

HEALTH AND WELLBEING BOARD MEETING 22 NOVEMBER UPDATE

Long Waiting Patient Trajectory

We have worked incredible hard to reduce the number of patients who have waited a long time (over 52 weeks) for their appointment or treatment.

We have developed a series of plans for treating current and all prospective patients who have waited over 52 weeks. This is in line with our trajectory to deliver the Referral To Treatment (RTT) standard by September 2017.

We had three patients who breached the standard we have set on having no patients waiting longer than 52 weeks for treatment by the end of September 2016. All of these patients have treatment plans and dates for next events in place.

At the end of September we also had forty-two patients who had been waiting longer than 52 weeks because they either chose to wait longer, did not attend or respond to our efforts to treat them sooner, or they have clinically complex needs which are extending their pathway of care. All of these patients have treatment plans and a date for their next appointment.

RTT Recovery Plan

Based upon the detailed demand and capacity modelling we have carried out, the expectation is to deliver the national 92% RTT standard by September 2017. Each key speciality has a demand and capacity model behind its trajectory that identifies sustainable waiting list sizes for patients waiting for new appointments (including two week wait appointments), follow-up appointments and admissions. This is in line with good RTT waiting list management and ensuring patients do not wait for their treatment.

In response to the legal directions placed on NHS Havering Clinical Commissioning Group by NHS England which came into force on 20 June 2016, we have supported our CCG colleagues with the development of a robust, credible and system-wide RTT recovery plan. This was successfully submitted on 30 September 2016 to NHS England.

Clinical Harm Reviews

A review of information on patients waiting more than 52 weeks to identify risk of harm and ensure they are appropriately and efficiently managed has been implemented;



Phase 1

- Focused on patients on admitted pathway
- More than 900 reviews carried out
- No moderate or severe harm identified.

Phase 2

- Focused on patients on non-admitted pathway
- More than 3,500 reviews carried out
- No moderate or severe harm identified

The next phase of the clinical harm reviews has started. We have begun by initially reviewing a 10% sample of those patients who have waited between 35 and 52 weeks across all specialties. We have 80 patients in this category of reviews, 77 patients had no harm found and 3 patients are having outpatient appointments in order to complete their reviews. This approach was agreed with NHS England through our External Clinical Harm Panel.

Return to Reporting

Following extensive validation and improvements in data quality we have taken steps to assure a return to reporting for RTT performance. We have planned to return to reporting the October incomplete RTT position. This data will be submitted on 17 November and reported nationally mid-December. We have a detailed plan to support this work and we are on track to complete this. Our Trust Board has signed off this work and they are happy for us to return to reporting. We have sought external assurance with this work.

Communications

An action plan is being developed to set out the communications which will take place to support our return to reporting.

We expect to publish our October performance in our papers for the 7 December Board meeting – prior to NHSE publishing our performance during the third week of December - and we will have a suite of materials in place to manage this, working towards a 5 December deadline.

This will include a dedicated section on the website, an issue brief to be circulated to all stakeholders, a briefing for the media, and information on the intranet for staff.

Lines will be agreed with our CCG and NHSE communications colleagues prior to publication.

In addition a system-wide communications and engagement strategy has been developed which sets out a joint approach between commissioners and service providers in relation to improving waiting times for elective care in Barking& Dagenham, Havering and Redbridge.

