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<th>Report of</th>
<th>Director of Nursing</th>
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<tr>
<td>Paper prepared by</td>
<td>Assistant Director, Quality &amp; Safety</td>
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<tr>
<td>Purpose of Paper</td>
<td>To provide the Quality &amp; Safety Committee with information regarding the actions being taken by Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust in response to waiting times issues.</td>
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<tr>
<td>Action/Decision required</td>
<td>The Quality &amp; Safety Committee is requested to NOTE the current position.</td>
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<tr>
<td>Link to ‘Health and Care Standards’</td>
<td>This paper supports: Governance, Leadership and Accountability</td>
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<tr>
<td>Link to Health Board’s Corporate Plan</td>
<td>▪ Striving for Excellence</td>
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<tr>
<td>Acronyms and abbreviations</td>
<td>PTHB  Powys Teaching Local Health Board</td>
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<td>Q  Quarter</td>
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<td>RJAH  Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust</td>
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<td>RTT  Referral to Treatment</td>
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ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL
NHS FOUNDATION TRUST

RESPONSE TO WAITING TIME ISSUES

Purpose

This paper provides the Quality & Safety Committee with information regarding actions being taken by Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) in response to waiting time issues.

Background

RJAH is a leading orthopaedic centre providing a range of musculoskeletal (bone, joint and tissue) surgical, medical and rehabilitation services. It provides services to residents in both England and Wales. The hospital was awarded NHS Foundation Trust status in August 2011.

Monitor through their investigation of RJAH identified there were problems in the way in which the Trust delivers some of its services, namely patient waiting times for routine operations. It was found patients were waiting too long for treatment and further the Trust needed to improve how it was operating.

Key Concerns

RJAH have been subject to enforcement action by Monitor on the basis of referral to treatment times (RTT) and governance breaches, namely:

- a review by Deloitte LLP showing misreported RTT performance from December 2013 to January 2015 (the First Review), and
- they failed to meet the referral to treatment time, specifically patients on an incomplete pathway target in each quarter from and including Q4 2013/14 to date (dated 26 January 2016), and
- although RJAH have a recovery plan to address the issues identified in relation to RTT performance and pending a full validation of its waiting lists is unable to confirm all the issues regarding the recording and management of patients have been identified, and
- the findings of the review by Deloitte LLP into whistleblowing allegations in connection with RTT issues dated October 2015 (the Second Review) highlighted governance concerns.
Agreed Actions

In response to the issues leading to enforcement action, RJAH agreed, via Monitor, they would:

RTT

- take all reasonable steps to deliver the RTT target on a sustainable basis
- by 29 February 2016 undertake a full validation it its active RTT waiting list to provide assurance that it is complete and accurate
- develop a RTT recovery plan by 29 February 2016 to include actions to:
  - develop policies and procedures for the management of patient waiting lists which comply with the locally agreed access policies of their commissioners;
  - address the findings of the First Review;
  - ensure there are effective operational procedures and governance structures to enable RJAH to manage its performance against the RTT target and to ensure the data that is used to report against the RTT target is accurate and complete;
  - ensure appropriate sub-speciality level demand and capacity planning and that this capacity is available to enable RJAH to meet the RTT target;
  - include a recovery trajectory to return compliance with the RTT target;
  - address any findings from the validation of its active RTT waiting list, developing a strategy to address any long-waiters and overdue follow-ups identified at an appropriate pace;
  - develop milestones for the completion of the above.
- the recovery plan to be agreed with the NHS Intensive Management and Support Team prior to submission to Monitor
- RJAH to implement the recovery plan in accordance with its timescales as outlined and to keep the plan under review including but not limited to demand and capacity planning on a quarterly basis.

Governance

- develop a Governance Action Plan (date to be agreed by Monitor) to address concerns identified in the Second Review
keep the Governance Action Plan under review and implement the plan in accordance with its outlined timescales

RJAH to work with the Improvement Director appointed by Monitor to oversee the work and delivery of actions. Further, ensuring sufficient programme management and governance arrangements are in place to enable delivery of the RTT Recovery Plan and Governance Action Plan.

RJAH are required to provide regular reports to Monitor on its progress, at least once a month unless otherwise stated.

Further action will be taken by Monitor if RJAH do not demonstrate compliance with the required health care standards or with requirements concerning quality of care.

**Recovery Plan**

RJAH have made good progress to date with the recovery plan, month 1 starting the 1 February 2016 and RJAH met the 29 February deadline for submission of their RTT Plan. The recovery plan focusses on three distinct phases:

**Stabilisation** - focusing on the impact and immediate actions that RJAH need to take without delay within a timescale of 0-3 months to include transparency on RTT position, Treatment Management policy refresh, clinical engagement and Board sign off.

**Sustainability** – short term actions that are a little more complex to implement and need to have strong clinical and organisational engagement across RJAH with a timescale of 2-8 months, to include pathway design programmes and achievement with policy compliance.

**Strategic Challenge** – consisting of wider organisational issues set in the context of the overall local and national health and social care system driven by the Board with a timescale of 0-12 months, to include pathway design programmes and policy compliance achieved at sub speciality levels.

A **Harm Review Process** is in place, the approach and harm proformas are signed off by RJAH and related commissioners. All cases are subject to root cause analysis. The level of harm reported has been very low to date, with no harm identified for Powys residents. Proposals are being established to introduce a revised, more proportionate approach for the harm review process.

**Recovery trajectories** are set out supported by action plans.
A **Patient Access Policy** is drafted and outlines the way in which RJAH will manage patients who are waiting for appointments, investigations and or treatment on a referral-to-treatment pathway.

**Communication Group** – Montgomeryshire Community Health Council are represented on this group. Terms of reference agreed and meetings are bi-weekly.

The Director of Nursing is the designated lead, representing Powys Teaching Health Board, at meetings and participates in task & finish groups.

**Conclusion**

The actions identified outline the RJAH approach and commitment to address deficits highlighted by Monitor, which resulted in an enforcement notice. A structured and methodical approach is being taken, with CEO leadership and RJAH Board oversight.

To date, no harm has been identified for Powys residents as a result of delayed treatment or follow up.

**Recommendations**

The Quality and Safety Committee is asked to NOTE the current position.

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<th><strong>Report prepared by:</strong></th>
<th><strong>Presented By:</strong></th>
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<tr>
<td>Wendy Morgan</td>
<td>Rhiannon Jones</td>
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Assistant Director for Quality & Director of Nursing Safety

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<th><strong>Background Papers</strong></th>
<th><strong>MONITOR website</strong></th>
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<tr>
<td></td>
<td>Enforcement Undertaking 26 January 2016 (Monitor)</td>
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<th><strong>Financial Consequences</strong></th>
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<td><strong>Other Resource Implications</strong></td>
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<td><strong>Consultees</strong></td>
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\textsuperscript{1} **NHS foundation trusts** are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services.

\textsuperscript{2} **MONITOR** – health sector regulator in England