Performance & Finance Committee
19th April 2018

RTT Assurance & Delivery Update

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1. Exec Summary – KEY MESSAGES

Final year end position set out in the table below: -

	Target	March 2018	March 2017
OP > 26 weeks	< 1,000	292	704
All patients > 36 weeks	< 2,640	3,363	3,485
All patients > 52 weeks	<1,520	1,729	1,275
Diagnostic tests > 8 weeks	0	29	320
Therapy waits > 14 weeks	0	0	254

Key Messages

- The Health Board has delivered against target for Stage 1 Outpatients and Therapies.
- The 36 week end of year position of 3,363 is 723 over the target of <2,640 however an improvement of 122 from March 2017 position.
- The position includes the unscheduled care impact seen at the beginning of March which had a continued impact on Orthopaedics through the breach of Ward W. This was in the region of 300 inpatient/daycase cases over 36 weeks cancelled.
- The forecast diagnostic position of 2 Cystoscopy cases deteriorated as a result of 27 Echocardiograms being reported as late breaches after month end. These had not been escalated as a potential risk through the Unit into the weekly RTT meetings. The failure to manage the cases was a culmination of system, staffing, process and communication issues. Full assurance of escalation and remedial measures have been requested from the service.
- The focus is now on Quarter 1 delivery utilising the £2m funding available to ensure there is no deterioration from the March 18 position. Individual Unit meetings are scheduled through April/May to discuss and test assurance of delivery for each of the speciality plans submitted. Trajectories will then be signed off and will form part of the accountability and assurance process.
- Current forecasts show that the 36 week position for April could be higher than the March position. This is unacceptable and units have been issued with clear instructions on managing this to a satisfactory position.
- The external RTT validation exercise has now concluded. The company moved into the April and May over 36 week patient cohort to fully utilise the 10,000 RTT pathways commissioned through the tender contract. The final summary report has been received and will be shared with Unit leads

through the RTT Assurance & Delivery process prior to the Executive Team in May.

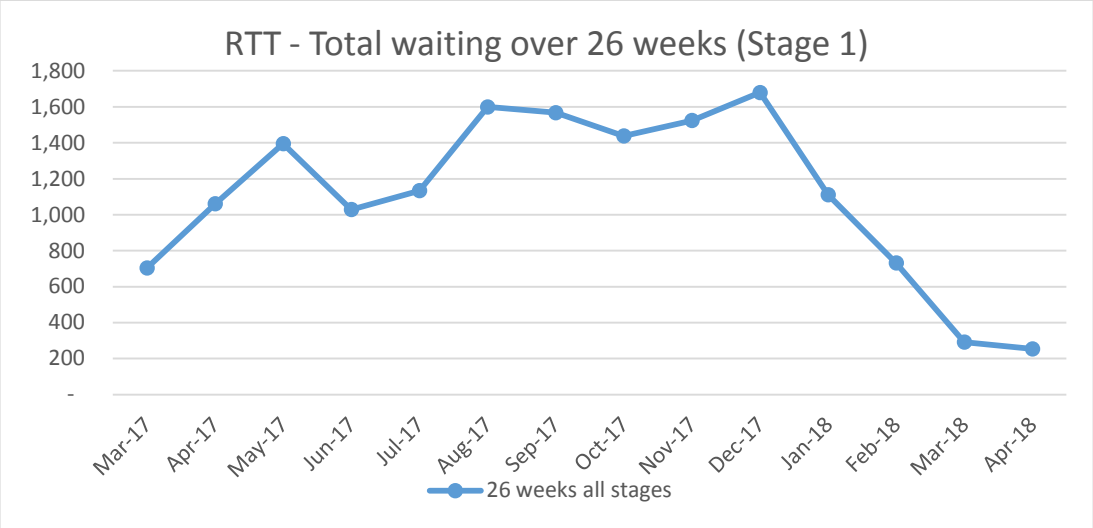
- With effect from April, a suite of additional Cardiology diagnostic tests will become reportable. These have been shadow reported during 2017/18 with a focus on cleaning the lists to ensure all patients are reporting appropriately.
- There are risks with the delivery of outsourcing and insourcing capacity within the Qtr 1 plans, mitigating actions include:-
    - The award of a contract to The Vale private provider through a single tender action to specifically support the capacity deficit for Orthopaedics.
    - Directing 18 Week Support to the Morriston site for OMFS and Spinal cases.

2. March 2018 Final Position

	Target	March 2018 Final Draft	March 2017
OP > 26 weeks	< 1,000	292	704
All patients > 36 weeks	< 2,640	3,363	3,485
All patients > 52 weeks	<1,520	1,729	1,275
Diagnostic tests > 8 weeks	0	29	320
Therapy waits > 14 weeks	0	0	254

The charts below show the final end of March position for the key performance indicators along with the latest forecast positons for April.

2.1 New Outpatients waiting over 26 weeks



2.1.1 March 2018

There are 292 patients waiting over 26 weeks for their first new outpatient appointment at the end of March, an improvement of 439 from last month and

an improvement of 412 from the March 2017 position The Health Board has surpassed its end of year target of <1,000.

Out of the 292 patients, 279 are waiting under the specialty of OMFS at Morriston. The residual 13 patients are within the specialities of Restorative Dentistry (3) and Gynaecology POW (10).

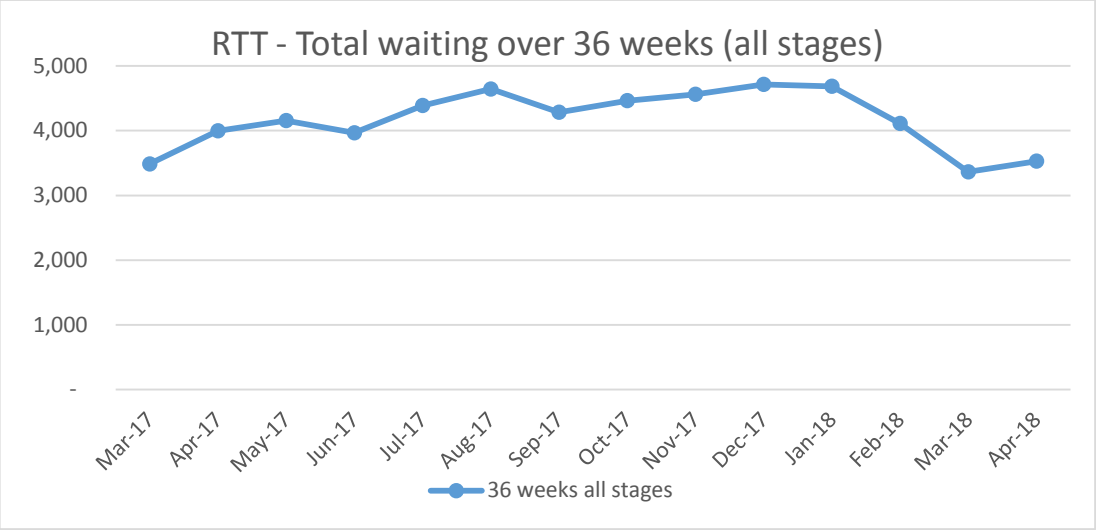
2.1.2 April 2018

There are 254 patients forecast for April, an improvement of 79 from March. The main areas of pressure are:-

- OMFS – 200, an improvement of 79
- General Surgery Morriston – 20 as a result of having to cover on call commitments)
- Gynaecology POW – 34 as a direct result of multiple Consultant sickness (all medium to long term). The service is currently being sustained by a locum and an element of support from Singleton colleagues for the fertility work.

Morriston Unit have also flagged a potential risk of 3 breaches in Plastic Surgery and 4 in Paediatric Orthopaedics which are being worked through currently.

2.2 Total Patients waiting over 36 weeks



2.2.3 March 2018

There are 3,363 patients waiting over 36 weeks at the end of March, an improvement of 748 from last month and an improvement of 122 from the March 2017 position. The Health Board missed its target of <2,640 by 723 however the level of clawback may depend upon Welsh Governments view on the adverse weather impact of c300 patients lost.

2.2.4 April 2018

There are 3,529 patients forecast for April, a deterioration of 156 from March. The main areas of pressure are:-

Morriston

- Cardiology – 107 (increase of 17)
- Orthopaedics – 1,125 (increase of 20)
- Spinal – 240 (increase of 20)
- OMFS – 305 (increase of 26)
- Plastic Surgery – 84 (increase of 29)
- Urology – 20 (increase of 10)
- **Unit Total – 2,467 (increase of 142 from last month)**

POW

- General Surgery – 197 (increase of 4)
- Orthopaedics – 815 (increase of 17)
- **Unit Total – 1,052 (increase of 21 from last month)**

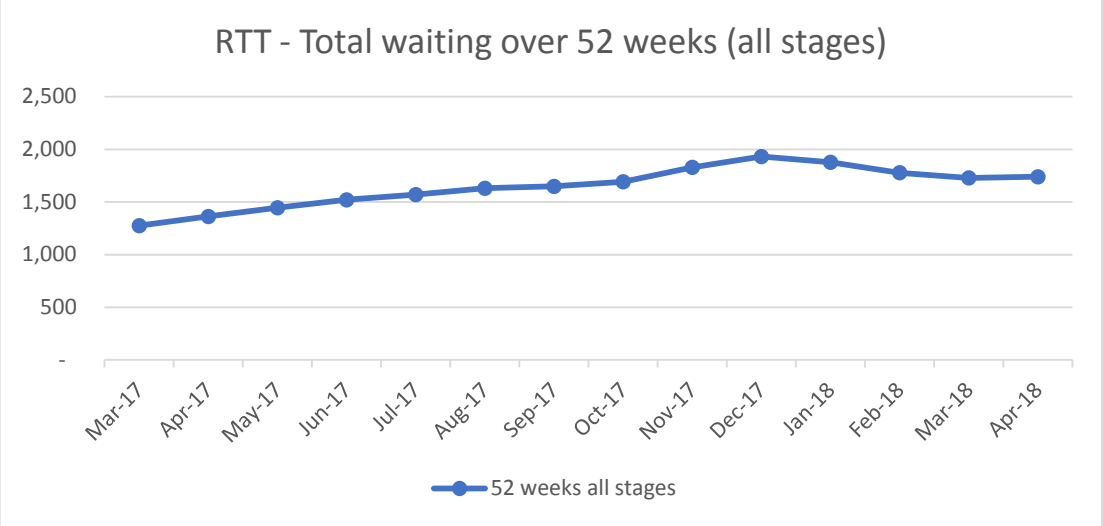
Singleton

- Ophthalmology – 0 (risk of 16)
- Gastroenterology – 10 (increase of 5)
- **Unit Total – 10 (increase of 4)**

Morriston reported unprecedented levels of sickness amongst their consultant body in General Surgery, Orthopaedics and Plastic Surgery. This was mirrored within General Surgery at POW. Units are asked to ensure that the sickness policy is being followed for their medical staff and that the clinical leads and unit medical directors are involved in the process as appropriate.

At the weekly RTT meetings, the units were challenged to sustain or better their March 2018 position at the end of April. The draft forecast is 166 above this which is unacceptable and units have been asked to action all potential solutions to reduce the bounce back and sustain the March position. These are detailed further in the report and can be found in **Appendix A.**

2.3 Total Patients waiting over 52 weeks



2.3.1 March 2018

There are 1,729 patients waiting over 52 weeks, a reduction of 49 from last month and a gradual improvement of 202 since December. The Health Board missed its target of <1,520 by 209.

2.3.2 April 2018

There are 1,739 patients forecast at the end of April, a slight deterioration of 10 from March. The main areas of pressure are: -

Morriston

- Orthopaedics – 546 (increase of 12)
- Spinal – 120 (increase of 11)
- General Surgery – 220 (increase of 6)
- OMFS – 180 (decrease of 11)
- **Unit Total – 1,226 (increase of 26 from last month)**

POW

- Orthopaedics – 419 (decrease of 20)
- General Surgery – 72
- Urology – 22 (increase of 5)
- **Unit Total – 513 (reduction of 16 from last month)**

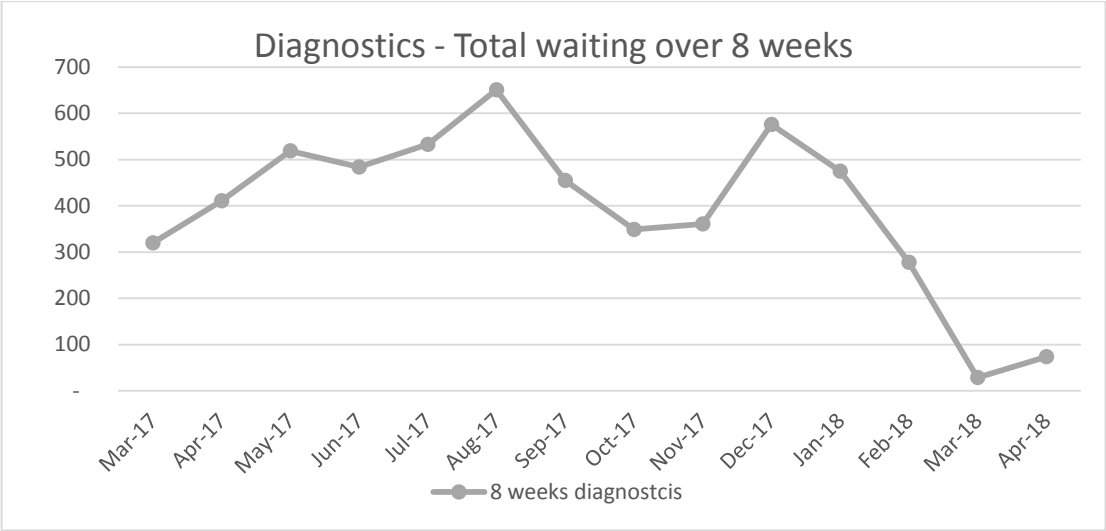
Singleton

- **Unit Total – 0**

Andrew Jones from the Welsh Government Delivery Unit has commenced a six month secondment to work with both unit and corporate teams on planned care with a view to developing and equipping us with tools and techniques to assist with our RTT delivery plans.

As an initial piece of work a detailed analysis has been produced on the long waiting patients which has been shared with Units and with the Planned care Supporting Delivery Board (12th April 2018). Reducing the numbers and tail end of the patients waiting over 52 weeks will be a specific focus for 2018/19. Work will commence to develop improvement profiles for the individual specialties which will require innovative step change plans to protect elective capacity to manage this cohort of patients. This will be carried out once the main capacity and demand plans are signed off mid-May.

2.4 Diagnostics waiting over 8 weeks



2.4.1 March 2018
There are 29 patients waiting over 8 weeks against a diagnostic target of Nil, an improvement of 249 from last month and an improvement of 291 from the March 2017 position.

The forecast diagnostic position of 2 Cystoscopy cases deteriorated as a result of 27 Echocardiograms being reported as late breaches after month end. These had not been escalated as a potential risk through the Unit into the weekly RTT meetings. The failure to manage the cases was a culmination of system, staffing, process and communication issues. Full assurance of escalation and remedial measures have been requested from the service.

2.4.2 April 2018
There are 74 patients flagged as a risk for the end of April, a deterioration of 45 from March. The main areas of pressure are: -

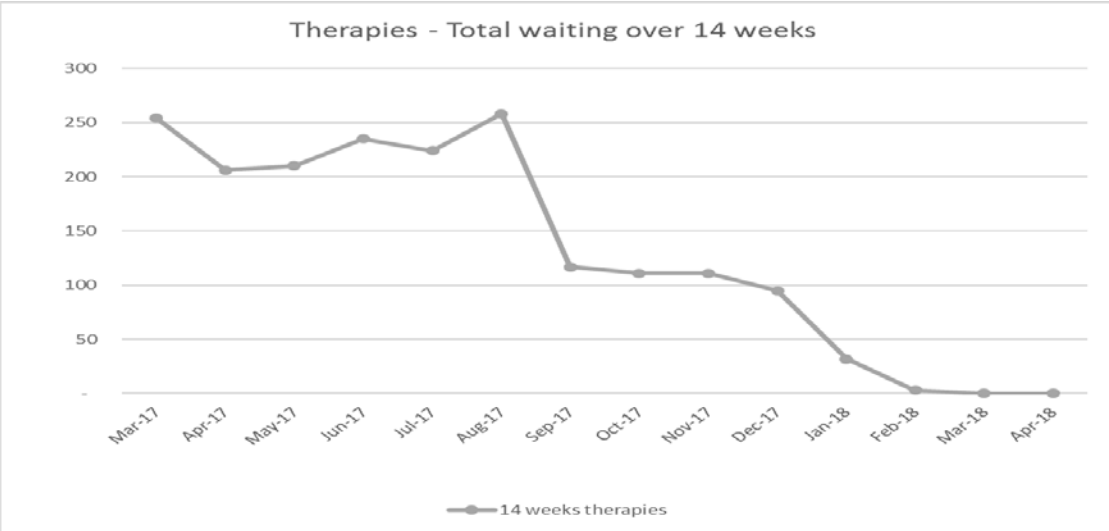
- Cystoscopy POW – 35
- Non Obstetric Ultrasound POW – 35
- Fluoroscopy (Sialograms) POW – 4

The Princess of Wales Hospital Unit has been tasked with identifying solutions to reduce this risk.

With effect from April, there are a suite of additional Cardiology diagnostic tests that will become reportable. These have been shadow reported during 2017/18 with a focus on cleaning the lists to ensure all patients are reporting appropriately. To provide some context the main pressure areas are set out below with the end of March positions:-

- Cardiac MRI – 188
- Cardiac CT – 350
- DSE – 36
- 24 Hour Tape / Holter - 15
- Angiogram - 34

2.5 Therapies waiting over 14 weeks



There are Nil patients waiting over 14 weeks for therapy services at the end of March, an improvement of 3 from last month and an improvement of 254 from the March 2017 position. The Health Board has achieved its target and work will continue with the Units to sustain a Nil position for April.

3. Forward Look

The RTT Delivery Plans for 2018/19 have been received from each of the Units and individual meetings are scheduled through April/May to discuss and test assurance for each of the speciality plans submitted. A full picture on Quarter 1 will be provided to the Executive Team and the Performance and Finance Committee once these meetings have concluded and signed off trajectories are in place. The Board is clear that 2018/19 will be a year of continuing improvement in waiting times.

The focus at the weekly combined RTT meetings has been on Quarter 1 and the ability to secure additional capacity within the £2m funding available to ensure no deterioration.

The following table summarises the latest April forecast position against the March end of year position. These figures have been included in the charts presented above with unit/speciality specific narrative.

	March 2018	April 18 (Forecast)
OP > 26 weeks	<29	254
All patients > 36 weeks	<3,363	3,529
All patients > 52 weeks	<1,729	1,739
Diagnostic tests > 8 weeks	29	74
Therapy waits > 14 weeks	0	0

A wide range of immediate actions have been agreed in addition to the internal and external solutions identified within Unit plans to reduce the bounce back and sustain the March position. These include:-

Morriston

- Meeting in plastic surgery tomorrow to confirm a plan to clear. Feedback required following meeting.
- Confirm clearance of orthopaedic paediatric risk by 25rd April.
- Engage with 18 Week Support for additional capacity. Update required on 25th April.
- Develop clear opportunities, through clinical engagement, for addressing long waiting patients >52wks to reduce overall size of the patient cohort and condense the tail end. Clinical discussion needed and updates required on 25th April and 2nd May re: emerging plans.
- Echocardiogram gaps for May and June to be quantified by 25th April with mitigating actions to address.

POW

- Share fertility cases with Singleton team to be seen in Neath Port Talbot Hospital to manage risk in Gynaecology – action already underway.
- Explore potential for outsourcing in orthopaedics to manage bounce back. Feedback required 25th April.
- Liaise with Swansea team over potential to take Sialogram cases by postponing booked non-breach cases. Feedback required 25th April.

Singleton

- Ensure that all internal WLIs are in place to secure and confirm a plan to clear breaches by the end of March for Gastroenterology. Feedback required by 25th April.
- Confirm with Sancta and St Josephs actual patient numbers booked before the end of the month for Ophthalmology. Feedback required by 25th April.
- Ensure that processes are in place to enable Medinet to shadow activities with the aim to utilise last weekend in April for Ophthalmology – action already underway.

4. Risks

The main areas of risk and mitigating actions are set out below. These risks are kept live and considered in the weekly RTT Delivery and Assurance meetings:-

- OMFS – high conversion from Stage 1 although risk is reducing as delivery and improvement is progressing well. Consultants are currently coming forward with additional lists and 18 Week Support are able to offer the capacity of an OMFS surgeon if this is required in addition to in-house solutions.

- Urology service at POW remains fragile and therefore delivery of the plan is difficult to predict. The Unit is continuing to manage a safe service through the appointment of locums with additional support from Urology colleagues in Swansea and General Surgery colleagues in POW.
- The Gynaecology service at POW is becoming an area of increasing pressure with 3 Consultants from an already small clinical team currently on mid-long term sickness absence. A locum is in place and a second locum will continue to be sourced. The Singleton team are already providing support and will continue to do so.
- Outsource provider capacity. Risk of providers on the ABMU Framework offering reduced capacity for Orthopaedics in the West. A single tender action has been put in place with The Vale who has confirmed it can offer additional capacity. The casemix of cases suitable for both outsourcing and insourcing is diminishing leaving the more complex, long waiting cases requiring treatment on a hospital site by our clinical teams.
- The Insourcing capacity has been slow to operationalise for the main specialties. This is largely as a result of the level of ABMU NHS support staff required by the Providers to be onsite during their sessions. Whilst this is understandable from a safety perceptive it is proving challenging to secure the staff internally to cover the sessions (Senior link Nurse, HCA, Decontamination staff and Receptionist). It is anticipated that as the Provider clinical teams familiarise themselves with our hospital systems and facilities that this level of support required will reduce. Work has already commenced in supporting Orthopaedic lists at Morriston and shadowing is underway in Singleton to support Ophthalmology.
- The additional cardiology diagnostics that will be reportable in 2018/19 from April onwards will produce an immediate deterioration to our diagnostic position. This will be seen across all Health Boards and Welsh Government are aware of our position as they have been shadow reported during 2017/18.

5. Recommendation

5.1 The Performance & Finance Committee is asked to: -

- Note the final end of year position.
- Note the latest April forecasts.
- Note the actions being explored for quarter one to maintain and improve upon the March 18 position.
- Note the risks and mitigating actions.

Weekly Report and Action Notes – 18th April 2018

Singleton

Ophthalmology

- March final reported position
  - Stage 1 Nil
  - >36wks Nil
- April
  - Stage 1 Nil, looking sustainable
  - 36wks Nil, risk of 16 – 20.

Gynaecology

- March final reported position
  - Stage 1 Nil
  - >36wks, 1
- April
  - Stage 1 Nil
  - >36wks Nil

Gastroenterology

- March final reported position
  - Stage 1 Nil
  - >36wks, 5
- April
  - Stage 1 Nil
  - >36wks risk of 10 (5 off March position)

Endoscopy

- March final reported position Nil
- April Nil, Medinet confirmed dates for end of April and into first two weeks of May

ACTIONS

- Unit to ensure that all internal WLIs in place to secure and confirm a plan to clear breaches by the end of May in Gastroenterology.
- Immediate action required following the meeting to action all potential solutions to reduce the bounce back and sustain the March position in Gastroenterology.
- Unit to confirm with Sancta and St Josephs actual patient numbers booked before the end of the month by 25th April for Ophthalmology.
- Unit to ensure that processes are in place to enable Medinet to shadow activities with the aim to utilise last weekend in April for Ophthalmology.

Morriston

- March final reported position
  - Stage 1, 279 all within OMFS as planned
  - >36wks, 2,325

- April
  - Stage 1, 220:-
    - 200 OMFS

        - 20 General Surgery as a result on covering on call rota
        - Risk of 3 in Plastics, all Consultant specific (DB).
        - Risk of 4 Orthopaedics Paeds.

    - >36wks, 2,467 (142 off March position)
        - Medinet now in and covering Orthopaedic lists
        - Clinical discussions taking place around TinT rates
        - Stretch all potential solutions to reduce the bounce back and sustain the March position across all specialties

    - Diagnostics Nil:-
        - Risk for Echocardiograms going into April and May

ACTIONS

- Meeting in plastic surgery tomorrow to agree plan to clear – unit to feedback after meeting.
- Unit to confirm clearance of orthopaedic paediatric risk by 25rd April.
- Unit to engage with 18 Week Support for additional capacity. Update required on 25th April.
- Unit to develop clear options, through clinical engagement, for addressing long waiting patients >52wks to reduce overall size and condense the tail end. Clinical discussion needed and updates required on 25th April and 2nd May re: emerging plans.
- Echocardiogram gaps to be quantified at next meeting with mitigating actions to address

POW

- March final reported position
    - Stage 1, 10 in Gynae
    - >36wks, 1,031

- April
    - Stage 1, risk of 34 in Gynae (24 off March position)
        - Second locum not commenced
        - Meeting planned with team to look at TinT position
        - Singleton supporting with fertility cases at NPTH
        - Further discussion with Singleton to seek additional support for tackling the 34 backlog

    - >36wks, 1,052 (21 off March position)
        - Clinical discussions taking place around TinT rates
        - Focus further validation on Orthopaedics. Weekend lists in NPTH in place and working. No outsourcing being progressed
        - Stretch all potential solutions to reduce the bounce back and sustain the March position across all specialties

    - Diagnostics, risk of 74:-
        - 35 Cystoscopies but working through plan to clear to Nil
        - 35 Ultrasounds due to loss of 2 Consultants. Extra sessions already secured and Swansea team also supporting to work through a plan to clear to Nil
        - 4 Sialograms.

ACTIONS

- Unit to share fertility cases with Swansea team to be seen in Neath Port Talbot Hospital to manage risk – action already underway

- Unit to explore potential for outsourcing in orthopaedics to manage bounce back. Feedback required 25th April.
- Unit to liaise with Swansea team over potential to take Sialogram cases by offsetting any booked non-breach cases. Feedback required 25th April.

General Actions for All Units

- In preparation for upcoming RTT Assurance meetings, review capacity and demand delivery plans for internal process efficiencies (POA, theatre utilisation, TinT rates etc.) and clarity over baseline sustainable position for each service prior to any call for additional investment.