

**Board of Directors (Public)**  
**Item 5.2**

**Board  
Report**

**Subject:** Update on RTT Action Plan and Forward Trajectory  
**Date of meeting:** 26<sup>th</sup> May 2015  
**Prepared by:** Tony Wilding, Chief Operating Officer  
**Presented by:** Tony Wilding, Chief Operating Officer

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Bronze	3,5,7	Red

**1. Introduction**

The aim to this paper is to update the Board of Directors on progress with the 18 week RTT action plan and the current backlog patient numbers and to provide information on the forward trajectories to reduce the backlog and bring the Trust back to a compliant RTT performance position in July of this financial year.

**2. Background and Context**

At the Trust Board meeting on 28<sup>th</sup> April 2015 a paper was presented outlining the 18 week RTT performance and the capacity pressures which had caused an increase in the surgical backlog and the need to have a “planned” failure of the 18 week RTT during quarter one to support the reduction in long wait patients to bring us back to compliance in quarter 2. An action plan is in place to deliver this reduction and forward trajectories have been developed to show progress against our agreed trajectories.

**3. Current Performance**

The predicted performance for the end of May shows that the backlog for surgery has decreased to 113 patients against a target of 113 patients and the Cardiology backlog has increased slightly and is currently forecast to be 66 patients against a target of 54 patients. The reasons materially driving the cardiology backlog position are as follows:

- EP – Whilst the new locum consultant has started in post on 18<sup>th</sup> May we have lost capacity with our joint consultant post with RLBHUT. The current backlog for EP is 43 patients.

### Actions

- 1) Our EP consultants are carrying out additional sessions.
  - 2) The new locum consultant has started as per our plan.
  - 3) Twice weekly review of cardiology PTL by COO and agreed actions.
  - 4) We are transferring patients across the consultant team within the service line to reduce potential variation in waits.
  - 5) Return to work meeting planned for EP joint post consultant for week commencing 25<sup>th</sup> May 2015.
  - 6) All but one of the available EP lab sessions for June has consultant cover and we are aiming for 100% utilisation for June.
- We have capacity pressures in our PFO/ASD service due to one of our two consultants who run this service being off long term sick. The current backlog for PFO/ASD is 11 patients.

### Actions

- 1) Remaining consultant focusing on PFO/ASD patients and the intervention work load is being shared across the rest of the consultants which is a further additional pressure as we have one consultant off long term sick from the intervention team.
  - 2) Support for complex cases being discussed with cardiology consultants at Alder Hey.
  - 3) We have an option to send highly complex cases to Birmingham however these patients have complex diagnostic pathways.
  - 4) Return to work programme is under discussion with the consultant currently off sick.
- There are currently some capacity pressures within our intervention service due to access to CT and MRI scans. There is currently a backlog of 12 patients within this service line.

### Actions

- 1) The divisional team are working with the imaging department to ensure that 18 week patients are being booked in sequential order.
- 2) We have supported additional capacity within the imaging team to help reduce waiting times.

We are currently working with the divisional team to address the capacity pressures within cardiology to ensure that we are back on track with the performance trajectories agreed within our action plan.

## **4. Forecast Performance**

As part of our performance management arrangements we are constantly reviewing our current and planned performance. The tables below show the targets for both surgery and cardiology and the actual and forecast performance.

### RTT Performance Table and Forecast Future Performance

## Surgery

	April	May	June
Target	147	113	70
Actual/Forecast	138	113	79
Variance	-9	0	+9

## Cardiology

	April	May	June
Target	59	54	34
Actual/Forecast	65	67	50
Variance	+6	+13	+16

Performance for May has been strong in surgery and we are in position to deliver the target of 113 patients at the end of May. The forecast for June is currently a month end total of 79 patients against a target of 70 patients which if the 79 patient forecast is delivered this would bring us below our backlog position in December 2014 of 84 patients which supported the delivery of compliant December RTT position.

Cardiology forecast position at the end of June is currently 50 patients against a target of 34 patients due to the pressures highlighted above. We will continue with the twice weekly performance meetings throughout May and June to keep the focus on delivery of the lowest possible backlog at the end of June.

## **Key Risks**

Whilst we are actively trying to mitigate risks that could hinder our delivery of RTT in quarter 2 there remain some risks that are outside of our control. The main risks are,

- A decline in patients agreeing to transfer to either Stoke or Manchester for their treatment.
- An unexpected impact on operating capacity i.e. synergy breakdown.
- An increase above plan of urgent patients requiring treatment which would mean us diverting capacity from our elective work stream.
- Additional consultant sickness above our normal baseline, we currently have 3 consultants off long term sick in cardiology.

## **Recommendation**

That the Board of Directors note our current performance in reducing the number of long wait patients for surgery during May, the current pressures within cardiology and the planned actions to address these and our continued aim to be compliant at aggregate level for RTT by July of this financial year.