

Agenda Item 2cii

Report to:	Board of Directors	6 September 2018
Report from:	Chief Operating Officer	
Principal Objective/ Strategy and Title	Cardiology RTT Recovery	
Board Assurance Framework Entries	FSRA BAF (Unable to maintain financial, operational and clinical sustainability)	
Regulatory Requirement	Regulator Licensing and Regulator Requirements	
Equality Considerations	Equality has been considered but none believed to apply	
Key Risks	Performance and Income Delivery.	
For:	For discussion	

**1. Purpose**

The Trust has failed to deliver the performance recovery of Cardiology and Cardiac Surgery recovery outlined in the RTT Remedial Action Plan (RAP) presented to Trust Board in May 2018. The purpose of this paper is to outline the further actions undertaken to understand why the plan has failed to deliver the recovery forecast. The paper is intended to update the committee on the revised recovery plan and timeline for recovery following a detailed analysis of the position, informed by an IMAS accredited professional carrying out a diagnosis.

**2. Current position and context**

The Trust last achieved the 92% referral to treatment (RTT) standard in March 2017. At this point, Cardiology had failed the standard since January 2017. Following implementation of our new Lorenzo system in June 2017, Surgical performance also deteriorated to below the standard.

There have been three remedial action plans developed to manage recovery of both specialities but to date each has stalled and failed to deliver the reduction in breach patients forecast. Following the failure of the latest plan presented at Trust Board in May 2018, the Trust secured the support of an external IMAS accredited consultant to undertake a diagnostic piece of work to understand why the recovery plans had not succeeded and also to support the development of a new plan and forecast for achieving a sustainable recovery.

Support has also been offered by NHSI both in reviewing the final plan and delivering training for key staff in the management of RTT.

**3. Diagnosis**

The diagnostic review undertaken by the external consultant focused on the following areas:

- Capacity
- Booking function
- Patient Tracking meetings
- Validation
- Leadership

**Capacity**

Attention is focussed on the use and availability of capacity within Cardiology and Surgery, the two specialties currently failing to meet the 18-week standard. The

Cardiology list size has fallen from 2,200 in May 2017 to 1,400 in July 2018 exacerbating the problem of delivering the 92% standard.

- **Cardiology**

The successful implementation of a timed pathway for intervention patients has seen this pathway reduced to less than 18 weeks for the vast majority of patients, with the exception of patient choice. Cardiac Rhythm Management (CRM) is now the principal capacity challenge for the specialty.

Within CRM some clock stops are made through administrative events and within Outpatient clinics, but the vast majority (75-80%) of the Cardiology CRM patients require an admission for treatment to secure a clock stop.

CRM capacity in terms of admissions is well defined, as are the constraints to expand it - primarily a lack of suitable clinical staff and limited physical space in which to undertake the procedures required. A range of options have been discussed and a number advanced but the small margins by which capacity exceeds demand means reducing CRM breaches will be slow process.

Recent estimates suggest it will take 7-8 months (from August) to reduce the numbers waiting over 18 weeks to the point where the 92% standard is achieved.

- **Surgery**

As with CRM Cardiology, the vast majority of clock stops in Surgery follow an admission and not in clinic. The admitted capacity of the specialty is better understood than the outpatient capacity but there remain inconsistencies, for example one estimate of elective admitted capacity is 37 patients a week or approximately 150 per month yet an average of 190 admitted clock stops were reported per month (January to June 2018).

A number of options to increase existing capacity are being pursued. These include reinstating Sunday lists to treat private patients and backfill the vacated weekday slots with NHS patients, using external facilities (Spire) and redistributing long waiting patients across the pool of suitable consultants.

The impact of these initiatives has yet to be quantified but the specialty is currently only treating enough breach patients to keep the numbers static i.e. the breaches treated each month are replaced by patients that become 18 week breaches that month. Currently 51% (360 of 700) of the patients on the waiting list are classified as urgent, which take priority over breach patients. For the Trust to deliver the RTT standard, Surgery as a specialty needs to be achieving a minimum of 82% (based on current predicted list sizes).

### **Booking function**

The recent centralisation of the booking team (June 2018) has highlighted a dysfunctional approach to contacting patients, agreeing dates and confirming bookings. The Trust access policy is clearly not being followed, wasting valuable clinic, theatre and cath lab time and potentially putting patients at risk.

New management is now in place and is establishing a more orderly approach to booking patients. This is seen in the increased numbers of breach patients being booked and a greater visibility of available capacity over the next 4-6 weeks. There remains friction between the booking team and operational managers and a

frustration in both parties when bookings processes fail e.g. wrong patients are booked, efforts are duplicated etc. The Cardiology booking team are currently carrying 2 Band 2 vacancies (approximately 61.5 hours a week) which is limiting their ability to book patients and fill the available capacity. This appears to be the case within CRM where there is available capacity, breach patients that need dates but a shortage of booking staff.

### Patient Tracking List (PTL) meetings

Weekly PTL meetings help reinforce the practice of booking breach patients, filling available capacity out to 6 weeks and enable staff to escalate any blockages to achieving these goals. Thoracics and now Surgery holds regular meetings. Cardiology is yet to follow because meetings are held each day to assess progress and take relevant actions that day. A weekly meeting is planned for the future but in the current circumstances, the daily meetings will continue.

### Validation

The bulk of the validation effort is focussed on checking and correcting the month end position in the 13 working days leading up to the submission of RTT data. A central team has developed and grown to support validation (and training programmes) and there are weekly RTT working groups and MDT meetings to drive improvements in the validation and reporting process. However, there is an inconsistent approach across the 3 specialties as to how the Lorenzo PAS is kept up to date, leading to significant time lags between events taking place and being recorded on Lorenzo. From an operational point of view, any data produced in month (bookings, treatments, breach numbers etc.) contains avoidable inaccuracies, and struggles to reflect recent improvements which remain unquantified until month end.

### Leadership

The reviewer has concluded that the Trust's senior leadership is fully engaged in supporting the Trust's efforts to recover the RTT position. There are three Executive led meetings a week dedicated to RTT recovery with attendance from the Chief Executive, Chief operating Officer, Medical Director and Finance Director.

## 4. Review Recommendations Capacity

A detailed analysis of Cardiology capacity has been undertaken. CRM patients form the majority of the breach patients waiting over 18 weeks and steps have been taken to create additional capacity in this area through deployment of additional weekend lists and capacity switch from interventional to CRM. There are, however, constraints to the Trust's ability to increase capacity due to the availability of trained CRM operators, which means that the realistic recovery trajectory stretches to March 2019.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Pathways:	1575	1528	1437	1424	1410	1380	1350	1330	1330	1330	1320	1320
Breaches:	327	314	302	265	255	230	201	179	162	142	122	102
Breach reduction:					10	25	29	22	17	21	20	20
Achievement	79.24%	79.45%	78.98%	81.39%	81.91%	83.33%	85.11%	86.51%	87.79%	89.35%	90.76%	92.26%
Breach	20.76%	20.55%	21.02%	18.61%	18.09%	16.67%	14.89%	13.49%	12.21%	10.65%	9.24%	7.74%

Surgery performance has been static for several months. Capacity analysis has revealed that available capacity matches demand but it has not been possible to identify additional capacity to address the backlog until the hospital moves to the Biomedical campus. Key actions that are currently underway to optimise capacity utilisation are:

- Minimise the use of week day capacity for private patients whilst the Trust recovers its RTT position.
- Continue to redistribute breach patients to consultants with shorter wait times wherever possible. Patient waits can be minimised when they are pooled between suitable consultants.
- Request GPs write dear doctor letters rather than referrals to specific consultants. Redistribution of patients after they have been listed for surgery can be achieved but requires suitable cases to transfer and the agreement of consultants and patients. Pooling at the point of referral is far more efficient.

A realistic trajectory is for Surgery to deliver 82% in advance of the hospital move and then 92% performance can be outlined once a baseline capacity has been increased. A recovery trajectory for Surgery can not be proposed until the impact and timing of initiatives to increase capacity utilisation are known, this work is underway, led by the Assistant Director of Operations (ADO).

### **Booking function**

The new management team is reinforcing the booking of breach patients and maximising the use of all available capacity. The booking and treatment of Surgery breaches in July is an improvement on May and June. Key actions are:

- Fill the vacancies within the Cardiology booking team as soon as possible. Under-utilisation of CRM capacity because of two Band 2 vacancies is hard to justify if this is the case. Vacancies are being actively recruited to.
- Review the split of booking staff across the Cardiology team. Assign more staff time to booking CRM breach patients if CRM has the majority of Cardiology breaches. Review the Surgery booking team in the same way if necessary. Review and re-deployment of staff to be completed by mid-September 2018.
- Hold regular meetings with operational staff to review progress in dating breach patients, filling the available capacity (out to 6 weeks) and escalate issues which prevent either of these e.g. lack of GA sessions, lack of booking staff. First meetings due to take place in September 2018.
- Investigate how the team can take a forward view of vacant Cardiology slots on Tomcat. Currently the team make manual counts of available slots, sometimes 2 to 3 times a day, which wastes resources. Investigation underway, solution anticipated in September 2018.

### **PTL meetings**

In organisations implementing an RTT recovery programme, PTL meetings are held weekly, chaired by the COO or deputy COO and run through (from the longest waiter down) those patients without a future event, establishing a clear plan for each. The Trust is considering at what point the 3 specialty meetings can be run in this way and how the results feed into the Friday RTT recovery meeting chaired by the CEO. The meetings need to assess progress in reducing over 18 week waits, filling available capacity out to 6 weeks and enable staff to escalate any blockages to achieving these goals.

### **Q scores**

These scores indicate the duration a procedure/operation is likely to take and were last reviewed in 2015. The scores are consultant and procedure specific within Surgery and procedure specific within Cardiology. A review of the scores is overdue and needs to highlight and explain any outliers and adjust the scores in light of more recent practice. Only with updated scores can the theatre /cath. lab capacity be booked efficiently and utilisation increased.

### **Validation**

Weekly validation cycles need to be introduced across all 3 specialties to minimise the month end task and keep Lorenzo up to date so that in month reports reflect the current position. Key actions:

- Clarify through SOPs which job roles are responsible for completing which transactions on Lorenzo. Well written SOPs should minimise the need to validate pathways.
- Identify who is undertaking month end validation and redistribute that effort across the month. This will minimise the work required at month end.
- Before additional resources are dedicated to any more validation, use the analyses of the common errors being corrected to inform future training for those making the errors. Future analyses can be used to confirm the success or failure of the training.

### **5. Summary**

The Trust has come some way in understanding its ability to recover Cardiology RTT performance and constructing a realistic recovery trajectory based on identified capacity. Recovery of Cardiac Surgery remains more challenging until it is possible to access the additional capacity of a sixth theatre and additional critical care beds in the new hospital.

Detailed timelines for all of the above actions and recommendations will be available in early September 2018.

### **Recommendations**

The Board of Directors is requested to note the update in this paper and endorse the additional interventions and actions outlined.