

**Trust Board**  
**Date: 28<sup>th</sup> June 2018**

<b>AGENDA ITEM</b>	16.1	
<b>TITLE OF PAPER</b>	Performance Report	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED</b>		
Financial Management Committee		
<b>STRATEGIC OBJECTIVE(S):</b>		
<b>Quality Of Care</b>	✓	To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience.
<b>People</b>	✓	Patient expectations in terms of access are reflected in NHS performance targets.
<b>Modern Healthcare</b>		
<b>Digital</b>		
<b>Collaborate</b>		
<b>EXECUTIVE SUMMARY</b>		
<p>With NHSI and NWS CCG agreement, the Trust were permitted to include Woking Walk in Centre (WiC) activity from November, although for completeness both calculations are included within this report;</p> <p>&gt; <b>Excluding Woking WiC activity</b>, the Trust recorded A&amp;E NHSI performance at 91.4%, which was a 2.6% improvement on last month (88.8%).</p> <p>&gt; <b>Including Woking WiC activity</b>, the Trust recorded A&amp;E NHSI performance at 93.2%, which was a 1.8% improvement on last month (91.4%).</p> <p>Attendances were 3.6% higher than May 2017, with admissions also higher at 7.6%. On a number of occasions during the month, (a) surges in admissions and (b) reduced staff availability due to vacancies, created delays in A&amp;E as well as slow flow to the wards. The acuity of patients was also high during the month with increases being seen in stranded &amp; super stranded patients.</p> <p>Total attendances in May (at 9,039) were 8.6% higher than April's attendances (8,325) and 3.6% higher than May 2017 (8,724). Admissions during May (at 2,190) were 16.2% higher than April's admissions (1,884) and 7.6% higher than May 2017 (2,036). Comparing FY2018 A&amp;E attendances (17,364) to FY2017 (16,635) identifies an increasing level of demand attending the emergency department (+4.4%), and an increasing level of admissions (+4.1%) via A&amp;E FY2018 (4,074) versus FY2017 (3,914).</p> <p>We have in place an <b>Urgent Care Improvement Programme</b> which includes implementing the SAFER CARE bundle and RED and GREEN patient days to promote patient flow.</p>		

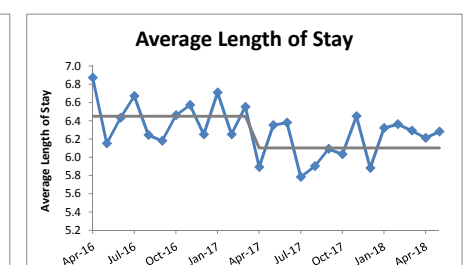
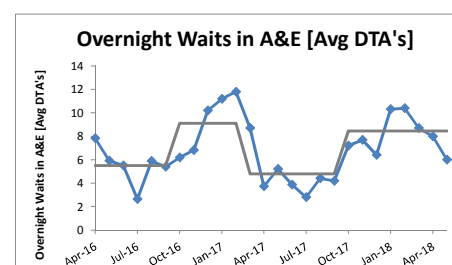
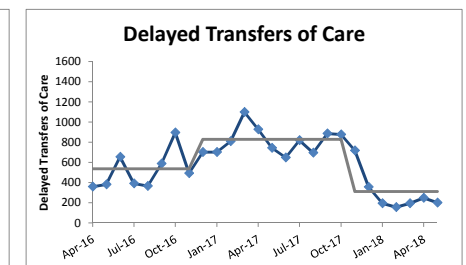
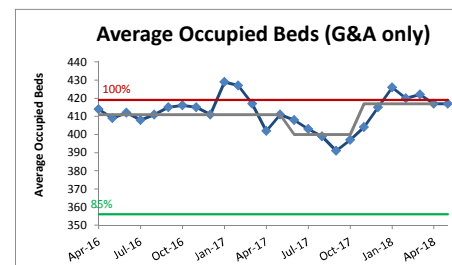
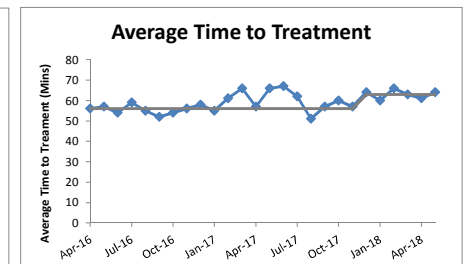
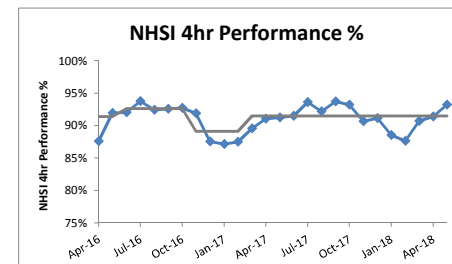
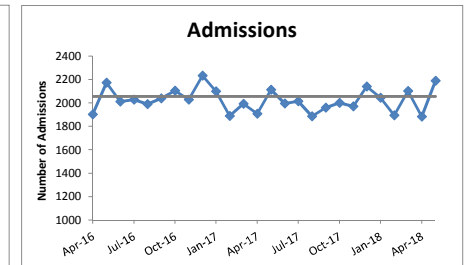
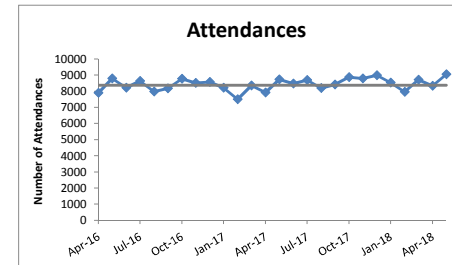
	<p><b>The Trust recorded a non-compliant performance against the 92% RTT standard</b> with May's performance recorded at 91.46%. A total of 6 specialties; General Surgery, Urology, Ophthalmology, Oral &amp; MaxFacs, Plastic Surgery, and Neurology were non-compliant at specialty level.</p> <p>The Trust has highlighted very high risk of aggregate RTT non-compliance as capacity and community demand management schemes have been unable to address the significant increases seen in outpatient referral demand, compounded further by the reduction in elective capacity over the winter period.</p> <p>With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust is implementing plans to deliver this from November 2018. Specific improvement activities &amp; recover estimates by specialty are identified within.</p> <p>The Trust is expected to report compliance for <b>6 of 7 Cancer standards</b> for May.</p> <p><b>-TWR performance</b> for May is recorded non-compliant at 85.6% due to insufficient endoscopy capacity to meet demand and patient choice to attend after 14 days from referral. Additional endoscopy activity is being scheduled to provide an increase in capacity, whilst the Trust continues to work with CCG &amp; GP colleagues to support patient engagement within 14 days of referral.</p> <p><b>-62 Day GP Referral to Treatment performance</b> for May is recorded compliant at 86.9%.</p>
<b>RECOMMENDATION:</b>	Review the paper and discuss the contents seeking additional assurance as necessary.
<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	
Equality & diversity	
Finance	
Legal	
Link to Board Assurance Framework Principle Risk	
<b>AUTHOR NAME/ROLE</b>	Julian Ruse, Associate Director of Performance
<b>PRESENTED BY DIRECTOR NAME/ROLE</b>	Tom Smerdon, Director of Operations (Urgent Care) & James Thomas, Director of Operations (Planned Care)
<b>DATE</b>	21 <sup>st</sup> June 2018
<b>BOARD/TEC ACTION</b>	For Assurance

# Unplanned Emergency Care

\* Constitutional Standard  
 \*\* NHSI Requirement  
 \*\*\* CCG Requirement  
 \*\*\*\* CQUIN

## Activity and Performance Trends

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	FY2017-Q1	FY2017-Q2	FY2017-Q3	FY2017-Q4
Attendances	8,875	8,793	8,985	8,526	7,948	8,704	8,325	9,039	25,100	25,301	26,653	25,178
Attendances (Woking Walk in Centre)		3,360	3,766	3,751	3,346	3,812	3,650	3,612			7,126	10,909
Admissions	2,001	1,970	2,140	2,045	1,895	2,103	1,884	2,190	6,018	5,991	6,111	6,043
NHSI 4hr Perf % (exc. Woking WIC) *		88.1%	88.5%	85.1%	84.0%	87.9%	88.8%	91.4%	91.3%	93.2%	89.3%	85.8%
NHSI 4hr Perf % (inc. Woking WIC from Nov) *	91.4%	90.7%	91.1%	88.6%	87.7%	90.7%	91.4%	93.2%	91.3%	93.2%	91.7%	89.0%
Breaches	1,089	1,451	1,469	1,833	1,816	1,532	1,339	1,134	3,376	2,692	4,009	5,181
Medically Optimised Delays (Bed Days)	1,158	834	703	556	535	586	531	535	4,254	3,829	2,695	1,677
Delayed Transfers of Care (Bed days)	876	719	355	195	155	195	249	199	2,317	2,400	1,950	545
Average Length of Stay (Non-Elective)	6	7	6	6	6	6	6	6	6	6	6	6
Overnight Waits in A&E [Avg DTA's]	7.2	7.7	6.4	10.3	10.4	8.7	8.0	6.0	5.9	3.6	7.1	9.8



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> **Excluding Woking WIC activity, the Trust recorded A&E NHSI performance at 91.4%**, which was a 2.6% improvement on last month (88.8%).  
 > **Including Woking WIC activity, the Trust recorded A&E NHSI performance at 93.2%**, which was a 1.8% improvement on last month (91.4%).

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Attendances in May (at 9,039) were 8.6% higher than April's attendances (8,325) and 3.6% higher than May 2017 (8,724). Admissions during May (at 2,190) were 16.2% higher than April's admissions (1,884) and 7.6% higher than May 2017 (2,036). Comparing FY2018 A&E attendances (17,364) to FY2017 (16,635) identifies an increasing level of demand attending the emergency department (+4.4%), and an increasing level of admissions (+4.1%) via A&E FY2018 (4,074) versus FY2017 (3,914).

The Trust had to postpone 6 elective procedures during May due to no beds being available. However, in accordance with the NHSI requirement, all non-urgent surgery at the St Peters Hospital site was suspended from 21st December 2017 and throughout January 2018 to provide additional bed stock to cater for the non-elective winter demand.

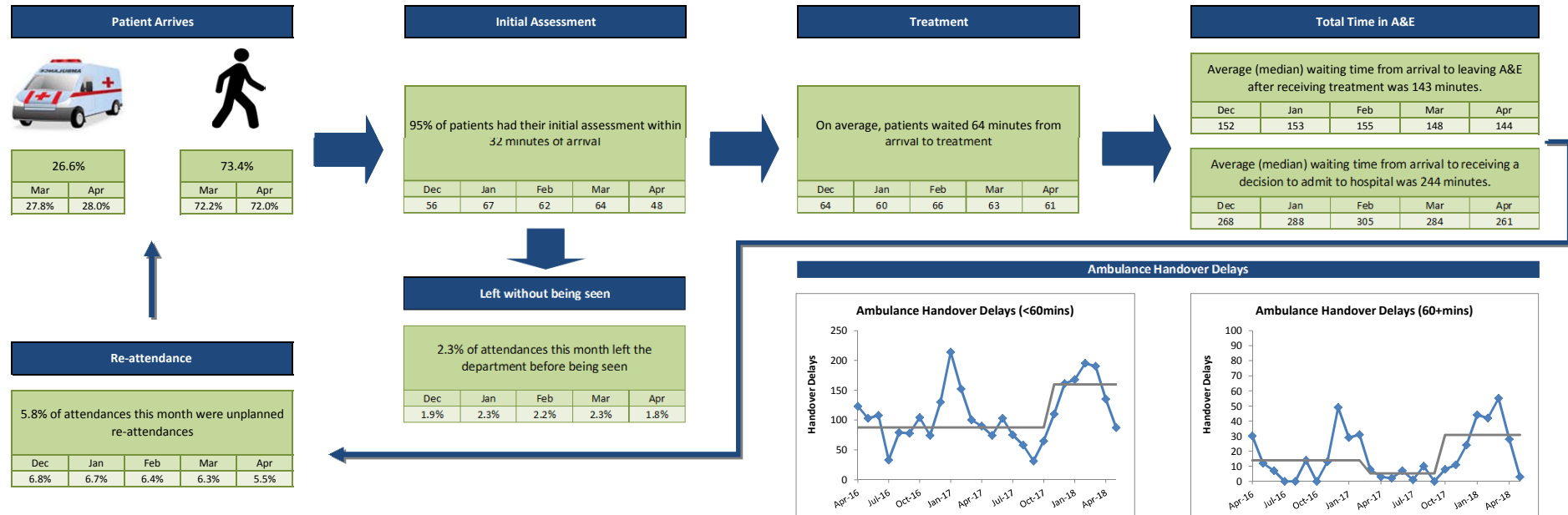
Although the Trust has seen a substantial improvement in the non-elective length of stay from an average of 7.25 days during April 2015 down to 6.28 days for May 2018 the level of admissions continues to cause patient flow difficulties through the hospital creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During May the Trust recorded DTA patients waiting in A&E overnight on 26 days. On 18 days in May, 5 or more patients were waiting to be transferred (average 10 patients on these days). Overall the combined DTOC & Medically Optimised Delays have shown a decreasing trend since the beginning of FY17.

### A&E Performance (National Position)

When comparing the Trust including Ashford and Woking WIC (NHSI position), for May (Acute Type 1 Footprint), the Trust is positioned 49th of 137 Trusts. During May only 24 Trusts reported a compliant performance greater than 95%.

# Unplanned Emergency Care

## ED Activity Trends and Urgent Care Improvement Programme



**Urgent Care Improvement Programme** - We have in place an Urgent Care Improvement Programme which includes changes to our governance and clinical engagement. The improvement plan has now been revised following publication of the Rapid Implementation Guidance and reflects key improvement actions. The three key programmes of work are outlined below;

### 1. ED Streaming At The Front Door

The objective is to create and run pathways that decompress the Emergency Department by streaming patients to other inpatient services including assessment areas & preventing attendance through telephone management. Since June 2017 we have a senior nurse supporting streaming from the Urgent Care walk in centre to ensure patients requiring speciality review are directly streamed to the specialty assessment areas, bypassing ED where appropriate.

A third substantive GP has been in place from the 2nd week of Jan 2018 to support UCC GP streaming, which leaves only 1 day (Sunday) where a locum is being utilised. This GP service is now available for 8 hours per day. With permanent GP's, performance of GP Streaming has improved. The Primary Health Care area to the UCC is also now fully open. Work is underway to transition from a UCC to a UTC. This will facilitate the UCC being GP led with 12 hour coverage. Discussions have begun with the GP Confederation to assist with this increased provision. In addition the Ambulatory Care Sensitive Conditions pathways are being updated and reviewed to maximise their use and utility.

### 2. Patient Flow

This objective is aimed at improving and ensuring the safe and effective flow of patients into the hospital from ED at the point of referral to beyond discharge from the acute hospital. We have expanded our ambulatory care service to seven days per week with an enhanced workforce to meet the increase in demand to support a reduction in admissions. The 'fit to sit' initiative to minimise inappropriate corridor queuing has been promoted further with SECAMB taking patients to the UCC to sit rather than be brought into the main ED dept on a trolley. The 'fit to sit' initiative is to be expanded further to include a designated area within the main ED being used as a seated area rather than a trolley area. The aim is to start this trial week of 16 April. The Trust is implementing use of the SAFER care bundle and Red & Green patient days to support proactive patient flow and timely discharges, including additional senior management support for medical wards to embed red to green, ensure EDD's are recorded and support processes enabling discharges. There are three times a day bed management meetings which all specialty divisions represented including diagnostics, transport and others. The function of these meetings is to identify predictable demand, highlight concerns of actions needed to expedite discharges that day.

### 3. Improving Discharge Processes

The key requirement for this objective is to reduce in-patient delays, overall length of stay and bed days lost due to medically fit patients waiting to discharge. We are working closely with partner organisations to reduce the number of patients remaining in hospital beyond their date of medical fitness. With partner organisations we are developing seamless multi agency processes for the management of people ready for discharge and who require a package of care including placements with an integrated approach to provision of care that reduces unnecessary delays in discharge. On a daily basis, patient and process delays are scrutinised to address, escalate and improve resolutions to mitigate and prevent future patient delays. Stranded patient meetings with wards are also scheduled to ensure complex patients are managed appropriately with support from system partners. There are also strategic system wide steering groups working with partner organisations to ensure planning and commissioning are informed of predictable increases in pressures over holiday periods.

# Planned Elective Care

## Activity and Performance Trends

	Target	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	FY2017 -Q1	FY2017 -Q2	FY2017 -Q3	FY2017 -Q4
RTT Incomplete Pathways < 18 weeks *	>92%	92.4%	92.8%	91.1%	90.4%	90.4%	89.5%	89.9%	91.5%	93.2%	92.8%	91.1%	89.5%
Total Wait List Size		26,010	25,578	25,173	24,498	25,076	25,716	26,777	27,183				
Total Backlog > 18 weeks		1,970	1,831	2,242	2,364	2,416	2,711	2,716	2,322				
Pathways >52weeks **		0	0	0	0	0	0	0	1				
Hospital Cancellations (on the day) ***		1	5	8	19	11	29	10	6	9	16	50	45
Cancelled Ops rescheduled >28 days **	0	3	7	2	19	2	7	1	2	8	4	12	28
Diagnostic Waiting List < 6 weeks **	>99%	98.5%	99.3%	98.2%	97.3%	98.4%	98.7%	99.0%	99.0%	99.2%	97.6%	98.2%	98.1%
% e-Referral ASI rate ****	<4%	2.0%	2.3%	3.5%	2.0%	3.4%	3.0%	1.3%	3.8%	19.5%	1.9%	3.5%	3.0%
% Advice & Guidance (within 2 days) ****	>80%	86%	91%	99%	96%	85%	95%	95%	93%			92%	93%
Outpatient New Appointments		14,986	15,262	12,041	15,276	13,393	13,430	14,105	15,552	42,776	41,317	42,108	42,099
Outpatient Follow Up Appointments		26,869	27,821	21,819	28,327	24,037	23,962	24,608	27,145	78,113	77,414	75,955	76,326
Outpatient Cancellations <2wks		1,453	1,283	769	941	1,020	1,155	807	873	3,471	4,082	3,505	3,116

Key: \* Constitutional Standard \*\* NHSI & CCG Requirement \*\*\* NHSI reported \*\*\*\* CQUIN

### RTT Recovery

With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust has initiated recovery plans to deliver this from November 2018 although will remain susceptible to winter pressures & a reduction in elective capacity during Dec 18 -Feb 2019, although is aiming to overachieve before this time to provide contingency. Specific improvement activities by specialty are identified overleaf.

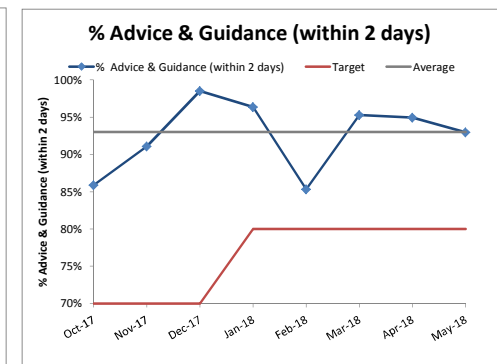
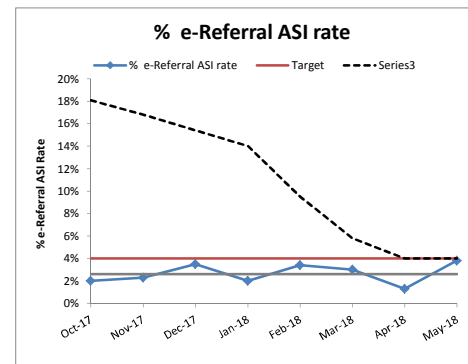
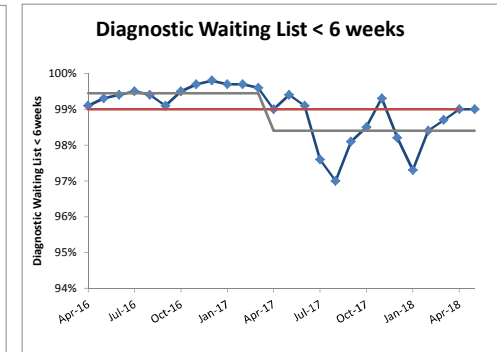
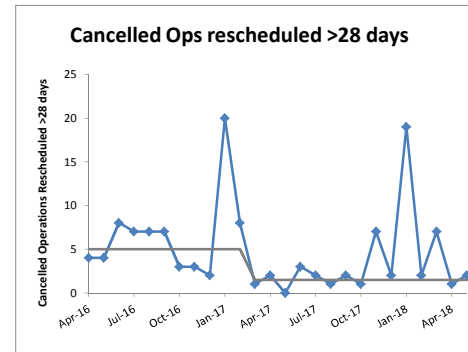
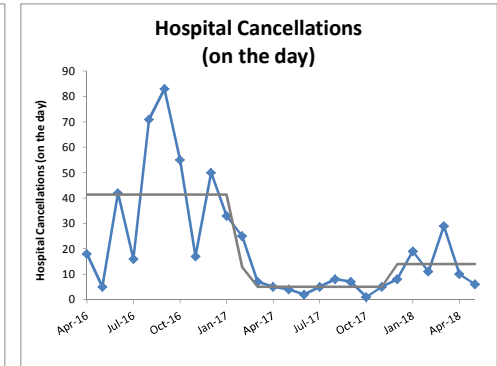
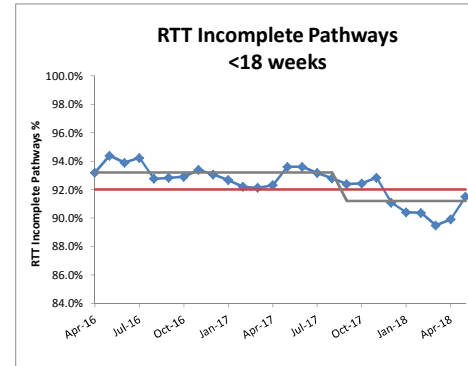
The Trust is responding by increasing capacity as best able (& available) to meet demand, although within the financial envelope the Trust and Commissioners have agreed. This may limit the amount of additional activity that can be provided if referrals exceed growth estimates and therefore commissioners will seek to introduce community demand management schemes and better use of e-Referral Advice and Guidance; whilst the Trust is introducing ways to improve productivity and clinic and theatre utilisation.

### e-Referral Service

The Trust's Appointment Slot Issues (ASI) rate increased to 3.8% during May, with GP referral demand exceeding expected capacity in Ophthalmology, ENT and ECG. However, the Trust remained within expected tolerance levels. From October as per the national NHS mandated contract, the Trust will not accept (or be paid) for referrals received outside of e-RS (i.e. paper & fax). The Trust is continuing to support CCG colleagues & community GPs to effect this change as seamlessly as possible.

### Theatre Cancellations

The Trust had to cancel 6 patients due to non-elective bed pressures, although has shown improvement this winter in reducing the overall number of theatre cancellations. Rescheduling of Cancelled Operations within 28 days has also improved although capacity constraints due to winter non-elective bed requirements created scheduling difficulties.



# Planned Elective Care

## Access Activity and Performance - Referral to Treatment [May 2018]

	Target	Trust Actual	General Surgery	Urology	Trauma & Orthopaedics	ENT	Ophthalmology	Oral and Maxillofacial	Plastic Surgery	Pain	General Medicine	Gastroenterology	Cardiology	Dermatology	Neurology	Rheumatology	Paediatrics	Geriatric Medicine	Gynaecology	Other
RTT Incomplete Pathways < 18 weeks	92%	91.5%	87.4%	88.8%	92.8%	93.5%	88.4%	82.2%	72.7%	94.9%	94.8%	97.4%	95.5%	96.0%	90.9%	99.6%	97.7%	100.0%	92.3%	96.9%
Patient waiting 30-40 weeks		281	66	19	44	13	14	88	1	2	5	0	4	7	12	0	2	0	4	0
Patient waiting 40-51 weeks		31	11	2	12	1	0	1	0	0	0	0	0	0	3	0	0	0	1	0
Patient waiting > 52 weeks		0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Total Waiting List Size		27,183	3,040	1,142	4,742	2,363	4,481	1,854	11	633	1,080	822	947	2,534	846	271	827	119	1,374	97
Total Backlog > 18 weeks		2,322	384	128	343	154	520	330	3	32	56	21	43	102	77	1	19	0	106	3
Diagnostic Waiting List < 6 weeks	99%	99.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.4%	100%	100%	75.9%	100%	100%	100%	100%	100%
% Cancelled Ops rescheduled <28 days	99%	99.9%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		100%		
Number of e-Referral ASI's		313	0	0	0	36	102	0	0	0	14	1	70	23	0	0	35	4	17	11
% e-Referral ASI rate	<4%	3.8%	0.0%	0.0%	0.0%	7.4%	13.0%	0.0%	0.0%	0.0%	10.4%	0.7%	21.7%	7.5%	0.0%	0.0%	8.3%	20.0%	8.8%	0.2%

### RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance against the 92% standard with May's performance recorded at 91.46%, although this is a 1.6% improvement on April's performance (89.86%). A total of 6 specialties; General Surgery, Urology, Ophthalmology, Oral & MaxFacs, Plastic Surgery, and Neurology were non-compliant at specialty level. The Trust has highlighted very high risk of aggregate RTT non-compliance as capacity and community demand management schemes have been unable to address the significant increases seen in outpatient referral demand, compounded further by the reduction in elective capacity over the winter period.

Extensive patient tracking, recovery implementation & further planning continues with plans to deliver a return to RTT aggregate compliance from November 2018.

Specific specialty improvement plans include;

**General Surgery** - additional theatre and clinic activity being worked on for Bariatric and Upper GI patients.

**Urology** - additional theatre and weekend clinic activity being considered but substantive workforce & job plans are now having an impact.

**Trauma and Orthopaedics** - Substantive ESP and consultant appointments, including outsourcing of Physio outpatients to provide additional short and long-term capacity.

**ENT** - Locum and substantive consultant appointments to provide additional short and long-term capacity.

**Ophthalmology** - Locum and substantive consultant appointments and Nurse Injectors to provide additional medium and long-term capacity. Outsourcing to Ashted for cataracts.

**Oral and MaxFacs** - Weekend theatre activity and SHO resource to provide additional short-term capacity. Bank registrar sessions & use of Consultants 11th PA session. To support longer term capacity, the Trust is working on staff and infrastructure expansion.

**General Medicine** - Locum Consultant appointment and revisions to job planning to provide additional medium and long-term capacity.

**Plastic Surgery** - Additional short-term weekend capacity. The Trust is also in discussion for additional substantive longer term capacity.

**Dermatology** - Locum and substantive consultant appointments to provide additional short and longer term capacity, including community demand management schemes.

**Neurology** - Locum recruitment to resolve delays in neurophysiology diagnostics testing and reporting.

**Endoscopy** - Additional activity to provide short-term capacity.

### 52 Week Waiting Patient (Oral & Maxillofacial)

During May, a patient's clock stop was found recorded incorrectly where definitive treatment had not started before the required 52 weeks. However, the patient was regularly being seen with extensive diagnostic tests to ensure the correct treatment was recommended, which took place and was concluded on 1st June 2018. No harm was caused due to the delay, although a root cause investigation has commenced to prevent understand & prevent incorrect recording.

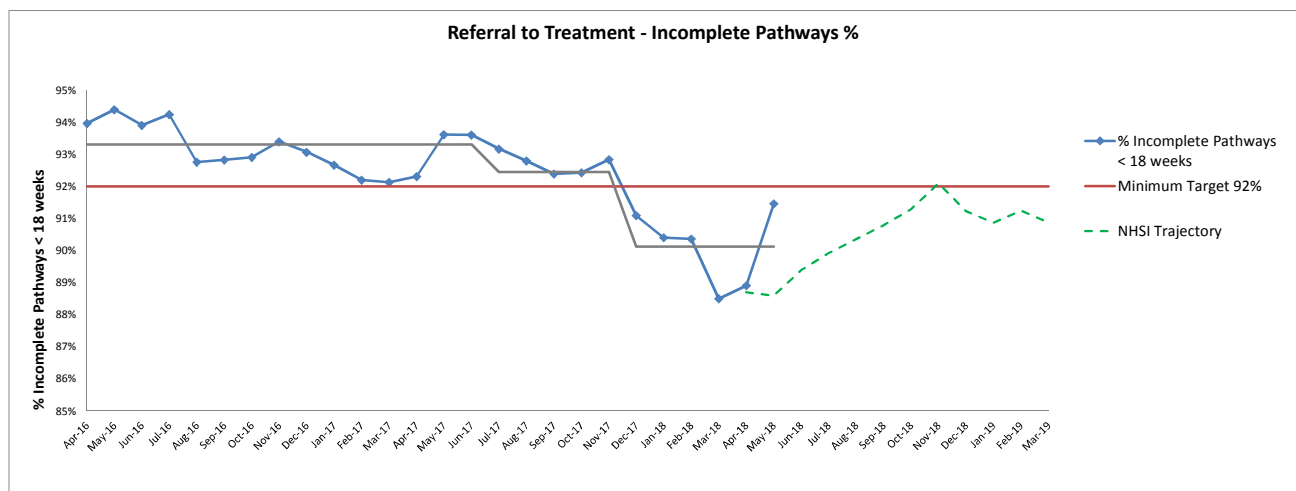
### Diagnostic Tests

The Trust was compliant for the DM01 diagnostic standard in May with performance recorded at 99.0%. The majority of the breaches were due to specialist staff sickness creating a reporting and wait list backlog in Neurophysiology. A recovery plan continues.

### e-Referrals Appointment Slot Issues & Performance

The Trust achieved the e-Referrals trajectory in May with performance recorded at 3.8% against a maximum allowance of 4.0%.

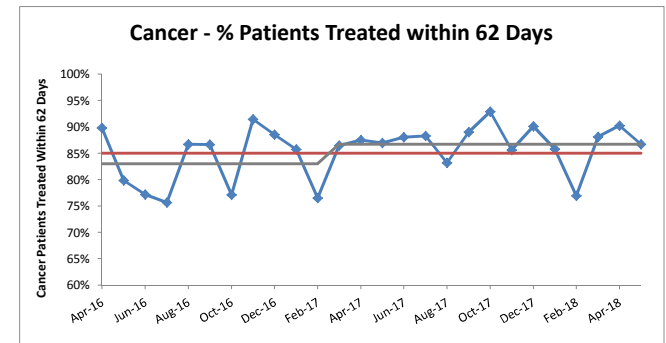
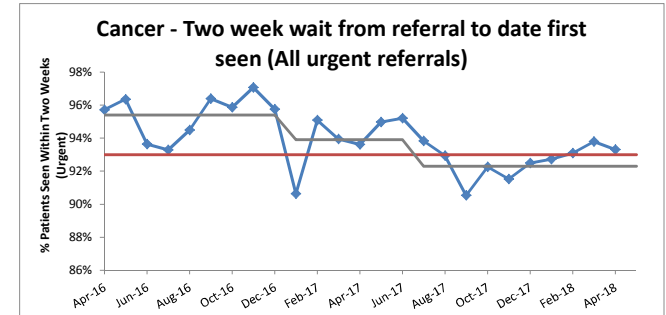
Referral to Treatment - Incomplete Pathways %



# Cancer Care

## Activity and Performance Trends

	Standard	Compliance	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	FY2017-Q2	FY2017-Q3	FY2017-Q3	FY2017-Q4
Referral Activity	All urgent referrals		1,031	1,050	908	934	972	1,199	1,199	1,181	2,858	2,989	2,989	3,105
	Breast Symptomatic patients		153	111	153	180	155	181	181	183	413	417	417	516
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	92.2%	91.5%	92.5%	92.7%	93.1%	93.8%	93.3%	85.7%	94.6%	92.5%	92.1%	93.6%
	Symptomatic breast patients	>93%	96.7%	95.5%	98.0%	97.8%	98.1%	98.9%	97.9%	97.3%	95.4%	95.1%	96.9%	98.3%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	96.5%	96.6%	100%	97.6%	100%	98.7%	94.7%	98.9%	98.8%	98.0%	97.6%	98.7%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	93.9%	100%	100%
	Drug Treatment	>98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Radiotherapy	>94%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All Cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	>85%	91.6%	86.4%	88.3%	86.4%	76.9%	88.1%	90.2%	86.7%	87.7%	87.0%	89.6%	83.8%
	NHS Cancer Screening Service referral	>90%	100%	100%	100%	0.0%	100%	100%	100%	100%	96.2%	93.9%	100%	80%



### TWR performance

Performance for May is recorded non-compliant at 85.7%. Of the 168 breaches recorded, patient choice accounted for 44%, STT capacity at 38% & OPA capacity at 18%. The Trust continues to work with CCG & GP colleagues to support patient engagement within 14 days of referral including actions to reduce wait to 1st TWR appointment & streamline admin processes. Additional endoscopy activity is being scheduled to provide an increase in STT capacity.

### 31-day Wait from Diagnosis to First Treatment

Performance for May is recorded compliant at 98.9%. One patient breached due to patient fitness.

### 62 Day GP Referral to Treatment Performance

The Trust has recorded a compliant performance for May at 86.7%. Delays have been recorded due to complex pathways (7 patients), patient fitness (3 patients) & patient choice (2 patients). These breaches are undergoing clinical validation by the tumour group leads.

### Breach Allocation Rules Change

It will be mandatory to record all inter-provider transfers on 62 day pathways beginning from 1 July 18, with rules allocation changing creating a potential risk to 62 day performance for the Trust.

The rule changes are to encourage inter-provider transfers to take place before day 38, with the receiving tertiary Trust providing treatment during the following 24 days (total 62 days maximum). The changes are included in summary overleaf. Shadow monitoring has been underway over the past year confirming limited risk for the Trust.

### Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	11	10	1	9%
Breast Symptomatic	3	3	0	0%
Colorectal	6.5	6.5	0	0%
Gynaecology	2.5	2.5	0	0%
Haematology	2	1	1	50%
Head & Neck	1	0.5	0.5	50%
Lung	6	5	1	17%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	19	19	0	0%
Upper GI	3.5	2.5	1	29%
Urology	18	13.5	4.5	25%
<b>Total</b>	<b>72.5</b>	<b>63.5</b>	<b>9</b>	<b>12.4%</b>



## Additional Items

### Cancer Reallocation Rules [from July 18]

Scenario	Referral Timeframe	Total Timeframe	New Allocation	Current Allocation Rules
1	> 38 days	<= 62 days	100% of success allocated to the treating provider	50% of success allocated to the referring provider and 50% of success allocated to the treating provider
2	<= 38 days	<= 62 days	50% of success allocated to the referring provider and 50% allocated to the treating provider	
3	<= 38 days	> 62 days	100% of breach allocated to the treating provider	50% of breach allocated to the referring provider and 50% of breach allocated to the treating provider
4	> 38 days	> 62 days, but treating trust treats within 24 days	100% of breach allocated to the referring provider	
5	> 38 days	> 62 days, and treating trust treats in > 24 days	50% of breach allocated to the referring provider and 50% allocated to the treating provider	

### RTT Clock Starts, Clock Stops & RTT Patient Waitlist Size

NHSE & NHSI FY18 planning expectations are for Trusts to ensure;

- (1) the number of patients waiting for treatment end March 2019, must not exceed the number of patients waiting for treatment recorded end March 2018, &
- (2) Zero patients waiting longer than 52 weeks for their first definitive treatment.

As activity is funded by local CCGs & specialised commissioners, it is imperative that during FY18, the number of patient treatments (clock stops) are greater than the number of patients referred in for treatment (clock starts), to deliver NHSE & NHSI FY18 planning expectations within the funded provision provided by local CCGs & specialised commissioners.

