

Board of Directors

Item 4.2

Board Report

Subject: Resource Plan
Date of meeting: Tuesday 28th April 2015
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Presented by: Tony Wilding, Chief Operating Officer

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Internal	3,5,7	None

Executive Summary

As part of the annual planning process for 2015/16 the Trust has identified the additional activity required to reduce the current backlog of over 18 week patients, which materially is being driven by increasing referrals into the Trust. This activity equates to 215 additional surgical cases and 180 additional cardiology cases in 2015/16 and this paper sets out the resources required to deliver this additional activity at the Trust.

1. Introduction

The Trust has carried out a comprehensive review of activity trends over the past 5 years and reviewed performance over 2014/15 to inform the service plan for the new financial year. We have followed the planning guidance sent by both Monitor and NHS England and have included the current backlog activity as part of 2015/16 submission. The backlog, along with some modest assumptions for growth means that there is a requirement to deliver an additional 215 surgical cases and 180 cardiology EP cases in 2015/16 in order to meet the 18 week NHS constitutional pledge.

Planning for the delivery of this additional activity has been carried out with the divisional teams and plans put in place to deliver the additional infrastructure, workforce and non-pay resources required to deliver our annual plan.

2. 2015/16 Cardiology Plan

The Cardiology divisions plan for 2015/16 shows the planned uplift in EP cases from the month 9 forecast outturn for 2014/15 of 1348 cases to a proposed 1651 cases (including private patients) for 2015/16 by carrying out the additional 180 procedures contained within the plan. This additional activity will be delivered as follows:

Accommodation

Ward Beds

As part of the annual planning process for 2015/16 we have carried out a comprehensive review of our required bed stock using a new bed-modelling tool we have developed. We have reviewed 12 months of recent previous activity and broken this down by procedure, elective and non-elective procedures and then we have further broken this down to pre op length of stay (LOS) critical care level two or three LOS and then post op ward bed LOS so we have clear sight of bed requirements across the patient pathway. Having modelled the actual bed days consumed we have used this information to build the bed model required for our 2015/16 annual plan with the additional procedures added into the planned procedure numbers.

As well as giving us a good baseline of the bed days required to delivery our 2015/16 plan the bed model will also help us to benchmark our current performance on length of stay and help inform any future service improvement projects to improve efficiency where possible.

Using the bed model described above we have reviewed the additional 180 EP cases in the 2015/16 plan and have modelled the split between day cases (approximately 30%) and overnight stays (the remaining 70%) and how this would impact on our day case and ward bed numbers within Cardiology. LHCH has always had a high percentage of day case patients and has the best day case rates in England (NCBC 2013/14) for Cardiology procedures. We have reviewed our Day Ward schedules and will look to utilise capacity on Thursday and Fridays to balance the workload across the working week. We have also explored opportunities for evening and weekend working should the need arise. The planned additional workload equates to 3 to 4 cases per week based on a 50-week working year with us delivering 1.2 to 1.3 cases per four-hour session but no additional inpatient beds are required to deliver this level of activity.

Catheter Laboratory or Theatre Capacity

The Trust currently has five catheter laboratories, three used for intervention and two dedicated for EP. Due to the high utilisation of our current catheter laboratories we are planning to use the hybrid theatre, theatre B in the main theatre complex to deliver the additional EP capacity. A task and finish group have mapped the current usage of this theatre and a new theatre schedule is currently being agreed to create the additional capacity required on Thursdays and Fridays to align with the usage of day ward to meet the patients accommodation needs. This will equate to 3 to 4 sessions per week based on 1.2 to 1.3 cases per session.

Additional Staffing

To deliver the additional capacity we have modelled the additional staffing required to deliver the 180 EP cases required. This staffing is outlined in the table below and will be recruited into the Cardiology team

C&CM Additional posts to support 2015/16 activity

	Role	WTE	Band	Cost
EP Activity	Senior Radiographer	1	6	£36,000
	Specialist Cardiac Physiologist	2	7	£90,000
	ODP / Anaesthetic practitioner for cardiovascular intervention	2	6	£72,000
	Registered Nurses	2.5	5	£75,000
	CCU Staffing	2.1	5	£64,056
	CCU Staffing	2	2	£38,676
	Transfer Assistant	1	3	£22,000
	Consultant EP Joint Post Wirral	60/40	Con	£48,000
	Consultant EP Joint Post TBA	60/40	Con	£48,000
	Anaesthetist for EP	0.23	Con	£30,160
	Medical Secretariat support	0.5	4	£12,730
	Total	9.3		£536,622

The staffing included within this table also supports some gaps highlighted by the divisional team in current core staffing numbers.

Non Pay requirements

The final part of the activity plan to be costed is the non-pay requirements for the additional cases 180 cases. These have been costed using our service line reporting information (SLR) and the total cost for the additional cases is £360,000.

Total Costs

This brings the total direct costs to the Cardiology Division to £853,732 and indirect costs of £30,160 for anaesthetist costs and £12,730 of secretarial support giving a total cost of £896,622 as outlined below.

Cardiology Total Costs

Pay Costs	£536,622
Non Pay Costs	£360,000
Total Costs	£896,622

Financial Summary Table

The table below summarises the income and expenditure position for this activity:

Cardiology

Role	Cost £	Income £
Waiting List / Backlog Income		501,599
Direct Costs		
Senior Radiographer	36,000	
Specialist Cardiac Physiologist	90,000	
ODP / Anaesthetic practitioner for cardiovascular intervention	72,000	
Registered Nurses	75,000	
CCU Staffing	64,056	
CCU Staffing	38,676	
Transfer Assistant	22,000	
Consultant EP Joint Post Wirral	48,000	
Consultant EP Joint Post TBA	48,000	
Total Direct Staffing	493,732	
Indirect staffing		
Anaesthetics	30,160	
Secretarial Support	12,730	
Total Indirect Staffing	42,890	
Total Non Staff	360,000	
Total Costs		896,622
Net Contribution		(395,023)

This includes additional nursing posts required as part of a review of current staffing levels and our requirements for safe staffing levels.

Cardiology Financial Plan

The Cardiology financial plan caters for a total cost increase of £920,000 in the 2015/16 financial year.

3. 2015/16 Surgery Plan

The Surgical Divisional plan for 2015/16 details an uplift of 215 cases for this financial year which is an additional 51 TAVI cases, 37 Aortic cases and 127 cases which are a mixture of CABG, CABG and Valve and Valve replacement cases. The plans to deliver this activity are as follows:

Accommodation

Using the bed model described previously we have modelled the surgical activity and the beds required to deliver this activity. We have also drawn information from the current cancelled operations reports and also the delayed transfers out of the critical care unit data to inform this work. The bed modelling shows that we require an additional 4 Critical Care beds and 6 surgical ward beds to improve patient flow and deliver the additional activity.

Critical Care Beds

To support the delivery of this additional activity we have the opportunity to open the four POCCU corner beds, which are not currently unutilised. These are currently designated as level 2 beds and would require conversion to be used for level 3 patients. We have also just converted room 9 in ITU which was previously unused into a functioning level 3 room so we have the capacity, if required to open 5 level 3 beds in the current critical care unit. The costs to convert the "POCCU corners" has been built into the 2015/16 capital programme and once the plan is signed off work could begin immediately as we have the agreed specification for these beds from the recent work carried out in room 9. The lead time for the additional facilities works is estimated at 4 to 5 months as there is a 12 week lead time for the critical care pendants.

Ward Beds

To deliver the additional ward beds we have the opportunity to open four beds on Cedar Ward, which have historically been mothballed. This would mean moving back to a model of three "Cardiothoracic" wards rather than our current model of two cardiac wards and one thoracic ward. These 4 beds would meet the majority of our requirement of 6 beds and our plan for the additional beds would be to utilise the 4 to 5 beds in September that will become available when Upper GI transfers to the Royal campus to give us the 6 beds required for the additional surgical activity, with an additional 2 to 3 beds available as headroom if required. There is also a more strategic view of our bed stock that needs further consideration which is the option to open additional single room accommodation on an expanded Oak ward utilising the old health records store as this would improve our ability to segregate patients as we see increased risk for CPE in our local population and also increase our flexibility in terms of accommodation.

This will be the subject of debate at our next Strategic Board away day.

Theatre Capacity

We have reviewed our current theatre schedule and have current capacity all day on both a Thursday and Friday in theatre D. We also have some further capacity in theatre A and theatre C when Upper GI moves which whilst needing consideration will give us some flexibility. We are also reviewing the impact on theatres from emergency cases and reviewing the options available to us to reduce the impact emergency cases have on the day to day theatre activity. Two full days operating per week for 50 weeks per year would give us an additional 200 theatre sessions to deliver the extra activity within the plan.

Additional Staffing

To deliver the additional surgical cases we have reviewed current staffing levels and the planned additional sessions to outline the staff require moving forward. This is outlined in the table below:

SACC Additional posts to support 2015/16 activity

	Role	WTE	Band	Cost
215 Surgical cases	Theatre Nurse	6.25	5	£192,088
	Theatre Nurse	0.58	2	£12,800
	Cedar ward	7.40	5	£261,758
	Cedar ward	2.8	2	£62,220
	Ward Nursing	1.8	5	£62,268
	Ward Nursing	1.7	2	£37,777
	Perfusion staff *			£89,100
	Consultant Aortic/Cardiac	1.5	Con	£195,000
	Anaesthetist for surgery	0.64	Con	£83,590
	Anaesthetist for ICU	0.73	Con	£94,900
	Junior doctor for ICU	2.28		£131,973
	Admin secretary	1		£24,460
	Total			£1,247,934

The staffing required covers the theatres, critical care and ward staffing and includes the additional anaesthetist cover for the EP sessions in Cardiology. We have currently built in the perfusion cover as agency staff as this is a hard to recruit area for us, however we would be looking to recruit on a substantive basis-moving forward and have two trainee positions within this team.

Non Pay requirements

The non-pay requirement for surgery have been mapped against the case mix using our service line reporting data and this is £1,488,428 for the additional 215 cases within surgery.

This means the total cost for the additional surgical cases is £2,736,362 for the coming financial year as outlined in the table below:

Surgery Costs

Pay Costs	£1,247,934
Non-pay Costs	£1,488,428
Total Costs	£2,736,362

Financial Summary Table

The table below summarises the income and expenditure position for this activity:

Surgery

Role	Cost £000	Income £000
Waiting List / Backlog Income		3,072,082
Theatre Nurse	192,088	
Theatre Nurse	12,800	
Cedar ward	261,758	
Cedar ward	62,220	
Ward Nursing	62,268	
Ward Nursing	37,777	
Perfusion staff *	89,100	
Surgeon	195,000	
Anaesthetist for surgery	83,590	
Anaesthetist for ICU	94,900	
Junior doctors for ICU	131,973	
Total Direct Staffing	1,223,474	
Indirect staffing		
Secretarial Support	24,460	
Total Indirect Staffing	24,460	
Total Non Staff	1,488,428	
Total Costs		2,736,362
Net Contribution		335,720

Corporate Services

Divisions	Costs £'000
Cardiology	897
Surgery	2,736
Corporate	267
Total	3,900

As part of the annual planning process we have provided additional funding for hotel services and clinical support services which equates to £267,016.

The financial plan caters for total costs estimated at £3.92m.

4. Key Operational Risks

As part of the planning process we have identified the main risks to the delivery of our plan as follows:

Recruitment

The delivery of the workforce plan is a crucial part of our ability to deliver the step change in activity required to deliver the 2015/16 plan and reduce waiting times for our patients. We know that there are a number of posts that have been difficult to recruit into within the staffing plan and this will require us to innovate and work in new ways to deliver our workforce for the future.

Changes to referral patterns

The other key risk we face would be if we saw a major drop in our referrals in the areas where we are investing. All of the areas we are investing in have seen strong growth over the past 2 to 3 years and in the case of EP for 5 years. There is currently a lack of capacity for cardiac surgery as whilst we are partnering with another provider to deliver our activity we have been contacted ourselves to see if we could support Belfast with their capacity pressures. The growth in Aortic cases has been consistent and we know that our population demand for TAVI is higher than the current commissioned numbers. Our mitigation plan if we were to see activity decline would be to rebase our workforce model and use staff turnover to achieve this as our first option.

5. Recommendations

Members of the board are asked to note the progress with the financial and service plans for the delivery of the additional activity as part of the 2015/16 annual contract.