Reduction in RTT

Theme | Planned Care

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Case Study Date | 21st November 2025

SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

In April 2024 the Trust implemented a new PAS system, SaTH has faced a persistent and measurable gap in the accuracy of its RTT (Referral to Treatment) waiting list. The presence of inaccurate RTT data significantly impacts the Trust's ability to manage clinical capacity, report performance accurately, and ensure timely access to care.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To reduce the overall patient waiting list by 20% by 9th November 2025.

PLAN

Inaccurate records distort RTT metrics, hinder effective outpatient scheduling, and risk delaying treatment for patients who genuinely require it. This inefficiency affects multiple specialties and undermines the Trust's ability to meet national performance standards.

Following a review of the data, ideas were discussed on how to improve the number of inaccurate records within the RTT data.

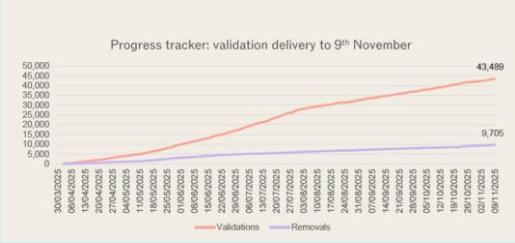
It was proposed to enlist the services of MBI Health to provide clinical validation support.

DO

MBI reviewed all lists between April 25 and November 25. This covered all pathways on the RTT pathway and Patient Tracking Lists (PTL). There was a specific focus on the following pathways:

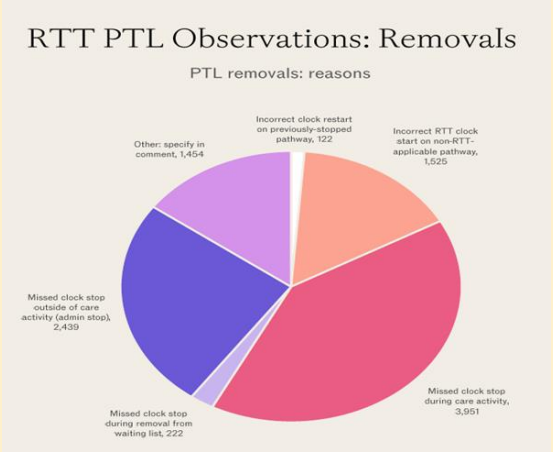
- Gastroenterology PTL
- Urology PTL 18-52 Week Wait
- ENT PTL 18-52 Week Wait
- 52+ Week wait tip-ins (all specialities)
- LUNA Data Quality metric tip-ins (all specialities)

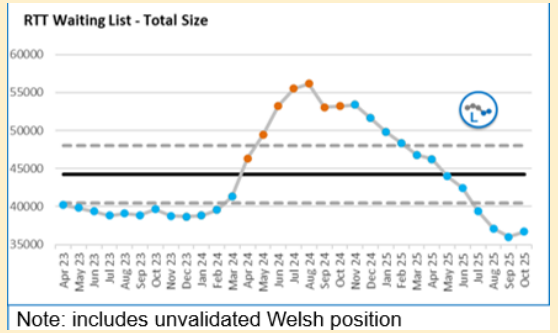
The below table outlines the number of validations and removals made from April 2025.



STUDY

Detailed breakdown summary:





Note: includes unvalidated Welsh position

Significantly lower removal rates seen in Vascular, Dentistry/Orthodontics, T&O and Diabetes/Endocrinology.

Independent validation has revealed that approximately 22.3% of patient records - around 10,000 out of 44,000 reviewed since April - were incorrectly listed on open pathways.

ACT

The clinical validation process will be ADOPTED.

- Embed validation protocols into routine data quality checks within the Operational Teams.
- Training and knowledge transfer from MBI will be formalised to build internal capability.
- Validation methodologies will be documented and shared.

ACKNOWLEDGEMENTS & REFERENCES | MBI, Patient Access Teams.