

18 week Referral To Treatment (RTT)

Nadeem Moghal
Medical Director
BHRUT

Louise Mitchell
Chief Operating Officer
CCG



Executive summary

- Since the RTT issue was identified, good progress has been made to reduce the backlogs on both 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 that will involve undertaking 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).



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Frame – 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 as well as 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 and improve the 31 day cancer wait target.



Governance – management and assurance

Management

- Weekly 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

- **Long Waiter Trajectory:** The Trust has developed a trajectory for clearing the longest waiting patients by 30/09/16. The RTT Recovery Programme continues to be well ahead of the planned trajectory
- The backlog has demonstrated a 34.81% reduction since 03/04/16. Work continues to focus on expediting treatment for this patient cohort
- **Clinical Harm Review:** A key element of the 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 are appropriately and effectively managed.
 - Phase 1 focused on patients on the Admitted pathway. A clinical review process was initiated and completed where the Trust assessed >900 patients. No moderate or severe harm was identified.
 - Phase 2 of the clinical harm review process focused on long waiting patients on the Non Admitted pathway and reviewed >800 patients



The recovery and improvement plan

- The RTT Recovery and Improvement Plan is a large and complex programme, which contains a number of work-streams including:
 1. Theatres productivity
 2. Outsourcing
 3. Validation
 4. RTT Admin
 5. Demand and Capacity
 6. Demand management
- The plan aims to deliver key constitutional standards, the alignment of elective demand and capacity and improved data quality on a sustainable basis.



RTT Update

- **Recruitment:** The Trust have a recruitment plan in place to support the increase in overall capacity in the system and to support the reduction of long waits
 - 19 consultant posts have been approved and are in the process of recruitment with phased start dates from April 16
 - 5 additional leadership roles have been appointed, to support the management of the RTT Recovery Programme and drive the internal changes that will support the reduction in waiting times
 - 16 additional administrative staff have been sourced to support patient pathway management
- **Theatre Productivity:** The Trust have initiated a Theatre Productivity Programme to increase the number of operations for patients on the Admitted pathway.
- The programme has dedicated programme support and the Trust profiles an increase in Admitted treatments (operations performed) up to a maximum of 780 operations to 30/09/16.



RTT Update

- **Outsourcing:** The Trust has 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)
- The focus will be on long waiting patients (and any other clinically suitable patients)
- **Validation:** Validation of the Non Admitted PTL has seen the waiting list reduce from 112,414 to approximately 54,000. Work continues on the validation of Non Admitted pathways and developing a long term strategy.
- **RTT Admin:** The Trust is reviewing the RTT admin roles for booking and managing patient pathways.
- This includes the development and management of clear processes and defining the roles and responsibilities of staff with delivering the RTT standard.



RTT Update

- **Demand and Capacity:** The Trust is developing 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.



CCGs' responsibilities

Contract management and assurance perspective

RTT prioritised by all three BHR CCGs – Havering lead CCG

Contractual responsibility – Delivery and performance by BHRUT

Delivery responsibility - Avert 30k GP outpatient referrals in year



Escalated position via NHSE and Directions

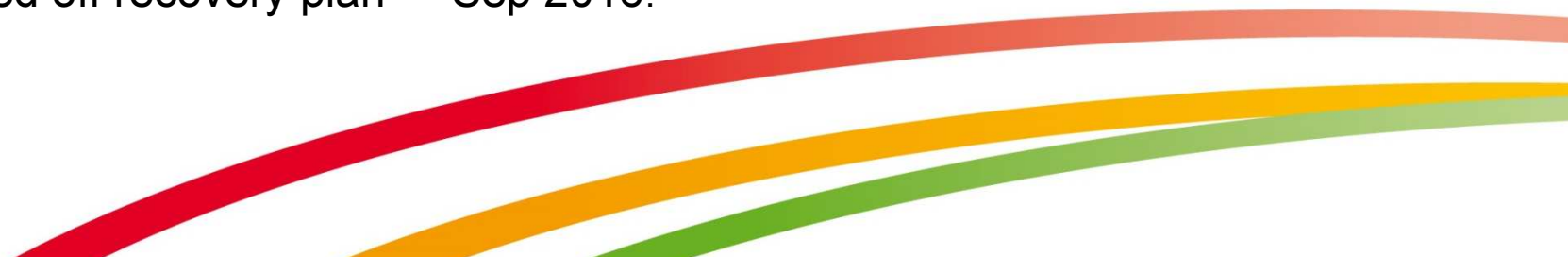
Havering CCG issued with Directions by NHS England in June – formal announcement by regulator of areas requiring more assurance from CCG

Issued against Havering as lead CCG for the BHRUT contract

Provides extra support to the system to continue our focus on resolving this issue

Requires robust overarching recovery plan from the Trust with CCG Demand management plan

Signed off recovery plan - Sep 2016.



Supporting BHRUT via demand management

Demand management work ongoing – weekly updates to all GPs

GPs have delivered our Q1 plan (c 3k re-directions)

Range of alternative independent sector and community service providers identified and contracted

New clinical pathways designed jointly with BHRUT clinicians

Reduces waits for patients but also supports Trust to tackle backlog.

