Meeting:	**Brighton and Sussex University Hospitals NHS Trust** **Board of Directors**
Date:	**26 January 2015**
Board Sponsor:	**Chief Financial Officer**
Paper Author:	**Director of Scheduled Care and Service Transformation**
Subject:	**18 week referral to treatment position and centralised booking hub**

Executive summary

To provide an update to the Board of Directors on:

- Revised trajectory to enable sustained delivery of the 18 week standard from referral to treatment (RTT)
- Centralised booking hub

Links to strategic objectives	Best and Safest Care √ High Performing √
Identified risks and risk management actions	- Patients waiting longer for treatment - Urgent patients waiting longer to be assessed - Capacity not fully utilised - Financial risk with additional resources required to ensure overall activity is not reduced - Potential harm to patients
Resource implications	Revenue and service implications
Legal implications	Breach of the NHS Constitution
Report history	Board of Directors – regular updates
Appendices	Not applicable

Action required by the Board

The Board is asked to note the current programmes of work underway and next steps.

Report to the Board of Directors, 26 January 2015

18 Week Referral to Treatment Position

1. 18 Week Performance

1.1. The three 18 week standards from referral to treatment are:

- 90% admitted patients should start consultant-led treatment within 18 weeks of referral.
- 95% of non-admitted patients should start consultant-led treatment within 18 weeks of referral.
- 92% of patients who have not yet started treatment should be waiting no more than 18 weeks.

1.2. RTT performance has been significantly challenged since the end of Q2 and BSUH has worked with commissioners to implement an RTT Delivery Plan to achieve compliance and improve patient experience with a refreshed and clear focus to achieve aggregate compliance:

- Making maximum use of internal capacity already available;
- Additional outpatient and inpatient (theatre sessions) secured internally and in the independent sector;
- An absolute focus on data quality;
- Capacity and demand modelling to sustain performance going forward.

Enabled by:

- Leadership provided jointly by Sally Howard and Dr Jo Andrews;
- Rigorous performance management through weekly performance management meetings chaired by Spencer Prosser, Chief Financial Officer;
- Weekly individual speciality review meetings focussed on the additional activity and the accuracy of data;

1.3. Following discussions with the Trust Development Authority (TDA) and NHS England, the Trust originally submitted a plan to deliver aggregate 18 week performance by 1 December. In practice progress has been made but there were a number of additional factors that impacted:

- **Modeling assumptions** - the original modeling assumed that all additional work would be for patients who had waited >18W. Whilst 95% of additional work completed in the Independent Sector was >18W, the pressures on our cancer service and services generally meant that the remaining work completed internally (213 cases) was predominantly <18W;

- **IS capacity** - of the 406 cases 259 were delivered but one of the four IS providers was unable to deliver 150 cases. Booking for the work had therefore to continue into December and 2015 as reflected below.

- **Size of incomplete list (patients waiting for treatment)**- of our total of 31,963 at the time of writing, 4010 have waited more than 18 weeks with over half of these within Digestive Diseases (surgical), T&O (predominantly spinal) and neurosciences. Until these are in balance we will not deliver the RTT standard for size of incomplete list. Current modeling indicates aggregate delivery in March;

- **Dermatology** - the service had been de-commissioned but the preferred bidder withdrew from the CCG tender process and BSUH has been asked to continue to provide the service. A number of additional patients therefore required admission in December and January. All have now been booked;

- **Oral Surgery** - the service has seen an increased demand for patients who should really be treated outside the hospital setting. CCG colleagues are in discussion with the Local Area team at the time of writing to put in place alternative pathways.

1.4. We have therefore undertaken a further full stock take with our CCG partners and developed a Joint Action plan with a commitment to deliver aggregate performance from end of March 2015. The Joint Action Plan is summarised in Appendix One and also cross references our separate action plan for the Booking Hub. .

1.5. Performance in December 2014 was as follows:

	RTT Delivery Plan	Actual Performance
Admitted Care	77%	75.3%
Non-admitted Care	91%	87.7%
Incomplete backlog	11%	12.5%

It should be noted that we will continue to underperform on the first two measures whilst we continue to catch up on treating our longest waiting patients.

1.6. We continue to work with our commissioners and other providers to deliver a sustainable RTT position:

- We have secured further capacity in the independent sector where we will be delivering 913 cases. This includes patients who have waited less than 18 weeks for whom central funding has been made available. We took a pragmatic approach and selected specialties where there would be a clear service benefit without disadvantage to longer waiting patients;

- We are also implementing additional programme of work for Digestive Diseases (Surgical) Surgery over above the capacity referenced above that will give us access to an additional 460 outpatient slots and 108 inpatient slots until March 2015. Brighton and Hove CCG is ensuring all routine patients are very aware of current waiting times and offered a choice of alternative provider – other neighbouring CCGs are considering their positions at the time of writing;

- Spinal Services - **t**his is a sub speciality of neurosurgery and orthopaedics but is planned to run as an integrated service. There is currently insufficient capacity to deal with current demand and clear the backlog. In order to address this we have recruited an additional spinal surgeon (in post) and two neuro spinal surgeons, are ensuring that our longest waiting patients have plans in place and will be using additional capacity in both the independent sector and internally;

- In neurosciences we remain with a continuing challenge around inpatient activity and the team is working through additional actions to deliver compliant performance;

- The Clinical Lead is now reviewing the notes of any patient who has waited more than 42 weeks in order to ensure a plan for their treatment and has put in place a full review process with CCG colleagues;

- We are re-drafting the Patient Access Policy following the review requested from the National Intensive Support Team and will follow on with an internal training programme and monitoring and ensure compliance with mandated rules and standards. Close scrutiny of the current system and processes has clearly demonstrated that poor data quality is a contributory factor in some specialties;

- We have also introduced additional business management/operational support for our most challenged specialties to ensure effective modelling of capacity and demand so we can get the right level of service in place for the future and deliver an acceptable waiting time for our patients.

1.7. The team is also checking that any patient sitting outside the 18W data return is appropriately assigned. The Trust had a list of patients with incomplete pathways who were not actually recorded on the system as waiting for anything. We wanted to ensure that they could now have their 18 week clocks stopped. We drafted in expert support to sample, validate and correct this patient data in partnership with the Trust's own in-house teams. This work will be completed at the end of January.

The learning from the work will need to feed into the support and training for teams going forward so 18 week clocks are stopped at the right time, in particular when the results of a diagnostic test indicate no treatment is required.

1.8. Whilst we remain focused on improving our RTT position we recognise that pressures across the unscheduled care system pose a substantial risk to the RTT Delivery Plan Our position in relation to cancellations has significantly worsened with 41 patients cancelled by the hospital on the day of their surgery last week and others cancelled the day before.

Our directorate and clinical teams have had to make extremely difficult and distressing calls to patients cancelling their urgent surgery, others have been admitted so we could do all we can to ensure their care and treatment but have still been cancelled either through the lack of a ward bed or a high dependency bed. These decisions have taken their toll on patients, their families and staff alike and it is now with us to get ourselves back into a more stable position. We have now had to re-model our plans for delivery of the 62 day target for cancer services (Patient treated within **62 days** of GP urgent suspected **cancer** referrals). WE are now re-booking patients but do not expected to deliver 62 day target performance until March 2015.

2. Centralised booking hub

2.1. As reported in November we now have 5 high level actions:

One - Ensure that we book all patients within 5 working days

Data on current performance has been prepared and analysed. We have seen an overall increase in the volume of new patient referrals booked within 5 days from 53% to 76% overall with the majority >70%. but we remain with long waits in a number of specialities. We will share the overall position with CCG colleagues once we are delivering a 5 day turnaround in the majority of specialties so they can re-assure patients accordingly.

Two - Maximise use of clinic capacity with patients assigned to the right clinic first time through partial booking, triage efficiency and ensuring that the right letter with the right details reaches the patient.

The team is now working with individual specialties to ensure they are able to use the electronic referral management service (RMS). This is a tracking system to ensure that we always know who has been referred and our consultants can check that their patients have been assigned to the right clinic. This has not been without its challenges.

In order to ensure that patient letters are being sent to the correct address, we have written data quality checks into the scanning and booking process whereby when indexing the scanned referral and when booking appointments, the patient demographics on the referral letter must be cross-referenced with the information held on the patient administration system (OASIS). OASIS must be amended accordingly. We are also looking into software developments for the referral management system whereby RMS will be interphased with OASIS. When indexing referrals, the patient ID and the patient postcode must be entered. Where the information matches, the indexing fields will automatically populated. However, where any discrepancies are highlighted the fields will not automatically populate and this will prompt the patient demographics to be corrected. In addition, all booking staff are aware that when any appointment is booked with less than 7 working days' notice, the patient is telephoned and a text reminder message sent (this is noted on OASIS). Finally, we have requested an exception report to be produced showing all appointments booked that have not had a letter sent.

Three ***- An absolute focus on eliminating missed calls with all calls to be answered within one minute in the first instance***

Figures from December show:

- Number of incoming calls : 17559
- Calls answered: 16550 (94.3%)
- Average pick up time : 28 seconds

This is a much improved position from July when performance of calls answered was 60.9% with an average pick up time of just under 2 minutes. Performance has been improved by flexing staff onto the telephone team during periods of high demand thereby significantly reducing repeat calls.

Four

Fully engage with our clinical directorates to minimise clinics cancelled with less than 6 weeks' notice and ensure a 6 week look ahead for all clinicians so they and the booking team have a shared understanding of the work to be done and can work together to resolve queries as they arise.

This was one of the processes we identified as being cumbersome and frustrating for all parties. This work has been supported by the consultancy firm who are supporting our work on values and behaviours. It was one of a number of processes selected for their attention. A new process will be introduced from the end of January.

A simpler 'look forward' has also been developed so it is easier for clinical teams to check what is actually booked on the system. In terms of the current level, figures from December show cancellations:

- 2-6 weeks: 123 clinics affecting 623 patients
- <2 weeks: 63 clinics affecting 468 patients

•Same day: 10 clinics affecting 84 patients

The sooner we can work to reduce these numbers the sooner we can re-base the current establishment which remains with a significant over spend.

Five

Introduce a Patient Focussed Booking Programme convenient for all patients.

Once we have got the basics right through actions one to four then we will review with patient groups and CCG colleagues to explore how we can further improve booking practice and communications.

2.2. In addition we have:

- begun work to benchmark our establishment with other centres;
- have refreshed and will be setting in place service level agreements between the booking hub and all directorates setting out who is responsible for what.

We will then draw up objectives, working practices and expectations for all the staff employed within the Hub in an effort to standardise working practices across the workforce and ensure there is an effective performance management system in place. The appointment of a Clinical Lead, Dr Simon Thorp has enabled us to both progress at pace in our discussions with clinical teams and ensure full briefings at Clinical Management Board.

2.3. This remains a work in progress. We have identified a clear improvement programme and put robust measures in place to ensure that the Booking Hub delivers a gold standard service along with processes and regular audits of performance to ensure that small problems never again develop into massive threats to the delivery of best and safest care.

3. Conclusion

3.1. In relation to RTT, this still requires a significant programme of work and is not without risk, particularly with our continued pressures on unscheduled care. That said, RTT continues to receive an absolute focus at BSUH through weekly performance management meetings, Directorate Performance Management meetings, Clinical Management Board, Executive Management Board and individual speciality meetings, also through the Single Performance Conversation and the Local Health Economy Scheduled Care Board. A review of the issues surrounding the management of the RTT targets during 2014 is also being completed so that lessons for the future can be identified and learned.

3.2. In terms of the Booking Hub there is still a lot to be done but the benefits will be a gold standard booking service for our patients and an efficient service that will help BSUH to sustain 18 week performance going forward.

Sally Howard,
Director of Scheduled Care and Service Transformation
16 January 2015

Appendix One - Joint Implementation Plan – RTT – Page 1 of 2

1	**Maximise internal efficiency**			
1.1	Request the each Directorate maximised its efficiency and ensure regular review at weekly RTT meetings	01/11/2014	30/11/2014	100%
1.2	Cross check current position withcentral booking hub to understand barriers to booking and potential solutions	01/11/2014	30/11/2014	100%
1.3	Agree clear objectives for booking hub going forward and monitor weekly	15/11/2014	31/03/2015	50%
1.4	Tighten theatre allocation process so all dropped templated lists are re-allocated to speciality with the most to do	01/12/2014	31/03/2015	20%
1.5	Redesign admin process to ensure that each speciality communicates clearly with the booking hub and that no clinic is canx <6 weeks notice	01/12/2014	31/01/2015	50%
2	**Put in place a full and thorough plan for validation**			
2.1	Strengthen leadership of current validation team to ensure they focus on correct priorites	01/10/2014	31/10/2014	100%
2.2	Ensure full clinical review and audit trail for any patient who has breached 52W using east sussex approach and with engagement from CCG clinical lead	01/11/2014	31/01/2015	50%
2.3	Put in place clinical validation of all patients who have waited >42W	01/10/2014	31/10/2014	100%
2.4	Secure substantive funding for current validation team	01/11/2014	04/12/2014	100%
3	**Continue with outsourcing programme to minimise wait times for patients**			
3.1	Identify additional requirements by sub-specialty and source additional capacity to deliver in line with service requirements	01/12/2014	31/12/2014	100%
3.2	Maximise contribution from national 10-15 week programme and set in place programme infrastructure	12/12/2014	31/12/2014	50%
4	**Validate patients with a clock start but no further treatment pending at present who are not currently reported on the PTL**			
4.1	Secure external support to validate patients with a clock start but no further treatment pending at present	15/11/2014	01/12/2014	100%
4.2	Set contract in place	01/12/2014	05/12/2014	50%
4.3	Put in place a training programme for the team and bEgin validation from 4 December with daily feedback reports	05/12/2014	16/01/2015	10%

5	**Undertake comprehensive C&D modelling with four highest risk specialites - spinal, DD Surg, Neurosciences and Urology**			
5.1	Secure IST support to enable this work to go forward at pace	15/11/2014	01/12/2014	100%
5.2	Hold introductory workshop	15/11/2014	01/12/2014	100%
5.3	Secured additional business management support for C&D modelling in spinal services and DD surgery	01/12/2014	31/12/2014	100%
6	**Identify and actively manage growth specialities / those that were in alignment but now have a new imbalance between capacity and demand**			
6.1	Dermatology - CCG had awarded the contract to a new provider but arrangements fell through. Plan to now catch up the backlog that has grown meanwhile.	01/12/2014	31/01/2015	50%
6.2	Oral surgery - CCG in d/w LAT to either introduce a triage or IMOS service	01/12/2014	31/01/2015	50%
7	**Review Patient Access Policy**			
7.1	Secure IST review of policy against their RAG status	15/11/2014	01/12/2014	100%
7.2	Review and adapt policy accordingly	01/01/2015	16/01/2015	75%
7.3	D/W Internal Audit who were asked to conduct a review also	15/12/2014	16/01/2015	100%
7.4	Review with CCG and patient groups and secure internal and external sign off	16/01/2015	16/02/2015	0%
7.5	Roll out training programme across all booking staff to ensure full compliance and put in place monitoring to ensure delivery against key standards	31/01/2015	31/03/2015	0%
8	**Develop a rolling programme to ensure data quality**			
8.1	Use the learning from current validation to develop a 'dos and don'ts' list for use across all services.	06/01/2015	31/03/2015	0%
8.2	Clarify the expected contribution of patient access managers to ensure consistency across all services and ensure delivery.	01/01/2015	31/03/2015	50%
8.3	Introduce a new and senior 'trouble shooting' resource within the new validation team to work with service users on remedying common errors.	06/01/2015	31/03/2015	0%
8.4	Introduce a competency framework for all service users and ensure compliance.	01/03/2015	31/05/2015	0%