

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

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

<b>Recommendation:</b>
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.

<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Local Services</b> - 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	
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	
<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	
<b>People</b> - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	

**Resources** - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources





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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**



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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 Breamore (medical ward)	Renovated former Farley	Dec '17

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 48 hours is being driven through the patient flow. Freed up capacity has been able to be used for other services.

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Increase in the acute physician weekend rota from 25% to 45% has not been

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.

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 nurses in the trust.

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