

Report Title	2018/19 Production Plan Assurance		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Liam Kennedy, Deputy Chief Operating Officer		
Meeting	Trust Board	Date	6 th December 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board should focus on the increasing levels of income per working day achieved from April to October.

A consideration should be given to the mitigations that have been put in place to offset the under delivery year to date to ensure the outturn production plan delivery

Reflection on the interaction between emergency and planned income, especially as we approach the winter period.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

The assurance has been discussed through PMC, CLE and FIC.

4. Recommendation(s)

The Trust Board is asked to:

- DISCUSS the outlined mitigations
- CHALLENGE the detail of delivery for the remaining 5 months of the year
- NOTE the interdependency between the emergency income and planned income as we approach the winter period.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):			
Board Assurance Framework		Risk Number(s):			
Equality Impact Assessment	Is this required?	Y		N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Public Trust Board: 6th December 2018

2018 /19 Production plan assurance

1. Background

- 1.1 Currently the year to date position, as per end of October, shows that we are c.£900K off track against planned Income delivery. This is predominantly due to the following specialities; Ophthalmology (£400K), ENT (£300K), Urology (£400K) and Dermatology (£200K).
- 1.2 The planned care income forecast year end position is £117,450,683 against a plan of £117,969,295 which is a £518,612 deficit, but results in £9million more income than 2017/18.

2. Speciality specific position and look forward

- 2.1 ENT is linked to a significant reduction in workforce and an inability to recruit into posts. This will continue to be an issue into 2019/20. Recruitment is under way, but it is a difficult market to recruit from. There remains a residual risk in this aspect of the production plan. Due to staffing issues impacting on ENT capacity and sustainability, we expect ENT to continue to run with a deficit of £135K per month as they have not recruited into the additional post forecast for the year. Dermatology has been carrying 1.7 WTE vacancies for most of the year and there have been no suitable applicants on several recruitment attempts. A change in workforce planning to deliver further income in 19/20 has already started.
- 2.2 Ophthalmology has seen a delay in recruitment to key posts required to deliver the increased activity in Quarter 3; this was due to a combination of factors. The recruitment has started to take effect from October with full recruitment of these posts likely by March 2019. Ophthalmology are covering their 14 vacancies with premium rate working (PRW). They will meet plan for October and November and will then have an additional 8 recruits starting in December followed by an additional 5 in January. Providing they can they run the PRW sessions to catch up from cost not incurred in M1-6, they will be able to deliver the step up in income required in Q3 and 4, this is c.£2million of the £4.8 million still required. They will not be able to over deliver to offset their £400K under delivery YTD.
- 2.3 Urology are forecast to continue to run at a c.£80K loss as they have been unsuccessful in their recruitment of a consultant twice. Other avenues will be explored but, it is unlikely these will be in before the end of the financial year.
- 2.4 Rheumatology is the only other area forecast to continue to run at a loss, at approx. £20K per month. This can be seen in appendix 1.
- 2.5 We have seen a steady increase in income from April, £437K per working day up to October £467K per working day. The remaining months of the year require on average £472K per working day. This is due to the recruitment step up in October and November and the resulting additional clinics and theatres. We have seen the predicted step up income in

September and October by over £20,000. We are currently £4.2Million above last year's income, with a further £4.8 million required over the remaining 5 months of 2018/19.

3. Forward look assurance

3.1 The table below outlines where the increased income per month schedule over the latter part of Q3 and all of Q4 will materialise to achieve the year end position of £117,450,683.

Table 1: Specialities with increase in Income from October and assurance on delivery

Speciality	increase in income per month (c.£K)	Assurance and actions
Gastro	100	All 3 consultants now recruited, Option agreed for short term Measure on Endoscopy nursing to ensure lists continue.
Clinical Haematology	100	Additional post agreed, transfer cost of contract from ENT or Urology to support. Fixed term being recruited in interim. Some risk remains depending on the ability to secure a fixed term consultant
Breast	50	Additional consultant started in November, consultant is an onc-plastic consultant so has a wide breadth of skills.
Dermatology	60	Locum consultant and Nurse to deliver minor ops starting in November, agreement from modality for extra 200 slots per month
General Surgery	50	Initial Risk of under delivery of £200K. Fixed term position being interviewed first week of December. Risk will be covered by WLI sessions agreed with consultant body. 1 consultant retired and return offering additional sessions to support additional £35,000 per month
T&O	50	Fully recruited, theatre utilisation above 85% as required from October. All theatres being picked up from September. 4 joints per list now happening on 3 lists, expanding to 5 on 2 lists from 5/12/18. Additional £77K over delivery Requires Day Case transfer from other providers. Discussions started with other providers and NHSI to transfer work across. Agreement of 180 additional day case procedures from Worcester acute.

3.1 Between Ophthalmology and the 6 specialities outlined above this equates to £4.6Million of the £4.8million step up required. There are small step ups in other specialities such as cardiology and Gynae where new consultants have been recruited into this month.

4. Mitigations against the underperforming specialities and offsetting the YTD position

4.1 Between ENT, Urology and Rheumatology we have a current risk of £1.1 million in addition to the current £900K under delivery YTD. Groups were asked to find mitigations to offset the Year to date position and the likely continued underperformance. The mitigations are as follows:

- Cardiology –additional consultant started in November and has agreed to deliver 1 extra clinic per week, plus additional 2 clinics from a new consultant who joined the bank and an additional 11 WLI per month to support reduction in New OP wait
- Oral Surgery - New SLA started mid-November with additional UHB consultant, previously owed sessions will be delivered
- Paediatrics – additional WLI sessions agreed by group, Paediatric allergy service now running at full capacity from November
- General Surgery, T&O and December are covered in the table 1 above.

4.2 This results in a financial Gap against plan of £518K, which does not have any mitigation against at the moment. However, there is interdependency between planned care income and emergency income. Surgery is the largest contributor to planned care income (61%), when Emergency activity exceeds plan, Surgery must prioritise this before planned work as has been seen with trauma on several months or through SEAU for general surgery.

4.3 Surgery is nearly £2million as of the end of October on their predicted emergency income (appendix 2). This will inevitably have some impact on the group's ability to deliver planned care income, as planned theatres are rescheduled for trauma or emergency and outpatient resource is re-directed to ED and Urgent care clinics in BMEC. If Surgery continues to exceed its emergency plan at the same rate, the forecast is that they could exceed emergency income plan by £2.5million. This would offset the £500K financial gap in the production plan.

5. Annual leave reconciliation

5.1 An Exercise has taken place with all the groups to reconcile the annual leave taken already with the remaining annual leave left to take. This has been completed and shows that specialities are proportionally taking annual leave throughout the year. Appendix 3 shows Ophthalmology as an example of the work conducted. There is one exceptionally speciality that has a higher than predicted allocation of study leave / annual leave over the December / January period which is being reviewed at the moment.

5.2 It was however a very manual, administrative process and needs to become an automated report that groups can easily run to identify gaps in the equal allocation of leave. The medical staffing department are now devising a report that will allow this to happen so even greater control can be put in place next year.

5.3 The leave for consultants is not run on an April to March period; it starts from when they start with the organisation and runs for 12 months. This means that there is not the requirement for a mass booking of leave in Q4 to ensure unused leave is not used up. It does make it complicated in calculating the residual leave left at any point in the year and if an equal allocation has been taken without the ability to run a report of the data.

6. Recommendations

6.1 The Trust Board is asked to:

- a) Discuss the outlined mitigations
- b) Question the detail of delivery for the remaining 5 months of the year
- c) Note the interdependency between the emergency income and planned income as we approach the winter period.

Liam Kennedy
Deputy Chief Operating Officer
November 2018

Shows the forecast for yearend income position including speciality level mitigations

Month	April	May	June	July	August	September	October	November	December	January	February	March	Total
18/19 Income Delivery	8,656,517	9,174,930	9,680,499	9,956,745	9,384,437	9,639,814	11,274,260	10,687,508	8,966,600	10,449,762	9,651,890	10,446,333	117,969,295
18/19 actual delivery / forecast	8,752,410	9,482,893	9,521,537	9,854,502	9,221,356	9,300,000	10,700,000	10,100,000	8,800,000	10,449,762	9,651,890	10,446,333	116,280,683
income variance against plan	95,893	307,963	158,962	102,243	163,081	-339,814	-574,260	-587,508	166,600	0	0	0	1,688,612
Cardiology Mitigations	0	0	0	0	0	0	0	30,000	80,000	80,000	80,000	80,000	
Oral mitigtaiions	0	0	0	0	0	0	0	15,000	15,000	15,000	15,000	15,000	
Gen Surg mitigations	0	0	0	0	0	0	0	35,000	35,000	35,000	35,000	35,000	
T&O mitigtaiions	0	0	0	0	0	0	0	41,000	77,000	77,000	77,000	77,000	
Peadiatrics mitigtaiions	0	0	0	0	0	0	0	35,000	35,000	35,000	8,000	8,000	
Dermatology mitigations	0	0	0	0	0	0	0	20,000	20,000	20,000	20,000	20,000	
Year end position including Mitigations	8,752,410	9,482,893	9,521,537	9,854,502	9,221,356	9,300,000	10,700,000	10,276,000	9,062,000	10,711,762	9,886,890	10,681,333	117,450,683
income variance against plan	95,893	307,963	158,962	102,243	163,081	-339,814	-574,260	-411,508	95,400	262,000	235,000	235,000	-518,612

ENT
underperforma
nce
Rheumatology
under
Urology Under

-135000	-135000	-135000	-135000	-135000
-20000	-20000	-20000	-20000	-20000
-21,000	107,000	-107,000	-80,000	-80,000

Shows the emergency income plan and delivery YTD and forecast outturn

Emergency (excluding Maternity)

	Plan						
Group	P01-P07	P08	P09	P10	P11	P12	Annual
Central	-11,866	-1,695	-1,695	-1,695	-1,695	-1,695	-20,342
Imaging	0	0	0	0	0	0	0
Medicine & Emergency Care	31,485,309	4,787,405	4,908,009	5,139,086	4,572,155	5,036,431	55,928,395
Pathology	1,176	180	184	193	172	188	2,093
Primary Care, Community and Therapies	106,032	16,172	16,580	17,351	15,444	16,951	188,530
Surgical Services	11,393,329	1,733,632	1,774,849	1,857,713	1,654,419	1,826,256	20,240,199
Women & Child Health	4,748,958	717,544	735,190	769,736	677,994	746,890	8,396,312
Total	47,722,938	7,253,238	7,433,117	7,782,383	6,918,489	7,625,021	84,735,186

	Forecast						
Group	P01-P07	P08	P09	P10	P11	P12	Annual
Central	0	0	0	0	0	0	0
Imaging	1,300	186	186	186	186	186	2,228
Medicine & Emergency Care	31,413,485	4,775,420	4,895,533	5,125,739	4,561,103	5,023,975	55,795,255
Pathology	1,654	236	236	236	236	236	2,836
Primary Care, Community and Therapies	123,609	18,590	19,116	19,938	17,919	19,316	218,489
Surgical Services	13,021,618	1,981,026	2,028,174	2,122,535	1,890,611	2,085,455	23,129,419
Women & Child Health	4,328,517	652,531	668,275	699,066	617,107	678,614	7,644,112
Total	48,890,184	7,427,989	7,611,519	7,967,701	7,087,163	7,807,782	86,792,338

Shows leave allocation work conducted for Ophthalmology

Name	Leave Begins	Leave ends	Entitled amount	Leave taken so far (approved)	% Taken	# of Future dates Requested	Total	% taken including future	Total Remaining	AVG Per Month	JANUARY	FEBRUARY	MARCH
consultant 1	01/09/2018	31/08/2019	35	5	14.29	1	6	17.14	29	3.2	4	4	3.2
consultant 2	01/04/2018	31/03/2019	35	16	45.71	10	26	74.29	9	2.3	7	7	2.3
consultant 3	01/04/2018	31/03/2019	16.5	6	36.36	5	11	66.67	6	1.4	4	4	1.4
consultant 4	01/01/2018	31/12/2018	35	34	97.14	0	34	97.14	1	1.0	1	1	1.0
consultant 5	01/04/2018	31/03/2019	33	27	81.82	0	27	81.82	6	1.5	2	2	1.5
consultant 6	01/06/2018	31/05/2019	35	21	60.00	0	21	60.00	14	2.3	2	2	2.3
consultant 7	06/02/2018	05/02/2019	33	26	78.79	0	26	78.79	7	3.5	4	4	3.5
consultant 8	06/01/2018	05/01/2019	35	30	85.71	0	30	85.71	5	5.0	5	5	5.0
consultant 9	08/10/2018	07/10/2019	33	0	0.00	7	7	21.21	26	2.6	6	6	2.6
consultant 10	20/04/2018	19/04/2019	35	28	80.00	0	28	80.00	7	1.8	2	2	1.8
consultant 11	18/09/2018	17/09/2019	33	10	30.30	2	12	36.36	21	2.3	3	3	2.3
consultant 12	01/06/2018	31/05/2019	26	12	46.15	0	12	46.15	14	2.3	2	2	2.3
consultant 13	05/02/2018	04/02/2019	33	28	84.85	2	30	90.91	3	1.5	3	3	1.5

consulta nt 14	29/11/2 017	28/11/ 2018	35	12	34.2 9	0	12	34.29	23	0.0	0	0	0.0
consulta nt 15	28/02/2 018	27/02/ 2019	33	12	36.3 6	7	19	57.58	14	4.7	8	8	4.7
consulta nt 16	01/11/2 018	31/10/ 2019	35	11	31.4 3	0	11	31.43	24	2.2	2	2	2.2
consulta nt 17	01/04/2 018	31/03/ 2019	12	5	41.6 7	0	5	41.67	7	1.8	2	2	1.8
consulta nt 18	01/01/2 018	13/12/ 2018	35	35	100. 00	0	35	100.00	0	0.0	0	0	0.0
consulta nt 19	11/01/2 018	10/01/ 2019	35	34	97.1 4	0	34	97.14	1	1.0	1	1	1.0
consulta nt 20	09/02/2 018	08/02/ 2019	33	28	84.8 5	4	32	96.97	1	0.5	3	3	0.5
consulta nt 21	03/01/2 018	02/01/ 2019	36	32	88.8 9	0	32	88.89	4	4.0	4	4	4.0
consulta nt 22	01/04/2 018	31/03/ 2019	33	32	96.9 7	0	32	96.97	1	0.3	0	0	0.3
consulta nt 23	01/04/2 018	31/03/ 2019	35	24	68.5 7	0	24	68.57	11	2.8	3	3	2.8
consulta nt 24	01/03/2 018	28/02/ 2019	33	33	100. 00	0	33	100.00	0	0.0	0	0	0.0
consulta nt 25	08/05/2 018	07/05/ 2019	35	25	71.4 3	10	35	100.00	0	0.0	5	5	0.0
consulta nt 26	01/06/2 018	31/05/ 2019	35	16	45.7 1	0	16	45.71	19	3.2	3	3	3.2
consulta nt 27	01/02/2 018	31/01/ 2019	38	30	78.9 5	0	30	78.95	8	4.0	4	4	4.0
consulta nt 28	06/08/2 018	05/08/ 2019	33	15	45.4 5	3	18	54.55	15	1.9	3	3	1.9
consulta nt 29	20/08/2 018	19/08/ 2019	33	0	0.00	1	1	3.03	32	4.0	5	5	4.0
consulta nt 30	03/07/2 018	02/07/ 2019	33	19	57.5 8	1	20	60.61	13	1.9	2	2	1.9

