Example of referral-to-treatment recovery plan content

1. Introduction (one paragraph)

   Brief outline of the paper’s aim, for example:

   This paper aims to show in detail the referral-to-treatment (RTT) recovery plans for (insert provider name). It will briefly touch on the reasons for implementing a recovery plan, the high priority specialties, the estimated timelines for recovery and the expected changes to RTT performance.

2. RTT performance and backlog issues identified by the provider (brief information)

   - Brief information on historical issues and performance that have led to the need to create a recovery plan.

   - Need to include the impact on the overdue patients and reassurance around the measures now in place to prevent this occurring again.

3. Weekly RTT trajectories for recovery (graphs and brief text)

   - Ideally, graphical trajectories for the main high risk specialties with brief narrative on plans.

   - The detail in the plans must directly relate to the trajectories, eg showing weekly changes to waiting lists.

   - For admitted care, the trajectories must show anticipated percentage changes to performance.

   - Brief description of any dips in non-admitted care performance, with clear timelines showing when performance is anticipated to recover.
4. Risk assessment of the recovery plans

- A brief assessment highlighting where service managers believe there are risks to securing extra capacity or achieving productivity gains related to the recovery plans at specialty level (e.g., risk in securing extra independent sector provider capacity and patient compliance).

5. Systems and processes to support recovery plans (brief)

- A brief description of changes to current systems and processes; for example, highlight the following:
  - weekly priority treatment list (PTL) meetings made a high priority and chaired by the chief operating officer
  - changes to the format and running of PTL meetings; a revised data dashboard implemented, more robust processes developed, standardising specialty and provider PTL meeting weekly tasks, etc.; this can include the relevant areas picked up by the Intensive Support Team in its review/report
  - plans to recruit an interim resource to cover areas such as demand and capacity analysis, RTT recovery plans, ensuring PTL meetings are fit for purpose and reviewing the provider's access policy
  - details of any dedicated support to be provided to high volume and high risk specialties.

6. Long-term specialty plans to sustain performance

- Add information about creating sustainable RTT services based on the demand and capacity work for the challenged specialties.

7. Support required from clinical commissioning groups (brief and specific)

- Outline any support required from CCGs for the recovery plans.

8. Appendix: Detailed individual specialty weekly trajectories

- This will contain tables of all the weekly figures and further detail on the trajectories.