

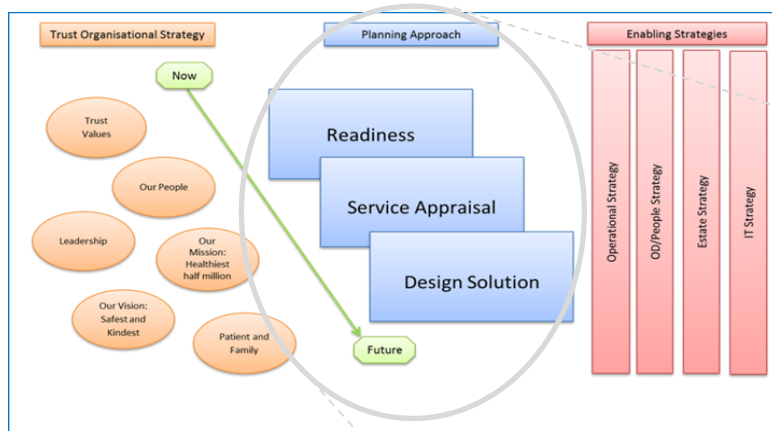
Operational Business Planning 2018-19

Trust Board 29 March 2018



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Operational plan methodology

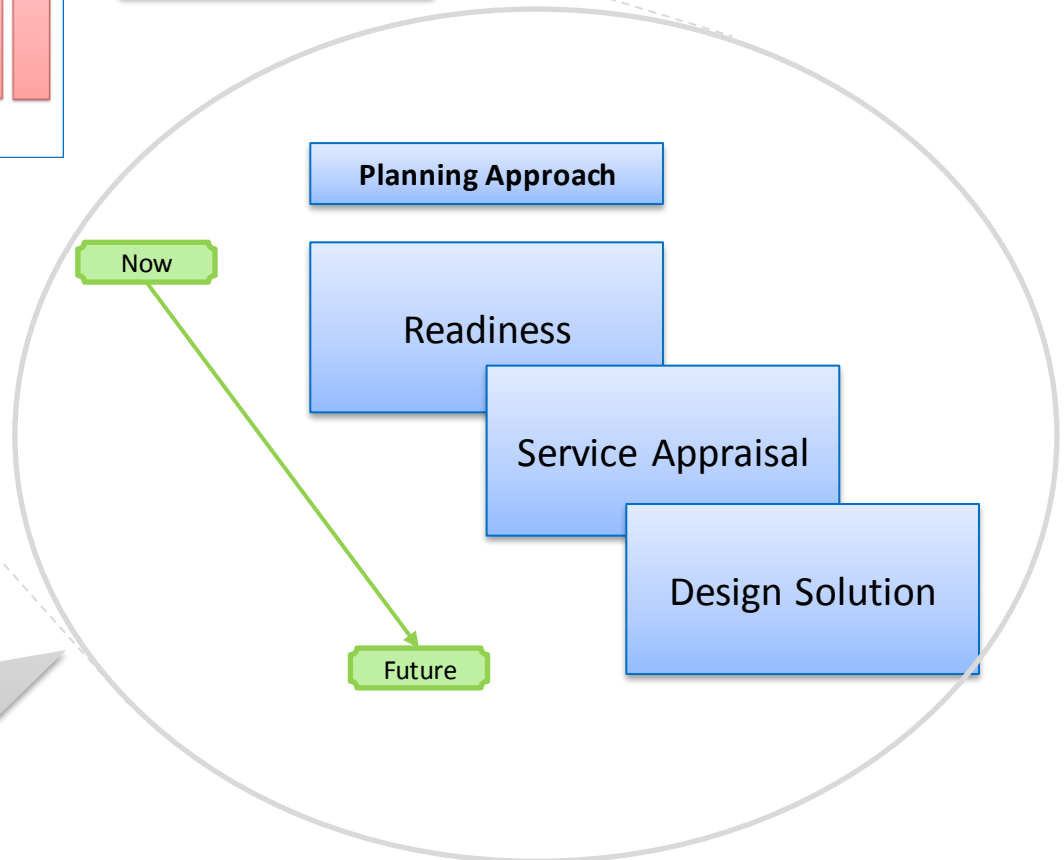


Last year described a methodology for business planning

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.



End of year 1 position



	National standards and targets	Workforce	Finance	Estate/ Infrastructure	Overall position
Unscheduled Care	priority	priority	priority	In progress	priority
Women & Children's	priority	In progress	priority	In progress	priority
Support Services	complete	complete	priority	priority	priority
Scheduled Care	complete	complete	priority	In progress	complete

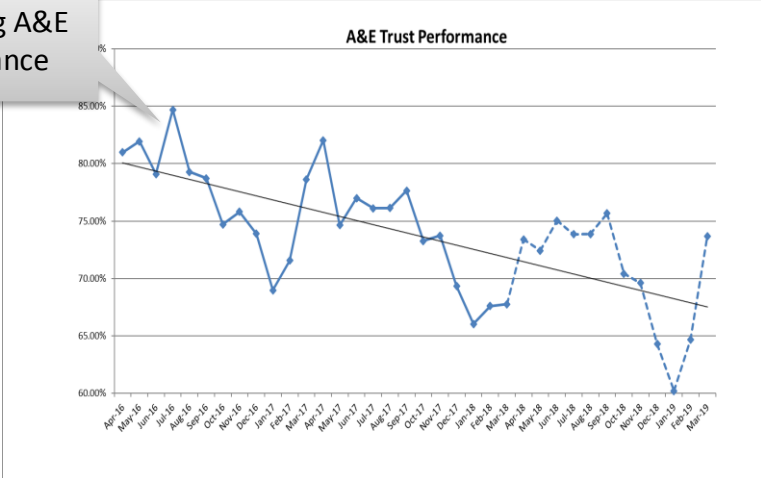
Unscheduled Care,
Women & Children's and
Support Services - level 1
- readiness

Scheduled care – level 2 -
service appraisal/design

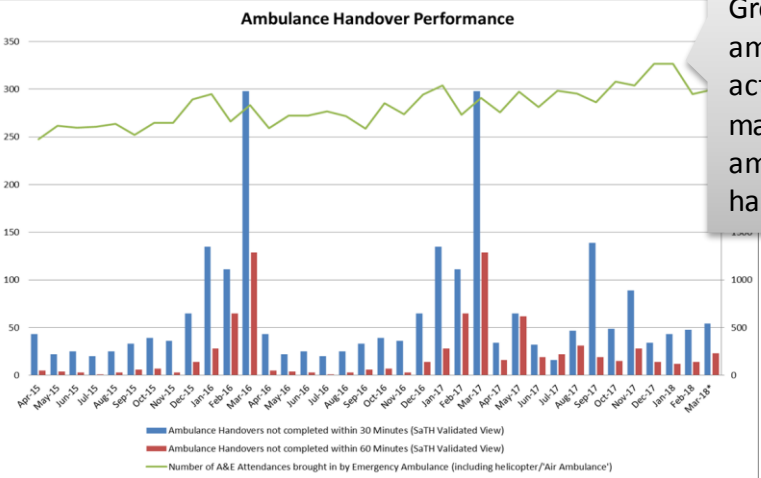
Unscheduled Care - baseline issues

	National standards and targets	Workforce	Finance	Estate/ Infrastructure	Overall position
Unscheduled Care	priority	priority	priority	In progress	priority

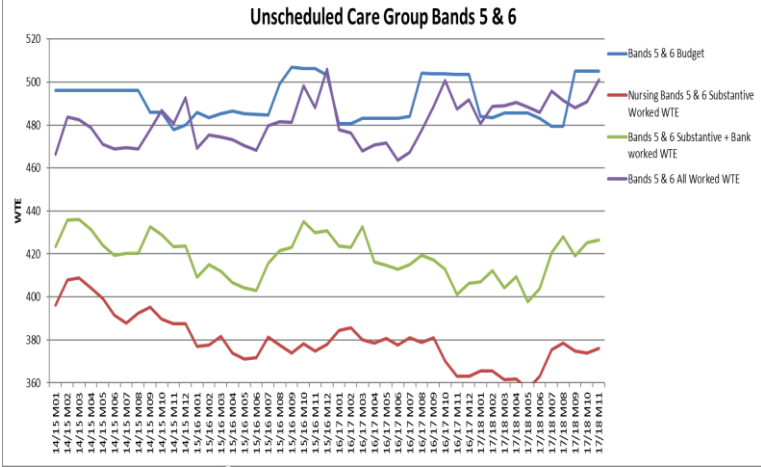
Declining A&E performance



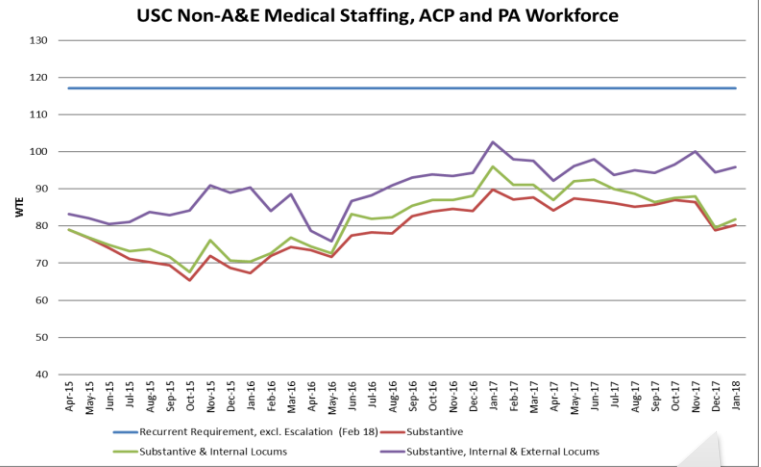
Growing level of ambulance activity and management of ambulance handover



Unscheduled Care Group Bands 5 & 6



USC Non-A&E Medical Staffing, ACP and PA Workforce



Ongoing nursing recruitment difficulty – reliance on agency staff.

Insufficient Junior medical staffing

Unscheduled Care – A&E performance (non-admitted care management)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
SaTH Attendances	7,706	8,393	8,290	8,786	8,235	7,913	8,509	7,824	7,769	8,004	7,352
>4hr Breaches	827	1,192	1,092	1,311	1,219	1,046	1,514	1,195	1,564	1,742	1,487
Performance	89.3%	85.8%	86.8%	85.1%	85.2%	86.8%	82.2%	84.7%	79.9%	78.2%	79.8%

Disposal	Number of Attendances Apr - Feb	% of Total	% RSH	%PRH
Died in Department	21		0%	48%
Discharged - GP follow up treatment	2,365		17%	38%
Discharged - no follow up treatment	8,990		63%	45%
Left Department before being treated	436		3%	40%
Left Department having refused treatment	59		0%	29%
Referred to A&E Clinic	189		1%	22%
Referred to Fracture Clinic	939		7%	34%
Referred to other Health Care Professional	179		1%	25%
Referred to other Out-Patient Clinic	479		3%	32%
Transferred to other Health Care Provider	532		4%	41%
Grand Total	14,189		42%	58%

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

Unscheduled Care – A&E performance (admitted care management)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
SaTH Attendances	2,236	2,339	2,268	2,328	2,224	2,220	2,255	2,262	2,262	2,334	2,111
>4hr Breaches	959	1,530	1,337	1,343	1,277	1,219	1,364	1,454	1,514	1,770	1,579
Performance	57.1%	34.6%	41.0%	42.3%	42.6%	45.1%	39.5%	35.7%	33.1%	24.2%	25.2%



70
YEARS
OF THE NHS
1948 - 2018

NHS

Interim Management and Support

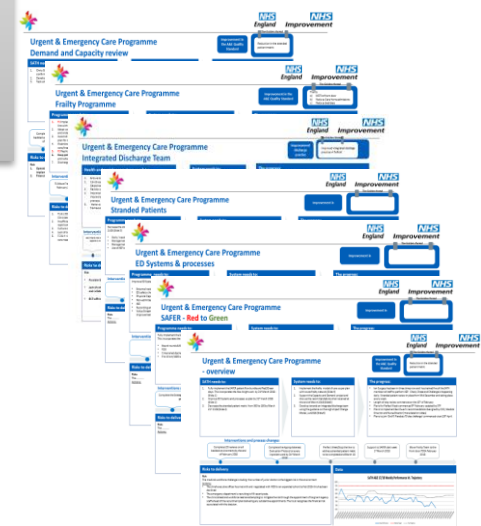
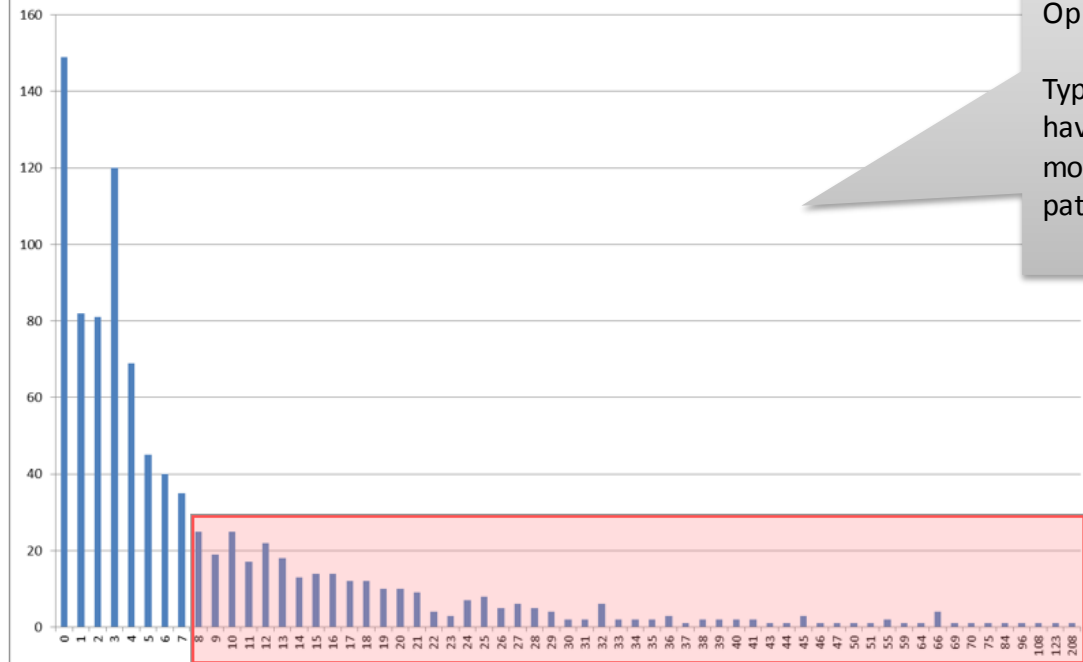


External support has highlighted a significant issue of stranded patients (consistent with 2017/18 Op plan).

Typically 300+ patients have a length of stay of more than 7 days (stranded patients).

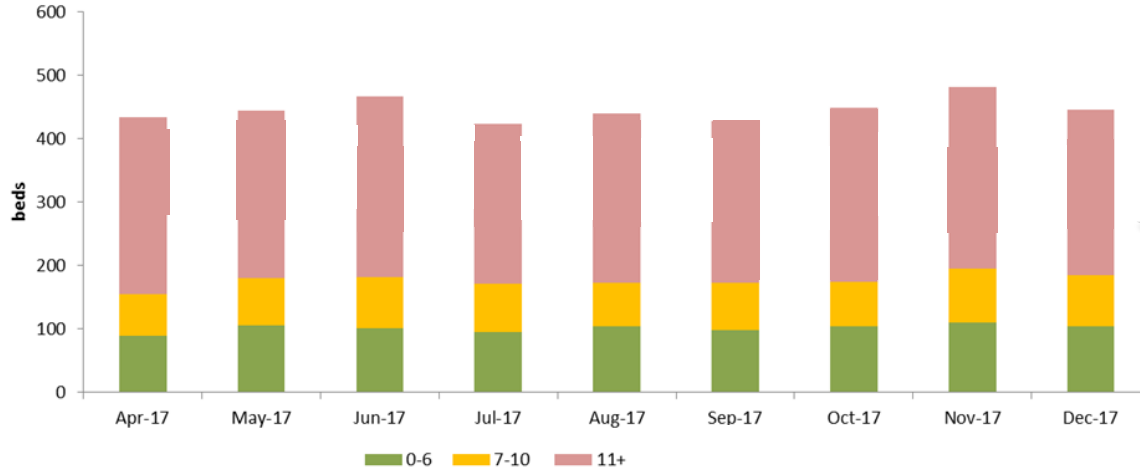
The table demonstrates the admitted trajectory for 2017/18. On average this contributes 22% of the overall A&E performance assessment.

Patient Profile as at 26.03.2018



The reason stranded patients are relevant

USC bed distribution by month

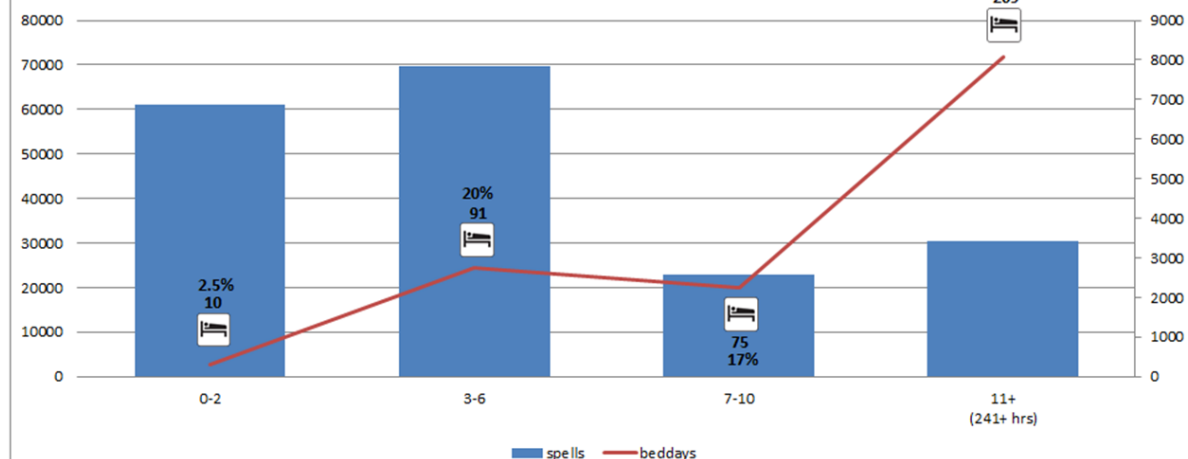


Stranded patients consistently throughout the year average 300 – 340 per day

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

Length of Stay	Activity	Beds
0-2	33.1%	2.3%
3-6	37.8%	20.4%
Sub Total	70.9%	22.8%
7-10	12.5%	16.8%
11+	16.6%	60.4%
Sub Total	29.1%	77.2%

USC bed distribution
(based on 2017.18 YTD data)



Admitted care solution (1)

Action	Patients	Beds
Total beds including Paediatrics	765	765
Winter period	(35)	(30)
	730	735
SaTH2Home	(10)	(10)
92%	(48)	
Escalation beds removed	(64)	(64)
	608	661
Stranded patient reduction	(122)	

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 .

Admitted care solution (2)

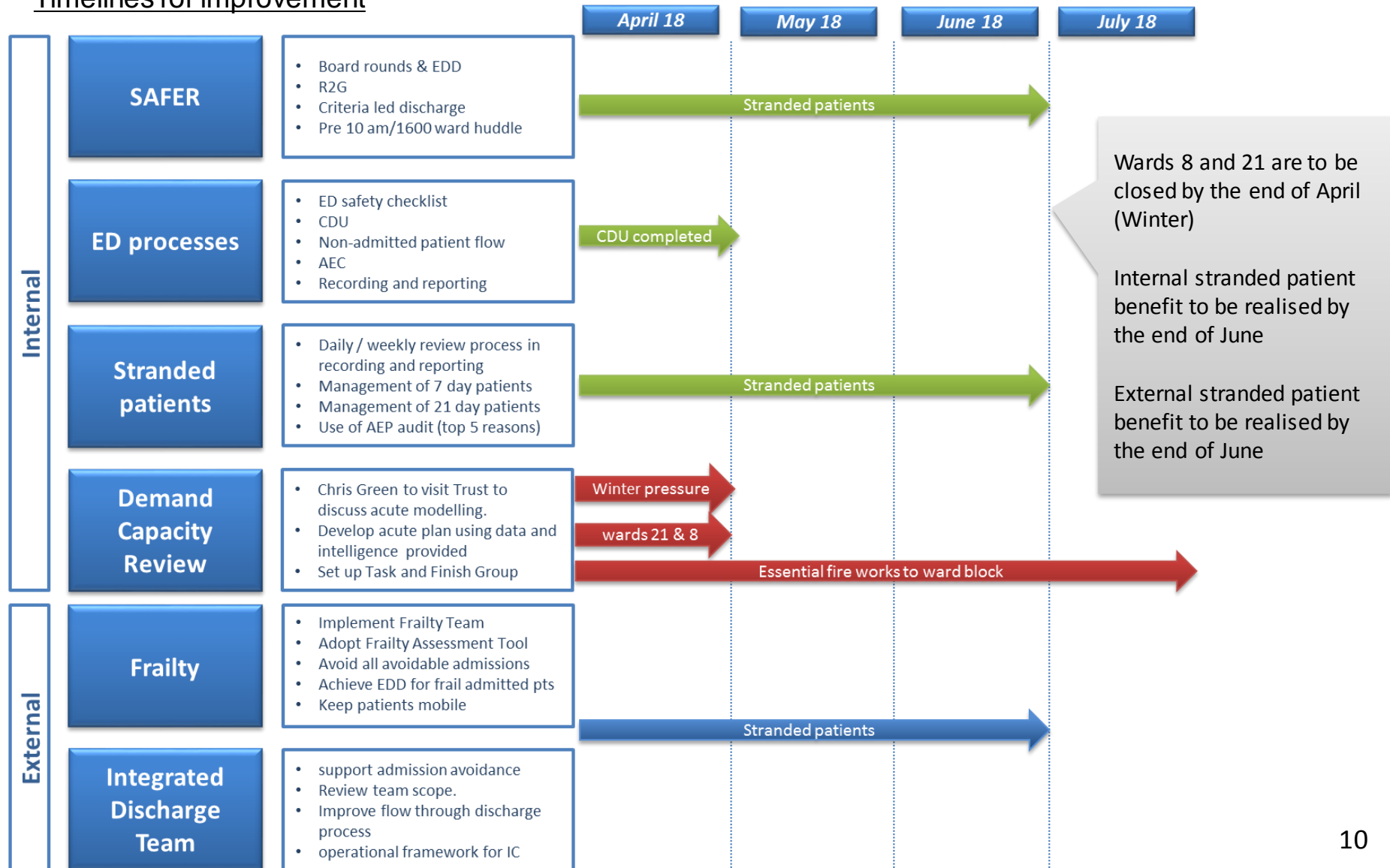
Action	Responsibility	Patients
Total Stranded patient reduction		(122)
SaTH internal processes	SaTH	(44)
System pathway 1,2 & 3	System	(46)
Powys delays	System	(12)
EMI beds	System	(4)
Social Care complex discharges	System	(18)
Avoidable admissions	System	(20)
Total estimated Stranded Patient reduction		(144)

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

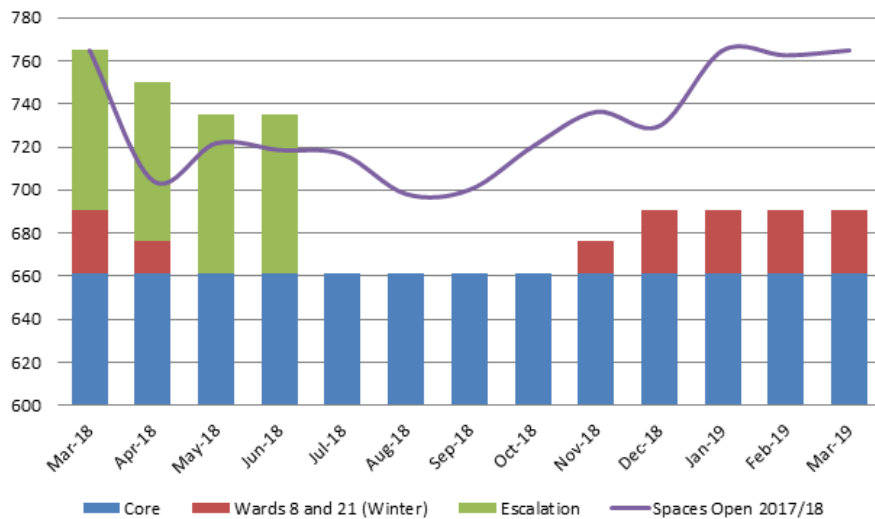


Admitted care solution (4) – How the position changes

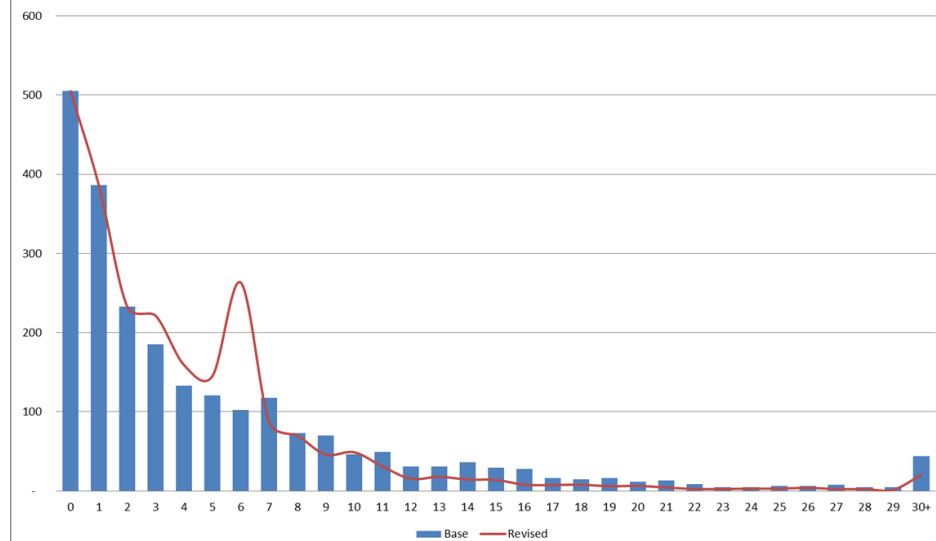
Temporary beds decline through removal of unnecessary escalation beds
30 beds introduced to respond to Winter pressure

122 stranded patients transferred to the period
0-7 days

Bed Composition



USC Patient Profile (based on February 2018)

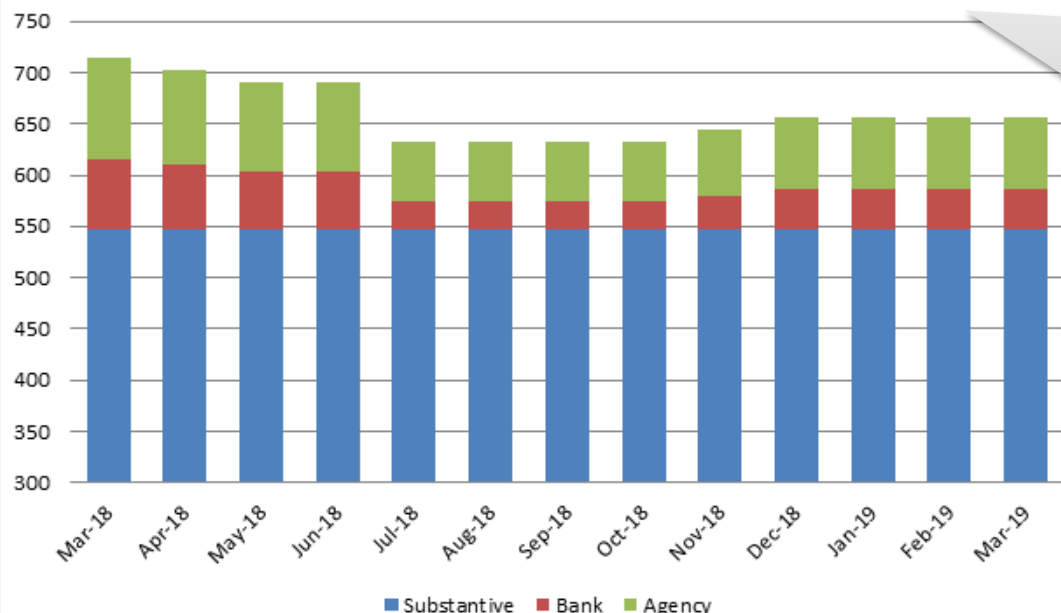


- Admitted performance expected to be 85% based upon 92% bed occupancy
- Non admitted performance improves by 4.5% following implementation of CDU and improved streaming at PRH

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Admitted Performance	53.4%	32.1%	38.9%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Non Admitted Performance	88.0%	83.8%	84.6%	87.3%	87.3%	89.4%	83.9%	84.9%	79.6%	77.2%	81.2%	90.2%
Consolidated Performance	80.4%	72.4%	75.0%	86.8%	86.8%	88.4%	84.1%	84.9%	80.8%	79.0%	82.0%	89.0%

Workforce solution (5)

RN Workforce



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

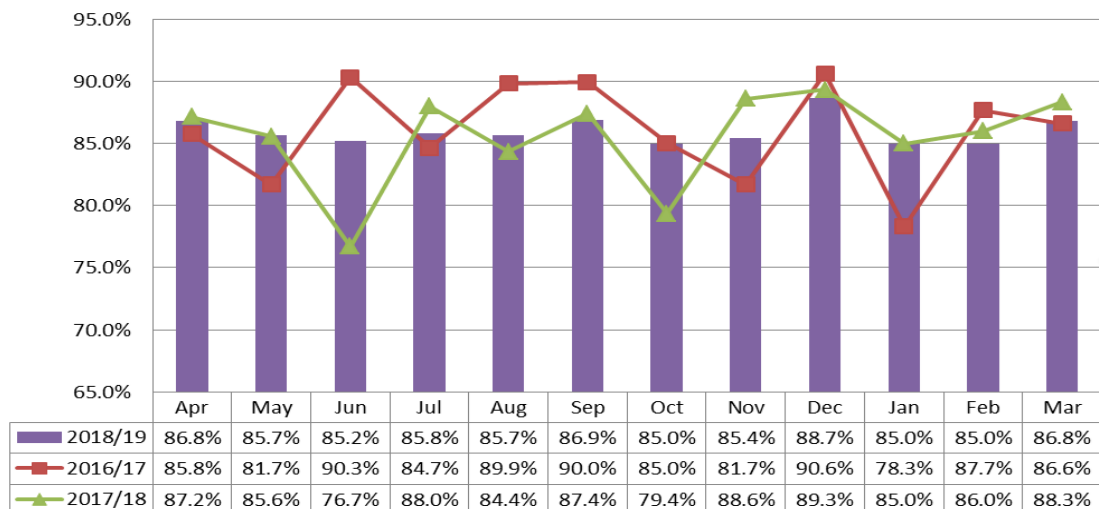
- Progressive improvement in junior medical capacity
- The proposed workforce plan below shows an investment of 20.34 wte junior medical staff at a cost of £894k in year 1

	17/18 Run Rate (Exc Winter)		Year 1		Year 2		Year 3	
	WTE	£000	WTE	£000	WTE	£000	WTE	£000
Proposed Workforce Plan	96.78	(6,329)	117.12	(7,223)	127.12	(7,398)	127.12	(7,269)
Increase in Expenditure from 17/18 Expenditure			20.34	(894)	30.34	(1,069)	30.34	(940)

Scheduled Care – baseline performance

	National standards and targets	Workforce	Finance	Estate/ Infrastructure	Overall position
Scheduled Care	complete	complete	priority	In progress	complete

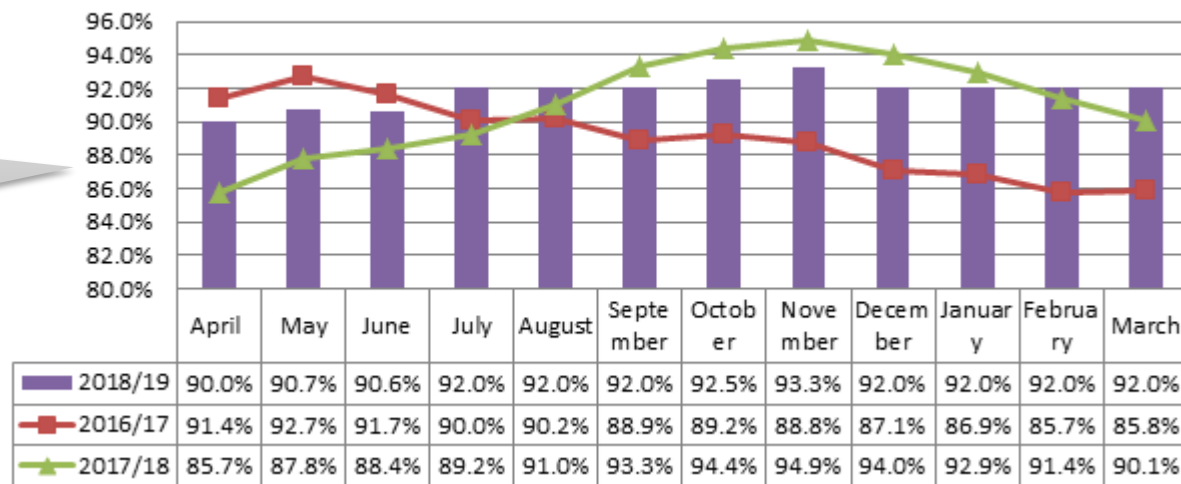
Cancer Performance



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.

RTT Performance



Scheduled Care – GE Matrix

		Care Group Service Strength		
Service Attractiveness		High	Medium	Low
	High	Protect Service <ul style="list-style-type: none"> Invest/develop to grow Concentrate effort on maintaining strength 	Invest to expand/improve <ul style="list-style-type: none"> Challenge for leadership Develop selectively on strengths Reinforce vulnerable areas 	Develop selectively <ul style="list-style-type: none"> Focus on limited strengths Seek areas for improvement Amend service offer if sustainability is challenged
	Medium	Develop selectively <ul style="list-style-type: none"> Invest/develop in most attractive elements Increase efficiency and defend competition 	Select/manage for improvement <ul style="list-style-type: none"> Protect existing services Concentrate improvements in elements where efficiency is good and risks are low 	Limited expansion/reduce <ul style="list-style-type: none"> Seek ways to improve without high risk or minimise investment and amend service offer
	Low	Protect and Refocus <ul style="list-style-type: none"> Manage for current service activity Concentrate on attractive elements Defend strengths 	Manage for improvement <ul style="list-style-type: none"> Protect most efficient elements Improve core areas with minimal investment 	? Core business <ul style="list-style-type: none"> Amend service offer and reduce costs Plan for service withdrawal

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

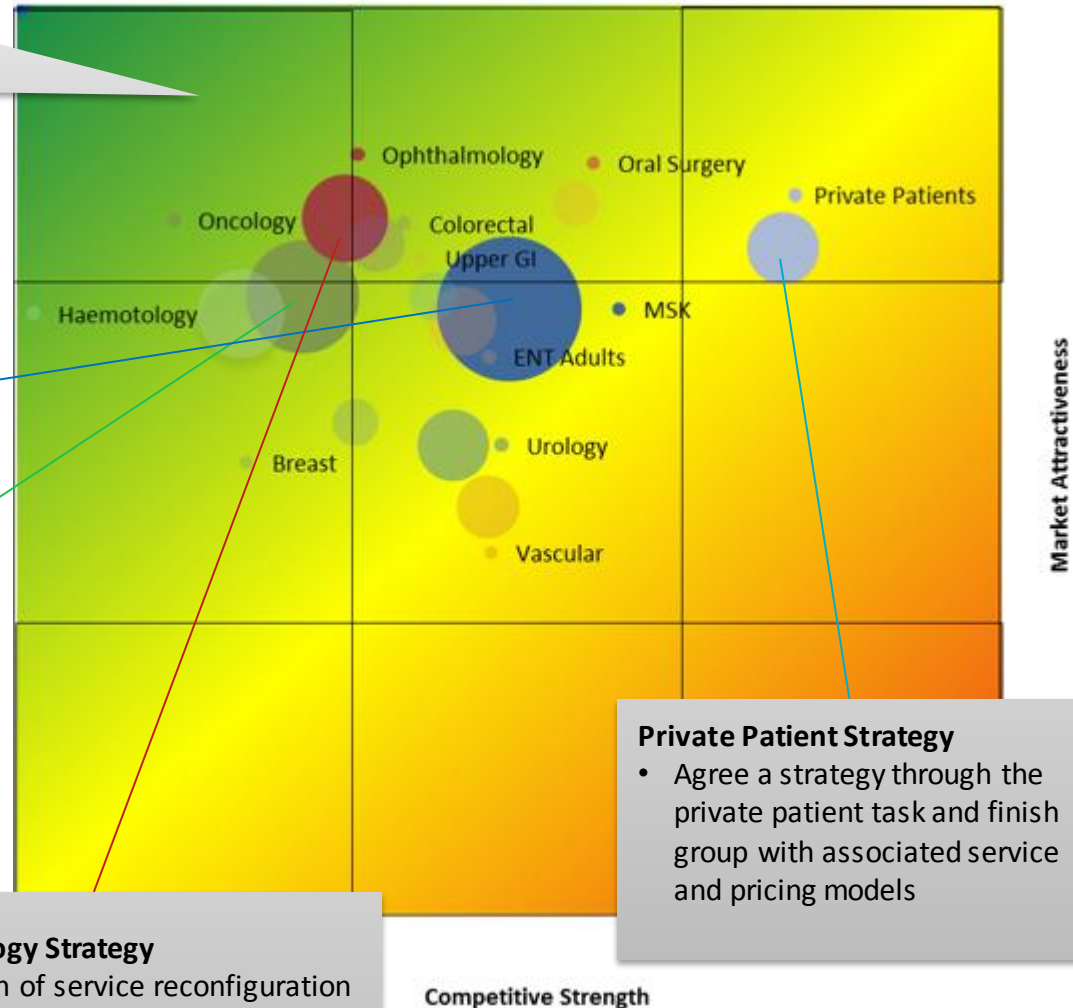
- Technology developments – Cancer App
- Investment at PRH
- Workforce plan to respond to growing demand

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

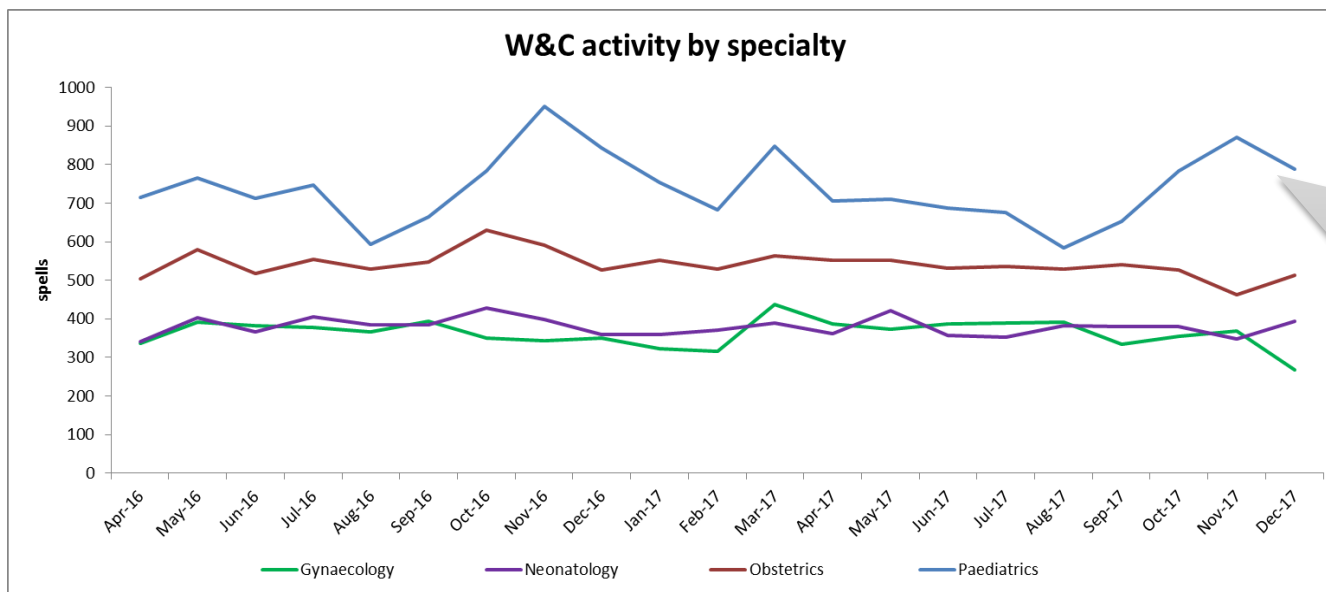


Scheduled Care – further potential operational development areas

- **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

Women & Children's – baseline issues

	National standards and targets	Workforce	Finance	Estate/ Infrastructure	Overall position
Women & Children's	priority	In progress	priority	In progress	priority



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

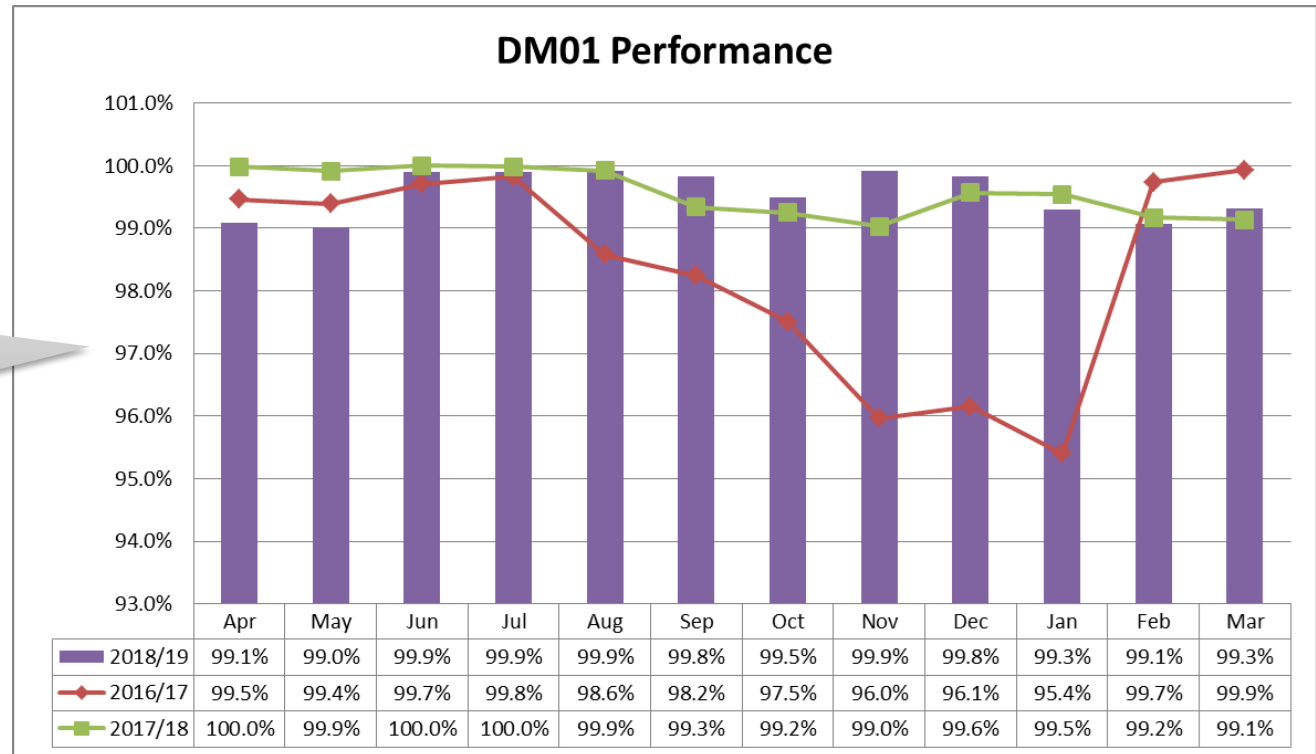
- Decline nationally in the number of births
- Repatriation of SaTH activity to other providers

Specialty	spells			
	comparing months	comparing months	Variance	% shift
	1-9 2016/2017	1-9 2017/2018		
Gynaecology	3293	3252	-41	1.20%
Neonatology	3474	3378	-96	2.70%
Obstetrics	4980	4750	-230	4.60%
Paediatrics	6775	6461	-314	4.60%
W&C total	18522	17841	-681	3.60%

Support Services - baseline performance

	National standards and targets	Workforce	Finance	Estate/ Infrastructure	Overall position
Support Services	complete	complete	priority	priority	priority

The graph shows DM01 performance over the last two years along with the forecast for 2018/19. This shows continued achievement of the target.

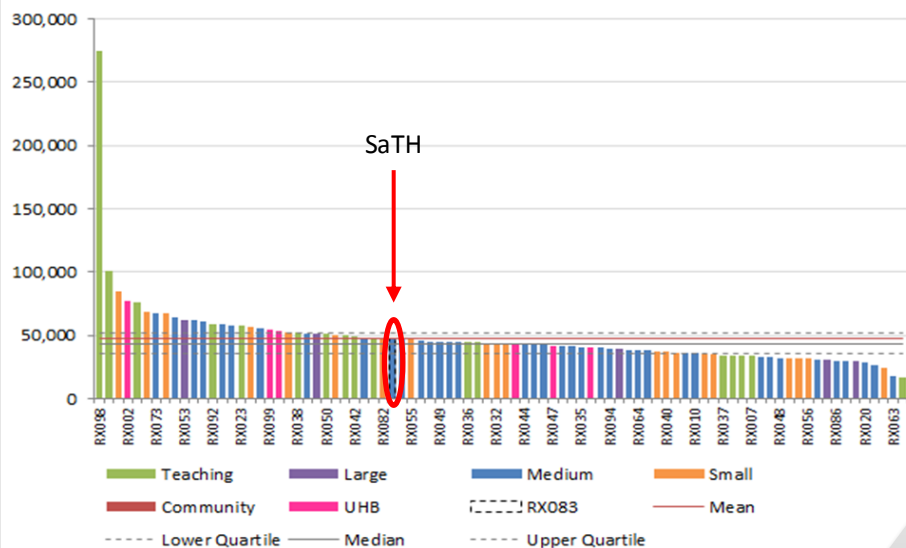


Support Services – Radiology

Radiology

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

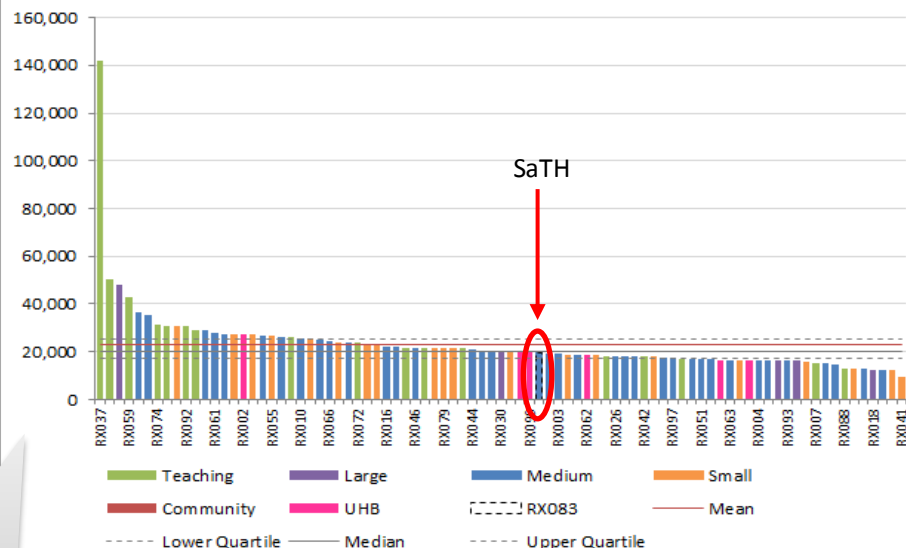
Examinations by modality - CT per 100,000 spells



RX083 - Value	46,928
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Peer group:	All Trusts
Mean	47,748
Lower Quartile	35,134
Median	43,458
Upper Quartile	51,745

Examinations by modality - MRI per 100,000 spells

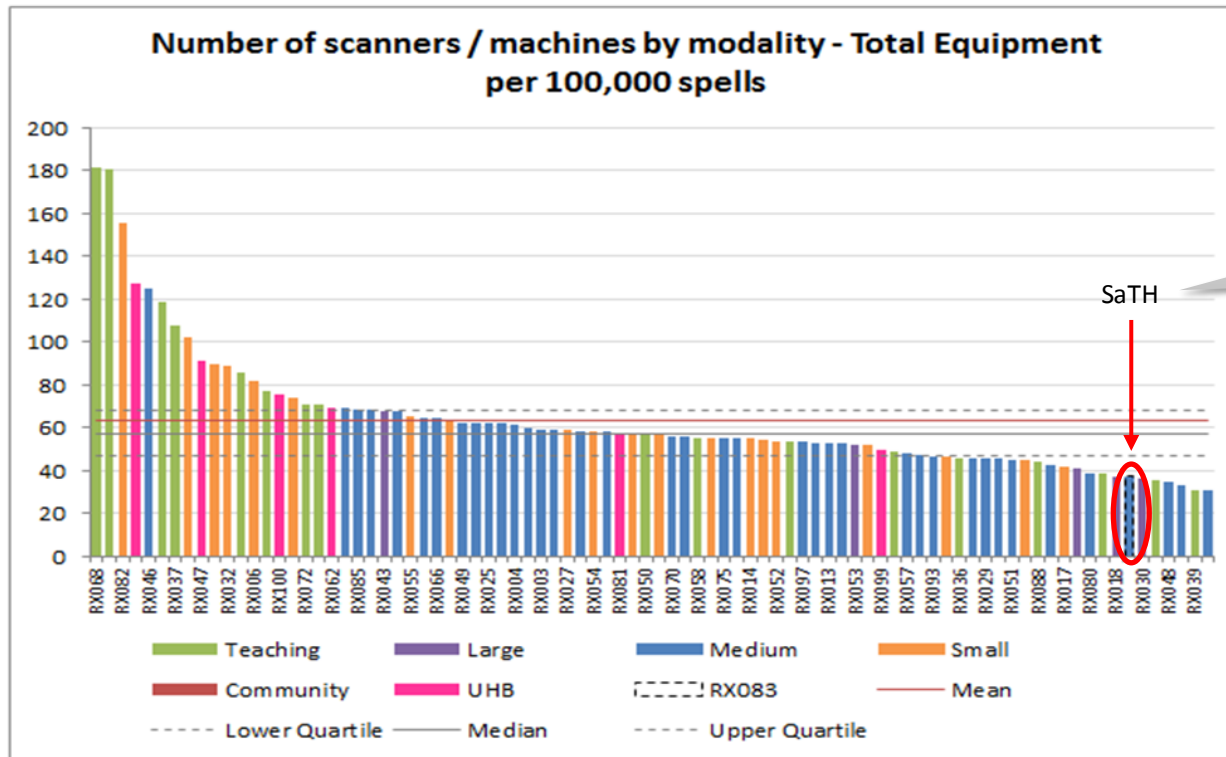


RX083 - Value	19,508
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Peer group:	All Trusts
Mean	23,117
Lower Quartile	16,974
Median	20,049
Upper Quartile	25,382

Across both CT and MRI modalities SaTH is inline with its peers

Support Services – Radiology



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.

Age Years	No	Gross (original purchase value) £	% No	% Gross
1-5	38	2,347,213	40%	25%
6-10	28	2,816,998	30%	31%
11-15	18	3,330,768	19%	36%
Over 15	10	718,302	11%	8%
Total	94	9,213,281	100%	100%

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

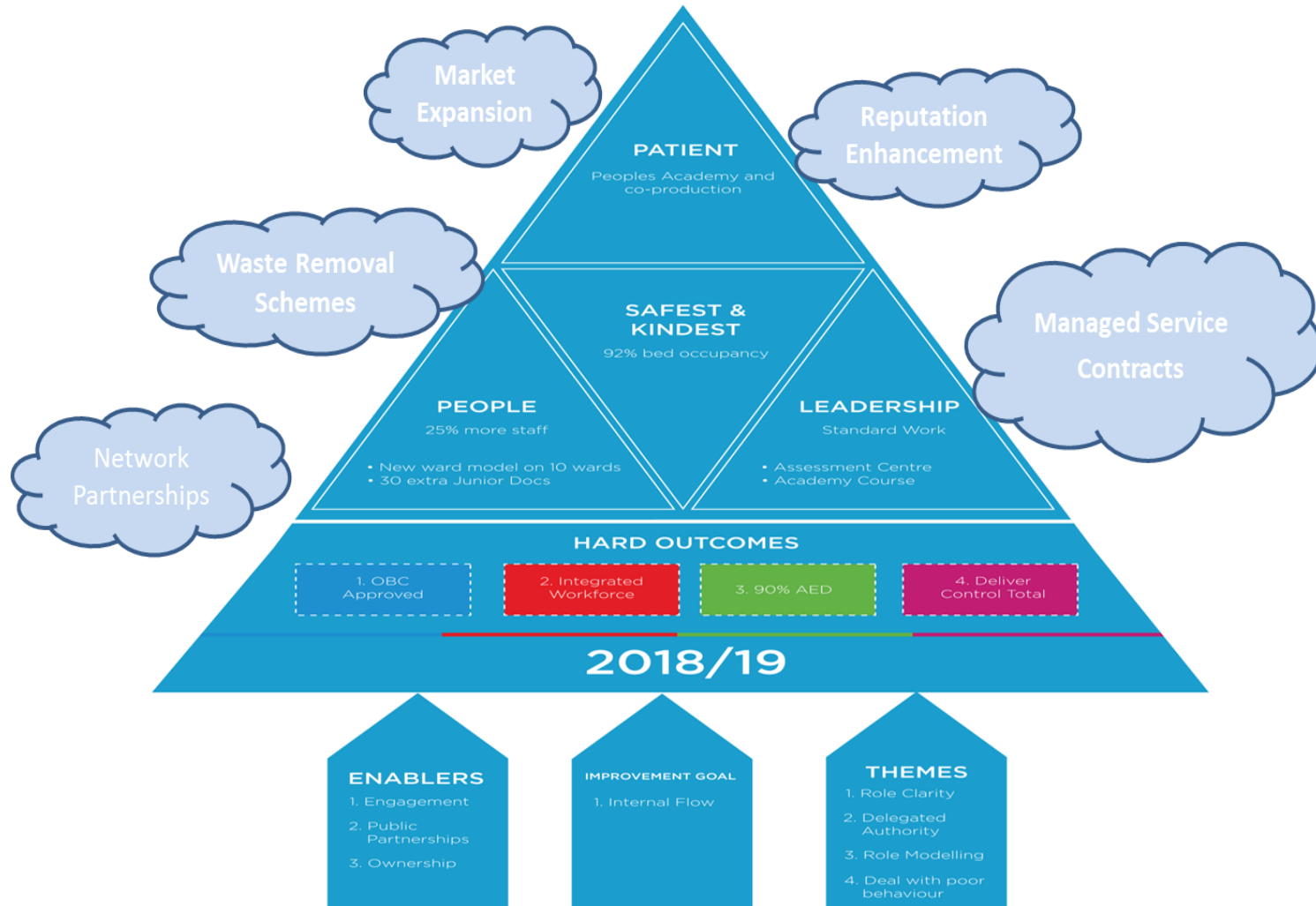
Pharmacy

- 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



Produced by the Web Development Team