Operational Business Planning 2018-19

Trust Board 29 March 2018
Operational plan methodology

Approach considered Care Group business planning based upon 2 levels:

Level 1 – Readiness – Where focus needs to emphasise dealing with baseline issues.

Level 2 – Service appraisal/design – Where focus shifts towards growth and development.

Last year described a methodology for business planning.
## End of year 1 position

<table>
<thead>
<tr>
<th>National standards and targets</th>
<th>Workforce</th>
<th>Finance</th>
<th>Estate/Infrastructure</th>
<th>Overall position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unscheduled Care</td>
<td>priority</td>
<td>priority</td>
<td>In progress</td>
<td>priority</td>
</tr>
<tr>
<td>Women &amp; Children's</td>
<td>priority</td>
<td>In progress</td>
<td>priority</td>
<td>priority</td>
</tr>
<tr>
<td>Support Services</td>
<td>complete</td>
<td>complete</td>
<td>priority</td>
<td>priority</td>
</tr>
<tr>
<td>Scheduled Care</td>
<td>complete</td>
<td>complete</td>
<td>In progress</td>
<td>complete</td>
</tr>
</tbody>
</table>

Unscheduled Care, Women & Children’s and Support Services - level 1 - readiness

Scheduled care – level 2 - service appraisal/design
Unscheduled Care - baseline issues

Declining A&E performance

Growing level of ambulance activity and management of ambulance handover

Ongoing nursing recruitment difficulty – reliance on agency staff.

Insufficient Junior medical staffing

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Unscheduled Care priority

In progress

A&E Trust Performance

Ambulance Handover Performance

Unscheduled Care Group Bands 5 & 6

USC Non-A&E Medical Staffing, ACP and PA Workforce
Unscheduled Care – A&E performance (non-admitted care management)

<table>
<thead>
<tr>
<th>Disposal</th>
<th>Number of Attendances</th>
<th>% of Total</th>
<th>% RSH</th>
<th>% PRH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Died in Department</td>
<td>21</td>
<td>0%</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>Discharged - GP follow up treatment</td>
<td>2,365</td>
<td>17%</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>Discharged - no follow up treatment</td>
<td>8,990</td>
<td>63%</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Left Department before being treated</td>
<td>436</td>
<td>3%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Left Department having refused treatment</td>
<td>59</td>
<td>0%</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Referred to A&amp;E Clinic</td>
<td>189</td>
<td>1%</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>Referred to Fracture Clinic</td>
<td>939</td>
<td>7%</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Referred to other Health Care Professional</td>
<td>179</td>
<td>1%</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Referred to other Out-Patient Clinic</td>
<td>479</td>
<td>3%</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Transferred to other Health Care Provider</td>
<td>532</td>
<td>4%</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>14,189</td>
<td>42%</td>
<td>58%</td>
<td></td>
</tr>
</tbody>
</table>

The table demonstrates the non-admitted trajectory for 2017/18. On average this contributes 78% of the overall A&E performance assessment.

Focus placed upon 1 dominant area of breaches through improved management of patients in A&E.

Key actions:
- Opening of CDU at PRH
- Streaming service at PRH

Impact
- CDU – Assumes we will reduce breaches by circa 8 per day improving non-admitted performance by 2.5%
- Streaming – To gain a 1% improvement you would need to reduce breaches by 800 across the year, this is equivalent to 16 per week
External support has highlighted a significant issue of stranded patients (consistent with 2017/18 Op plan). Typically 300+ patients have a length of stay of more than 7 days (stranded patients).
The reason stranded patients are relevant

A&E performance for admitted care is compromised because we are seeking to push 71% of activity through 23% (101) of beds.

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>Activity</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>33.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>3-6</td>
<td>37.8%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Sub Total</td>
<td>70.9%</td>
<td>22.8%</td>
</tr>
<tr>
<td>7-10</td>
<td>12.5%</td>
<td>16.8%</td>
</tr>
<tr>
<td>11+</td>
<td>16.6%</td>
<td>60.4%</td>
</tr>
<tr>
<td>Sub Total</td>
<td>29.1%</td>
<td>77.2%</td>
</tr>
</tbody>
</table>

Stranded patients consistently throughout the year average 300 – 340 per day
### Admitted care solution (1)

<table>
<thead>
<tr>
<th>Action</th>
<th>Patients</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total beds including Paediatrics</td>
<td>765</td>
<td>765</td>
</tr>
<tr>
<td>Winter period</td>
<td>(35)</td>
<td>(30)</td>
</tr>
<tr>
<td></td>
<td>730</td>
<td>735</td>
</tr>
<tr>
<td>SaTH2Home</td>
<td>(10)</td>
<td>(10)</td>
</tr>
<tr>
<td>92%</td>
<td>(48)</td>
<td></td>
</tr>
<tr>
<td>Escalation beds removed</td>
<td>(64)</td>
<td>(64)</td>
</tr>
<tr>
<td></td>
<td>608</td>
<td>661</td>
</tr>
<tr>
<td>Stranded patient reduction</td>
<td>(122)</td>
<td></td>
</tr>
</tbody>
</table>

A&E performance is to be achieved by ensuring 92% bed occupancy – present level 97%.

Bed occupancy improvement will be achieved by improved management of stranded patients not increasing beds.
Independent advisors (IST & Alex Knight) identified opportunity to improve length of stay for 144 stranded patients.

A reduction of 44 stranded patients are capable of being achieved through actions to be undertaken by SaTH, 100 stranded patients however, require system intervention.
Admitted care solution (3)

Timelines for improvement

**SAFER**
- Board rounds & EDD
- R2G
- Criteria led discharge
- Pre 10 am/1600 ward huddle

**ED processes**
- ED safety checklist
- CDU
- Non-admitted patient flow
- AEC
- Recording and reporting

**Stranded patients**
- Daily/weekly review process in recording and reporting
- Management of 7 day patients
- Management of 21 day patients
- Use of AEP audit (top 5 reasons)

**Demand Capacity Review**
- Chris Green to visit Trust to discuss acute modelling.
- Develop acute plan using data and intelligence provided
- Set up Task and Finish Group

**Frailty**
- Implement Frailty Team
- Adopt Frailty Assessment Tool
- Avoid all avoidable admissions
- Achieve EDD for frail admitted pts
- Keep patients mobile

**Integrated Discharge Team**
- Support admission avoidance
- Review team scope.
- Improve flow through discharge process
- Operational framework for IC

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Wards 8 and 21 are to be closed by the end of April (Winter)

Internal stranded patient benefit to be realised by the end of June

External stranded patient benefit to be realised by the end of June
Admitted care solution (4) – How the position changes

Temporary beds decline through removal of unnecessary escalation beds

30 beds introduced to respond to Winter pressure

122 stranded patients transferred to the period 0-7 days

- Admitted performance expected to be 85% based upon 92% bed occupancy
- Non admitted performance improves by 4.5% following implementation of CDU and improved streaming at PRH

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted Performance</td>
<td>53.4%</td>
<td>32.1%</td>
<td>38.9%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Non Admitted Performance</td>
<td>88.0%</td>
<td>83.8%</td>
<td>84.6%</td>
<td>87.3%</td>
<td>87.3%</td>
<td>89.4%</td>
<td>83.9%</td>
<td>84.9%</td>
<td>79.6%</td>
<td>77.2%</td>
<td>81.2%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Consolidated Performance</td>
<td>80.4%</td>
<td>72.4%</td>
<td>75.0%</td>
<td>86.8%</td>
<td>86.8%</td>
<td>88.4%</td>
<td>84.1%</td>
<td>84.9%</td>
<td>80.8%</td>
<td>79.0%</td>
<td>82.0%</td>
<td>89.0%</td>
</tr>
</tbody>
</table>
### Workforce solution (5)

#### Nursing
- Reduction of 65-70 wte temporary RNs as a consequence of removed escalation capacity and targeted winter capacity
- Reduced temporary nurses due to solutions removing the requirement for temporary agency staff

#### Medical
- Progressive improvement in junior medical capacity
- The proposed workforce plan below shows an investment of 20.34 wte junior medical staff at a cost of £894k in year 1

<table>
<thead>
<tr>
<th>17/18 Run Rate (Exc Winter)</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>WTE</td>
<td>£000</td>
<td>WTE</td>
<td>£000</td>
</tr>
<tr>
<td>Proposed Workforce Plan</td>
<td>96.78</td>
<td>(6,329)</td>
<td>117.12</td>
</tr>
<tr>
<td>Increase in Expenditure from 17/18 Expenditure</td>
<td>20.34</td>
<td>(894)</td>
<td>30.34</td>
</tr>
</tbody>
</table>
Scheduled Care – baseline performance

The graph shows the cancer performance over the last two years along with the forecast for 2018/19. This is inline with last year.

The graph shows RTT performance over the last two years along with the forecast for 2018/19. This shows that the RTT will be recovered in quarter one.
As part of the business planning process each care group was asked to undertake an exercise to critically appraise each of their specialities in order to develop a strategy for each service. The GE/McKinsey model was used to model service strength and service attractiveness.
Scheduled Care – baseline appraisal and areas of strategic focus

The outcome of the speciality appraisal showed a number of specialities where the strategy would be to ‘invest and grow’ in order to maximise opportunity. It also identified Private Patients as an area to ‘develop selectively’.

**MSK Strategy**
- Repatriation of lost activity
- Increase market share
- Further activity growth from Welsh commissioners

**Oncology Strategy**
- Technology developments – Cancer App
- Investment at PRH
- Workforce plan to respond to growing demand

**Ophthalmology Strategy**
- Completion of service reconfiguration
- Review cataract capacity
- Maximise contribution through sustainable workforce

**Private Patient Strategy**
- Agree a strategy through the private patient task and finish group with associated service and pricing models
Scheduled Care – further potential operational development areas

• **Implementation Goal 1**: Improved access to urgent and emergency care. Protecting the scheduled care bed base

• **Implementation Goal 2**: Reduce the time people stay in hospital. Stranded patients workstream

• **Implementation Goal 3**: Align our capacity to our patients’ needs and workforce availability. Further realignment of bed capacity and service realignment with unscheduled care

• **Implementation Goal 4**: To deliver consistently high quality and kind care within our available resources. Job planning
Activity levels in neonatology, Gynaecology and Obstetrics are broadly consistent across the months.

As expected paediatric activity is seasonal and increases during the winter months.

Each specialty has seen a drop in activity when comparing months 1-10 of last year to the same period this year. Gynae activity could be attributed to the escalation of USC into Gynae beds. The greatest % reduction in activity is in Obstetrics and Paediatrics.

### Challenges facing W&C

- £2m reduction in income namely attributable to obstetric activity (births and antenatal and postnatal bookings)

### What we know

- Decline nationally in the number of births
- Repatriation of SaTH activity to other providers

<table>
<thead>
<tr>
<th>Specialty</th>
<th>comparing months 1-9 2016/2017</th>
<th>comparing months 1-9 2017/2018</th>
<th>Variance</th>
<th>% shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynaecology</td>
<td>3293</td>
<td>3252</td>
<td>-41</td>
<td>1.20%</td>
</tr>
<tr>
<td>Neonatlogy</td>
<td>3474</td>
<td>3378</td>
<td>-96</td>
<td>2.70%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>4980</td>
<td>4750</td>
<td>-230</td>
<td>4.60%</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6775</td>
<td>6461</td>
<td>-314</td>
<td>4.60%</td>
</tr>
<tr>
<td>W&amp;C total</td>
<td>18522</td>
<td>17841</td>
<td>-681</td>
<td>3.60%</td>
</tr>
</tbody>
</table>
The graph shows DM01 performance over the last two years along with the forecast for 2018/19. This shows continued achievement of the target.
Support Services – Radiology

Radiology
- Income loss
- Failing equipment and replacement programme
- Increase in capacity
- Internal markets and business modelling

Across both CT and MRI modalities SaTH is inline with its peers
SaTH is below the lower quartile with regards to the number of scanners/machines by modality in comparison to its peers.

**Action**

Given that SaTH is inline with its peers on the activity by modality but within the lower quartile for the amount of equipment available, the data would suggest that SaTH requires a robust replacement programme as the machines are subject to a higher level of utilisation than others.

Radiology equipment has a life span of circa 7 years and as you can see from the table on the left, circa 60% of our equipment is older than this.
Support Services

Pathology
- National directive to align with the Black Country network
- Activity will transfer to the hub progressively over the next 5 years
- As the hub becomes established in the Black Country this will introduce operational challenges such as workforce

Pharmacy
- Embed information system to support review of drug usage efficiency
- Roles and responsibilities of pharmacy support to the Trust

Therapies
- Redefinition of roles and responsibilities within the Urgent care work streams
- Sustainable 7 day working model within available resources
Conclusion operational plan overview

TCI: Human Factors/VIP Agreement/Value Stream/Kaizen/5S/5Y

Produced by the Web Development Team