

Board of Directors' Meeting Report – 5 December 2017

Agenda item 89/17

Title	RTT and Cancer Harm Reviews Quarter 2
Sponsoring Director	Yvonne Blucher, Managing Director
Authors	Ranjini Beveridge/Gina Quantrill
Purpose	To update the Board on the measures in place to review Cancer and RTT breaches to identify patient harm and learning from events
Executive Summary	
In Q2 of 2017/18 there have been 18 patients whose RTT pathway has been longer than 52 weeks and 110 patients whose Cancer pathway has been longer than 62 days. No clinical harm has been reported for any of these patients.	
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Financial and Operational Sustainability
Related Risk	Risk 1 - Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement Risk 2 - Failure to meet constitutional and national performance targets
Essex Success Regime	Does this proposal have any implications for the other Trusts within the Essex Success Regime (BTUH and MEHT) or for the Mid and South Essex health economy as a whole? Yes, some of the patients on the 62 day Cancer pathway have been treated at other hospitals within the ESR.
Legal implications / regulatory requirements	Actual harm resulting from a delay in care could result in legal claims
Quality impact assessment	Potential harm and actual harms are monitored and recorded
Equality impact assessment	Not applicable
Recommendations:	
The Board is asked to receive assurance from the report.	

RTT and Cancer breaches

1. Introduction

The purpose of this paper is to update the Board on the number of RTT and 62 day Cancer breaches in Q2, themes from breaches and any resulting actions.

2. Background

The National standard for elective care, Referral to Treatment (RTT) is 18 weeks. A proportion of patients wait beyond 52 weeks for their treatment. The pathway for these patients is subject to a Root Cause Analysis (RCA) and reportable nationally as a Serious Incident (SI). Similarly the National Standard for patients on suspected Cancer pathways is 62 days. Patients whose treatment is not completed in this timeframe are reviewed using the RCA process; patients waiting for more than 104 days are reported as SIs.

Each month the Trust reports a number of patients who breach the 52 week RTT standard and 62 day Cancer standard.

3. RCA and Harm Review Process

A process of review is in place for Cancer breaches and is attached in Appendix 1.

Cancer reviews are undertaken by the Tumour Site Clinical Lead and reported to the Cancer Service Board and to a quarterly Root Cause Analysis Panel.

RTT breaches follow a similar process, with the original review and Datix being generated from within the Directorate.

All breaches RTT and Cancer are subject to review within the specialty and reportable through the monthly Directorate Governance Board and Directorate Performance Reviews. Also a review is undertaken at the weekly PTL meeting.

4. Q2 Breach Overview

Month (2017)	Cancer 62 day Breach	Cancer 104 day Breach	RTT 52 week Breach
July	23	7	5
August	34	7	8
September	23	5	9

5. Themes from Breach Analysis

Cancer Pathway Breach reasons

Reason	July	Aug	Sept
Late referral from other Hospital (beyond day 38 of pathway)	12	19	9
Delay in treatment due to hospital processes	1	4	1
Patient not fit for diagnostics or treatment	2	1	3
Delay in accessing diagnostic procedures	5	5	5
Multiple and complex preparation of patient prior to treatment required	1	4	4
Patient unavailable for diagnostic procedures or treatment	2	1	1

RTT Breach reasons

All patients waiting for over 52 weeks are due to capacity shortfalls within services. However the Directorates have undertaken capacity/demand analysis and developed a capacity plan that will enable the number of 52 week breaches to be reduced. The only risk is winter pressures and its demand on elective beds.

6. Actions as a result of Breach Analysis

A daily cancer communication meeting (comm cell) was introduced in July to identify and correct issues within the cancer pathways. Improvements to timely access to diagnostics and late referrals from other Trusts have been addressed through this group.

RTT- close monitoring and productivity improvements in theatres have increased the cases per week and this will enable reduction in 52 week breaches for patients.

7. Harms

Harm reviews for all the patients has reported no harms as a result of the long wait.

Appendix 1 Harm review process (Cancer)

