

Sandwell and West Birmingham Hospitals NHS Trust
Midland Metropolitan Hospital Project
Outline Business Case

Appendix 5e Review Against Trajectory: February 2014 report to Trust Board

MMH & RECONFIGURATION CLE COMMITTEE

DOCUMENT TITLE:	Monitoring Progress Towards LTFM/RCRH Activity and Capacity Trajectories
SPONSOR (EXECUTIVE DIRECTOR):	Mike Sharon, Director of Strategy and Organisational Development
AUTHOR:	Jayne Dunn, Redesign Director RCRH
DATE OF MEETING:	11 th February 2014

EXECUTIVE SUMMARY:

Version 5.7 a, of the Activity & Capacity Model has annual trajectories for activity, capacity and income at a Trust, Clinical Group and Specialty level. In order to ensure the Trust is on track 'to fit into' MMH and community facilities once MMH is open and operational progress against trajectories will be monitored on a monthly basis.

The purpose of this paper is to present the corporate level monitoring report for April-December 2013 to the MMH & Reconfiguration CLE Committee.

REPORT RECOMMENDATION:

The MMH & Reconfiguration CLE Committee is recommended to:

- Accept this monitoring report and discuss the key themes.

ACTION REQUIRED (*Indicate with 'x' the purpose that applies*):

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
x		x

KEY AREAS OF IMPACT (*Indicate with 'x' all those that apply*):

Financial	X	Environmental		Communications & Media	
Business and market share	X	Legal & Policy	X	Patient Experience	X
Clinical	X	Equality and Diversity		Workforce	

Comments:

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

This report aligns to our Corporate Objectives of *Care Closer to Home* and *21st Century Facilities* and to the following priorities for 2013/14:

- Make progress with MMH
- Implement a number of RCRH pathways.

PREVIOUS CONSIDERATION:

January 2014: *Monitoring Progress Towards LTFM/RCRH Activity and Capacity Trajectories* presented to the MMH & Reconfiguration CLE Committee.

Monitoring Progress with LTFM/RCRH Activity and Capacity Trajectories

February 2014

1. Introduction

Version 5.7 a, of the Activity & Capacity Model has annual trajectories for activity, capacity and income at a Trust, Clinical Group and Specialty level. It is important that progress against these trajectories is monitored in order to ensure the Trust is on track 'to fit into' MMH and community facilities once MMH is open and operational and to allow time to implement mitigating actions if there is a significant variance from the trajectories.

The purpose of this paper is to present the corporate level monitoring report for the period April-December 2013 to the MMH & Reconfiguration CLE Committee for discussion.

2. Corporate Monitoring Reports

The recent articulation of activity trajectories for the Service Development income in the LTFM has not yet been included in the overall trajectories within this report. This will have particular implications for the community trajectories.

The Appendices contain the following monitoring graphs:

- Admitted Patient Care: Elective Spells, Day Case Spells, Non-Elective Spells
- Bed Capacity: Bed numbers (work still on-going to clarify current bed days & average length of stay)
- Outpatient Attendances: Cumulative, New, Review, Outpatient with Procedure
- Emergency Attendances
- Maternity & Neonates: Delivery Spells, Antenatal Pathway Contacts & Neonatal Occupied Cot Days
- Community: Total & key activity streams.

Each graph shows:

2012/13 actual activity

2013/14 contracted/planned activity

2013/14 actual activity up to end of December 2013

2014/15 LTFM trajectory activity

2019/20 LTFM trajectory activity post opening of MMH.

Key Themes:

It is too early to draw firm conclusions with regard to implications of current activity levels on MMH capacity and to make changes to the later. However of particular significance are:

- Within the trajectory outpatient attendances are forecast to reduce significantly but current activity levels are higher than 2013/14 plan and 2012/13 actual. Continuation of this trend would have workforce implications in terms of not being able to release consultant time from outpatient activity to support acute inpatient care and 24/7 or extended hours working.
- Overall emergency attendance activity is above contract/plan although within this there is a decrease in ED attendances and increase in Urgent Care/GP work stream activity. Continuation of the overall increase may have implications for ED capacity in MMH but the biggest implication is the need to agree the service model for urgent care in terms of location (and therefore potential capacity/design in MMH) and workforce.
- Key issue for bed numbers is switch from acute to intermediate care and the need to reflect this in contracts.

3. Next Steps

- Discuss links with TSO & Transformation Plan work to ensure consistency and prevent duplication – February 2014

- Present corporate level monitoring graphs to Configuration Board Committee – February 2014
- Once format of monitoring graphs agreed, develop and present monitoring graphs at Clinical Group level – February 2014
- Incorporate Service Development activity into trajectories – March 2014
- Include in future reports , bed days, length of stay and Health Visiting activity – March /April 2014
- Discuss monitoring graphs with Clinical Group Management Teams and agree level for specialty monitoring graphs (e.g. top 10 specialties overall or by activity type, Clinical Directorate level etc) and frequency of updates, circulation list etc. – February/March 2014
- Produce first specialty level monitoring graphs – March/April 2014
- Executive to present first report regarding whole system progress to deliver the trajectories along with any material future system planning documents to the Trust Board - April 2014.

4. CONCLUSION AND RECOMMENDATIONS

This paper has presented the first corporate level graphs for monitoring progress against the RCRH/LTFM activity and capacity trajectories.

The MMH & Reconfiguration CLE Committee is recommended to:

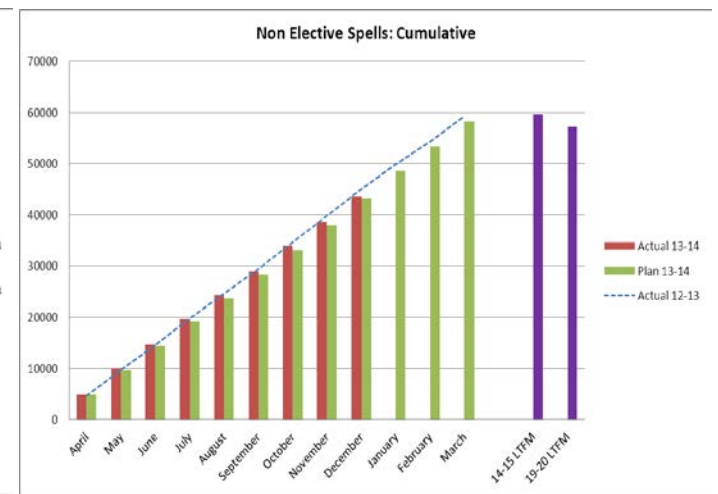
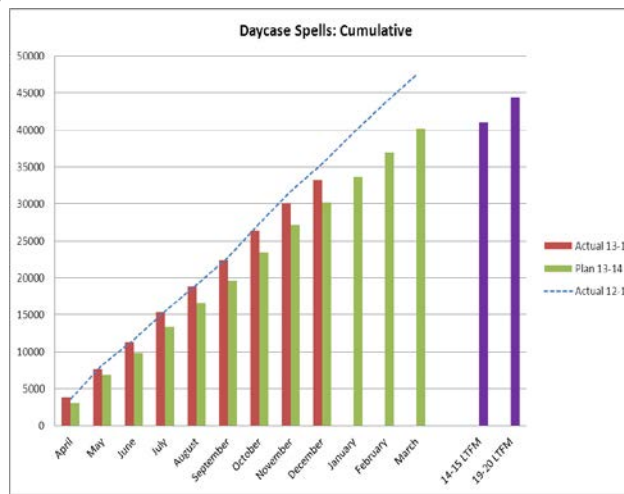
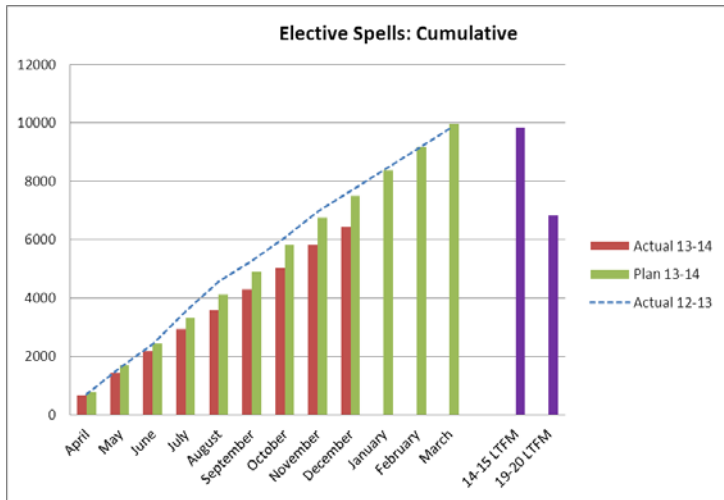
- Accept this monitoring report and discuss the key themes.

MONITORING TRAJECTORY GRAPHS – ADMITTED PATIENT CARE

Summary	12-13		13-14		14-15	19-20	13-14 Variance %
	Actual	Plan	Annual	YTD	Annual	Annual	
			Plan	Actual	Plan	Plan	
DC	47,500	40,154	30,164	33,292	41,010	44,454	10.4%
EL	9,808	9,981	7,498	6,434	9,832	6,828	-14.2%
EM	59,246	58,219	43,225	43,459	59,673	57,173	0.5%

In summary for admitted patient care:

- The elective trajectory includes a 32% reduction in inpatient spells & 11% increase in day case spells from 2013/14 planned levels to 2019/20. 2013/14 activity continues to be above plan (5.4%) with an underperformance in elective spells and over performance in day case spells.
- The non-elective trajectory includes a 2% reduction. 2013/14 activity continues to be above planned levels by 0.5% (compared to 1.9% at the end of November).



MONITORING TRAJECTORY GRAPHS – BED CAPACITY

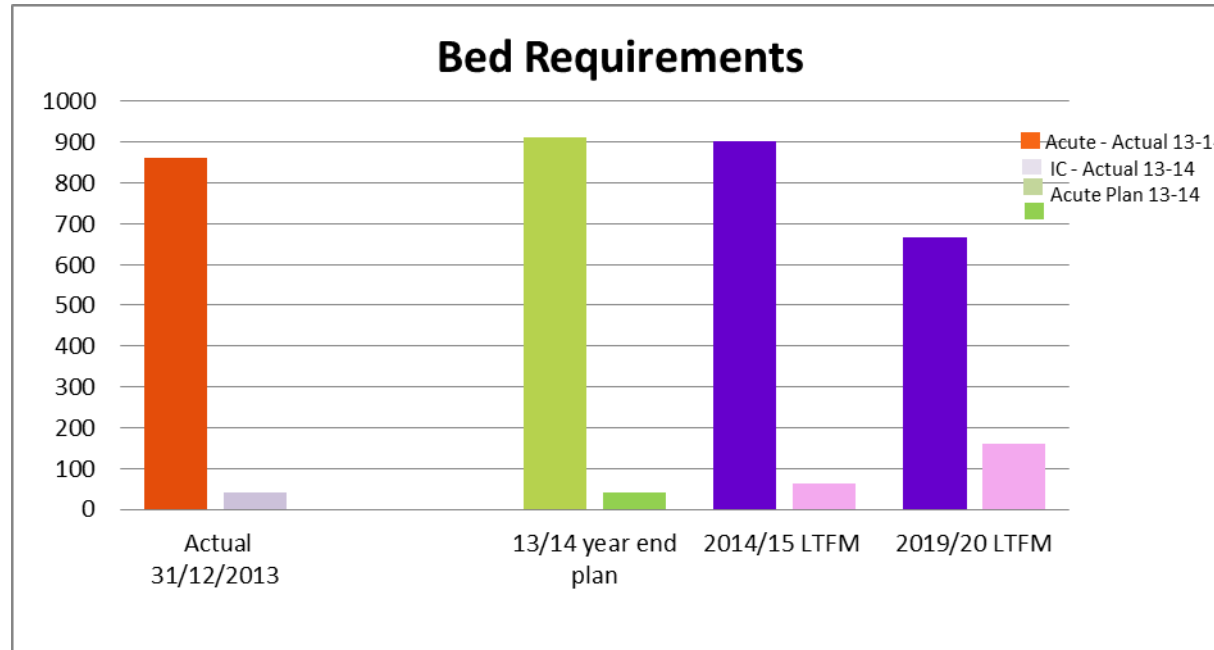
	Actual 31/12/2013	13/14 year end plan	2014/15 LTFM	2019/20 LTFM
Beds Open on the Last day of month				
Acute beds*	860	911	901	666
Intermediate beds**	42	42	64	159

* current acute beds include: 48 MFFD beds & an additional 12 trollies for maternity to reflect future counting

**Future ICBs include 9 bed provision for previous HOBpct

In summary for bed capacity:

- The bed trajectory includes a 27% acute bed reduction from the 13/14 year end plan and 378% increase in intermediate care beds by 2019/20
- The position for acute beds as at 31.12.13 is currently 6.6 % lower than plan. Some of this is represented in the bed returns as: paediatrics have 50 beds open – 6 beds less than capacity (due to staffing vacancies), critical care indicate only 18 beds open as based on points and not the physical bed capacity of 30-32 beds and medicine appear to have 9 beds less than plan.

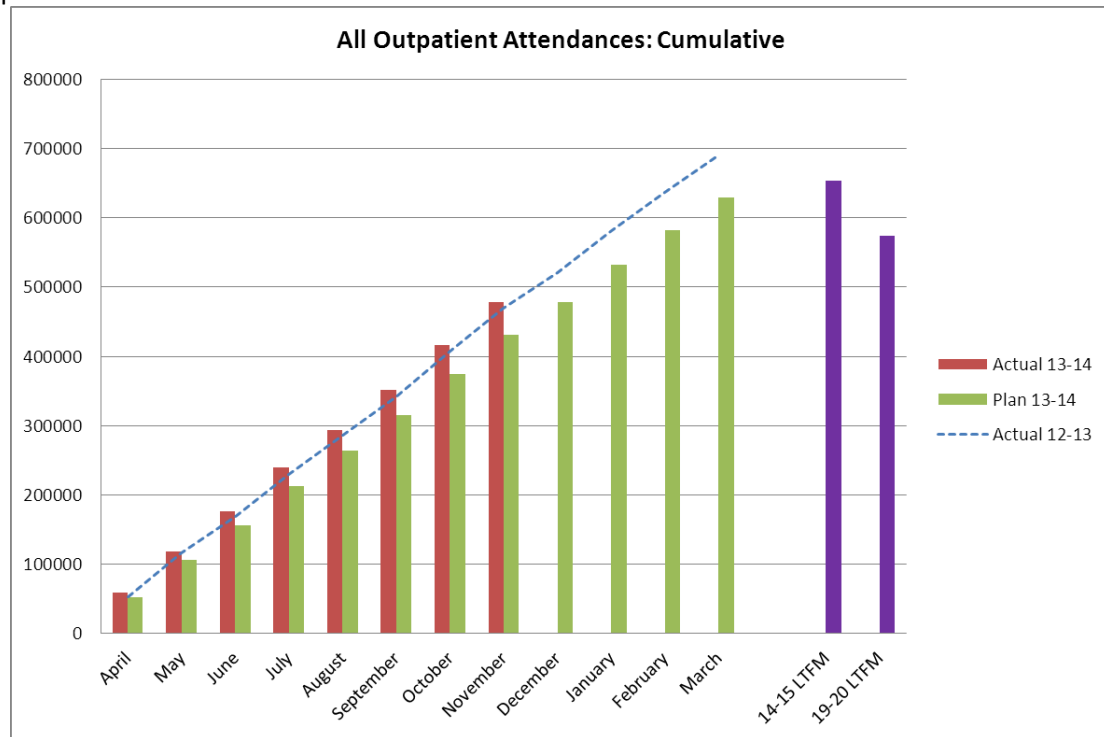


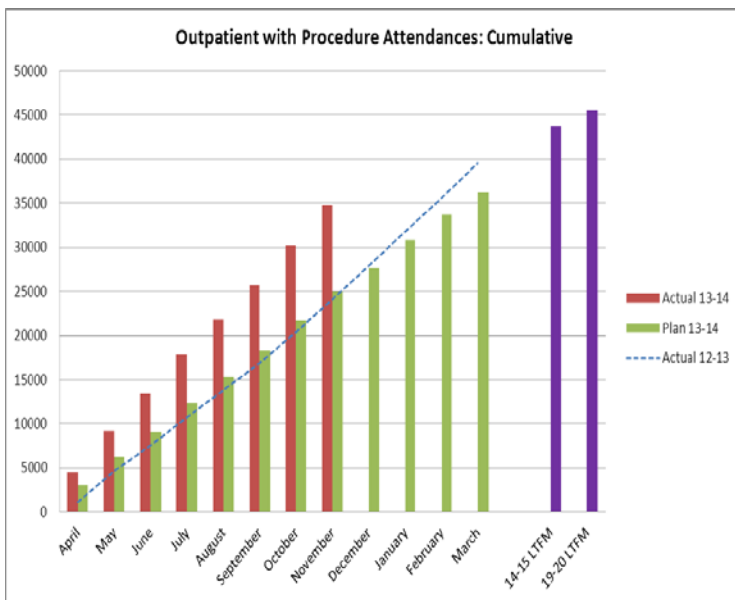
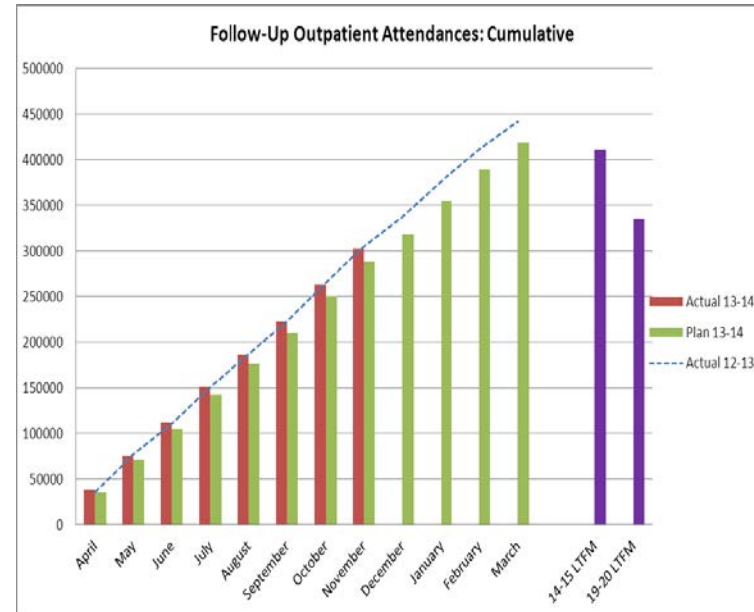
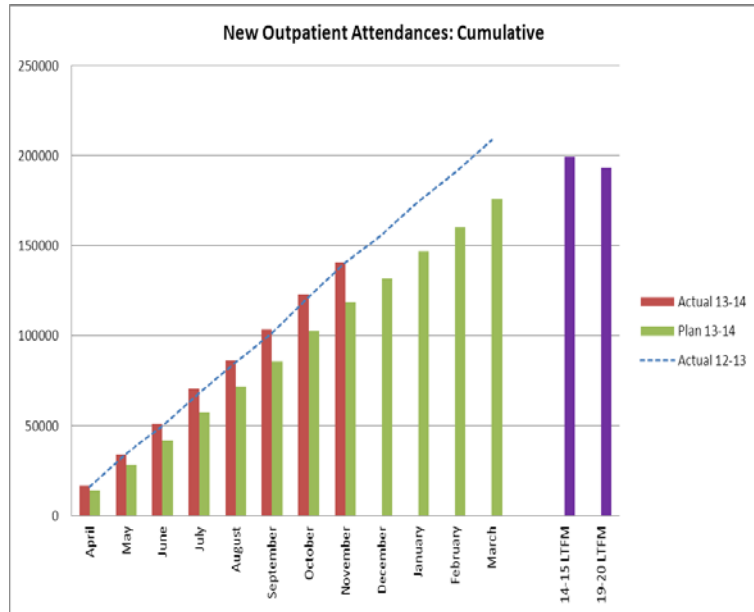
MONITORING TRAJECTORY GRAPHS – OUTPATIENT ATTENDANCES

Summary	12-13		13-14		14-15		19-20		13-14 Variance %
	Actual	Annual Plan	YTD Plan	YTD Actual	Annual Plan	Annual Plan			
OP New	208,624	175,787	131,594	155,772	199,610	193,366			18.4%
OP Review	442,390	417,935	318,592	336,458	410,893	335,334			5.6%
OP Proc	39,534	36,277	27,654	39,061	43,766	45,511			41.3%

In summary for Outpatient Attendances:

- The outpatient trajectory includes an overall 9% reduction from 2013/14 planned levels to 2019/20 levels and in particular an 18% reduction in follow up attendances
- 2013/14 activity is 11.3% higher than planned levels.





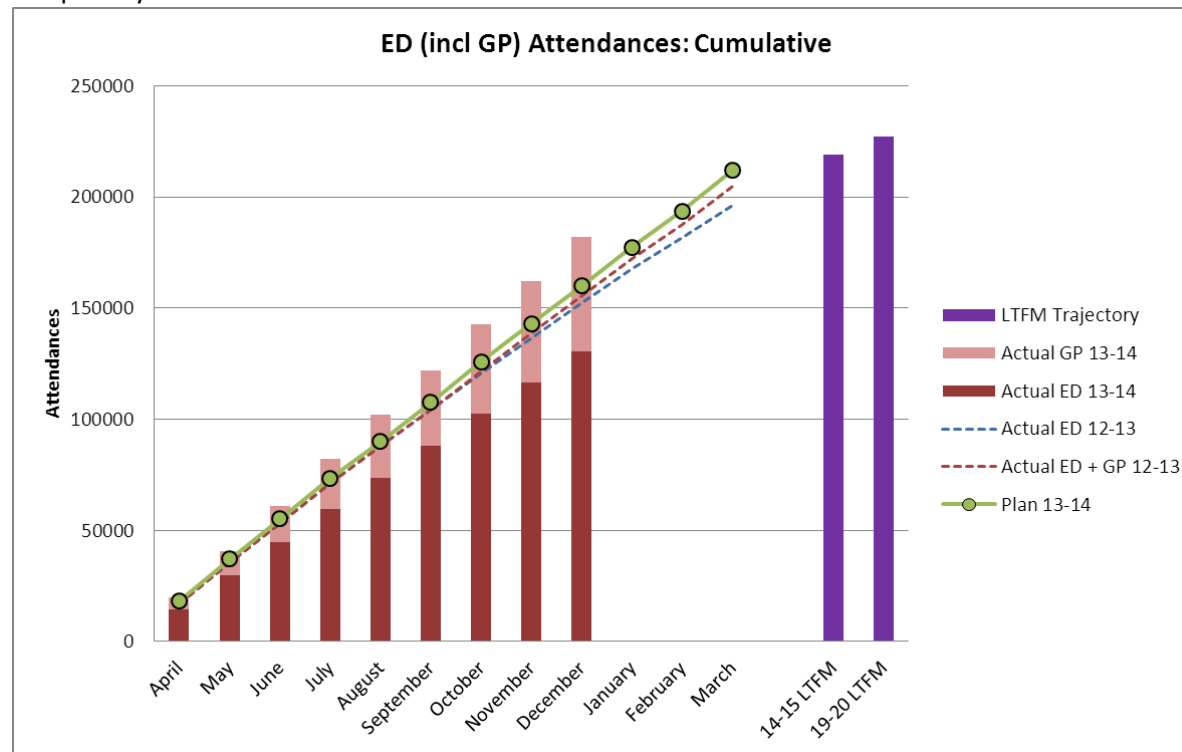
APPENDIX 4

MONITORING TRAJECTORY GRAPHS – ED ATTENDANCES

Summary	12-13		13-14		14-15	19-20	13-14 Variance %
		Annual	YTD	YTD	Annual	Annual	
	Actual	Plan	Plan	Actual	Plan	Plan	
ED	196,248	211,893	159,937	130,660	179,114	154,908	-18.3%
GP	8,764	0	0	51,339	39,838	72,258	
Total	205,012	211,893	159,937	181,999	218,952	227,166	13.8%

In summary for Emergency Attendances:

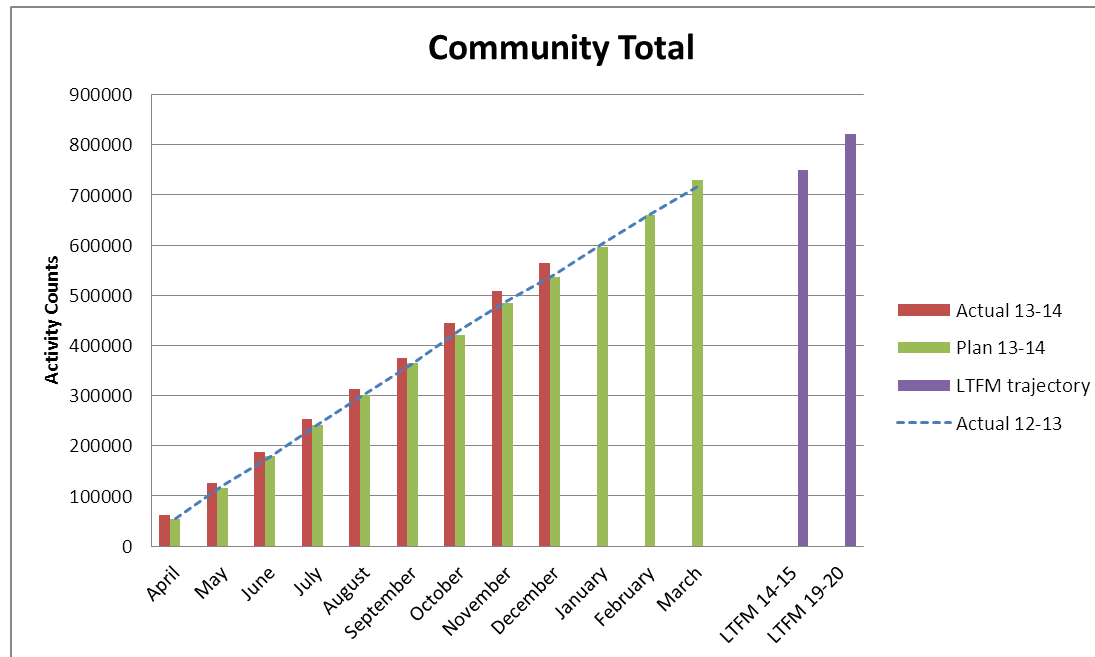
- Overall the trajectory includes a 7.2% increase from 2013/14 planned levels to 2019/20 but with a shift from ED attendances to urgent care attendances (labelled GP in graph & table to reflect the current GP streams in the EDs). It should be noted the 2013/14 contract did not differentiate ED and GP activity and GP activity has only been counted within overall emergency attendances since November 2012 at Sandwell and later at City.
- Overall activity in 2013/14 is above plan by 13.8%.

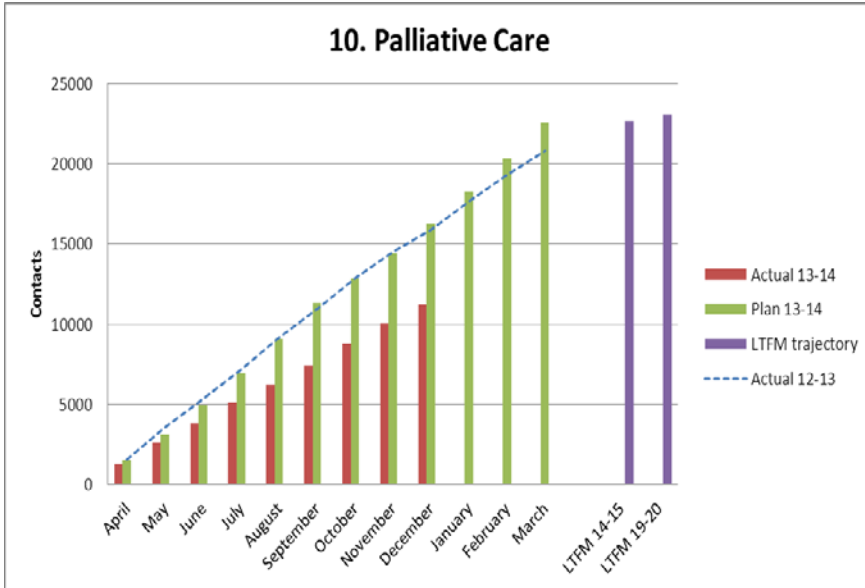
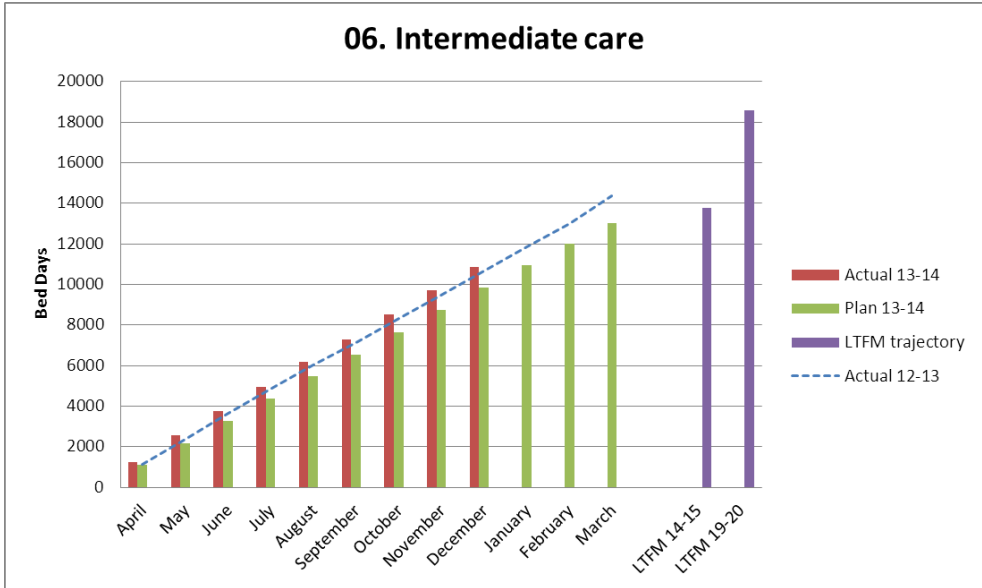
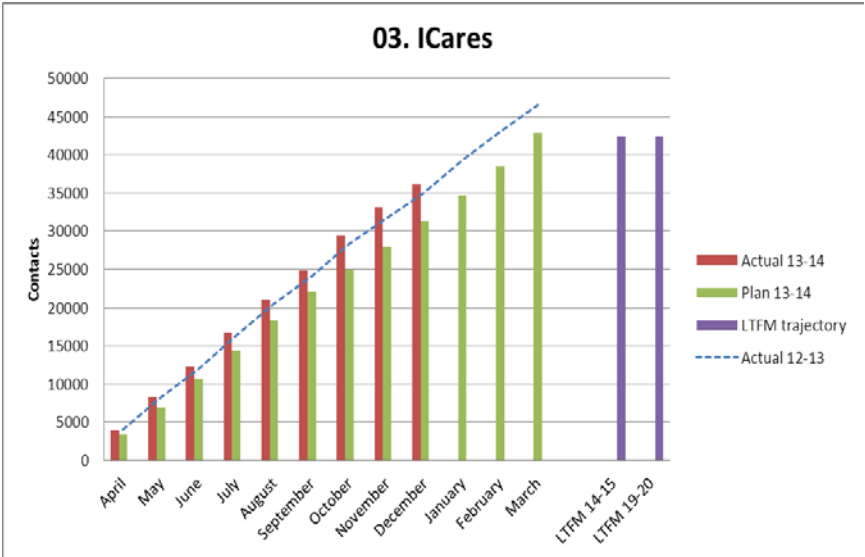
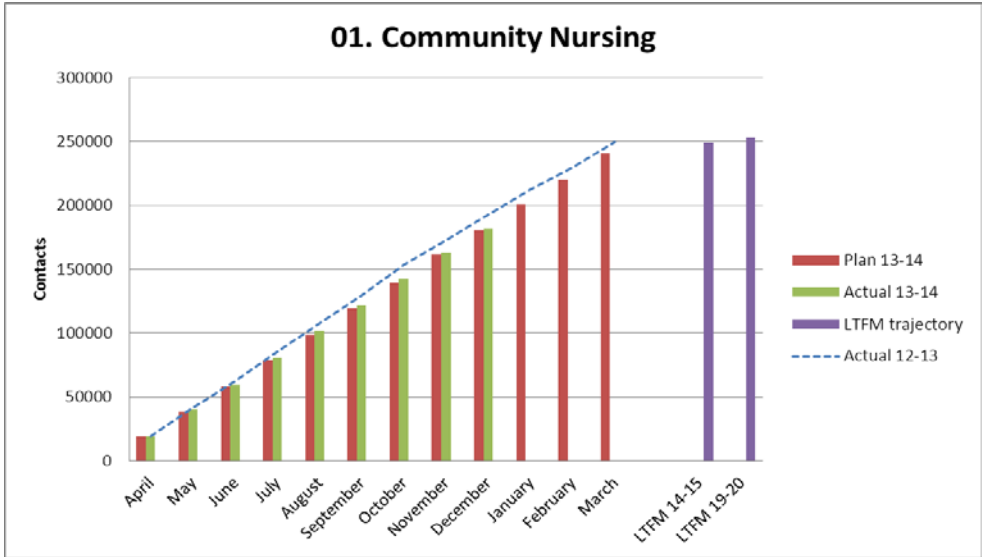


MONITORING TRAJECTORY GRAPHS – COMMUNITY

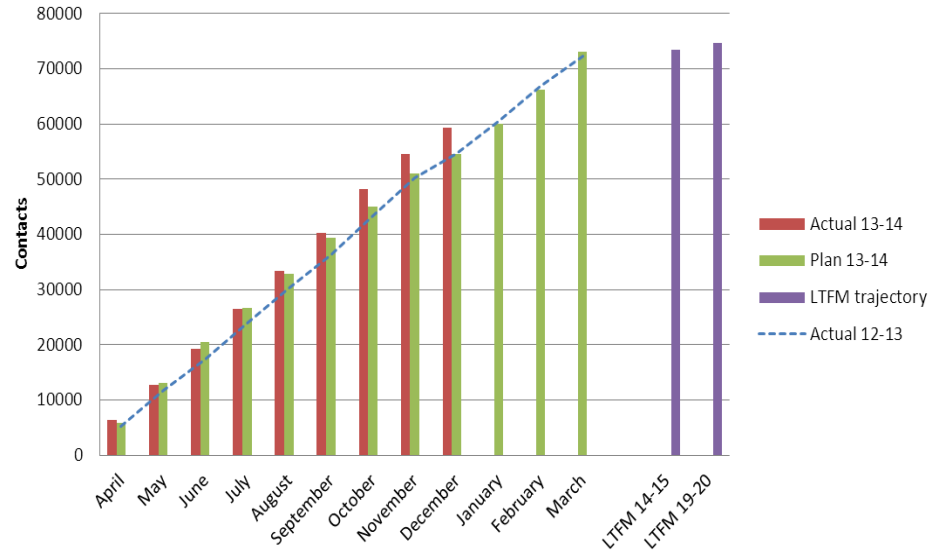
Summary	12-13	13-14			14-15	19-20	13-14
		Annual	YTD	YTD	Annual	Annual	Variance
	Actual	Plan	Plan	Actual	Plan	Plan	%
Intermediate Care	14,357	13,033	9,819	10,869	13,749	18,557	10.7%
All Other	702,821	717,565	526,503	552,710	736,641	803,754	5.0%
Community Total	717,178	730,598	536,322	563,579	750,390	822,311	5.1%

- The trajectory includes an overall 12.6% increase from 2013/14 planned levels to 2019/20 levels. The biggest increases are in Intermediate Care and Other.
- Current activity is showing a 5.1% over performance against plan (compared to 4.9% at the end of November).

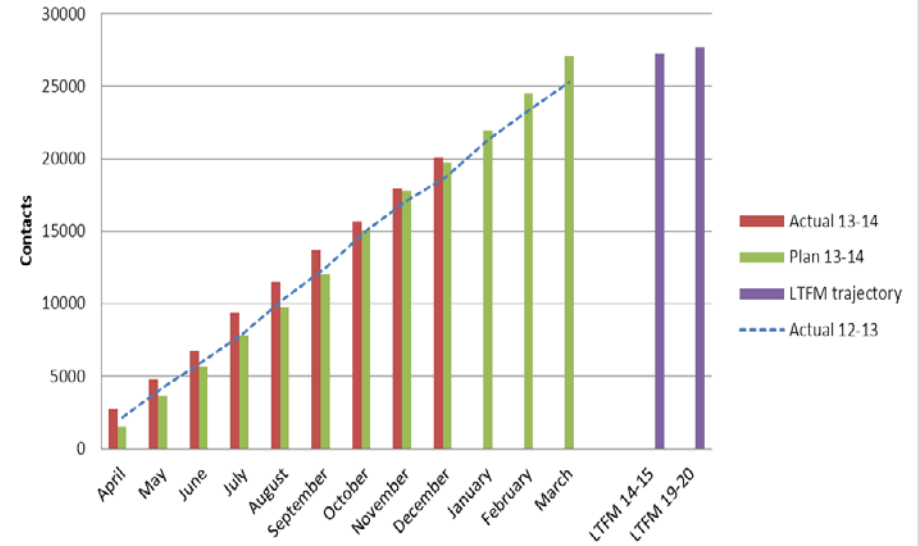




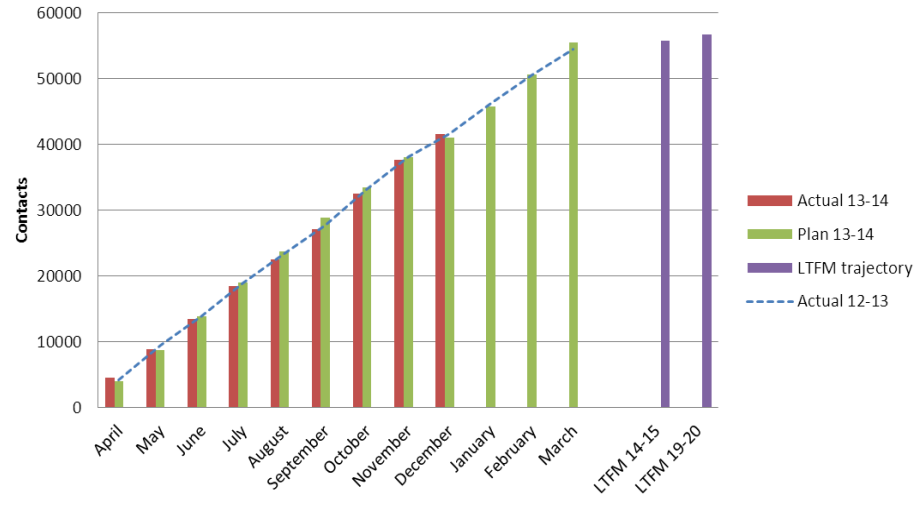
05. Musculoskeletal Service



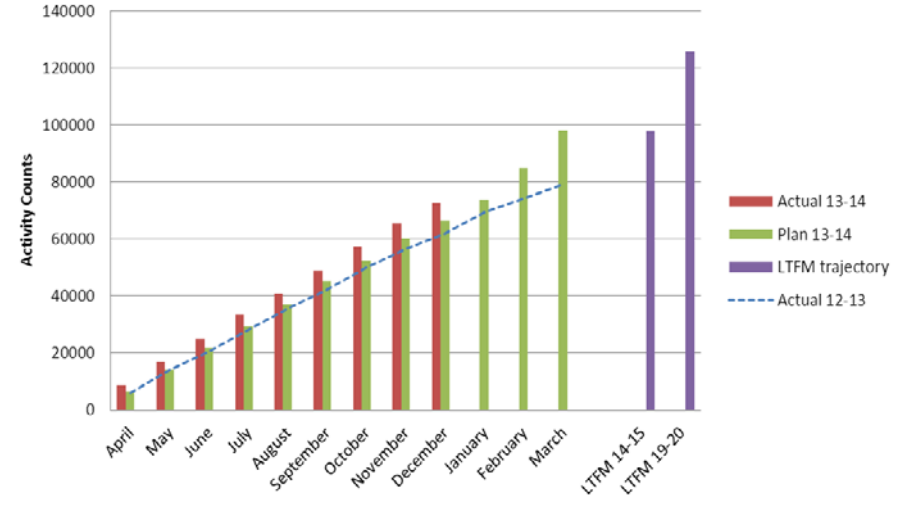
08. Continence



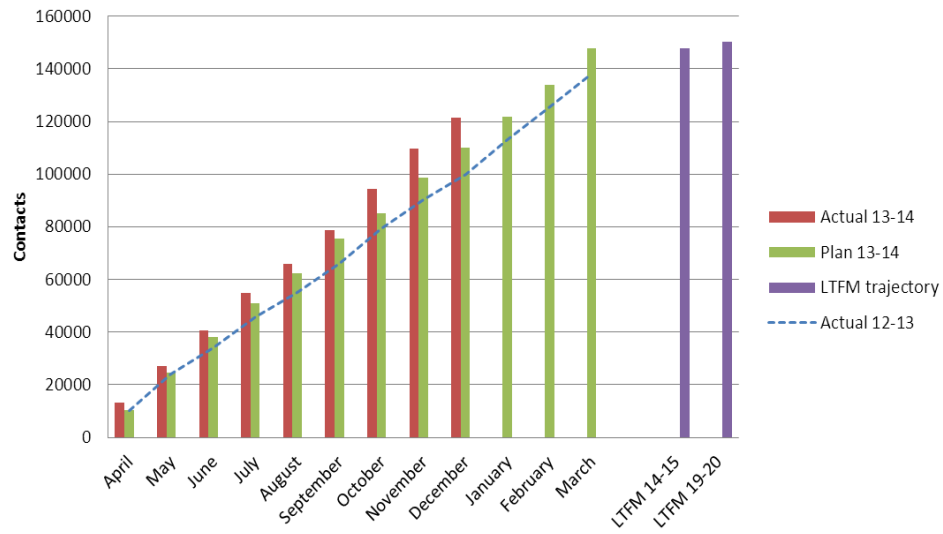
04. Foot Health



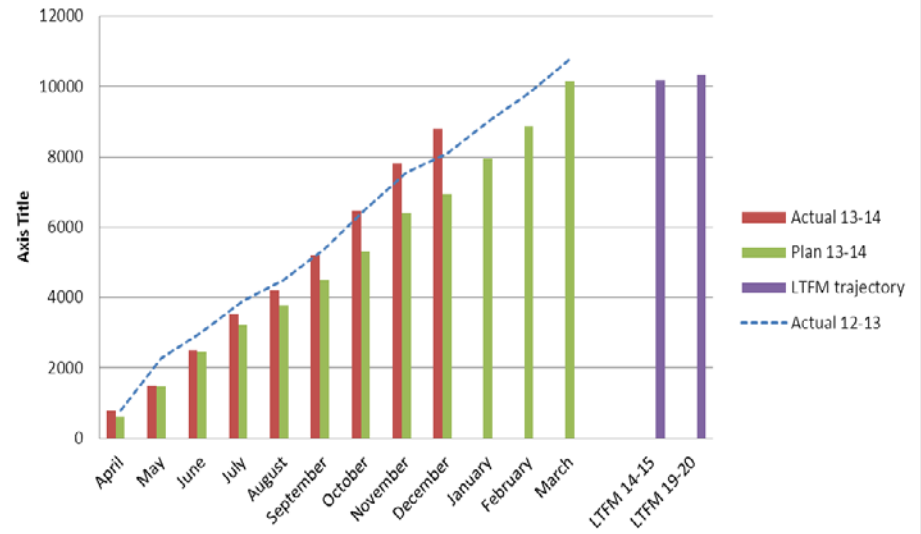
11. Other



02. Community Nursing Paediatrics



09. Childrens Therapies: Speech Therapy



MONITORING TRAJECTORY GRAPHS – MATERNITY

- The number of births are forecast to increase over the period from 6138 (2013/14 plan) to 6259 in 2019/20 (trajectory for delivery spells in future years of the LTFM yet to be confirmed) along with an increase in antenatal pathway contacts.
- The 2013/14 actual activity for delivery spells and antenatal pathway contacts is below contracted/planned levels for 2013/14. If this trend continues there may be implications for MMH in terms of numbers of delivery rooms (planned for circa 6 500 births) and maternity beds.

