Meeting:	**Brighton and Sussex University Hospitals NHS Trust Board of Directors**
Date:	**21 December 2015**
Board Sponsor:	**Dr Mark Smith, Chief Operating Officer**
Paper Author:	**Sally Howard, Director of Scheduled Care & Service Transformation Shaun Carr, Directorate Manager – Cancer Services**
Subject:	**18-Week Performance**

Executive summary

This report updates the Committee on a continuous programme of work to deliver 18-week performance. There is a further 12-month period of intensive work to conclude work started on data quality and to ensure that we have the balance right between balancing our capacity to treat patients and demand for services **and** ensure best use of outpatient and theatre slots.

Links to strategic objectives	Enables ***excellent outcomes; great experience; empowered skilled staff; and high productivity***
Identified risks and risk management actions	The delivery of constitutional standards remains a key priority for the NHS. In recognition of the challenges and risks to delivery, a structured approach of oversight and support is being taken nationally and within BSUH. The volume of long waiting patients in our system means that we have been identified as one of the national 10 high-risk systems. Risks are as follows: Risk 1 - Patients wait too long for treatment with inefficient booking processes and significant rework. Risk 2 – Patients exercise choice and move to other providers and commissioners securing alternative capacity. Risk 3 – Action from regulator (NTDA) for not achieving NHS constitution access targets. Risk 4 – Commissioners applying contract penalties. Mitigations include: full implementation of the revised Patient Access Policy; training and support; improving the data suites; aligning capacity and demand at trust/specialty level; robust validation; directorate delivery of recovery plans; a clear focus on data quality to ensure accurate RTT outcomes are recorded.
Resource implications	Significant potential revenue implications.
Report history	Monthly exception reports on RTT performance have been made to the Board of Directors since 2014.

Action required by the Board

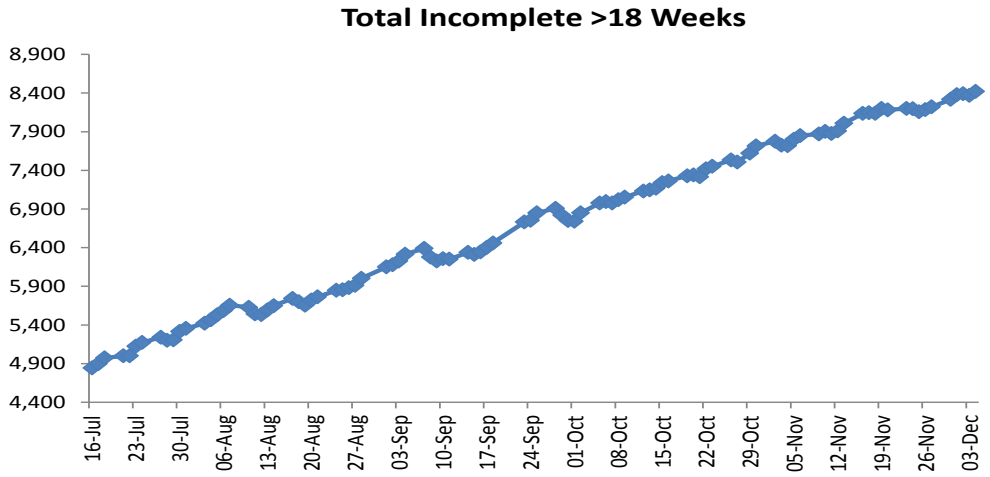
The Board is asked to note the current programmes of work underway and next steps and the associated risks in relation to delivery of performance against the RTT standards.

Report to the Board of Directors, 21 December 2015
18-Week Performance

1. 18-Week Performance

1.1 The operational standard is that 92% of patients who have not yet started treatment should be waiting no more than 18-weeks. At BSUH, we are currently reporting 77% of patients waiting no more than 18-weeks - 3% deterioration on last month.

1.2 Of the circa 8,469 patients currently waiting over 18-weeks, 30% are waiting for surgery (admitted pathways), the balance are on outpatient pathways (non-admitted pathways). The continuing deterioration relates to patients on non-admitted pathways with an additional 764 patients waiting over 18-weeks, over half in Digestive Diseases (surgical) and 22% within the neurosciences services. The total increase in the incomplete position is shown below:



1.3 As reported previously there are three key reasons:

- The work to resolve the 11,447 patients with an uncertain clock status has resulted in additional patients being added to the PTL;
- Routine validation has been on hold for the last 6-weeks whilst this work has been done although this has now resumed;
- A genuine imbalance between capacity and demand most notably in digestive diseases and neurosciences.

2. Overview of work underway

2.1 Directorate action plans are in place but our ability to move quickly enough on what is a significant programme of work remains challenged.

2.2 £1million has been identified to assist with commissioning additional activity – RTT Recovery Funding, processes for accessing this fund have been established to ensure that the longest waiting patients are treated. However, it is recognised that additional funding may be required to treat our very longest waiters. We reported 40 patients waiting over 52-weeks at the end of October and at the time of writing 13 of these are still to have their treatment.

Whilst 6 have dates, there are 7 digestive diseases patients who we are unable to accommodate for their surgery and we are working with commissioners to put alternative plans in place. We expect to report a similar number for our end of November return.

2.3 The original 18-week trajectory is being refreshed ready for final internal sign off on 18 December. High-level analysis has been provided to all Directorate Managers indicating areas of deterioration from the original trajectory submitted in August, which need to be rectified alongside revision of the trajectory. A separate exercise is underway to refresh the original capacity and demand modelling for digestive diseases and the options for recovery.

2.4 The high-level risks remain as previously reported (A*ppendix 1)*. However, the new engagement from OSU together with additional support management to directorates with the most to do will help us to start to move quicker on this. A further review with OSU will follow so we can start to move at pace across all key areas for this programme.

2.5 We are nearing completion of an intensive validation process for patients who are on the hospital system to make sure we are correctly capturing everyone who is on an 18-week pathway. *Appendix 2* sets out the latest update.

2.6 There is good work underway with:

- The majority of team leaders in clinical administration trained on their part of the patient pathway;
- The standard operating procedures essential to underpin basic processes for non-admitted patients is nearly complete;
- A new clinic outcome form is ready to launch once we have double-checked that it will correctly capture everything needed for reporting purposes.
- Focus on identifying key clinical pathway redesign.

However, we remain with a more to do to ensure the consistent robustness of our basic processes to ensure safe treatment of patients.

2.7 As reported previously, BSUH will also benefit from a new IST Intensive Support programme, tailored to complement the work already underway.

<u>Diagnostics</u>

2.8 We will be reporting 409 breaches of the standard for November, a significant improvement against the October breach numbers of 549. This is directly because of the excellent work done within echocardiography to reduce their backlog of patients over 6-weeks (these were patients excluded in error previously from the DMo1 return). Unfortunately, their improving position is masked by a deteriorating position in endoscopy. However, the Diagnostic PTL meeting is now focussed on ensuring a recovery trajectory for that service.

<u>Cancer Services</u>

2.9 The team has a weekly Cancer PTL meeting with each speciality to ensure a review of all patients who may breach their cancer targets is undertaken and appropriate actions taken where possible to mitigate breaching patients. The PTL meetings are attended by each specialty and commissioners, with IST, for review and update on progress. Endoscopy,

Radiology and Pathology are also in attendance for immediate actions to be addressed. Each meeting has minutes and agreed actions circulated. We have seen a marginal improvement in Pathology reporting and direct access is in place for the launch of the ACE Lung pathway in January 2016.

2.10 The two-week cancer wait has been delivered - the November position is 93.68%. However there are significant breach numbers for digestive diseases in December and it is unlikely that the Trust will deliver target performance in December 2015.

2.11 Performance against the 62-day target, in November is 85.4% . However, this is not fully validated. We are not anticipating any significant change in this performance, with a maximum expected position of 85.9%. We will therefore be compliant in November but there is a risk to delivery in December as we will see lower activity numbers over the holiday period but will still prioritise any patient who has already waited more than 62 days.

2.12 A total of 492 patients are on the current list of patients who are undiagnosed, diagnosed and treated in the current month:

- There are 13.5 confirmed breaches of the standard in November;
- 41 undiagnosed patients have already breached the 62-day standard and require a diagnostic outcome;
- 190 undiagnosed patients have less than 31 days remaining on their pathway and require a diagnostic outcome.

The appropriate provision is in place to monitor all activity and individual patients on a daily basis.

3. Penalties & Fines

3.1. The trust is required to achieve certain standards set out in the NHS commitments to patients. These are predominantly around the access targets, but include others set out in the NHS standard contract. If a trust does not deliver these standards, there is a clear schedule of fines within their contract. Discussions are continuing with CCGs/NHSE at the time of writing on these fines.

4. Conclusion

4.1. The Board is asked to note the current programme of work underway, next steps and the associated risks in relation to the delivery of performance against the RTT standards.

Sally Howard
Director of Scheduled Care & Service Transformation
December 2015

Appendix 1

Risk Name	Description	Risk Date	Consequence	Likelihood	Risk Score	Risk Mitigation	RAG
Programme support	Insufficient programme support for Directorates to deliver this comprehensive programme of work at pace	01-Sep-15	5	4	20	Additional support being provided to Directorates with the biggest challenges	12
Poor data quality	Poor data quality makes it v challenging to have an accurate reflection of current numbers waiting and their status and to complete true capacity and demand modelling	01-Sep-15	4	3	12	Conclude work on patients still sitting outside the incomplete reported position / intensive work with clinical and booking teams to ensure correct data capture / use of proxy measures where C&D modelling is required	12
Affordability of activity assumptions within trajectory	Insufficient additional resourcing to cover additional work required, both internally and externally means BSUH unable to deliver work in line with trajectory	01-Sep-15	4	4	16	Some progress with release of resource to support work on reducing size of waiting lists in high risk specialtes and data validation. Financial consequences of new trajectory to be assessed.	16
Efficiency measures do not receive the necessary priority	Over emphasis on additional work at the expense of key efficiency measures to be taken	01-Sep-15	4	4	16	OSU now engaging on theatre and outpatient efficiency.	16
Booking Processes not in line with Patient Access Policy	Patients wait too long for treatment with inefficient booking processes and significant rework.	01-Sep-15	4	3	12	Intensive training and support, regular discussion and review at CG meetings and regular audit along with IST support and review for specialties with the greatest challenge. OSU engaing to reduce volume of manula work at front end of process.	12
Over reliance on IS	Directorates forced to select 'appropriate' pts rather than taking in date order This in turn will impact on delivery of trajectories within required time frames	01-Sep-15	4	3	12	No patient to be outsourced who has waited<18W. Plan assumes a modest 5% of activity would be done in IS and prepared taking account of experience over last year and detailed knowledge of IS capacity and flexibility.	12

Risk Name	Description	Risk Date	Consequence	Likelihood	Risk Score	Risk Mitigation	RAG
Arranging and tracking IS activity	Lag time between work being done and reported makes if difficult to track progress / Not possible to mobilise activity levels required to deliver required trajectory	01-Sep-15	4	3	12	Robust process being put in place, again informed by previous experience and with appropriate resourcing. Plan clear pathways for patients going to IS and returning to BSUH so patients are treated and discharged.	12
Patient Choice	Patients exercise choice and opt to stay with BSUH	01-Sep-15	3	3	9	Ensure trajectory is populated with reasonable assumptions based on past experience and sufficient administration time to cover for work associated.	9
DD surgery	Current planning assumptions for DD surgery do not deliver target performance	01-Sep-15	5	4	20	Discussions continuing	20
Elective Bed availability	Cancellation of elective surgery due to non elective pressures.	01-Sep-15	4	4	16	Unscheduled care programme of work including Right care initiative and additional beds (Plumpton/Newhaven Downs) / stronger mgt presence at PRH to ensure effective bed mapping.	12
NTDA Targets / contract penalties	Action from regulator (NTDA) for not achieving NHS constitution access targets/ Commissioners apply contract penalties during intervening period	01-Sep-15	4	4	16	Executive to Executive discussions continuing in relation to use of fines are continuing	16
Disruption to services due to building works	Capital works and refurbishment has an impact on Theatre and Clinic capacity. Some projects do not happen on time and therefore lists / clinics are cancelled.	10-Sep-15	4	3	12	Manage directly with contractors, keep close attention to Estates / Project Managers involved to have accurate understanding of dates affected to cancel clinics as appropriate	12

Risk Name	Description	Risk Date	Consequence	Likelihood	Risk Score	Risk Mitigation	RAG
Availability of weekend operating capacity to reduce backlog	Saturday / evening theatre capacity not available as all capacity already allocated to our cancer patients	10-Sep-15	3	5	15	Review and discussion at weekly DM meetings	15
Bed Space on ITU & HDU	Cancellation of surgery as no HDU/ICU bed	10-Sep-15	4	3	12	Additional capacity available at PRH but insufficient staffing to open - again OSU engaging to address.	12
Diagnostic waits and delay on neuroradiology reporting	Trust curently delivering 6.4 % perfomance against a 1% target on diagnostic waiting times with pressure on the following services; Endoscopy, CT (Cardiac), Echocardiograms, NeuroPhysiology, Urodynamics, MRI.	Aug-15	4	4	16	Echocardiography making excellent progress, more to do on endoscopy where we have a deterioratingposition - taskforce meeting weekly. Neuroradiology service is currently advertising for a locum to reduce the reporting backlog in the short term with a view to creating a substantive post to support.	16
Failure of new RMS provider commissioned by CCG to be able to receive and process referrals in line with contractual expectations	Increases costs within booking team and leads to backlogs putting at risk target 18W performance in specialties who are currently compliant with 18W/worsens delivery across other areas	02-Oct-15	4	4	16	Whilst problem has resolved this has left BSUH with a significant backlog and no ability to mobilise additional staff to catch up. CH from OSU engaged to assess potenial efficiencies that will reduce the person hours required to compete the work.	16
Immediate requirement to stop use of agency staff / overtime across clinical administration	Delays on work to improve data quality, impacts on ability to respond to E Mail requests, re book clinics cancelled with <6w notice and deal with telephone enquires in a timely manner	02-Oct-15	4	4	16	Immediate review with Directorate teams to agree the work that can continue, work that will need to stop and any impact on delivery of SDIP in year. However an overall deterioration against peformance earlier in the year.	16

Appendix 2

Update on patients with uncertain status

The intensive validation process was to address 11,447 patient records. Current figures show that of these 11,447 records:

- 9,770 have been closed – this includes records where the validation process showed that the patient was not awaiting treatment or has been treated.

- 25 records are for patients who have been identified for regular review; that might for example be an annual appointment.

- 242 records are for patients who the validation process showed should be on a waiting list for an inpatient procedure. These patients are now on the right waiting lists and will be seen in a timely way.

- 993 records are for patients who the validation process showed should be on a waiting list for an outpatient appointment. These patients are now on the right waiting lists and will be seen in a timely way.

- 417 records are going through a final checking process, which will complete in the next few days.

For all patients who have waited more than 52-weeks from referral to treatment, irrespective of the reason for this, the clinical lead for planned care has carried out a review of the notes. 71 patients in the intensive validation cohort were identified as having waited over 52-weeks from referral to treatment, of which 19 have not been treated to the time of writing this paper.