

COUNCIL OF GOVERNORS

Date: 5th December 2018

TITLE	Performance Report – October 2018
<p>EXECUTIVE SUMMARY</p>	<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>> Excluding Woking WiC activity, the Trust recorded A&E NHSI performance at 84.7%, which was a 0.1% decline on last month (84.8%).</p> <p>> Including Woking WiC activity, the Trust recorded A&E NHSI performance at 88.1%, which was a 0.1% decline on last month (88.2%).</p> <p>Attendances were 1.7% lower than October 2017, although admissions similar at -0.1%. Due to the ongoing high occupancy of the hospital, busyness of ED, and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards.</p> <p>Total attendances in in October (at 8,720) were 5.4% higher than September's attendances (8,276) although 1.7% lower than October 2017 (8,874). Admissions during October (at 1,999) were 5.8% higher than September's admissions (1,889) although similar to October 2017 (2,001). Comparing FY2018 A&E attendances (59,859) to FY2017 (59,274) identifies an increasing level of demand attending the emergency department (+1.0%), although a lower level of overall YTD admissions (-2.9%) via A&E FY2018 (13,351) versus FY2017 (13,751).</p> <p>The Urgent Care Improvement Programme continues with initiatives underway outlined on page 4.</p> <p>The Trust recorded a non-compliant performance against the 92% RTT standard with October's performance recorded at 91.5%. A total of 3 specialties; General Surgery, Ophthalmology, and Oral & MaxFacs were non-compliant at specialty level.</p> <p>RTT Recovery The Trust was 0.2% ahead of our agreed recovery trajectory (91.3%) for October. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust remains significantly above the 86.7% national average reported for September 2018 (latest month reported on 8th Nov 18).</p> <p>The Trust is expected to report compliance for 7 of 8 Cancer standards for October;</p> <p>-TWR performance for October is recorded compliant at 94.2%. Of the 82 breaches recorded, patient choice accounted for 67.1%, STT capacity at 26.8% & OPA capacity at 6.1%.</p> <p>-62 Day GP Referral to Treatment performance for October is recorded compliant at 87.1%</p>

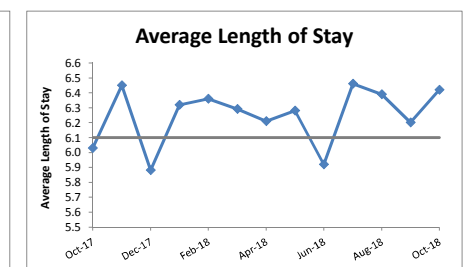
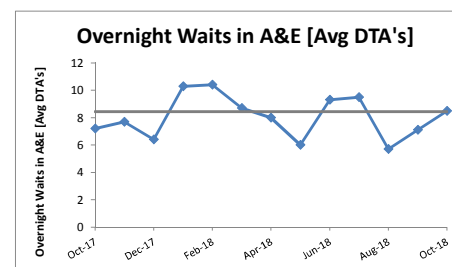
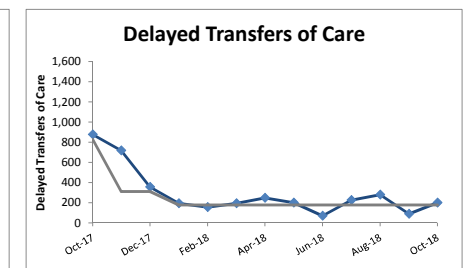
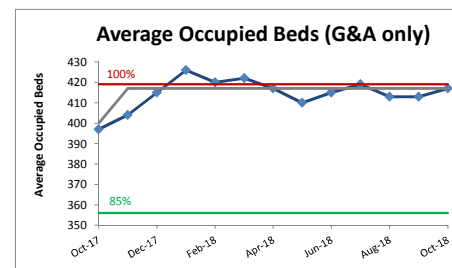
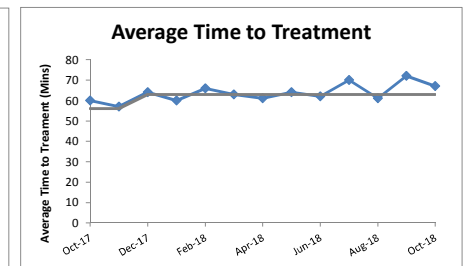
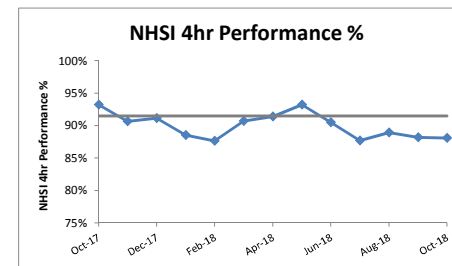
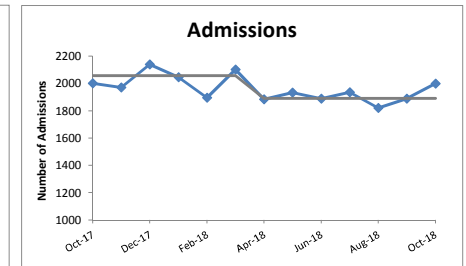
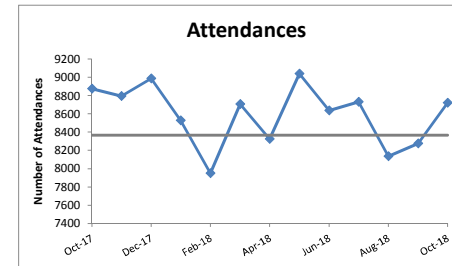
	<p>-62 Day NHS Cancer Screening Service referral performance for October is recorded non-compliant at 71.4%. Of the 2 breaches recorded, patient choice to delay treatment accounted for both.</p>
The Council is asked to:	Review the paper and discuss the contents seeking additional assurance as necessary.
Submitted by:	Tom Smerdon, Director of Operations (Urgent Care) & James Thomas, Director of Operations (Planned Care)
Date:	27 th November 2018
Decision:	For discussion

Unplanned Emergency Care

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

Activity and Performance Trends

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	FY2017-Q3	FY2017-Q4	FY2018-Q1	FY2018-Q2
Attendances	8,704	8,325	9,039	8,634	8,731	8,134	8,276	8,720	26,653	25,178	25,998	25,130
Attendances (Woking Walk in Centre)	3,812	3,650	3,612	3,688	3,844	3,514	3,457	3,457	7,126	10,909	10,950	10,428
Admissions	2,103	1,847	1,933	1,888	1,935	1,821	1,889	1,999	6,111	6,043	5,668	5,709
NHSI 4hr Perf % (exc. Woking WIC) *	87.9%	88.8%	91.4%	87.8%	84.0%	86.2%	84.8%	84.7%	89.3%	85.8%	89.3%	85.0%
NHSI 4hr Perf % (inc. Woking WIC from Nov) *	90.7%	91.4%	93.2%	90.5%	87.7%	88.9%	88.2%	88.1%	91.7%	89.0%	91.7%	88.3%
Breaches	1,532	1,339	1,134	1,504	2,017	1,616	1,795	1,846	4,009	5,181	3,977	5,428
Medically Optimised Delays (Bed Days)	586	531	535	308	381	586	299	466	2,695	1,677	1,374	1,266
Delayed Transfers of Care (Bed days)	195	249	199	71	225	279	89	201	1,950	545	519	593
Average Length of Stay (Non-Elective) (Excludes 0 day stays/Gynae/Paed/Well Babies)	6	6	6	6	6	6	6	6	6	6	6	6
Overnight Waits in A&E [Avg DTA's]	8.7	8.0	6.0	9.3	9.5	5.7	7.1	8.5	7.1	9.8	7.8	7.8



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.

- > **Excluding Woking WIC activity, the Trust recorded A&E NHSI performance at 84.7%**, which was a 0.1% decline on last month (84.8%).
- > **Including Woking WIC activity, the Trust recorded A&E NHSI performance at 88.1%**, which was a 0.1% decline on last month (88.2%).

Attendances were 1.7% lower than October 2017, although admissions similar at -0.1%. Due to the ongoing high occupancy of the hospital, busyness of ED, and reduced staff availability due to vacancies, created delays in A&E as well as slow flow to the wards.

Attendances in October (at 8,720) were 5.4% higher than September's attendances (8,276) although 1.7% lower than October 2017 (8,874). Admissions during October (at 1,999) were 5.8% higher than September's admissions (1,889) although similar to October 2017 (2,001). Comparing FY2018 A&E attendances (59,859) to FY2017 (59,274) identifies an increasing level of demand attending the emergency department (+1.0%), although a lower level of overall YTD admissions (-2.9%) via A&E FY2018 (13,351) versus FY2017 (13,751).

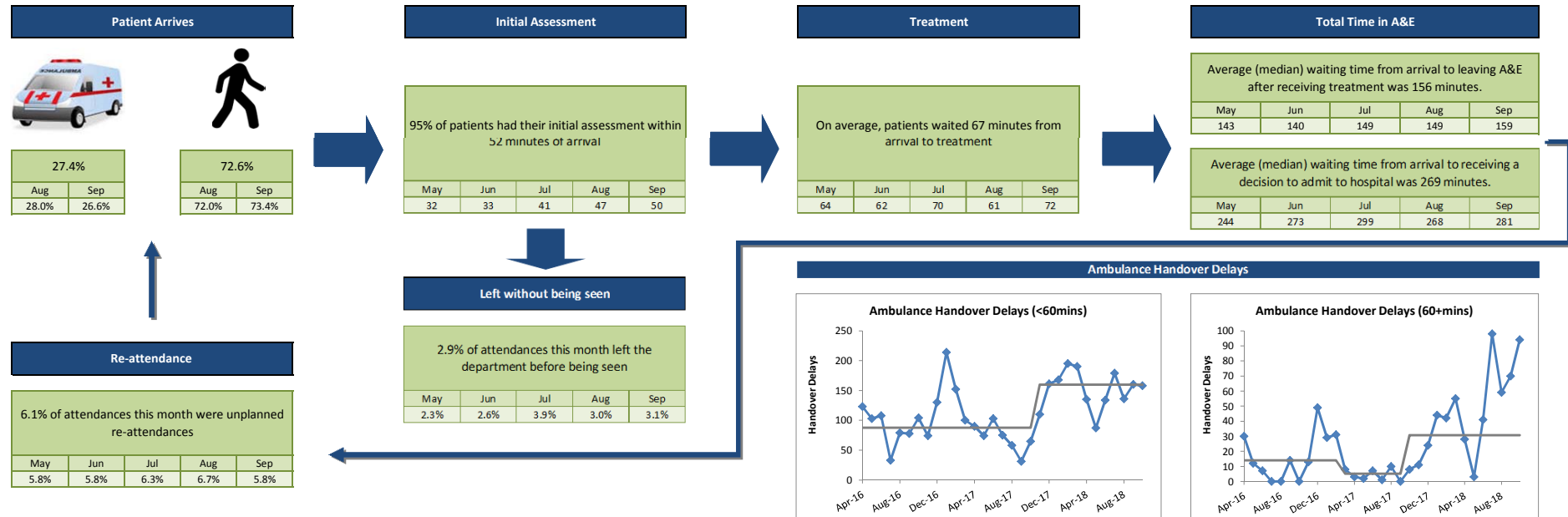
The Trust had to postpone 5 elective procedure during October due to no beds being available. Non-elective average length of stay for October 2018 remained high causing patient flow difficulties through the hospital & creating a backlog within A&E. This is evidenced by the number of patients waiting in A&E overnight with a decision to admit (DTA). During October the Trust recorded DTA patients waiting in A&E overnight on 29 days. Overall the combined DTOC & Medically Optimised Delays have maintained a lower trend 2018 compared to 2017.

A&E Performance (National Position)

When comparing the Trust including Ashford and Woking WIC (NHSI position), for October (Acute Type 1 Footprint), the Trust is positioned 77th of 133 Trusts. During October only 18 Trusts reported a compliant performance greater than 95%.

Unplanned Emergency Care

ED Activity Trends and Urgent Care Improvement Programme



Urgent Care Improvement Programme

The Trust with support from NHSI has scheduled the following ED review & improvement initiatives;

- Same day emergency care including CDU,SAU, ambulatory pathways and frailty response
- Frailty/Ambulatory data review and support
- Ambulance handover processes and space utilisation including fit 2 sit
- A Multi Agency Discharge Event (MADE) bringing together the local health system to challenge and improve patient flow, delays and simplify discharge processes during October
- Fabulous Fortnight commenced from w/c 22nd October

In addition to the improvement initiatives above, the Trust is;

- Introducing an Urgent Treatment Centre operated by Greenbrook Healthcare from 1st November
- Provision of structured guidance for the out of hours interface of medical on-call consultant and ED consultants undertaking joint board rounds
- Introduction of Whatsapp groups for on-call teams to support hospital flow
- Performance workshop with ED clinicians to identify & plan for predictable performance demands
- New ED management team from w/c 4th November

Planned Elective Care

Activity and Performance Trends

	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	FY2017-Q3	FY2017-Q4	FY2018-Q1	FY2018-Q2
RTT Incomplete Pathways < 18 weeks *	>92%	89.5%	89.9%	91.5%	91.3%	91.5%	91.3%	90.7%	91.5%	91.1%	89.5%	90.9%	91.2%
Total Wait List Size		25,716	26,777	27,183	26,739	26,972	27,805	27,782	26,714				
Total Backlog > 18 weeks		2,711	2,716	2,322	2,337	2,295	2,295	2,594	2,279				
Pathways >52weeks **		0	0	1	0	0	0	2	1				
On the Day Hospital Cancellations [Due to no beds] ***		29	10	6	1	11	4	1	5	14	59	17	16
Cancelled Ops rescheduled >28 days **	0	7	1	0	0	2	0	0	0	12	28	1	2
Diagnostic Waiting List < 6 weeks **	>99%	98.7%	99.0%	99.0%	98.8%	98.8%	99.0%	96.8%	96.1%	98.1%	98.9%	98.9%	98.2%
% e-Referral ASI rate ****	<4%	2.3%	4.1%	4.2%	5.4%	4.5%	6.1%	4.8%	6.6%	3.5%	2.8%	4.6%	5.1%
% Advice & Guidance (within 2 days) ****	>80%	95%	95%	92%	85%	91%	89%	92%	95%	92%	93%	90%	91%
Outpatient New Appointments		13,430	14,105	15,552	14,706	15,214	14,258	14,603	16,869	42,108	42,099	45,472	44,075
Outpatient Follow Up Appointments		23,962	24,608	27,145	26,989	28,314	26,513	25,958	30,276	75,955	76,326	82,448	80,785
Outpatient Cancellations <2wks		1,155	807	873	967	967	1,097	1,321	988	3,505	3,116	2,647	3,406

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

RTT Recovery

The Trust recorded 91.5% for RTT Incomplete Pathways, 0.2% ahead of our agreed recovery trajectory. With the requirement to recover RTT aggregate compliance to minimum 92%, the Trust remains significantly above the 86.7% national average reported for September 2018 (latest month reported on 8th Nov 18).

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. 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.

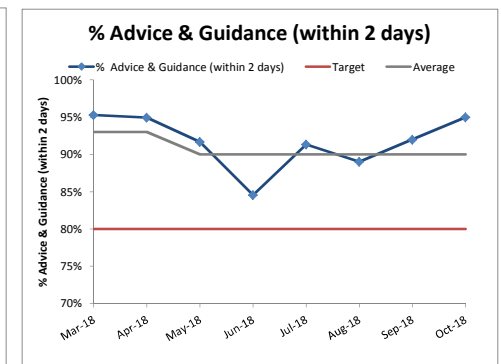
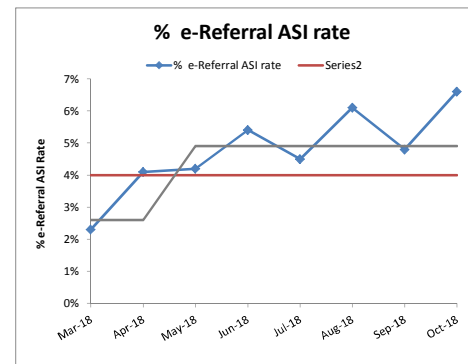
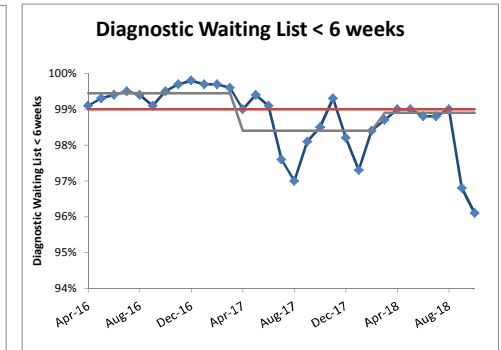
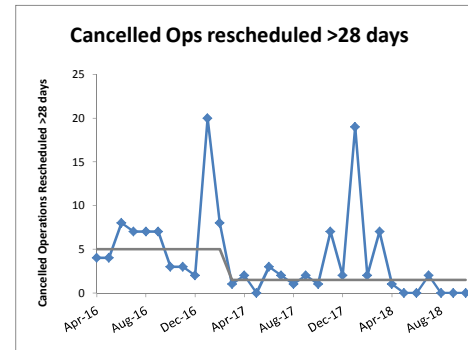
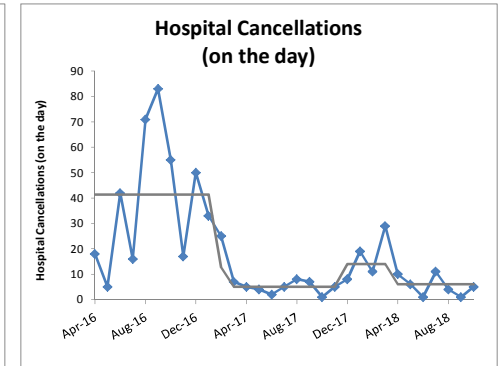
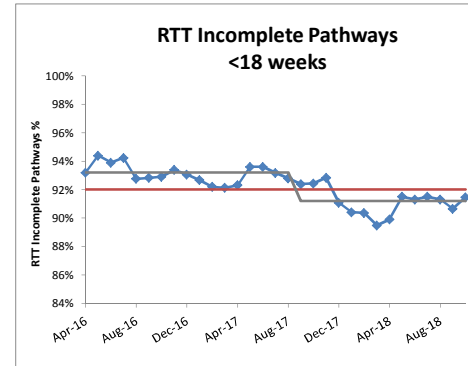
This may limit the amount of additional activity that can be provided if referrals exceed growth estimates and therefore commissioners will seek to introduce community demand management schemes and better use of e-Referral Advice and Guidance; whilst the Trusts introducing ways to improve productivity and clinic and theatre utilisation.

e-Referral Service

The Trust's Appointment Slot Issues (ASI) rate increased to 6.6% during October with GP referral demand exceeding capacity in Ophthalmology, Cardiology, Gynaecology and Paediatrics. The Trust successfully implemented Referral Paper Switch Off on 1st July 2018, and as per the national NHS mandated contract, has not accepted referrals received outside of e-RS (i.e. paper & fax) since October 2018.

Theatre Cancellations

The Trust had to cancel 5 patients during October due to non-elective bed pressures. Rescheduling of Cancelled Operations within 28 days continues to show improvement this financial year.



Planned Elective Care

Access Activity and Performance - Referral to Treatment [October 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%	89.9%	93.3%	92.1%	95.4%	85.1%	83.8%	100%	94.7%	93.5%	94.9%	97.7%	95.2%	93.3%	95.1%	96.7%	98.7%	94.4%	100%
Patient waiting 30-40 weeks		171	35	8	19	3	27	49	0	2	1	4	2	2	13	0	2	0	4	0
Patient waiting 40-51 weeks		4	0	0	1	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0
Patient waiting > 52 weeks		0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Waiting List Size		26,714	3,111	1,178	4,239	1,855	4,503	1,921	4	729	1,233	1,070	1,285	2,242	857	224	755	77	1,382	49
Total Backlog > 18 weeks		2,279	315	79	335	85	670	312	0	39	80	55	30	107	57	11	25	1	78	0
Diagnostic Waiting List < 6 weeks	99%	96.1%	86.5%	100%	100%	100%	100%	100%	100%	100%	100%	82.4%	100%	100%	82.9%	100%	100%	100%	100%	99.5%
% Cancelled Ops rescheduled <28 days	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	
Number of e-Referral ASI's		732	3	1	0	49	206	0	0	0	32	34	59	20	25	0	54	7	44	198
% e-Referral ASI rate	<4%	6.6%	0.6%	1.0%	0.0%	6.2%	24.7%	0.0%	0.0%	0.0%	7.6%	0.9%	11.5%	2.0%	7.6%	0.0%	6.4%	11.9%	8.9%	14.4%

RTT Incomplete Pathways Performance

The Trust recorded a non-compliant performance against the 92% standard with October's performance recorded at 91.5%, which was 0.2% ahead of our recovery trajectory. A total of 3 specialties; General Surgery, Ophthalmology, and Oral & MaxFacs 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 historic increases seen in outpatient 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 ongoing improvement plans include;

General Surgery - Additional weekend theatre, clinic activity & e-learning modules for Bariatric patients.

Ophthalmology - Substantive consultant appointments are underway to provide additional medium and long-term capacity. Outsourcing of cataracts patients to Ramsay Ashstead, Nuffield Woking, & Kingston NHS Hospital Foundation Trust are underway. Insourcing is also continuing to be explored.

Oral and MaxFacs - Substantial additional theatre activity is scheduled over the christmas period to address the backlog. To support longer term capacity, the Trust is working on staff and infrastructure expansion.

Endoscopy - Insourcing has been scheduled to provide 7 additional 3 session sundays throughout November & December to provide a short-term capacity increase. Outsourcing to Cobham & Ashstead is also being explored.

52week breaches

The Trust had 1 x 52 week breach recorded during October 2018.

Patient 1: Waitlisted for surgery 26/10/17, 1st TCI patient cancelled due to illness, 2nd TCI cancelled at Consultant's request, 3rd TCI cancelled by patient, discharged due to admin error. Subsequent waitlisting, although patient on holiday for 1 month & then wished to consider options. TCI date 24/10/18 where patient then declined treatment.

Root Cause Analysis & clinical harm review underway.

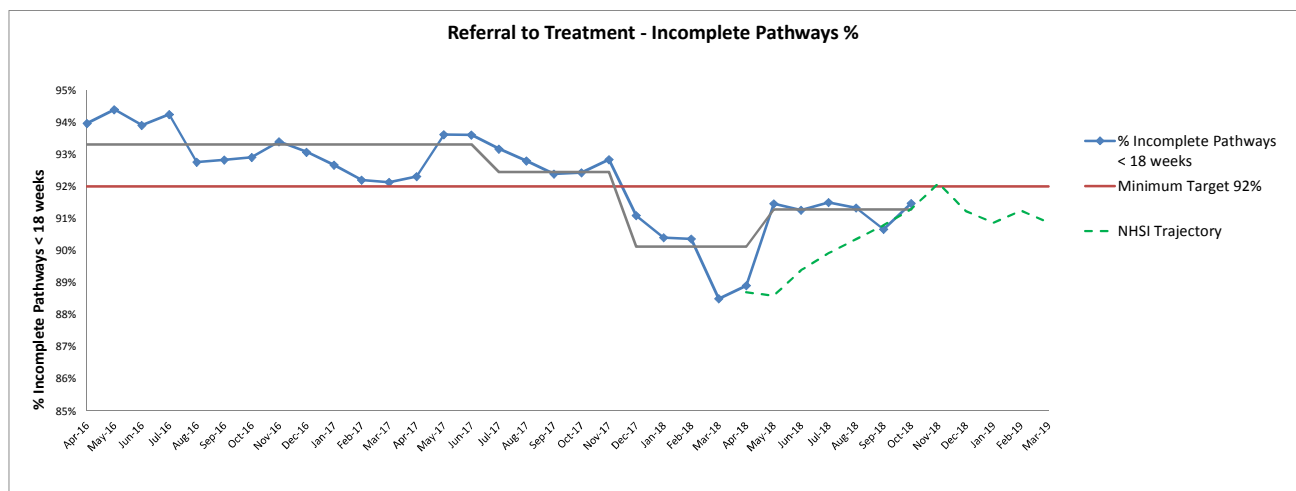
Diagnostic Tests

The Trust recorded non-compliant performance for the DM01 diagnostic standard in October with performance recorded at 96.1%. Most breaches occurred in Endoscopy & Neurophysiology due to capacity exceeding demand. Recovery plans creating additional capacity have been enhanced & implemented.

e-Referrals Appointment Slot Issues & Performance

The Trust exceeded the e-Referrals Appointment Slot Issues (ASI's) in October with performance recorded at 6.6%. Additional capacity is scheduled to reduce future ASI's, although the Trust continues to see volatility in demand due to patient choice.

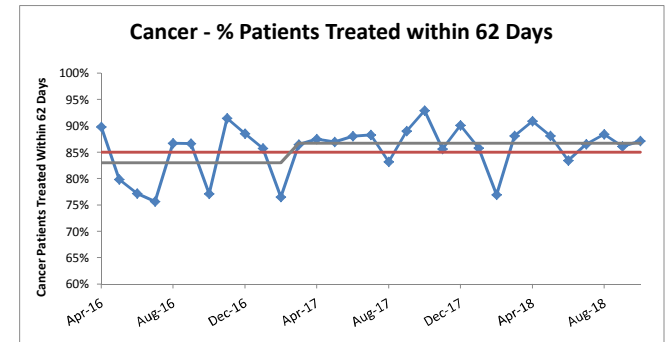
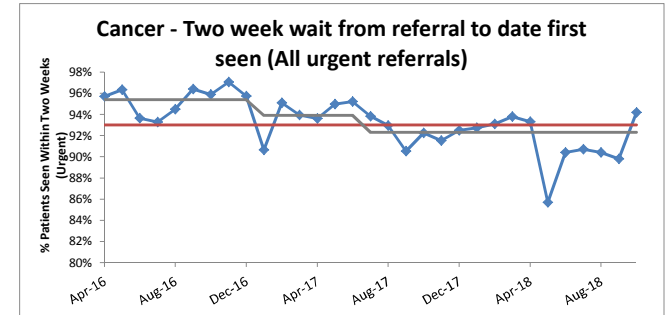
Referral to Treatment - Incomplete Pathways %



Cancer Care

Activity and Performance Trends

	Standard	Compliance	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	FY2017-Q3	FY2017-Q4	FY2018-Q1	FY2018-Q2
Referral Activity	All urgent referrals		1,199	1,199	1,181	1,180	1,187	1,135	1,343	1,407	2,989	3,105	3,560	3,665
	Breast Symptomatic patients		181	181	183	167	170	144	137	172	417	516	531	451
Cancer: two week wait from referral to date first seen	All urgent referrals	>93%	93.8%	93.3%	85.7%	90.4%	90.7%	90.4%	89.8%	94.2%	92.1%	93.6%	89.8%	90.3%
	Symptomatic breast patients	>93%	98.9%	97.9%	97.3%	97.6%	92.9%	98.6%	98.5%	97.1%	96.9%	98.3%	97.6%	96.7%
All Cancers:	31-day wait from diagnosis to first treatment	>96%	98.7%	94.7%	98.9%	98.0%	97.2%	97.7%	98.0%	96.0%	97.6%	98.7%	97.2%	97.6%
All Cancers: 31-day wait for second or subsequent treatment	Surgery	>94%	100%	100%	100%	85.7%	90.0%	100%	80%	100%	100%	100%	94%	91%
	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%	88.1%	90.9%	88.1%	83.4%	86.5%	88.4%	86.1%	87.1%	89.6%	83.8%	87.7%	87.0%
	NHS Cancer Screening Service referral	>90%	100%	100%	100%	100%	100%	100%	100%	71%	100%	80%	100%	100%



TWR performance

Performance for October is recorded compliant at 94.2%. Of the 82 breaches recorded, patient choice accounted for 67.1%, STT capacity at 26.8% & OPA capacity at 6.1%. 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 protected endoscopy activity has been made available to provide an increase in STT capacity & improvement in the colorectal pathway.

62 Day GP Referral to Treatment Performance

The Trust has recorded a compliant performance for October at 87.1%. Delays have been recorded due to complex pathways (11 patients), patient choice (4 patients), elective capacity (4 patients), diagnostic delay (2 patients), patient fitness (1 patient), & tertiary capacity (1 patient). These breaches are undergoing clinical validation by the tumour group leads.

Patients 62 Day GP Referral to Treatment Waiting Greater than 104 Days

At the end of October the Trust had 42 patients waiting greater than 104 days waiting for treatment or to be discharged. Of the 42, 18 patients have a confirmed cancer diagnosis, with 17 patients delayed due to complex pathways & fitness & 1 patient delayed due to patient choice.

62 Day NHS Cancer Screening Service referral

The Trust has recorded a non-compliant performance for October at 71.4%. Of the 2 breaches recorded, patient choice to delay treatment accounted for both.

Current Month 62 Day Performance by Modality

Modality	Treatments in the Period	<62 Days	>62 Days	Breach %
Brain	0	0	0	0%
Breast	11.5	11.5	0	0%
Breast Symptomatic	2	2	0	0%
Colorectal	7	6	1	14%
Gynaecology	2.5	2.5	0	0%
Haematology	3.5	3.5	0	0%
Head & Neck	3	2.5	0.5	17%
Lung	7	3	4	57%
Other	0	0	0	0%
Sarcoma	0	0	0	0%
Skin	27.5	26.5	1	4%
Upper GI	1.5	1	0.5	33%
Urology	23.5	19	4.5	19%
Total	89	77.5	11.5	12.9%

Additional Items

Cancer Rebooking Issue - Investigation

During October we identified an issue with the recording & reporting of Cancer patients within ASPH due to the introduction of e-RS.

From our investigations we identified that when a patient cancels and rebooks their TWR appointment, the Trust's Clinicom PAS system has inbuilt functionality that overrode the previous manual entry that identified the patient was on a TWR & Cancer pathway and therefore requiring to be tracked by the Trust's Cancer Services Team using Somerset Cancer Record (SCR). From April (when TWR referrals were transferred to e-RS), we identified 532 patients where this situation occurred.

As soon as we became aware, we fully investigated each patient's cancer pathway & treatment and updated SCR accordingly, prioritising the longest waiting patients to ensure the investigation prioritised potential patients at highest risk.

During the investigation, as mitigation we;

- Ensured we fully understood the issue,
- Fully investigated & tracked every patient and added their pathway into SCR with priority,
- Agreed with NWS CCG RSS e-RS booking team to report ALL e-RS TWR cancellations and rebooks to the Trust,
- Implemented a daily Trust report which identifies ALL e-RS TWR cancellations to permit the Trust's Appointment Centre to ensure correct PAS allocation, which then permits correct auto-feeding to SCR,
- Held daily management meetings to monitor on progress until conclusion,
- Identified this issue to NHSD, although we believe we are the only Trust affected as we automate PAS to SCR transfer, &
- Identified this to our PAS Clinicom support to resolve the inbuilt (hard-coded) functionality, to permit future e-RS > PAS > SCR seamless transfer.

Our findings concluded that all 532 patients had been treated in accordance with local cancer pathways (due to hospital standard operating protocols), although had not been recorded within the SCR system and therefore not reported.

After the review of this issue, through the inclusion of the additional referrals and treatments, the Trust's 62 Day performance for Q1 & Q2 will remain similar to the Q1 and Q2 performance currently reported. We have ensured the Q1 & Q2 cancer waiting times data submission refresh (due 31st Oct 2018) includes these patients.

The tables below report the original and revised monthly position for the Trust's TWR and 62 Day Referral standards.

No evidence of clinical harm was found as hospital standard operating protocols ensured all patients were seen & treated in accordance with our agreed cancer pathways.

NHSI and NWS CCG colleagues were kept informed throughout this investigation.

Cancer Rebooking Issue - Q1 & Q2 Activity & Performance Revision (Cancer TWR and 62 Day GP Referrals)

TWR Cancer:

Month	Reported Compliance	Revised Compliance
Apr-18	93.31%	93.54%
May-18	85.71%	85.30%
Jun-18	90.52%	90.75%
Jul-18	90.76%	90.99%
Aug-18	90.72%	90.42%
Sep-18	89.76%	90.09%

Cancer 62 Day GP Referral to Treatment:

Target Name	Target Threshold	Apr-18			May-18			Jun-18			Q1 Total		
		Treatments	Breaches	Compliance Percentage	No Patients Treated	Breaches	Compliance Percentage	No Patients Treated	Breaches	Compliance Percentage	Treatments	Breaches	Compliance Percentage
62 Day Standard Reported	85%	92.0	8.5	90.76%	72.5	10	86.21%	78.5	11.5	85.35%	243.0	30	87.65%
62 Day Standard Revised	85%	93.5	8.5	90.91%	75.5	9	88.08%	81.5	13.5	83.44%	250.5	31	87.62%

Target Name	Target Threshold	Jul-18			Aug-18			Sep-18			Q2 Total		
		Treatments	Breaches	Compliance Percentage	No Patients Treated	Breaches	Compliance Percentage	No Patients Treated	Breaches	Compliance Percentage	Treatments	Breaches	Compliance Percentage
62 Day Standard Reported	85%	83.5	11.0	86.83%	73.5	8.5	88.44%	79.0	11.0	86.08%	236.0	30.5	87.08%
62 Day Standard Revised	85%	89.0	12.0	86.52%	73.5	8.5	88.44%	79.0	11.0	86.08%	241.5	31.5	86.96%

Additional Items

Cancer Reallocation Rules [from July 18, shadow reporting from Q3]

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.

