

Reporting to:	Trust Board - 2nd February 2017
Title	Operational Plan 2017/18 and 2018/19
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Previously considered by	Sustainability Committee 31 st January 2017
Executive Summary	<p>The Trust's Operational Plan for 2017/18 and 2018/19 was submitted to NHSI on 28 December 2016.</p> <p>Work is underway with clinicians, managers and relevant corporate leads to develop the Care Group operational/business plans for 2017/18. This work is due to conclude at the end of March 2017.</p> <p>A presentation on the methodology and approach to this work was shared at a Trust Board Development Session on 15 December 2016. An update on progress will be presented to the Trust Board in their private session on 2 February 2017.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input checked="" type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> 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	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input checked="" type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we are unable to resolve our structural imbalance 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	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation <ul style="list-style-type: none"> • RECEIVE and NOTE the Operational Plan for 2017/18 and 2018/19

Operational Plan 2017/18 and 2018/19

This Operational Plan describes the Trust's plans for the delivery of services during 2017/18 and 2018/19.

The Operational Plan addresses the essential planning elements of activity, quality, workforce and finance within the context of transformation and sustainability. It is grounded in the Trust's new Organisational Strategy and a commitment to continued improvement, sustainability and transformation.

The Operational Plan is driven by the delivery of Years 1 and 2 of the Sustainability and Transformation Plan and the Trust's internal Sustainable Services Programme. This will result in the organisation tangibly moving forward its plans for transforming the services it provides alongside the on-going commitment to 'get the basics right' for patients, staff and the population served.

Introduction

The Operational Plan narrative has five sections. It is supported by separate finance, activity and workforce returns, the contract tracker and triangulation form.

- Section 1:** describes the activity modelling, demand and capacity challenges and the required improvements
- Section 2:** details the Trust's approach to quality planning
- Section 3:** presents the workforce planning process
- Section 4:** provides details of the financial analysis, modelling and planning
- Section 5:** describes the Operational Plans integration with the Sustainability and Transformation Plan and other Trust and system-wide change programmes

Trust Performance

NHS services within Shropshire continue to face challenges in the delivery of high quality, safe and sustainable acute services. During 2016 however, real strides have been made in the progression of plans to address these challenges: Trust Board and Commissioner support for the Sustainable Services Programme's Strategic Outline Case; the development of the system wide Sustainability and Transformation Plan; and the production of the Sustainable Services Outline Business Case, ahead of formal public consultation.

These achievements for service delivery in future years have been mirrored by the on-going delivery of current national standards for Cancer and Diagnostics. However, during 2016/17 the Trust continues to experience challenges in the delivery of the Referral To Treatment (RTT) and A&E standards. Whilst recognising the underlying structural challenges, progress in improvements in the delivery of national standards feature heavily in the Operational Plan for 2017/18 and 2018/19.

Opportunities

The Trust remains committed to the delivery of achievable and sustainable change that delivers real improvements for patients and the public served. The three integrated formal programmes of work described in last year's Operational Plan remain in place; all of which have delivered what they set out to do in 2016/17.

The mechanisms for addressing the Trust's challenges in workforce, performance and finance within the organisation and across the whole health and social care system are:

- Transforming Care Institute – the Trust’s partnership with the Virginia Mason Institute
- Sustainability and Transformation Plan – the health systems overarching strategic plan
- Sustainable Services Programme – the Trust’s plan for the delivery of a single emergency site and a single planned care site

These three programmes will drive the workforce, activity and service delivery changes required to deliver consistent high quality and appropriate care to patients and their families. To be the safest and kindest hospital in the NHS is an ambition identified by staff and patients alike and is central to the programmes above. Some changes will take time. Some changes are already underway and are having a positive impact on patients and their care.

For 2017/18 and 2018/19 the Trust will strive to ‘get the basics right’. This means that patients will receive high quality and timely care within the financial and workforce resources available. Furthermore, the plans and strategies for long term sustainability and appropriate service delivery within Trust, and within the wider health and social care system, will move further forward.

Planning for 2017/18 and 2018/19

A new approach to business planning for 2016/17 was established in 2016. Progress against the Operational Plan for 2016/17 has been monitored through the Trust’s Operational Plan Delivery Dashboard – an electronic dashboard system that enables the drill down to the trajectories and plans agreed for 2016/17 with commentary and mitigation strategies as required.

This approach has been developed further for 2017/18 and 2018/19. Supported and endorsed by Trust Board, an analytical and evidenced approach to operational strategic planning is underway based on:

- Accurate information that uses past, current and predictive data (that is tested, understood and accepted)
- Acceptance of the future state of the organisation (what is core business and what do patients need now and in the future?)
- What the system wants and needs from the Trust (alignment to the ambitions of the STP and the national must-do’s within a financial and sustainable state)
- The very best of the Trust’s own internal innovation (within the parameters of the above)

This work will be completed by the end of March 2017 and has three interconnected phases:

- State of readiness – what is the position of the Care Group
- Service appraisal – for each sub-speciality, where are the strengths and service demands
- Design solution – what will the future service look like and what will it deliver

When combined, this work will produce an amended operational delivery plan for the Trust and will form the basis of planning on an annual cycle.

Section 1: Activity Modelling

The Trust's approach to activity modelling is in line with guidance from NHS Improvement. Activity and financial information has been shared with commissioners and discussions are on-going.

The Trust maintains a demand and capacity model at specialty level and this has been shared and discussed with commissioners.

A detailed review of demand for both outpatient and inpatient activity has been undertaken. Demand figures have been based on:

- Base data – referrals received in rolling 12 month, most recent refresh September 2016 data
- Waiting list movements
- Full year effect 2016/17 QIPP and BCF funds
- Capacity assessments incorporating baseline capacity and capacity delivered using WLI

Demand assumptions to cover both demographic and non-demographic growth (the latter to cover known capacity constraints such as endoscopy) have been agreed with local commissioners and been incorporated into contract settlements.

Further analysis of actual activity and capacity is underway as part of the state of readiness work. This element of the planning approach will be concluded by the end of January 2017.

1.1 Delivery of key operational standards

The Trust's activity plans are sufficient to either deliver or achieve an improved performance for the key operational standards. As part of the detailed work described above, these trajectories will be amended.

Accident and Emergency

During 2016/17, the Trust has experienced changes that have impacted on the available bed capacity: an increase in the volume of non-elective activity and an increase in the complexity of patients; and changes within Medically Fit For Discharge (MFFD).

Alongside an increase of 1.4% in non-elective activity, the case mix profile of patients with major complications has increased during 2016/17 as compared to 2015/16 of around 4%. The profile of admitted patients without complications has decreased over this same time period. This is shown in the table below.

Complexity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
	Variance 16/17 against 15/16								
With Minor Complications	(6.2%)	1.6%	(3.8%)	0.8%	15.0%	7.5%	(8.3%)	1.6%	0.8%
With Complications	(2.9%)	3.2%	9.1%	11.0%	(3.7%)	4.5%	(1.6%)	(2.2%)	2.1%
With Intermediate Complications	3.5%	(0.4%)	6.1%	(8.4%)	1.0%	(3.2%)	(4.1%)	(1.4%)	(1.0%)
With Major Complications	14.4%	11.6%	13.7%	7.2%	17.2%	19.5%	7.9%	18.2%	13.6%
Without Complications	4.9%	(3.1%)	(3.8%)	4.6%	9.2%	1.8%	(4.9%)	(9.6%)	(0.6%)
Without Major Complications	(9.7%)	(5.0%)	(6.8%)	(24.3%)	(15.5%)	(4.4%)	(11.6%)	(11.4%)	(11.4%)
NONE	(3.1%)	5.2%	5.5%	1.5%	9.2%	(3.4%)	(15.0%)	(7.7%)	(1.6%)
Total	1.7%	3.2%	5.2%	1.6%	6.0%	3.0%	(5.7%)	(2.2%)	1.4%

The MFFD patient numbers have increased by 1.72% from 2015/16 to 2016/17. During this time, the number of lost bed days associated with these patients has increased by 25.54%.

	M1-8 15/16	M1-8 16/17	Variance	Variance
Number of Patients	2,273	2,312	39	1.72%
Lost Beddays	11,322	14,214	2,892	25.54%

The Trust's trajectories for A&E performance are 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
ED Performance	84.12%	84.89%	82.51%	86.99%	82.25%	81.57%	78.32%	79.25%	79.98%	75.38%	74.91%	75.34%	80.54%
Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End
ED Performance	84.20%	84.96%	82.59%	87.06%	82.34%	81.66%	78.43%	79.36%	80.08%	75.50%	75.04%	75.47%	80.63%
Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

The Trust's performance in A&E remains below the required standard. Challenges will continue to exist until the reconfiguration of services has been implemented. The Trust has modelled its existing performance and further actions are being considered to deliver the identified trajectories.

Improvements are based on changes required within the A&E Improvement Plan. System wide solutions will be defined by the outcome of discussions within the local health economy which will be heavily influenced by the significant financial challenge of Shropshire CCG and the attributable disinvestment plans/decisions.

In line with the A&E Improvement Plan, there are five key areas that the Trust is focussing on with partners in the health system:

- Streaming in A&E
- NHS 111
- Ambulance response programme
- Improve patient flow
- Improve discharge

The Unscheduled Care Group Operational Plan details actions required internally to improve towards this target during 2017/18. In addition to monitoring progress within the Operational Plan Delivery Dashboard, progress against key milestones within the internal plans will be monitored and discussed at:

- Weekly 4 hour Improvement Meetings, chaired by the Assistant Chief Operating Officer
- Monthly A&E Delivery Board
- Monthly 4 hour assurance meeting chaired by the Deputy Chief Operating Officer

Further improvement in A&E performance

Within the service appraisal and design solution elements of planning, a series of programmes of work will be identified. This will include a further scale of improvement, especially in A&E performance. Initial discussions and analysis with clinical and operational Care Group Leads would suggest these programmes of work may include:

- Addressing internal and external factors impacting on flow and discharge delays
- Protecting the elective care bed base
- Increasing productivity
- Improving the alignment of workforce and physical space capacity with demand

RTT

The Trust continues to manage plans for an improved delivery of RTT. This plan relies on over performance in unchallenged specialities to compensate for under performance in the challenged specialities (MSK, Oral Surgery and Neurology). A focus on improving the performance in the challenged specialities and an overall improvement in the admitted RTT standard is required to improve overall delivery of RTT.

Detailed analysis of what these actions and improvements need to be is forming part of the planning work that is underway.

Plans to over perform will also need to be managed to address the impact of the changes in the complexity of case mix within non-elective activity if it continues into 2017/18. As described above, the Trust has seen an increase in the complexity of patient’s clinical needs that has impacted on length of stay and Medically Fit For Discharge (MFFD) resulting in an impact on elective capacity and admitted RTT delivery.

RTT blended trajectory

A blended rate of non challenged and challenged specialties is shown below. Following the state of readiness and service appraisal work that is being undertaken, the Trust will need to implement improvements in performance for admitted patients and within the challenged specialties, specifically MSK given the activity volumes. The table below shows that there will be a performance of 94.48% for non challenged specialties and 66.19% for challenged specialties resulting in an overall performance of 89.43%. The breakdown of the challenged and non challenged, and admitted and non admitted trajectories are included in the Operational Plan annex.

	Admitted	Non Admitted	Total
Non Challenged	91.12%	95.18%	94.48%
Challenged	54.81%	73.78%	66.19%
Total	78.90%	92.27%	89.43%

The trajectory for 2018/19 mirrors that of 2017/18. The RTT performance reflects the issues of bed capacity within the Trust as described within the A&E section. As part of delivering an improved performance, the Trust will need to address the challenges of capacity and productivity, including the protection of elective capacity.

	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	90.43%	90.62%	90.55%	90.35%	89.97%	89.69%	89.40%	89.14%	88.85%	88.43%	88.01%	87.62%	89.42%
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%	92.00%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End
Performance	90.43%	90.62%	90.55%	90.35%	89.97%	89.69%	89.40%	89.14%	88.85%	88.43%	88.01%	87.62%	89.42%
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%	92.00%

Cancer

The Trust’s successful delivery of the cancer waiting time targets in 2016/17 is planned to continue into 2017/18 and 2018/19.

	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%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	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%

Diagnostic Waiting Times

The Trust is planning to deliver the diagnostic targets for 2016/17 and this is planned to continue in 2017/18 and 2018/19 with additional capacity from an external provider to address the continued growth in Endoscopy.

However, the Trust has experienced and managed increased demand for diagnostics since 2015/16 following successful Public Health campaigns. There is a therefore a risk that the Direct to Test initiative will also have an impact on demand in 2017/18.

	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%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	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%

1.2 Winter resilience and unplanned changes in demand

Winter Planning forms part of the Operational Planning process for all Care Groups and is seen as integral to the delivery of the performance targets and patient safety. As part of planning for 2017/18 and 2018/19 the Trust has identified the expected demand and capacity required for the winter period. Alongside understanding the impact of winter 2016/17, outputs from this work are forming part of discussions with commissioners, which are on-going.

Plans to introduce winter resilience will need to be reconciled with the commissioning intentions of local commissioners, in particular funding to support surge capacity within the health system.

The Scheduled Care Group Plan for 2017/18 incorporates a number of ward moves at both sites before Winter 2017, with the expectation that surge capacity would be created and would also enable surgery to protect its bed base and activity over the winter months.

Section 2: Quality Services

Approach to quality improvement

The Trust's Organisational Strategy sets out how the Trust will build on its improvement and transformation achievements to deliver the safest and kindest care in the NHS. 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

Within the Sustainable Services Programme, there has been an absolute focus on the delivery of improvements in the quality of care and services and clinical outcomes for patients. The proposed clinical model will deliver:

A single purpose built Emergency Centre that will ensure:

- Better clinical outcomes with reduced morbidity and mortality
- Bringing specialists together treating a higher volume of critical cases to maintain and grow skills
- Ensure greater degree of consultant delivered decision making and care
- Improved clinical adjacencies through focused redesign
- Improved access to multi-disciplinary teams
- Delivery of care in environment for specialist care
- Improved recruitment and retention of specialists

Within the balanced site proposal, patients would benefit from:

- Being cared for in their nearest hospital as much as possible for their acute service needs – Urgent Care, Outpatients, Diagnostics and some inpatient specialties
- Receiving planned care within a defined service separate from emergency care
- Improved pathways between primary and secondary care providers delivering a seamless patient pathway.
- Timely access to care through the achievement of national standards
- Improved access to an enhanced range of services within the county i.e. Cardiology

'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.

Monitoring performance and triangulation

A robust system of oversight, including the triangulation of data for quality indicators is in place. This includes the national key performance indicators for infection, pressure care, serious incidents, VTE, Never Events, screening for infection and mortality.

A system of reporting via the Care Group Boards to the Clinical Governance Executive and the Senior Leadership Team is in place. The Trust's performance is monitored closely by the Quality and Safety Committee reporting directly to the Trust Board. This includes monitoring incidents and the implementation of learning outcomes. Work already underway to strengthening each Care Group's governance arrangements will continue.

At each meeting, the Trust Board receives a high risk report that examines key patient safety risks by month. If trends or themes are noted, these are expanded upon and a co-ordinated paper completed. The summative paper considers trends and themes across the organisation, including analysis and triangulation

of data relating to: root causes; areas of on-going concern; Serious Incidents; complaints; and claims and is discussed and reviewed by the Quality and Safety Committee before being taken back to Trust Board.

A number of key metrics are also reported monthly to the Trust Board and the Quality and Safety Committee which span the three domains of quality. This provides a method of triangulating meaningful quality and safety information and also contributes to further quality assurance via the Governance Assurance Framework. Quality indicators are triangulated through a dashboard approach at ward, Care Group and corporate level and incorporated into the overall Trust Dashboard.

Compliance with national and local audit and NICE is reported to the Clinical Governance Executive. The Trust also submits an audit report to the National Audit Committee. External mechanisms for reporting with external scrutiny are also in place in terms of the CCGs, NHSI and NHSE.

Performance in 2016/17 has resulted in the Trust achieving the key performance measures. This is planned to continue in 2017/18 and 2018/19. The 2015/16 year end position is shown below.

The Trust will continue to use the balance scorecard of Quality, Performance, Workforce and Finance adopted in 2015 to review existing and future services and plans in 2017/18 and 2018/19.

Measure	Annual Target 16/17	Monthly Target 16/17	YTD 2016/17	April	May	June	July	August	Year end 2015/16
Risk Adjusted Mortality Index (RAMI)	SaTH ^ NP	SaTH ^ NP		86	85	80	82	TBC	84/87
RIDDOR/SI Reportable Falls	29	2	4	1	1	1	1	0	35
Grade 4 Avoidable Pressure Ulcers	0	0	0	0	0	0	0	0	0
Grade 3 Avoidable Pressure Ulcers	6	0	4	1	0	1	1	1	9
Grade 2 Avoidable Pressure Ulcers	22	1	7	3	1	0	2	1	32
Grade 2 Unknown (avoidable vs. unavoidable)	N/A	N/A	45	3	4	8	7	23	1
C. Difficile Infections	25	2	7	1	3	3	0	1	30
MRSA Bacteraemia Infections	0	0	1	0	0	0	0	1	1
MRSA Screening – Elective	95%	95%	95.4%	96.0%	95.3%	95.1%	95.1%	95.2%	96.6%
MRSA Screening – Non-Elective	95%	95%	93.8%	94.0%	94.6%	93.1%	93.4%	95.1%	96.0%
Never Events	0	0	1	0	0	0	0	1	2
Safety Thermometer – Harm Free %	N/A	N/A	92.9%	94.1%	93%	93%	96%	93.66%	N/A
Safety Thermometer – New Harms%	N/A	N/A	96.8%	97.7%	98%	96%	99%	98.25%	N/A
WHO Safe Surgery Checklist	100%	100%	100%	100%	100%	100%	100%	100%	99.9%
VTE Assessment	95%	95%	95.3%	95.5%	95.3%	95.5%	95.8%	TBC	95.6%
Maternity Dashboard	Green	Green		Access booking	A	A	A	A	N/A
Number of Complaints	N/A	N/A	150	22	24	32	31	41	317
Same Sex Accommodation	0	0	8	0	0	8	0	0	0
Friends and Family Response Rate	NA	NA	15%	14.1%	14.3%	15.3%	21.6%	30.7%	22.6%
Friends and Family Test Score	75%	75%	96%	96%	95.7%	98.1%	96.5%	95.85	95.1%

Care Quality Commission

The CQC visits to the Trust took place in the week of 12 December 2016. The initial feedback from the CQC was good and in particular: all staff being described as very caring, kind and compassionate towards their patients; and that teams worked well together through effective handover. Furthermore, the CQC recognised that to ensure quality and safety across the organisation, the Trust has successfully developed and embedded pathways and guidelines. These were noted to be used well to care and treat patients, especially those living with dementia.

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 and 2018/19 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
- 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

Challenges to quality and safety

The highest risk to quality and safety is the workforce challenges within a number of clinical teams and areas. A range of options for nursing, including innovative recruitment, extended roles and flexible working are being progressed as a priority to support these workforce challenges.

The greatest challenge for the medical workforce remains the shortage of doctors in certain specialties including the Emergency Departments, Acute Medicine and Radiology. Whilst there has been improvement in the recruitment process and successful recruitment to most other specialties these three specialties continue to require the support of locum doctors. Recruitment efforts are on-going and form part of the Transforming Care Institute's latest value stream

7 day services

The Trust's 7 day service action plan for 2016/17 is in place and is being updated for 2017/18 and 2018/19. Sustainable 7 day service delivery is dependent on the implementation of the Trust's service reconfiguration plans. One benefit expected from the future clinical model is delivery of 7 day services achieved through addressing the underlying challenge of service duplication across two sites.

Quality Impact Assessment process

To assess the impact of Operational Plan projects, cost improvement schemes and service reconfigurations on the quality of care the Trust will continue to assess all proposals and changes using the Quality Impact Assessment.

This process will continue to be led by the Director of Nursing and Quality and the Medical Director. This process ensures that risks to quality and safety are identified and mitigated appropriately utilising clinicians to ensure that clinical quality and safety is maintained and appropriately assessed.

Triangulation of indicators

A number of key metrics are reported monthly to the Trust Board and the Quality and Safety Committee which span the three domains of quality. This provides a method of triangulating meaningful quality and safety information and also contributes to further quality assurance via the Governance Assurance Framework. Quality indicators are triangulated through a dashboard approach at ward, Care Group and corporate level and incorporated into the overall Trust Dashboard.

The Trust will continue to use the balance scorecard of Quality, Performance, Workforce and Finance adopted in 2015 to review existing and future services and plans in 2017/18 and 2018/19.

Section 3: Workforce Planning

Background

The Trust's workforce is its greatest asset. Whilst workforce challenges have eased in some areas through successful recruitment to key roles, significant issues remain in areas such as A&E and Critical Care. Workforce therefore continues to be a significant aspect to the Trust's and Care Group's Operational Plans for 2017/18 and 2018/19.

HR Business Partners (HRBP) are part of the senior operational leadership teams within the Trust's Care Groups and are pivotal to delivering the 'here and now' alongside planning for the future.

Workforce Plans for 2017/18 and 2018/19 are fully integrated with delivery of performance and quality standards and targets, the Care Group's financial plans for efficiencies and cost improvements and the five year plans within the STP and Sustainable Services Programme. This is linked to commissioning intent and activity modelling.

The combined Operational Workforce Plan is discussed and monitored through the Workforce Committee and the Sustainability Committee both of which are sub committees of the Board, before final approval at Trust Board. Workforce risk is a standing agenda item at Workforce Committee.

The Trust's Chief Executive is the chair of the Shropshire Local Workforce Advisory Board (LWAB). The Trusts Workforce Director is also the Executive Lead for the Shropshire and Telford and Wrekin STP Workforce workstream.

The fourth workstream within the Trust's Transforming Care Institute, in partnership with Virginia Mason, is Recruitment. This will help reduce our lead in times for recruitment through efficiencies in pre-employment checks, advertising and our own internal processes

Care Group challenges and workforce risks

There are significant workforce challenges and risks within the Care Groups, which are well documented through the SSP, are specialty specific however there are some consistent themes that run throughout all areas. These are:

- Recruitment, retention and succession planning:
 - Scheduled Care – Intensivists, Nursing especially in Critical Care and Theatres
 - Unscheduled Care – A&E Medical Staff, Acute Physicians, Nursing (Wards)
 - Support Services – Radiologists (Breast), Pharmacy
- 7 day services within the current workforce challenges
- Achieving the agency cap
 - Delivery of the 6% nursing agency cap is directly linked to the work on unavailability. Work started in 2016/17 to manage the 'fill rate' for each clinical area will continue with the expectation that this does not exceed 95% in 2017/18 and 2018/19. If it does exceed 95% then there will need to be a corresponding reduction in the unavailability rate. Medical locum usage is monitored through Staffflow and discussions are taking place at individual practitioner level. There is a task to finish group in pace to monitor and manage this
- Duplication and sustainable staffing models across 2 sites

Local workforce transformation programmes

To address the workforce challenges and risks, the Sustainable Services Programme details the Outline Business Case, and the Trust's plans to deliver a configuration of services that address the current and future workforce challenges. As part of this and the progression of a long-term clinical vision for the health system the Trust's clinical and corporate leaders are also key to discussions within the Neighbourhood workstreams within the STP.

Whilst the Trust's workforce transformation plan is focussed on the creation of new roles, it is acknowledged that significant effort is needed to manage change and the required culture shift to support clinicians in these roles as they become established. The Trust has experience in successfully delivering new roles and new ways of working and this will continue into 2017/18 and 2018/19 with recruitment of:

- Advanced Clinical Practitioners to supplement the Trust's Junior/ Middle Grade rotas across the specialities and provide a level of consistency and reduction in locum cover
- Extended or Advanced Practice across the disciplines focusing on Rehab Medicine and Frail Elderly Care. The Trust continues to redefine its support roles to ensure that the clinical time of registered staff is maximised.
- The apprenticeship levy brings opportunity and challenge, but our already highly successful and sustainable apprenticeship programme will maximise the opportunities going forward. We are currently finalising our apprenticeship offer and are looking to improve our internal processes.
- Associate Nurses, as part of our successful bid to be a national pilot site giving a sustainable workforce to support our nursing establishment

Implementing the Carter Recommendations

The Trust is proactively working to implement the Carter recommendations, through Task and Finish groups chaired by the Deputy CEO, on workforce efficiency.

The continued challenge of reducing our Agency and Locum expenditure is recognised. This is managed at Care Group and down to individual level within the Task and Finish groups working to switch agency or bank staff to substantive staff, as part of the reduction in unavailability.

There has been an implementation of a single centralised process to support authorisation and monitoring of agency bookings which includes improved rota planning to support substantive staff over 20 weeks of winter and prospective rota management. It is a regular agenda item on Workforce Committee.

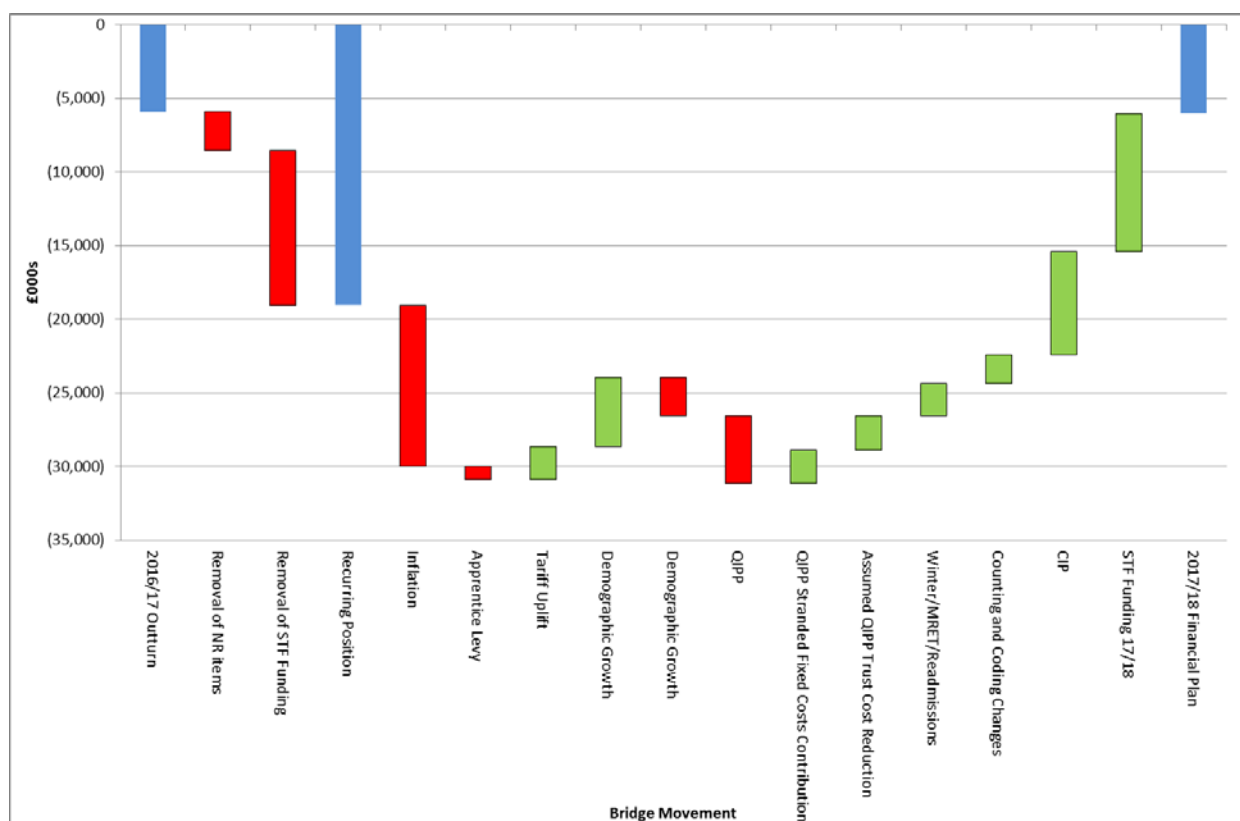
Standard Operating Procedures are in place for agency and locum use approval. Work is on-going to increase internal bank capacity, through requiring new starters to opt out rather than opt in. Further ways to implement Carter from a 'back office functions perspective' across the STP footprint is also being explored.

Section 4: Financial Planning

4.1 Financial forecast and modelling

The Trust commences the 2017/18 financial year with a recurrent deficit of £19.027 million.

The Trust has set a plan to deliver a deficit in the 2017/18 financial year of £6.063 million and in 2018/19 of £2.778 million. The plan is in line with the Trust's control totals as set by NHSI and assumes receipt of transformational funding in both financial years. The bridge diagram below provides a presentation of the factors impinging upon the financial position of the Trust in the 2017/18 financial year.



Inflationary pressures

Inflationary pressures in 2017/18 and 2018/19 are estimated to be £10.956 million and £9.170 million respectively based upon:

	2017/18	2018/19
Tariff Inflatior	2.1%	2.0%
Tariff Efficiency Factor	(2.0%)	(2.0%)
Pay & Pensions Assumptions	2.0%	1.6%
Drugs Assumptions	4.6%	3.6%
Procurement (Non Pay) Assumptions	1.8%	2.1%
Capital (Revenue Cost) Assumptions	3.2%	3.2%
Litigation Assumptions	19.7%	19.7%
Provider Other Assumptions	1.8%	2.1%

The overall inflation assumptions deliver a blended rate of 2.1% in line with the national assumptions.

Included within the inflation assumptions are CNST charges. The NHSLA has reappraised its risk profile of cases, and in doing so increased premiums substantially. The effect of this change in methodology is to increase the Trust contribution from £11.976 million in 2016/17 to £15.640 million in 2017/18 and to £18.858 million in 2018/19.

Tariff uplift is in line with national guidance and assumes an uplift of 0.1%.

Contract implications

The 2017/18 plan assumes an income increase associated with demographic growth of £4.667 million (1.5%). The Trust assumes additional costs in response to this increase in activity amounting to £2.568 million.

The Trust recognises the difficulties within the health economy particularly in respect of the Shropshire County CCG underlying financial position. In agreeing the contract for 2017/18, the Trust has included a targeted QIPP saving amounting to £4.629 million. In assuming this level of saving, the CCGs have recognised that stranded fixed costs need to be accommodated. This is equivalent to 50% of the QIPP saving.

The Trust is committed to work with the CCGs to understand the deliverability of these schemes. A joint task and finish group, including each organisation's Chief Finance Officer, will be established with a remit to agree and sign off detailed QIPP schemes by 31 January 2017. Part of the group's discussions will include agreement on the monitoring of the delivery of the individual QIPP schemes.

The CCGs have acknowledged that through the Urgent Care Board, funding decisions need to be revisited in respect of Winter Resilience, Marginal Rate Emergency Threshold and Readmissions. The Trusts anticipates receiving £2.218 million in 2017/18, this compares with an aggregate level of available funding of £6.100 million. Discussions with Shropshire County CCG are expected ultimately to release funding equivalent to 50% (£3.050 million).

In 2016/17 contract discussions, it was agreed to run a shadow monitoring in relation to outpatient activity. Funding has now been agreed from 1 April 2017 that reflects this change and amounts to £1.917 million.

4.2 Efficiency savings for 2017/18

To achieve the control total as set by NHSI, the Trust will be required to generate efficiency savings in year amounting to £7.034 million. This represents a 2% reduction in the Trust's pay and non-pay costs.

An efficiency saving plan is in development by the Trust for 2017/18 to support the delivery of the Trust's financial plan. Each scheme will be supported by a pre- assessment QIA, completed in tandem with the clinical lead and operational area which is affected. The potential risks are considered and reviewed by the Chief Nurse, Medical Director and Chief Operating Officer.

The Cost Improvement Programme will be overseen through the Trust Sustainability Committee and progress of the Programme will be performance managed through the monthly Confirm and Challenge Care Group meetings.

Carter Review

The trust has adopted the recommendations of the Carter Review to enable improvement in efficiencies and cost reduction by April 2021. This piece of work is led by the Deputy Chief Executive and monitored through the Carter of Coles Review Group.

The main areas of focus are mainly within the Support Services Care Group and Trust Corporate functions. Critical analysis papers are in development, based on current performance and identifying efficiency opportunities based on Lord Carter's recommendations. In addition, the Trust is analysing other areas not identified within the Carter Review but benefits and efficiencies could be derived by the wider implementation of some of the recommendations.

Cost savings in 2017/18 and 2018/19 will be driven by:

- Proactive Procurement practices capable of generating improved unit prices for products and services used by the Trust including greater levels of standardisation in the use of products
- Workforce Management – the Trust has in place a well-developed Electronic Rostering system to underpin the management of its Nursing workforce and this will be further rolled-out during to other staff groups in 2017/18
- Waiting List Initiatives – during the 2016/17 the Trust's use of temporary capacity continued. Improved management of operational capacity planning will impact in 2017/18
- Specific cost base changes at departmental levels are expected to reduce costs further in 2017/18 and 2018/19

Agency Costs/ Savings

The Trust continues to rely heavily on the employment of clinical and non clinical staff through employment agencies. Implementation of the Agency Cap payment rates are expected to reduce spend in 2017/18 and 2018/19. Delivering to the Trust overall cap requires actions to be taken to reduce the overall number of staff employed as agency which forms part of the Care Group's Operational Plan.

Estates and energy

The Trust annually undertakes a review of the ERIC benchmarking data and its position relative to other Trusts to support the identification of energy schemes, which can either release cash savings or support the Trust sustainability agenda.

The Estates Condition Surveys undertaken in 2015/16 and subsequent analysis and alignment to the Sustainable Services Programme, has provided a detailed understanding of the condition of the Trust's estate, thus ensuring that capital is invested in the most effective manner.

4.3 Capital Planning

Backlog maintenance is being taken forward as part of the Trust's Sustainable Services Programme.

In formulating the Trust's Capital Programme, the Trust adopts a risk based approach in utilising its capital resource to target a resolution to the highest risks that have been identified through its Operational Risk Group.

The Trust assesses a range of financing options when purchasing equipment e.g. capital purchase/leases/managed service contracts in order to optimise the Trust's limited capital resource.

Section 5: Operational Plan Integration

The Trust's Operational Plan is linked directly to the Sustainability and Transformation Plan as well as other programmes and change initiatives within the Trust and local health system. The Trust's Chief Executive is Chair of the STP Partnership Board. Programme management and structures are in place for the delivery of the STP and work is progressing well. The Trust is an active member of the STP process and has senior representation at both the Partnership Board and Operational Group.

STP vision

The Trust's Operational Planning is aligned to the aims of the STP, which are:

1. To build resilience and social capital
2. Integrated care across the NHS and Social Care
3. More appropriate use of hospital care
4. Working as one health system
5. Sustainable workforce
6. Sustainable finances

The Trust is either leading on, or is pivotal to the delivery of all of the STP priorities which are:

1. To develop and implement a model for Neighbourhood working based upon:
 - Supporting individual communities to become more resilient
 - Supporting people to stay healthy
 - Developing Neighbourhood Care Teams
 - The community bed review
2. To re-evaluate hospital services:
 - Acute reconfiguration
 - Understand secondary care expenditure
3. To continue to develop other services:
 - Services for people with mental ill-health or a learning disability; services for children; and cancer services
4. To make best use of resources:
 - Financial sustainability
 - Reducing duplication

To re-evaluate hospital services: Acute reconfiguration – the Sustainable Services Programme

The Sustainable Services Programme (SSP) Outline Business Case (OBC) was approved by the Trust Board on 1 December 2016.

The OBC describes a potential solution to the delivery of a new clinical model that would deliver two balanced hospital sites: one focused on the delivery of Emergency Centre; and one focussed on the delivery of Planned Care.

The Sustainable Services OBC is consistent with the modelling assumptions within the original Future Fit programme (updated 2015/16 outturn) and within the STP. This includes a 'shift' of activity from acute to community provision, the progression of which is being led by Future Fit and the Neighbourhood workstreams.

To re-evaluate hospital services: Understand secondary care expenditure – the MSK Review

Whilst not leading this review, the Trust is committed to supporting and actively contributing to this work during 2017/18, as the appropriate clinical model for musculoskeletal services is developed. This will then link in directly to the planning for the Scheduled Care Group who provide the Trust's Trauma and Orthopaedic Services.

Conclusion

The Trust has set a plan for the next two years that will achieve performance targets in Cancer and Diagnostics. Access standards in A&E and RTT remain a challenge and without action the Trust will fail to deliver in 2017/18 and 2018/19.

The Trust is engaged in undertaking a comprehensive review of all services within its revised planning approach. This work will be concluded by the end of March 2017. This will include revised performance trajectories.

The Trust remains committed to the delivery of high quality, safe and kind care for patients and their families. Plans are in place to monitor performance and address issues as they arise.

Workforce plans for 2017/18 and 2018/19 and focussed on the redesign and transformation of the Trust's workforce to address long standing workforce challenges. New roles will be created during this time that moves the Trust towards implementation of its Sustainable Services Programme for example, Advanced Practitioners and Associate Nurses.

For 2017/18 and 2018/19, the Trust has set a financial plan that is consistent with the control totals as set by NHSI and is dependent on STF funding of £9.3 million.

The Trust recognises the significant financial challenges of Shropshire County CCG and is committed to working in partnership to deliver substantial QIPP savings of £3.2 million in 2017/18 and £3.7 million in 2018/19.

Annex

RTT unchallenged speciality trajectories

Admitted

	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	88.70%	90.39%	92.08%	92.80%	92.08%	92.46%	92.12%	92.06%	91.67%	90.48%	89.65%	88.96%	91.12%
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%	92.00%

Non admitted

	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	95.73%	95.91%	95.71%	95.54%	95.39%	95.16%	95.06%	94.96%	94.88%	94.76%	94.59%	94.42%	95.18%
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%	92.00%

RTT challenged speciality trajectories

Delivery of the RTT in Neurology, Oral Surgery and Musculoskeletal will continue to be a challenge for the Trust. Discussions internally and with Commissioners will continue to understand and plan to address delivery in these areas.

Admitted

	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	58.13%	57.40%	56.80%	56.08%	55.53%	54.92%	54.42%	53.85%	53.38%	52.86%	52.39%	51.90%	54.81%
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%	92.00%

Non admitted

	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	77.71%	77.04%	76.31%	75.63%	74.88%	74.19%	73.43%	72.73%	71.97%	71.25%	70.48%	69.75%	73.78%
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%	92.00%