

# Elective Care – Waiting Times

**Bob Kirton**  
Managing Director

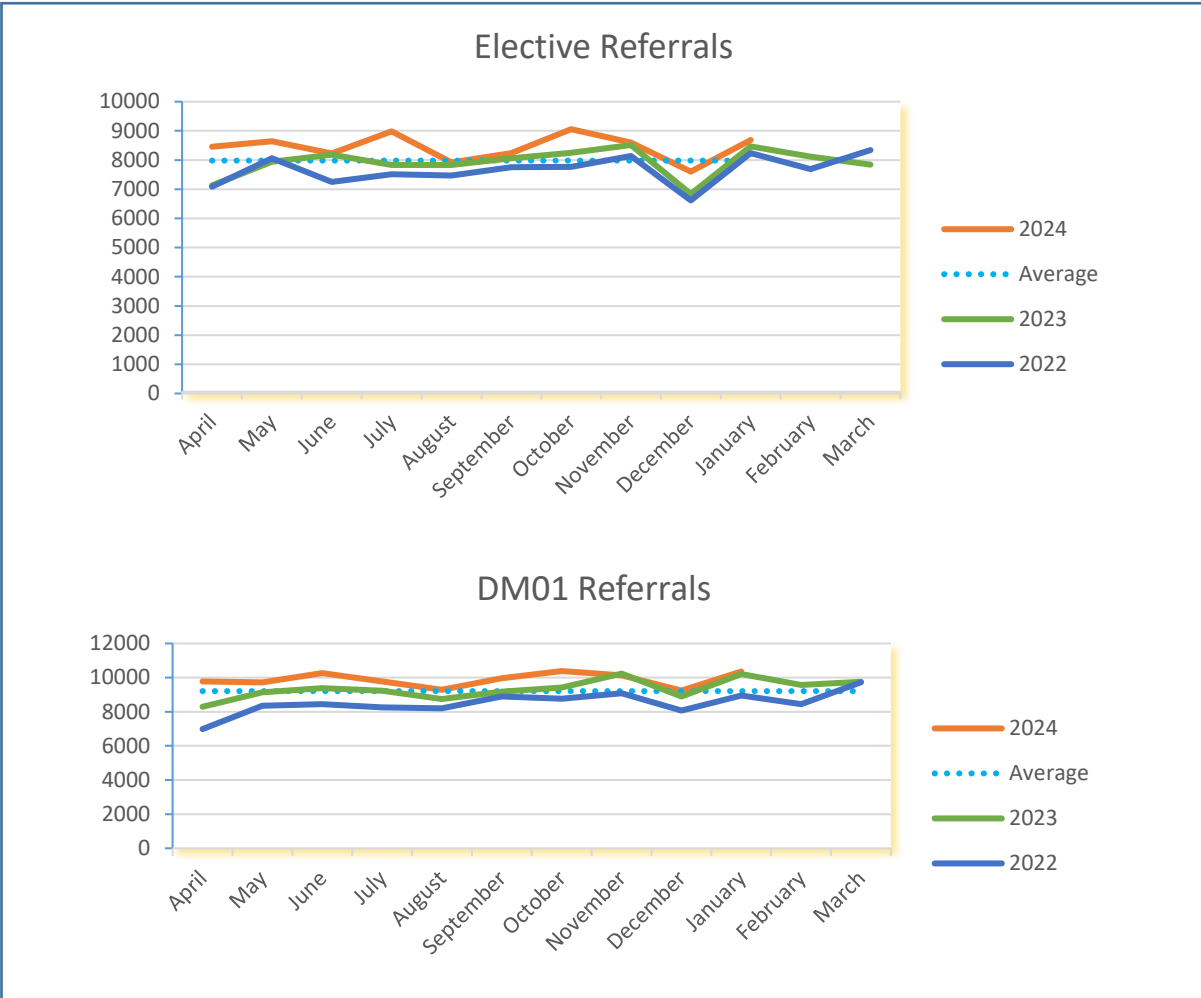
**Sally Kilgariff**  
Chief Operating Officer

# Key areas of focus

- Overview of the operational context and referrals into TRFT
  - Increase in waiting list post pandemic
  - Impact of Industrial Action
- Overview of the current waiting list
- Overview of current performance in relation to the referral to treatment standard (RTT) and the diagnostic 6-week standard (DM01)
- Overview of the number of patients waiting more than 65 for treatment
- Improvement initiatives planned to improve the quality and delivery of patient care

# Elective & Diagnostic Referrals

Elective and diagnostic referrals have increased, consistently exceeding previous years' figures, with efforts focusing on clinical triage and specialist advice



## Key Summary:

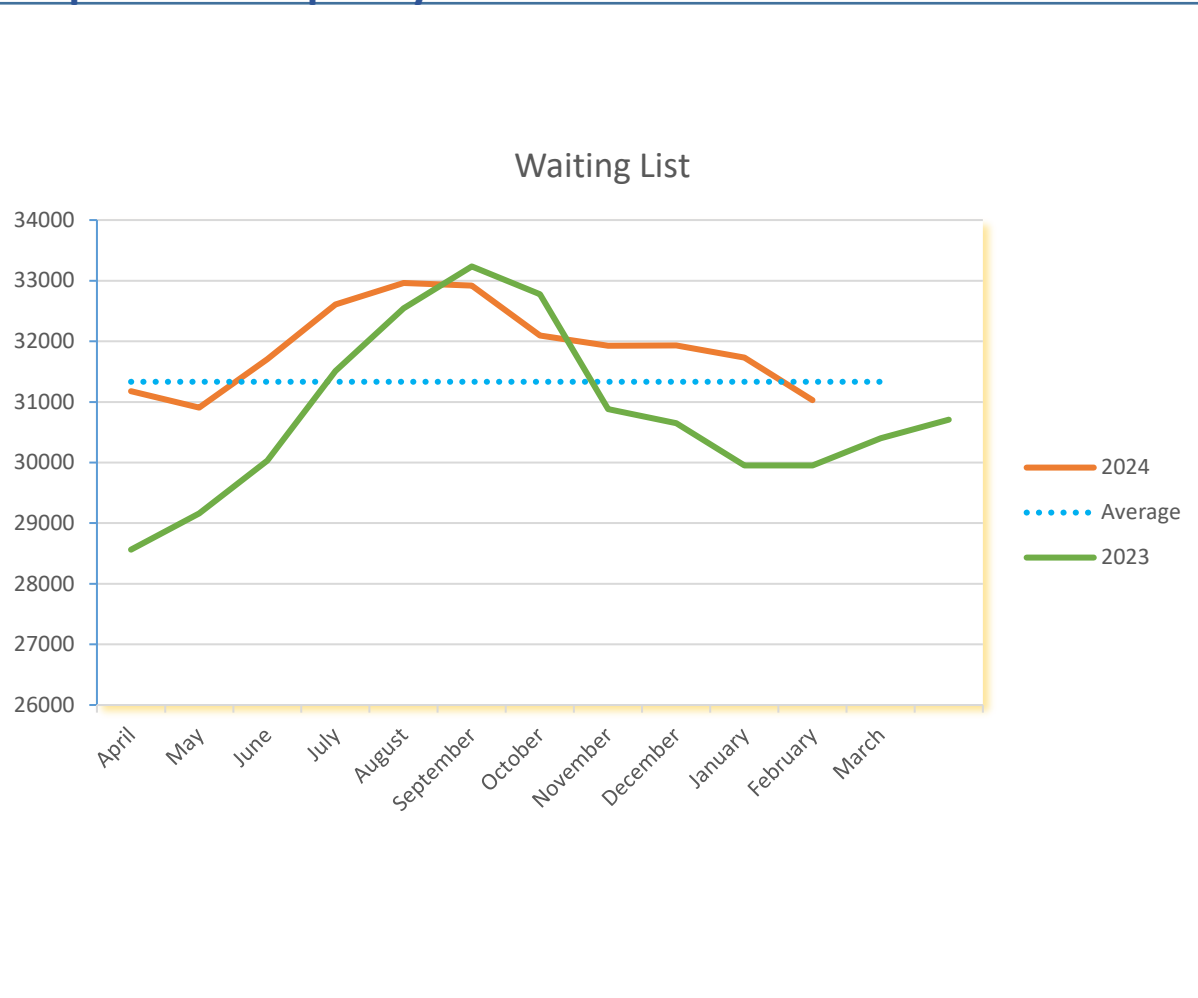
- Elective Referrals began at 8,459 in April, reaching a peak of nearly 9,000 in July and October, before reducing to 8,691 in January 2025
- The 2024 elective referrals have been considerably higher than 2023 and 2022, with January 2025 figures showing a 3% increase over 2023 and a 6% increase over 2022
- Diagnostic referrals have also demonstrated a general upward trend

## Key Improvement Initiatives:

- Our teams are diligently working to ensure that clinical triage and specialist advice are in place, thereby optimising outpatient clinic capacity
- A comprehensive review is underway to ensure our processes align with the Trust Access Policy and focus on delivering high-quality care to the patients who need it most
- Public health initiatives are also being integrated to better manage demand and improve patient outcomes

# Waiting List Size

The waiting list increased initially, with reductions noted from September 2024 to February 2025 despite operational challenges and increasing referrals. Additional capacity is being put in place, along with efforts to improve data quality and trial new care models



## Key Summary:

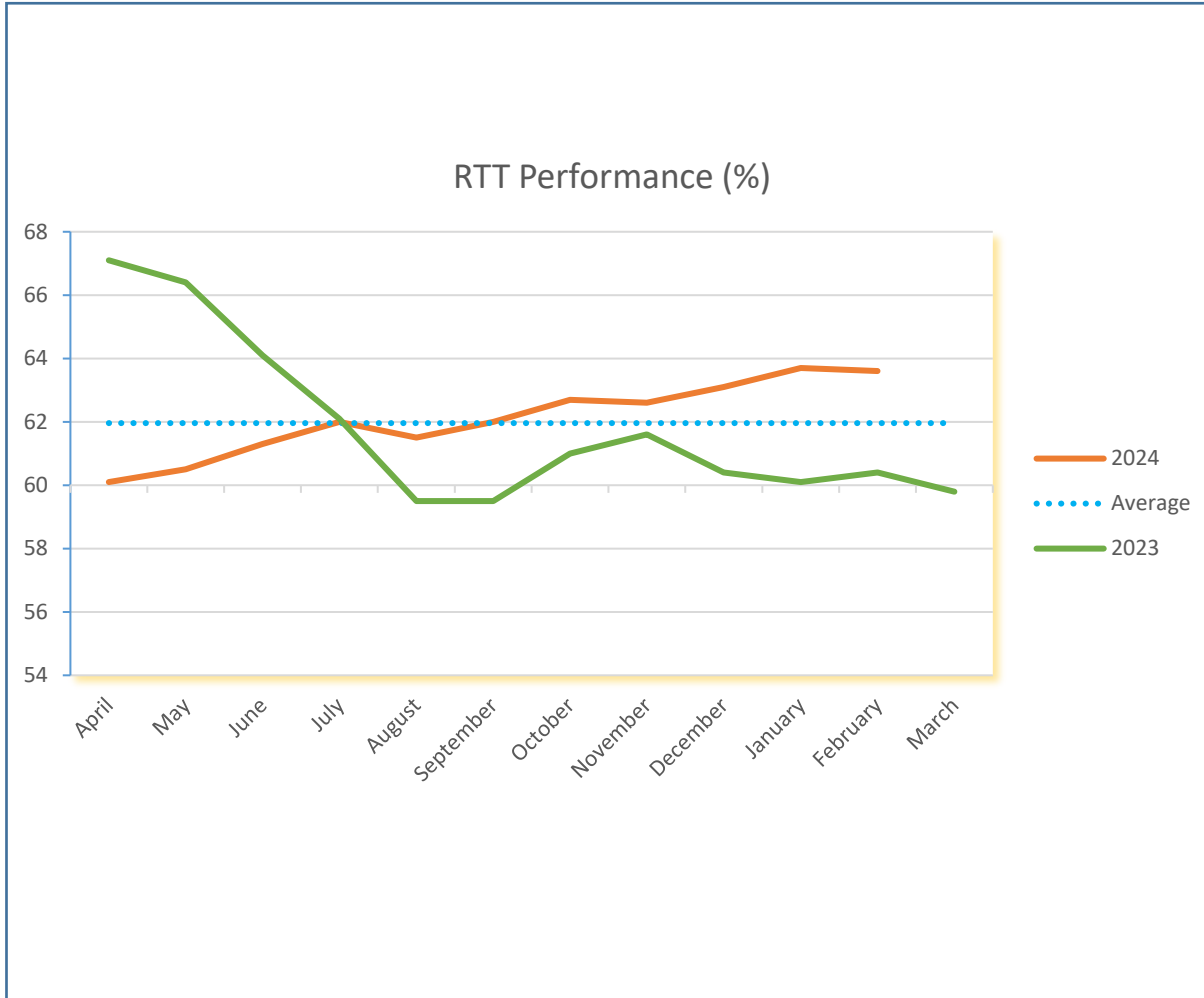
- Over the last year, the waiting list increased from 31,176 in April to a peak of around 32,962 in August, before decreasing to 31,029 by February 2025
- This increase is primarily driven by the rising demand for elective care, which has added pressure to the waiting list
- The socio-economic challenges experienced across Rotherham are also influencing our ability to reduce the waiting list, with general health and increased complexity delaying treatment

## Key Improvement Initiatives:

- Additional capacity for outpatients, diagnostics and elective surgery is in place to support reducing the waiting list
- An external review of the waiting list is currently underway to support data quality and ensure accurate patient records, helping to progress their pathways
- New models of care, such as Super Clinics and High Impact Theatre lists are being trialled, to maximise capacity and reduce waiting times
- Efforts are being made to address the public health challenges in Rotherham, including initiatives to optimise health prior to treatment

# Referral to Treatment (RTT) Standard

Performance improved from 60.1% in April 2024 to 63.6% by February 2025, with TRFT ranking 30<sup>th</sup> nationally (border of top quartile); proactive measures are in place to further enhance performance



## Key Summary:

- RTT performance has gradually improved over the last year as a result of actions taken to increase activity
- Performance starts at 60.1% in April 2024, increasing to 63.6% by February 2025
- TRFT ranks 30<sup>th</sup> out of 123 acute and community trusts nationally for RTT performance in January 2025, placing the Trust right on the border of the top quartile

## Key Improvement Initiatives:

- Additional capacity, including insourcing and outsourcing in some specialties
- The Elective Delivery Programme focuses on improvement initiatives which aim to streamline processes and enhance patient care
- The Trust are working closely with Rotherham Place and local authority to encourage patient attendance and managing their health prior to treatment

# Referral to Treatment (RTT) 18 Week Standard - Benchmarking

RTT Incomplete 18 Week Standard

Ranking

Trend

Delta

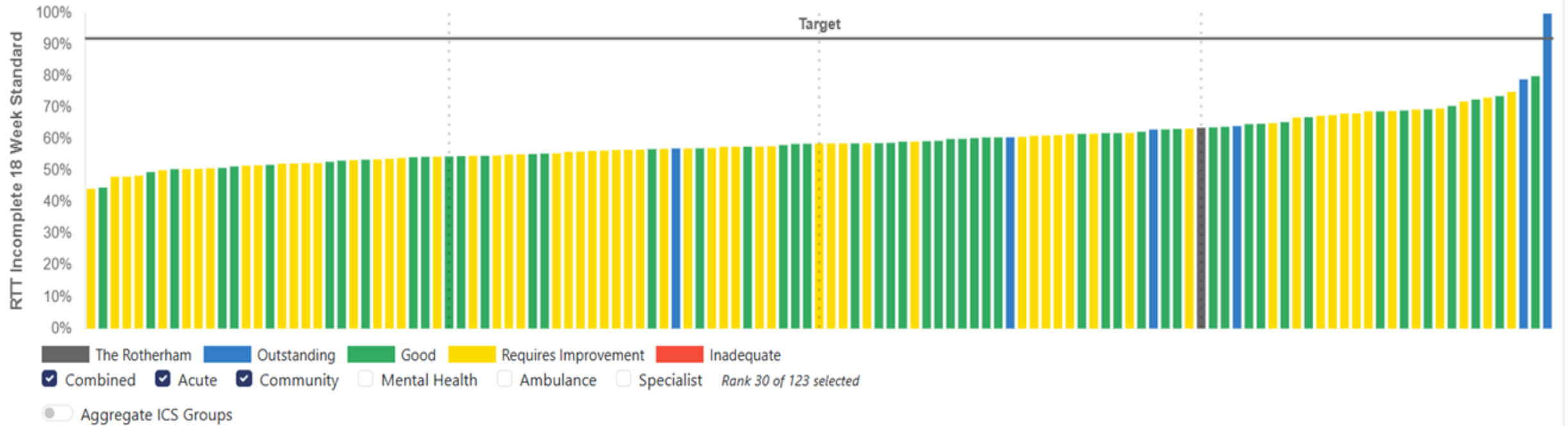
SPC

ICS

Siblings

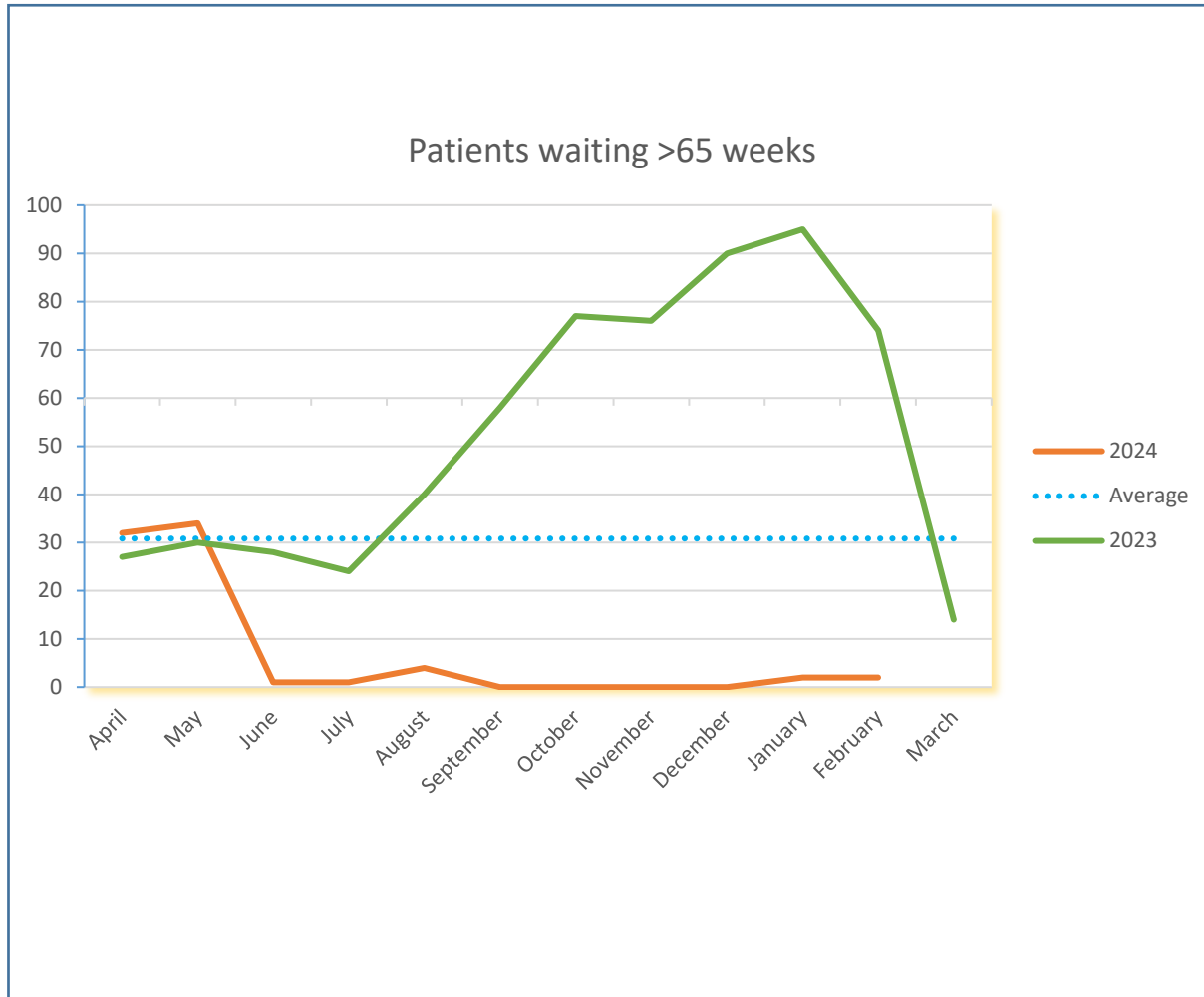
Data

Detail



# Number of patients waiting >65 weeks

Significant reduction in patients waiting over 65 weeks, with key specialties improving, but challenges remain in Orthopaedics, Gynaecology, and OMFS



## Key Summary:

- National ask in 24/25 planning guidance was to eliminate 65 weeks by September
- The Trust has worked hard to eliminate patients waiting more than 65 weeks for treatment from June 24
- While Orthopaedics, Gynaecology and OMFS continue to face challenges, there were only 2 orthopaedic patients waiting longer than 65 weeks in both January and February, with no patients expected to wait longer than 65 weeks in March

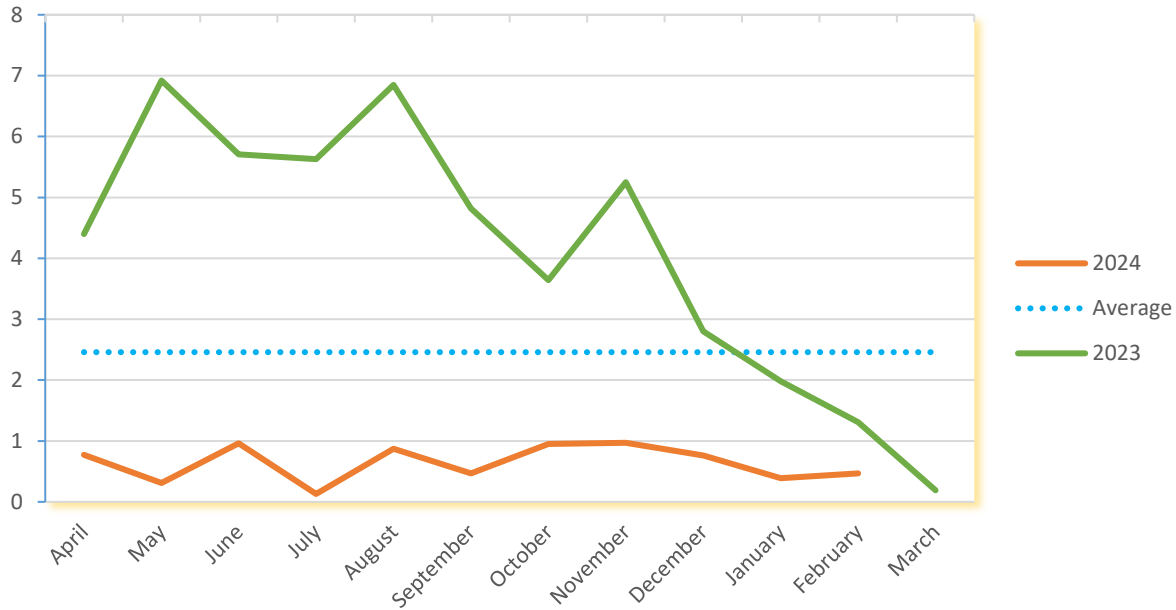
## Key Improvement Initiatives:

- Focused efforts on reducing wait times in these specialties through targeted interventions and resource allocation continue
- Orthopaedics, OMFS, and Gynaecology teams are working hard to deliver additional capacity to support the reduction in long waits

# Diagnostic 6-week Standard

TRFT ranks 2nd nationally for Diagnostics – 6 Week Standard, with excellent performance below 1%

DM01 6-week Standard (%)



## Key Summary:

- The Diagnostic standard is for no more than 1% of patients to wait over 6 weeks for key diagnostics, for 24/25 this is set at 5% as an interim target
- Over the last year, performance has consistently remained below 1%, with values ranging from 0.77% to 0.47% in February, indicating excellent performance
- Compared to the previous year (2023), there was a significant increase in performance, reflecting our continuous efforts to deliver high-quality care
- TRFT ranks 2<sup>nd</sup> out of 126 acute and community trusts nationally for Diagnostics – 6 Week Standard

## Key Improvement Initiatives:

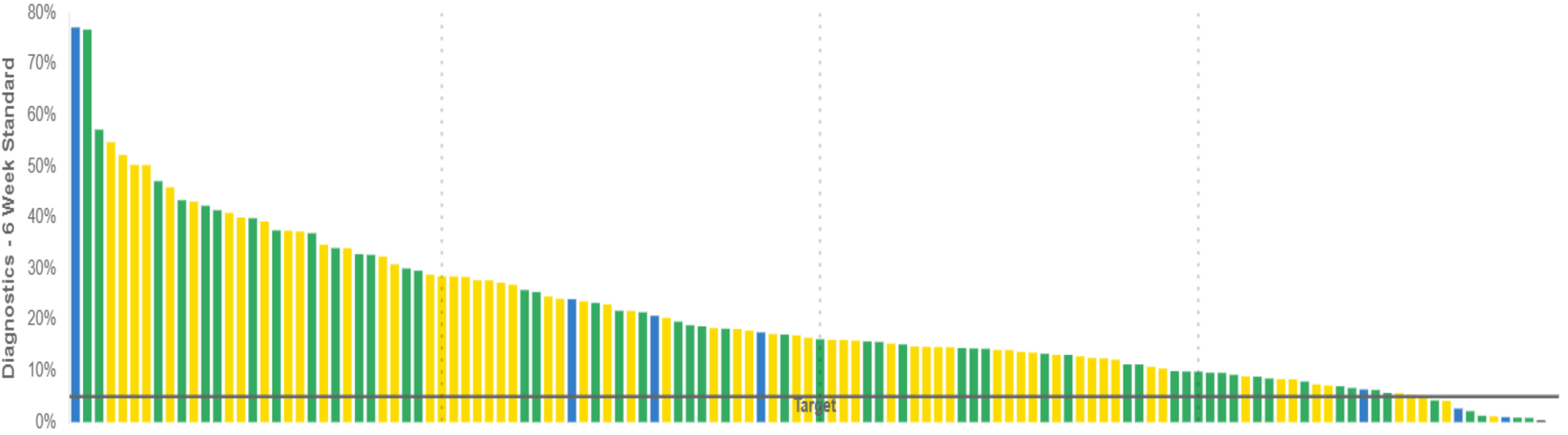
- We are anticipating the addition of surveillance patients to the active DM01 wait list, to ensure all patients are receiving timely access to diagnostic services. Work is in progress to ensure TRFT support this by:
  - Conducting a full administrative and clinical validation of surveillance patients currently waiting for a diagnostic test
  - Exploring the feasibility of alternative pathways, additional resource, and identifying any unused core capacity within the system



# Diagnostics - Benchmarking

Ranking

Trend Delta SPC ICS Siblings Data Detail



The Rotherham  Outstanding  Good  Requires Improvement  Inadequate  
 Combined  Acute  Community  Mental Health  Ambulance  Specialist Rank 2 of 126 selected  
 Aggregate ICS Groups

Rotherham  
NHS  
Foundation  
Trust

# Elective Delivery Programme Further Faster 20

**Pathways**

T&O   ENT   OMFS   Gynae

Waiting List Management

Clinical Utilisation

Reduce Follow-ups

Community Pathway

**Theatre and Anaesthetics**

Pre-op

Theatre Scheduling

Theatre Utilisation

Workforce

**Endoscopy**

Quality and Experience

Service Productivity

Workforce and Training

Estates and Infrastructure

Federated Data Platform, PowerBi Insights, Patient Engagement Portal

Elective Recovery Group,  
Finance and Performance Committee, Further Faster 20



*Thank you*