

<b>Meeting/ Committee:</b>	Board of Directors			<b>Meeting Date:</b>	29 <sup>th</sup> October 2013
<b>This paper is for:</b>	Action/Decision	Assurance X	Information		
<b>Title:</b>	18 Week Admitted Pathways Report				
<b>Purpose:</b>	The purpose of this report is to inform the Board of Directors of the 18 week admitted position at the end of September and the subsequent actions planned to address the issues going forward.				
<b>Summary:</b>	<p>This paper provides a summary of:</p> <ul style="list-style-type: none"> <li>• 2013/14 national and local contractual requirements</li> <li>• The trust's position at the start of this year following the 12/13 winter period</li> <li>• Plans that were put in place at the start of this year</li> <li>• A summary of the 18 week performance year to date and the current 18 week position</li> <li>• Further actions being taken to address the current issues</li> </ul>				
<b>Prepared By:</b>	Sarah Danieli, Head of Performance Management		<b>Presented By:</b>	Susan Watson, Director of Operational Services.	
<b>Recommendation:</b>	The Board of Directors is asked to note the in year performance and the actions being taken to address the 18 week admitted target.				
<b>Implications</b>	Legal	Financial X	Clinical X	Strategic X	Risk & Assurance X

## 18 Week Admitted Pathways

### Introduction

The 18-week Referral To Treatment (RTT) pathway is about improving the patient's experience of the NHS by providing high quality elective care without unnecessary delay. The term "18 weeks" will mean different things to different people but essentially it is about removing avoidable delays, providing better care and improving the overall experience for patients and staff.

Nationally the 18 week target is that 90% of patients should wait no longer than 18 weeks from GP referral to receiving their treatment and allows for 10% of patients where this isn't the case which can be for a number of valid reasons.

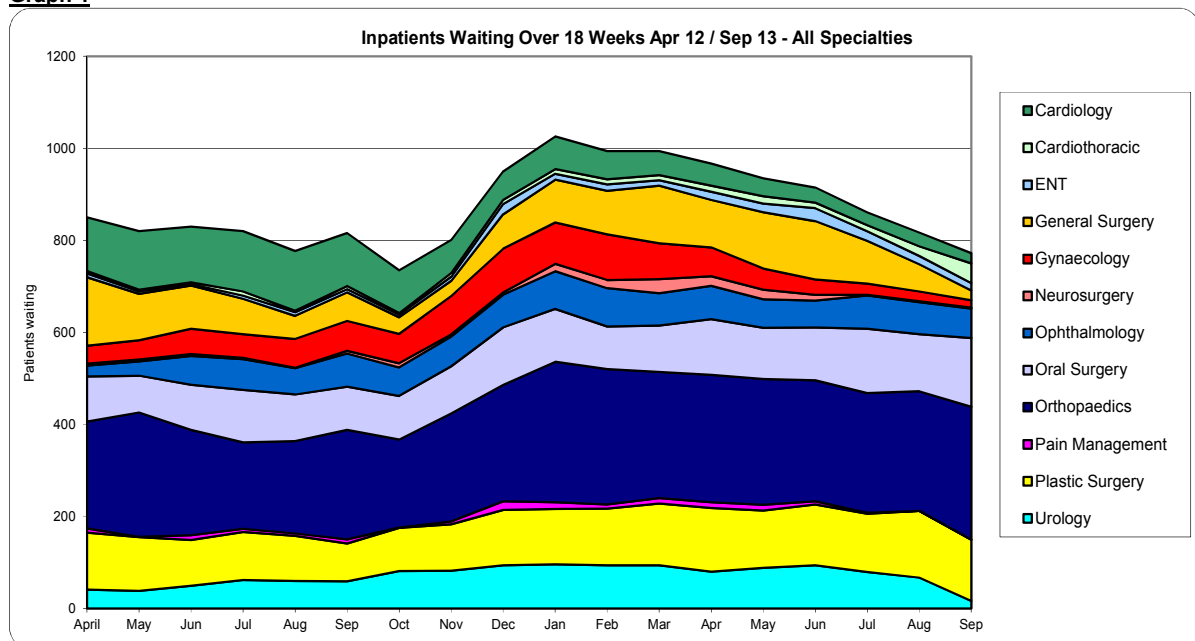
### National and Local Contractual Requirements

From 2013/14, the Monitor national standard is to achieve 90% for admitted pathways at a trust level every month and failure to do so in any one month results in the trust being non-compliant with the target for the whole quarter. Local contractual agreement with the Clinical Commissioning Groups (CCGs) is to achieve this target monthly but at specialty level and the consequences of non-compliance in any specialty may result in financial penalties being incurred.

### 18 Week Position (April 2013)

At the start of the year, the trust had a significant number of patients waiting for treatment longer than 18 weeks and this was as a direct result of the winter period. An increased number of emergency patients requiring admission resulted in a significant number of elective operations being cancelled between October 2012 and March 2013. The impact of this can be seen in graph 1 below which demonstrates the significant increase during the Q3 and Q4 periods (October – March) of the numbers of patients waiting longer than 18 weeks by specialty.

**Graph 1**



In March 2013 the trust was non-compliant with the 18 week admitted target and also in April 2013 resulting in two failed quarters with Monitor (Q4 12/13 and Q1 13/14). A paper presented to the Board of Directors in May outlined the issues and made recommendations to address the underlying problem which would result in the trust continuing to fail until the end of the Q2 period this year resulting in 3 consecutive quarters of failing the same target. Monitor were also briefed in May of the trust's plan to fail 3 consecutive quarters but with the aim of being back on track by the end of September 2013 ready for the start of the Q3 period.

## Plans

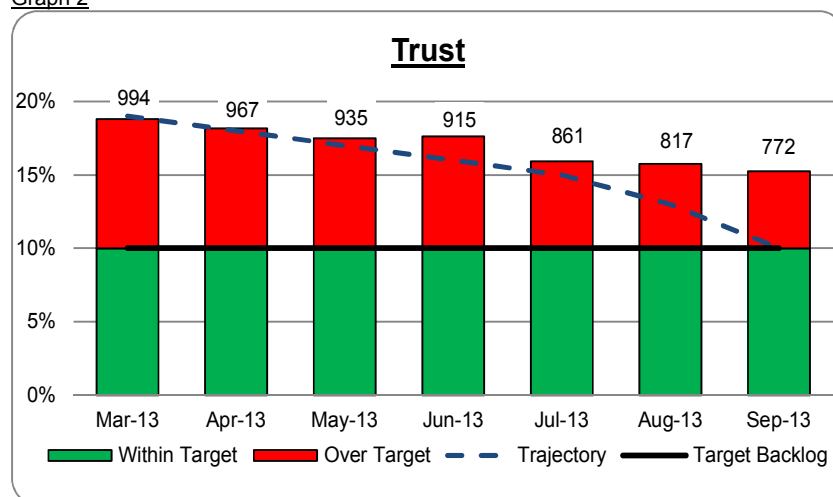
Plans were put in place with all specialties to review their current position, volume of backlog and available capacity over the following 5 months (May – September) to treat all long waiting patients. As part of the contractual process a remedial action plan was agreed between local CCGs and the trust which acknowledged, although some plans would result in a small number of specialties failing the target beyond the Q2 period, it was expected that the aggregate position (i.e. trust level) could still be achieved provided the work identified was delivered. The impact of this work can be seen in graph 1 with backlog reducing again from the end of April.

Regular updates were provided to the Board of Directors via the monthly performance report but in September following the submission of the August data it was identified that the reduction in the percentage backlog was not as significant as in the previous month (as seen in graph 2 below) raising concern that there was a high risk of non-compliance at the end of October. This would result in a 4<sup>th</sup> consecutive quarter fail.

The main reasons for being off track with the plan is consolidated annual leave of both surgeons and anaesthetists during August and some impact of internal discussions about medical consultant terms and conditions.

## Trust 18 Week Trajectory Graph

Graph 2



NB – waiting list numbers relate to total numbers waiting over 18ww each month

## 18 Week Performance September 2013

At the end of September 2013 there are a total of 27,357 patients waiting on an active 18 week pathway of which 5,062 patients are waiting for either inpatient or day case treatment. The numbers of patients waiting for either inpatient or day case treatment has

been reducing each month as well as the number of patients waiting more than 18 weeks for treatment and this is the impact of treating more patients who have been waiting longer.

At the end of March 2013 the number of patients waiting more than 18 weeks for inpatient or day case treatment was 994 representing 19% of the waiting list but at the end of September this number reduced to 772 representing 15% of the waiting list.

Reviewing the percentage reduction of long waiting patients between the end of March and the end of September at both trust and specialty level demonstrates good progress with significant improvement made in 6 specialties as follows:

- Urology reducing backlog from 21% to 5%
- General Surgery reducing backlog from 21% to 4%
- Cardiology reducing backlog from 18% to 9%
- Gynaecology reducing backlog from 20% to 6%
- Neurosurgery reducing backlog from 21% to 2%
- Pain Mgt reducing backlog from 14% to 1%

These specialties including ENT and Ophthalmology are all on track to deliver the 90% target at the end of October but 4 specialties will remain non-compliant Cardiothoracic Surgery, Oral Surgery, Orthopaedics, and Plastic Surgery.

### **National Intensive Support Team**

In order to review and validate the actions already taken by the trust and individual specialties, the trust requested support from the national intensive support team (IST) and the Director for Elective Care agreed to visit the organisation on 15<sup>th</sup>, 18<sup>th</sup> and 29<sup>th</sup> October.

At his visit on 15<sup>th</sup> October he met with both management and clinical staff of the 4 challenged specialties to gain a better understanding of their current issues and the services they provide. On 18<sup>th</sup> October he spent the day with the trust's Head of Performance working through capacity and demand models for each of the 4 specialties leaving time between this date and 29<sup>th</sup> October to refine these models in order to predict when the trust will be back on track. It will be his intention to produce a final report at the end of October that will be shared with the Board of Directors and local CCGs.

As his final visit coincides with the Board of Directors meeting he will be invited to meet with the board to provide some initial feedback.

### **Monitor Response**

As a result of 3 consecutive failed quarters of this target and the trust's failure to adhere to its plan to deliver a corrected position by the end of October, Monitor has notified the Chair and Chief Executive that it is formally investigating the trust for its performance in this area.

Monitor is aware that the trust has invited the IST to review our waiting list management and has asked to be appraised of their findings and recommendations. In addition the trust is required to provide Monitor with a detailed action plan to demonstrate how and when compliance with the 18 week target will be delivered.

## Action Plan

Trust/Specialty	Action	Outcome	Completed
Performance team with divisional teams	Signed contracts with independent sector providers to secure elective capacity during the winter months	To minimise lost elective capacity due to emergency admissions	√
Performance team	Request support from the Intensive Support Team for Elective Care	3 dates in October secured with the IST with a report on findings and recommendations shared at the end of October	2 dates completed (15 <sup>th</sup> & 18 <sup>th</sup> October) Work on going until 29 <sup>th</sup> October
Trust	Review the report from the IST and its recommendations Agree action plan to be implemented by division following this report	Review action planning in line with specific recommendations Update and implement agreed recommendations	4 <sup>th</sup> November
Divisional manager for anaesthetics and theatres	Introduce weekly meetings for waiting list managers with theatre staff	Shared understanding of issues, shared learning and improve processes for requesting additional sessions	√
Operational Services Director Performance team	Performance team to prepare fortnightly progress reports and operational services director to present to Formal Management Group and Board of Directors	Regular updates on progress to trust senior management team and board members	From 29 <sup>th</sup> October
Chiefs of service and divisional managers	All directorates with elective programmes to ensure implementation of clear capacity and demand plans using universal model	Improve the management of planning activity and forecasting problems ahead	End of October
Chiefs of service, divisional managers and clinical directors for: Cardiothoracic Oral Orthopaedics Plastic Surgery	All directorates failing the 18 week target to provide recovery plans providing detailed capacity and demand	Produce revised trajectories to performance manage specialties against and forecast delivery of both aggregate and specialty level compliance	25 <sup>th</sup> October
Divisional managers for: Cardiothoracic Oral Orthopaedics Plastic Surgery	Weekly performance review meetings led by the Director of Operational Services	Update on progress and determine any further actions for recovery	From 14 <sup>th</sup> November
Divisional managers for: Oral Orthopaedics Plastic Surgery	Weekly meetings with Divisional Manager for Anaesthetics & Theatres and Head of Performance	To review delivery of planned capacity against theatre utilisation and update demand and capacity plans as live documents	From 21 <sup>st</sup> October
Performance Management Team	Provide operational services director with weekly assessment of delivery against plans, variance from plan and planned corrective	To ensure live reporting of concerns arising	From 21 October

	action		
Performance Management and Information Team	Review the process for validation of data and monthly submissions	Streamline the processes more to reduce workload for all staff involved in validation	Work on going
Performance Management	Review specialty responsibility of the 18 week trackers (3.0 wte)	Focus individual strengths in 3 main areas rather than specialty level i.e. admitted, first outpatient seen and outpatient review	√

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October 2013