Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD, 15 March 2017

Subject Heading:	**Update on Referral to Treatment (RTT) Delays**
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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☐ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

Significant issues were identified with how Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) had historically reported Referral to Treatment (RTT). We suspended reporting of the RTT standard in 2014 so that we could fully investigate the issues and create a robust and comprehensive recovery plan. Since the RTT issues were identified in 2014 we have been working to recover our RTT position and implement our Recovery and Improvement Plan.

As of the end of January 2017, we were 7.3% ahead of our recovery trajectory to deliver the RTT national standard by the end of Sept 2017. We have treated 3,700 more patients than anticipated. In April 2014 we had just over 1,000 patients who had waited more than a year for their treatment. At the end of January 2017 we reported 17 patients had waited more than a year for their treatment, with a number of these patients choosing to wait longer following our offers to treat them sooner.

RECOMMENDATIONS

- To note progress of RTT activity and the reduction in long waiting patients
- To note progress with the clinical harm reviews of long waiting patients
- To note the work and support we have given with the development of a system-wide RTT recovery plan in response to the legal directions placed on NHS Havering Clinical Commissioning Group by NHS England which came into force on 20 June 2016.

REPORT DETAIL

In December 2013, the Trust migrated from Total Care Patient Administration System (PAS), to Medway PAS. This change in information system for the management of patient waiting lists, whilst large and complex, should not have affected performance. However, the migration exposed a discrepancy between current performance and historical performance and suggested that we were not compliant with Referral To Treatment (RTT) standards, as was previously thought. A reporting break was agreed in February 2014 to give us time to investigate.

In light of the issues identified, we undertook an investigation into the matter in August 2014, which concluded that there are five main reasons for the decline in performance following the deployment of Medway:

1. RTT performance was not calculated correctly
2. Our governance processes for reporting and oversight were weak
3. Demand and capacity were not aligned
4. Data quality was poor
5. Training and organisational awareness of RTT and its rules were limited.

Since the RTT issues were identified in 2014, we have been working to recover our RTT position as captured in this Recovery and Improvement Plan.

Current RTT Position

There is dedicated Project Management Office support for RTT across the whole health system and there are a number of work streams in motion to support the delivery of the recovery plan for RTT:

1. Operational management
2. Outsourcing
3. Demand and capacity analysis
4. RTT administration and governance
5. Validation and data quality
6. Theatre productivity
7. Clinical harm reviews
8. GP Referral demand management programme

Clinical Harm Reviews

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 the NHS constitutional standards for their treatment are appropriately and efficiently managed. Patients are reviewed, and the findings reported weekly via Access Board and the Clinical Harm Review Panel.

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

Phase 3

- Commenced 1 October 2016
- Focused on patients who would have been waiting more than 52 weeks before 3 December 2016
- All 83 patients have been reviewed and no moderate or severe harm identified

Phase 4

- Commence 5 December 2016
- Focused on a random sample of 10% of undated patients with a 35 week breach date between 4 December and 13 March 2017
- 206 patients have been reviewed for risk of deterioration with no harm found.

GP referral demand management programme

The challenge of delivering the national standard for RTT has been prioritised by all three BHR Clinical Commissioning Groups (CCG). They have the responsibility to avert 24,000 GP outpatient referrals this year by sending patients to a range of alternative independent sector and community providers. At end Feb 2017, over 22,000 patients had been redirected by GPs.

Patients who have waited a long time for treatment (52 weeks plus)

We have a small number of patients who are now waiting over 52 weeks for treatment. These are patients who have;

- chosen to postpone their treatment for personal reasons having been offered reasonable choice
- not responded to three letters, contact via their GP asking them to arrange an appointment
- not attended two consecutive appointments are on a complex care pathway

We will continue to reduce waiting times to prevent this issue from arising again and in line with our commitment to deliver the RTT national standard by September 2017.

RTT recovery plan in response to legal directions

In response to the legal directions issued by NHS England in June 2016 to Havering CCG, (Lead CCG for BHRUT contract) we developed a robust and credible recovery plan, which will allow us to return to delivering the RTT standards. Based upon the modelling, the expectation is to deliver the national 92% RTT incomplete standard by the end of September 2017.

NHS England is now fully assured that all requirements, as set out in the original Directions, have been satisfied. This is the result of focused work to deliver our plan, plus subsequent system performance. The Legal Directions against Havering CCG concerning RTT have now been lifted (Feb 2017).

There is a significant challenge to return to meeting the RTT standards in a sustainable manner that has involved undertaking a significant amount of extra operations (5,000) and outpatient appointments (95,000) over a 12-month period, and we have worked hard with our system-wide partners on this challenge.

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had waited more than a year for their treatment. At the end of January 2017 we reported 17 patients had waited more than a year for their treatment, with many choosing to wait longer following our offers to treat them sooner.

Return to Reporting RTT standards

Following extensive validation and improvements in data quality we have taken steps to assure a return to reporting for RTT performance. We returned to reporting with the October 2016 RTT position, which was reported at our December 2016 Board and nationally mid-December 2016. This was following a suspension of reporting since February 2014.

We constructed a detailed plan to support this work and sought external assurance as recommended by NHS England with this work. This was a big step for us as an organisation and has helped to increase our confidence with reducing waiting times and delivering the national RTT constitutional standards.

On-going assurance

A Governance and Assurance Framework has been developed with a clear reporting line and for governance. RTT assurance and governance will be managed through the RTT Programme Board. External assurance is also provided through weekly meetings with NHSE and NHSI. The Trust also has a weekly Access Board that feeds into the RTT Programme Board. This is chaired by the Deputy Chief Operating Officer. There is also an External Clinical Harm Panel chaired by NHS England.