

Update for Brent Overview and Scrutiny Committee – December 2013

18 Week Referral to Treatment Target

1. Purpose

The purpose of this paper is to provide an update for the Committee on the significant challenges faced by the Trust in relation to the 18 week referral to treatment target (RTT) and the arising data quality issues within the organisation.

2. Introduction.

In February this year, during routine validation of inpatient waiting lists, it was noted that approximately 60% of patients on this list did not have an open 18 week pathway. This means that the entire length of wait; starting from the original referral from the GP was not being correctly counted. An internal investigation was undertaken as 60% was an unusually high number. However, the internal investigation did not reveal the reasons for the open pathway which led to the decision to request an external review. In May, NHS IMAS (interim management and support) from NHS England were invited to review processes and pathways underlying the 18 week referral to treatment pathway (RTT).

3. NHS IMAS Diagnostic Review

NHS IMAS undertook a diagnostic review in June and established that 2,700 patients on the inpatient waiting list had not had their entire wait recorded correctly. Half of these patients have been treated within 18 weeks; the vast majority of the remaining patients on the list have now been offered a date for treatment and those still waiting will be offered a date for treatment within the next week. The review also highlighted that 12 patients on the list had waited more than 52 weeks for their treatment. Clearly this is unacceptable and each of these patients has been contacted directly and treatment has been offered.

NHS IMAS provided feedback outlining the reasons for the problems. Their key findings fall into three main categories:

A. Systems and processes.

These were not sufficiently robust and there was not a consistent approach across all staff groups throughout the organisation. Standard procedures and common pathways were not available to the junior clerical staff to support their decision making.

B. Capacity and demand.

Over time demand for particular services had built up but without the necessary capacity in place, and the amount of care commissioned was insufficient. We are working with our clinical commissioning groups (CCGS) to resolve this.

C. Culture.

There was a culture where some staff felt under pressure to stop patients' clock prematurely and therefore accurate waiting times were not recorded. While the external review highlighted cultural issues, there is no evidence that any staff member was deliberately mis-recording information. NHS IMAS found that all staff were very open and wanted to make sure that we as an organisation were doing the right thing for patients.

4. Patient Safety

No patients were denied treatment as they were all on the in-patient waiting list and would have been offered a date for treatment. The problem was that not all of their waiting time had been recorded so some had waited longer than we were aware of.

This affected patients across a range of specialties awaiting routine appointments but did not affect clinically urgent patients including cancer patients.

The Medical Director and Clinical Director for the specialty have undertaken an overview of those patients waiting for more than 18 weeks. GPs have also been sent individual lists of patients waiting over 18 weeks for admission and have been asked to raise any clinical concerns this may cause, so far there have been none. We have compared death rates with previous years and there have been no more deaths on the waiting list this year.

5. Communications

We have written and apologised to all patients who have waited longer than 18 weeks for treatment. The vast majority of patients have now been offered a date and we are working hard to ensure those remaining patients are given a date. If patients have any concerns about the next stage of their treatment, we have asked them to call an information line. To date, we have had 122 calls. , All but one patient had an appointment or was offered an appointment on the phone. The one remaining patient had had their treatment privately and no longer required treatment at our Trust. We have informed our local GPs and CCGs, in addition to other stakeholders such as NHS England, local Health watch, NHS Trust Development Authority, Care Quality Commission and local media.

6. Action

Working with our clinical commissioning groups (CCGs) and the IST we have produced a comprehensive action plan to address all the issues raised and this includes:

- Rewriting our access policy and ensuring that all staff have a good understanding of this. This also includes standard operating procedures for entering data onto our patient administration system.
- Updated our data recording and reporting. This is now monitored, audited and discussed on a weekly basis.
- Developing of common pathways. Clinical specialties are in the process of ensuring that they have common pathways in place which are clear to all members of our staff where the 'clock starts' and the 'clock stops' during a patient's treatment, to ensure that our recording is accurate.
- Setting up outpatient additional clinics and operating lists. The Trust has put in significant additional outpatient clinics as well as operating/procedure lists in order to treat the 95% of patients not requiring an admission and 90% of patients who do require admission, within 18 weeks of referral from their general practitioner or community clinician. This means that there is a significant increase in activity across both our sites.

- Supporting our staff. All of the new policies and procedures support staff to do the right thing for patients in line with the 18 week pathway. Staff are encouraged to raise any issues about data recording with their direct line manager or another senior manager in the organisation.
- Outsourcing additional capacity to both alternative NHS providers and private providers of the patients' choice.

Patients continue to have the right to choose which hospital they would like to be treated as set out within the NHS Constitution.

7. Board assurance

This incident has been discussed at our Board and a report presented in our meeting which is held in public.

The quality of data concerns relates to the data which informs the Trust performance report, which assures the Board on a number of both performance and quality indicators.

The Director of IM&T is currently leading the data quality strategy for which performance data will now be included in the light of the issue we have had with 18 weeks. The first stage of this is a third party audit. The scope of this audit will include an overall review of the Trust's governance, standards, processes, controls and reporting in respect of data quality management, together with specific data audit checks in relation to A&E, Cancer and 6 Week Diagnostics RTT national indicators. This audit work will be completed in November and December, with a final report to be signed off in January 2014.

8. Audits

Previous audits have shown A&E data to have been of good quality and this is validated and updated on a daily basis by the A&E management team. Clearly the board needs to be assured that other data is of a good quality.

Conclusion

The progress against the Trust action plan is being monitored at a fortnightly steering group and at the subcommittee of the board with an exception report to the main Trust board. In addition an independent data quality audit has been commissioned and this is expected to report in January 2014.

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Director of Operations
18th November 2013