

Somerset County Council
Scrutiny for Policies, Adults and Health Committee
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Report on NHS Waiting Times for Somerset Patients

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Cabinet Member:

Division and Local Member:

1. Summary

1.1. To provide an update to Scrutiny Committee upon Somerset Clinical Commissioning Group's performance against the key constitutional standards to period ending September 2017. The NHS Constitution gives patients the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. The focus of this report is upon the performance of these key access standards and the remedial actions in place to recover any performance shortfall.

2. Issues for consideration / Recommendations

2.1. The Scrutiny Committee are asked to note the following report.

3. Background

3.1. Introduction

3.2. Somerset Clinical Commissioning Group is not currently meeting a number of the key constitutional Access Standards, namely:

- RTT 18 Week Waiting Times
- A&E 4 Hour to Admission or Discharge
- Diagnostic 6 Week Waiting Times
- 62 Day Wait to First Definitive Treatment Following Urgent GP Referral

3.3. Referral to Treatment (RTT)

3.4. RTT The total number of Somerset patients awaiting treatment as at 30 September 2017 was 36,138 of which 4,769 experienced a wait in excess of 18 weeks and the number of patients awaiting treatment at Taunton and Somerset NHS Foundation Trust was 19,290 of which 3,329 are waiting in excess of 18 weeks.

- 3.5. The table below reports the monthly performance for 2017-18 (April-September 2017) for the Providers whereby Somerset CCG is the Lead Commissioner, alongside SCCG total commissioned performance:

Provider	Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Taunton & Somerset NHS Foundation Trust	Plan	84.4%	84.6%	84.7%	84.9%	85.1%	85.4%	85.6%	85.9%	86.2%	86.5%	86.8%	87.2%	85.6%
	Actual	84.9%	85.1%	85.6%	85.2%	85.1%	84.3%							85.0%
	Variance	0.4%	0.5%	0.9%	0.2%	0.0%	-1.0%							-0.6%
Yeovil District Hospital NHS Foundation Trust	Plan	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	Actual	93.2%	94.5%	95.0%	95.1%	95.3%	95.0%							94.6%
	Variance	1.2%	2.5%	3.0%	3.1%	3.3%	3.0%							2.6%
Somerset Partnership NHS Trust	Plan	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
	Actual	97.7%	99.6%	99.5%	99.3%	99.3%	98.9%							99.1%
	Variance	5.7%	7.6%	7.5%	7.3%	7.3%	6.9%							7.1%
Somerset Clinical Commissioning Group	Plan	88.8%	88.4%	88.0%	88.0%	88.0%	86.8%	86.5%	86.1%	85.7%	85.3%	85.0%	84.6%	86.8%
	Actual	88.2%	88.8%	89.1%	88.9%	89.0%	88.4%							88.8%
	Variance	-0.5%	0.4%	1.1%	0.9%	1.0%	1.6%							2.0%

- 3.6. Somerset CCG met the operational planning trajectory in September and has met the ambition in every month of 2017-18, with the exception of April 2017. However, in September as a result on an increase in the backlog and reduction in clock stops at Taunton & Somerset NHS Foundation Trust, the local planning ambition was not met.
- 3.7. Taunton and Somerset NHS Foundation Trust has updated their RTT Remedial Action Plan (which is underpinned by NHSI approved Demand and Capacity modelling) which outlines the improvement actions required to return specialities to operational compliance.
- 3.8. The specialities with the greatest level of backlog are: General Surgery, Trauma and Orthopaedics, Ophthalmology, Gastroenterology and Other Specialities (which is a combination of other smaller (generally medical) specialities) and have accumulated due to a combination of increased demand (particularly cancer), sub-speciality demand, workforce shortfalls (and reliance upon Locum workforce) and inability to sub-contract with the Independent Sector (case mix) and ability to carry out waiting list initiative works.
- 3.9. Patients in Somerset experienced a median RTT waiting time of 30 weeks in September 2017; this reports the accumulated waiting times for all patients who have completed treatment during the month and includes the combined wait of the first out-patient appointment, diagnostic test and in patient procedure.
- 3.10. Somerset CCG is meeting with Taunton and Somerset NHS Foundation Trust on a monthly basis to review progress against the specialty level actions detailed within the Remedial Action Plan. A monthly Access and Performance Group meeting also attended by the Regulators takes place on a monthly basis to review performance and to agree additional improvement for the key access standards.

3.11 The number of patients whose waiting time exceeds 40 weeks has increased at Taunton and Somerset NHS Foundation during 2017-18 although the number patients exceeding 52 weeks has stabilised and started to reduce due to the proactive management of these long wait pathways. The Trust reported 20 patients who exceeded 52 weeks as at 30 September 2017 and occurred due to a combination of clinical complexity, patient choice and capacity. All patients have treatment plans in place and are clinically reviewed for harm once they reach 38 weeks if they have either not been seen by a consultant in the past month or do not have a consultant appointment scheduled within the next month; patients are also re-assessed again at week 52. Focused actions to reduce this tail of long waits have been incorporated into the new 52 Week Improvement Plan and specific speciality actions incorporated into the RTT improvement plan. The Trust has introduced an RTT Expert Panel that meets fortnightly; this group of RTT experts review long wait complex pathways with the specialities in order to identify the required next steps. In addition, a new 'RTT Tracker' post has been created to facilitate the progress of these long wait pathways with the Directorates and Somerset CCG has established an internal group across the Commissioning, Quality and Performance teams to continually review the Trust's improvement plan and trajectory to deliver zero tolerance of over 52 week waits and will continually work with the Trust with the outcomes of these discussions to be assured of delivery.

3.12. Where patients wait has exceeded 52 weeks a formal review process for each patient is conducted by the service provider. The CCG as commissioner receives copies of the reviews for oversight. The review seeks to identify whether the individual has been harmed by the extended wait. The process also presents another opportunity to uncover and learn from shortfall in operational systems which have caused or contributed to the extended wait. Currently these reviews have not identified clinical harm arising from extended waiting. The reviews have been helpful in identifying issues causing delays to completing treatment pathways. For example, it was discovered through this route that completion of calprotectin tests (faecal matter sample) as a final confirmatory all clear test was often slow to be completed. Patients are advised this is a "belt and braces" test at the end of treatment / diagnosis confirmation, just to be sure and not seen as a priority to return the sample to the hospital.

3.13. The CCG is seeking to extend the scope of these 52 week wait reviews to include:

- a review of any additional appointments connected with the extended wait which may have been avoided, and
- consideration of the social impact of the extended wait on the individual and their family

Alternatively a better resolution will be the elimination of these extended waits.

3.14. From September 2017, Taunton and Somerset Trust has facilitated the transfer of up to 25 trauma and orthopaedic cases per month to Yeovil District Hospital NHS Foundation Trust in order to reduce the backlog and is in discussion to transfer gastroenterology (diagnostic) cases.

3.15. Yeovil District Hospital NHS Foundation recovered RTT performance from January 2017, and has continued to deliver improved performance throughout 2017-18 resulting in Trust to Somerset performance in September of 95.0%.

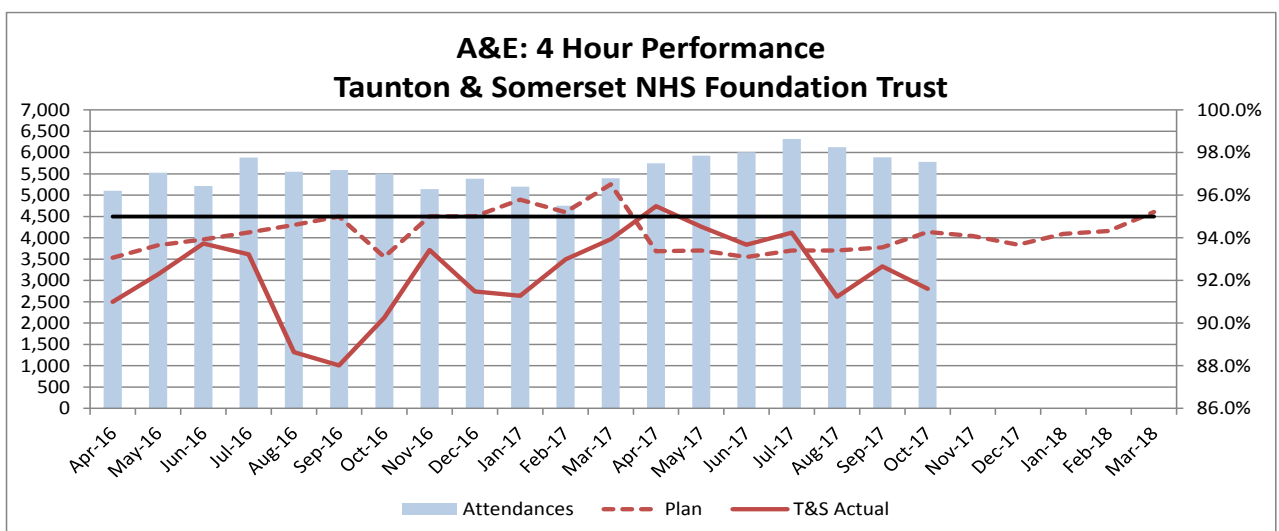
3.16. A&E 4 Hour Wait To Admission Or Discharge

3.17. A&E 4-hour performance is reported nationally on a Trust-wide basis by Type 1 (Acute) and Type 3 (MIU) Providers on a monthly basis; however daily reporting is also in place in order to monitor daily, weekly and monthly performance on a local basis.

3.18. The table below reports the monthly performance for 2017-18 (April-October 2017) for the Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. (Please note, daily A&E attendances are also received from Weston Area Health NHS Trust and Royal United Hospital Bath NHS Foundation Trust, where Somerset's weighted performance is 16% and 12% respectively).

Provider	Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Taunton & Somerset NHS Foundation Trust	Plan	93.4%	93.4%	93.1%	93.4%	93.4%	93.6%	94.3%	94.1%	93.7%	94.2%	94.3%	95.2%	93.8%
	Actual	95.5%	94.5%	93.7%	94.2%	91.2%	92.7%	91.6%						93.3%
	Variance	2.1%	1.1%	0.6%	0.8%	-2.2%	-0.9%	-2.7%						
Yeovil District Hospital NHS Foundation Trust	Plan	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
	Actual	98.2%	98.7%	97.6%	97.9%	98.2%	97.7%	98.1%						98.1%
	Variance	3.2%	3.7%	2.6%	2.9%	3.2%	2.7%	3.1%						3.1%

3.19. With the exception of April 2017 Taunton and Somerset NHS Foundation Trust have not met the operational standard since July 2015.



3.20. Taunton and Somerset NHS Foundation Trust has experienced a 9.97% increase in attendance when comparing April-October 2017 to the same period of the previous year and the level of attendance during October 2017 has increased upon the previous month. A detailed analytical review has been undertaken in order to understand the key drivers of growth; the reasons are multi-factorial and include an increase in the local population, changes healthcare provision (including the temporary overnight closure at Weston) and patient acuity. The Access and Performance Group taking place on

- 3.27.** Somerset CCG met the operational planning trajectory in September and has met the ambition in every month of 2017-18, with the exception of April 2017. However, in September as a result on an increase in the backlog and reduction in clock stops at Taunton & Somerset NHS Foundation Trust, the local planning ambition was not met.
- 3.28.** Taunton and Somerset NHS Foundation Trust did not meet their diagnostic waiting times improvement ambition (as included within the Diagnostic Remedial Action Plan) during September 2017; whilst the number of 6 week breaches are comparable to the previous month capacity issues continue within the CT and MRI services accounting for approximately 60% of diagnostic waiting time breaches. The agreed improvement trajectory shows incremental performance improvement throughout 2017/18; however there are ongoing challenges as a consequence of the increased cancer demand, workforce constraints and the vulnerability of the endoscopy service. The Remedial Action Plan outlines actions, which include securing additional activity and strengthening the workforce and is reviewed on a monthly basis where Somerset CCG is in attendance. SCCG has explored through the Policy Forum potential demand management opportunities with a focus initially upon DEXA and Non-Obstetric ultrasound and in addition, a benchmarking exercise has been undertaken in order to compare the level of elective and unscheduled demand against other similar sized providers to identify if there are any other opportunities to reduce the overall level of demand. The Trust is reviewing all patient choice breaches; this type of breach accounts for approximately one third of the overall breaches (100 per month) and different approaches to agreeing appointments with patients when they are unavailable by telephone are being explored and trialled to reduce this type of breach.
- 3.29.** Yeovil District Hospital marginally missed the 6 week operational standard in September as a result of an increase in breach in the audiology and echocardiography services. The factors leading to an increase in breach in respect of echocardiography is linked to a workforce shortfall; although the Trust have secured the services of a Locum additional support is required and the Trust is exploring further options to reduce the level of breach. The factors impacting upon audiology performance has been two-fold; there has been an increase in demand which has been further compounded by unexpected long term sickness in the Team. Additional sessions are being scheduled to swiftly reduce the backlog but the Trust anticipates that the operational standard will be missed in October due to these factors but are doing all they can to mitigate the risk of this.
- 3.30.** The waiting times for a diagnostic test or procedure at other Providers is being closely monitored and any unexpected incidence of breach is explored with remedial actions put in place as required.
- 3.31. Cancer 62-Day to Treatment Waiting Times**
- 3.32.** Somerset Clinical Commissioning Group has not met the 62-Day Operational Standard during 2017-18, with under-performance (to varying degrees) occurring at all Somerset Providers.

Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	93%	1568	1760	1890	1932	1918	1659
		141	113	125	141	163	128
		1427	1647	1765	1791	1755	1531
		91.01%	93.58%	93.39%	92.70%	91.50%	92.28%
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially	93%	99	97	93	74	69	82
		8	9	11	6	7	9
		91	88	82	68	62	73
		91.92%	90.72%	88.17%	91.89%	89.86%	89.02%
62 day wait - % treated in 62 days from GP referral	85%	120	173	159	159	180	159
		20	34	26	28	33	33
		100	139	133	131	147	126
		83.33%	80.35%	83.65%	82.39%	81.67%	79.25%
62 day wait - % treated in 62 days from screening programme	90%	16	19	22	23	20	17.5
		1	2	0	1	1	0
		15	17	22	22	19	17.5
		93.75%	89.47%	100.00%	95.65%	95.00%	100.00%
62 day wait - % treated in 62 days from consultant upgrade	90%	20	30	32	24	35	17.5
		0	7	4	3	5	1
		20	23	28	21	30	16.5
		100.00%	76.67%	87.50%	87.50%	85.71%	94.29%
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	96%	221	299	307	284	316	280
		5	11	12	8	4	8
		216	288	295	276	312	272
		97.74%	96.32%	96.09%	97.18%	98.73%	97.14%
31-Day Standard for Subsequent Cancer Treatments-Surgery	94%	62	71	86	73	69	57
		7	4	3	2	2	2
		55	67	83	71	67	55
		88.71%	94.37%	96.51%	97.26%	97.10%	96.49%
31-Day Standard for Subsequent Cancer Treatments-Anti Cancer Drug Regimens	98%	80	118	124	126	131	106
		0	0	0	0	0	0
		80	118	124	126	131	106
		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a	94%	112	101	96	107	100	86
		3	3	1	2	2	4
		109	98	95	105	98	82
		97.32%	97.03%	98.96%	98.13%	98.00%	95.35%

3.33. In September 2017 Taunton and Somerset NHS Foundation Trust did not meet the 62 day to definitive treatment following urgent GP referral standard; the primary reasons for breach were:

- capacity constraints within the 2 week pathway (namely CT and MRI)
- increase in the number of patients with multi-site cancer or co-morbidities
- medical deferral
- referrals to specialist centres for diagnosis or treatment

3.34. Taunton and Somerset NHS Foundation Trust is sharing with the CCG a weekly monitoring report which reports the number of un-dated patients who have exceeded the 62-day waiting time standard and consistent with the Trust's plan to address this backlog, the numbers of both diagnosed and un-diagnosed over 62-day GP waits are reducing. The Trust anticipates delivery of the operational standard from Q4 2017-18.

3.35. In September 2017 Yeovil District Hospital NHS Foundation Trust did not meet the required level of performance for the 62 day to treatment standard and the reasons are multi-factorial; the first is linked to a manual pathway for recall in Endoscopy as a result of an identified issue tracking patients within their PAS system. The position was immediately addressed and rectified with controls put in place to prevent a reoccurrence. The second issues relates to urology whereby the Trust has been unable to recruit 2 urologists. The Trust's 62-Day Improvement Plan is currently being updated and will be shared in due course; the Trust is also working with the national team as part of the cancer diagnosis initiative to drive improvements in performance.

4. Consultations undertaken

4.1. Not applicable

5. Implications

5.1. Not applicable

6. Background papers

6.1 Not applicable

Note For sight of individual background papers please contact the report author