

RTT PERFORMANCE

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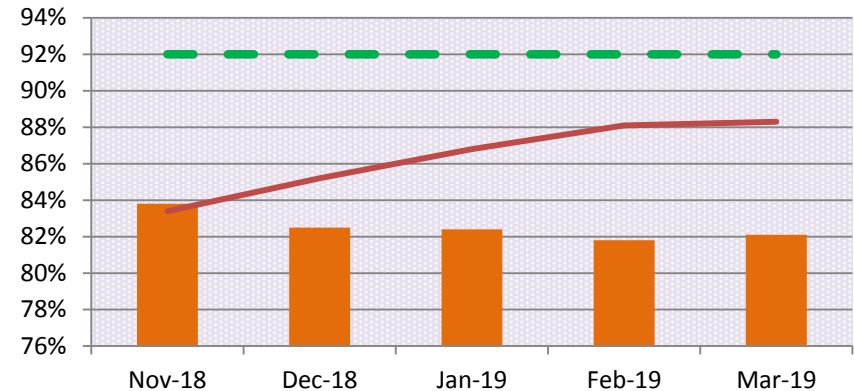
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CCGs



2018/19 RTT PERFORMANCE SUMMARY

- In October 2018 we agreed with commissioners that we would aim to deliver 88% RTT by March 2019
- Whilst we met that improvement trajectory in November, performance deteriorated from that point
- Our 52 week waiters also grew, with 14 patients waiting over 52 weeks in March 2019

2018/19 18 weeks performance and trajectory



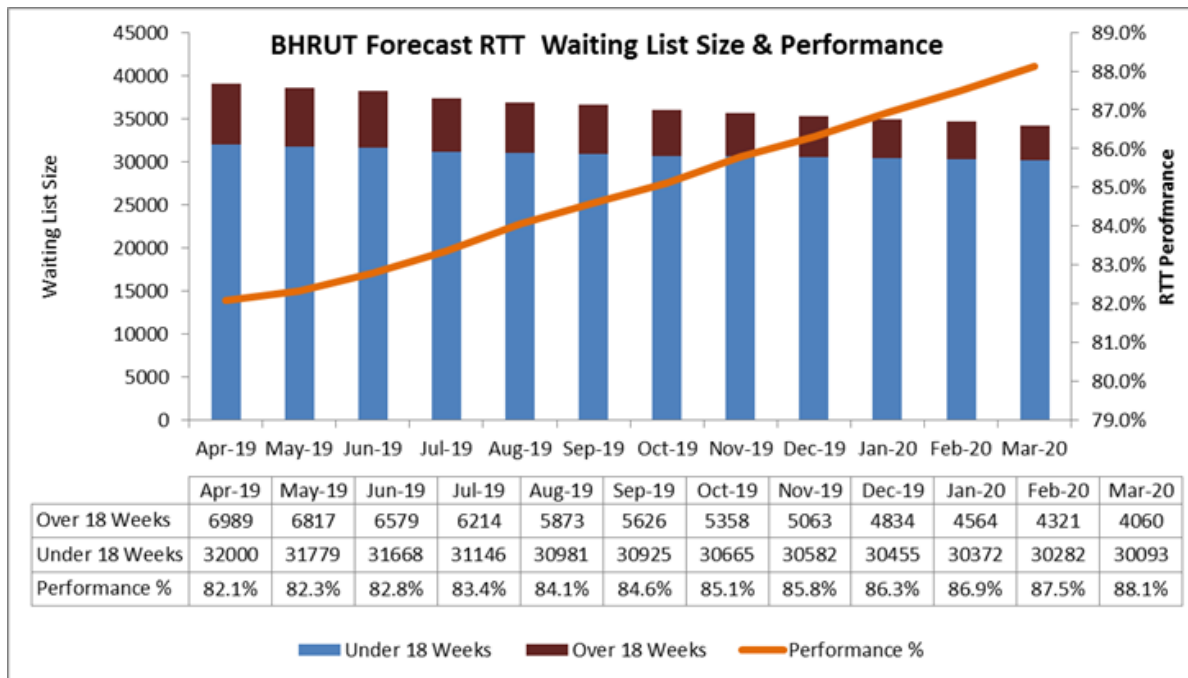
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Actual / Forecast Validated	83.8%	82.5%	82.4%	81.8%	82.1%
National Target	92%	92%	92%	92%	92%
Trust Trajectory	83.4%	85.2%	86.8%	88.1%	88.3%

- The primary reasons for lower than planned performance were:
 - A greater than expected pressure over winter, affecting access to beds and needing to prioritise clinically urgent cases, which caused short notice cancellations
 - Capacity for diagnostics on patients pathways
 - Delays in commencing outsourcing for a number of specialties
 - Identification of Data Quality issues that we are in the process of investigating to ensure our data is as robust as possible



RTT 2019/20 PLAN

- The planning guidance from NHS England and NHS Improvement requires the Trust to reduce its overall waiting list or 'Patient Tracking List' (PTL)
- Our plan for 2019/20 is to reduce the size of our waiting list, such that at the end of March 2020 it is smaller than it was in March 2018
- Achieving this will also mean that 88% of our patients are waiting less than 18 weeks at the end of March 2020
- We also plan to have no patients waiting over 52 weeks



RTT 2019/20 PLAN

Our plan for 2019/20 combines:

- 1) Initiatives that will be led by the Trust and supported by our commissioners, to:
 - a) **Increase the number of clinics, diagnostics tests and theatre sessions available for our patients** – this will combine investment in staff but also require the use of the independent sector where the Trust is unable to recruit suitable staff or has space constraints
 - b) **Making better use of our outpatient clinic time**, through improved ways of working such as virtual clinics and enhanced triage of referrals
 - c) **Focus on specialties which have ‘long waiters’** (patients waiting more than 38 weeks for treatment)

- 2) Schemes that are being undertaken jointly with our commissioners that will provide alternative ways in which patients can access diagnosis and treatment. This supports the NEL programme to reduce outpatient demand by moving care “out of hospital” and closer to home, including:
 - a) **Extending our ‘Improving Referrals Together’ initiative with GPs and hospital consultant working together to improve patient pathways**
 - b) **Increasing the number of specialties for which patients can be seen in a community setting**. This means that a greater number of routine patients will be referred through ‘Single Points of Access’
 - c) **Increasing the use of ‘Advice and Guidance’ for GPs** to reduce unnecessary referrals to the Trust and improving the speed of diagnosis
 - d) **Work on diagnostics** to procure community diagnostics capacity and also reduce the amount of duplicate testing

