

Board of Directors (Public)

Item 5.3

Board Report

Subject: 18 week RTT performance and action plan
Date of meeting: 31st March 2015
Prepared by: Tony Wilding, Chief Operating Officer
Presented by: Tony Wilding, Chief Operating Officer

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Internal	3,5,7	Red

1. Introduction

The aim of this paper is to inform the Board of Directors of the current Trust performance on 18 week referral to treatment (RTT) targets and the forecast failure to achieve the target in quarter one of the new financial year and plans to deliver the targets on an on-going basis.

2. Background and Context

During the financial year 2014/15 the Trust has seen a number of different issues and pressures, which have affected our 18-week performance over the course of the year. At the end of quarter 1 the Trust was in aggregate compliance with all three Monitor 18 week targets. Cardiac surgery was not compliant with the 18 week admitted pathway. Non-compliance in respect of the standard contract and commissioner requirements has been dealt with as part of year-end contractual negotiations. At the end of quarter one the surgical backlog stood at 56 patients.

During quarter two Trusts across the country were approached by the NHS England commissioning teams and asked if they could deliver additional activity with the aim of reducing the number of patients waiting over 18 weeks for treatment. To deliver this additional work funding was made available and also an agreement was in place with Monitor, the Trust Development Authority and NHS England that "regulatory action was unlikely to be taken" against Trusts who did not achieve the 18 week RTT targets as part of a concerted effort by providers to reduce the number of patients waiting in excess of 18 weeks for their treatment. As part of this initiative LHCH carried out an additional 32 cases mainly at weekends and received additional payment for these cases. During this period the Trust had two patients who required ECMO support the first in August and a

second patient in September with a total loss of 26 cases which materially cancelled out the performance gain from the additional activity LHCH carried out as part of the NHS England initiative. At the end of quarter two the surgical backlog stood at 64 patients.

Following further discussions with the NHS England commissioning team the “amnesty” from quarter two was extended into quarter three with Trusts being encouraged to treat “the long wait” patients but only until the end of November and there was an expectation that LHCH would return to a compliant aggregate specialty 18 week position by the end of December 2014. The Trust achieved the required performance level with all three 18-week targets being compliant at aggregate level as at the end of December. The surgical backlog at the end of Q3 had increased to 87 patients.

On the 19th December just before the Christmas break the surgical management team raised concerns regarding a growing number of surgical backlog patients waiting over 18 weeks. This led to the surgical backlog position for the end of January increasing to 125 patients. During February the backlog continued to rise and peaked at 148 patients. The predicted number of long wait patients at the end of March is 132 patients for surgery and 55 patients for Cardiology.

There were a number of factors driving the increase in the backlog, which include the following:

	Cardiac Surgery	Aortic Surgery	Cardiology – EP
Referrals increase	19	5	15
Displaced by non-elective (Urgent)increase	33	8	14
Cancelled operations	17	5	-
All-day cases	6	15	-
Late referrals	9	3	-
Consultant sickness	12	-	8
Delays in test results and dictation	-	-	18
Total	96	36	55

We have reviewed all of the factors highlighted above and the information which underpins them. These factors all then have corresponding actions in the RTT action plan to support the Trust getting our RTT performance back to compliance.

Cardiothoracic Surgery including Aortic Surgery

Referrals

Referrals to cardiothoracic surgery for 2014/2015 up to and including February have increased by 6%, changing from an average 382 referrals per month during

2013/2014 to 405 referrals per month this year; which equates to an 23 additional referrals per month.

Urgent Referrals

During September 2014 and October 2014 we saw a sharp spike in urgent admissions with a total of 46 cases above the same two-month period last year before returning to normal levels during November and December.

Activity

Non-elective work has also been rising during 2014/2015 and has increased by 5.4%, changing from an average 56 non-elective cases per month during 2013/2014 to 59 cases per month this year; which equates to 3 additional non-elective admissions per month.

At the same time, there has been a reduction in elective admissions during 2014/2015 by 11.6%, changing from an average 121 elective cases per month during 2013/2014 to 107 cases per month this year; which equates to 14 less elective admissions per month. This reduction will partly be explained by an increase in urgent cases, but cancelled operations and all-day cases will have contributed to this reduction.

Cancelled Operations

Reportable cancellations (cancellations for non-clinical reasons) have been consistently higher during 2014/15 compared to 2013/14. All but one month has been above the 0.6% target set for this indicator, with June being the only exception.

Table: Reportable (non-clinical) cancellations

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
2013/14	6	5	2	4	5	2	4	4	4	4	1	41
2014/15	5	5	2	5	7	11	11	10	11	6	15	88

There has been an increase in reportable cancellations in 2014/15 compared to the previous year, which includes 26 cases due to two patients requiring ECMO out of the total increase of 47. This equates to on average 7 or 8 additional cancellations each month since September 2014.

See cancellations detail previously circulated for further information on reasons and the day of the week analysis.

All-day Cases

Table: All-day cases in cardiac surgery

	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Average Cardiac Surgery all-day cases per month	39	39	33	60

There has been an increase in all-day cases in quarter 4 of 2014/15 compared to previous quarters, which equates to a 53.8% increase and on average 7 more all-day cases per month.

Late Referrals

Table: Late referrals to cardiac surgery

	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Number of patients	20	8	3	2
% of open pathways	3.45%	1.62%	0.59%	0.41%

	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Number of patients	2	6	13	25
% of open pathways	0.4%	1.2%	2.3%	4.2%

Consultant Sickness

Consultant sickness has had an impact on the cardiac surgical backlog in February of an increase of 12 patients breaching 18-weeks, which is 8% of the backlog. A review of the patient pathways is part of the action plan.

Cardiology – EP Studies

Referrals

Referrals to EP Studies for 2014/2015 up to and including February have increased by 13%, changing from an average 205 referrals per month during 2013/2014 to 232 referrals per month this year; which equates to 27 additional referrals per month. This is highlighted in the graph below.

Cardiology – EP Studies Backlog

Non-elective work has also been rising during 2014/2015 and has increased by 42.8%, changing from an average 7 non-elective cases per month during 2013/2014 to 10 cases per month this year; which equates to 3 additional non-elective admissions per month.

Elective admissions during 2014/2015 have increased on the back of increasing demand by 16%, changing from an average 85 elective cases per month during 2013/2014 to 99 cases per month this year; which equates to 14 more elective admissions per month.

Consultant Sickness

Due to consultant sickness which has not been covered by back fill or additional sessions, the cardiology backlog has increased by 8 cases.

Delays with Dictation and Closures of Non-admitted Pathways

The final factor contributing to the increase in the backlog is the delay in test results being reported on and dictated. The amount of patients on a C&CM pathway who have their pathway closed without undergoing a procedure and breaching is currently 18 patients. Therefore it is essential that the consultant body are reminded and are aware of the importance of achieving the RTT target and the necessity for timely administration and reporting. The administration and information technology processes within LHCH need to support the consultants to achieve this.

Action taken to improve performance (See Appendix 2)

Local independent sector providers were contacted to see if there was any additional capacity that could be secured contractually by LHCH to support internal actions to help to reduce the backlog number of patients waiting. No external capacity was available to be secured so other options were explored in detail to enable the delivery of additional capacity required to reduce the backlog. An RTT action plan was developed and adherence to this and the agreed actions to reduce the backlog whilst maintaining quality and safety for our patients will secure a reduction in the number of patients waiting in excess of 18 weeks for their treatment.

The table below sets out the total number of backlog patients waiting by speciality and incomplete pathway impact during the course of 2013/14 and 2014/15 and projected into quarter 1 for 2015/16.

Table: Speciality analysis of backlog patients and incomplete pathway performance

	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15 #
Cardiothoracic Surgery	77	36	31	45	56	64	87	132
%	86.4%	92.7%	93.8%	90.7%	90.0%	87.6%	84.6%	76.2%
Cardiology	70	46	40	22	34	34	34	55
%	93.6%	95.8%	96.4%	97.7%	96.5%	96.5%	96.8%	95.3%
Other	1	1	0	0	1	2	1	1
%	99.6%	99.6%	100%	100%	99.7%	98.8%	99.4%	99.5%
Total	148	83	71	67	91	100	122	188
%	92.2%	95.5%	96.2%	96.0%	95.0%	94.1%	93.3%	90.2%

#- Forecast Outturn

3. Current Position

At the end of January the Trust secured achievement of two out of the three, 18 week RTT targets failing the incomplete pathway target with performance of 89.96% against a target of 92% due to the size of the surgical backlog. Whilst LHCH has again received notification from NHS England to treat additional backlog patients during quarter 4 Monitor in their quarter three letter to the Trusts states;

“The Trust has been assigned a Green governance risk rating but has failed to meet the referral to treatment target for admitted patients, which we understand was a planned breach agreed with commissioners. The Trust has also declared a risk of failing this target in Q4. Monitor uses the above target (among others) as indicators

to assess the quality of governance at foundation trusts. A failure by a foundation trust to achieve the targets applicable to it could indicate that the Trust is providing health care services in breach of its licence. Accordingly, in such circumstances, Monitor could consider whether to take any regulatory action under the Health and Social Care Act 2012, taking into account as appropriate its published guidance on the licence and enforcement action including its Enforcement Guidance and the Risk Assessment Framework.

Monitor does not intend to take any further action at this stage. Should the Trust fail to meet the target in Q4 Monitor will consider the circumstances of the breach and what, if any, further regulatory action may be appropriate.”

As part of the action plan additional sessions have been undertaken on site as well as agreeing to work in partnership with the University Hospital of North Midlands (UHNM) who are carrying out some additional elective surgery on selected patients who have been given the choice of transferring to UHNM or staying with LHCH. This has given us an additional 4 surgical slots per week to complement the additional sessions internally being delivered.

The surgical backlog position increased to 148 patients by the end of February and has since marginally reduced to 143 patients during early March and is forecast to stand at 132 patients at the end of March. The cardiology backlog currently stands at 68 patients and at the end of March is forecast to be at 55 patients. The key tasks set out within the action plan will continue to be delivered to secure a reduction in the backlog number of patients waiting to the lowest number achievable by the end of April however this is unlikely to prevent us failing to achieve the RTT targets for admitted and incomplete pathways during quarter 1.

As previously reported on-going clinical review of patients waiting in excess of 18 weeks is in place to mitigate risk to patient safety and outcomes.

Detailed analysis and forecasting has been undertaken in respect of the expected activity levels for quarter 1 which shows the expected number of patients to be treated, the expected number of breach patients, the estimated backlog and the percentage compliance we are forecasting.

Detailed in Appendix 2 is a backlog clearance plan that whilst it sees failure to achieve compliance against incomplete and admitted pathways in quarter 1 does offer the best option to deliver on-going incomplete and admitted patient care compliance from quarter two onwards.

4. Key Operational Risks

The following are highlighted as material risks in respect of delivering on-going compliance against RTT standards:

- I. Baseline inpatient activity plan at 13,500 being compromised by increased referral rates above growth factored into activity plan.
- II. Failure to manage downward trajectory on level of cancelled operations to secure reductions in backlog via additional internal sessions.

- III. Actual backlog growth numbers exceeding plan assumptions.
- IV. Agreed clinical team investment timelines not being met due to failure on planned recruitment campaigns driven by difficult to recruit specialist posts and/or general demand for clinical workforce outstripping supply.
- V. Patient flow issues compromising smooth throughput of activity during quarter one whilst substantive capacity is put in place.

5. Recommendation

The Board of Directors are asked to note the planned failure of RTT admitted and incomplete targets at Quarter 1.

The Board of Directors are also asked to approve the actions set in appendix 2 to reduce our 18 week waiters and hence on-going compliance from Quarter 2.

Table: Forecast Compliance

RTT Target	Target %	April	May	June	July
Admitted	90%	74.07%	70.15%	74.60%	90.38%
Non-Admitted	95%	96.88%	96.78%	96.79%	96.78%
Incomplete Pathways	92%	90.94%	92.91%	94.92%	94.22%