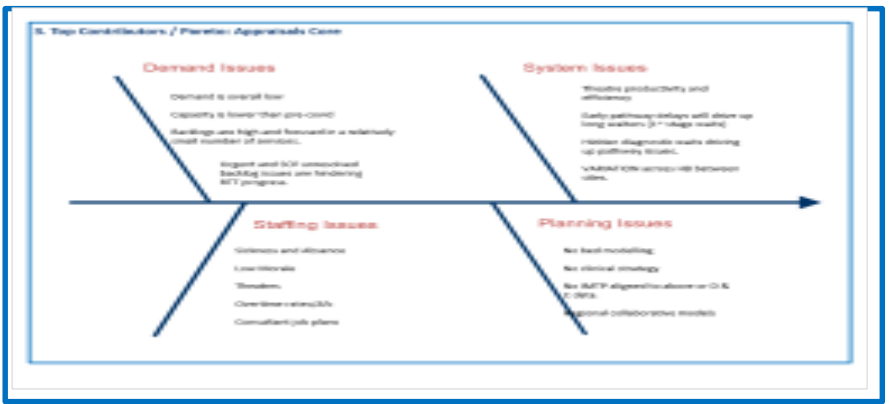
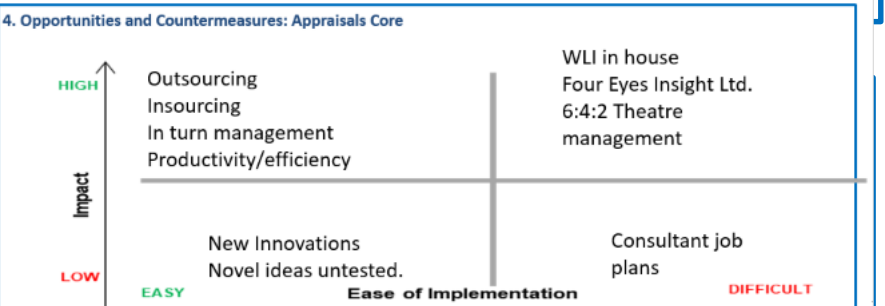
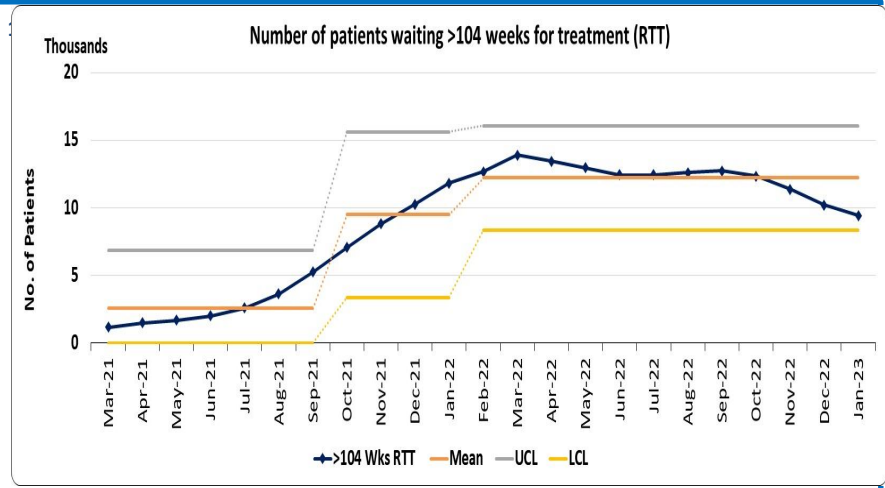


## Countermeasure Area

**Problem Statement - Delivery of the 104 Stage 4 target by End June 2023**  
**Delivery of the 78 week Stage 4 target by End March 2024**

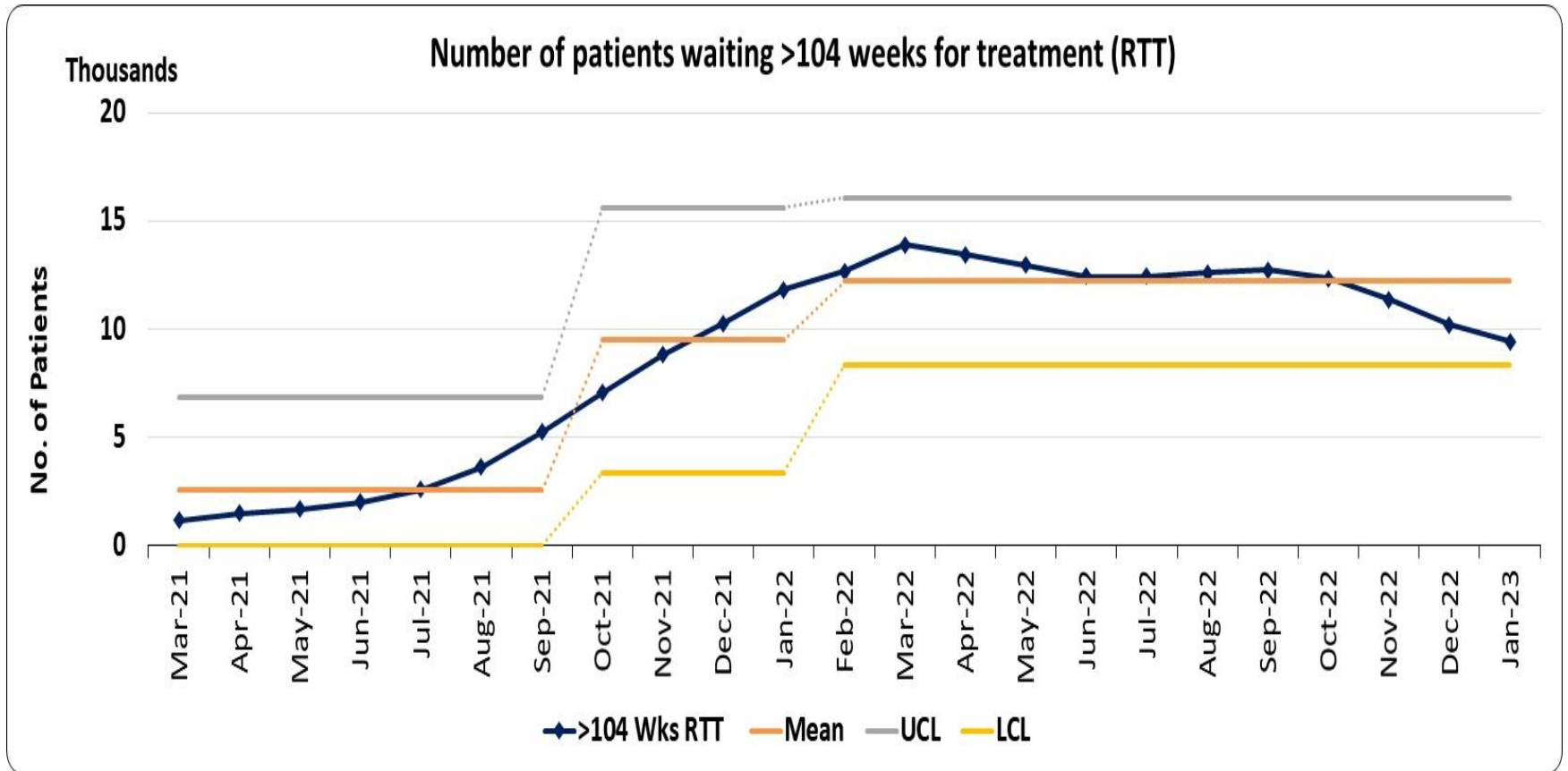
**Owner: Director of Ops PC**  
**Metric: Stage 4 – 104/78 wk**  
**Trending: +VE**



Contributor	Root Cause	Counter-Measure	Impact	Ease
Consultant Productivity	Job planning and culture Leadership	Performance metrics consultant level Unmanaged leave arrangements	Medium	Intense
Low capacity	Historical lack of investment	Outsourcing	High	Easy
Lack of beds	No bed modelling	Ring fenced elective beds Increase day case rates Reduced LoS to Upper Quartile	High	Moderate
Preoccupation with emergency flow		Bed Model with D & C Outsource		

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Consultant productivity	Minimal Lack of job planning linked to D & C	Review and then Redevelop agency – Power Team Engage 1st and Individual Consultant performance Metric and Service	Director of Operations and Director of Acute Services		
Low Capacity	High UoB Lack of planning and bed modelling Lack of staff	Outsourcing Red Model based on demand model Workforce operational plan	Medical Director CSD Director of PICU CDD		
Lack of Beds	No bed modelling No clinical strategy	Ring fence Planning to include bed model linked to clinical strategy	Director of strategy Senior CSD CDD		
Emergency Flow Inefficiency	Lack of ringfenced elective beds UoB Dry case capacity and diagnostic capacity		Acute Director		
Inconsistent pathways across PICU resulting in variation	Lack of single management model	Single leadership model			
Lack of robust planning model linked to D & C		All services to provide sustainability plan and considered in equality as part of EMPP	CDD		

## 1. Historic Trend Data: 15<sup>th</sup> Feb. 2023



## 2. Stratified Data – Data 15<sup>th</sup> February 2023

Ov 104 Weeks Stage 4, RTT at 30 JUN 2023				
Specialty	PatientsWithTCIInTarget	PatientsWITHOUTTCIInTarget	AllPatients	Cumulative
Orthopaedics	132	1450	1582	15.0%
Gynaecology	43	910	953	24.0%
Ear Nose and Throat Service	65	648	713	30.8%
General Surgery	78	557	635	36.8%
Urology	13	545	558	42.1%
Ophthalmology	63	281	344	45.4%
Anaesthetics	14	150	164	46.9%
Oral Surgery	1	123	124	48.1%
Colorectal	10	111	121	49.2%
Breast Surgery	8	45	53	49.7%
Gastroenterology	0	15	15	49.9%
Cardiology	0	4	4	49.9%
Paediatrics	0	4	4	50.0%
Dermatology	0	2	2	50.0%
General Medicine	0	2	2	50.0%
	427	4847	5274	

Variation from 31<sup>st</sup> Jan: Total 5542 (-269), Dated 458 (+31), without date 5085 (-238)

### 3. Top Contributors / Pareto: Appraisals Core

#### Demand Issues

Demand is overall low

Capacity is lower than pre-covid

Backlogs are high and focused in a relatively small number of services.

Urgent and SCP unresolved backlog issues are hindering RTT progress.

#### System Issues

Theatre productivity and efficiency

Early pathway delays will drive up long waiters (1<sup>st</sup> stage waits)

Hidden diagnostic waits driving up pathway issues.

VARIATION across HB between sites.

#### Staffing Issues

Sickness and Absence

Low Morale

Theatres

Overtime rates/Afc

Consultant job plans

#### Planning Issues

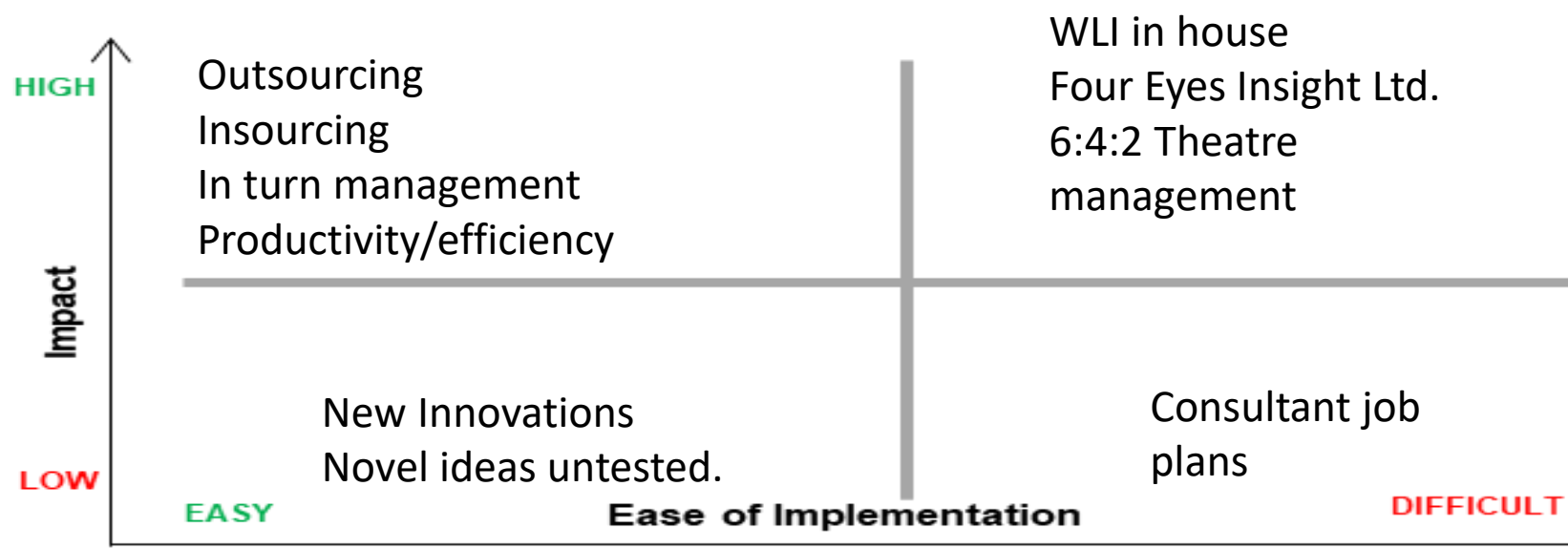
No bed modelling

No clinical strategy

No IMTP aligned to above or D & C data.

Regional collaborative models

4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease
Consultant Productivity	Job planning and culture Leadership	Performance metrics consultant level Unmanaged leave arrangements	Medium	Intense
Low capacity	Historical lack of investment	Outsourcing	High	Easy
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Preoccupation with emergency flow		Bed Model with D & C Outsource		

## 5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Unscheduled care model impacting on elective capacity	Job planning to sustain 3 acute takes on all sites impacts on the availability of consultants to provide elective service	Programme of consolidation of acute takes and merging on call rotas	Deputy COO	1.8.23	
Inability to open up all available elective clinical capacity	Lack of key workforce	Use of insourcing services to open up additional theatre, diagnostic and outpatient capacity	Dir of Planned Care	31.3.23	
Lack of booking in turn	Sub optimal booking practices	Full implementation of booking control room	Dir of Planned Care and Director of Digital	30.4.23	
Demand continues to outstrip capacity	Poor application of demand management opportunities	Review of INNU policy application and further access criteria	Deputy COO	ongoing	
Elective activity not running at pre covid levels	Not all job plans have been able to be fully restored	Ensure all sessions for direct clinical care fully restored	Care Group Medical Directors	30.4.23	
Elective activity not running at pre covid levels	Lack of standardised theatre day	Move to a standardised theatre day finishing at 1800 across all sites	Dir of Planned Care	Q1 23	
Rate of reduction in waiting times not fast enough	Need to increase non recurrent capacity to accelerate the reduction	Adhoc clinical activity	Dir of Operations	31.3.23	