Trust Wide RTT Remedial Action Plan

September 2018

Papworth Hospital **NHS**
NHS Foundation Trust

1. Action Plan * 1 low impact, 3 high impact

No	ACTION	DETAIL	START DATE	COMPLETION DATE	RATIONALLE / AIM	RESPONSIBILITY	IMPACT
1	Reduction of daily to three times a week RTT meetings , chaired by CEO / COO to oversee recovery.	Reports and meetings to monitor trajectory and to ensure early actions are taken.	25/05/17	On-going until recovery delivered and sustained.	To ensure the Trust is aware of the RTT position, its ability to deliver against trajectory and take early preventative actions when required	CEO / COO	3
2	Weekly access meeting and weekly escalation meeting	Weekly access meetings to access trust position against all waiting times targets, identify areas of concern and take appropriate action.	25/05/17	BAU for access meeting	To ensure the Trust is aware of the waiting times position and take early preventative actions when required	Chief Operating Officer / CEO.	3
3	Validation of waiting list to address data quality issues.	Interrogation of current waiting list , to ensure accuracy and to encourage clinical and operational ownership of the waiting list. Ensure one sources of data and one PTL.	21/05/17	On-going	To ensure we have a true and accurate picture of patients waiting for treatment who are fit, ready and able to proceed with their treatment. Engaging clinicians, admin teams and operational teams to ensure accurate RTT methodology is used.	Clinical Service Managers Contracts and Information team	3
4	Formal weekly PTL meetings to be established	To set up directorate formal PTL meetings to ensure that the current processes and position is understood and appropriate actions can be undertaken to reduce and ultimately prevent breaches.	13/10/17		To ensure patients are booked as per the access policy, all members are aware of the PTL numbers and breach numbers and appropriate actions taken	Deputy Director of Operations	3

2. Action Plan   * 1 low impact, 3 high impact

No	ACTION	DETAIL	START DATE	COMPLETION DATE	RATIONALLE / AIM	RESPONSIBILITY	IMPACT
5	Procure staffed cath lab for delivery of extra capacity on site.	Cath lab to be dropped in and sited on the side of the diagnostic centre. Dual capacity for intervention and EP cases to address the backlog . Deployment managed through Task and Finish Group	30/10/17	To run for 45 weeks, this has now been extended until the move	This will allow us to extend our capacity for both the EP and intervention services to a projection of approx 80-104 cases per month	Deputy Director of Operations	3
6	Operational Manager positioned in the booking office	Interim operational manager to work at the house and manage the booking team and links with the secretarial team	06/08/18		To provide senior support and guidance. To actively manage both the staff and the processes. To ensure training in RTT is delivered and understood. To provide daily reports on outputs of the team	COO	3
7	Daily monitoring of RTT projections	Daily reports available on patients booked, numbers of breaches, size of the PTL and RTT compliance	03/09/18		To provide daily assurance on progress with bookings, validation and % compliance	COO	3
8	Launch the new Rapid NSTEMI pathway in advance of winter 2018	To formalise and agree a pathway for admission and treatment of Rapid NSTEMI patients	10/09/18		To sustain and improve clinical outcomes, patient experience and waiting times for unstable NSTEMI patients who may have otherwise been admitted to a DGH for assessment prior to referral to Papworth for PCI	Cath lab clinical lead CTP project manager	3

3. Action Plan * 1 low impact, 3 high impact

No	ACTION	DETAIL	START DATE	COMPLETION DATE	RATIONALLE / AIM	RESPONSIBILITY	IMP ACT
9	Review medical staffing requirement	Recruitment of 2 substantive CRM consultant personnel to replace the locum positions Recruitment of an additional clinical fellow to facilitate more CRM outpatient clinics. Recruitment of locum cardiac surgeon	01/09/18 03/10/18		To speed up the front end of the pathway and enable the consultants to undertake procedural work. With the appointment of substantive consultant posts this should increase the utilisation within cath lab 6 and reduce cancellations. To maximise the utilisation of theatre slots and realign the waiting list	Clinical Director / Cardiology Operational manager	3
10	Review and realign the surgical waiting lists	To review each surgeons PTL with the surgeon. Those with long waiting lists to identify those patients who can move and agree to move surgeons. Agree the MDs and communicate this externally. Agree the criteria for P1 cases and ensure patients are listed appropriately.	25/07/18		To flatten the waiting lists between surgeons and ensure patients are treated in turn	Clinical Director / Surgical Operational manager	3
11	Reinforced training on RTT	Weekly training sessions for the booking team and secretarial team on RTT	04/09/18		To ensure there is a corporate understanding of RTT and integration of the two functions	Surgical Operational manager	3

4. Action Plan * 1 low impact, 3 high impact

No	ACTION	DETAIL	START DATE	COMPLETION DATE	RATIONALLE / AIM	RESPONSIBILITY	IMPACT
12	Outpatient template and split between new to follow-up capacity to be reviewed and adjusted.	Templates to be reviewed to ensure adequate new appointment slots are provided to accommodate referrals. Utilisation of clinic space to be monitored to ensure effective usage. SOS appointment to be used to reduce follow up demand	01/06/17	01/12/17 – completed	To ensure the front end of the pathway is effectively managed and patients are seen within a reasonable timeframe	Clinical Operational Managers.	2
13	To monitor activity levels of private patient work and allocate resources where appropriate	Private patient capacity to be monitored and maintained with identified capacity. All requests to be requested through the medical director. Private work where clinically safe to do so to be undertaken at the weekends.	1/6/17		Ensure that sustainable levels are not exceeded and adversely impact of RTT performance.	COO / MD	2
14	Identify causes for reduction of respiratory medicine outpatient activity	Identify staff sickness levels versus clinic cancellation Produce analysis of patient cancellation rates & identify themes Comparison of patients cancellations over the last 3 years	30/08/17	Completed	OP activity analysis for M1 to M6 and compared this against the same period for activity and plan last year. The current levels of activity are above last year's actuals and last year's plan. This is also incorporating the planned reduction in activity agreed for the Lorenzo implementation. No concerns over sickness or cancellations.	Thoracic Service Manager	2

5. Action Plan   * 1 low impact, 3 high impact

No	ACTION	DETAIL	START DATE	COMPLETION DATE	RATIONALLE / AIM	RESPONSIBILITY	IMP ACT
15	Increase of CRM capacity to enable more breach patients to be booked	To review the feasibility of displacing some cardiology interventional lists to the private provider to increase CRM capacity	21/08/18		This could enable an additional 6 sessions to the cardiac rhythm management team	Assistant Director of Finance / Cardiology Operational Manager	2
16	To increase utilisation in cath lab 6	With the appointment of substantive consultant posts this should increase the utilisation within cath lab 6 and reduce cancellations	21/08/18		To enable more breach patients to be booked	Cardiology Operational Manager	2
17	To explore additional surgical and cath lab activity	To increase capacity to treat more breach patients by undertaking more weekend activity	21/08/18		To enable more breach patients to be booked	Operational Managers / CADS directorate	2
18	To review number of PEA slots per week and ensure that no additional slots are booked	To ensure that breach patients are booked as a priority and capacity is flexed accordingly.	21/08/18		To ensure that the maximum number of breach patients are booked	Surgical Operational Manager	2

6. Action Plan *1 low impact, 3 high impact*

No	ACTION	DETAIL	START DATE	COMPLETION DATE	RATIONALLE / AIM	RESPONSIBILITY	IMPACT
19	Plan to maintain activity levels over winter period	Plan for continued elective activity over the winter period, contingency of the additional evening cath lab session to meet the ACS demand. To monitor on a weekly basis.	11/09/18	31/03/19	To ensure that cath labs run to full capacity over the winter months in order to sustain and improve on current waiting times for patients	Deputy Director of Operations	2

7. Cardiology Trajectory

Cardiology:

PLAN	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	1420	1410	1380	1350	1330	1330	1330	1320	1320
Breaches:	327	314	302	265	255	230	201	179	162	142	122	102
Achievement	79.24%	79.45%	78.98%	81.34%	81.91%	83.33%	85.11%	86.54%	87.82%	89.32%	90.76%	92.27%
Breach	20.76%	20.55%	21.02%	18.66%	18.09%	16.67%	14.89%	13.46%	12.18%	10.68%	9.24%	7.73%
Threshold	92%	92%	92%	92%	92%	92%	92%	92%	92%			

ACTUAL	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Dec-18	Dec-18	Dec-18
Pathways:	1575	1528	1437	1420	1386							
Breaches:	327	314	302	265	236							
Achievement	79.24%	79.45%	78.98%	81.34%	82.97%							
Breach	20.76%	20.55%	21.02%	18.66%	17.03%							

8. Cardio Thoracic Surgery Trajectory

Surgery:

PLAN	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:	823	814	805	772	745	735	720	700	700	680	680	670
Breaches:	329	315	301	253	224	210	194	177	165	149	135	120
Achievement	60.02%	61.30%	62.61%	67.23%	69.93%	71.45%	73.11%	74.67%	76.49%	78.09%	80.17%	82.09%
Breach	39.98%	38.70%	37.39%	32.77%	30.07%	28.55%	26.89%	25.33%	23.51%	21.91%	19.83%	17.91%

ACTUAL	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:	789	813	786	763	749							
Breaches:	260	267	258	251	232							
Achievement	67.05%	67.16%	67.18%	67.10%	69.03%							
Breach	32.95%	32.84%	32.82%	32.90%	30.97%							

9. Respiratory trajectory

Respiratory Medicine:

PLAN	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:	1500	1500	1500	1500	1350	1350	1350	1350	1350	1350	1350	1350
Breaches:	40	40	40	40	40	40	40	40	40	40	40	40
Achievement	97.31%	97.31%	97.31%	97.31%	97.01%	97.01%	97.01%	97.01%	97.01%	97.01%	97.01%	97.01%
Breach	2.69%	2.69%	2.69%	2.69%	2.99%	2.99%	2.99%	2.99%	2.99%	2.99%	2.99%	2.99%

ACTUAL	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:	1414	1518	1511	1539	1419							
Breaches:	41	51	44	60	42							
Achievement	97.10%	96.64%	97.09%	96.10%	97.04%							
Breach	2.90%	3.36%	2.91%	3.90%	2.96%							

10. Overall Trust wide trajectory

Total

PLAN	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:	3898	3842	3742	3692	3505	3465	3420	3380	3380	3360	3350	3340
Breaches:	696	669	643	558	519	480	435	397	367	331	297	262
	3202	3173	3099	3134	2986	2985	2985	2983	3013	3029	3053	3078
Achievement	82.14%	82.58%	82.81%	84.88%	85.18%	86.14%	87.28%	88.27%	89.14%	90.14%	91.13%	92.15%
Breach	17.86%	17.42%	17.19%	15.12%	14.82%	13.86%	12.72%	11.73%	10.86%	9.86%	8.87%	7.85%

ACTUAL	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:	3778	3859	3734	3722	3554							
Breaches:	628	632	604	576	510							
	3150	3227										
Achievement	83.38%	83.62%	83.82%	84.52%	85.65%							
Breach	16.62%	16.38%	16.18%	15.48%	14.35%							