Reporting to:	Trust Board, 30 March 2017
Title	Operational Plan 2017/18: Part One
Sponsoring Director	Neil Nisbet, Finance Director
Author(s)	Neil Nisbet, Finance Director
	Kate Shaw, Associate Director of Service Transformation
	Jill Price, Deputy Finance Director
	Sarah Edmonds, Head of Financial Planning
	Sara Biffen, Deputy Chief OPerating Officer
Previously considered by	Priorities discussed at Trust Board Development Session 23 February 2017 and Senior Leadership Team meeting 28 Fenruary 2017
Executive Summary	The attached paper sets out Part One of the Operational Plan for 2017/18.
	In line with the agreed methodology for the operational strategic planning for the Trust, the detailed Operational Plan for 2017/18 is in three parts.
	This part addresses the state of readiness. How the Trust and Care Groups will respond to the 'here and now'; maintaining high quality, kind and safe care within the context of:
	• national targets and standards
	• workforce constraints
	• the financial control total and
	• infrastructure challenges
	The plan therefore includes details of the required objectives for 2017/18. These are described throughout the paper and their alignment to the organisational strategy is also summarised.
	Part Two, the service appraisals undertaken with the Care Groups to determine the service strengths and attractiveness using an adapted GE/McKinsey Matrix, will be submitted to the Trust Board in May 2017. This will form the foundation to the discussions of the 'what business are we in'.
	Part Three, the design solution for the Trust's services in the future, using the principles of the 4 P's: Place; Product; Price and Promotion, will also be submitted at the end of May.
Strategic Priorities 1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience. ☒ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☒ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☒ To undertake a review of all current services at specialty level to inform future service and business decisions ☒ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☒ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☒ Support service transformation and increased productivity through technology

4 Community and Partnership		and continuous improvement strategies
		☒ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population
		☒ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5 Financial Strength: Sustainable Future		☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks		☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience
		☒ If the local health and social care economy does not reduce the **Fit To Transfer** (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm
		☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff
		☒ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards
		☒ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve
		☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients
		☒ If we are unable to resolve our structural inbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains		☒ Safe
		☒ Effective
		☒ Caring
		☒ Responsive
		☒ Well led
☐ Receive ☒ Review ☐ Note ☒ Approve		**Recommendation** • REVIEW and APPROVE Part One of the Trust's Operational Plan for 2017/18

The Shrewsbury and Telford Hospital NHS Trust

Operational Plan 2017/18 Part One

1. Introduction

In line with the agreed methodology for the operational strategic planning for the Trust, the detailed Operational Plan for 2017/18 is in three parts.

Part One, this part, addresses the state of readiness. How the Trust and Care Groups will respond to the 'here and now'; maintaining high quality, kind and safe care within the context of:

- national targets and standards
- workforce constraints
- the financial control total and
- infrastructure challenges

The plan therefore includes details of the required objectives for 2017/18. These are described throughout the paper and their alignment to the organisational strategy is also summarised at the end of the paper.

Part Two, the service appraisals undertaken with the Care Groups to determine the service strengths and attractiveness using an adapted GE/McKinsey Matrix, will be submitted to the Trust Board in May 2017. This will form the foundation to the discussions of the 'what business are we in'.

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2. Performance

The Trust is required to deliver national access targets to ensure the timely care and treatment of patients. These are: the 18 week Referral to Treatment (RTT); the 4hour A&E standard; the 62 day Cancer target; and DMO1 Diagnostic.

2.1 Referral to Treatment

The national requirement is to ensure that following referral for consultant care, the numbers of patients waiting for treatment longer than eighteen weeks, does not exceed 8% of the total number of patients waiting who appear on the Trust's waiting lists.

Consistently during the 2016/17 financial year, the Trust has struggled to deliver against this target. Two reasons can be cited for the difficulty:

- Demand and capacity problems within a series of 'challenged 'specialty areas, these being :
  - o MSK
  - o Ophthalmology
  - o Oral Surgery; and
  - o Neurology
- Inability to maintain capacity, particularly during the winter period resulting in the creation of a substantial backlog of patients.

Accordingly, during the 2016/17 year the Trust recorded a compliance rate 85.7% (at the end of February).

In setting a plan for the 2017/18 financial year, it is necessary for the Trust to consider:

- How to respond to the 'backlog of patients' waiting in excess of 18 weeks, that are carried forward into the 2017/18 year; and
- Identification of a strategy for creating a sustainable service model amongst the challenged specialties

Addressing the waiting list backlog

It is estimated that by the 31 March 2017 the Trust will have a total waiting list of patients amounting to 20,574. Within this number, 2,515 exceed the 18 week threshold. The Scheduled Care group have developed a plan to reduce the 18 week backlog at an individual specialty level. This is summarised in the table below.
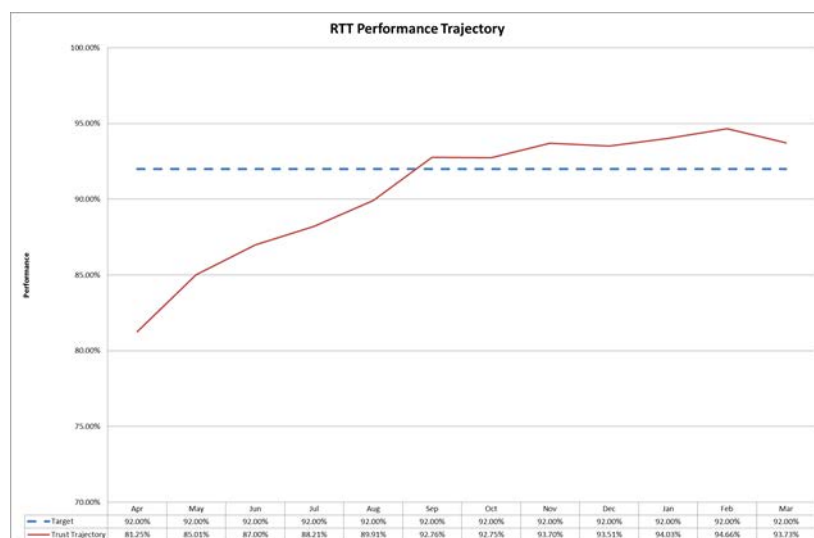
Speciality	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cardiology												
Colorectal												
Dermatology												
Diabetic Medicine												
Endocrinology												
ENT												
Gynaecology												
Neurology												
Ophthalmology												
Paediatrics												
Respiratory												
Trauma & Orthopaedic												
Upper GI												
Urology												
Vascular												
Gastro												
Orthodontics												
Oral												
Breast												

The table shows that a number of specialties, notably; Gynaecology, Trauma and Orthopaedic, Upper GI and Vascular surgery do not presently have planned capacity, to enable the 18 week backlog to be addressed completely in the 2017/18 financial year.

Three of the Trusts recognised challenged specialties, Ophthalmology, Neurology and Oral Surgery are expected to see their 18 week backlog Target achieved by September 2017.

The specialities in delivering to this plan are increasing capacity, through a combination of Waiting List Initiatives, additional Theatre sessions and outsourcing. The cost of increased capacity is presently calculated to be £3.3 million.

Based upon these plans a RTT Trajectory has been constructed for the 2017/18 financial year:

RTT Performance Trajectory

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Trust Trajectory	81.25%	85.01%	87.00%	88.21%	89.91%	92.76%	92.75%	93.70%	93.51%	94.03%	94.66%	93.73%

This trajectory indicates that RTT performance will improve steadily from April onwards, resulting in the 18 week target being achieved by November 2017.

Management of recurrent demand and capacity

In order to ensure that the RTT Access Target is met on a sustainable basis it is necessary for there to exist a balance between the recurrent levels of referrals into the Trust with the level of capacity. In developing the 18 week recovery position, the exercise has also determined demand and capacity at a speciality level:

Speciality	Average Demand	Average Core Capacity*	Variance	Variance %
Cardiology	469	447	(22)	(4.6%)
Colorectal	611	516	(95)	(15.6%)
Dermatology	663	454	(209)	(31.6%)
Diabetic Medicine	152	73	(78)	(51.6%)
Endocrinology	89	69	(20)	(22.8%)
ENT	1,126	1,045	(80)	(7.1%)
Gynaecology	1,088	1,109	22	2.0%
Neurology	112	73	(39)	(34.8%)
Ophthalmology	1,504	1,106	(398)	(26.4%)
Respiratory	300	268	(32)	(10.7%)
Trauma & Orthopaedic	641	531	(110)	(17.1%)
Upper GI	251	243	(9)	(3.4%)
Urology	927	812	(115)	(12.4%)
Oral	620	602	(18)	(2.9%)
Vascular	420	435	15	3.5%

*core capacity has been adjusted for annual leave, governance, planned sickness, on-call and study leave where available

This exercise has identified that across all specialties there appears to exist an imbalance between recurrent demand and available recurrent capacity. Accordingly, recurrent capacity is then bolstered through 'ad hoc' additional capacity. If the RTT Access Target is to be achieved on a sustainable basis then decisions will need to be made with regard to:

- The level of additional substantive capacity that needs to be established on a specialty basis, either through new appointments or 'recurrent' additional capacity; and /or
- Whether the Trust should continue to provide certain specialties.

It is important to note that available capacity has been determined based upon historical working practices. The care group however, have expressed an interest in undertaking a formal review to establish the strength of assumptions presently supporting existing capacity. In order to take this forward, Meridian Consultancy are to be engaged over a six month period, to actively review working practices. This exercise will review Outpatient, Theatre and Diagnostic services. As part of this exercise it will be necessary to reconcile operational activity requirements with existing job plans.

> **Objectives**
>
> 1. RTT to be recovered by individual specialities as per Care Group model
> 2. RTT trajectory delivered as per Care Group model
> 3. Capacity review to be completed by Meridian Consultancy by September

Service appraisal

The Trust's ability to achieve the RTT standard is a key component of the service appraisal work undertaken with the Care Groups. Timely access to specialist care is high on the expectations of patients. An inability to maintain an acceptable level of access has the potential to leave services vulnerable, especially within the Scheduled Care Group. This will be detailed further in Part Two of this Operational Plan.

2.2 Accident and Emergency

The Trust is required to ensure that 95% of all patients attending the Trust's A&E departments are progressed within a period of 4 hours. Consistently during the 2026/17 financial year the Trust failed to deliver performance compliant with this standard. The Trust has modelled the level of performance for the 2017/18 financial year if the LHE fails to take corrective actions.
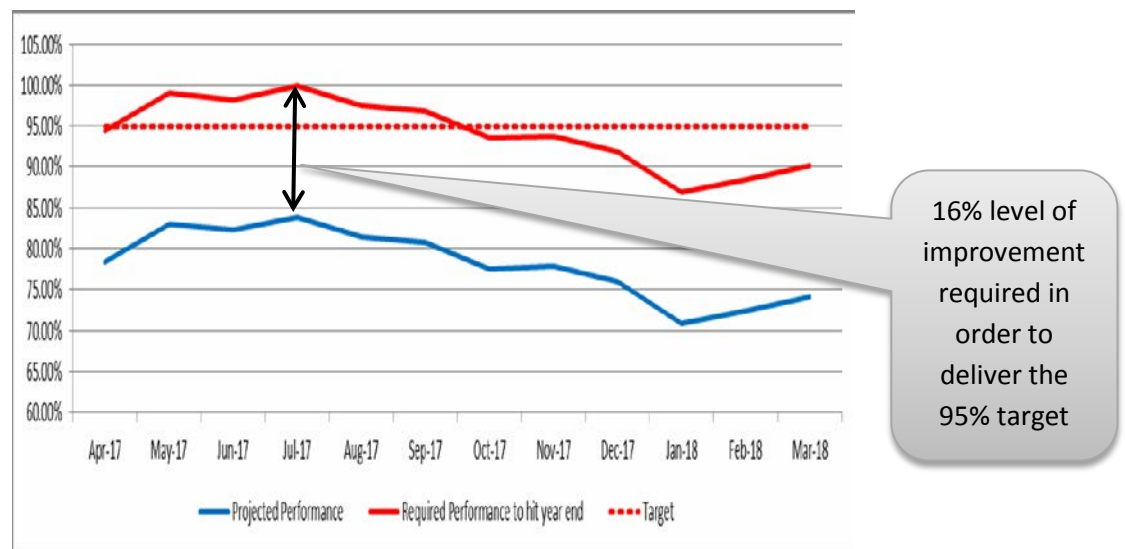
Recent guidance as published by NHSI has stated that in the 2017/18 financial year the LHE system is required to take actions to ensure that a compliance rate of 90% is achieved by the end of September and 95% by the end of March 2018.

It is recognised that in order for this level of improvement to occur, new working arrangements will need to be introduced both within and outside of the Trust. Actions to be taken by bodies outside of the hospital are presently being developed through the A&E Delivery Board; these are expected to focus upon six areas of activity, notably:

- Discharge to Assess
- Front door streaming
- Medically fit to transfer
- Primary Care capacity review
- Ambulance hand-overs
- Admissions and conveyance from Care Homes

The focus of the detail in this Operational Plan will therefore be based upon those areas of improvement capable of being delivered within the Trust.

To understand the areas of improvement to be achieved within the Trust, it is necessary to understand the present level of performance, and split this performance into:

- Non-admitted – where patients are seen within the Trust A&E Departments but not admitted into a hospital bed, and
- Admitted – where patients having been seen within the A&E are required to progress to a hospital bed base on a ward

The performance reported to NHSI April 2016 – January 2017 is shown below:

	Admitted	Non Admitted	Performance
PRH	53.87%	86.01%	79.07%
RSH	33.98%	89.17%	76.84%
Trust	43.81%	87.57%	77.96%

Non-admitted

Non-admitted activity accounts for approximately 75% of activity presenting at A&E. The existing non-admitted compliance rate across the Trust's two hospital sites equates to 87.6%. Analysis of the non-admitted performance has identified two areas where actions taken could significantly impact upon the level of performance, these being:

- where patients having attended A&E receive no further follow up treatment; and
- the realignment of staffing levels in accordance with activity levels during the day/evening

**Patients who receive no further follow up treatment**

A review of the total number of occasions where patients failed to be seen within the required timeframes within the A&E departments has been undertaken. These 'breaches' by site and the outcome is presented in the table below:

Outcome	Total	% of TOTAL	RSH	PRH
Died in Department	39	0%	0%	0%
Discharged - GP follow up treatment	1848	19%	17%	20%
Discharged - no follow up treatment	5872	60%	66%	56%
Left Department before being treated	158	2%	2%	1%
Left Department having refused treatment	86	1%	1%	1%
Referred to A&E Clinic	198	2%	2%	2%
Referred to Fracture Clinic	733	8%	6%	9%
Referred to other Health Care Professional	168	2%	1%	2%
Referred to other Out-Patient Clinic	354	4%	3%	4%
Transferred to other Health Care Provider	315	3%	3%	3%
Grand Total	9771			

As can be seen 60% of all non-admitted breaches have occurred in respect of patients where once seen no further follow up treatment has been required. Revising the care pathway through for example improved streaming of patients, as to enable 95% of such patients to be seen within the 4 hour standard, would improve the non admitted performance by 4.6%

Realignment of staffing levels

An examination of the volume of arrivals related to the numbers of Consultant and Nursing staff working in the A&E departments is presented in the table below. This table describes arrivals and staffing levels over a 24 hour period.
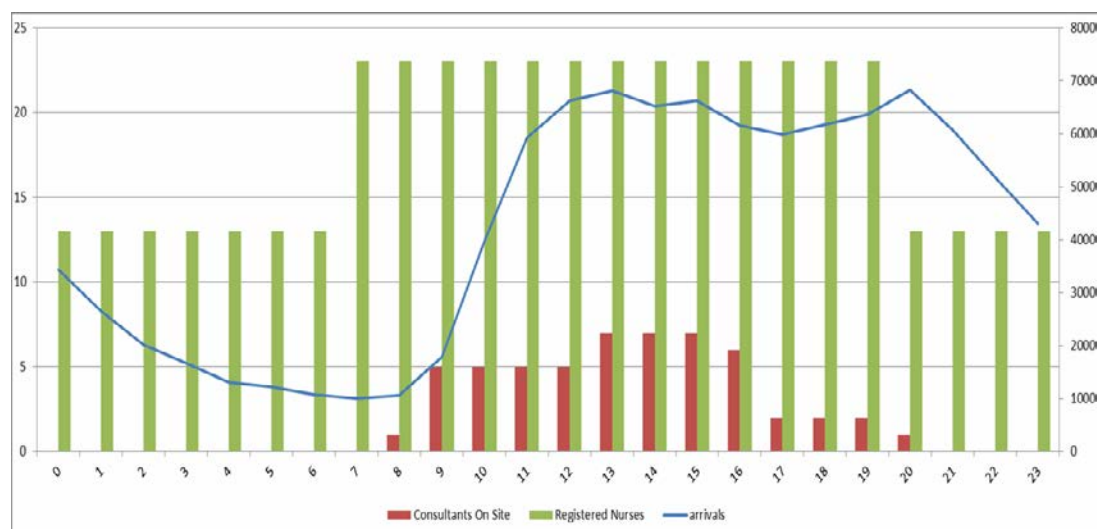
The table highlights a significant variance in the volume of staff available during the evening period from 8pm – 12am.

An analysis of the non-admitted breaches occurring during this period, indicates that the level of non-admitted performance over the 24 hour period declines substantially from 6pm onwards. This is shown in the table below:

	Hour of the Day performance of non admitted breaches						
	18:00	19:00	20:00	21:00	22:00	23:00	00:00
Performance improvement opportunity %	78%	72%	62%	56%	49%	39%	41%

This analysis suggests that the level of performance could be improved through the existence of enhanced clinical capacity through additional staffing and/or realignment of existing staff. Improving performance so as to enable the 95% Access Target to be achieved throughout the 6pm – 12am period improves non admitted performance by 2.6%.

Admitted A&E performance

Admitted activity typically accounts for 25% of activity presenting at A&E. During the 2016/17 financial year the Trust has consistently struggled to ensure that patients admitted into a hospital bed did so within the national performance target of four hours. In the year to date, compliance is presently 44%.

An examination of the breaches is presented in the table below. It should be noted that the Trust adopts over thirty reasons to describe a breach. These have been grouped together into themes to support analysis.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
A - AMU/CDU/SAU	1351	1224	1111	1094	989	674	813	7256
W - Ward	734	542	543	437	411	407	521	3595
C - Clinical/Internal	271	290	279	280	315	367	358	2160
O - Other	99	76	100	94	84	102	121	676
S - Support Services	25	48	30	18	33	27	29	210
Grand Total	**2480**	**2180**	**2063**	**1923**	**1832**	**1577**	**1842**	**13897**

The dominant reason for the breaches occurs because the A&E department is unable to transfer patients to available assessment/treatment areas (AMU/CDU/SAU). Whilst this may indicate a need to improve working practices within the treatment areas, since approximately 70% of patients attending treatment areas ultimately transfer to a ward, a more likely reason for these breaches is the lack of an available bed. If these volumes are combined with the breaches that occur because of the A&E department being unable to transfer directly to a ward, this then means that circa 60% of all admitted breaches can be traced to ward unavailability.

Further analysis suggests that the likelihood of a breach is most likely to occur in the opening days of a week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
Activity by day	17317	15633	14888	14726	14803	15510	16658	109535
Average numbers	361	326	317	313	315	323	347	
Admitted Breaches as % of Total Attendances	14%	14%	14%	13%	12%	10%	11%	15%

Ratio of people who breach	1in 7	1in 7	1in7	1in 8	1in 8	1in 10	1in 9
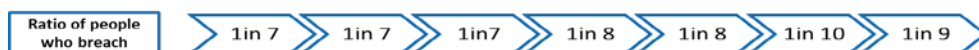
To understand why this situation occurs it is necessary to know something about the pattern of admissions and discharges on a daily basis.

The table below provides a description of the pattern of discharges and admissions, and is sub analysed based upon seasonality.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Spring							
Admissions	173	181	165	180	176	131	117
Discharges	168	191	173	195	203	111	89
Imbalance	(5)	10	8	15	27	(20)	(28)
Summer							
Admissions	173	176	173	177	180	125	113
Discharges	181	181	175	186	193	108	92
Imbalance	8	5	2	9	13	(17)	(21)
Autumn							
Admissions	185	180	184	185	183	130	121
Discharges	193	182	190	186	208	114	93
Imbalance	8	2	6	1	25	(16)	(29)
Winter							
Admissions	173	170	183	190	183	123	111
Discharges	178	176	188	201	211	112	95
Imbalance	5	6	5	11	28	(11)	(16)

A number of observations can be made:

- Over the weekend the level of admissions consistently exceeds the volume of discharges
- The numbers of admissions and discharges is significantly lower over the weekends
- The weekend imbalance becomes rectified during the opening days of the week
- Friday is characterised by high levels of discharges

This appears to suggest that if progress is to be made in respect of admitted performance, then activity needs to focus upon reducing the tension arising in the opening days of the week through actions that either:

- reduce the volume of patients admitted into the hospital over the weekend (interestingly, analysis also identifies that the volume of GP referrals into the hospital increases markedly on a Friday), or
- increase the numbers of discharges over the weekend

Increasing discharges at the weekend is a key component of the Trust's work on the national initiative SAFER. This is described in more detail below.

The unavailability of beds will however also occur where:

- beds are blocked because patients are staying longer than necessary; and
- where the timing of discharge is delayed

Two actions are being taken, these being:

- reconfiguration of the bed base; and
- Implementation of SAFER and the National Red to Green standard

Reconfiguration of the bed base

The Trust's adult inpatient general bed base is shown below. A review has been made of the actual usage of these beds. This review has confirmed that the present allocation of beds is inconsistent with bed usage. The Trust has recognised that this situation needs to be corrected, and as such during the 2017/18 financial year the distribution of beds is to be reallocated. The revised allocation of beds is as follows:

	Scheduled Care	Unscheduled Care	Gastro	Total
Current bed base	232	332	46	610
Transfer	(22)	22	0	0
Revised bed base	210	354	46	610

In making this change, the Trust can expect to realise a series of operational efficiencies as a consequence of there being reduced levels of outlying patients scattered across wards within the two hospital sites. It is difficult to quantify precisely the impact of making this change; however for planning purposes it appears reasonable to assume that this could be expected to reduce breaches by around 600 – 1300 a year, equivalent to between up to 1% of breaches. Doing so then improves Admitted performance by approximately 2 - 5%.

Implementation of the National Red to Green standard

Clinicians locally and nationally are agreed that there is a significant group of patients in hospital longer than they should be. The management of patient flow is an ongoing and consistent challenge for the Trust, and the majority of acute Trusts in England.

A dedicated team solely focussed on the delivery of the SAFER Patient Flow Bundle, including the Red to Green process, will work with clinicians and managers to reduce non-value added time for patients and work to get them home sooner. By improving patient flow through the hospital, the Trust's EDs and emergency assessment areas will also flow more easily. The principles of SAFER and Red to Green are shown below.

The Patient Flow Bundle - SAFER

S - **Senior Review**. All patients will have a Consultant Review before midday.

A - **All patients** will have an **Expected Discharge Date** (that patients are made aware of) based on the medically suitable for discharge status agreed by clinical teams.

F - **Flow of patients** will commence at the earlier opportunity (by 10am) from assessment units to inpatient wards. Wards (that routinely have patients transferred from assessment units) are expected to 'pull' the first (and correct) patient to their ward before 10am.

E – **Early discharge, 33%** of our patients will be discharged from base inpatient wards before midday. TTO's (medication to take home) for planned discharges should be prescribed and with pharmacy by 3pm the day prior to discharge wherever possible to do so.

R – **Review**, a weekly systematic review of patients with extended lengths of stay (> 14 days) to identify the issues and actions required to facilitate discharge. This will be led by clinical leaders supported by operational managers who will help remove constraints that lead to unnecessary patient delays.

Red and Green Days

| 1 | 2 | | 3 | 4 | | 5 | | | | | | | 6 | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

A **Red** day is when a patient is waiting for an action to progress their care and/or this action could take place out of the current setting.
- Could the current interventions be feasibly (not constrained by current service provision) delivered at home?
- If I saw this patient in out-patients, would their current 'physiological status' require immediate emergency admission?

If the answers are 1. Yes and 2. No, then this is a 'Red bed day'.

Examples of what constitutes a **Red** Day:
- Medical management plans do not include the expected date of discharge, the clinical criteria for discharge and the 'inputs' necessary to progress recovery
- A planned diagnostic/referral is not undertaken the day it is requested
- A planned therapy intervention does not occur
- The patient is in receipt of care that does not require a hospital bed.

**A RED day is a day of no value for a patient**

A **Green** day is when a patient receives an intervention that supports their pathway of care through to discharge

A **Green** day is a day when all that is planned or requested happened on the day it is requested, equalling a positive experience for the patient

A **Green** day is a day when the patient receives care that can only be delivered in a hospital bed

**A GREEN day is a day of value for a patient**

To understand the scale of improvement opportunity available to the Trust, reference can be made to the review of bed usage referred to above. This review has enabled the Trust to group volumes of patients who 'on a typical day' are occupying acute medicine beds. This is illustrated below.
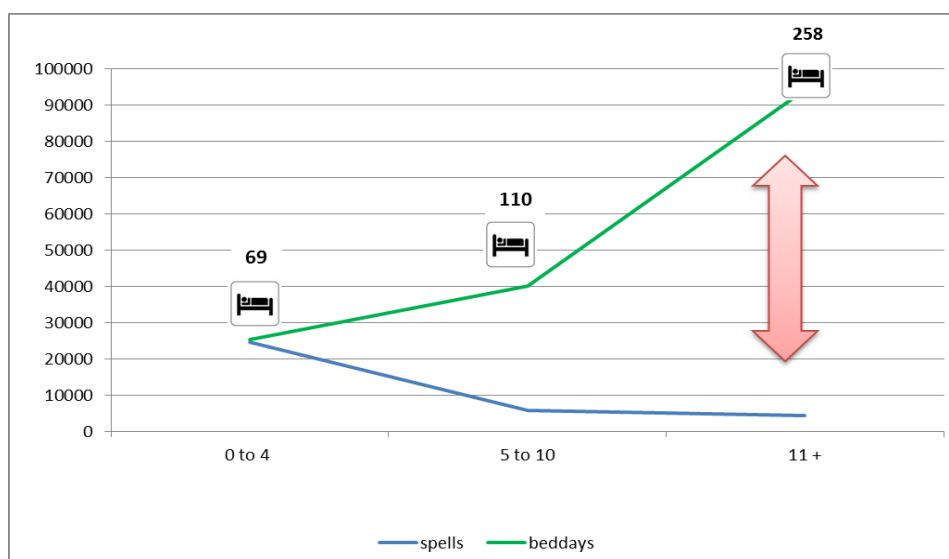
Based upon this analysis, it is believed that whilst opportunities exist to reduce overall length of stay, the most significant level of opportunity appears to exist within the cohort of patient occupying a hospital bed for a period between 5 – 10 days. Modelling the impact of reducing the length of stay for these patients by a single day reduces the level of bed consumed by 3,830 bed days equivalent to 16 beds.

LOS	Spells	Beddays	Revised Beddays	Bedday Reduction	Bed Reduction
1	3,344	3,344	3,344	0	0
2	1,774	3,548	3,548	0	0
3	1,474	4,422	4,422	0	0
4	1,256	5,024	5,024	0	0
5	925	4,625	3,700	(925)	(4)
6	849	5,094	4,245	(849)	(3)
7	755	5,285	4,530	(755)	(3)
8	505	4,040	3,535	(505)	(2)
9	443	3,987	3,544	(443)	(2)
10	353	3,530	3,177	(353)	(1)
Total	11,678	42,899	39,069	(3,830)	(16)

Achieving this level of improvement appears reasonable, because the Trust when benchmarked with 'like' acute Trusts is presently positioned marginally outside of the average. Achieving this scale of change shifts the Trust within the average as shown in the table below.
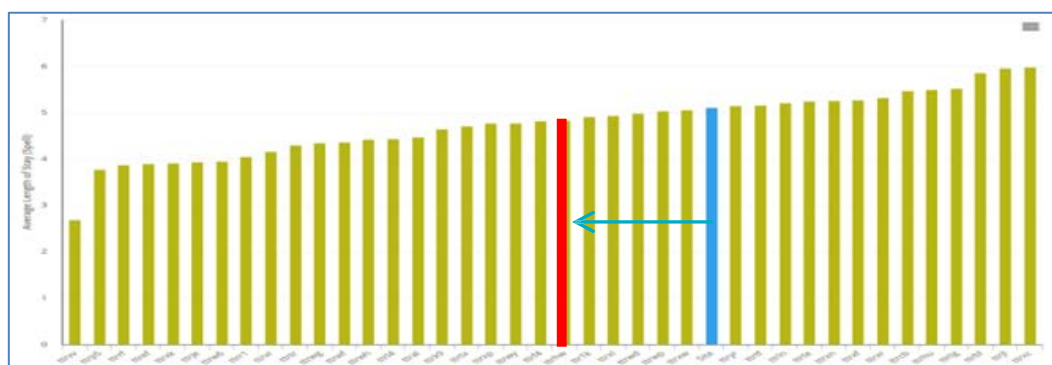
Reducing beds consumed in this way, whilst not resulting in bed closures enables the Trust to improve operational resilience by reducing the level of bed occupancy by 5%. Adopting the improved level of occupancy is estimated to reduce the number of breaches by 900 and improve admitted performance by 4%.

**Scale of opportunity for improving the A&E performance**

In the above, a series of areas have been identified where actions taken can be expected to generate improvement in the internal delivery of the A&E access target. The table below summarises these areas.

	% Improvement
Non admitted	
Triage A&E– no further treatment – 95% compliance	4.6
Realignment of staff – evenings – 95% compliance	2.6
Admitted	
30% reduction in ward related breaches – arising from weekend working	10.0
Red to Green process	4.0
Reconfiguration of bed base	3.5

Assuming each of these opportunities are realised, then the structural admitted and non-admitted performance changes as follows:

	Existing performance	Improvements	Performance after improvements
Admitted	44.0	17.5	61.5
Non-admitted	87.6	7.2	94.8
Overall	78.0		87.4

As a result the annual structural level of A&E performance is capable of improving from the existing 78% to a revised position of 87.4%. The diagram below shows how this level of improvement would then appear across a financial year.
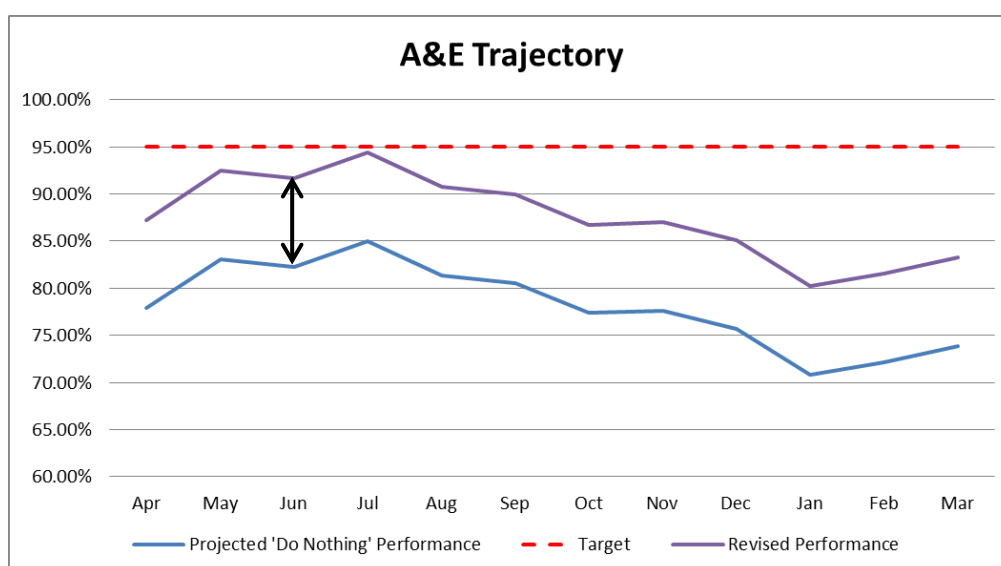
Objectives

4. Streamline patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH by June
5. Complete workforce review of PRH/RSH A&E department and address 6pm – 12am capacity shortfall by June
6. Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June
7. Implement Red to Green and SAFER programme from April - June
8. Realign scheduled and unscheduled care beds from April - October

2.3 Cancer

Cancer services within the Trust consistently deliver to a high standard:

- clinical outcomes for both care and treatment are amongst the best in the country, with colorectal services performing the best nationally, and
- the service recognised as an Exemplar site for both teaching and the sharing of best practice.

During the 2016/17 financial year the Trust was one of a small number of acute trust, who consistently delivered National access targets. In setting a plan for the 2017/18 financial year the Trust expects to continue this performance into the 2017/18 financial year.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End
Performance	87.07%	85.32%	87.40%	87.01%	85.32%	87.39%	88.19%	85.09%	86.46%	87.18%	86.67%	85.85%	86.60%
Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Achieving this target does however require the service to handle a number of challenges, notably:

Dermatology – given the volume of referrals, a key requirement will be for the Trust to maintain service delivery within the Trust Dermatology service. The Dermatology service is presently led by a single Consultant who has recently announced their resignation. Alternative Locum support has been identified, however in order to ensure sustainability it will be necessary to secure a substantive Consultant appointment.

Two week waits – additionally, whilst the Trust has successfully been able to respond to increased demand arising from Public Health campaigns, this has only been possible by securing additional capacity through Waiting List Initiative payments

Nice Guidance – recent NICE guidance has lowered the threshold for accessing cancer investigation. This change is expected to increase diagnostic testing and also referrals into the Cancer service.

Objectives

9. Secure cancer delivery by addressing dermatology consultant workforce by May
10. Review capacity requirements in respect of public health campaigns and NICE guidance by September

2.4 Diagnostics

The Trust has experienced and managed increased demand for diagnostics since 2015/16 following successful Public Health campaigns. There remains a risk that the Direct to Test initiative will also have an impact on demand in 2017/18 impacting on the plan and leading to changes in the trajectory. The current trajectory for 2017/18 is shown below:

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End
Performance	99.40%	99.40%	99.40%	99.40%	99.40%	99.40%	99.40%	99.40%	99.30%	99.30%	99.30%	99.30%	99.40%
Target	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%

Delivering to this trajectory will require the Diagnostic service to identify strategies for managing the growth in requests for MRI and CT testing, as illustrated in the diagrams below. This will start with a detailed demand review in May 2017.
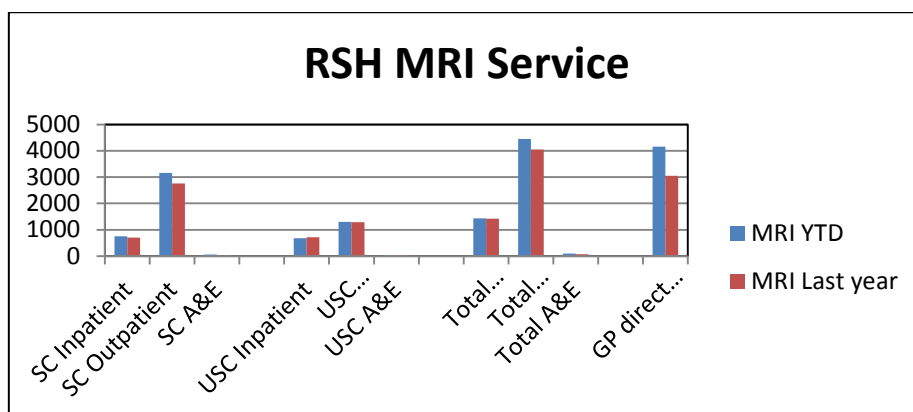
Over the last twelve months, there has been a small growth in Scheduled Care MRI demand mainly driven through Outpatients. During the same time frame, there has been a significant rise of 36.13% in GP direct access MRIs. Overall, the total patients scanned was 10,145, an increase of 1,542 or 17.92%.
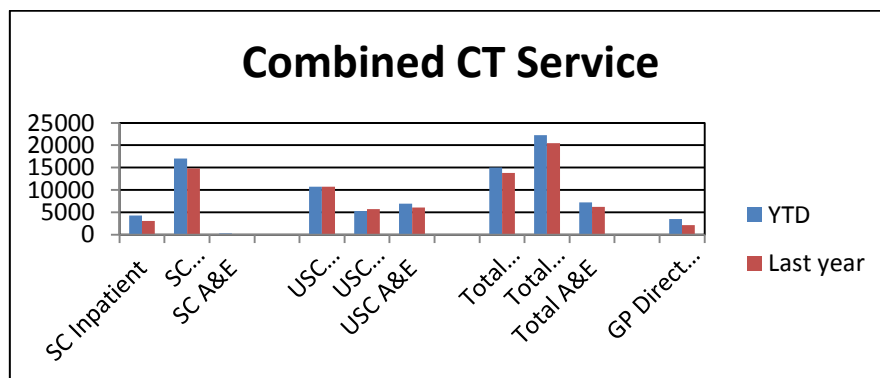
Growth can be seen in all areas of CT delivery with an increase of 1,426 from GP referrals, equivalent to 68.13%. Overall, there has been an increase of 5,416 scans, equivalent to an increase of 12.72%. The demand for CT services is 38.82% higher at RSH than PRH.

Objectives

11. Conclude review of demand and capacity impact arising from direct to test by May
12. Address capacity consequences arising from growth in direct access and internal usage of CT and MRI by May
13. Achieve JAG accreditation by June

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3. Workforce

The whole time equivalent numbers for 2017/18 are:

App A Category	Forecast Outturn 17/18 WTE
Consultants	252.32
Medical Staffing	356.09
Non Clinical	1,568.19
Nursing	2,466.00
Other Clinical	824.50
Grand Total	**5,467.10**

Work continues within the Care Groups on the detailed workforce plans. For 2017/18, this will include:

- Managing workforce fragility
  - Nursing capacity
  - Medical staff capacity and availability
  - Midwife capacity and location driven demand
  - Support Service shortfalls
  - Sustainable services programme
- Agency usage
- Job plans and alignment to demand
- Paediatric services
- Leadership

In addition, there is an organisational development need to re-examine the roles and responsibilities of the Care Group Directors and the Trust's Executive Directors; around the engagement and management of the interface between the different professional groups and the potential to overlap.

3.1 Managing fragility

The fragility of the Trust's workforce is well-documented. In terms of the plan for 2017/18, this is separated out into five key areas of focus:

Nursing

Addressing the shortage of Registered Nurses within the Trust is a key priority for the coming year. Analysis has been undertaken to map across the number of substantive and bank Registered Nurses currently in post and the actual number of adult inpatient beds they have the capacity to manage (not including Critical Care and Women and Children's). There is a shortfall of ninety nine Registered Nurses. Despite extensive recruitment activities, this gap has remained fairly constant for the last three years and has consistently been filled with Agency Nurses. It is evidenced that high levels of Agency Nurses impact on patient's length of stay and substantive staff morale; it also impacts on the Trust's financial position and impacts on the delivery of the National Agency Cap.

|	Current bed base	Nursing capacity	Variance
SC (excluding Day Case)	232	200	32
USC	332	279	53
Gastro	46	32	14
Total	610	511	99

Work has been undertaken to model the activity demand on the beds required against the current managerial allocation. Scheduled Care has consistently operated within a smaller bed base as medical patients routinely occupy beds allocated to the Unscheduled Care Group. Work to realign 22 beds from Scheduled Care to Unscheduled Care will be taken forward from the beginning of April. As described in the Section 2 RTT, the Scheduled Care beds will be ring-fenced and the variations in the available capacity will be worked through with support from Meridian, an external improvement consultancy.

In addition, analysis of the length of stay of patients within the Unscheduled Care Group has shown that on average, 65% of the Unscheduled Care bed base is occupied by patients with a length of stay of 11 days or longer. 86% of patients return to their usual place of residence following an inpatient stay. From analysing the groups of patients and their needs, it is recommended that a combination of the following is needed:

- a SaTH2Home type service, with a specific skill set in the care of the frail and elderly
- residential/nursing bed capacity

Managing the 11+ days cohort of patients differently, not only improves the care and quality of patients as they are supported to go home as soon as they are clinically able, but also enables the Trust to manage and care for inpatients within the appropriate clinical space capacity. Implementing this change will enable the Unscheduled care Group to reduce its bed base by 70.

The diagram below shows how the key improvements interlink to match demand, with workforce and bed capacity and improve the delivery performance targets.

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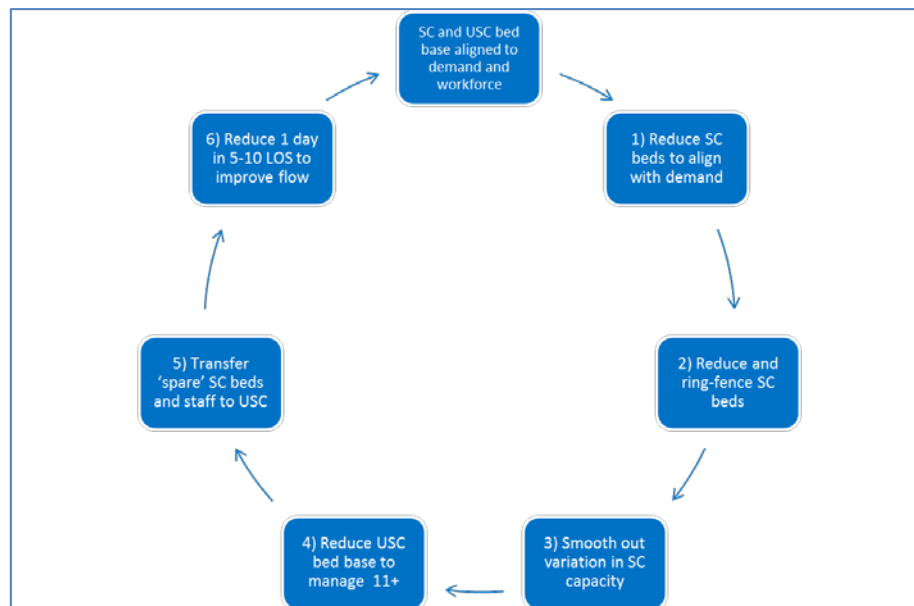
Objectives

14. Agree and implement the new bed profile from April - October
15. Conclude arrangements to transfer 70 patients to community provision from April - October

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Medical Staff

Managing the availability and capacity of the Trust's medical staff will continue to be a focus for 2017/18. Working within a managed and defined bed base will have a positive impact on the Trust's medical teams – although the challenge of the availability of junior medical staff (non-consultant grades and doctors in training) especially within Unscheduled Care and consultant numbers in key areas and specialties will have to be managed in year. The gaps and RAG rated risks are shown in the table below. Red rated areas include:

- A&E
- Acute Medicine
- Neurology
- Ophthalmology
- Dermatology

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Objectives

16. Construct plans to address medical staff risk by September

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Service	Number in Post		Workforce Shortfall - Unfilled / Advertised Posts	
	Consultant	SAS	Consultant	SAS
Unscheduled Care				
Accident & Emergency	6 (6 WTE)	10 (10WTE)	3	4
Acute Medicine	4 3.3 (WTE)	0	4	0
Cardiology	9	2	0	0
Care of the Older Person/Stroke	7 (6WTE)	0	1	0
Dermatology	2	5 (1.1 WTE)	1	0
Diabetes Endocrinology	5	2 (0.40 WTE)	0	1
Neurology	2	1 (0.2WTE)	2	0
Renal Medicine Services	7	1	0	1
Respiratory	13 (11.5 WTE)	0	0.5	0
Scheduled Care				
Anaesthetics	36 (30.14 WTE)	19 (?14.6WTE)	3	1
Breast Surgery	2*	7 (5 WTE)	2	1
Colorectal Surgery	7 (as of Jan 2017)**	1	1	0
ENT	5	1	1	2
Gastroenterology	9 (8.95 WTE)	0	1	0
Haematology	6 (5.6 WTE)	0	0	1
Radiotherapy and Oncology	8	6	0	0
Ophthalmology	6.5	5	3.5	3
Oral & Maxillofacial Surgery	5	1	1	1
Orthodontics	2	3 (1.26 WTE)	0	1
Trauma & Orthopaedics	11	6	0	1
Upper GI Surgery	3	4	0	0
Urology	6 (5.65 WTE)	2 (1 WTE)	0	0
Vascular Surgery	4 (3.5WTE)	3	2	1
Women and Children's				
Obstetrics and Gynaecology	14 (13.1 WTE)	9	0	0
Neonatal	6	0	0	0
Paediatrics	17 (15.7 WTE)	5	0	0
Support Services				
Biochemistry	1	0	0	0
Cellular Pathology	9 (4 WTE)	0	1	0
Microbiology	4	0	0	0
Radiology	21 (15 WTE)	0	1	0

Midwife capacity and location driven demand

The Women and Children's Care Group have undertaken a review of the demand and capacity within Maternity Services. In line with national trends, the number of women choosing to have their babies and those able to have their babies in Midwife Led Unit's has reduced. At booking, in the last two years, 90% of women chose to have their baby on one of the Trust's acute hospital sites (the PRH Obstetric Unit and MLU and the MLU at RSH). This is shown in the table below.
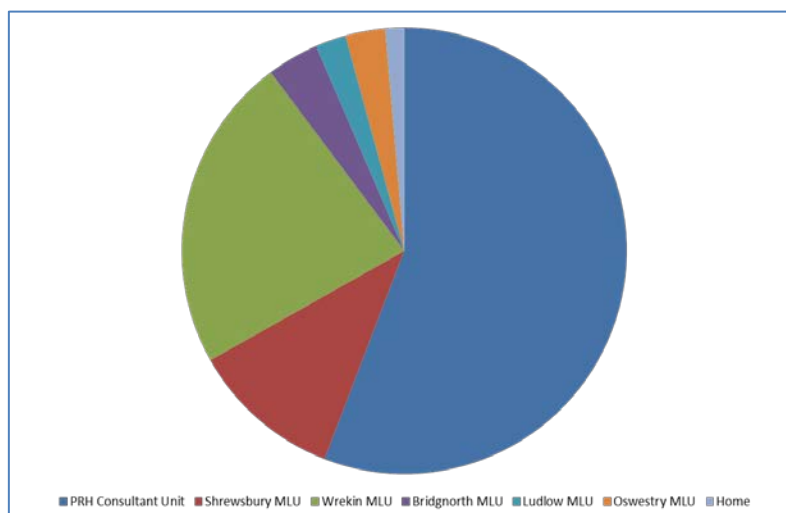
During 2015 and 2016, the places women intended to deliver their baby and where they actually did so is shown in the table below:

Delivery	PRH CU	Wrekin MLU	RSH MLU	Bridgnorth	Ludlow	Oswestry	Home
Intended	4,994	982	2,035	334	198	256	123
% intended	56	11	23	4	2	3	1
% delivered	95	24	25	36	37	40	37

Across the MLUs, this shows that on average 1/3 of women intending to have their baby at an MLU actually do so. The vast majority of these women are transferred into the Consultant Unit antenatally or during labour; some women will also be transferred out if county.

The workforce allocation across the service is therefore not in line with activity. At times during 2016/17, the non-acute based MLUs have closed due to the staffing difficulties across the service and the demand within the Consultant Unit. Workshops held within the service with staff across the professions delivering the service have concluded that the current model of care should be redesigned with the non-acute MLUs moving to a birthing centre model, where the Midwife follows the woman, rather than being based in the unit 24/7. This would mean that the MLUs in Bridgnorth, Ludlow and Oswestry would not provide an overnight service, apart from for women in labour. The Trust's view will feed into the formal MLU review that is currently underway, led by Shropshire CCG and the wider Local Maternity System work within the STP.

Objectives

      17. Conclude LHE maternity review by July

      18. Manage midwifery staffing model as per review from July

Support Services

The challenges within workforce challenges within Support Services are centred on the shortage of available workforce whilst managing continued increases in demand. Detailed five year planning within all services is well underway. However, the Care Group will also progress plans in 2017/18 to develop solutions that aim to better align activity and workforce. This includes:

- Formal standard diagnostic 'offers' within Pathology to aid the management of demand and sustain capacity
- Pathway driven Therapy intervention within key specialties with the greatest demand
- Inpatient Medicines Optimisation in line with national guidance

Objectives

      19. Develop and implement solutions to better align activity and workforce by October

Sustainable services programme

The long term health economy solution to the Trusts workforce fragility will be progressed through 2017/18 and the finalisation of the outline business case and development of a full business case. Public consultation, led by the CCGs is planned for later in 2017. The Trust will continue progressing with year 1 of its five year transformation plan to deliver sustainable services across both hospital sites.

Objectives

      20. Progress sustainable services programme from April

3.2 Agency usage

The continued high vacancies, especially in Nursing along with escalation and unavailability issues, such as sickness absence, Maternity leave etc. have resulted in a high level of agency usage. As described above, the plan to realign beds and manage the 11+ day length of stay patients differently should result in a significant reduction in the use of agency staff – particularly between April and December.

In order to further reduce agency costs the Trust needs to attract workers to the internal Bank and where this is not possible, protect shifts for framework agencies and eliminate the use of 'off-framework' and Framework break-glass agencies (Tier 5). A strategic and carefully planned approach is needed throughout 2017/18 to mitigate any risk to patient safety. This will require:

- An attractive package to incentivise Bank and substantive workers to pick up additional hours
- Promotion and marketing of Bank opportunities within in the Trust
- A co-ordinated plan to remove Tier 5 usage including extensive communications to agencies and their workers within the Trust

Due to the fact that HCA agency usage is relatively small, the plans will focus on addressing Registered Nurse agency usage.

Objectives

21. Develop a trajectory for agency usage improvement from April

---

3.3 Job plans and alignment to demand

Delivery of the RTT, managing Scheduled Care activity within a protected bed base and smoothing out the variations in capacity to meet activity demands, all require work on Consultant Job Plans. This work will be supported by Meridian and will continue through the first two quarters of the year.

Objectives

22. Full analysis of job plans to be put in place aligned to operational needs by September

---

3.4 Paediatric services

Many health systems have a combined Acute and Community Paediatric Service working together around the needs of children and their families. With the proposed changes to Shropshire Community Trust, there is an opportunity for this service model to be delivered locally; the long term aspiration of clinicians and staff within both services currently. Work to progress this is being led by the Medical Director.

Objectives

23. Medical Director to conclude on paediatric service model by July

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3.5 Leadership

Plans to progress Leadership at all levels within the organisation are well underway. Led by the Workforce Director, and through a new Leadership Academy, a significant programme of work and opportunities are being planned for 2017/18, starting in May/June.

Objectives

24. Implement programme of work associated with the new Leadership Academy from May/June

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4. Infrastructure

Management of Infrastructure Backlog

The condition of the Trusts existing Infrastructure, defined as Estate, Medical Equipment and IT equipment continues to be of concern. Whilst plans to address these difficulties appear within the Trusts Hospital Reconfiguration Outline Business Case there remains a significant level of risk that will need to be addressed in the next financial year.

In order to manage the risk Infrastructure requirements have been considered by reference to the Trusts risk register.

Infrastructure Risk			Med Equip	Estate	IT
			£m's	£m's	£m's
High score 17 -25			1.6	3.3	0.8
Significant score 11 - 16			5.5	47.0	1.0
Total High and Significant			**7.1**	**50.3**	**1.8**
Low and Moderate			14.1	53.2	1.9
Total			**21.2**	**103.5**	**3.7**

As can be seen the total value of the Infrastructure issues, described as carrying a high or significant risk amounts to £59.2 million.

The level of funding available to the Trust to respond to the High and Significant risk areas is limited to the Trusts Capital resource Limit, in 2017/18 this is expected to amount to £8.45 million. Given this scale of Infrastructure risk, in recent years the Trust has adopted an approach whereby:

- selected High risk areas are defined within the Trusts Capital programme,
- in recognition of the value attributed to the High and significant Infrastructure a contingency sum has been established.

In setting the 2017/18 financial plan, it is proposed to adopt a similar such approach. The summary capital programme is then as follows:

Area	£000's
Selected High Risk areas	
Heating and Hot water plant – RSH	360
Fire Safety - RSH	600
Data Centre – PRH	450
RSH Subway duct	730
Contingencies	2,500
Precommitted Capital schemes	3,810
	8,450

By adopting this programme £4.6 million is then available to underwrite 8% of the value relating to High and Significant Infrastructure risk.

The £3.8 million pre committed spending, relates to:

- Enabling work in respect of replacement MRI scanners - £1.6 million
- Completion of Ophthalmology transfer - £0.5 million
- Replacement of Linear Accelerator / CT Scanner replacement (as agreed with Lingen Davis) - £1.0 million
- Purchase of Medicines Management system - £0.3 million
- Car Parking development – £0.05 million
- Continuation of E – Rostering system – £0.2 million
- Carried forward Expenditure – £0.16 million

Financing of the Hospital Reconfiguration Business Case

In recognition of restrictions over the availability of National Capital funding, the Trust has been reviewing opportunities to secure alternative methods for securing finance. Discussions are presently being taking place to determine the attractiveness of engaging in a Public / Private Sector Partnership. Assuming Board support, a Business Case will be constructed for approval by NHS Improvement. With approval in place the Trust would then commence a procurement exercise to create a Strategic Asset Partner. It is believed that this Instrument could become active by December 2017.

Objectives

25. Address specific high risk areas in line with Trusts Capital Programme from April
26. Complete schemes where there is a pre committed spend from April
27. Commence procurement exercise to create a Strategic Asset Partner for financing the Hospital Reconfiguration Business Case from April

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IT

In light of the need to move towards a patient administration system (PAS) that would enable the Trust to hold an electronic patient record as part of the sustainable services programme and the national drive to a paper light NHS there is a need for the Trust to decide upon the direction for its PAS. The PAS is the platform from which the electronic patient record will progress and can be delivered through a single system or a 'best of breed' approach. A business case to support this decision making process will need to be concluded by September.

Objectives

28. Review current PAS system and construct a business case by September

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5. **Quality**

The initiatives and proposed solutions detailed within this paper are all focussed on the Trust's commitment to delivering the safest and kindest care to patients and their families. The

Organisational Strategy sets out how the Trust will build on its improvements and transformation achievements. The key components of this will be:

- designing services around the needs of patients and their families
- removing duplication, variation and inconsistency which introduces risk and sometimes harm
- achieving change by reflecting the caring, selfless nature of the NHS and
- alongside the organisations definition of kindness, measure the kindness and safety of patients care

'Putting patients first' therefore remains at the forefront of the Trust's approach to improving quality and safety. This is reflected in the Quality Improvement Strategy (QIS); a key driver to ensure that harm is reduced, and that the best clinical outcomes and patient safety and experience are provided.

A robust system of oversight, including the triangulation of data for quality indicators is in place and will continue.

Quality Improvement Plan

Led by the Director of Nursing and Quality, the Trust aims to continuously improve the way healthcare is delivered. This includes consulting widely with patients, relatives, staff and commissioners on what is important to them and what they believe should be the organisations priorities. Quality improvement methodology includes reporting and learning from all patient safety incidents using the principles of learning rather than to apportion blame to develop an open culture in incident reporting. This remains a priority for 2017/18 and 2018/19 and will encompass the Trust's requirements for being open and duty of candour.

Mortality figures are one of the quality metrics used to assess Trusts' performance. The Trust now consistently has average or better than average mortality outcomes. The Trust remains committed to learning from the death of individual patients in order to identify avoidable factors and develop improvement in care to minimise the future risk of these happening again. Job planning is treated as mandatory, along with appraisals and holding doctors to account for performance. The Trust will participate in the annual publication of avoidable mortality rates.

Quality improvements for 2017/18 will include:

- Full roll-out of the Exemplar Ward Programme; bringing together a multidisciplinary approach to quality performance and triangulation of indicators. A key element of the programme is supporting nurses as leaders and developing professional resilience
- Focussing on the consistent delivery of SAFER and Red2Green
- On-going delivery of the priorities within the Trust's Sign up to Safety pledge such as AKI, Sepsis, reducing medication errors and reducing overall harm
- Responding and building upon the results and recommendations identified through the CQC assessment in December 2016
- The revision of serious incident reporting, processes and triangulation, including lessons learnt and sign-off
- Ensuring quality remains at the forefront of services reviews and planning (e.g. Maternity)

- Further strengthening governance processes and embedding a culture of sharing to support learning from mistakes and adoption of best practice
- Improving patient experience and increasing patient involvement
- Address and further improve medicines management, including storage, and progress non-medical prescribing
- Achieving key quality indicators and maintaining performance through clinical action plans and focussed improvements

Transforming Care Production System in partnership with Virginia Mason Institute (VMI Seattle USA)

The Trust is on a five year journey to implement lean and its methodologies whilst nurturing a culture of innovation and world class management systems. There are already some great examples of how small incremental improvements have led to safer and kinder patient experiences.

In the first year the Trust has seen:

- The time in which the first line treatment for sepsis is provided reduce from hours to minutes
- The time taken to employ staff following identification of a vacancy has halved
- 13 separate improvements applied to the Respiratory patients discharge planning process

In 2017/18, work on the recruitment, sepsis and discharge value stream will continue whilst work is progressed to support improvements in the Emergency Departments and Breast clinics.

Outside of these main streams of work by the end of 2017, 2500 staff members will be educated in the methodology and 500 staff will be using the lean tools to improve the care they give. Patients will continue to be given the opportunity to influence all the Trust's work and join teams and individuals in the many of the improvement events.

Objectives

29. Full roll-out the Exemplar Ward Programme from April
30. Respond and build upon the results and recommendations identified through the CQC assessment in December 2016 from April
31. Review the reporting, process and triangulation of serious incidents from April
32. Continue with Transforming Care Institute lean methodology across the organisation from April
33. Review capacity for lean for leaders from April

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6. **Finance**

The 2016/17 financial year has been challenging for all NHS Acute providers. Despite collectively receiving Non Recurrent Financial support (STF Funding) of £1.8 billion, indications are that the providers will end the year with a combined deficit of £800 million. Shrewsbury and Telford Hospital NHS Trust was set a Target of delivering a deficit of £5.9 million, after allowing for the receipt £10.5

million STF Funds. Unfortunately, because of a sharp decline in their financial position, Shropshire CCG has not been able to release winter funding to the Trust to cover increased costs over this period. As a result the Trust is now expecting to record a year end deficit of £7.4 million and so miss the control Target by £1.5 million.

That said, the underlying financial position of the Trust, as measured by the recurrent position has improved. The Trust began the year with a recurrent deficit of £20.2 million and will take into the 2017/18 a recurrent deficit of £17.9 million, an improvement of £2.3 million.

In setting plans for the next two years, NHSI has recognised the difficult landscape occupied by particularly the NHS Acute provider sector, with the result that the Financial support received in 2016/17 is to continue into the years 2017/18 and 2018/19. In making available this support NHSI / NHSE do so in the expectation that the underlying recurrent position of Acute Providers will improve. The task for SATH over the next two years is to reduce the recurrent deficit to £15.4 million in 2017/18 and £12.1 million by 2018/19.

Accordingly, after allowing for STF Funding in the years 2017/18 and 2018/19 the Trust will be required to deliver a control total deficit of £6.063 million and £2.778 million respectively. Achieving this financial position will require the Trust to generate cost efficiencies, at a rate equivalent to 2 per cent of its cost base in each financial year.
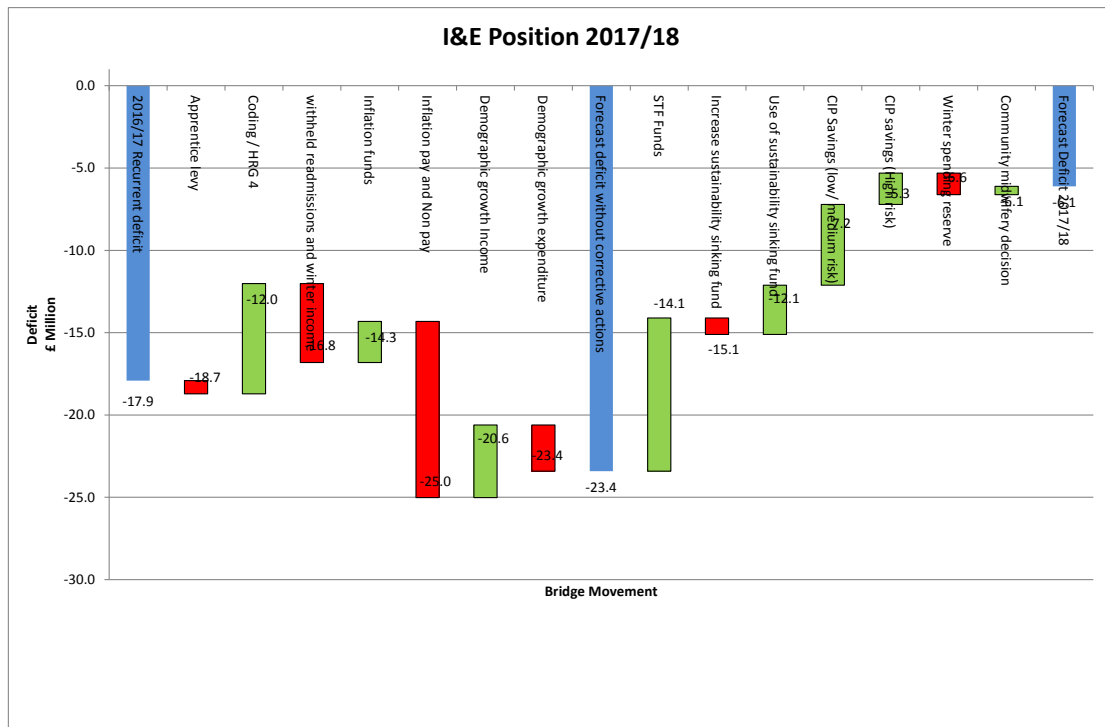
Overall Income and Expenditure budget

The Income and Expenditure budget for the 2017/18 year is presented in the table below

	Recurrent £000's	Non Recurrent £000's	Total £000's	Forecast Outturn 2016/17 £000's	% change
Income	352,055	4,665	356,720	346,032	+3.1%
NTDA Support					
Expenditure					
Pay	(239,524)	(2,000)	(241,524)	(234,228)	+3.1%
Non Pay	(110,714)	-	(110,714)	(105,163)	+4.7%
Reserves	(1,668)	(1,134)	(2,802)		
Cost Improvement Programme	6,803		6,803		
High Risk CIP	(1,900)		(1,900)		
Total Expenditure	(347,003)	(3,134)	(350,137)	(339,391)	+2.6%
Earnings before Interest, Tax, Dividends and Amortisation (EBITDA)	5,052	1,531	6,583	6,641	
Dividends and Amortisation	(17,546)	3,000	(14,546)	(14,041)	+3.9%
Surplus / (deficit) before corrective actions	(12,494)	4,531	(7,963)	(7,400)	
Corrective actions – High Risk CIP	1,900		1,900		
Surplus / (deficit) after corrective actions	(10,594)	4,531	(6,063)		

The target presented by NHS Improvement for the year is to achieve a deficit of £6.063 million.

A bridge diagram describing the construction of the deficit position is presented below.

I&E Position 2017/18

Key messages – overall income and expenditure position

- Trust to deliver deficit in the year amounting to £6.063 million
- Required to deliver a Cost Improvement Programme that generates recurrent expenditure savings amounting to £6.8 million
- The Cost Improvement Programme represents 2.0% of expenditure
- The Trust carries forward into the 2017/18 year a recurrent deficit of £17.9 million
- The recurrent deficit includes £3 million recurrent sinking fund in support of the hospital reconfiguration project

Cost Improvement Programme

The Trust has constructed a Cost Improvement Programme for delivery in the 2017/18 year with the requirement to deliver savings amounting to £6.803 million as presented in the table below.

	2017/18 savings £000's
Procurement	1,600
Unavailability Improvement	650
Bed Realignment	1,000
Outpatient/ Theatre/ Review – Meridian	1,200
Bank Rate review	220
Scheduled Care Tier 1/2/3 not implemented	413
Unscheduled Care – Tier 1/2/3 not implemented	580

	2017/18 savings £000's
Women and Children's – Tier 1/2/3 not implemented	201
Agency CAP savings	1,080
Cease all HCA Agency	90
Carter Support Services	375
Resources Directorate	500
Total	7,909
Slippage	(1,106)
Total to be delivered	**6,803**
% savings as compared with expenditure	2.0

Key messages – Cost Improvement Programme

- Cost Improvement Programme for the year 2017/18 set at £6.803 million equivalent to 2.0% of operational spending
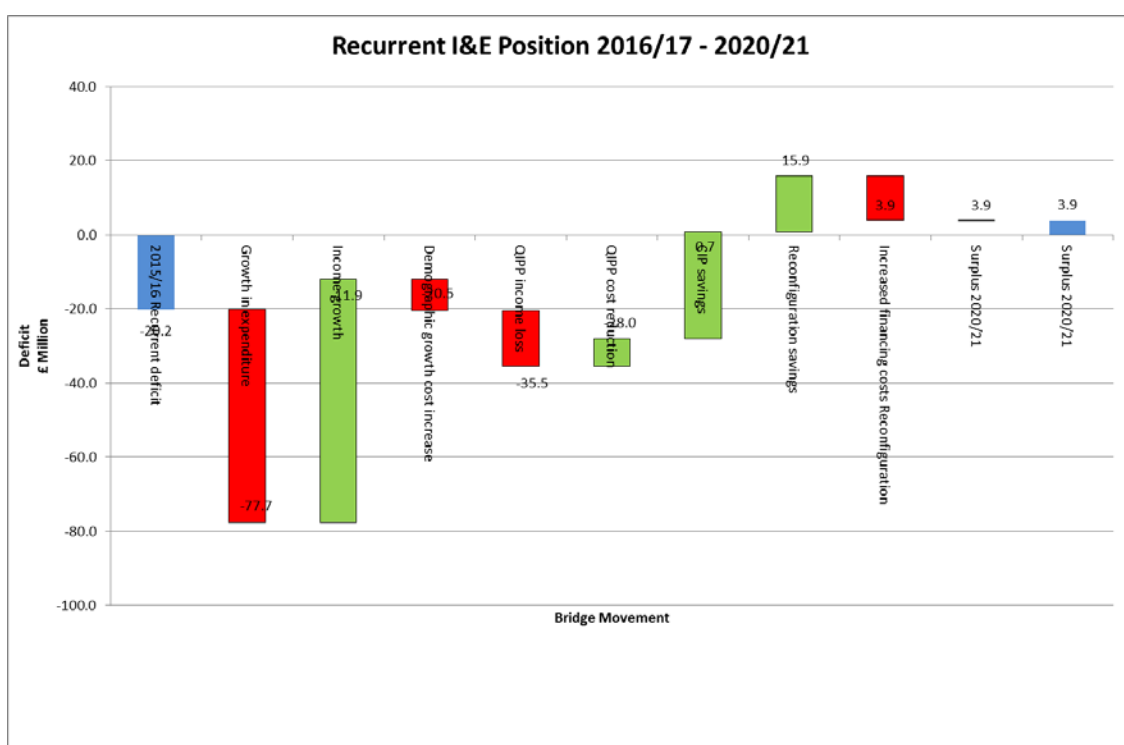
Impact upon the Medium Term Financial Plan

In setting the Medium Term Financial Plan for the Trust, a series of assumptions have been applied, notably:

- Tariff – flat cash
- Demographic growth – Increases Income each year by 1.5 per cent 2017/18 and 2.0 per cent thereafter
- Pay Costs – Rise in each year by 2 per cent; and
- Non Pay costs – Rise in each year by 4.0 per cent
- Trust achieves 2 per cent CIP throughout period 2017/18 – 2020/21
- Clinical element of Sustainable Services project - £15.2 million gain
- Transformation Fund - £9.3 million received non recurrently 2017/18 – 2019/20
- QIPP savings of £15 million achieved – 2018/19 – 2020/21, Trust cost reduction 50 per cent of QIPP
- £12 million revenue to support Hospital reconfiguration generated progressively over the years 2016/17 – 2020/21.

Applying these assumptions produces the following:

	Recurrent £million's	Non Recurrent £million's	Total £million's
2015/16	(20.2)	5.5	(14.8.)
2016/17	(17.9)	10.5	(7.4)
2017/18	(10.6)	4.5	(6.1)
2018/19	(10.0)	7.1	(2.9)
2019/20	(6.3)	3.4	(2.9)
2020/21	3.8	(0.5)	3.3

The bridge diagram describes how the recurrent position of the Trust improves over the period from a recurrent deficit of £20.2 million in 2015/16 to a recurrent surplus of £3.8 million in 2020/21.

Key Messages – Medium Term Financial Plan

- The Trust is expecting to record deficits in each of the years 2015/16 – 2019/20
- Trust generates a surplus in the 2020/21 financial year as a consequence of a reconfiguration of services which enables excess costs of split site working to be avoided

Objectives

34. Reduce the recurrent deficit to £15.4 million in 2017/18 and £12.1 million by 2018/19
35. Deliver a control total deficit in the years 2017/18 and 2018/19 as set by NHSI of £6.063 million and £2.778 million respectively
36. Deliver savings amounting to £6.083 million during 2017/18

7. Delivering the Organisational Strategy

The 'state of readiness' objectives as described throughout this document for 2017/18 are aligned to the organisational strategy and are shown in the diagram below. A full list of the objectives is also included.

Objectives

Objective Number	Objective	Page Number
1	RTT to be recovered by individual specialities as per Care Group model	5
2	RTT trajectory delivered as per Care Group model	5
3	Capacity review to be completed by Meridian Consultancy by September	5
4	Streamline patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH by June	14
5	Complete workforce review of PRH/RSH A&E department and address 6pm – 12am capacity shortfall by June	14
6	Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June	14
7	Implement Red to Green and SAFER programme from April - June	14
8	Realign scheduled and unscheduled care beds from April - October	14
9	Secure cancer delivery by addressing dermatology consultant workforce by May	15
10	Review capacity requirements in respect of public health campaigns and NICE guidance by September	15
11	Conclude review of demand and capacity impact arising from direct to test by May	16
12	Address capacity consequences arising from growth in direct access and internal usage of CT and MRI by May	16
13	Achieve JAG accreditation by June	16
14	Agree and implement the new bed profile from April - October	18
15	Conclude arrangements to transfer 70 patients to community provision from April - October	18
16	Construct plans to address medical staff risk by September	18
17	Conclude LHE maternity review by July	21
18	Manage midwifery staffing model as per review by July	21
19	Develop and implement solutions to better align activity and workforce by October	21
20	Progress sustainable services programme from April	21
21	Develop a trajectory for agency usage improvement from April	22
22	Full analysis of job plans to be put in place aligned to operational needs by September	22
23	Medical Director to conclude on paediatric service model by July	22
24	Implement programme of work associated with the new Leadership Academy from May/June	22
25	Address specific high risk areas in line with Trusts Capital Programme from April	24
26	Complete schemes where there is a pre committed spend from April	24
27	Commence procurement exercise to create a Strategic Asset Partner for financing the Hospital Reconfiguration Business Case from April	24
28	Review current PAS system and construct a business case by September	24
29	Full roll-out the Exemplar Ward Programme from April	26
30	Respond and build upon the results and recommendations identified through the CQC assessment in December 2016 from April	26
31	Review the reporting, process and triangulation of serious incidents from April	26
32	Continue with Transforming Care Institute lean methodology across the organisation from April	26
33	Review capacity for lean for leaders from April	26
34	Reduce the recurrent deficit to £15.4 million in 2017/18 and £12.1 million by 2018/19	32
35	Deliver a control total deficit in the years 2017/18 and 2018/19 as set by NHSI of £6.063 million and £2.778 million respectively	32
36	Deliver savings amounting to £6.083 million during 2017/18	32

8. Conclusion

This paper has set out Part One of the Trusts Operational Plan for 2017/18. It describes a list of objectives that need to be delivered in the coming year to maintain high quality, kind and safe care within the context of:

- national targets and standards
- workforce constraints
- the financial control total and
- infrastructure challenges

Performance against the developed trajectories for these objectives will be monitored through the Sustainability Committee and the Trusts electronic dashboard.

Parts Two and Three of the Operational Plan will be submitted to the Trust Board at the end of May following ongoing engagement with the Care Groups and Trust Board over the coming months.

Recommendation

The Trust Board is asked to:

- REVIEW the detail and proposed objectives and trajectories within Part One of the Operational Plan
- APPROVE Part One of the Operational Plan for implementation