NHS

## Royal Papworth Hospital

NHS Foundation Trust

## Agenda item 2ci

| Report to: | Trust Board | $\mathbf{4}^{\text {th }}$ October 2018 |
| :--- | :--- | :--- |
| Report from: | Chief Operating Officer |  |
| Principal Objective/Strategy: | RTT Recovery | RTT Recovery Update |
| Title: | FSRA BAF (Unable to maintain financial, operational <br> and clinical sustainability) |  |
| Entries: |  |  | Regulator Licensing and Regulator Requirements $\quad$ Regulatory Requirement: $\quad$ Equality has been considered but none believed to apply $\quad$| Equality Considerations: | Performance Delivery. |
| :--- | :--- |
| Key Risks: | Information |
| For: |  |

1. Purpose

Following failure of the RTT Remedial Action Plan in May 2018, the Trust moved RTT recovery into escalation with trice weekly meetings to identify and oversee delivery of recovery actions. The purpose of this paper is to update the Board on progress towards recovery.

## 2. Background

To support recovery of the Trust's RTT performance an IMAS accredited Consultant was engaged to work with the operational teams 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. This analysis was presented to the Committee last month and identified no new issues for the Trust to address but rather described at higher level of granularity the issues that the Trust needs to address in order to achieve recovery of this standard.

In development of the recovery trajectory for Cardiology and Cardiac Surgery, the focus has been placed on the two elements of performance that directly impact on patient outcomes and experience, i.e., reduction in the number of breaches of the waiting list standard and reduction of the total size of the waiting list, rather than the calculation of the RTT percentage itself. This reflects the national focus on these two elements. This approach allows the operational team to focus on what makes a difference to our patients rather than try to manage recovery against a calculation where the numerator and denominator are not affected by the recovery actions in a consistent way.

## 3. Recovery Trajectories

The glide paths to recovery are as follows:

| CARDIOLOGY PLAN | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Pathways: | 1410 | 1380 | 1350 | 1330 | 1330 | 1330 | 1320 | 1320 |
| Breaches: | 255 | 235 | 211 | 190 | 173 | 152 | 133 | 105 |
| Breach reduction | 18 | 20 | 24 | 22 | 17 | 21 | 19 | 20 |
| Achievement | 81.91\% | 82.96\% | 84.34\% | 85.74\% | 87.02\% | 88.59\% | 89.93\% | 92.05\% |
| SURGERY PLAN | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
| Pathways: | 745 | 735 | 720 | 700 | 700 | 680 | 680 | 670 |
| Breaches: | 224 | 210 | 194 | 177 | 165 | 149 | 135 | 120 |
| Breach reduction | 0 | 14 | 16 | 16 | 13 | 16 | 14 | 15 |
| Achievement | 69.93\% | 71.45\% | 73.11\% | 74.67\% | 76.49\% | 78.09\% | 80.17\% | 82.09\% |
| TOTAL | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
| Pathways: | 3609 | 3465 | 3420 | 3380 | 3380 | 3360 | 3350 | 3340 |
| Breaches: | 524 | 485 | 445 | 407 | 378 | 341 | 308 | 265 |
| Breach reduction | 18 | 34 | 40 | 38 | 30 | 36 | 33 | 35 |
| Achievement | 85.48\% | 85.99\% | 86.98\% | 87.95\% | 88.83\% | 89.85\% | 90.80\% | 92.06\% |

It has been recognised through the diagnostic piece of work undertaken by the Recovery Consultant that it is not possible to recover Cardiac Surgery to the standard of $92 \%$ until capacity is materially increased. This is expected to be achieved once the hospital moves into its new facilities with an additional theatre.

It should also be noted that the Cardiology trajectory has been developed as on a bottom up approach, with recovery built on quantifiable interventions that the Operations team are taking. Because it is not possible to accurately quantify the impact of key Cardiac Surgery recovery actions the reverse approach has been taken for this trajectory. The Cardiac Surgery trajectory therefore describes the breach and waiting list reduction needed to take performance to $82 \%$ by March 2019.

## 4. Performance against Trajectory

August performance was finalised and submitted on the $19^{\text {th }}$ September and can be summarised as follows:

|  | Cardiology | Surgery | Respiratory <br> Medicine | Overall |
| :---: | :---: | :---: | :---: | :---: |
|  | Aug18 RAP |  |  |  |
| Pathways: Plan per RAP | 1410 | 745 | 1454 | 3609 |
| Hatrways: Hinal August | 1*20 | 749 | 1419 | 3 |
| Varkance | -24 | 4 | -39 | -55 |
| Greaches: Plan peer Rap | 255 | 22, | 48 | 524 |
| Greaches: Final Al-gust | 2 ss | 232 | 42 | 310 |
| Varlance | -19 | 8 | -3 | -14 |
| Achlevement: Plan perRAP\% | 81.9158 | 69.935 | ce9188 | 85.48\% |
| Achiewement: final August \% | 82.973 | 69.0358 | 97.0458 | 53.85\% |
| Vartance | 1.06\% | -0.91\% | 0.14\% | 0.17\% |

The Trust has achieved the planned reduction in breaches and waiting list size in Cardiology and as an aggregate position. Although the reduction in breaches for Cardiac Surgery underachieved by 8 breaches, an almost $2 \%$ positive movement in performance has been reported when compared to the previous five months.

## 5. Recommendation

The Board of Directors is requested to note the following:

- The revised recovery trajectory for RTT performance
- August reduction in breaches of the standard and total waiting list size.

