

TRUST BOARD
31st July 2014

TITLE	Elective Care Intensive Support Team Report
EXECUTIVE SUMMARY	<p>At the end of June 2014, the Elective Care Intensive Support Team (IST) formally ended their engagement with the Trust in respect to the assurance work of our 18 Weeks RTT processes.</p> <p>The IST recognise progress against a wide-reaching range of work areas in response to a range of significant issues highlighted after the Trust invited the IST to review its processes in January 2013. The IST highlight that much work will be required to sustain the improvements that have been implemented however acknowledge that the Trust has sufficient capability to continue the change programme without their support.</p> <p>The IST have made a number of recommendations for further work which are described here with corresponding proposed actions.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	The paper provides assurance to the Board of the progress made since the issues were identified.
LINK TO STRATEGIC OBJECTIVE	SO1: Best outcomes; SO2: Excellent Experience
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
The Trust Board is asked to:	Review and discuss the report and seek additional assurance.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	22 nd July 2014
Decision:	For Assurance

Elective Care Intensive Support Team Report



Interim Management and Support

Elective Care Intensive Support Team

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27 June 2014

Management in Confidence
By email

Valerie Bartlett,
Deputy Chief Executive
Ashford & St. Peter's Hospitals NHS Foundation Trust

Dear Valerie,
Re: Intensive Support Team (IST)

Following our joint workshop with North West Surrey CCG on Friday 20 June 2014 I am writing formally to "sign off" the Intensive Support Team (IST) engagement with Ashford & St. Peter's Hospitals NHS Foundation Trust.

The trust initially engaged the IST in January 2013 to undertake assurance work around its RTT processes. Over a protracted period of engagement the assurance processes and related work have highlighted a number of significant issues including:

- Booking to a backlog quota to ensure meeting the 90% admitted standard
- Incorrect application of the RTT Rules – especially in relation to clock pauses
- Locally held "invisible" waiting lists of Urology follow-up patients
- The issues surrounding the auto-closure of pathways with no activity for 6 ¾ months

Over the period of support the Trust has worked towards correcting these processes in conjunction with moving to adopt a logistically based approach to demand and capacity modelling. The correction of some of these issues, especially around moving from the admitted quota booking system to chronological booking and correcting the processes around the application of pauses, has seen admitted performance fall below the operational standard. This should not be viewed as a fall in performance but rather a more accurate measurement.

The process to introduce the IST demand and capacity models has faced a challenge in that the high turn-over of staff in the surgical directorate has been a cause of significant delay. In conjunction with this, at any one time, there has only been one member of the information team with the requisite knowledge of both the IST flow-model and the Trust information systems to support the

process. At the time of writing some good progress is now being made although feels inherently fragile.

A parallel issue around information support became apparent during the resolution of the clock pause issue. The knowledge of the hard-wired RTT rules within the PAS system appears to be understood by only one individual. This must be regarded as a risk to business continuity.

Since engaging with the IST and over the period of support the trust made some good progress towards sustainable achievement of the RTT standards and in implementing the IST recommendations although currently published performance does not yet reflect this. The impact of the patients who had been incorrectly clock-stopped instead of being paused will be reflected in treated admitted performance until they have been treated. For those patients where a decision not to treat is being made, this will impact on the non-admitted performance until all of these have been corrected and reported in the monthly RTT returns.

In summary the Trust has:

- By its own invitation requested support from the IST to review its processes around RTT waiting times. This has highlighted a number of areas where the rules were not being followed correctly and also weaknesses in supporting processes.
- Implemented many (but not all) of the key recommendations around improvements to the RTT information and reports to support operational management;
- Now has an understanding of how to use the IST demand and capacity models to both understand current imbalances and also how they can be used to model the potential impact of known service changes.
- A clearer understanding of the RTT information system and how this relates both to operational practice and to the national RTT rules.

Whilst it is acknowledged that there is still a lot of work to be completed to sustain the improvements that have been implemented. We agreed that there is sufficient internal capacity to drive the change programme without further support from our team.

In terms of any further recommendations the IST would suggest that:

1. The Trust continues to use the IST demand and capacity models to maintain corporate capacity, competence and confidence.
2. The trust moves away from the “auto closure” of pathways with no activity for 6 ¾ months to a managed system of waiting list validation.
3. Considers the actions required to mitigate the risks to business continuity posed by the limited information resources to support the demand and capacity planning processes.
4. Considers the actions required to mitigate the risks to business continuity posed by the limited information resources with the detailed knowledge around the PAS system and its hard-wired RTT rules.
5. The trust completes the IST recommendations to streamline the RTT reporting process and ensure that it is in line with national RTT rules.

6. The trust implements regular audit of RTT data re per IST recommendations to give enduring assurance of RTT data quality.

IST are happy to provide telephone advice at any time, and should you require us to, re-engage with the Trust in the future, we would be happy to consider this, as appropriate.

As a part of our sign off process we ask that you take a little time to provide us with feedback on the support that the IST has provided. . I would therefore be grateful if you could complete and return the attached feedback request to both nigel.coomber@nhs.net and rebecca.green10@nhs.net. If you would like to discuss any details either from this letter or any area where support from IST would be helpful please do not hesitate to contact me.

Yours sincerely,

Doug Barnes

Intensive Support Manager

B ACTIONS TO ADDRESS IST RECOMMENDATIONS

1. The Trust continues to use the IST demand and capacity models to maintain corporate capacity, competence and confidence.

	Action	Due	Responsibility
a	Demand and Capacity analysis already undertaken in a number of key specialties	Complete	N/A
b	D&C in three more specialties underway (Cardiology, Respiratory medicine, T&O)	30/09/2014	Service Mangers/Information analyst/Head of Performance
c	Review key themes from D&C analysis and develop service line action plans where required.	30/09/2014	ADOs/Service Managers
d	Review timeline for refresh/review of D&C analysis in completed specialties.	On-going	ADOs

2. The trust moves away from the “auto closure” of pathways with no activity for 6 ¾ months to a managed system of waiting list validation.

	Action	Due	Responsibility
a	Develop outpatient follow-up waiting lists to reduce risk of auto-closures creating patients 'lost to follow up'	Complete	N/A
b	Introduce process for monitoring of pathways which are due to be auto-closed.	30/10/2014	Head of Performance/Head of Information/Appointments Centre

3. Considers the actions required to mitigate the risks to business continuity posed by the limited information resources to support the demand and capacity planning processes.

	Action	Due	Responsibility
a	Investigate options for developing a simplified D&C model which could be more widely applied and which is less resource intensive.	30/10/2014	Head of Information Services/Head of Performance

RISK: There remains considerable pressure on the Informatics team resource; ensuring consistency of approach within D&C analysis is highly resource intensive.

4. Considers the actions required to mitigate the risks to business continuity posed by the limited information resources with the detailed knowledge around the PAS system and its hard-wired RTT rules.

	Action	Due	Responsibility
a	Logic mapping exercise to review application of RTT rules by Trust systems	Complete	N/A
b	Information/skills sharing between staff to reduce reliance on single staff members	On-going	Head of Information Services

RISKS: Resource pressures as highlighted in (4) above. As highlighted by the IST, the advanced technical knowledge of a key Trust system remains primarily with one individual.

5. The trust completes the IST recommendations to streamline the RTT reporting process and ensure that it is in line with national RTT rules.

	Action	Due	Responsibility
a	Define further project plan to streamline end of month data processing and remove redundant information/steps.	30/09/2014	Head of Information/Head of Performance

6. The trust implements regular audit of RTT data re per IST recommendations to give enduring assurance of RTT data quality.

	Action	Due	Responsibility
a	Facilitate first RTT data quality audit by Trust Internal Auditors (report due August 2014)	Complete	N/A