORIOCARCINOMA	1	1	100.00%	
CLINICAL ONCOLOGY	49	49	100.00%	
COLORECTAL SURGERY	125	141	88.65%	2
ENDOCRINOLOGY	2	2	100.00%	
GYNAECOLOGY ONCOLOGY	43	47	91.49%	
HAEMATOLOGY	14	14	100.00%	
HEPATOBIILIARY & PANCREATIC SURGERY	81	85	95.29%	
HEPATOLOGY	2	2	100.00%	
INFECTIOUS DISEASES	52	52	100.00%	
MAXILLO-FACIAL SURGERY	61	72	84.72%	4
MEDICAL ONCOLOGY	17	17	100.00%	
MEDICAL OPHTHALMOLOGY	8	8	100.00%	
NEPHROLOGY	12	12	100.00%	
OBSTETRICS	5	5	100.00%	
PAEDIATRIC DENTISTRY	32	46	69.57%	9
PAIN MANAGEMENT	8	8	100.00%	
SPINAL INJURIES	9	10	90.00%	
SPINAL SURGERY SERVICE	41	51	80.39%	5
UPPER GASTROINTESTINAL SURGERY	63	64	98.44%	
VASCULAR RADIOLOGY	40	45	88.89%	1
VASCULAR SURGERY	61	63	96.83%	
PLASTIC SURGERY	361	415	86.99%	13
METABOLIC BONE	27	29	93.10%	
RHEUMATOLOGY	4	4	100.00%	
UROLOGY	179	205	87.32%	6



## 2. NON ADMITTED PATHWAYS – NOVEMBER 2014

	<18wks	Total	%	Additional patients required to be treated to achieve 18 week target
CARDIOLOGY	281	325	86.46%	28
DIAGNOSTIC CARDIOLOGY	18	24	75.00%	5
CARDIAC SURGERY	23	26	88.46%	2
THORACIC SURGERY	30	30	100.00%	
CARE OF THE ELDERLY	41	42	97.62%	
CHEST MEDICINE	161	166	96.99%	
PRIMARY PULMONARY HYPERTENSION	3	3	100.00%	
DERMATOLOGY	965	1057	91.30%	40
EAR NOSE AND THROAT	831	877	94.75%	2
GASTROENTEROLOGY	331	343	96.50%	
GENERAL SURGERY	226	238	94.96%	1
GYNAECOLOGY	991	1030	96.21%	
NEUROLOGY	610	635	96.06%	
NEUROSURGERY	273	273	100.00%	
STEREOTACTIC RADIOSURGERY	20	20	100.00%	
OCULAR ONCOLOGY	47	47	100.00%	
OPHTHALMOLOGY	579	588	98.47%	
VITREORETINAL SURGERY	77	77	100.00%	
ORAL SURGERY	267	275	97.09%	
ORTHOPAEDIC	484	523	92.54%	13
ADULT CYSTIC FIBROSIS	1	1	100.00%	
ANAESTHETICS	1	1	100.00%	
ANTI-COAGULATION	77	77	100.00%	
AUDIOLOGICAL MEDICINE	142	149	95.30%	
BREAST SURGERY	365	385	94.81%	1
BURNS	1	1	100.00%	
CHEMICAL PATHOLOGY	29	29	100.00%	
CLINICAL IMMUNOLOGY	147	155	94.84%	1
CLINICAL INHERITED GENETICS	58	59	98.31%	
CLINICAL NEUROPHYSIOLOGY	162	163	99.39%	
CLINICAL ONCOLOGY	265	267	99.25%	
CLINICAL PSYCHOLOGY	35	36	97.22%	
COLORECTAL SURGERY	216	231	93.51%	4
DIABETES	198	199	99.50%	
ENDOCRINOLOGY	128	129	99.22%	
GYNAECOLOGY ONCOLOGY	40	41	97.56%	
HAEMATOLOGY	186	188	98.94%	
HEARING SERVICES	79	91	86.81%	8
HEPATOLOGY	45	46	97.83%	
INFECTIOUS DISEASES	93	93	100.00%	
MAXILLO-FACIAL SURGERY	82	84	97.62%	
MEDICAL ONCOLOGY	15	15	100.00%	
MEDICAL OPTHALMOLOGY	223	223	100.00%	
NEPHROLOGY	156	156	100.00%	
OBSTETRICS	11	11	100.00%	
ORAL MEDICINE	111	112	99.11%	
ORTHODONTICS	177	178	99.44%	
PAEDIATRIC DENTISTRY	178	200	89.00%	12
PAEDIATRIC MAXILLO-FACIAL SURGERY	29	29	100.00%	
PAEDIATRIC OPTHALMOLOGY	35	35	100.00%	
PAIN MANAGEMENT	165	165	100.00%	
PALLIATIVE MEDICINE	14	14	100.00%	
REHABILITATION	12	12	100.00%	
RENAL	10	10	100.00%	
RESPIRATORY PHYSIOLOGY	92	94	97.87%	
RESTORATIVE DENTISTRY	373	468	79.70%	72
SPINAL INJURIES	13	13	100.00%	
SPINAL SURGERY SERVICE	184	192	95.83%	
TRANSIENT ISCHAMIC ATTACK	30	30	100.00%	
UPPER GASTROINTESTINAL SURGERY	3	4	75.00%	1
VASCULAR RADIOLOGY	5	5	100.00%	
VASCULAR SURGERY	158	158	100.00%	
PLASTIC SURGERY	338	352	96.02%	
METABOLIC BONE	80	80	100.00%	
RHEUMATOLOGY	228	230	99.13%	
UROLOGY	424	461	91.97%	14