

Report to:	Trust Board (Public)	Agenda item:	SFT4123
Date of Meeting:	04 October 2018		

Report Title:	Update on the Benefits of the Trust Wide Reconfiguration Project			
Status:	Information	Discussion	Assurance	Approval
	X		X	
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Executive Sponsor (presenting):	Andy Hyett, Chief Operating Officer			
Appendices (list if applicable):				

Recommendation:
This paper is presented to Board in order to provide an update on the benefits of the Trust wide Reconfiguration project

Executive Summary:
During the winter of 2016 / 17 the Trust experienced significant operational pressures. As a result the Board asked for a review of bed capacity and a proposal to reduce pressures going forward. The Trust approved a reconfiguration plan including the expansion of the Acute Medical Unit, the creation of an additional medical ward and the formation of a Short Stay Surgical Unit.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

1) Purpose

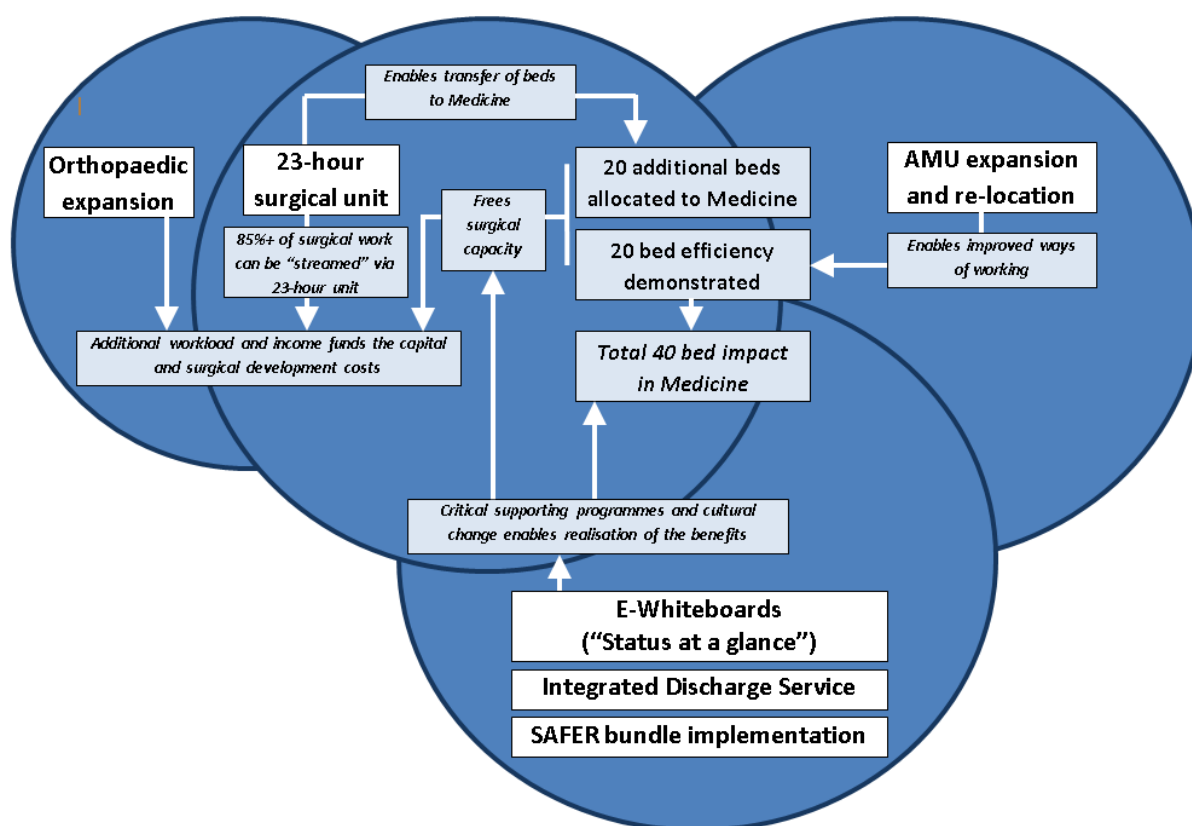
This paper is presented to the Trust Board to review the benefits that the hospital site reconfiguration project set out to achieve and delivery against these aims.

2) Background

During the winter of 2016 / 17 the trust experienced significant operational pressures due to increased attendances and a lack of capacity. This resulted in the use of a number of areas for overnight escalation capacity that were not designed for this use such as Endoscopy, Radiology, Pembroke Suite and the Day surgery unit.

Whilst the project was driven by the need to expand the medicine bed footprint, increase the assessment area in the Acute Medical Unit and create a short stay unit it also looked to align with other key projects and to maximise benefits across the wider medical footprint. This alignment is highlighted in the diagram below.

The project specification was clinically designed and agreed by the 4 Clinical Directors, Medical Director, Director of Nursing and Chief Operating Officer.



3) Governance

The overall project was managed through a weekly steering group meeting which included all clinical directorates, corporate departments, COO and Director of Corporate Development.

Each individual element had a project group which included clinicians and patient representation. All projects were signed off by clinical leads.

4) 23 hour Stay Unit

A short stay unit pilot took place between 5/4/13 till 24/5/13 –this was not progressed at the time however the learning was written up and so was used in the development of the new unit.

The project looked to create a twenty bedded 23 hour surgical unit located in Braemore ward. This would accommodate patients having elective surgery from the surgery and MSK directorates. Locating the facility in Braemore ward would provide equidistance between main theatres and DSU to the facility, and would reduce inefficiencies in transferring patients from main theatres. Locating the unit closer to the main hospital would enable a wider range of patients to access the unit and increase of procedures with a short length of stay.

Benefits

- Improved quality of care for our patients who will be cared for overnight in accommodation designed for that purpose and an improved patient experience – reduction in cancellations
- Improved performance – better equipped to manage patient flow allowing delivery of the ED target and increases bed availability to improve elective waiting times and achieve the 92% RTT target
- Reduce reliance on agency staff with substantive staff recruitment
- Increased resilience for the trust and the local health economy
- Greater support for tertiary centres to ensure patients can be transferred back to SFT
- Location close to main theatres and day surgery will enable the Trust to extend the range of surgery undertaken as part of a short stay

5) AMU Expansion

Approved Feb 2017

In common with other Trusts, Salisbury faced ongoing emergency pressures following significant increases in demand, particularly relating to elderly patients. A proportion of this increase was at weekends, when the Trust is least able to respond.

The Trust had regularly used the highest levels of emergency escalation during 2016 to respond to the risks posed, and was losing considerable income due to cancelled elective work. At the time of writing the business case, projecting 2016/17 as a full-year, £1.26m elective income would have been lost due to “beds”, potentially more in 2017/18; at it was identified that £0.75m SFT income could potentially be at risk for 2017/18.

AMU expansion and reconfiguration includes integration with frailty assessment and the ability to run the AMU model consistently at weekends. In addition the project looked to improve the Stroke ward environment and in doing so the care provided to stroke patients.

Benefits

The proposals aim to deliver:

- Buffering day-to-day variability in demand via an expanded AMU function - rather than moving patients into outlying surgical beds (with consequent loss of the streaming function from short-stay)
- Achieving expanded bed capacity through reconfiguration of existing beds
- Fully integrating frailty assessment and short-stay into the AMU template, with significant gains in reduced length of stay as a result

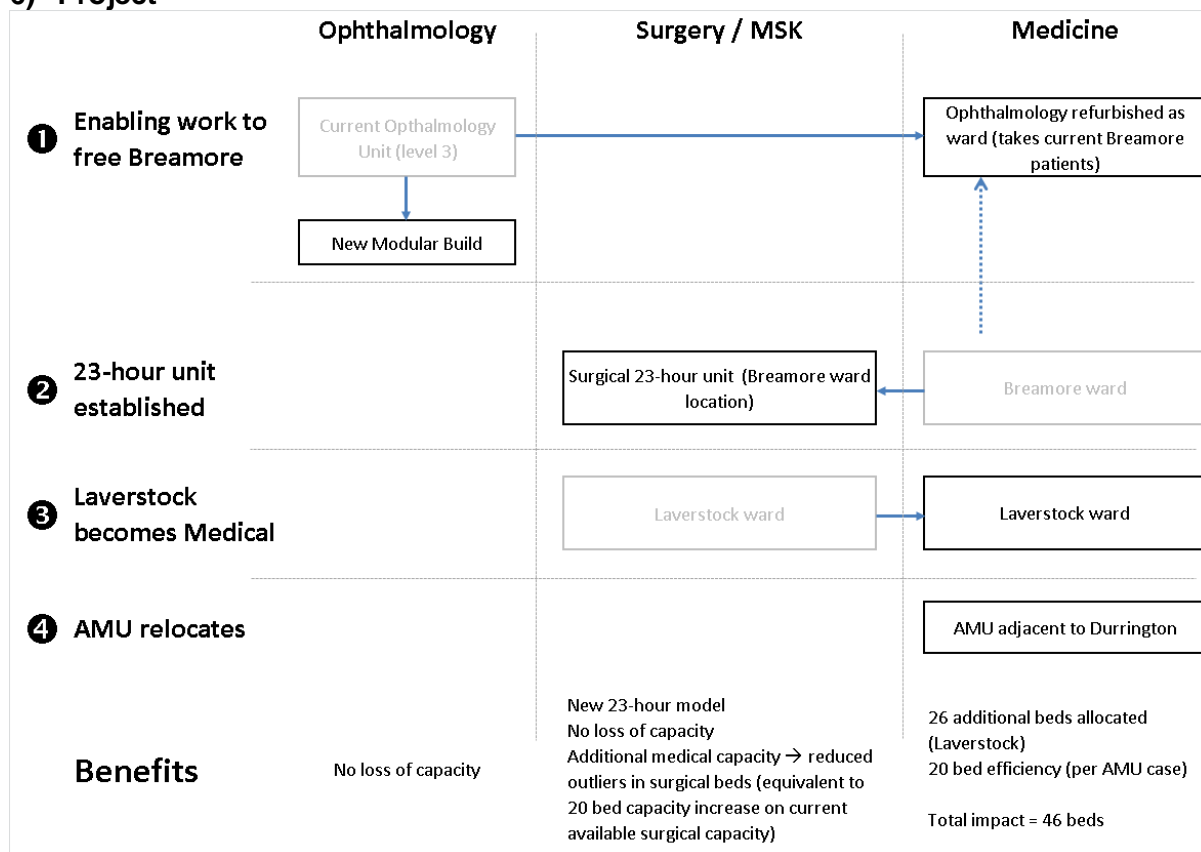
CLASSIFICATION: UNRESTRICTED

- Acute physician cover for all patients on the ward (vs current part-cover only), ensuring the gains from the acute physician approach are made consistently, particularly at weekends
- Consistent clinical escalation response support through ED in-reach

The measurable deliverables are:

- Increase discharges from AMU within 0 – 1 days to 50% - from a baseline of 24% (day 0 discharges)
- Reduce the number of medical patients occupying total beds by 20 beds - from a baseline of 226 occupied medical beds plus 80-100 outliers
- Increase the number of senior daily reviews from once daily to twice daily 5 days per week. In the longer term this will increase to 7 days per week supported by the implementation of a wider medical workforce review.
- Increase weekend discharge for patients with >1 day length of stay by 10% from a baseline of 20%
- Increase acute physician weekend rota cover from 25% cover (of a 12 week rota) to 45% cover.

6) Project



Originating Area	To	Date
Laverstock	MSK burns and plastics	July '17
Winterslow (level 2)	Decant to Laverstock	July '17
Farley	Decant to Winterslow (level 2)	July '17
Ophthalmology OPD (level 3)	Modular build	Sep '17
MAU	Renovated former Farley	Dec '17
Breamore (medical ward)	Whiteparish (former MAU)	Dec '17
Breamore (short stay surgery)	Opens	Jan '18
Pembroke (level 2)	Level 3 (former ophthalmology)	May '18 (delay)
Farley (stroke) (Winterslow Level 2)	Former Pembroke (level 2)	May '18
Winterslow (Laverstock)	Winterslow (level 2) now known as Spire ward	May '18
Paediatric OP & ward	Decant to Laverstock to enable remedial works	July-Aug '18

The only element of the project that was not delivered on schedule was the opening of pembroke ward. The delay was caused by;

- Cutting new drainage channels – depth of existing concrete made this more difficult and very noisy
- Fire stopping works – extent of work required to meet the required standards

7) Project Costs

The original budget to achieve the Site Reconfiguration project was set at £3.3m. Various additions were agreed subsequently taking the budget up to £3.46m, including minor works in Breamore, work that had to be carried out in ENT OP to allow clinics to run effectively as part of the Pembroke work and some additional work in the PFI area.

Project	Budget	Actual	Variance	% Variance
AMU	726,123	755,063	28,940	4.0%
Eye Clinic	1,883,384	1,871,041	- 12,343	-0.7%
Pembroke	855,934	1,068,562	212,628	24.8%
Total	3,465,441	3,694,666	229,225	6.6%

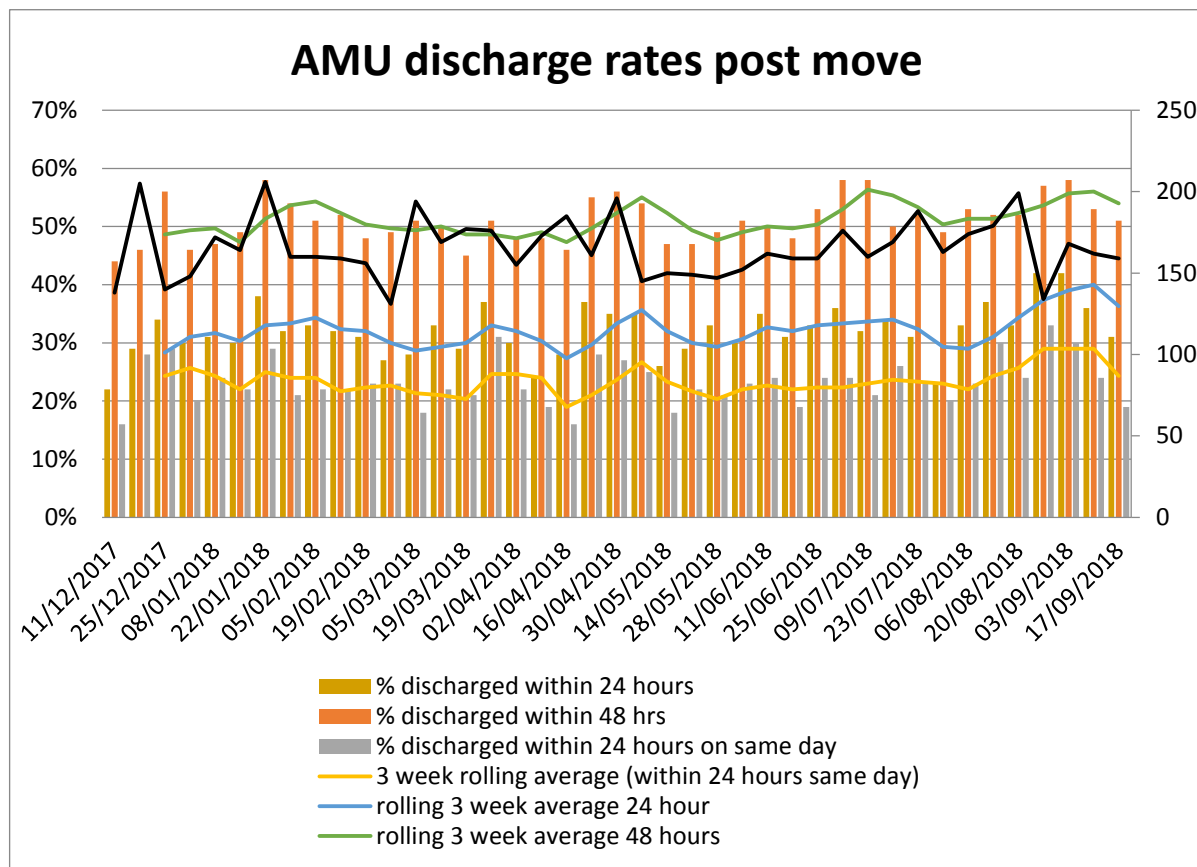
The overspend relates mainly to the following factors:

- The difficulty of projecting actual build costs in advance when the exact nature of the scheme was very fluid at the outset and the limited contingency funds – this is a particular issue when working in SDH North.
- Timing was always a challenge – work had to be completed by set times, eg MAU ready by December 2017 was a fixed point for obvious operational and clinical reasons
- Reduced level of VAT reclaim for Pembroke ward (£30k impact)

There remains an outstanding risk of circa £45k from one of the contractors which is being challenged by the Trust.

8) Benefits Realisation

- Radiology, Endoscopy or Pembroke have not been used for escalation capacity since the reconfiguration
- We have seen an increase in the number of patients discharged on the day of arrival and at 48 hours from the Acute Medical Unit since the unit was expanded from a baseline of 24%.



- The target of 50% discharges within 0 -1 days has not been achieved and this is being driven through the patient flow program
- Freed up capacity has been absorbed to manage an increase in activity

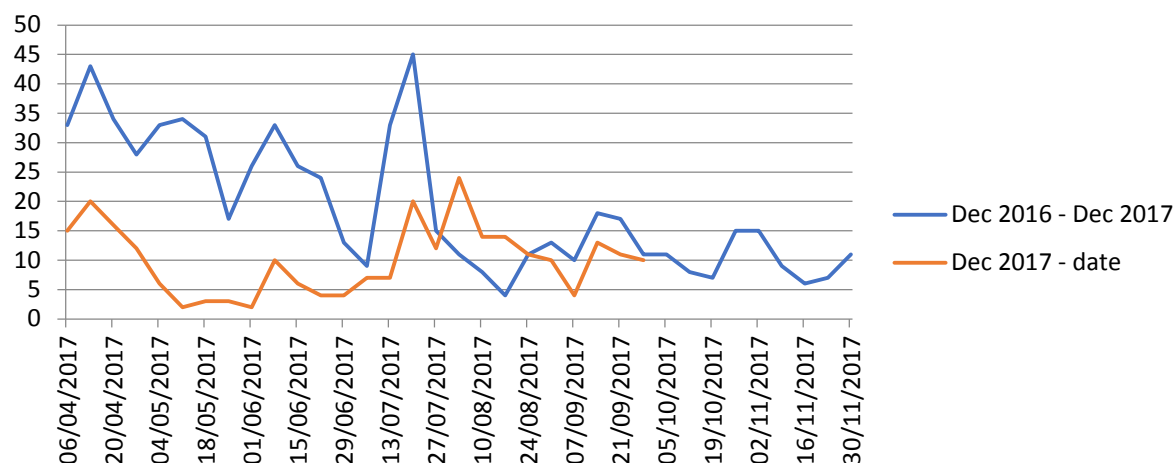
	£'000				Activity			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%
Short stay non-elective spells	1271	1516	245	19%	1653	1947	294	18%
Other non-elective spells	17208	18518	1310	8%	7117	7316	199	3%
Total non-elective spells	18479	20034	1555	8%	8770	9263	492	6%
- Includes NEL, NELST, NELSD		- Per Civica cube 25/09/18						
- Excludes excess bed days		- Excludes MRET deduction						

- The number of senior daily review from once daily to twice daily 5 days per week has been achieved.

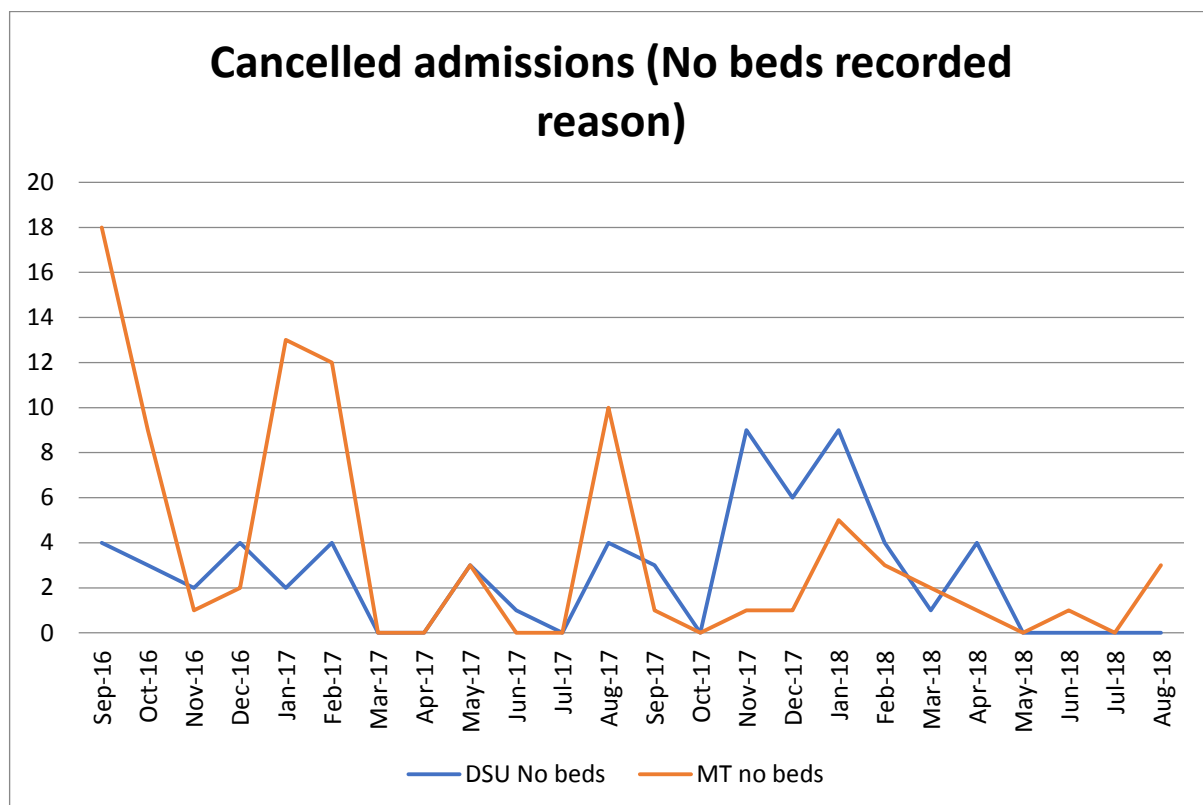
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- Increase in the acute physician weekend rota from 25% to 45% has not been achieved due to the inability to recruit to the 2 acute physician vacancies.
- Short stay ward – has remained as a short stay ward with limited use as an outlying area. 4 chairs have now replaced trolleys significantly improving elective flow but allows for flexible escalation over weekend periods.
- MSK – now in a footprint that matches need and therefore outliers reduced.

Medical Outliers - Yearly Comparison by week



- Ophthalmology – is now housed in a purpose built environment.
- Number of Elective Cancellations due to beds has reduced.
- Consistent delivery of RTT standard since July 2017.
- UHS have confirmed that transfer of patients for plastic surgery is no longer an issue.
- The Trust adheres to the agreement to the repatriation of patients within 48 hours.
- No longer discharge any patients directly from theatre recovery.
- Improving the average discharge time on Breamore ward (from 16:30 to 15:30).
- Improving the average length of stay of all patients (from 4.6 to 1.68 days).
- Increasing the number of weekly admissions (increasing flow by an average of 18 patients per week).



- The increased elective activity is all contained in the trust plan for 2017 / 18. Whilst the trust is currently not delivering in line with the plan (see below) bed capacity is not showing as a limiting factor.

Activity levels by Point of Delivery (POD)	YTD	YTD	YTD	Last Year	Variance
	Plan	Actuals	Variance	Actuals	against last year
Elective	2,473	2,089	(384)	2,051	38
Day case	9,414	9,337	(77)	9,274	63

- The short stay surgery unit only has 2 RN vacancies
- The additional medical ward was not opened as it could not be staffed due to the number of nursing vacancies in the trust
- Stroke performance has improved and the following has been the feedback from the clinical team;
 - A new home which feels purpose built.
 - Better therapy facilities and in close proximity to the unit.
 - Hyper-acute services better organised and with an assessment room with a dedicated assessment trolley for direct admissions and ambulatory reviews.
 - Better organisation of acute and rehabilitation services on different sides of the corridor. This helps with staffing to the appropriate level on each side of the unit.
 - Better facilities for MDT, Team-working, Discharge hub working, quiet area and family discussions.
 - The morale is good amongst the team on the unit and we are starting to attract new and returning staff.
 - SNNAP score has risen from 'D' to 'B'.

9) Recommendations

Whilst all elements of the project were delivered some clinical concerns exist about the use of the new clinical areas. These departments will continue to work with the capital projects team to mitigate the issues.

It is recommended that alternative ways of modelling the floor space of any site changes are looked into which will allow a more informed clinical sign off.

Monitoring of benefits from the Acute Medical reconfiguration now need to be monitored by the Patient Flow Transformation Program and benefits from the Short stay surgery unit now need to be monitored through the Theatres transformation programme

The trust continues to recruit to the vacant acute physician posts

Staff vacancies across medicine will impact on pathway improvement and actions to address this need to be monitored by the workforce project board.

10) Summary

This project set out to put in place the infrastructure to support the revised model of care in Acute Medicine and clinical pathways in Surgery and MSK. This has been delivered however the environment in which we are operating has changed with an increase in the number of patients who's on going care is delayed and an increase in admissions.

The trust needs to continue to monitor these benefits to ensure they are realised as elective throughput is increased in line with the Theatre Transformation program and the number of delayed discharges is decreased.