

<u>Issue</u>	<u>Action</u>	<u>By Whom</u>	<u>By When</u>	<u>Progress</u>	<u>Impact</u>
1 & 2. a. Increased elective referrals b. Increased urgent referrals displacing elective activity	<u>Short term</u> 1.) Additional Capacity sourced from UHNM to support a reduction in the surgical backlog	AO, RJ, TW	To begin March 2015	Partnership began at the beginning of March and will continue as long as required	20 patients have transferred to UHNM and this will be on-going to support the reduction in the backlog. Forecast Activity for the next 6 months is in table 1 at the end of this action plan
	2.) Additional surgical capacity delivered "In Home" by the surgical team.	AO,RJ	December 2015	We are currently running additional sessions both in the week and at weekends	We are currently delivering an additional 3 – 4 cases per week in-house
	3.) Additional Cardiology capacity to deliver additional EP sessions by recruiting a locum EP consultant.	JM/DT/AN/TW	May 2015	Locum consultant begins work in the middle of May	This will give us an additional 12 outpatient slots per week and also 2 to 3 additional procedures
	4.) Additional Cardiology capacity to be delivered by our own team "in house".	DT/AN	January 2015	The EP consultants are currently delivering additional sessions filling half of the extra sessions	This is currently delivering an additional 1 to 2 cases per week
	<u>Long term</u> – we are planning to recruit two additional surgeons, one aortic and one mitral surgeon to complement the current team	AO/RJ	Q4 2015	The Associate Medical Director is currently working on the Job Descriptions and job plans	Additional capacity will negate the need to send patients to UHNM and also reduce additional sessions "in-house". This capacity will be used to deliver the additional 127 cardiac cases per annum and 37 aortic cases. There will also be around and additional 25 TAVI cases which will require delivery

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3. Cancelled Operations	<u>Cardiology</u> We have agreed the recruitment of one Joint EP Post and have plans for a second joint EP post which is under discussion as part of the Cardiology strategy.	JM/DT/AN/TW	Q3	First post agreed and Job Plan and Job Description currently being finalised.	This will support the delivery of the additional 180 cases per year within next year's plan.
	We have revamped and re-issued the Cancelled Operations Policy to ensure we are keeping all cancellations to a minimum.	RJ/AN/TW	March 2015	Policy revamped and re-issued. This will also be supported by the introduction of LSS in theatres which is planned for April 15.	We are monitoring cancelled operations to ensure reduction in numbers over the coming weeks. The issues driving cancellations are being addressed as part of our capacity planning for next year's annual plan.
4.All Day Cases	As part of our current workload we are seeing an increase in "All Day Cases" which has a knock on impact to our activity levels. This is being reviewed by the surgical team to ensure we are using our capacity effectively.	AD/RJ/ Surgical Team	April 2015	We are currently reviewing the case mix and validating the cases	Any increase in in "All Day Cases" will reduce core activity and this will be effectively monitored. We need to review the impact of emergency cases on our activity with a fundamental review of the emergency surgical pathway

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5.Consultant Sickness	Surgery – The consultant off sick has not returned to work, we are however reviewing the patient pathway in light of the current breaches.	AO/RJ/TW	April 2015	Discussion to take place in the coming month	There has been an impact of 12 patients in the backlog but this will now reduce as consultant back working
	Cardiology – We have recruited a locum interventional cardiologist to mitigate the risk of 2 consultants being off sick. There are however some cases we may not be able to treat and these will have to be transferred to other hospitals i.e Birmingham	UM/AN	May 2015	Locum Consultant begins work in May to provide additional capacity	We have managed to keep the number of breaches due to sickness of 8 patients and this is being actively managed by the AMD and general manager.
6.Delays in dictation	We are currently working with the consultants to reduce the backlog of dictation and awaiting results patients breaches	AN/JP/JM	April 2015	We are currently carrying out additional administration duties and working with the consultants to reduce the number of breaches	We expect to see a reduction of the number of breaches over the coming month.

Table 1: Planned Surgical Activity & Planned EP Activity

	April	May	June	July	August	September
Core Surgical Capacity	122	97	115	174	161	170
UHNM	17	12	16	16	16	16
Additional “In House”	10	14	16	10	8	16
Total	149	123	147	200	185	202
	April	May	June	July	August	September
Core Cardiology Capacity	109	104	120	126	109	120
Predicted Procedures	102	104	118	110	67	120
Locum Procedures	8	10	14	20	6	17
Total	110	114	132	130	73	137