REFERRAL TO TREATMENT

Piers Young
Deputy Chief Operating Officer
HISTORICAL CONTEXT

• Significant issues were identified with how the Trust had historically reported RTT
• Reporting suspended in 2014 - processes improved and data validated
• Robust and credible recovery plan approved by NHSE February 2017
• BHRUT delivered 92% in June and July 2017 three months ahead of plan
• Subsequent performance has been narrowly below 92% - November 2017 national Incomplete Standard was 91.5%
• Revised recovery plan developed and being implemented to return to delivering 92% in April 2018
IMPROVING CARE

We have created a system-wide approach to improvements, working together to treat patients who had been waiting too long.

Range of measures including:

• Validation
• Outsourcing
• Theatre productivity
• Enhanced resource
• Demand and capacity work
• GP Pathway Improvement Programme
CLINICAL HARM PROGRAMME

• Review of patients waiting more than 52 weeks to identify risk of harm and ensure they were appropriately and efficiently managed

• Five phases of work covering admitted and non admitted pathways

• Over 4689 reviews where no moderate or sever harm was found in patients reviewed
CURRENT RTT PERFORMANCE

18 weeks performance and trajectory

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ON-GOING ASSURANCE

• A Governance and Assurance Framework has been developed with a clear reporting lines
• Assurance and governance is managed through the Planned Care Programme Board
• External assurance is also provided through meetings with NHSE and NHSI
• We also have a weekly Access Board that feeds into the Planned Care Programme Board, chaired by the Deputy Chief Operating Officer