18 WEEK

REFERRAL TO TREATMENT (RTT)

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EXECUTIVE SUMMARY

- Since we identified the RTT issue we have made good progress has been made to reduce the number of patients waiting longer than NHS Constitutional standards for their treatment on both our admitted and non-admitted waiting lists, and we have completed a major validation exercise

- There is a very significant challenge to return to meeting the RTT standards in a sustainable manner. This will involve carrying out around 5k operations and 93k outpatient appointments over an 18 month period

- Even with material demand management, outsourcing and additional recruitment, the size of the programme means this work will take until 2017 to clear (detailed demand and capacity work to be carried out to confirm timeline)

STRATEGIC CONTEXT

NHS Constitution

- Patients' legal right to start non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral

CQC Quality Report 2 July 2015

- Improve the service planning and capacity of outpatients by continuing to reduce the 18 week non-admitted backlog of patients
- Ensure no patients waiting for an appointment are coming to harm whilst they are delayed
- Reduce the did not attend, hospital cancellation and hospital changes rates
- Improve the 31 day cancer wait target

GOVERNANCE – MANAGEMENT AND ASSURANCE

Management

- Weekly RTT Programme Board - reporting to Trust Executive Committee
- Access board – reporting to programme board - chaired by Deputy Chief Operating Officer

Assurance

- Weekly RTT Programme Board
- Monthly review by Trust Board
- Weekly NHSE/NHSI Assurance Group – chaired by NHSE
- Monthly meeting with NHSI- chaired by NHSI
- System Resilience Group – multi-stakeholder membership – chaired by CCG

RTT UPDATE

- **Trajectory for patients who have waited a long time:** We have developed a trajectory for treating all patients who have waited a long time by 30 September 2016. The RTT Recovery Programme continues to be well ahead of this planned trajectory

- The number of patients who have waited a long time has reduced by 67% since 3 April 2016. Work continues to focus on speeding up treatment for this patient cohort

- **Clinical Harm Review:** A key element of our RTT Recovery Plan is the Clinical Harm Programme. The programme is designed to ensure risk to patients waiting longer than NHS Constitutional standards for their treatment is appropriately and effectively managed

  - Phase 1 focused on patients on the admitted pathway. We carried out a clinical review process where we assessed >900 patients. No moderate or severe harm was identified
  - Phase 2 of the clinical harm review process focused on patients who had waited a long time on the non-admitted pathway; we reviewed >800 patients
  - We are also up to date with the reviews of those patients who have waited a long time since the clinical harm review programme started 2 May 2016
  - A total of 3,402 clinical harm reviews have been completed, to date we have found no harm to these patients

OUR RECOVERY AND IMPROVEMENT PLAN

- Our RTT Recovery and Improvement Plan is a large and complex programme, which contains a number of workstreams including:

    1. Theatres productivity
    2. Outsourcing
    3. Validation
    4. RTT administration
    5. Demand and capacity
    6. Demand management
    7. Clinical Harm Review

- The plan aims to deliver key constitutional standards, the alignment of elective demand and capacity, and improved data quality sustainably

RTT UPDATE

- **Theatre Productivity:** We have initiated a Theatre Productivity Programme to increase the number of operations for our patients on the admitted pathway. There is dedicated programme support and we profile an increase in admitted treatments (operations performed) of up to a maximum of 780 operations to 30 September 2016

- **Outsourcing:** We have developed relationships with independent providers who can assist in referral to treatment for suitable cohorts of patients on the admitted and non-admitted pathway (including diagnostic services)

- We inform our patients that they will remain NHS patients and treatment is free of charge to them before we refer them to an independent provider

- **Validation:**Following extensive validation and improvements in data quality the waiting list stands at approximately 46,900. We have taken steps to assure we can return to reporting for our RTT performance. Reporting would resume for October 2016 and will be publically reported circa 6 weeks later in December 2016

RTT Admin: We are reviewing the admin roles for booking and managing patient pathways

- This includes the development and management of clear processes and defining the roles and responsibilities of our staff in delivering the RTT standard

Demand and Capacity: We have developed detailed demand and capacity plans for the specialities

- These models will allow services and staff to quantify weekly capacity gaps and for future planning purposes identify what are sustainable waiting lists capable of delivering the RTT standards

Demand Management: A phased demand management programme has commenced which includes a series of schemes rolled out by the CCG that cover:

- Referral redirection
- Pathway redesign
- Referral Management

Communications: A system-wide communications strategy has been developed which sets out a joint communication and engagement approach between commissioners and service providers in relation to improving waiting times for elective care for Barking, Havering and Redbridge residents

- **Communication objectives**:
  - Help drive improvement through effective communication and engagement with teams involved in elective care
  - Provide consistent, timely and honest information to patients to help manage their expectations around waiting and any impact that waiting a long time has had on them
  - Provide coordinated, timely and consistent information to key stakeholders around RTT and our recovery plan
  - Demonstrate our strategy for recovery is clear, realistic and making progress
  - Minimise reputational risk
  - Engage in two way communications with GPs, identify issues and reduce patient calls to GPs