

NHS North Cumbria CCG Governing Body	Agenda Item
5 December 2018	

Elective Waiting Times Briefing November 2018

Purpose of the Report							
This report presents an update on the briefing at the October Governing Body regarding the risks around the recovery of the waiting list position							
Outcome Required:	Approve		Ratify		For Recommendation		For Information
							X
Assurance Framework Reference:							
As detailed in the Strategic Objectives below.							

Recommendation(s):
The Governing Body is asked to note this update on the waiting list risks and management.

Executive Summary:
The key performance issues are highlighted below.
Key Issues:
Significant risks currently being seen from the challenge of delivering the waiting list expectation.
<ul style="list-style-type: none"> • The increasing numbers of NCUHT patients waiting over 40 weeks presents risks that there may be 52 week breaches in the near future; • The requirement for there to be no increase in the numbers waiting at 31 March 2019, compared to 31 March 2018, is part of the NCUHT Recovery Plan and this is progressing in accordance with the plan; • An increase in the CPFT waiting list due to the impact of the new MSK service requires a resubmission of March 2018 data, and additional clinics to address a backlog of activity.
The Recovery Plan is impacting on the achievement of the local 18 week target and this is not expected to return to plan before January when the recovery actions are scheduled to

complete.

Key Risks:

As above – potential 52 week waiters, and risk that the waiting list numbers cannot be recovered. Consequential impact on Quality Premium. Risks have reduced since the last report.

Implications/Actions for Public and Patient Engagement:

All CCG members to be aware of current performance in public/patient engagement events in case of questions in relation to this.

Financial Impact on the CCG:

Performance against the Quality Premium measures has a direct financial effect on the CCG as achievement results in additional funding and every non-achievement of a measure reduces the potential funding received against the Premium.

Strategic Objective(s) supported by this paper:	Please select (X)
Support continuous quality improvement within existing services including General Practice	
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	X
Continuously improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	N/A
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	There are no known conflicts of interest
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North Cumbria CCG Waiting List Briefing November 2018

Introduction

The Operational Planning targets for 2018/19 changed the focus for the management of elective care waiting lists with the introduction of monitoring, not only of the 18 week and 52 week constitutional standards, but also of the overall numbers waiting.

The standards and operational requirements that are currently in place are as follows:

- Delivery of the 92% constitutional standard for the numbers of patients waiting below 18 weeks – in the case of the North Cumbria system, a local trajectory was agreed as part of the Operational Plan which over-rides the 92% standard and against which the health system is being monitored;
- There are to be no over-52 week waiters;
- The number of patients on the waiting list at 31 March 2019 to be no more than the numbers on the waiting list at 31 March 2018.

This report updates the paper presented at the October 2018 Governing Body.

Current Status and Performance

Meeting the 92% 18 Week standard.

The current position is that CPFT routinely meet the standard and there is minimal risk for these CPFT services. For NCUHT, the agreement is that there is a local trajectory for each month of the year, and this is used as the success criteria for these services. Although this was met in the earlier part of the year, the impact of the Recovery Plan for the overall waiting list numbers means that it is not being met and is not expected to recover before Quarter 4.

For the CCG as a whole, the numbers of over 18 week patients at the end of October was 4,365 compared with 3,986 at the end of March.

The CCG 18 week performance is heavily driven by the NCUHT situation and shows the risks that still exist in certain specialties where capacity constraints remain a significant issue

NCUHT Incomplete Waiting over 18 Weeks	March 2018 Baseline	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Variation from Baseline	Variation from Baseline %
Cardiology	142	109	115	127	124	159	146	133	-9	-6.3%
Dermatology	56	58	32	26	33	64	88	101	45	80.4%
ENT	145	164	156	178	251	278	333	324	179	123.4%
Gastroenterology	61	64	60	78	71	90	85	137	76	124.6%
General Medicine	14	20	36	42	55	41	25	16	2	14.3%
General Surgery	70	85	87	97	85	92	126	153	83	118.6%
Geriatric Medicine	1	2	2	1	0	0			-1	-100.0%
Gynaecology	249	238	231	262	279	298	300	277	28	11.2%
Ophthalmology	915	842	764	725	751	733	789	808	-107	-11.7%
Other	422	515	469	465	419	446	498	627	205	48.6%
Rheumatology	153	138	119	114	39	36	59	52	-101	-66.0%
Thoracic Medicine	50	52	58	87	110	101	106	85	35	70.0%
Trauma & Orthopaedics	970	1,018	977	948	890	871	930	899	-71	-7.3%
Urology	76	82	83	75	93	105	137	180	104	136.8%
Totals	3,324	3,387	3,189	3,225	3,200	3,314	3,622	3,792	468	14.1%

Ensuring No Over 52 week Waiters

The incidence of 52 week breaches remains low compared to many other health systems. There was a breach earlier in the year at the North Midlands Trust and there has been a second breach at this Trust in October which is currently being validated and investigated. The waiting times at this Trust are particularly challenged for all commissioners. A further patient breached at Morecambe Bay but was seen in early November, following a previous patient initiated cancellation.

Local providers have a very good track record of avoiding any 52 week wait patients. However, there remain considerable risks for the remainder of the year because of the increase in the numbers of patients waiting over 40 weeks at NCUHT, and especially those at or near to 50 weeks wait.

The position has improved slightly since the last report, although there are still 239 patients waiting over 40 weeks at NCUHT.

Managing Waiting List Numbers

It is with waiting list numbers that there have been the greatest risks. The 'incomplete' waiting list includes patients waiting for initial new outpatient appointments and those awaiting treatment. The 31 March 2018 CCG incomplete waiting list amounted to 25,835 patients, of which NCUHT was 20,404, and CPFT 869.

The prime national measure is that the CCG must not exceed 25,835 at 31 March 2019 in order to both meet the NHS England target, and avoid a penalty on the Quality Premium.

At the end of October, the provisional CCG position was 27,639 waiting, an increase on baseline of 1,804. This increase includes a CPFT increase of 1,444 associated with the new MSK service, and an increase of 485 at NCUHT.

The CPFT MSK issue is partly due to technical matters in that the new service commenced at the end of 2017/18, but the waiting list numbers were not included in the March 2018 CPFT returns. CPFT have agreed to revise the figures and are in discussion with NHS Digital to submit an update. This will address approximately

1000 of the increase. Latest indications from NHS Digital are that the Trust will not be allowed to revise the data until during Quarter 4, although discussions are ongoing regarding this. The MSK service is also addressing the increase in the numbers waiting in the earlier part of the year, and their waiting list is already reducing.

The NCUHT position is very significantly improved on the position presented in the last report and is the result of the recovery actions around validating the waiting list.

NCUHT Incomplete Wtg List	March Baseline	April	May	June	July	August	September	October	Variance from Baseline
General Surgery	697	684	719	738	746	834	811	821	124
Urology	1,087	1,162	1,259	1,359	1,449	1413	1451	1464	377
Trauma & Orthopaedics	2,437	2,360	2,299	2,261	2,266	2314	2263	2326	-111
ENT	2,202	2,292	2,360	2,375	2,602	2495	2476	2230	28
Ophthalmology	3,344	3,354	3,452	3,560	3,785	3709	3650	3427	83
General Medicine	159	145	131	108	128	140	112	110	-49
Gastroenterology	889	895	855	914	931	970	960	1002	113
Cardiology	1,246	1,350	1,444	1,485	1,485	1542	1520	1378	132
Dermatology	975	1,105	1,151	1,293	1,356	1387	1431	1140	165
Thoracic Medicine	700	662	649	665	674	658	610	470	-230
Rheumatology	540	502	546	573	541	553	523	551	11
Geriatric Medicine	185	215	240	266	287	261	239	136	-49
Gynaecology	1,715	1,808	1,904	1,917	1,920	1981	1863	1734	19
Other	4,228	4,422	4,610	4,790	4,797	4489	4491	4100	-128
Total	20,404	20,956	21,619	22,304	22,967	22,746	22,400	20,889	485
Increase in Month		552	663	685	663	-221	-346	-1,511	485

The figures in the table are to the end of October. Updates from the Trust indicate a further improvement through November with 3,000 inappropriate records now removed from the waiting list (not all of these will be CCG patients as the recovery plan include Dental and Specialist Commissioning which are not part of the CCG commissioned services). The recovery plan continues through to December, by which time it is expected that the waiting list will be both more accurate, and in line with the requirement that there be no patients on the list at March 2019 compared to March 2018.

The Trust is updating its internal procedures to minimise the risk of a recurrence of the issues leading to the duplicate entries in the waiting list, and this will be monitored by the CCG through the contractual process.

Recommendation

The Governing Body is asked to

- Note this update on the waiting list risks and management.

Ray Beale-Pratt
28 November 2018