

May 2025

Elective Care Recovery Programme Update

Effective and responsive delivery of the elective access pathway

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Exec SRO – Harvey McEnroe



Executive Summary



Royal Papworth Hospital
NHS Foundation Trust

- The national standard for referral to treatment (RTT) waiting times is for 92% of patients to start their first definitive treatment or have a clinical decision made that stops the clock within 18 weeks of the referral date.
- Given the national challenge delivering this standard, Royal Papworth was set a target of an RTT 18 week compliance of 69.5% by 31 March 2026.
- Against this target, in February 2025, Royal Papworth's RTT performance was 61.5% and the services plans that had been developed at that time forecast RTT performance of 59.0% by 31st March 2026. This was clearly an unacceptable position and so Royal Papworth commenced the development, and immediate delivery of, an Elective Care Recovery Programme, as a key priority for the organisation. The ambition of the programme was to go further than the national ask, and high-level scoping suggested a trajectory of c.80% by 31 March 2026 was possible.
- To deliver this ambitious level of improvement (21.0% improvement versus service plans) the Elective Care Recovery Programme has collaboratively worked across the entire organisation to generate ideas as to how we can deliver this improvement. These ideas, alongside the opportunities identified through the high-level scoping work, have been processed into delivery plans via a new governance process that enables finance, workforce, activity, performance and quality impacts to be understood, phased and (where appropriate) mitigated, prior to going into delivery.
- A further output of this process is a risk adjusted performance forecast, which is signed off each month through Access Board (Chaired by the Deputy CEO). This element of the process is still maturing, however table 1 (next page) and the following three slides contains details of how this work is progressing. Table 1 monitors the ideas pipeline, enabling us to see how many ideas are being developed and how they are working through the pipeline process. It also shows the progress made since the last report and current forecast year end performance.
- Since our last report to the committee an additional 20 ideas for improvement have been added to the pipeline, and our risk adjusted year end forecast performance has improved by 1.6%. This takes the trust's risk adjusted forecast RTT position in line with the NHS England target of 69.5%.
- The following three slides give a breakdown of the divisional position in more detail. At a trust level it shows that the RTT performance of the trust has improved for two consecutive months. I.e. from 61.5% in February 2025 to 64.5% in April 2025. Early indications suggest that May is also on track for further RTT improvement. Performance to date suggest that we should expect a year end performance level that is higher than our current forecast, and we are working hard with Divisions to understand and validate the difference between their current views on year end forecast performance, and the more positive trajectory being seen to date. Alongside this we are monitoring our total PTL. This is showing a reduction in the total patients waiting as well as those waiting more than 18 weeks.
- This biggest risk to the programme relates to radiology capacity, which we are working through with service managers to map pathways and understand areas for opportunity to mitigate this risk.

Improvement Actions

Tracking of pipeline schemes

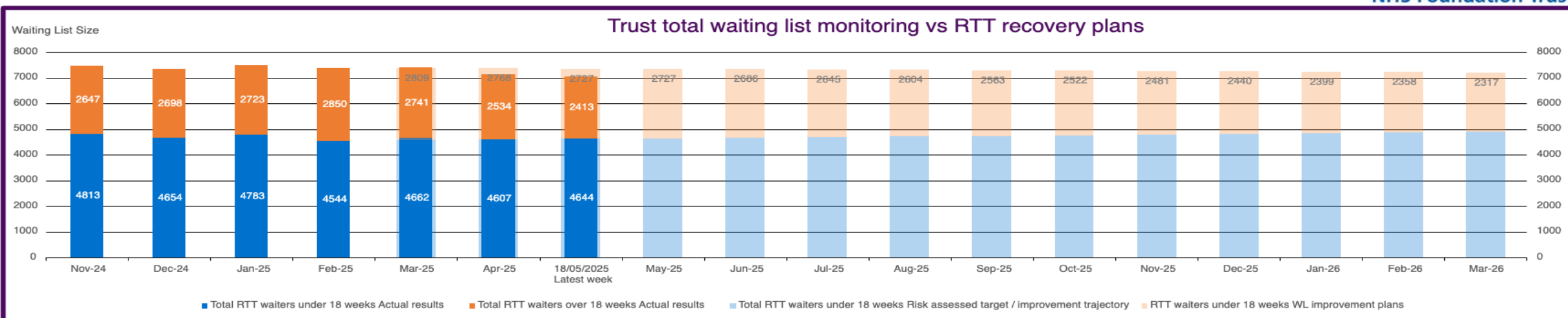
Latest position

Division	# initiatives in pipeline	Cumulative impact of approved schemes on RTT - Trust (<i>not</i> risk assessed)	Cumulative impact of schemes yet to be approved on RTT - Trust (<i>not</i> risk assessed)	Cumulative impact of approved and unapproved schemes on RTT - Trust (<i>not</i> risk assessed)	Cumulative impact of approved schemes on RTT - Trust (risk assessed)	Cumulative impact of schemes yet to be approved on RTT - Trust (risk assessed)	Total of approved and unapproved schemes on RTT - Trust (risk assessed)	Approved estimated variable cost (excl. p-through)	Estimated variable costs of schemes yet to be approved (excl. p-through)	Total approved and unapproved costs of schemes (excl. p-through)	# Divisionally validated	# Financially validated	# with signed off QIA	# Approved by Access Board	# Approved by Investment Committee (or in Service Plans)	# in delivery phase
Cardiology	7	6.33%	0.00%	6.33%	3.62%	0.00%	3.62%	£2,003,894	£92,765	£2,096,659	6	6	5	4	4	5
Thoracic & Ambulatory	14	13.76%	0.00%	13.76%	6.21%	0.00%	6.21%	£493,832	£0	£493,832	9	9	9	9	9	9
STA	3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	£0	£0	£0	3	3	3	3	3	3
Clinical Admin	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	£0	£0	£0	0	0	0	0	0	0
Other	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	£0	£0	£0	0	0	0	0	0	0
	36	20.09%	0.00%	20.09%	9.82%	0.00%	9.82%	£2,497,726	£92,765	£2,590,491	18	18	17	16	16	17

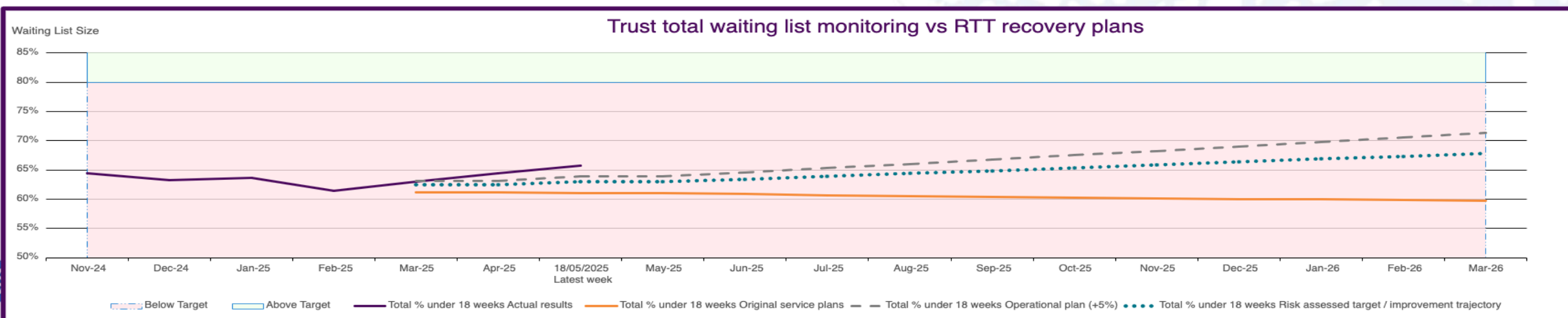
Last reported position - hardcode from previous report

Division	# initiatives in pipeline	Cumulative impact of approved schemes on RTT - Trust (<i>not</i> risk assessed)	Cumulative impact of schemes yet to be approved on RTT - Trust (<i>not</i> risk assessed)	Cumulative impact of approved and unapproved schemes on RTT - Trust (<i>not</i> risk assessed)	Cumulative impact of approved schemes on RTT - Trust (risk assessed)	Cumulative impact of schemes yet to be approved on RTT - Trust	Total of approved and unapproved schemes on RTT - Trust	Approved estimated variable cost (excl. p-through)	Estimated variable costs of schemes yet to be approved (excl. p-through)	Total approved and unapproved costs of schemes (excl. p-through)	# Divisionally validated	# Financially validated	# with signed off QIA	# Approved by Access Board	# Approved by Investment Committee (or in Service Plans)	# in delivery phase
Cardiology	4	6.33%	0.00%	6.33%	4.41%	0.00%	4.41%	£2,003,894	£0	£2,003,894	4	4	4	4	4	4
Thoracic & Ambulatory	9	13.76%	0.00%	13.76%	3.79%	0.00%	3.79%	£493,832	£0	£493,832	9	9	9	9	9	9
STA	3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	£0	£0	£0	3	3	3	3	3	3
Clinical Admin	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	£0	£0	£0	0	0	0	0	0	0
Other	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	£0	£0	£0	0	0	0	0	0	0
	16	20.09%	0.00%	20.09%	8.20%	0.00%	8.20%	£2,497,726	£0	£2,497,726	16	16	16	16	16	16

Trust Level PTL & RTT Performance

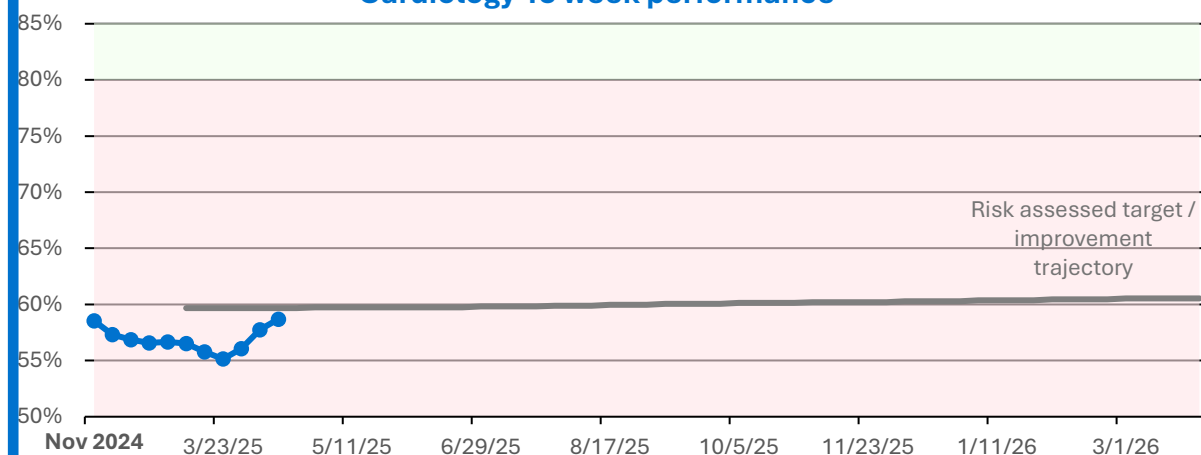


- The number of patients on our PTL has reduced from 7,403 in March to 7,141 in April and to 7,077 in May (to date). This is the lowest number on the PTL since June 2024.
- The RTT performance has improved from 61.5% in February to 63.2% in March, 64.5% in April and 65.8% in May (to date). This is the now at the best RTT performance level since June 2024 and is 1.3% above the November 2024 position.

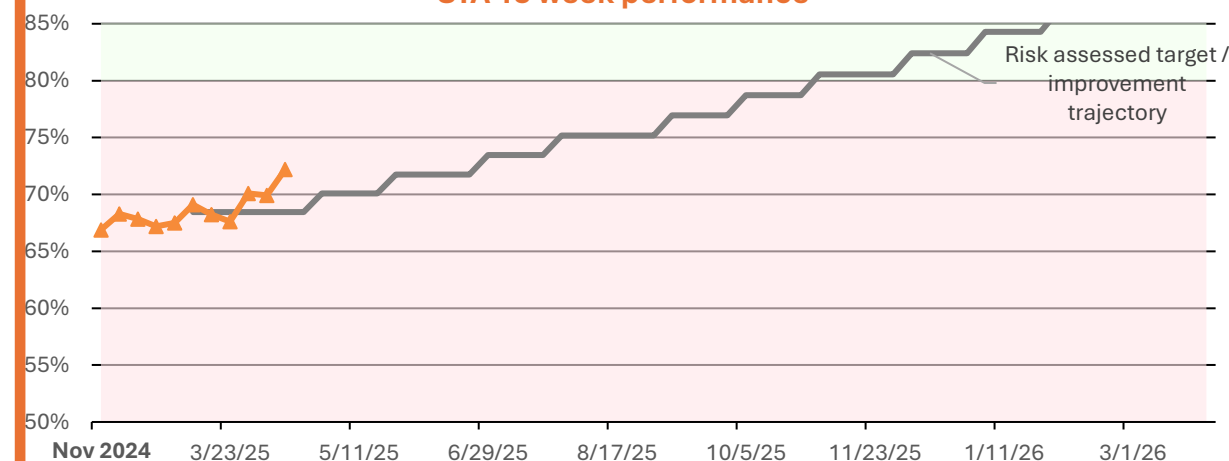


Divisional RTT Performance

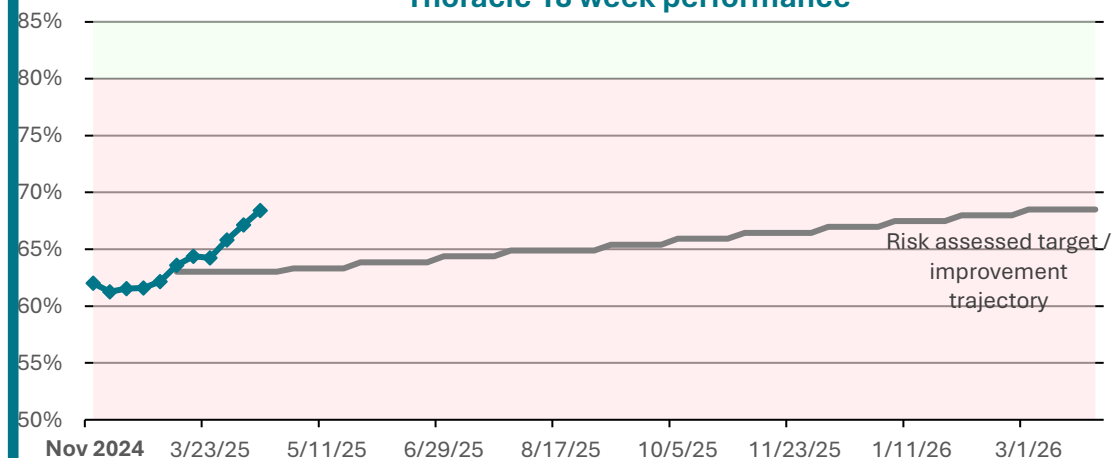
Cardiology 18 week performance



STA 18 week performance



Thoracic 18 week performance



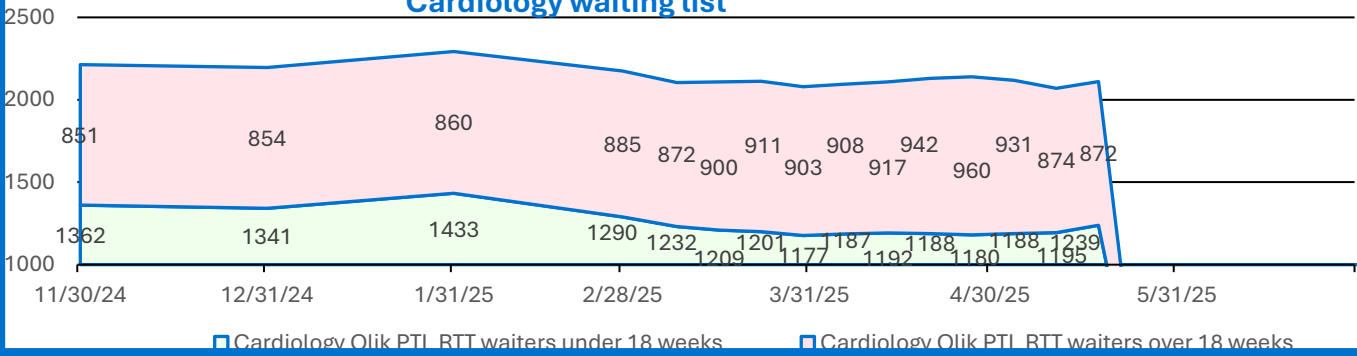
- Cardiology RTT now improved at 58.7%, but much still to do as per the Elective Care Recovery Programme. This has shown month to month improvement from March to April and from April to May (to date).
- STA RTT now achieving 72.2%. This is the best performance since November 2022.
- Thoracic RTT now achieving 68.4%. This is the best performance since August 2024.

Divisional PTL & Waterfalls

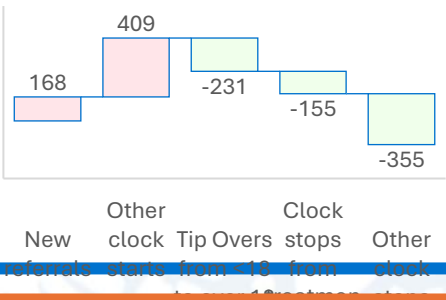


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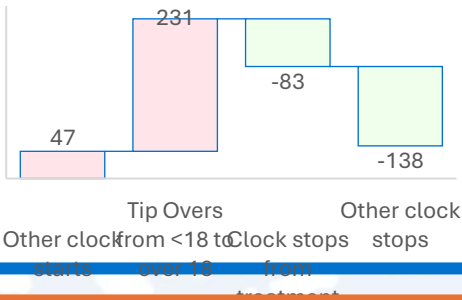
Cardiology waiting list



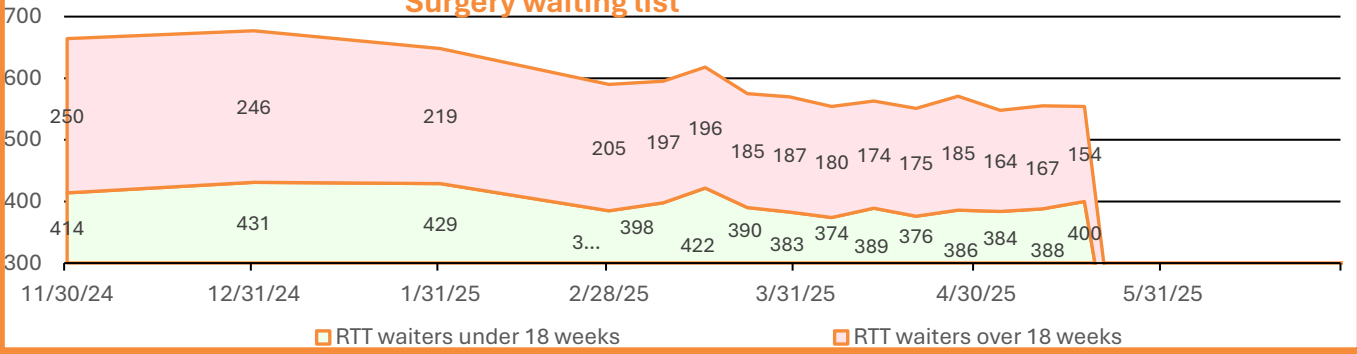
Cardiology under 18 weeks change latest full month



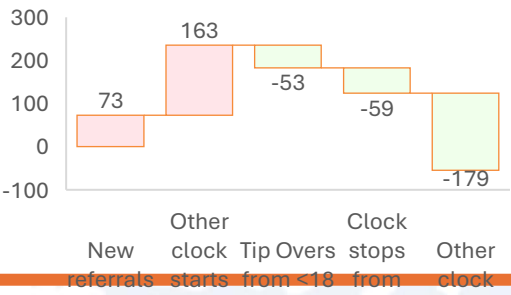
Cardiology over 18 weeks change latest full month



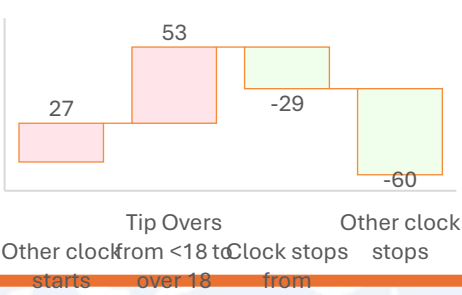
Surgery waiting list



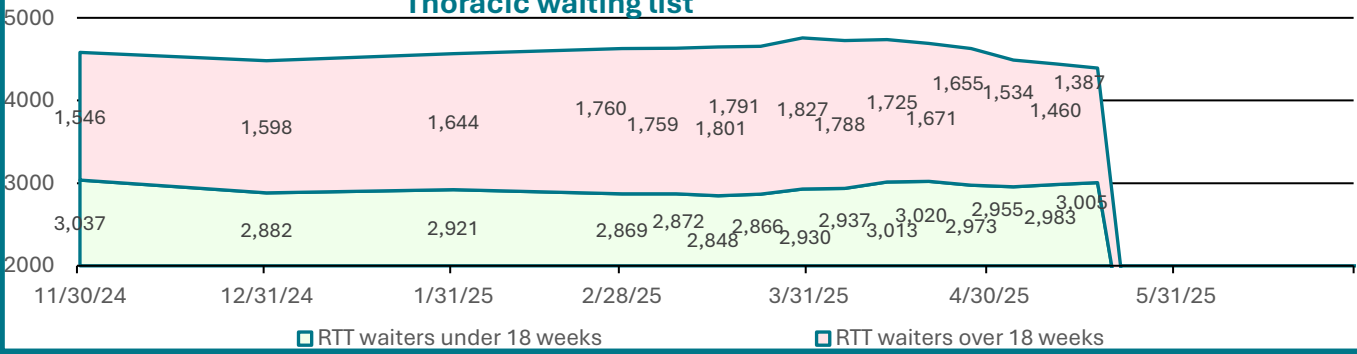
Surgery under 18 weeks change latest Full Month



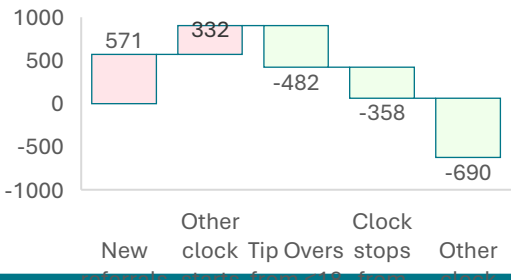
Surgery over 18 weeks change latest Full Month



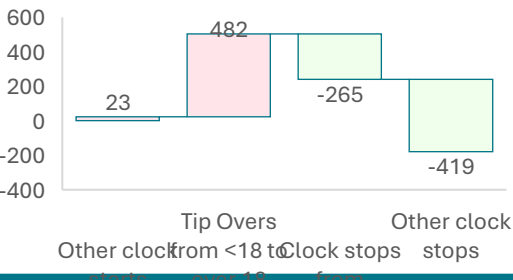
Thoracic waiting list



Thoracic under 18 weeks change latest Full Month



Thoracic over 18 weeks change latest Full Month



Highlight Report

Elective Care Recovery Programme Period Ending 18.05.2025

Current RAG Rating

Progress

- New admin roles in Thoracic have commenced and increased appointment utilisation for Thoracic from 90% in February to 94% currently.
- Thoracic PSI clinics have commenced and seen 37 additional patients this week, plus another 47 over next 2 weeks.
- A new ILD consultant has commenced in post and started to reduce the number of ILD patients waiting >18 weeks from 46 in February to 38 currently.
- Additional long lists for surgery and 'green lists' have commenced delivering.
- Cardiology PSI clinics have now seen an additional 4 TAVIs and 13 EPs
- 16 additional EP patients have now had outpatient first appointment over and above the norm.
- Clinical admin team are successfully acting as a safety net for ensuring the correct cohorts of patients are being booked into appointment.

Activities planned

- Thoracic PSI clinics will see another 47 over next 2 weeks.
- A further 16 EP patients will have an outpatient first appointment over and above the norm.
- A further 8 patients will be seen in EP PSI clinics.
- 30 additional EP follow ups will occur in the next fortnight.
- An additional 8 TOE patients will be seen in PSI clinics.
- A deep dive in diagnostic waits will commence next week, starting with a focus on Radiology (and specifically CT initially).
- New improvement actions added to our Pipeline Tracker will be scoped out by divisions with finance support, performance support and a QIA for each.

Key Issues or Risks

- Radiology delays are a rate limiting factor for cardiology
- Minimal uptake to complete CPAP FU for first review. QIA reviewed and mitigations have scoped to capture a proportion of appointments within business as usual due to introduction of telemonitoring.
- Number of devices with patients for more than 1 month has increased. Additional contact being made to patients. Process remains under review as increasing number is a concern.
- Risk around Thoracic PSI staffing now mitigated and will utilise Clinical Fellows and Registrars in addition to the existing workforce.