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**SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**

**EXECUTIVE SUMMARY**

**REPORT TO TRUST BOARD OF DIRECTORS**

**HELD ON 19 NOVEMBER 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
<b>Status (see footnote):</b>	A & D

**PURPOSE OF THE REPORT:**

This paper provides an update on the performance against the 18 week referral to treatment targets and describes the factors influencing that performance.

**KEY POINTS:**

The average waiting time for 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 inevitably sometimes impacts on our 18 week performance in non-cancer, non-urgent diagnoses.

The number of non-admitted and admitted patients treated within 18 weeks in September was below the required national waiting time standards. The figures were 82.0% (target 90% admitted patients) and 92.3% (target 95% non-admitted patients). 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%. When considered together these performance data demonstrate that Directorates are implementing their recovery plans and that the future position in relation to waiting times is considerably more robust and sustainable.

The Trust has received more referrals than expected throughout the year so far but has consistently delivered more inpatient and outpatient activity than contracted for by commissioners.

The number of 18 week pathways that have been closed in the second quarter of the year is higher than in the first quarter.

**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:**

		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
Board of Directors	DSO		19 November 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 for the first six months of the year.

Until recent months, the Trust has always met the waiting times for patients receiving treatment within 18 weeks from the time they are referred by their GP. The average waiting time for patients having care at the Trust is 8 weeks and has remained at this level throughout the first six months. The Trust continues to meet all the cancer treatment waiting time standards

However, growing numbers of patients and their doctors are choosing Sheffield Teaching Hospital NHS Foundation Trust for their care and this has resulted in a significant increase in referrals. This has in turn made meeting the 18 week timeframes for treatment much more challenging as the number of patients waiting longer increased.

The need to reduce the number of long waiting patients was recognised and an action plan put in place to do this. As a consequence the Trust has not met the targets for admitted and non admitted pathways in recent months.

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

Target	April	May	June	July	August	Sept
Non-admitted	x	x	x	x	x	x
Admitted	x	x	x	x	x	x
Incomplete	✓	✓	✓	✓	x	✓

The specialities that continue to be particularly challenged are Cardiac Services, Orthopaedics, Urology, Dental Specialities and Dermatology.

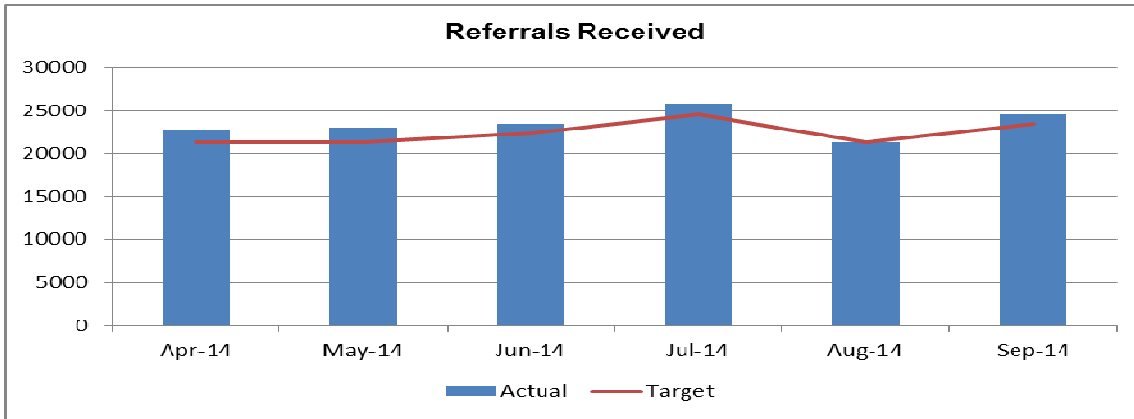
Appendix 1 provides further by specialty detail regarding waiting times and activity levels.

The factors influencing this position are analysed in more detail below.

## 2. Referrals to the Trust

At the start of the year the Trust agreed with its commissioners the level of referrals the Trust could expect to receive during the year. In the first six months there have been over 6,600 more referrals than the expected level; an over performance of 4.9%. Of these, over 4,500 have been from primary care.

Figure 1 Referrals Received

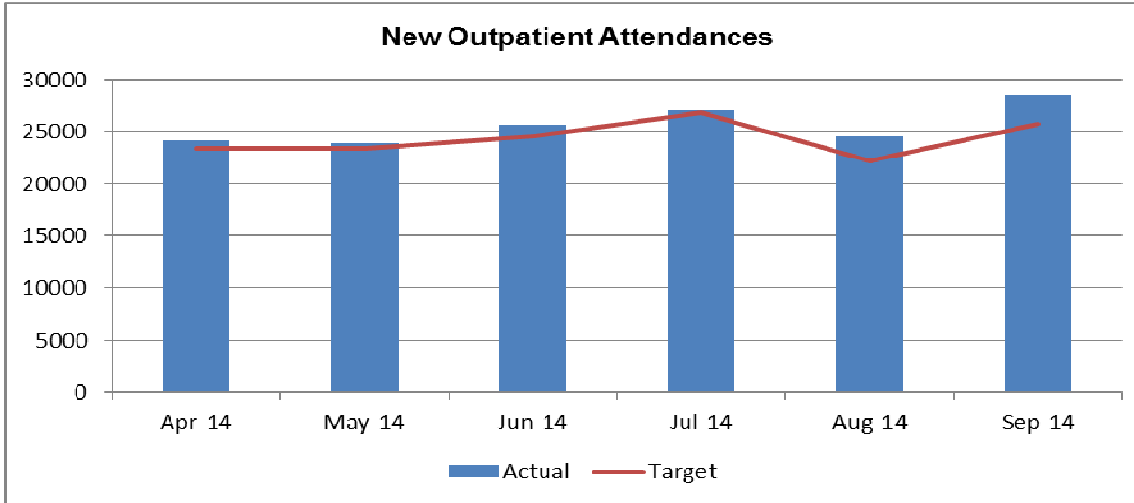


The increase has been across all specialities but has been particularly noticeable in those where achieving 18 weeks is proving difficult.

### 3. New Outpatient Attendances

The number of new outpatients seen has been above the target for every month so far this year. The cumulative position is nearly 9,000 attendances above the target; an over performance of 5.2%.

Figure 2 New Outpatient Attendances

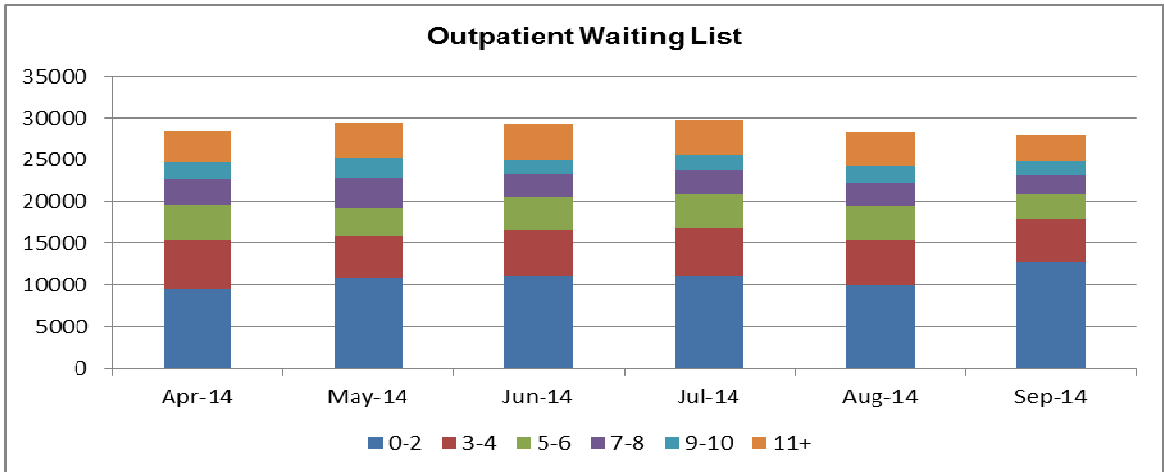


The majority of the specialities that are not delivering the 18 week performance have seen more outpatients than their target.

### 4. Outpatient Waiting List

The number of patients waiting for their first outpatient appointment increased during the first four months of the year but has now reduced again and is lower than it was in April. In April 20% of patients were waiting over 8 weeks for their first appointment but this has now fallen to 17%.

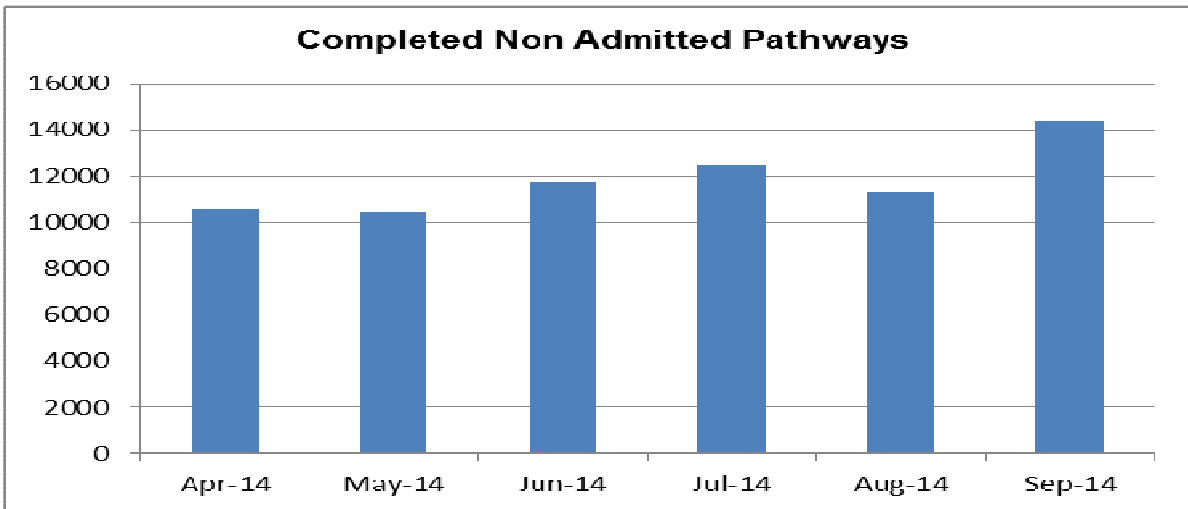
Figure 3 Outpatient Waiting List



**5. Completed Non Admitted Pathways**

Patients that do not require admission for their treatment are classified as being on non admitted pathways. These are patients who receive their first definitive treatment as an outpatient or who do not require treatment. The number of patients whose pathways have stopped in this way has increased significantly in the second quarter of this financial year from an average of 10,930 per month to an average of 12,720.

Figure 4 Number of Completed Non Admitted Pathways



As part of the recovery plan each directorate agreed a trajectory for the number of non admitted pathways that they would close between June and September.

The performance overall has been above trajectory but the balance between under and over 18 weeks has not been as anticipated, and this aspect of waiting times planning is notoriously difficult to predict as it reflects the balance between patients' length of wait and the clinical urgency of conditions.

Figure 5 Non admitted Pathways for period June to September

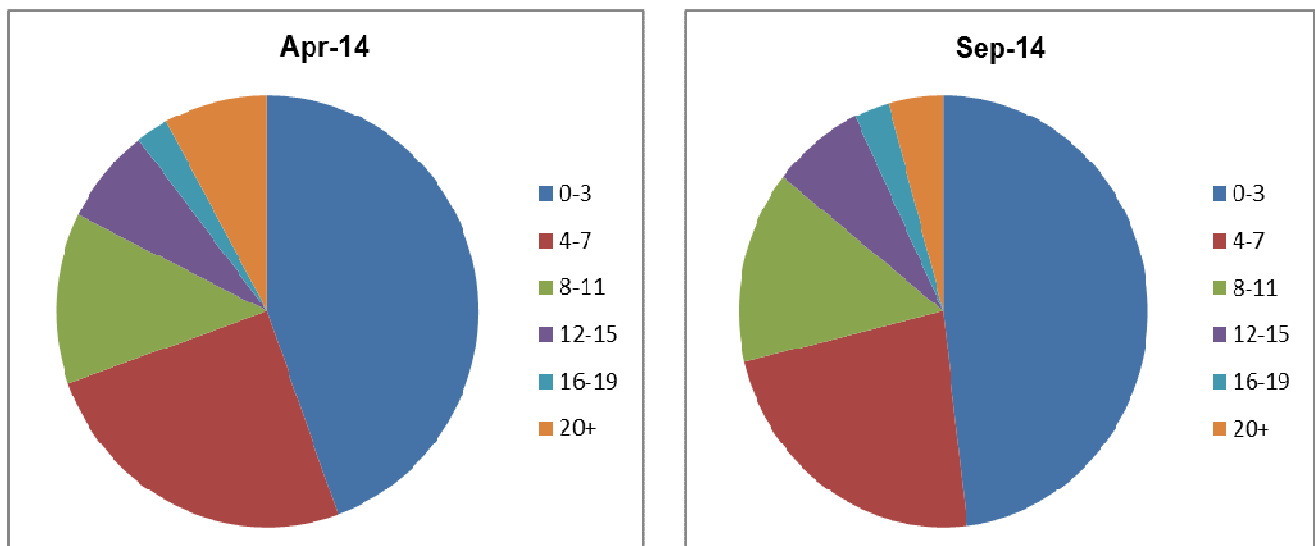
	Actual			Trajectory			Variance		
	Under 18 weeks	Over 18 weeks	Total	Under 18 weeks	Over 18 weeks	Total	Under 18 weeks	Over 18 weeks	Total
Cardiology	1152	144	1296	1308	400	1708	-156	-256	-412
Cardiothor Surg	207	0	207	324	0	324	-117	0	-117
Dermatology	3274	201	3475	3080	140	3220	194	61	255
ENT	2070	503	2573	1773	96	1869	297	407	704
Gastroenterology	1823	68	1891	1897	26	1923	-74	42	-32
General Surgery	798	29	827	909	32	941	-111	-3	-114
Geriatrics	206	7	213	219	0	219	-13	7	-6
Gynaecology	3319	125	3444	2851	118	2969	468	7	475
Neurology	2749	649	3398	2389	726	3115	360	-77	283
Neurosurgery	1195	112	1307	1093	107	1200	102	5	107
Ophthalmology	3226	28	3254	2734	85	2819	492	-57	435
Oral Surgery	1063	77	1140	873	75	948	190	2	192
Other	17629	907	18536	16319	960	17279	1310	-53	1257
Plastic Surgery	1743	94	1837	1802	181	1983	-59	-87	-146
Rheumatology	1186	26	1212	1019	32	1051	167	-6	161
Thoracic Medicine	634	22	656	910	11	921	-276	11	-265
Orthopaedics	2599	207	2806	2225	186	2411	374	21	395
Urology	1603	156	1759	1500	320	1820	103	-164	-61
Total	46,476	3,355	49,831	43,225	3,495	46,720	3,251	-140	3,111

Directorates have now developed trajectories for the period October to December and work is underway to extend this to cover the last quarter of the year.

### 5.0 Inpatient Waiting List

If a patient requires treatment as an inpatient or day case then they are placed on the inpatient/day case waiting list. Although the number of patients on the list has remained more or less the same throughout the year so far, the number of patients waiting more than 3 months for their inpatient treatment has reduced from 1867 to 1521; a drop of over 3 %.

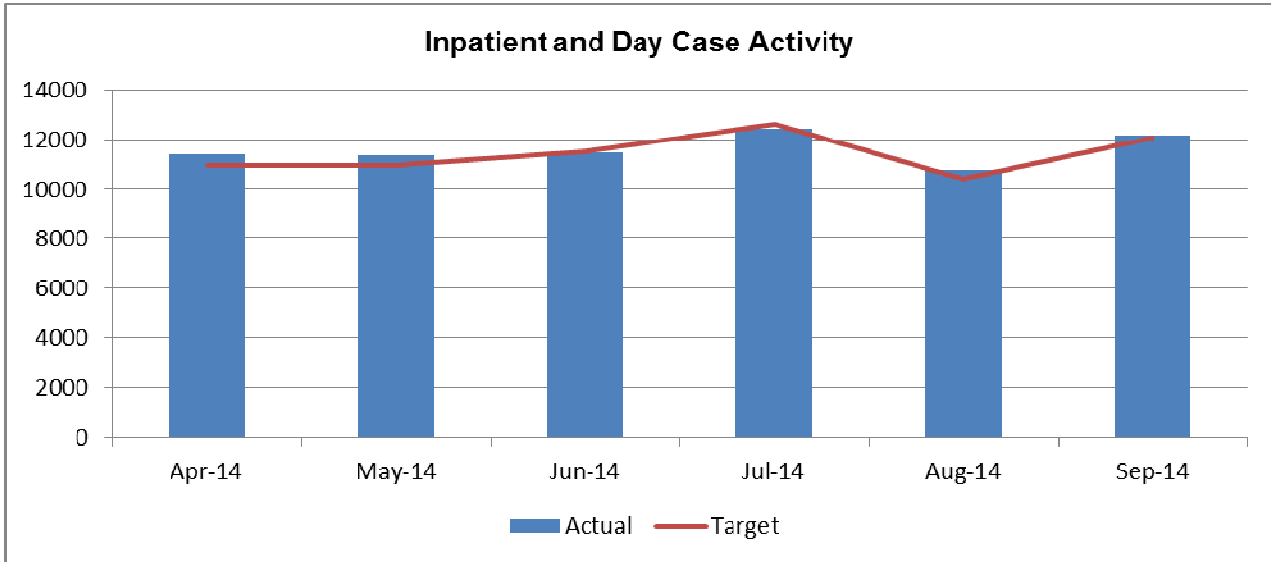
Figure 6 Inpatient Waiting List



## 6.0 Inpatient Activity

The number of patients treated as inpatients and day cases has been at or above target for the majority of months so far this year and cumulatively is 910 spells above target.

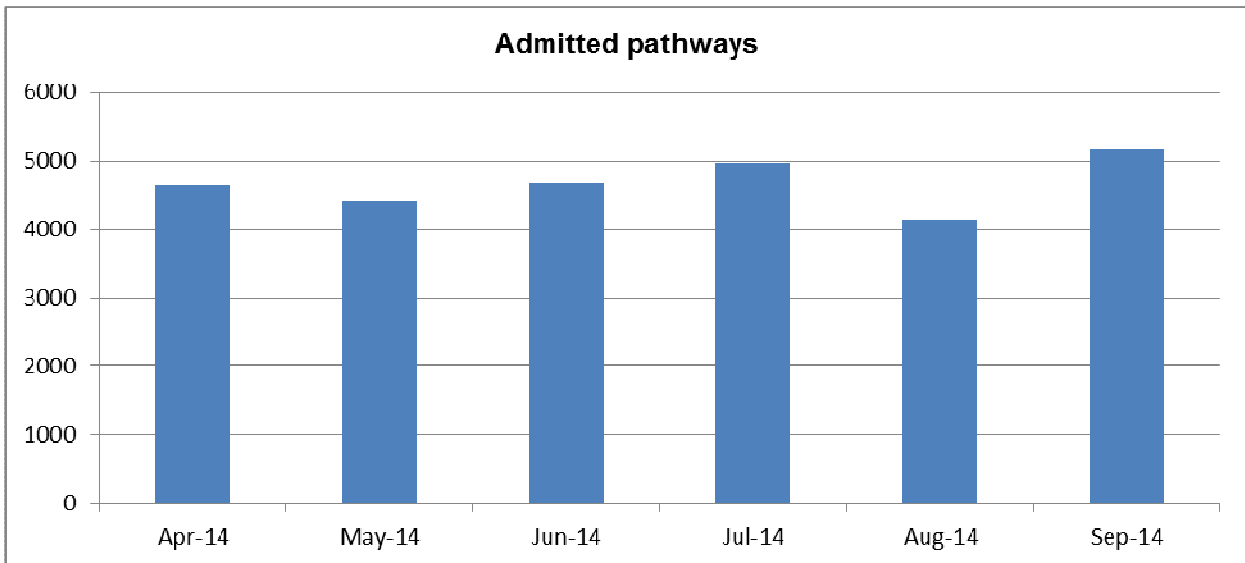
Figure 7 Inpatient and Day Case Activity



## 7. Completed Admitted Pathways

Patients that require admission for their treatment are classified as being on admitted pathways. The number of patients whose pathways have stopped in this way has increased significantly in the second quarter of this financial year from an average of 4578 per month to an average of 4764.

Figure 8 Completed Admitted Pathways



As part of the recovery plan each directorate agreed a trajectory for the number of non admitted pathways that they would close between June and September.

Figure 9 Admitted Pathways for period June to September

	Actual			Trajectory			Variance		
	Under 18 weeks	Over 18 weeks	Total	Under 18 weeks	Over 18 weeks	Total	Under 18 weeks	Over 18 weeks	Total
Cardiology	622	264	886	320	156	476	302	108	410
Cardiothor Surg	297	100	397	231	92	323	66	8	74
Dermatology	121	24	145	104	8	112	17	16	33
ENT	518	81	599	486	138	624	32	-57	-25
Gastroenterology	952	19	971	1055	30	1085	-103	-11	-114
General Surgery	462	52	514	653	73	726	-191	-21	-212
Geriatrics	5	0	5	0	0	0	5	0	5
Gynaecology	935	167	1102	983	116	1099	-48	51	3
Neurology	281	13	294	276	11	287	5	2	7
Neurosurgery	578	102	680	572	150	722	6	-48	-42
Ophthalmology	2197	653	2850	2435	814	3249	-238	-161	-399
Oral Surgery	1292	201	1493	1229	146	1375	63	55	118
Other	3160	222	3382	2890	147	3037	270	75	345
Plastic Surgery	1769	210	1979	1723	162	1885	46	48	94
Rheumatology	128	4	132	152	1	153	-24	3	-21
Thoracic Medicine	388	5	393	314	5	319	74	0	74
Orthopaedics	1527	597	2124	1136	1051	2187	391	-454	-63
Urology	823	157	980	830	255	1085	-7	-98	-105
Total	16,055	2,871	18,926	15,389	3,355	18,744	666	-484	182

The performance overall has been above trajectory but the balance between under and over 18 weeks has not been as anticipated in some areas, and reflects the same complexity in planning as for non-admitted pathways.

Directorates have now developed trajectories for the period October to December and work is underway to extend this to cover the last quarter of the year.

## 8. Incomplete Pathways

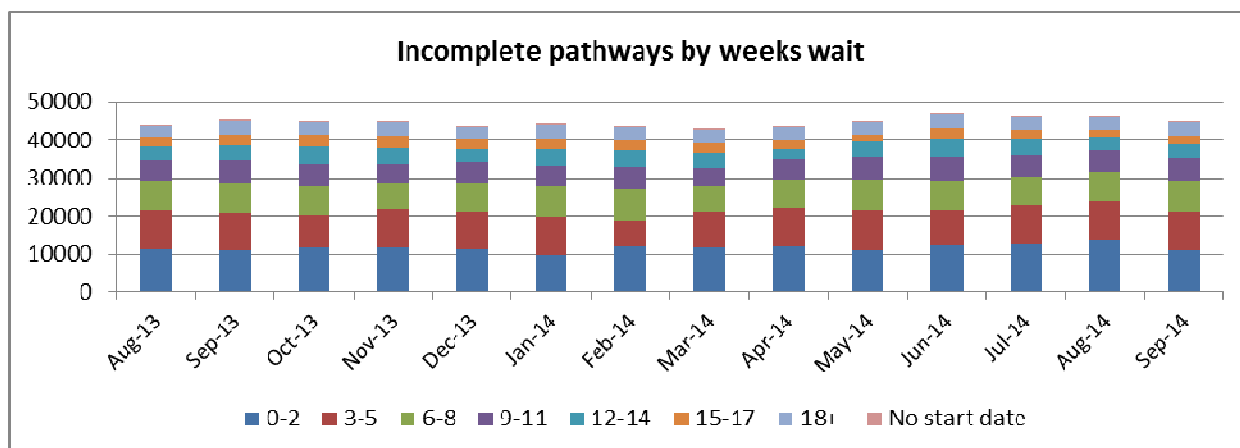
The Trust has met the target for incomplete pathways (92%) every month so far this year apart from August when the performance was just below target at 91.9%. The position improved in September to be at 92.4%.

The numbers of patients on incomplete pathways is in effect the total 'waiting list'. The total number of incomplete pathways has fallen by 3.5% since May, from 46,749 to 45,172.

The number of patients on incomplete pathways over 18 weeks had increased from 2,430 in April 2013 to 3,500 in December 2013 and has then fallen to 3,350 in March 2014. Although this rose in April to 3,529 and again in May to 3,671 it fell in July to 3,353, rose in August to 3,605 but has fallen again in September to 3,430. This is the lowest for any month since July 2013 and is a good indicator of the progress being made by implementing detailed recovery plans across the organisation.



Figure 10 Incomplete pathways by weeks waiting



### 9. 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 in May and 67 days in July but rose again in August to 69 days. However, this has increased significantly to 78 days in September but this is a reflection of the drive to clear the backlog of long waiters. 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, fell in August to 51 days but rose to 54 days in September.

### 10. Conclusions

The average waiting time for 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 inevitably sometimes impacts on our 18 week performance in non-cancer, non-urgent diagnoses.

The number of non-admitted and admitted patients treated within 18 weeks in September was below the required national waiting time standards. The figures were 82.0% (target 90% admitted patients) and 92.3% (target 95% non-admitted patients). 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%. When considered together these performance data demonstrate that Directorates are implementing their recovery plans and that the future position in relation to waiting times is considerably more robust and sustainable.

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The number of 18 week pathways that have been closed in the second quarter of the year is higher than in the first quarter.

## **11. 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
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## APPENDIX 1

### 18 WEEK RTT PERFORMANCE BY SPECIALITY

#### 1. ADMITTED PATHWAYS – SEPTEMBER 2014

Speciality	No. within 18 weeks	Total	% Within 18 weeks	Additional patients required to be treated to achieve 18 week target
Cardiology	167	299	55.9%	102
Cardiothoracic Surgery	75	112	67.0%	26
Dermatology	33	41	80.5%	4
Ear, Nose & Throat (ENT)	144	175	82.3%	14
Gastroenterology	219	224	97.8%	n/a
General Surgery	100	113	88.5%	2
Geriatric Medicine	1	1	100.0%	n/a
Gynaecology	228	290	78.6%	33
Neurology	84	87	96.6%	n/a
Neurosurgery	154	192	80.2%	18
Ophthalmology	616	800	77.0%	104
Oral Surgery	332	391	84.9%	20
Other	875	958	91.3%	n/a
Plastic Surgery	445	512	86.9%	15
Rheumatology	25	27	92.6%	n/a
Thoracic Medicine	107	110	97.3%	n/a
Trauma & Orthopaedics	428	580	73.8%	94
Urology	206	257	80.2%	25

#### 2. NON ADMITTED PATHWAYS – SEPTEMBER 2014

Speciality	No. within 18 weeks	Total	% Within 18 weeks	Additional patients required to be treated to achieve 18 week target
Cardiology	237	283	83.7%	32
Cardiothoracic Surgery	54	54	100.0%	n/a
Dermatology	986	1054	93.5%	16
Ear, Nose & Throat (ENT)	802	1007	79.6%	155
Gastroenterology	541	568	95.2%	n/a
General Surgery	181	187	96.8%	n/a
Geriatric Medicine	61	61	100.0%	n/a
Gynaecology	931	987	94.3%	7
Neurology	827	970	85.3%	95
Neurosurgery	333	381	87.4%	29
Ophthalmology	927	937	98.9%	n/a
Oral Surgery	305	330	92.4%	9
Other	5153	5477	94.1%	51
Plastic Surgery	458	486	94.2%	4
Rheumatology	307	310	99.0%	n/a
Thoracic Medicine	210	218	96.3%	n/a
Trauma & Orthopaedics	576	624	92.3%	17
Urology	412	470	87.7%	35

