

To: Brent Overview and Scrutiny Committee

From: Tina Benson, Director of Operations, NWLH Trust

Date: 28th February 2014

Subject: Update on 18 Week RTT Clinical Review Process and Capacity

Background:

The Trust undertook an internal and external review process, in agreement with the CSU/CCGs to provide assurance as well as clinical review in order to determine whether there had been a risk of harm for patients who had been waiting longer than 18 weeks for their respective procedure. The review primarily focussed on patients who had waited more than 18 weeks due to unnecessary delay rather than due to clinical or social reasons for delay e.g. patient choice or planned procedures.

Reporting process

Both the internal and external review findings, as well as additional information from the Urology incident are being formulated into a report that is due to be presented to the NWLH Trust Board in March 2014.

Interim update on 18 weeks

- All deaths amongst patients waiting longer than 18 weeks, for the last two years have been reviewed Patients waiting longer than 18 weeks on the Planned Urology list were also investigated. A consultant review process was instigated for the 196 patients identified. Four deaths are under clinical review.
- It was concluded that there had been no significant harm identified in relation to individual patients, but there existed an elevated level of risk exist for all those patients who have waited too long.
- The Trust is in the process of setting up a patient level review of risk which will be led by the Medical Director.

18 WEEK CAPACITY UPDATE

1.0 Background

The Trust has implemented plans as previously described to increase the internal capacity for a number of key specialities. In addition the Trust has worked in collaboration with CCGs/CSU to implement outsourcing to support the reduction in the waiting list size to reach sustainable levels.

As previously reported the Trust had 4400 patients on the admitted waiting list and this number needs to be nearer 2000 to reach a sustainable balance. The Trust also had 801 patients currently waiting over 18 weeks on the 3rd November 2013.

2.0 Trust Internal capacity

The Trust is implementing 33% (45 patients per month) of the planned capacity increase (136 patients per month) in February 2014. There are recruitment plans to achieve the remaining increase by April 2014. Recruitment however remains the highest risk against delivery with theatre nursing staff group being the most difficult to recruit to. Heads of Nursing are leading Trust wide

recruitment campaigns that will directly support critical care. Specialities where lists are affected are Orthopaedics, ENT, Gen Surgery, OMFS.

3.0 Outsource Process

To support the Trust, the CCGs have agreed to fund additional capacity through an outsourcing process. The following providers were chosen with the support of the CSU and CCGs. These are:

- BMI Healthcare group (BMI)
- The Hillingdon Hospitals Trust (THH)
- The Royal National Throat Nose and Ear Hospital. (RNTNEH)

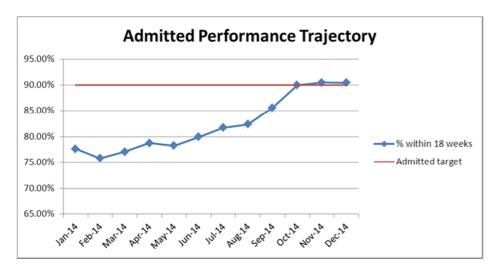
The outsourcing process started in November 2013 and the table below outlines the position as of 5th February 2014.

SUMMARY	Volume
Total Number on trackers	903
Number treated, surgery complete	223
Number in process to treatment	416
Number discharged, no treatment	143
referred back to Trust	66
Other a/w update	55

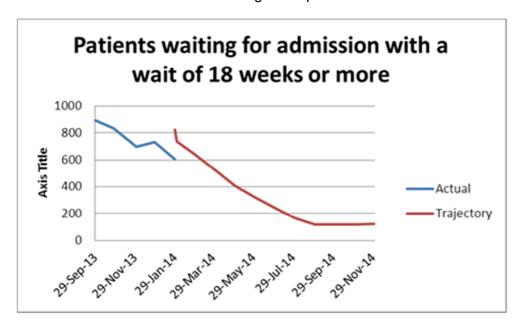
The Trust wrote to a total of 1253 patients, informing them that they had identified through the agreed process. This has resulted in 903, 72% of patients being moved across to the providers above. The table indicates that the majority of these patients have either been treated or are in the process of receiving their treatment. A small number of patients have returned to the Trust as either the patient wished to return or was too complex for other providers to treat.

4.0 Trajectories

The Trajectories have been updated to reflect the delay in internal capacity at the Trust and we have now mapped our current backlog (>18 week) patients onto our plan to reduce the number of patients waiting over 18 weeks. The graph below demonstrates the current trajectory plan for admitted performance..



The following graph shows current numbers of patients waiting over 18 weeks. January 2014 shows that the Trust is over achieving on its plan.



The Trust currently has fewer than 3800 patients on the waiting list, with fewer than 600 patients waiting over 18 weeks.

Conclusion

The Trust has reduced its overall waiting list size as well as the number of patients waiting over 18 weeks

Outsourcing will be prioritised to ensure that the reduction in backlog is maintained and where possible accelerated as this may represent patient groups in which there may be elevated risks due to the length of wait for their treatment.