Dorset County Hospital Foundation Trust – Referral to Treatment

1. Dorset County Hospital NHS Foundation Trust remains under significant pressure relating to NHS Standards for both Referral to Treatment (RTT) and Diagnostic waiting times. This appendix sets out the issues relating to five separate specialties all having failed to meet the 92% RTT standard in Quarter 3 of 2016/17. Due to the failure of five specialties to meet the minimum standard the Trust failed to achieve the 92% national standard at aggregate level. The appendix uses information also provided to NHS Improvement, who is monitoring performance requirements as part of the performance element of the Sustainability and Transformation funding.

1.1 This appendix sets out what actions the Trust is taking to resolve the current known performance issues and the expected level of improvement. The detail below is very much concerned with performance around 2016/17 and the interim measures to recover performance. These matters have been discussed fully at a Board to Board meeting held on the 25 October 2016. Assurances were provided by DCH that RTT would be recovered in 2016/17, this though is looking more unlikely based on the most recent performance information.

1.2 Although there are references to network working with the other acute Trusts in Dorset, see ophthalmology section, overall this is very limited based on the information below. For longer term sustainability of services, and more resilience when medical staff are absent, a far greater degree of networking of services will be required to maintain waiting times.

2. General Surgery

2.1 Reason for poor performance: Staffing

2.2 During 01 April – 27 June 2016 following an accident DCH was without an Upper GI Surgeon specialising in complex surgery. Following the return to work of the Consultant Surgeon the department suffered further reduced staffing with two Specialty Doctor vacancies in the General Surgery Department. The first Specialty Doctor post has been vacant from 23 July 2016, which has significantly impacted on their ability to meet RTT targets. This is due to a reduced ability to provide Middle Grade Outpatient Clinics, independent Middle Grade operating lists and also a robust on-call rota. There have also been problems in recruiting to this position although it has been advertised twice. Further interviews took place in February 2017.

2.3 The second Specialty post has been vacant since 09 December 2016 and has further impacted on their ability to meet RTT targets; again interviews are scheduled for this post. Therefore, although the surgeon returned to work the department continued to be short staffed and had to prioritise ward rota provision over RTT backlog management in order to support safe ward staffing levels.

2.4 Recovery Plan

1. Access to additional NHS England funding for RTT recovery included Upper GI Locum Surgeon.
2. Bid Successful – acknowledged 25 January 2017.
3. Locum secured 25 January 2017.
4. Additional weekday work from substantive staff agreed 25 January 2017.
5. 127 patients currently over 18 weeks booked into February/March 2017 for surgery.
6. 8 additional clinics in March established to see new patients earlier in journey.

7. Interviews for substantive staff as detailed above.
8. It is expect that General Surgery will be at or above 95%, current performance as at 31st December 2016 is 91.4%.

3.0 ENT

3.1 The Department had an improvement plan in place due to failure to meet the 92% RTT standard in earlier 2016 following unplanned absences within the department. Improvements were being made progressively in the Admitted backlog at the end of Quarter 2 and beginning of Quarter 3.

3.2 In December 2016 the department lost 1 consultant and SHO to sickness and 1 NHS Locum specialty doctor who returned abroad. None of the posts were fully covered and therefore service delivery had to be reduced in order to provide emergency cover. This had a significant negative impact on RTT when added to the already existing specialty doctor and SHO vacancy. In essence the department should have five consultants, two SHOs and two specialty doctors. As a result of the level of unplanned absence ahead of completed recruitment initiatives the department was running with four consultants only in Quarter 3.

3.3 Absences and vacancies in the Audiology department have led to long waits for tests which support ENT appointments leading to outpatient breaches in ENT as a result. These unplanned absences adversely affected the improvement plan for the department and the Trust aggregate position.

3.4 Recovery Plan

1. Application to the Deanery in January 2017 for 2 Fellowship posts to be formally recognised as training posts. These would be in place of normal specialty doctor posts due to failure to recruit despite 3 rounds of adverts – Awaiting formal response from Wessex.
2. Recruitment of NHS Locum from Poole Hospital NHS Foundation Trust to cover out of hours On Call and provide weekend clinics.
3. Agency Locum Middle Grade in place in January 2017.
4. Access to additional NHS England funding for RTT recovery included use of Independent Sector capacity for ENT surgery.
5. Bid Successful – acknowledged 25 January 2017
6. ENT surgeons have agreed to work with an insourcing company to provide additional weekend Theatre sessions delivering additional backlog capacity for 60 to 80 cases in February and March 2017.
7. Audiology have committed resource to ENT backlog patients in February (60 patients) and ENT clinic appointments have been aligned to ensure the patients are swiftly followed up within the ENT team.

3.5 It is not anticipated that the Specialty will sustainably regain 92% until all vacancies have been filled however, the additional Insourcing Service will commence in Quarter 4, coupled with the Audiology supported outpatient focus will improve the performance by at least 3% in Quarter 4. Current performance as at 31st December 2016 is 86.9%.

4.0 Dermatology

4.1 The Specialty experienced a significant rise in suspected cancer referrals during the summer of 2016. This was anticipated with additional RTT work undertaken pre-summer and clinic configuration was altered for the period of high referrals in order to increase capacity for urgent referrals. DCH met the Two Week Wait Standard and consequently

the 62 Day standard for those patients diagnosed with cancer. The plan was to then increase the number of RTT appointments and treatment clinics in the autumn to manage the routine patients who had built up (still within 18 weeks) over the summer.

4.2 Unfortunately in the last week of August a staff member suffered an accident that led to what was originally thought to be a short term absence turned into a long term absence, with a subsequent phased return. The department lost a further full time staff member to another unplanned two week absence in September.

4.3 Two Dermatology nurses (nurse surgeon and nurse specialist); left the Trust in Quarter 3 which reduced outpatient and treatment clinic capacity even further.

4.4 Recovery Plan

1. Access to additional NHS England funding for RTT recovery included use of Independent Sector capacity for ENT surgery.
2. Bid Successful – acknowledged 25 January 2017.
3. Dermatology staff to work with Insourcing service to provide additional weekend see and treat service which will review a planned 120 patients in February and March 2017.
4. Maxillo-Facial Department have reviewed Dermatology referrals for appropriate patients and the middle grade service has agreed to treat an initial 50 patients who are over 18 weeks and to continue to review new referrals.
5. Independent Sector capacity for surgery cases has been supported with NHS England RTT improvement funding – 19 backlog cases.

4.5 As long as there are no further absences or an increase in referrals the department will be able to build on the additional available capacity and regain the 92% standard by March 2017. Current performance as at 31st December 2016 is 82.0%.

5.0 Ophthalmology

5.1 The Department had an improvement plan in place due to failure to meet the 92% RTT standard since December 2015.

5.2 In December the department lost 1 Nurse Consultant and 1 Associate Specialist to retirement and resignation respectively, neither post was fully covered. When put in tandem with the vacant consultant post, service delivery affected planned care whilst emergency cover was prioritised. This had a negative impact and stalled DCH RTT recovery. The acute care Vanguard programme for ophthalmology will see the OOH emergency provision implemented on a networked basis with the Royal Bournemouth & Christchurch Hospitals NHS Hospitals Trusts which will ensure that planned care can be protected during the day time.

5.3 Other mitigating factors include the underperformance of the plan to outsource cataract patients to a private provider in Exeter and the failure to recruit a joint paediatric consultant post with the Royal Bournemouth Hospital despite 2 rounds of adverts. With regards to the outsourcing, patients did not want to travel the distance and would rather wait for DCH access. Therefore the planned treatment of 350 cases in Exeter, is 215 to date.

5.4 Recovery Plan

1. Recruitment of 2x Locums to undertake 16 outpatient clinics per week from 06/02/17 until 31/03/17. 1536 extra outpatient appointments are planned through the department.
2. Planned recruitment of 1 fulltime Optometrist to undertake 4 Glaucoma, 4 Paediatric and 2 Macular clinics per week - Currently secured 3 paediatric and 1 glaucoma clinic per week starting in March 2017.
3. Glaucoma Referral Refinement pilot scheme agreed in principle with Dorset Local Optical Committee, with a plan to roll out in March 2017 – This is a planned reduction of up to 40% in Glaucoma referrals being seen in the Trust.
4. Access to additional NHS England funding for RTT recovery included use of Independent Sector capacity for Ophthalmology surgery.
5. Bid Successful – acknowledged 25 January 2017
6. Ophthalmology surgeons have agreed to work with an insourcing company to provide additional weekend theatre sessions delivering additional backlog capacity for 100 to 120 cases in February and March 2017.
7. Pilot of Virtual glaucoma clinics allowing 30 patients to be screened per clinic rather than 12 in standard clinics. – March 2017
8. Vacant consultant post to go back out to advert as general surgical with specialist interest in paediatrics – February 2017

5.5 It is not anticipated that the Specialty will regain 92% until all vacancies have been filled and new process put in place. However, the additional IS supported backlog work in Quarter 4 coupled with the Optometrist & Locum consultant focus on outpatients will improve the performance by a minimum of 10%. This is likely to take performance to around 80% based on the position as at 31st December 2016.

6.0 Oral Surgery

6.1 This specialty is experiencing unprecedented levels of referral into the service. There are long waiting times for appointments at surrounding Trusts and there has been a change to emergency dental services in Dorset which are identified as underlying causes of increased referrals. The service has excellent capacity at middle grade level but only one consultant maxilla-facial surgeon. The current backlog is predominantly caused by the increase in the referred patients waiting to be treated by the consultant service. As this increase includes patients on cancer pathways it is not always possible to prioritise backlog patients over those that are of a higher clinical priority.

6.2 Recovery Plan

1. DCH has received additional NHS England RTT funding to purchase additional Independent Sector capacity for consultant level surgery.

2. The service will be performing above 92% in March 2017.

7.0 Paediatric Autistic Spectrum Disorder (Neurodisability) and General Paediatric Service

7.1 The Neuro-disability Service includes an hour appointment to assess each child and a two hour feedback following appointment. Due to the intensity of the appointments only three children can be assessed per new patient clinic. Demand to Paediatric Service has eliminated the flexibility within the workforce to assist the Neuro-disability service.

7.2 There are currently no other services in West Dorset to refer children to relieve the pressure on the DCH services. As a result of this build up in long waiting patients the service began to fail the 92% standard in Quarter 3.

7.3 Recovery Plan

1. Dorset CCG is working with the Trust and the Dorset University Healthcare NHS Foundation Trust, to agree new pathways using Child and Adolescent Mental Health Service provision.
2. The CCG and Dorset County Council are developing communication strategies for schools to support early intervention for children rather than reliance on referral to access additional support.
3. The Neuro-disability Service has introduced new tighter referral criteria to reduce demand
4. Access to additional NHS England funding for RTT recovery included Locum Paediatrician .
5. Bid Successful – acknowledged 25 January 2017.
6. Additional capacity for 3 children per week agreed with locum support.

7.4 Joint working with partners is the key to a sustainable achievement of the RTT standard and this is likely to come to fruition in the next financial year however, additional paediatrician capacity is still being sought to supplement the one day a week referenced above and this combined with tighter referral criteria will improve waiting times in Quarter 4.

8.0 Conclusion

8.1 The Trust is very ambitious in their plans across a number of specialties throughout Quarter 4. The successful NHS England funding was not confirmed until late January 2017 therefore putting further pressure to deliver the above results in a shorter timeframe. It is expected subject to the above being delivered that performance will increase to around 90% and therefore falling short of the 92% NHS England standard. Longer term sustainability around workforce needs to be considered.

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