Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading: Update on Referral to Treatment (RTT) Delays

Board Lead:

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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.

In June and July 2017 we met the national RTT incomplete standard of 92% (of our patients waiting less than 18 weeks) with performance of 92.2% and 92.1% respectively. This was achieved 3 months ahead of our agreed recovery plan.

Unfortunately since then we have missed the 92% national incomplete standard for RTT since August 2017. In January 2018 (our latest nationally submitted data) we recorded performance of 91.0%. On 1st December we agreed a revised recovery

plan with NHS Improvement with the aim of returning to delivering the 92% standard in April 2018.

Reasons for not delivering the national incomplete standard are due to referral levels, recent sub-specialty clinical capacity issues and the closure of dental services commissioned by NHS England. Dental patients account for approximately 17% of our patients who are waiting over 18 weeks. This has resulted in larger than anticipated volumes of patients waiting over 18 weeks for their treatment and higher levels of demand.

In April 2016 we had just over 1,000 patients who had waited more than a year for their treatment. At the end of January 2018 we reported 5 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 that despite BHRUT delivering the national RTT incomplete standard in June and July 2017 and 3 months ahead of plan BHRUT has narrowly missed the standard from August 2017 to date.
- To note January RTT performance was 91.0% against a 92% standard.
- To note progress of RTT activity and the reduction in long waiting patients who have waited over a year for treatment.
- To note progress and continuation of our work with the clinical harm reviews of patients who have waited a long time for their treatment
- To note a revised timeline for returning to delivering the national RTT standard in April 2018.

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 our original Recovery and Improvement Plan.

Current RTT Position

There are a number of work streams in place 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 Planned Care Quality Improvement 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 system-wide Planned Care Programme Board.

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

- Commenced 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 with no harm found.

Phase 5

- Commenced 15th March 2017
- Focused on a 20% sample of non-admitted patients who have been waiting more than 30 and 40 weeks – to date no harm found.

Demand Management

We continue to work closely together at a system level with BHR CCGs to manage referral activity inflow to the Trust whilst enhancing the patient pathway at a specialty level. This is clinically led work and includes priority areas such as Gastroenterology, Musculoskeletal (MSK) and Dermatology pathways. We successfully held a joint clinical workshop 25th January 2018 starting the work on redesigning and creating pathway referral criteria as part of our work on developing a local health community referral management system.

NHS England Closure of Dental Services at Care UK

On 3rd October 2017 BHRUT received late notice from NHS England regarding the closure of dental services at Care UK (service closed June 17). Currently dental patients account for 17% of BHRUT patients who have waited more than 18 weeks for treatment. In January 2018 we were still working to reduce the number of patients waiting more than 18 weeks as a legacy of the wider impact this service closure had. We are also working with a number of alternative providers to treat these patients and reduce waits. We are also engaging with NHS England around their support managing these patients long term.

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. We reported 5 patients had waited more than 52 weeks in January 2018. A number of these patients 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 or are on a complex care pathway

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) the CCG developed a robust and credible recovery plan, including a robust demand and capacity plan for each specialist area, which would support the system to return to delivering the RTT standards. This was signed off by NHS England in February 2017.

Based upon the specialty modelling and plans, the expectation was to deliver the national 92% RTT incomplete standard by the end of September 2017. We delivered this plan three months ahead of schedule by meeting the 92% standard in June 17.

There was a significant challenge to return to meeting the RTT standards, which involved undertaking a significant amount of extra operations (5,000) and outpatient appointments (95,000) over a 18-month period. The whole system has worked hard to tackle the challenge.

Unfortunately we have missed the 92% national incomplete standard for RTT since August 2017. On 1st December 2017 we agreed a revised recovery plan with the aim of returning to delivering the 92% standard in April 2018.

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 Planned Care Programme Board.

External assurance is also provided through meetings with NHSE and NHSI. The Trust also has a weekly Access Board that feeds into the Planned Care Programme Board. This is chaired by the Deputy Chief Operating Officer.