# SBUHB Performance Trajectories

December 2021 to June 2022

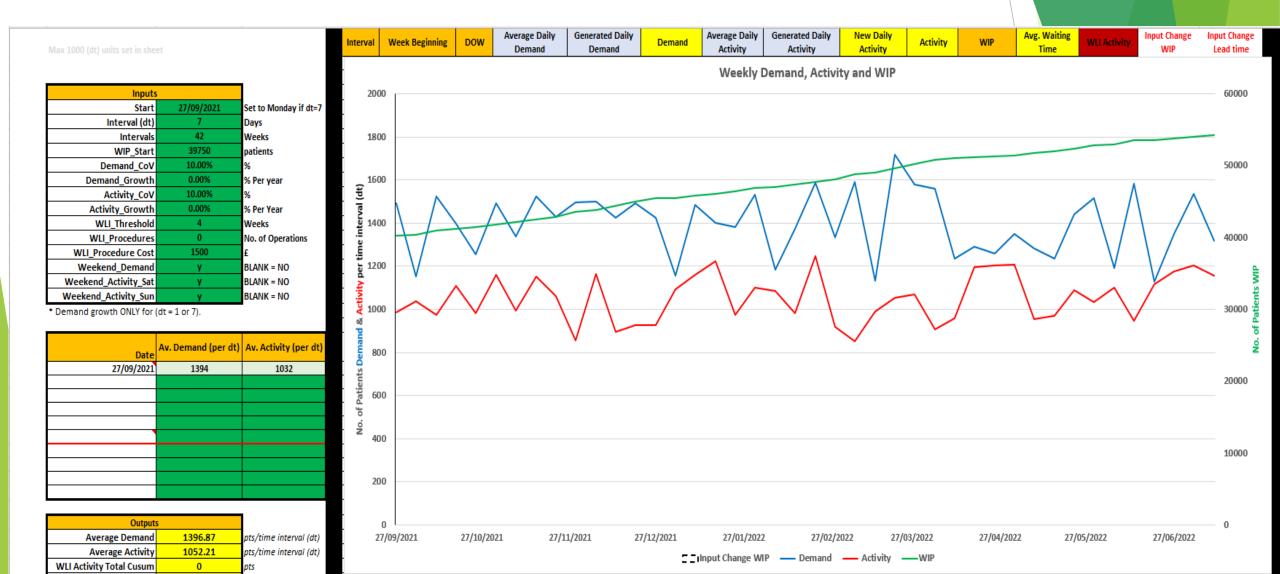
#### Contents

- Surgical specialties Outpatients and Treatments
- ► All pathways reportable under RTT rules
- Selected modelled diagnostic areas
- Cancer
- Urgent Emergency Care
- Supplementary slides working example (Ophthalmology)

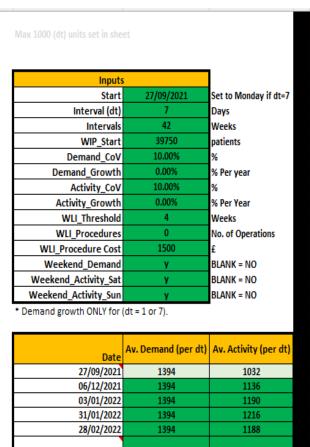
#### Modelled - Planned Care:

- Slides which follow model demand and capacity for: -
  - Outpatients
  - Inpatient and day cases combined
- Includes Burns, Cardiothoracic, ENT, General Surgery, Gynaecology, Ophthalmology, OMF, Orthopaedic Spines, T&O, Plastic Surgery, Urology and Vascular
- Total list size to include all patients at all pathway stages
- Diagnostics MRI, CT, NOUS, Endoscopy (more under development)

## Projected RTT WIP @ Outpatients on Current Trajectory - Do Nothing



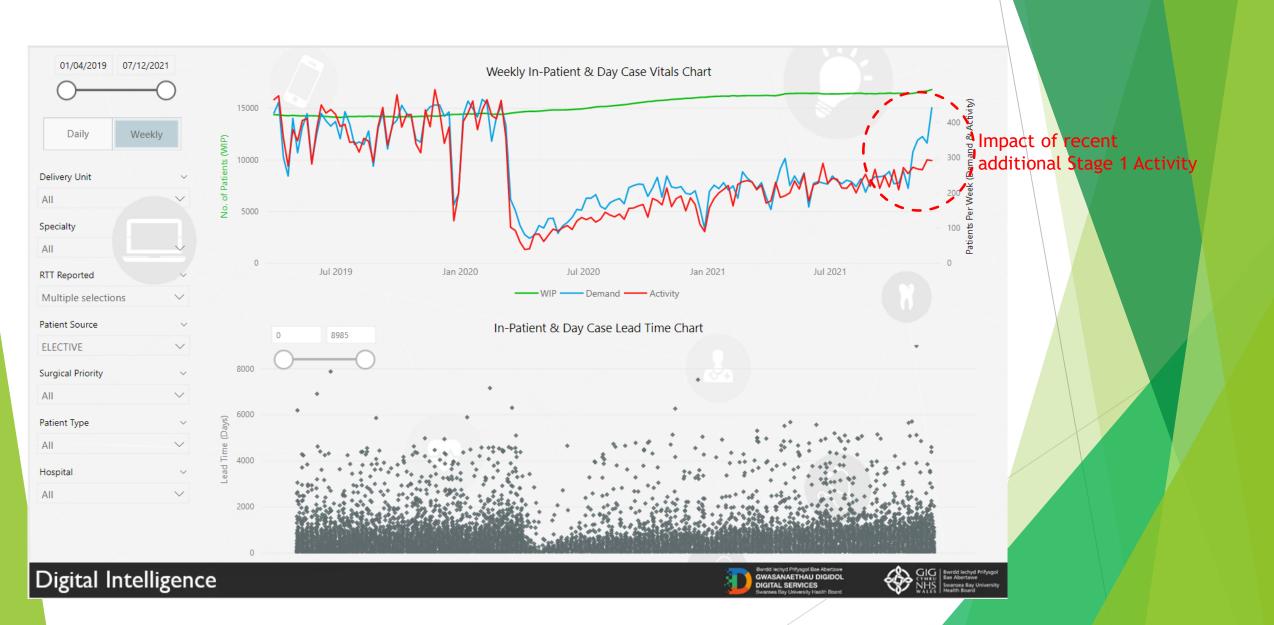
## RTT Reportable Stage 1 December to June 2022 Extra Activity Added



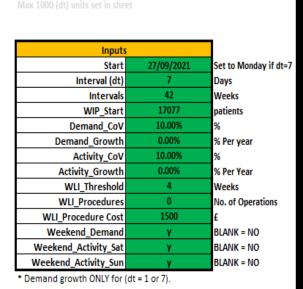
* Demand growth ONLY for (dt = 1 or 7).						
Date	Av. Demand (per dt)	Av. Activity (per dt)				
27/09/2021	1394	1032				
06/12/2021	1394	1136				
03/01/2022	1394	1190				
31/01/2022	1394	1216				
28/02/2022	1394	1188				
Output	s					
Average Demand	1407.13	pts/time interval (dt)				
Average Activity	1165.58	pts/time interval (dt)				
WLI Activity Total Cusum	0	pts				



## Weekly RTT Reportable Stage 5

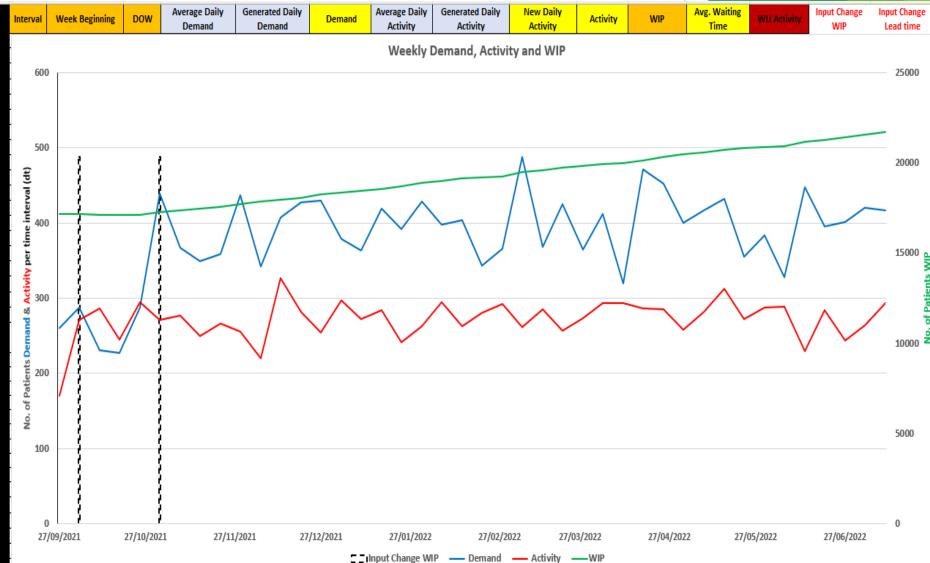


## Projected RTT WIP @ Surgery on Current Trajectory - Do Nothing



Date	Av. Demand (per dt)	Av. Activity (per dt)
27/09/2021	235	217
04/10/2021	235	265
01/11/2021	385	265

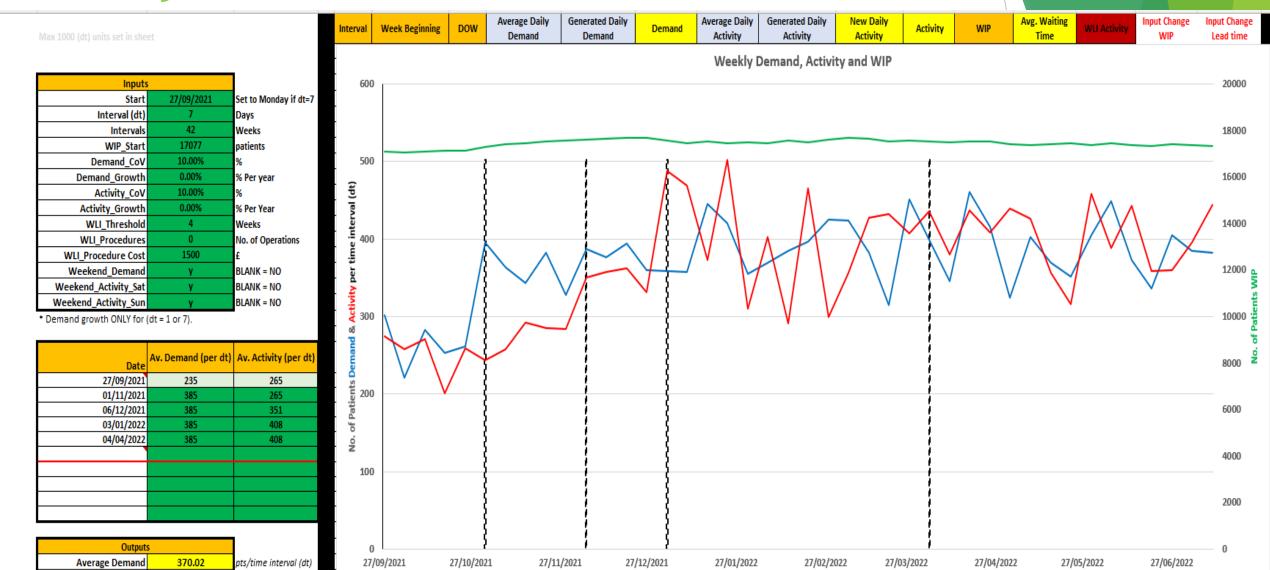
Output		
Average Demand	381.85	pts/time interval (dt)
Average Activity	271.61	pts/time interval (dt)
WLI Activity Total Cusum	0	nts



## Extra Activity based on current expectations:

						2021/22			2022/23	_	
Type	Method	Location	Specility		9	10	11	12	1	2	3
OP	WLI		General Surgery	New	40	40	40	40	40	40	40
OP	WLI		Vascular	New	40	40	40	40	40	40	40
OP	WLI		Urology	New	40	80	80	80	80	80	80
OP	WLI		Trauma & Orthopaedic	New							
OP	WLI		Spinal	New							
OP	WLI		ENT	New	54	108	108	108	108	108	108
OP	WLI		Ophthalmology	New	150	200	300	200	200	200	200
OP	WLI		Oral/Maxillo Facial Surgery	New	48	96	96	96	96	96	96
OP	WLI		Plastic Surgery	New	43.68	65	71	58	60	60	60
				Total (per Month)	415.68	629	735	622	624	624	624
				Total (per Week)	103.92	157.25	183.75	155.5	156	156	156
APC	Outsourcing	Werndale	Trauma & Orthopaedic	IP							
APC	Outsourcing	Werndale Elbows	Trauma & Orthopaedic	DC	20	20	20	20	20	20	20
APC	Outsourcing	Werndale Shoulders	Trauma & Orthopaedic	IP	10	10	10	10	10	10	10
APC	Outsourcing	Werndale	Spinal	IP	6	6	6	6	6	6	6
APC	Outsourcing	Sancta	General Surgery	IP							
APC	Outsourcing	Sancta	General Surgery	DC	25	25	25	25	25	25	25
APC	Outsourcing	Sancta	Ophthalmology	IP							
APC	Outsourcing	Sancta	Ophthalmology	DC	50	50	50	50	50	50	50
APC	Outsourcing	Sancta	Plastic Surgery	IP							
APC	Outsourcing	Sancta	Plastic Surgery	DC	13	13	13	13	13	13	13
APC	Outsourcing	Sancta	Trauma & Orthopaedic	IP							
APC	Outsourcing	Sancta	Trauma & Orthopaedic	DC							
APC	Outsourcing	Parkway	Oral/Maxillo Facial Surgery	DC	60	60	60	60	60	60	60
APC	Outsourcing	Werndale	Ophthalmology	DC	60	120	120	120	120	120	120
APC	Outsourcing	Sancta Facilities	TBC	DC		32	32	32	32	32	32
APC	Outsourcing	St Jo Facilities	CLP	IP			16	16	16	16	16
APC	Outsourcing	Spa Medical	Ophthalmology	DC	80	160	160	160	160	160	160
APC	Insourcing		Trauma & Orthopaedic	DC	20	40	40	40	40	40	40
APC	Insourcing		Trauma & Orthopaedic	IP		20	20	20	20	20	20
				Total (per Month)	344	556	572	572	572	572	572
				Total (per Week)	86	139	143	143	143	143	143

## RTT Reportable Stage 5 December to June 2022 Extra Activity Added



\_\_\_ Input Change WIP — Demand — Activity — WIP

Average Activity

**WLI Activity Total Cusum** 

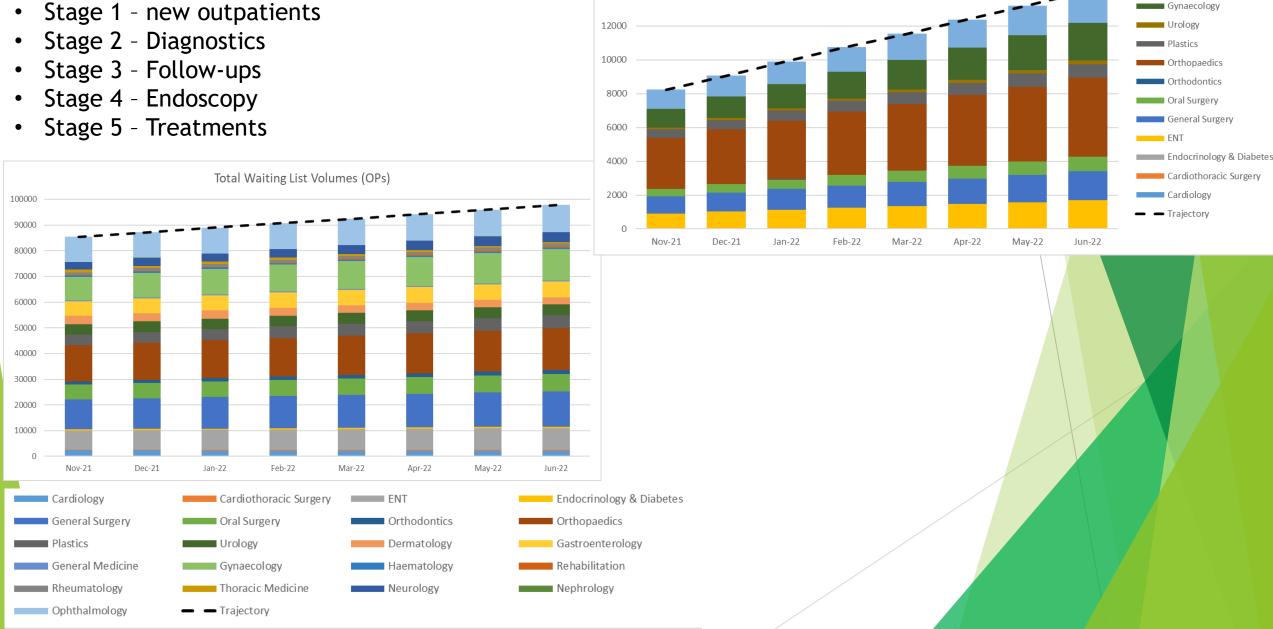
364.18

0

pts/time interval (dt)

## All Open Pathways:-

Stage 1 - new outpatients



16000

14000

RTT over 105 weeks wait

Ophthalmology

## Planned Care next steps

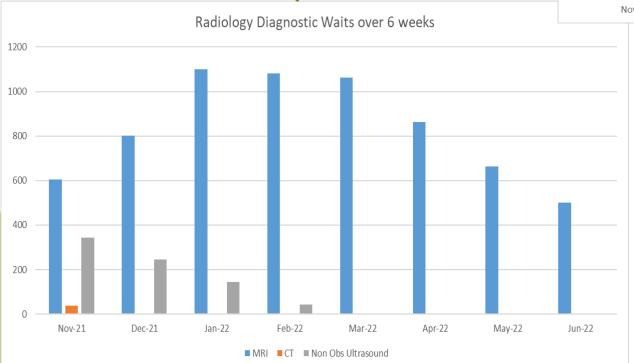
- Increase the number of surgical solutions planned
  - Insource
  - Outsource
  - ► Additional theatres, Ophthalmology, Orthopaedics, Theatres at Singleton
- Increase shift of pathways to primary care
- Increase outpatient physical capacity
- Ensure that diagnostic capacity is not overwhelmed
- Increase productivity and efficiency of all of the above
- ▶ Remodel the impacts of the dynamics across the system in readiness for inclusion as a composite plan into the 3 year plan

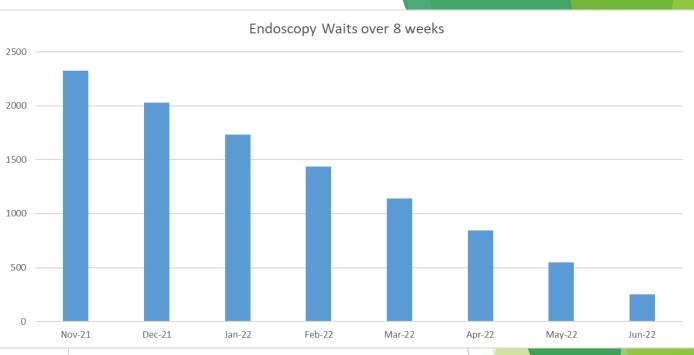
## **Diagnostics**

#### Radiology

- 1. Mobile Van CT & MRI
- 2. Internal capacity expansion inc 6-day working
- 3. Outsourcing Sancta and Siarad Medical

4. ILS Swansea University





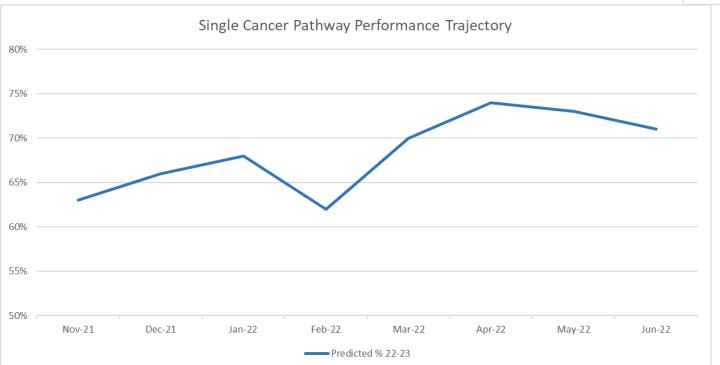
#### **Endoscopy**

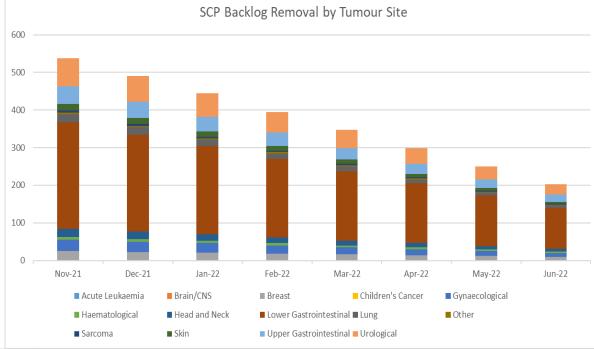
- 1. Insourcing sessions 40 per month from April 2021 and additional 32 sessions from November 2021
- 2. Internal Waiting List Initiative sessions 40 per month
- 3. Straight to Test (STT) implementation Oct 8th 2021
- 4. FCP Implementation primary care

### **Cancer Performance**

#### Cancer

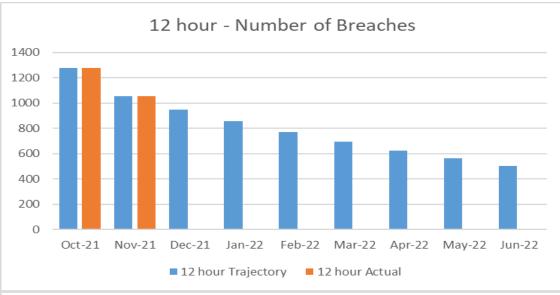
- **1.** Focus on LGI and Gynaecology tumour sites commenced Nov-21
- **2.** FIT implementation in Primary Care business case awaiting approval
- 3. Validation of PTL commenced Nov-21
- **4.** Additional capacity in line with Planned Care delivery commenced Nov-21

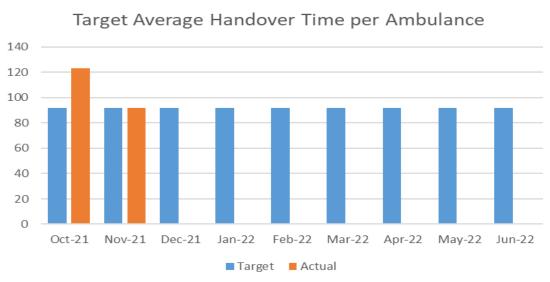


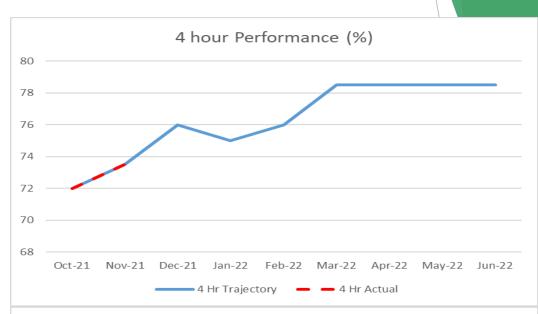


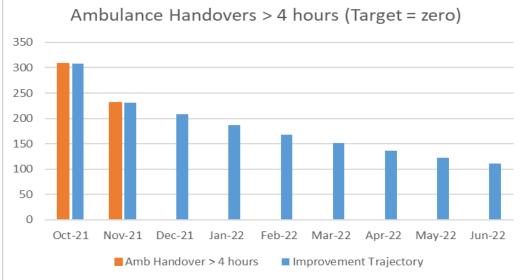


### **ED Performance**









### **ED** Improvement Initiatives:

#### **Improvement initiatives within ED department:**

- Demand management and alternative pathways to ED – Dec 2021
- Triage system and process Nov 2021
- Reduction in assessment delays and decision to admit delays – Dec 2021
- Direct admissions for expected patients to specialty areas – Jan 2022
- GP review of WAST stack Dec 2021
- Ambulance cohorting area Nov 2021

#### Additional out of hospital capacity:

- Home First Dec 2021
- Virtual wards- Dec 2021
- Procurement of additional care home capacity Nov 2021

#### LOS reduction initiatives:

- Re-establishment of a short stay unit Dec 2021
- Improved board round and escalation processes Dec 2021
- Implementation of a tracker for COPs and a daily scrutiny of COP lists – Oct 2021
- Additional resource to implement an integrated discharge team – awaiting confirmation of funding

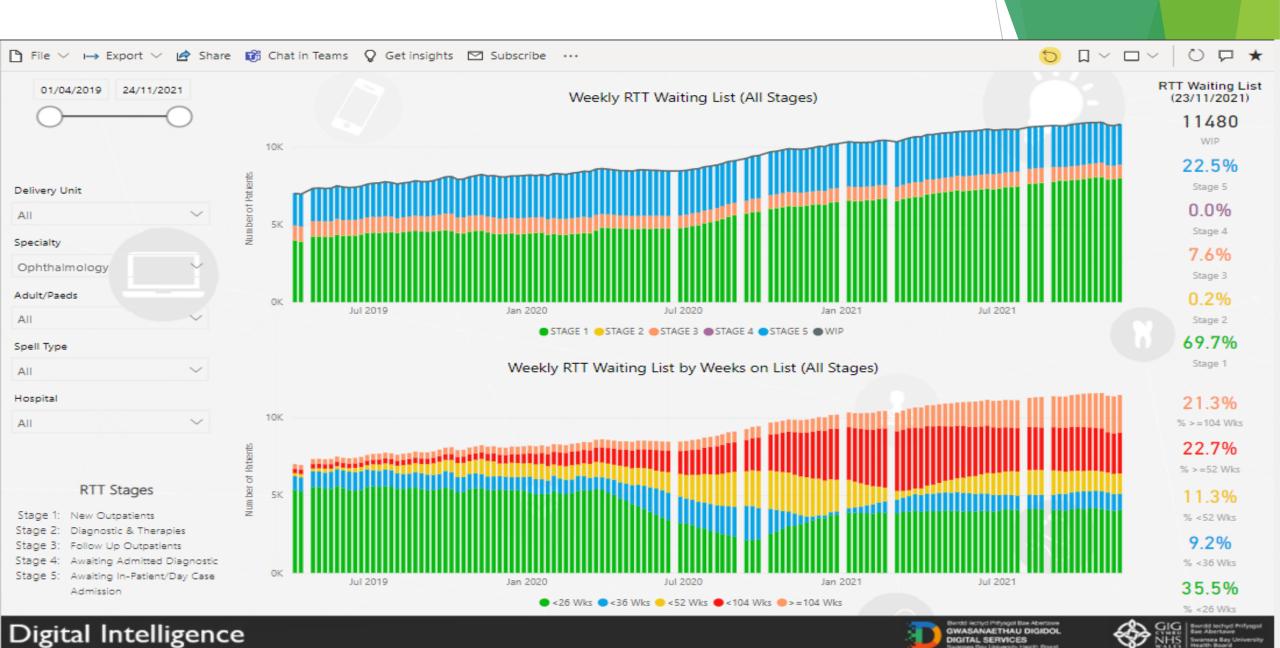
## Planning Assumptions:

- ▶ The "Do nothing" scenarios assumes the system continues on the current trajectory
  - Demand back to pre-COVID levels
  - Activity still not at pre-COVID levels
- ► The "Added Activity" includes all currently known solutions. This position remains iterative and may increase as any new solutions are sourced
- Impact of Omicron on demand and staffing levels is not factored into the modelling
- Impact of latent demand i.e. that not seen during COVID months is not assumed in the modelling
- Ability of independent sector to fulfil contracts
- Model will remain iterative to allow the testing of further solutions and impacts of accelerating improvement in different elements of the Planned care system (conversion impacts)

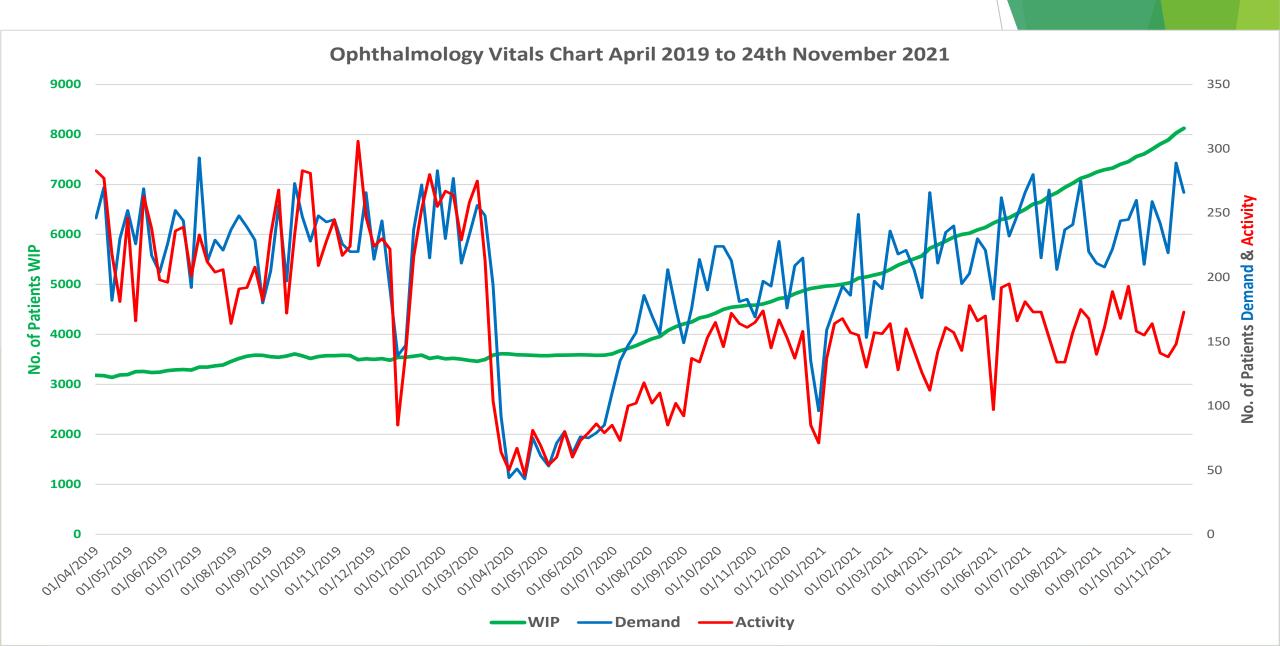
## Supplementary Slides

Ophthalmology
Projections
Nov 2021 to March
2022

## Current Ophthalmology RTT Position



## Outpatients Ophthalmology Queue (23/11/2021)



### Planned Additional Capacity converted to Activity

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Outsourcing Stage 5 cataract					
treatments	150	300	250	150	250
Increase in weekly Activity	37.5	75	62.5	37.5	62.5
2nd Eye additional Demand					
@ 25%	37.5	<b>7</b> 5	62.5	37.5	62.5
Additional Weekly Demand					
Stage 5 Second eye	9.375	18.75	15.625	9.375	15.625
	•	450	200	200	200
Outsourcing Stage 1 cataracts	0	150	200	300	200
Conversion to Stage 5 @90%	0	135	180	270	180
Additional weekly Demand	0	33.75	45	67.5	45
Total Weekly Demand Increase	9.375	52.5	60.625	76.875	60.625

#### Notes:

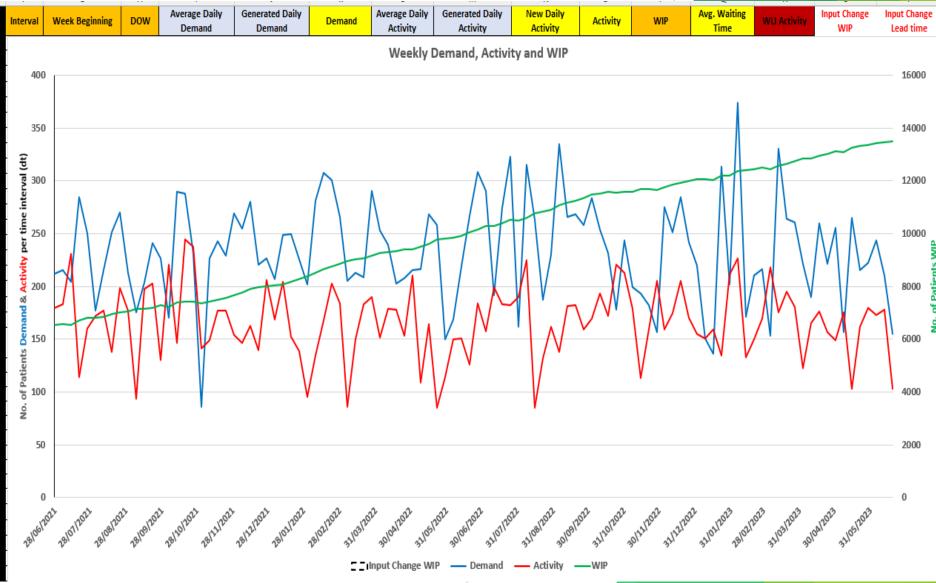
- Outsourced activity generates second eye demand @25%.
- WLI Stage one conversion of 90% increases stage 5 Demand and reduces the impact on the stage 5 queue.
- Second eyes and OPD conversion demand are combined and added to our Waiting List via the total demand line. This is done in the S&F model.

## Current trajectory Av. additions = 240 & Av. removals = 162 per week. Net growth of 78 patients per week on

Inputs		
Start	28/06/2021	Set to Monday if dt=
Interval (dt)	7	Days
Intervals	104	Weeks
WIP_Start	6501	patients
Demand_CoV	20.00%	%
Demand_Growth	0.00%	% Per year
Activity_CoV	20.00%	%
Activity_Growth	0.00%	% Per Year
WLI_Threshold	4	Weeks
WLI_Procedures	0	No. of Operations
WLI_Procedure Cost	1500	£
Weekend_Demand	у	BLANK = NO
Weekend_Activity_Sat	у	BLANK = NO
Weekend Activity Sun	У	BLANK = NO

Date	Av. Demand (per dt)	Av. Activity (per dt)
28/06/2021	240	162
·		
Output	S	
Average Demand	233.58	pts/time interval (dt)

WLI Activity Total Cusum



## Predicted trajectory with additional capacity plans coming on line in November 2021.

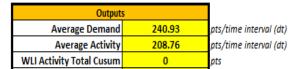
Max 1000 (dt) units set in sheet

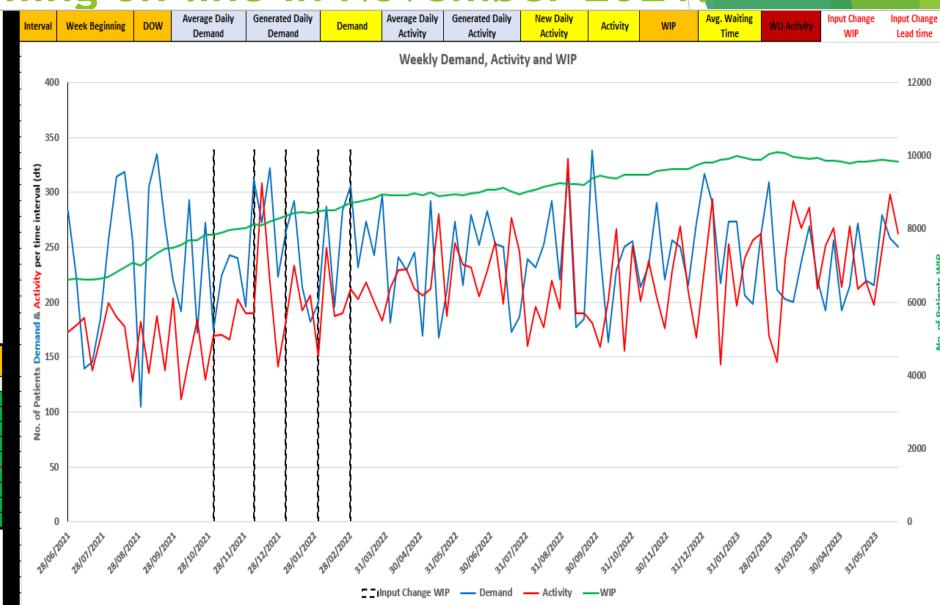
Inputs

Inputs	;	
Start	28/06/2021	Set to Monday if dt=7
Interval (dt)	7	Days
Intervals	104	Weeks
WIP_Start	6501	patients
Demand_CoV	20.00%	%
Demand_Growth	0.00%	% Per year
Activity_CoV	20.00%	%
Activity_Growth	0.00%	% Per Year
WLI_Threshold	4	Weeks
WLI_Procedures	0	No. of Operations
WLI_Procedure Cost	1500	£
Weekend_Demand	у	BLANK = NO
Weekend_Activity_Sat	у	BLANK = NO
Weekend_Activity_Sun	у	BLANK = NO

Demand growth ONLY for (dt = 1 or 7).

Date	Av. Demand (per dt)	Av. Activity (per dt)
28/06/2021	240	162
01/11/2021	240	200
06/12/2021	240	237
03/01/2022	240	224
31/01/2022	240	200
28/02/2022	240	224

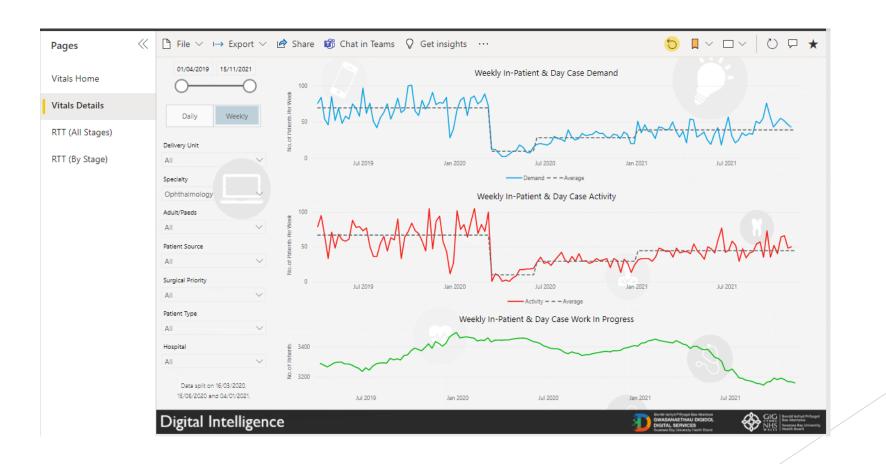




## Stage 5 Ophthalmology Queue (15/11/2021).



### Ophthalmology Surgical Queue Focused View (15/11/2021)

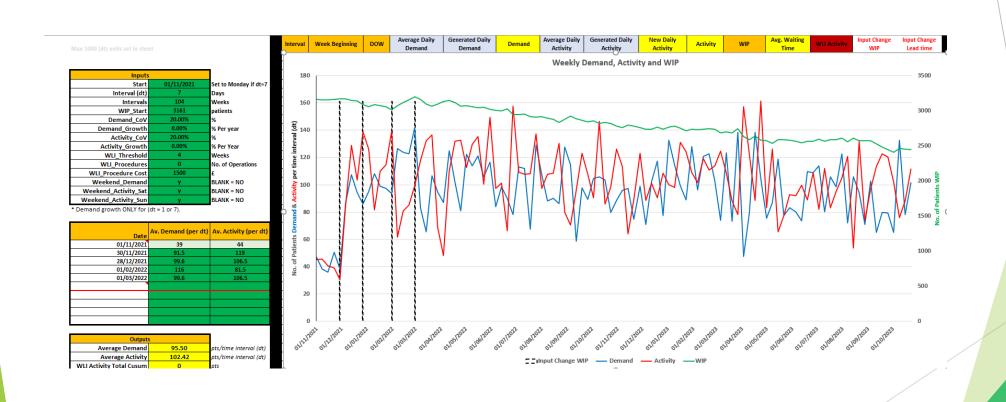


Demand Av. = 39

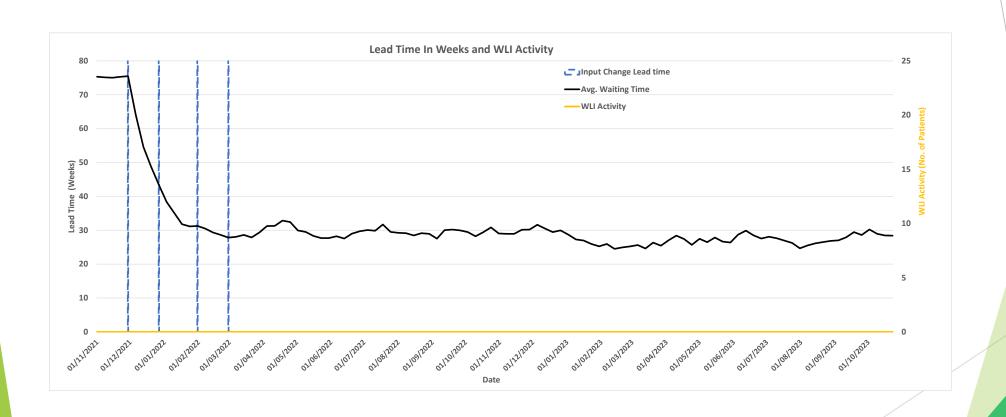
Activity Av. = 44

WIP = 3161

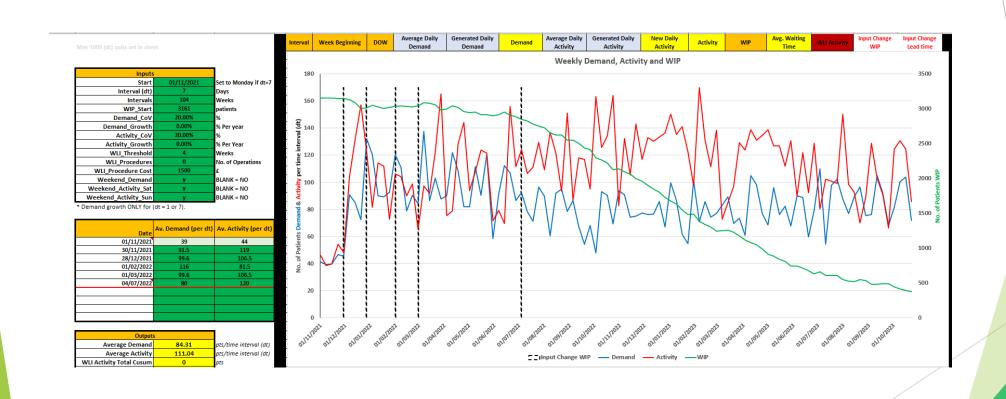
## Predicted Surgical Queue Trajectory November 2021 November 2023



### Projected Lead time for planned Interventions



# What would happen if Activity was Increased from 2022 and Demand was reduced by decreasing Outsourced OPD sessions?



## What Would Happen to Lead Time?

