Recommendation ☐ **DECISION** ☑ **NOTE**	To NOTE production of the Operational Plan for 2018/19
Reporting to:	**Trust Board**
Date	31st May 2018
Paper Title	Operational Plan – 2018/19
Brief Description	In line with NHS Planning Guidance, Providers are required to submit final Operating Plans for 2018/19 - together with supporting templates covering workforce, finance and activity / performance trajectories - to NHSI by 30th April. Colleagues are reminded that this is the 2nd year of a 2-year Plan and therefore builds on the 2017/18 submission, refreshing the submission as appropriate. A presentation on progress went to the March Trust Board, which was well received.
Sponsoring Director	Neil Nisbet – Finance Director
Author(s)	Paul Hodson – Head of Contracts and Performance Louise Jones – Clinical Programme Lead for SSP Steven Jones – Business Development Manager
Recommended / escalated by	Finance and Sustainability Committee
Previously considered by	
Link to strategic objectives	**PATIENT AND FAMILY** Listening to and working with our patients and families to improve healthcare **SAFEST AND KINDEST** Our patients and staff will tell us they feel safe and received kind care **HEALTHIEST HALF MILLION** Working with our partners to promote 'Healthy Choices' for all our communities **LEADERSHIP** Innovative and Inspiration Leadership to deliver our ambitions **OUR PEOPLE** Creating a great place to work
Link to Board Assurance Framework	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 (RR 561)

	If we do not work with our partners and streamline our own processes to reduce length of stay and increase the rate of discharges, we will not reduce bed occupancy levels to 92% thus allowing the right patients to be in the right place and reducing ward moves (RR1369)
	If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients (RR 1134)
	If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage (RR 1204)
	If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186) I
	If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)
	If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties & address the modernisation of our ageing estate & equipment (RR 670)
	If we do not deliver our CIPs and budgetary control totals then we will be unable to invest in services to meet the needs of our patients (RR1187)
	If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)
	Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859) I
Outline of public/patient involvement	
Equality Impact Assessment	⦿ **Stage 1 only (no negative impacts identified)** ○ **Stage 2 recommended (negative impacts identified)** *** EIA must be attached for Board Approval** ○ negative impacts have been mitigated ○ negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	⦿ **This document is for full publication** ○ **This document includes FOIA exempt information** ○ **This whole document is exempt under the FOIA**

The Shrewsbury and Telford Hospital NHS Trust

Operational Plan 2018/19

1.0 Context

SaTH is entering an exciting period. We have been guaranteed more than £300m to develop our hospitals into two state-of-the-art facilities that will offer a greatly improved environment, more sustainable staffing and better facilities. It will make SaTH a better place to work, in turn making it a better place to receive care. Over the last two years we have been building the foundations of a better future through our work with Virginia Mason and our own Transforming Care Institute. We are also introducing our Leadership Academy with more opportunities for development so all our 1,300 leaders support, coach and perform at the highest levels; celebrate the hard work of our 6,000 staff and recognise the wonderful improvements that are being made each and every day. This is a vital stepping stone to ensure we are equipped for our better future and realising our vision of providing the safest and kindest care for our patients. Leadership is about supporting teams to be the best they can be.

As we move forward together it is vital all our teams understand their important role in delivering this brighter future for everyone. This year we have three main ambitions:

1. Improving our patient care processes to create empty beds to stop the boarding of patients
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

This focus on our patients, our people and our sustainability will deliver a safer and kinder SaTH, enable us to invest more in our people and ensure we have better facilities to deliver care to improve patient experience.

The strategy diagram overleaf highlights the areas we will focus on this year and as such forms the basis of our Operational Plan for 2018/19.
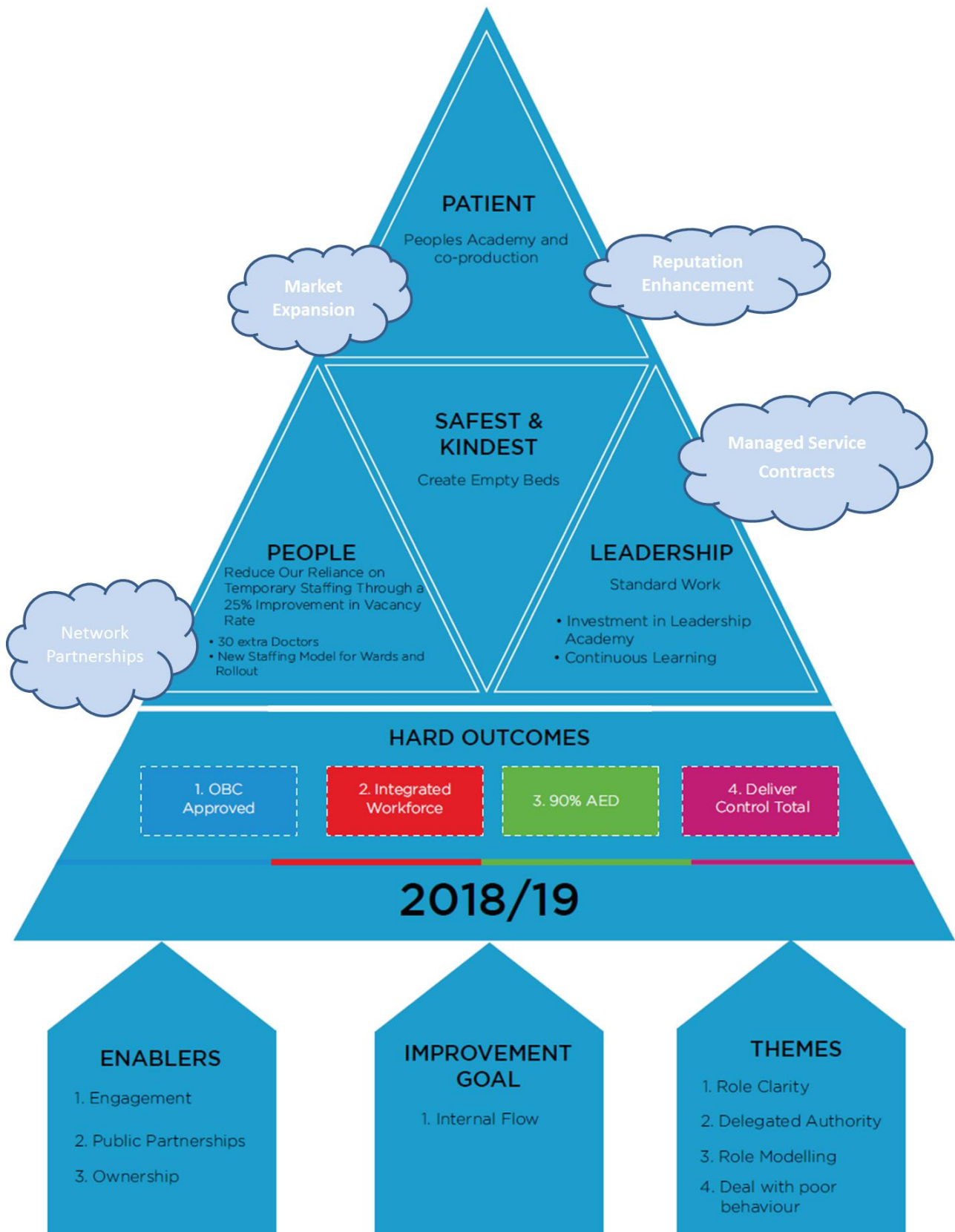
Simon Wright
Chief Executive

Diagram 1.0

2.0 Introduction

The NHS Operational Planning cycle covers two years; 2017/18 to 2018/19. This plan for the organisation therefore builds on the detailed plan for 2017/18 to create an updated plan for 2018/19.

For this 2 year planning cycle, the Trust Board agreed a new approach for the operational strategic planning for the Trust. This approach has three elements:

- **Element One,** 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:
    - o national targets and standards
    - o workforce constraints
    - o the financial control total and
    - o infrastructure challenges

- **Element Two**, the service appraisals undertaken with the Care Groups to determine the service strengths and attractiveness using an adapted GE/McKinsey Matrix have been reviewed. This will be built upon by the Scheduled Care Group in particular for this coming year, forming the foundation to the discussions of the 'what business are we in'.

- **Element Three**, the design solution for the Trust's services in the future, draws on the adapted McKinseys Matrices and the Trust's Five Year Plan using the principles of the 4 P's: Place; Product; Price and Promotion.
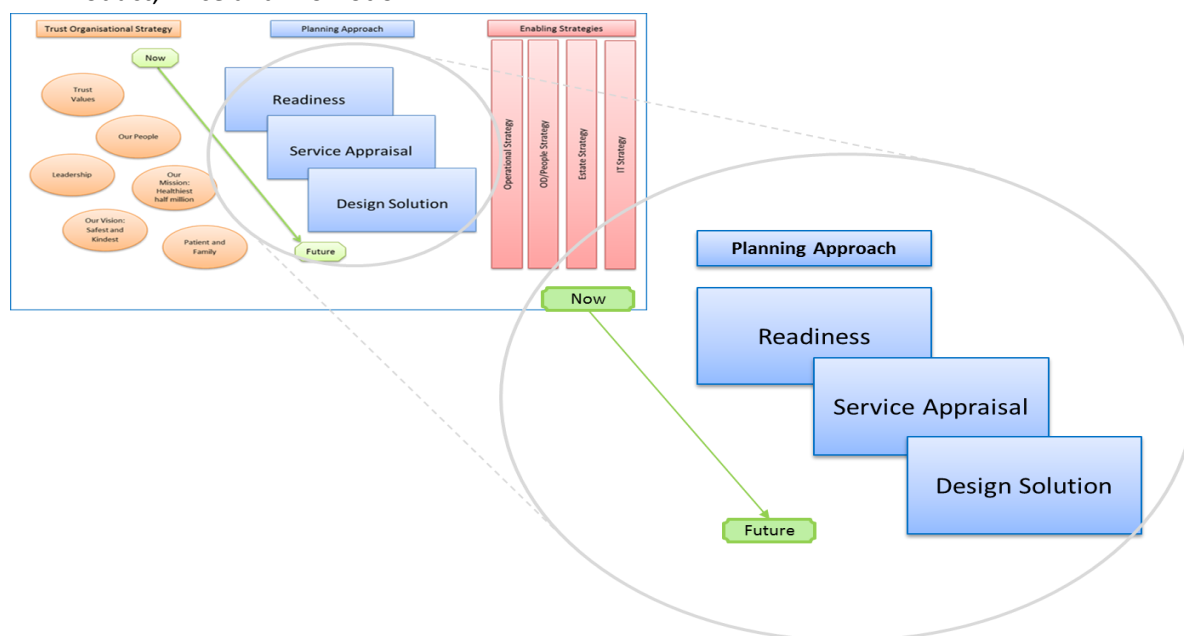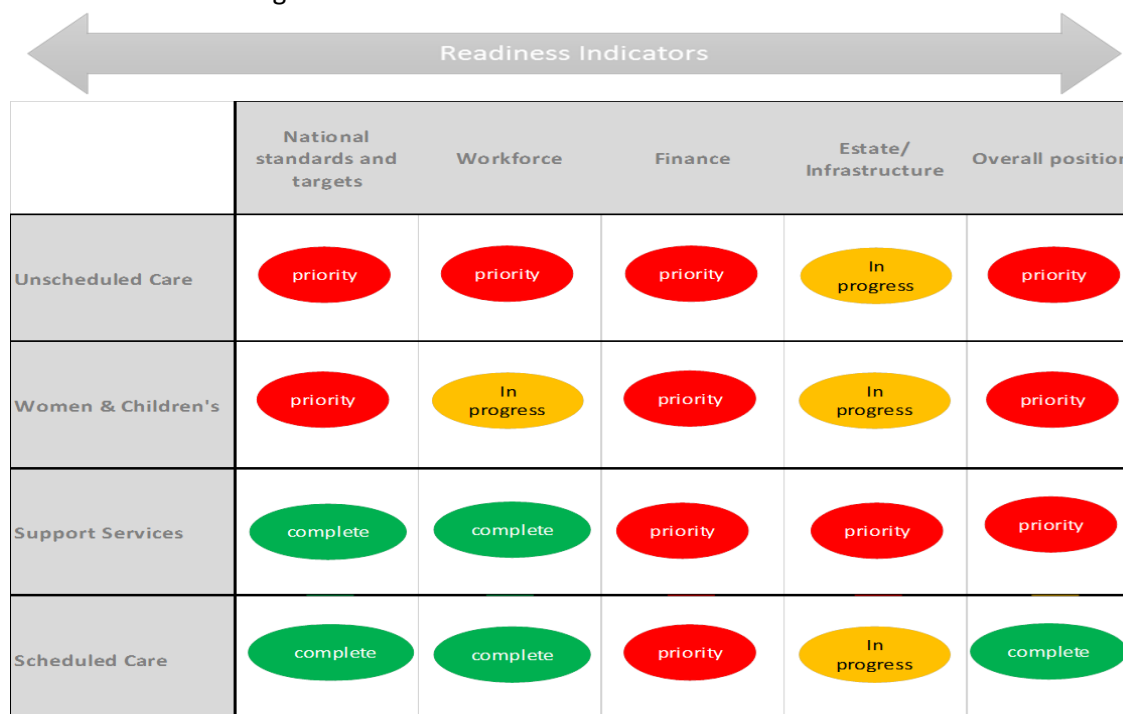

Diagram 2.0

The plan therefore includes details of the required objectives for 2018/19 and incorporates all three elements when and where appropriate.

2.1 Year one appraisal

As the organisation progresses into year 2 of the plan each Care Group has been assessed against the three elements to ascertain each Care Groups' focus for the forthcoming year, the detail of which is shown in the diagram below:

	National standards and targets	Workforce	Finance	Estate/ Infrastructure	Overall position
Readiness Indicators					
Unscheduled Care	priority	priority	priority	In progress	priority
Women & Children's	priority	In progress	priority	In progress	priority
Support Services	complete	complete	priority	priority	priority
Scheduled Care	complete	complete	priority	In progress	complete

Diagram 3.0

Unscheduled Care, Women and Children's and Support Services are all at level 1: Readiness, therefore the focus for these Care Groups continues to be their ability to deliver their core services against the readiness indicators:

- National standards and targets
- Workforce
- Finance
- Estate/ Infrastructure

As diagram 3.0 shows some Care Groups may achieve against one readiness indicator but are required to progress another indicator as a priority for 2018/2019. This demonstrates the importance of achieving across most of the indicators in order to be in a position to progress to elements 2 and 3 as described in diagram 2.0.

Following delivery in 2017/18 of objectives which addressed challenges with RTT and realignment of capacity, Scheduled Care are now in a position to progress to service appraisal and service design, focusing on what opportunities are available for them as a Care Group.

2.2. Operational Plan Structure for 2018/2019

This year's plan attempts to simplify the way the objectives are described and how the 'work to do' is articulated within the three key Trust ambitions for 2018/19. This is shown in diagram 4.0 below:
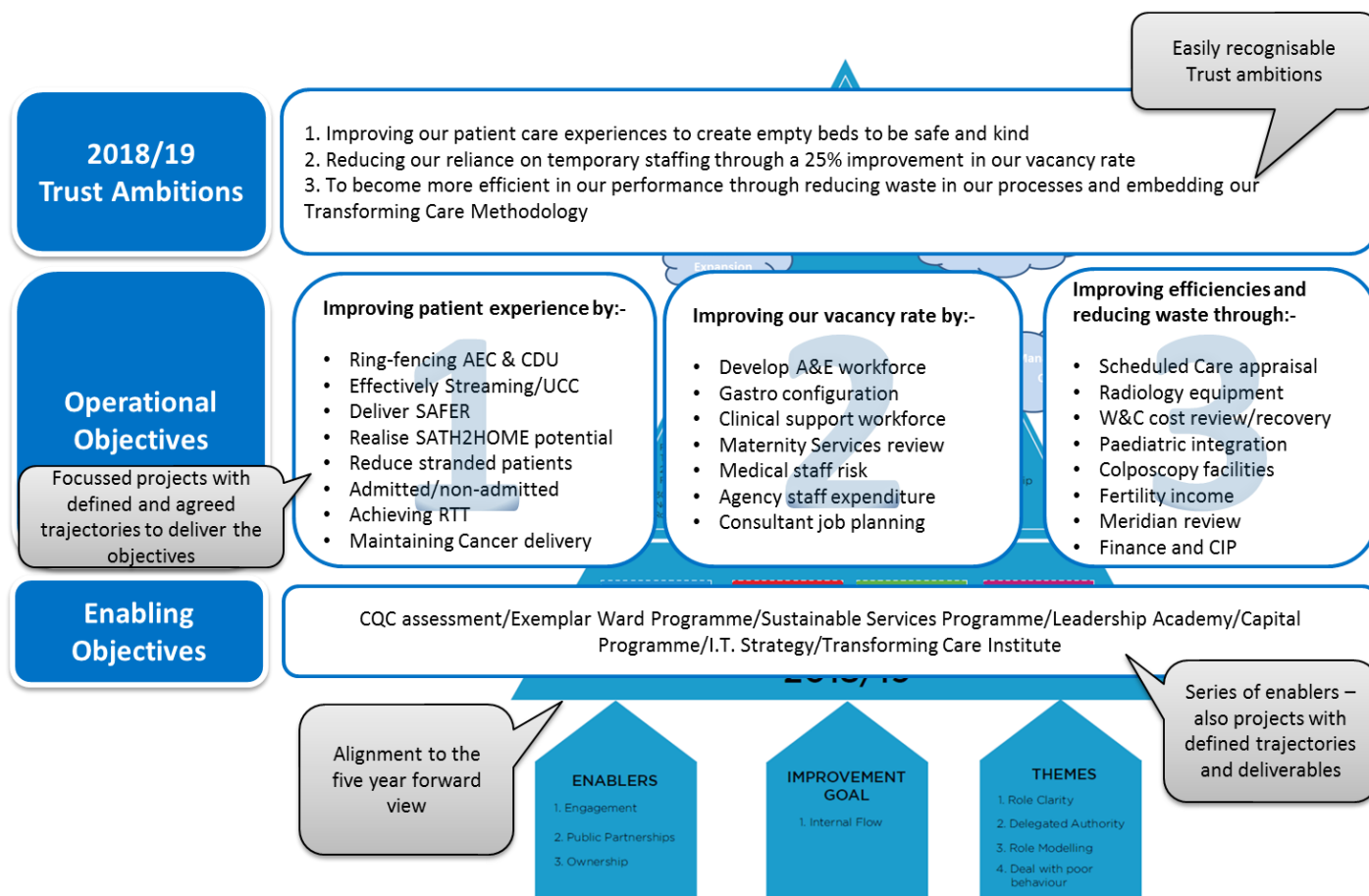
2018/19 Trust Ambitions

Easily recognisable Trust ambitions

1. Improving our patient care experiences to create empty beds to be safe and kind
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Operational Objectives

Focussed projects with defined and agreed trajectories to deliver the objectives

Improving patient experience by:-

- Ring-fencing AEC & CDU
- Effectively Streaming/UCC
- Deliver SAFER
- Realise SATH2HOME potential
- Reduce stranded patients
- Admitted/non-admitted
- Achieving RTT
- Maintaining Cancer delivery

Improving our vacancy rate by:-

- Develop A&E workforce
- Gastro configuration
- Clinical support workforce
- Maternity Services review
- Medical staff risk
- Agency staff expenditure
- Consultant job planning

Improving efficiencies and reducing waste through:-

- Scheduled Care appraisal
- Radiology equipment
- W&C cost review/recovery
- Paediatric integration
- Colposcopy facilities
- Fertility income
- Meridian review
- Finance and CIP

Enabling Objectives

CQC assessment/Exemplar Ward Programme/Sustainable Services Programme/Leadership Academy/Capital Programme/I.T. Strategy/Transforming Care Institute

Series of enablers – also projects with defined trajectories and deliverables

Alignment to the five year forward view

ENABLERS
1. Engagement
2. Public Partnerships
3. Ownership

IMPROVEMENT GOAL
1. Internal Flow

THEMES
1. Role Clarity
2. Delegated Authority
3. Role Modelling
4. Deal with poor behaviour

Diagram 4.0

The objectives have been described as either operational or enabling objectives. The objectives are expanded upon throughout the document in the relevant sections and there is also a summarised list of these in appendix 1.

3.0 Accident and Emergency

3.1 Current position

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 recent years the Trust has failed to deliver performance compliant with this standard. Graph 1.0 shows that there would be a further decline in A&E performance if the Trust does take steps to recover its current position.
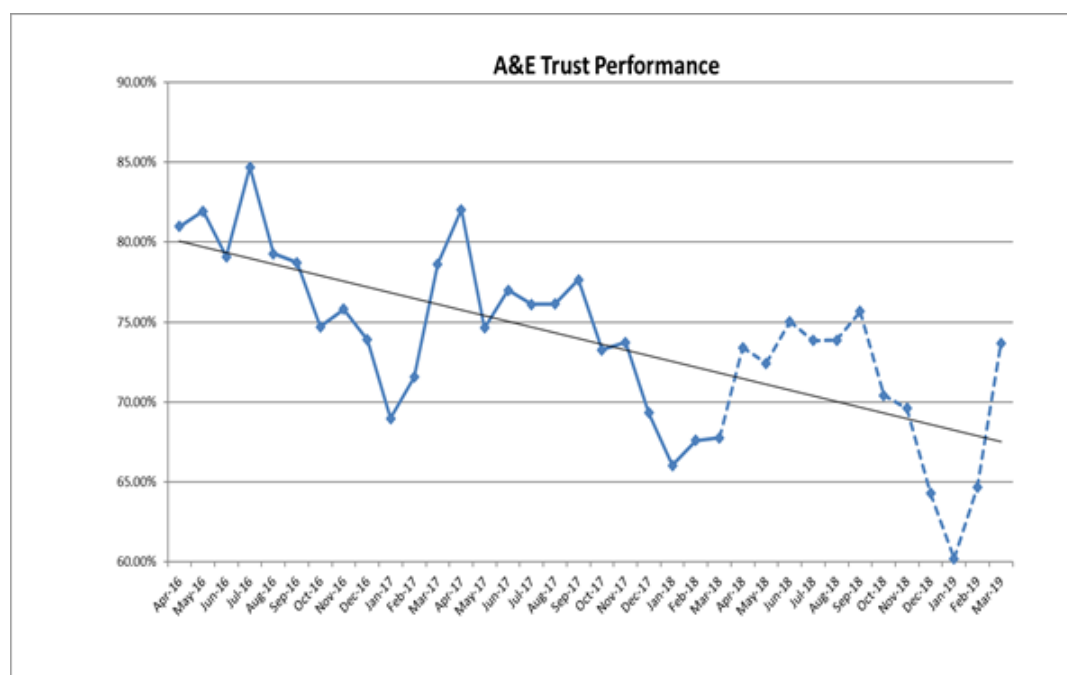

Graph 1.0

As the table 1.0 shows the Trust position is challenged each month and has not performed against the planned trajectory during the course of 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
SaTH Attendances	9,942	10,732	10,558	11,114	10,459	10,133	10,764	10,086	10,031	10,338	9,463	10,477
>4hr Breaches	1,786	2,722	2,429	2,654	2,496	2,265	2,878	2,649	3,078	3,512	3,066	3,425
17/18 Performance	82.0%	74.6%	77.0%	76.1%	76.1%	77.6%	73.3%	72.7%	69.3%	66.0%	67.6%	67.3%
17/18 Trajectory	77.8%	83.1%	82.2%	89.0%	89.6%	90.0%	91.1%	92.0%	90.8%	90.0%	93.2%	95.1%

Table 1.0

2017/18 saw an overall increase in activity when compared to the previous year. Graph 2.0 below shows that this was the case for every month of the year. This increase was at its highest in January. In January 2017 9,289 patients were seen in both A&E's this rose to 10,316 patients in January 2018, on average this equates to 34 more patients per day.

**Total A&E activity by month**
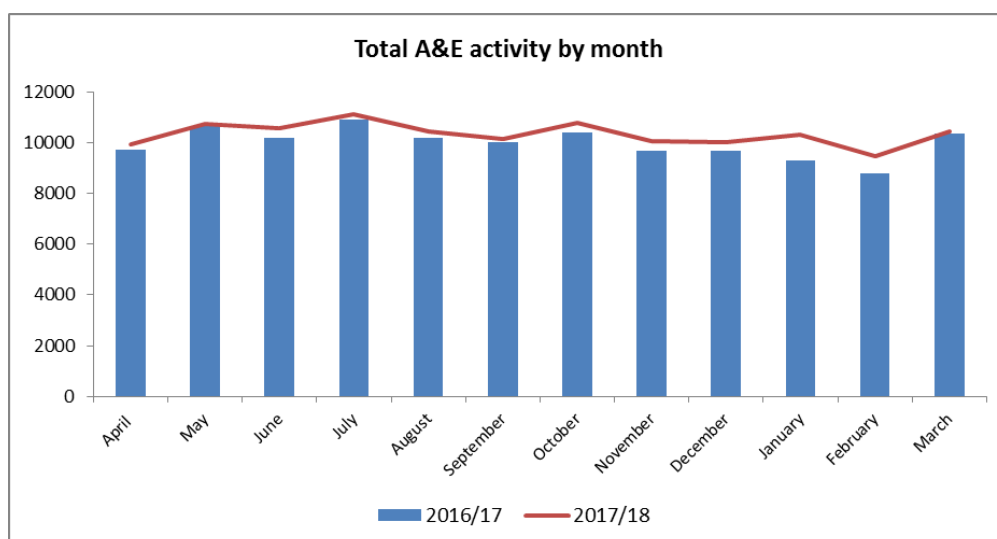
Graph 2.0

As well as an overall increase in activity, the number of ambulance attendees arriving at A&E has also increased across both sites when compared to the previous year.

PRH A&E Arrivals via Ambulance by Month

RSH A&E Arrivals via Ambulance by Month
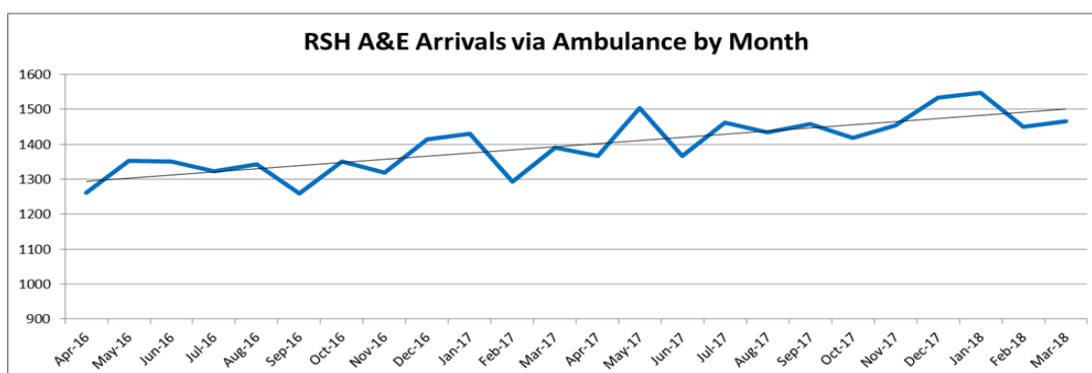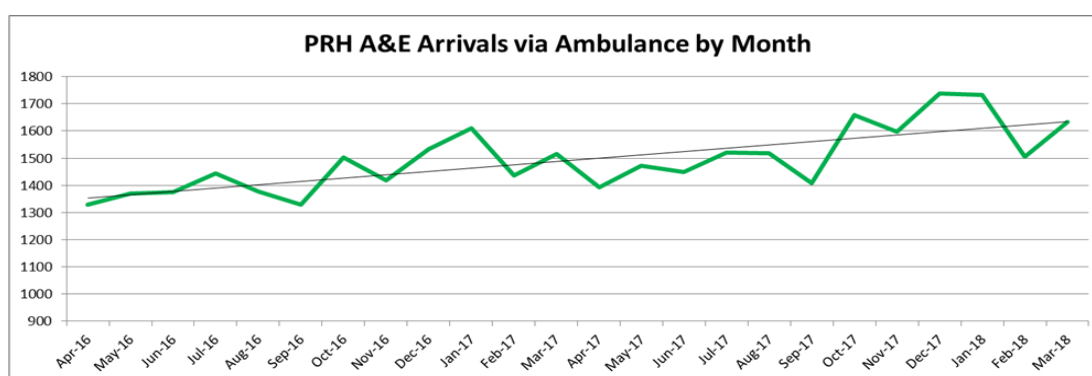
Graphs 3.0 & 4.0

At PRH there were 7.7% (117) more arrivals via ambulance comparing March 2018 to March 2017. Overall ambulance arrivals at PRH were up 8% (1387) comparing 2017/18 to 2016/17. The same picture could be seen at RSH, with an increase of 5.4% (75) more arrivals via ambulance comparing March 2018 to March 2017. Although the increase in March has not been as significant, overall the ambulance arrivals at RSH were up 8.5% (1372) comparing 2017/18 to 2016/17.

In addition, the number of patients over the age of 75 years has also increased. Graph 5.0 below shows that across each month a higher number of older patients are arriving at both A&E's.
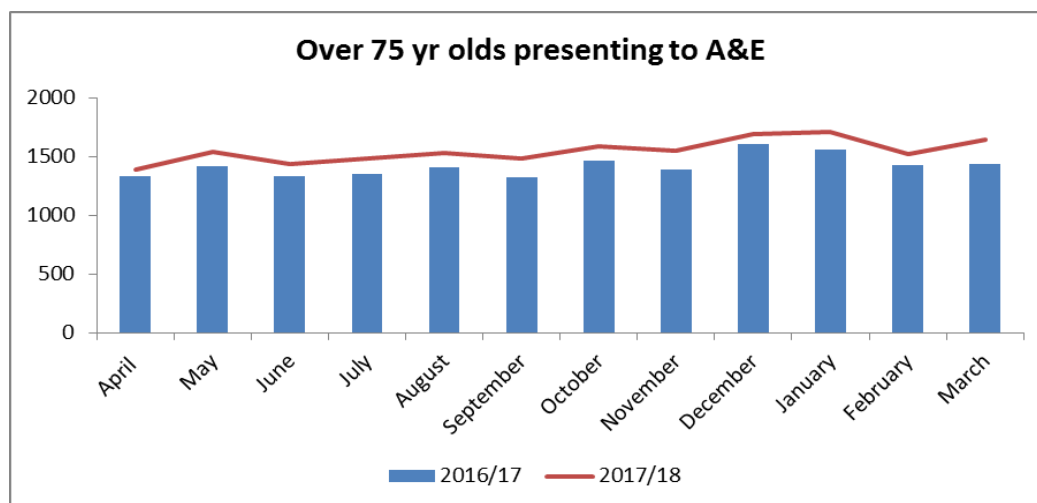
Graph 5.0

Finally graph 6.0 shows that the conversion rate for patients being admitted via A&E was 20.3% in March 2017, increasing to 22.2% in March 2018.
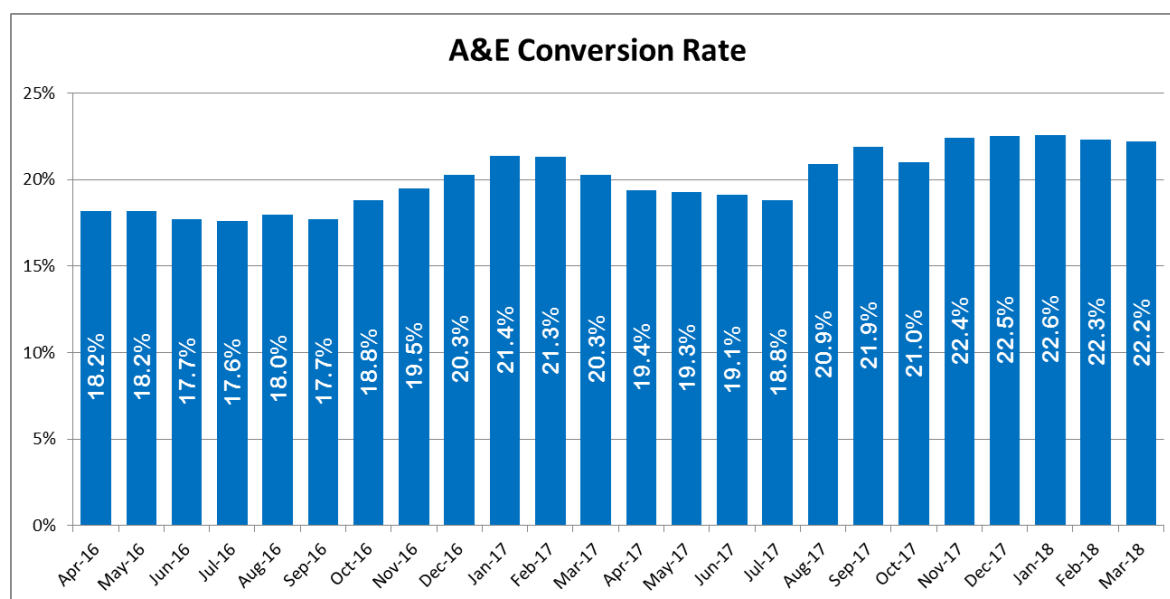
Graph 6.0

The challenges therefor facing the Trust's delivery of the A&E target as we go into 2018/19 are;
- Increasing number of ambulance attendees
- Ageing profile of patients attending A&E
- More patients being admitted from A&E

As the complexity of patients presenting to A&E increases the intensity of care required also increases. It is recognised nationally that the challenges facing many A&E departments require a Health Economy wide solutions. Locally a STP Director for Urgent Care has been appointed to support the LHE system to improve A&E performance. A number of system wide High Impact Change

programmes have been identified to address those contributing factors that impact upon delivering the 4 hour A&E target. The diagram below outlines the 6 programmes, with those that SATH lead (ED Processes, SAFER and Stranded patients) and those that are led by other senior leaders across the system (Capacity & Demand, Frailty and Integrated Discharge Team). All require involvement from organisations across the system, and are monitored through the A&E Delivery Group, reporting in turn to the A&E Delivery Board.
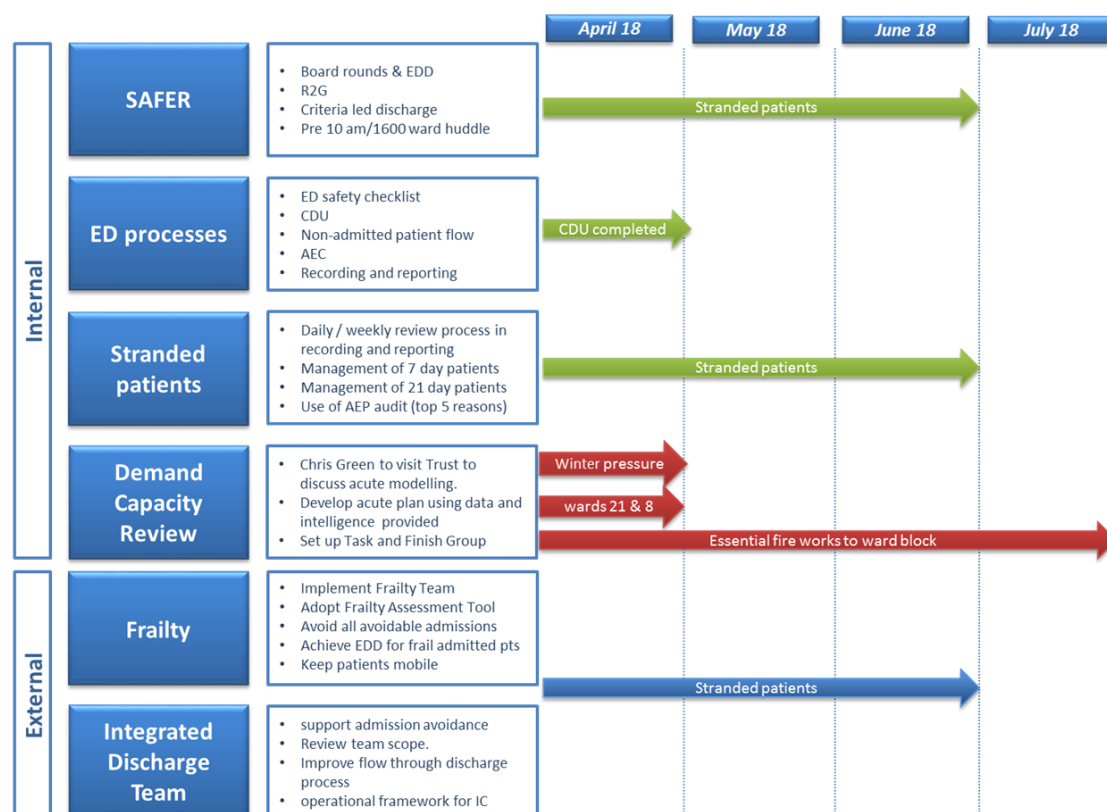
3.2 Addressing the internal challenges

To understand the areas of improvement required 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 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 cumulative performance reported to NHSI for 2017/2018 is shown below:

	Admitted	Non Admitted	Combined
PRH	44.69%	81.35%	73.29%
RSH	29.04%	86.01%	73.60%
Trust	37.21%	83.59%	73.44%

Table 2.0

This shows that the challenges in achieving this target exist on both sites. PRH performs better with admitted patients, whereas RSH performs marginally better with non-admitted patients.

3.3 Non-admitted A&E performance

Non-admitted activity accounts for approximately 75% of activity presenting at A&E. Table 3.0 below demonstrates the monthly non-admitted performance for 2017/2018. On average this contributes to 69% of the overall A&E performance assessment.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
SaTH Attendances	7,706	8,393	8,290	8,786	8,235	7,913	8,509	7,824	7,769	8,004	7,352	8,154
>4hr Breaches	827	1,192	1,092	1,311	1,219	1,046	1,514	1,195	1,564	1,742	1,487	1,715
Performance	89.3%	85.8%	86.8%	85.1%	85.2%	86.8%	82.2%	84.7%	79.9%	78.2%	79.8%	79.0%

Table 3.0

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

Disposal	Number of Attendances Apr - Mar	% of Total	% RSH	%PRH
Died in Department	21	0%	48%	52%
Discharged - GP follow up treatment	2,517	16%	38%	62%
Discharged - no follow up treatment	10,242	64%	44%	56%
Left Department before being treated	500	3%	39%	61%
Left Department having refused treatment	59	0%	29%	71%
Referred to A&E Clinic	195	1%	22%	78%
Referred to Fracture Clinic	1,032	6%	34%	66%
Referred to other Health Care Professional	194	1%	24%	76%
Referred to other Out-Patient Clinic	517	3%	31%	69%
Transferred to other Health Care Provider	627	4%	41%	59%
Grand Total	**15,904**		**41%**	**59%**

Table 4.0

The highlighted section in Table 4.0 shows that of those non-admitted patients from A&E, 64% were discharged without the need for any further follow up care. This places the focus on one dominant area when reducing the number of breaches. It can be assumed that as these patients were not admitted, a proportion of them breached as they were in A&E for assessment and/or monitoring in

order to inform the clinical decision. A functioning Clinical Decision Unit (CDU) would enable patients to be cared for in an appropriate environment outside of the A&E pathway.

RSH currently has a designated CDU facility, however challenges in bed availability often results in the CDU not being able to function as it should. Protection of this facility would result in an improved position for A&E at RSH. A CDU at PRH was opened in April 2018. To ensure it is successful in improving non-admitted A&E performance, this will also need to be protected from escalation. When reviewing table 4.0 the variation between RSH and PRH for non-admitted patients supports the view that streaming of patients through a Urgent care Centre (UCC) improves performance. The UCC at PRH and the service offer has the opportunity to be extended to improve the position. There is also a further opportunity to improve non-admitted performance with the additional Emergency Nurse Practitioner posts planned to commence during quarter one. In addition, new A&E Trackers on each site will closely monitor the patient pathway. This role will include monitoring how support services such as Pathology and Radiology contribute to the Trust's ability to deliver the 4 hour A&E target.

An Urgent Care Centre (UCC) model of care was established at PRH in October 2017, with a purpose built UCC due to open within quarter three of 2018/2019. It is anticipated that this service could see and treat on average 40 patients a day with the opportunity to increase as the model progresses towards the Sustainable Services clinical model of care.

> **Trust 2018/19 ambition:-**
> 1. Improving our patient care experiences to create empty beds to be safe and kind
>
> **Aligned objectives:-**
> - Ring-fence AEC & CDU capacity in order to optimise same day Emergency Care
> - Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH

3.4 Admitted A&E performance

Admitted activity typically accounts for 25% of activity presenting at A&E. During 2017/18 the Trust has consistently struggled to ensure that patients admitted into a hospital bed did so within the national performance target of four hours. Compliance during 2017/18 has been 37%. Table 5.0 below shows that admitted performance has reached as low as 24% in January.

|	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
SaTH Attendances	2,236	2,339	2,268	2,328	2,224	2,220	2,255	2,262	2,262	2,334	2,111	2,323
>4hr Breaches	959	1,530	1,337	1,343	1,277	1,219	1,364	1,454	1,514	1,770	1,579	1,710
Performance	57.1%	34.6%	41.0%	42.3%	42.6%	45.1%	39.5%	35.7%	33.1%	24.2%	25.2%	26.4%

Table 5.0

The key reason for the admitted breaches occurs because the A&E department is unable to transfer patients to available assessment/treatment areas (AMU/CDU/SAU) or direct to a specialist ward. 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.

Building on the Trust's internal analysis of demand and capacity, external reviews and support have confirmed the Trust's initial findings that the patients that are occupying the beds with a length of stay greater than 7 days are creating a demand and capacity mismatch. The answer to addressing failure to achieve an improved A&E position for admitted patients lies in managing the available capacity of the Trust's bed base.

Typically, on any single day, 300+ patients have a length of stay of 7+ days and are classed as 'stranded patients'. These patients occupy a high percentage of the Trust's bed base. The graph below shows that consistently throughout the year, 'stranded patients' occupy between 300-340 beds per day.
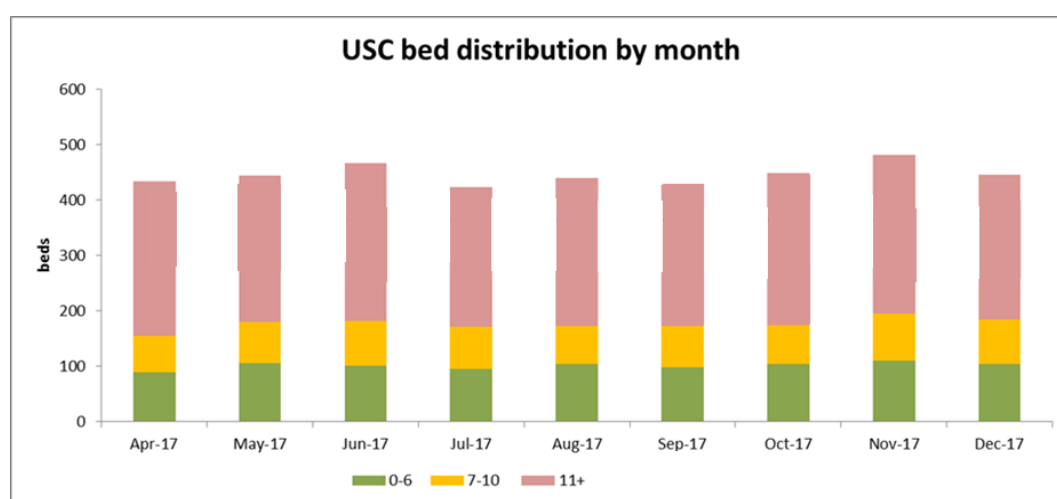

Graph 7.0

Further analysis between beddays consumed and number of spells shows the greatest level of activity is consuming the least number of beds:

| Length of Stay	Activity	Beds
0-2	33.1%	2.3%
3-6	37.8%	20.4%
Sub Total	**70.9%**	**22.8%**
7-10	12.5%	16.8%
11+	16.6%	60.4%
Sub Total	**29.1%**	**77.2%**

Table 6.0

When reviewing beds consumed in more detail, the graph below shows that 60.5% of beds are consumed by patients with a length of stay of greater than 11 days, suggesting that there is opportunity to reduce length of stay and therefore improve capacity.

USC bed distribution
(based on 2017.18 YTD data)
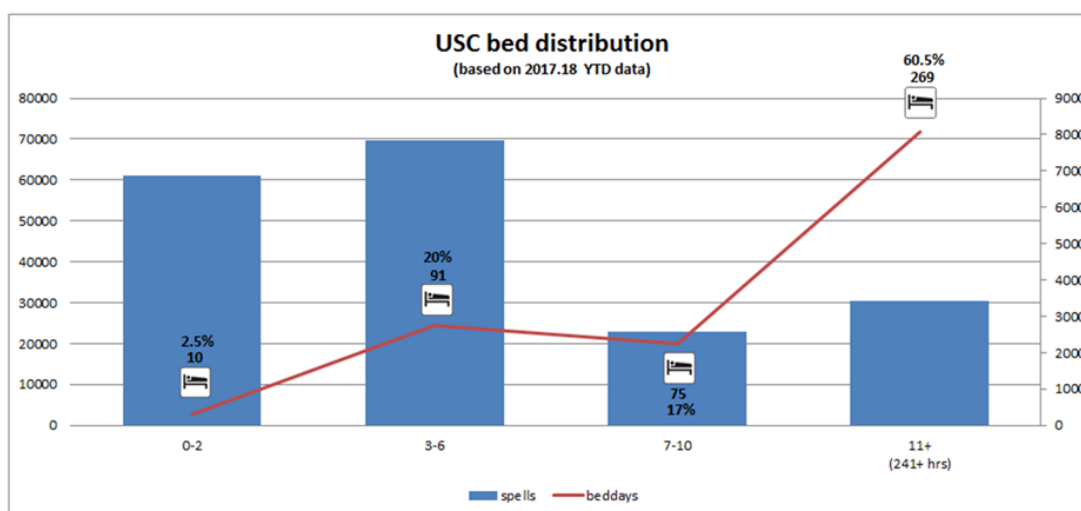
Graph 8.0

In summary, A&E performance for admitted patients is compromised because we are seeking to push approximately 71% of activity through 23% of the bed base. The occupancy of the core bed base is often in excess of 100% which further impacts on the Trust's ability to protect key clinical assessment areas (E.g. AEC) from escalation which then results in further challenges with flow from A&E.

This increase in bed occupancy rates can be due to too many patients arriving before patients have been discharged within the same day. Analysis of SaTH admissions versus discharges shows us that admissions are consistently higher than the number of discharges until around 5.30pm, at which point the number of discharges are marginally higher than the number of admissions. Graph 9.0 shows that 64% of discharges are happening after 3pm.

2017/18 Cumulative YTD Admissions vs Discharges
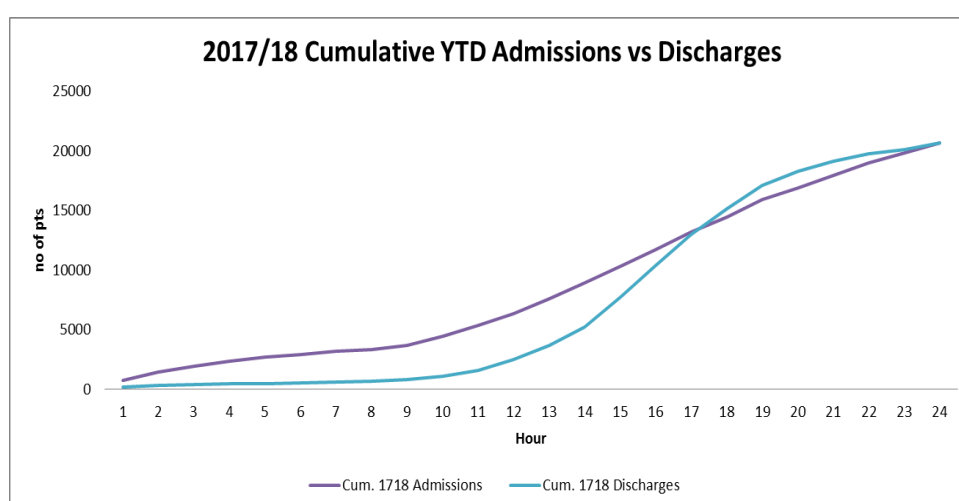
Graph 9.0

Variation in discharges can also be seen throughout the week. Graph 10.0 below shows that the number of discharges significantly reduces during the weekend.
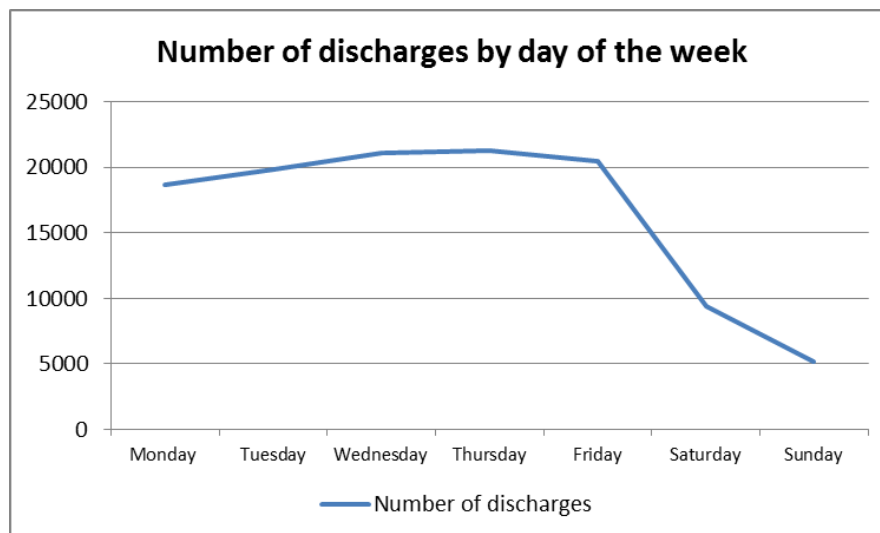
Graph 10.0

This is likely to be due to the availability of doctors and other decision-makers to progress discharges during this time, but also the availability of wider system capacity.

It is nationally recognised that many patients are lying in a hospital bed far longer than is clinically necessary. These patients consume a large proportion of the beds leaving fewer beds available for patients being admitted in an emergency. The small bed base patients are being admitted into from A&E is congested with a high occupancy rate. To enable the Trust to respond to the variations in demand without impacting on A&E performance, the percentage bed occupancy needs to reduce to around 92%. This can only be delivered if there is a reduction in bed days consumed.

In summary the key challenges in the delivery of the admitted A&E performance, alongside the increased proportion of older patients, are:
- High levels of activity being admitted into a small bed pool
- Majority of beds being consumed by stranded patients
- Admitted patients arriving before patients are discharged
- Variation in number of discharges across the week

3.5 Solutions

In order to deliver the required reduction in bed occupancy, there are several projects that have commenced implementation in 2017/18 that need to be further expanded/ embedded within the Trust. These projects are outlined below.

3.6 Implementation of the SAFER programme including Red2Green and Criteria Led Discharge

The management of patient flow is an ongoing and consistent challenge for the Trust, and the majority of acute Trusts in England. During 2017/18 the Trust has made some progress with embedding the Red2Green initiative. The Clinical Programme Lead for SAFER, along with the team of Red2Green Trackers, focuses solely on the delivery of the SAFER Patient Flow Bundle and works with

clinicians and managers to reduce non-value added time for patients and work to get them home sooner.

The work to deliver the SAFER programme continues as a priority into 2018/19 with a key focus on setting the clinical criteria for discharge and setting an expected date for discharge (EDD). This is recognised as a key enabler to reducing the number of beds consumed by the 'stranded patient' cohort.

3.7 SaTH2Home

SaTH2Home was successfully implemented during the latter part of 2017/18 with 541 total discharges being facilitated through the service, equating to an estimated 1,623 bed days saved. An analysis of the first 25 weeks of SaTH2Home has identified that there is further scope for this service with a review of criteria and the specification of the service offering further opportunity for the reduction of bed days. The results of the review will allow SaTH to further operationalise the service and realise the benefit of an even greater number of bed days saved across the Trust in addition to improved patient care.

3.8 Frailty Intervention Team (FIT)

During quarter three of 2017/18, a system wide project to establish a frailty service at the front door of RSH was launched. This service has been evaluated and is considered to have contributed to an overall reduction in length of stay for patients aged 75+ alongside an overall reduction of admissions in this age group. Consequently, commissioners have agreed to fund the service for 2018/19. Discussions are underway to deliver a similar model at PRH.

3.9 Stranded Patient Project

We already know that the greatest opportunity to reduce bed days is by focusing on the 'stranded patients'. All of the projects listed above will support a reduction in the number of such patients'. This work is further supported by the delivery of a specific programme of work that focuses upon both prevention of stranded patients via early identification and case management of patients who are 'super stranded' (patients with a length of stay greater than 21 days) delivered in partnership with key stakeholders.

3.10 Workforce

Workforce plans within A&E and across the wards will have a positive impact on the Trusts ability to improve its performance. The overall workforce section (section 9.0) outlines the recruitment plans and new roles and responsibilities that will make the workforce more stable as we progress towards the delivery of the Sustainable Services Programme.

3.11 Impact of changes

Reducing length of stay for 'stranded patients' will reduce the number of bed days consumed.
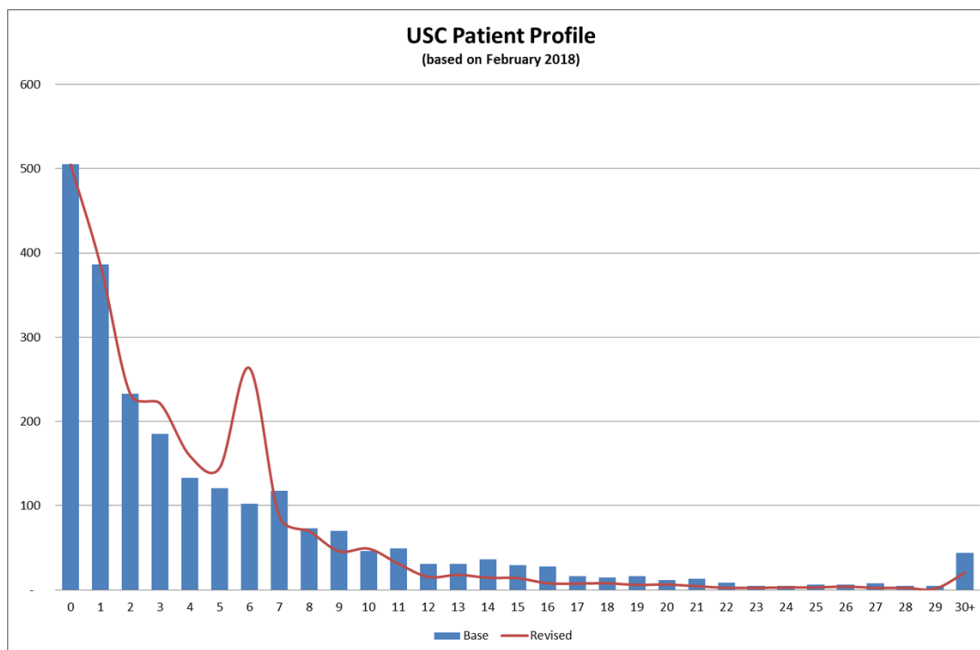
Graph 11.0

The work undertaken in quarter 4 for 2017/18 has had some impact upon delivering a reduction in the number of bed days consumed by stranded patients as demonstrated in graph 11.0. This work will continue to be built upon during 2018/19.

A further reduction in bed days required will support the Trust in reducing the number of beds open over and above the core bed base. The graph below shows the bed profile each month with an additional 30 beds introduced to respond to an increase in demand during the winter.
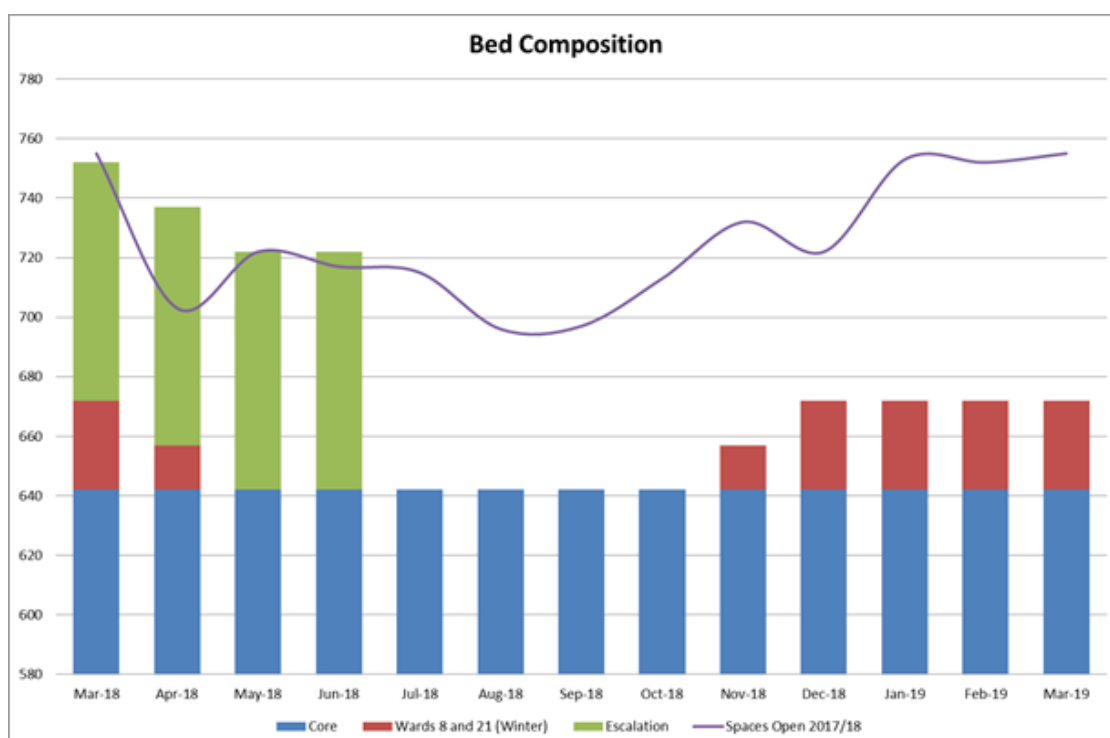
Graph 12.0

Addressing the 'stranded patient' cohort will also enable a reduction in the bed occupancy rate. The Trust's aim is to reduce this to 92%, enabling capacity to match variation in demand and improve the flow of patients to the wards from A&E.

The work programmes detailed above will impact on the both admitted and non-admitted performance. Tables 7.0 and 8.0 give detail of each work stream and their expected impact.

3.12 Non-admitted breach reduction

Non-Admitted	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
CDU @ PRH	150	248	240	248	240	240	248	240	248	248	224	248	2822
Increase Streaming to UCC @ PRH		252	252	360	360	360	360	360	360	360	336	360	3720
A&E tracker role - RSH		33	24	36	39	38	47	32	52	45	39	34	419
A&E tracker role - PRH		48	51	66	42	35	75	47	78	89	58	90	679
Total	150	581	567	710	681	673	730	679	738	742	657	732	7640

Table 7.0

3.13 Admitted breach reduction

Admitted	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
A&E tracker role (Pathology)	0	58	57	52	43	55	57	59	49	42	45	41	558
A&E tracker role (Radiology)	0	37	38	25	34	50	29	34	32	20	25	22	346
Recruitment - Middle Grades	0	0	0	0	0	0	211	253	295	337	337	337	1770
Red2Green/SAFER/SaTH2Home (Complex)	156	227	202	242	194	225	208	174	198	122	178	151	2277
Criteria Led Discharge/Check Chase Challenge (Simple)		250	250	250	250	250	250	250	250	250	250	250	2750
Increase in workforce impact on simple discharges						90	90	90	90	90	84	90	
Total	156	572	547	569	521	670	845	860	914	861	919	891	8325

Table 8.0

As a consequence of these breaches reductions, the trajectory for A&E performance is expected to be:-

3.14 SaTH performance excluding MIUs

SaTH 18/19 Predicted A&E Performance													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
SaTH Attendance	10370	10899	10756	11295	10638	10330	10799	9626	9592	9859	9652	10591	124407
>4hr Breaches	2511	1639	1556	1661	1563	1153	1610	1372	1754	2296	1769	1326	20210
4hr Performance	**75.79%**	**84.96%**	**85.53%**	**85.29%**	**85.31%**	**88.84%**	**85.09%**	**85.75%**	**81.71%**	**76.71%**	**81.67%**	**87.48%**	**83.75%**

Table 9.0

3.15 SaTH performance including MIUs

SaTH 18/19 Predicted A&E Performance													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
SaTH Attendance	12290	13181	13161	13763	12786	12370	12967	11586	11332	11724	11367	12593	149120
>4hr Breaches	2511	1639	1556	1661	1563	1153	1610	1372	1754	2296	1769	1326	20210
4hr Performance	**79.57%**	**87.57%**	**88.18%**	**87.93%**	**87.78%**	**90.68%**	**87.58%**	**88.16%**	**84.52%**	**80.42%**	**84.44%**	**89.47%**	**86.45%**

Table 10.0

Trust 2018/19 ambition:-
1. Improving our patient care experiences to create empty beds to be safe and kind

Aligned objectives:-
- Deliver the SAFER programme objectives (inc. Red2Green and Criteria Led Discharge)
- Realise the full potential of SaTH2Home
- Reduce the number of stranded patients in order to reduce bed occupancy
- Make the improvements in admitted and non-admitted pathways

Trust 2018/19 ambition:-
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate

Aligned objectives:-
- Develop a sustainable workforce model within A&E

4.0 Planned care

4.1 Referral to Treatment

The national requirement is for 92% of patients to be treated within 18 weeks following a referral to a consulted led service. This means that at the end of each month at least 92% of the total number of patients who appear on the Trust's waiting lists must be waiting less than 18 weeks.

During 2017/18 the Trust made significant progress against the 92% target; delivering the agreed trajectory ahead of plan from September 2017. The Trust maintained this level of performance right through to the end of February and only missed the target in March by 108 patients. This is despite considerable winter pressures throughout the period and the National Emergency Planning Programme (NEPP) directive to cancel all routine outpatients and operations in January. This is demonstrated in the graph below.
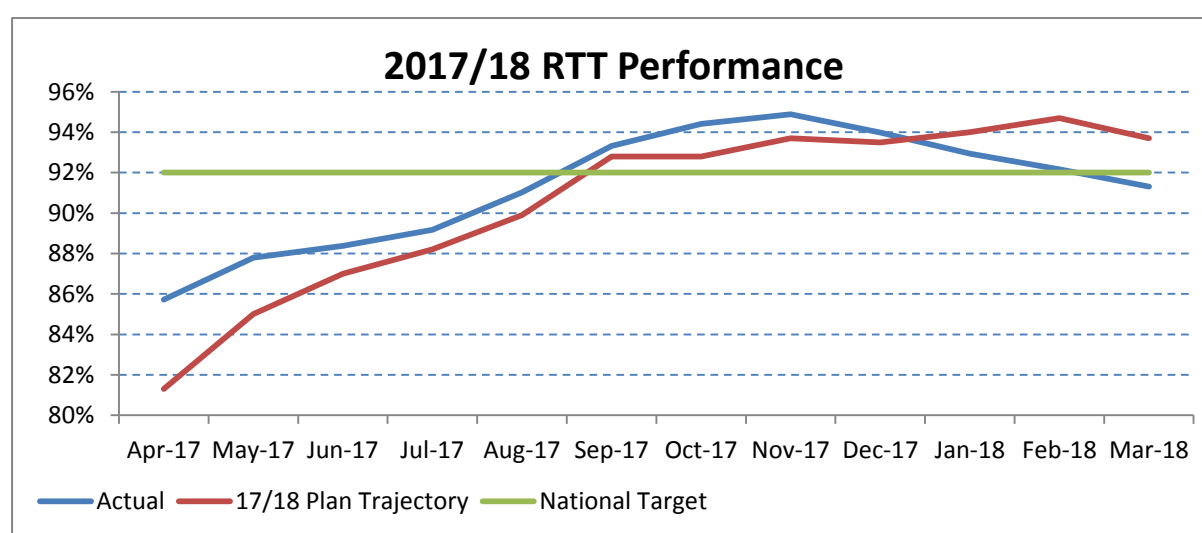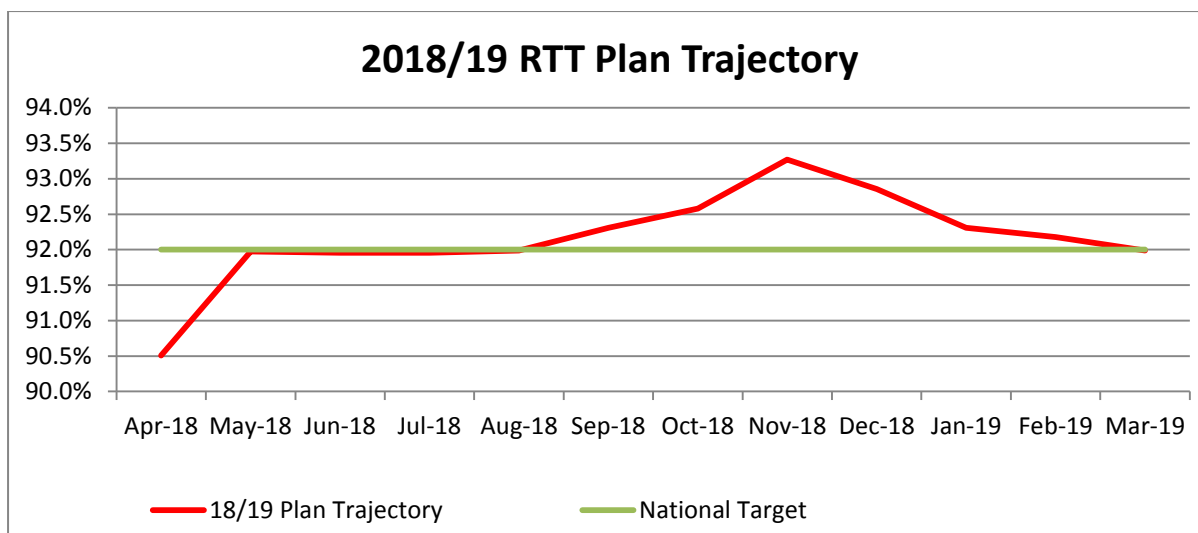

Graph 13.0

In setting a plan for the 2018/19 financial year, it is necessary for the Trust to consider:

• how to respond to the 'backlog of patients' built up through the winter as a result of the national directive to cease all non-urgent planned operations in January 2018; and
• identification of a strategy for creating a sustainable service model amongst the challenged specialties

4.2 Addressing the waiting list backlog

At the end of March 2018 the Trust had a total waiting list amounting to 15,735 patients. Within this number, 1,367 had already exceeded the 18 week threshold. Whilst there remain some particularly challenged specialties, the Care Groups have developed plans at a specialty level to reduce the 18 week backlog and deliver the overall 92% target from May 2018. Based upon these plans the following RTT Trajectory has been constructed for the 2018/19 financial year.

2018/19 RTT Plan Trajectory

Graph legend: 18/19 Plan Trajectory, National Target

Graph 14.0

4.3 Management of recurrent demand and capacity

In order for RTT to be sustainable and enable the Trust to recurrently deliver the 92% target the focus is to reduce the overall waiting list size to a level that will support this. In reducing the overall waiting list to a sustainable number (comparable to the less than 15,000 consistently achieved between July and December 2017) the Trust will be able to maintain 92% throughout the year.

Trust 2018/19 ambition:-
1. Improving our patient care experiences to create empty beds to be safe and kind

Aligned objectives:-
- RTT improved performance to be maintained through 2018/19

4.4 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 has been recognised as an Exemplar site for both teaching and the sharing of best practice.

During the 2017/18 financial year the Trust was one of a small number of acute trusts who regularly delivered the National access target of 62-day Urgent Referral to Treatment. In setting a plan for the 2018/19 financial year the Trust expects to continue this performance.

62 days Urgent Referral to Treatment

Legend: 17/18 Actual — 18/19 Plan Trajectory — National Target
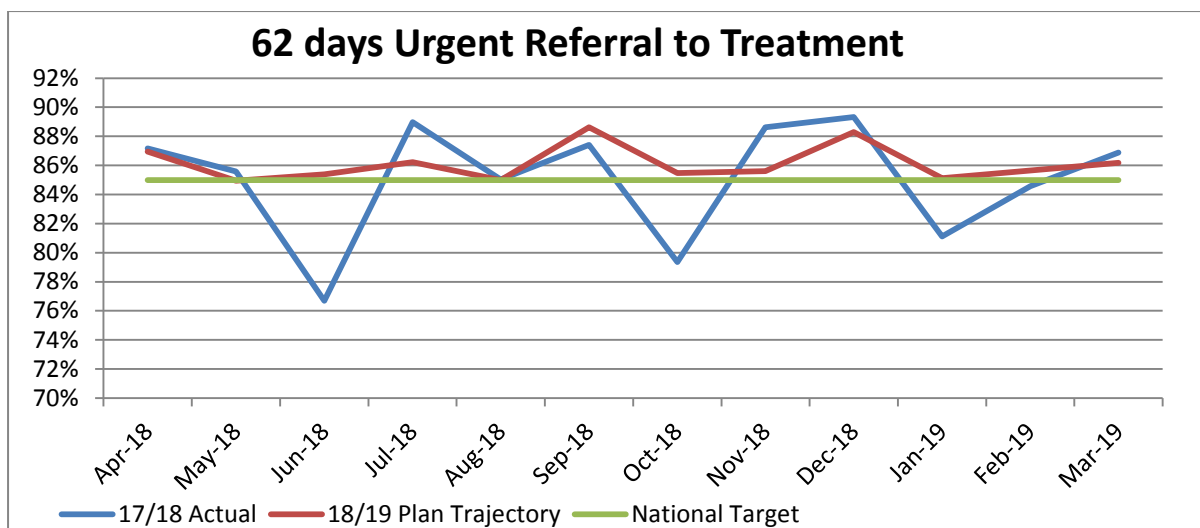
<div align="right">**Graph 15.0**</div>

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

- improvement in the Lung, Colorectal, Upper GI and Urology pathways
- maintaining capacity to support on-going achievement of 2 week wait, particularly in the periods following Public Health campaigns and summer and Christmas holidays.
- reducing late referrals to tertiary centres is important from a patient perspective in order to avoid unnecessary delays and any detrimental impact this may have. The new cancer waiting times reporting system starting in April 2018, with full compliance from 1st July 2018, states all patients referred to a tertiary centre should be received by day 38. Each Care Group will have a recovery trajectory in place to reduce month on month reductions in the number of late tertiary referrals by tumour site

The recently appointed Clinical Cancer lead is focussing on patient outcomes and improved performance and is working with MDT leads to deliver this.

The Trust is also working with the Local Health Economy Cancer Group and Transforming Care Institute to improve overall cancer performance with a focus on the impact of the recently changed NICE guidance - which has lowered the threshold for accessing cancer investigations. This change is expected to increase both overall referrals into the Cancer service and demand for diagnostic testing.

Initial scoping has suggested that on top of current demand pressure (where demand regularly exceeds capacity) both Urology and Upper GI pathways will be further impacted by this change. The Surgical Centre is currently looking at ways to meet this demand including the possibility of more straight to test ingestions.

Trust 2018/19 ambition:-
1. Improving our patient care experiences to create empty beds to be safe and kind

Aligned objectives:-
- Continue to maintain Cancer performance, addressing known demand issues and capacity constraints

---

4.5 Service Appraisal

During 2017/18 the Scheduled Care Group progressed from the readiness phase and moved in to the Service appraisal/design solution phase described as phases 2 and 3 in diagram 2.0. As a result the Care Group has been able to conduct an analysis within each service area to identify areas of strategic focus for 2018/19. Each specialty has utilised the Mckinsey Matrix scoring which has been adapted specifically for healthcare. The Care Group scored a set criteria based on its competitive strength and market attractiveness. This then was then plotted using an algorithm.
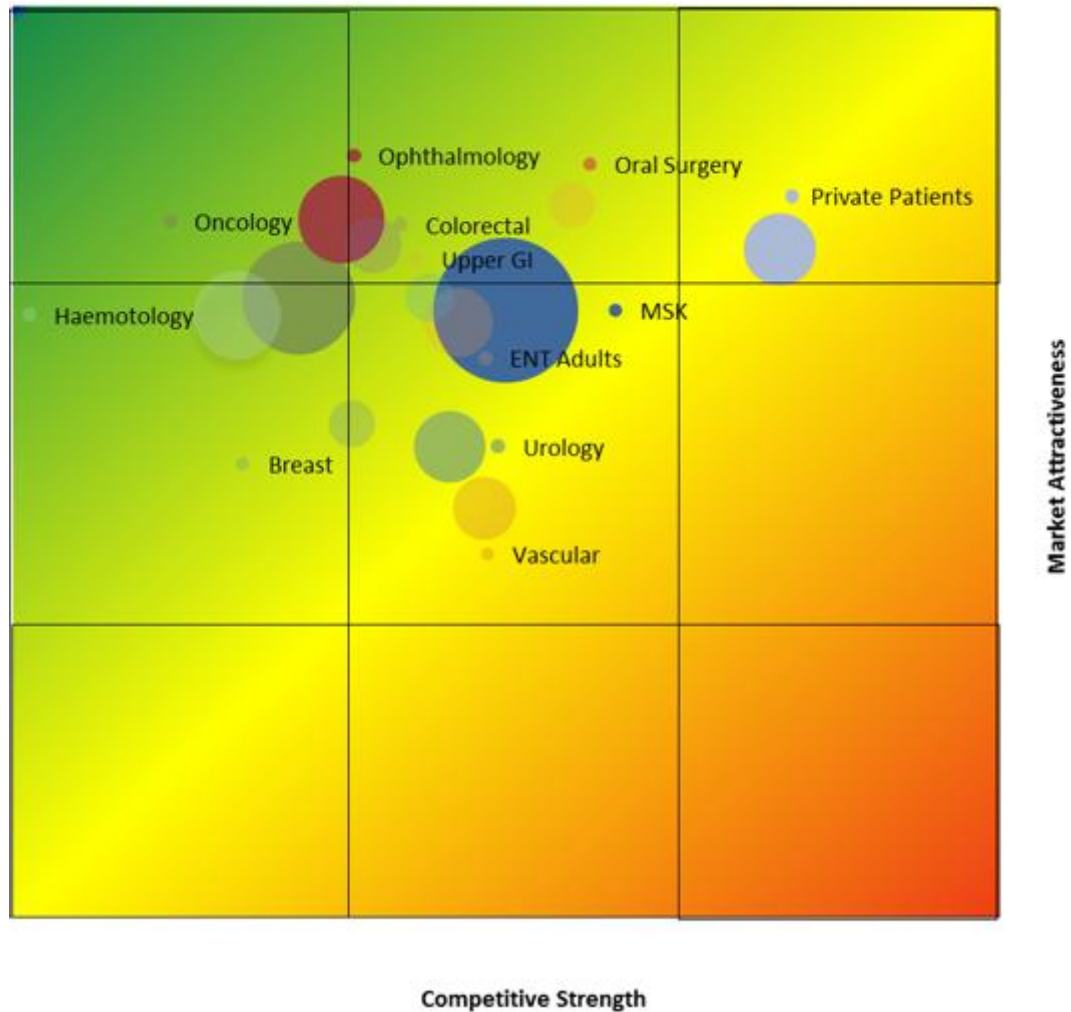

Diagram 6.0

As the above describes, Scheduled Care have identified some areas for 2018/19 to develop. These are:-
- MSK
- Oncology
- Ophthalmology
- Private Patients

4.6 MSK

For 2018/19 MSK will be undertaking a full service review including the exploration of opportunities available to repatriate lost activity, increase market share and further grow activity; as a result a clear service strategy will be developed for implementation from 2019.

4.7 Oncology

The Oncology Centre will be focusing on technology development advances, specifically in further design and utilisation of a Cancer app for patients. In line with national figures SaTH is experiencing a growing demand within its Oncology service; as a result a workforce plan will be developed to align capacity to the additional requirements.

4.8 Ophthalmology

Ophthalmology will be looking to fully complete its service reconfiguration that commenced during 2017/18 and fully utilise its potential. This will also be matched by maximising contribution through a sustainable workforce. The specialty will be reviewing cataract capacity during 2018/19 with a view to implement any identified requirements if necessary.

4.9 Private patients

Scheduled Care also identified potential private patient activity as an area of focus for the care group during the year. This will take the form of developing and agreeing a strategy through the private patient task and finish group with associated service and pricing models.

4.10 Gastroenterology

In addition to the above key focus areas; the provision of Gastroenterology on a single site has also been identified as a target area for 2018/19. The current challenges and possible solutions involving the Gastroenterology service have a direct impact on both the Scheduled and Unscheduled Care Groups. Currently the emergency inpatient services are provided across both sites which creates quality and workforce challenges for the small number of Gastroenterology Consultants.
A proposed solution is to remove duplication and to create a single point of admission for emergency Gastroenterology inpatients within the RSH. The table below shows the impact on beds that this would have at the RSH site.

	RSH		PRH	
	beddays	beds at 95%	beddays	beds at 95%
Elective	104	0.4	87	0.3
Emergency	2446	9.4	2612	10

Table 11.0

Under this solution to accommodate the PRH emergency Gastroenterology, RSH will be required to provide a total bed pool of 20 beds for the service. This is possible and a plan is being developed to

accommodate the requirements. There is also an opportunity to reduce elective inpatient length of stay through reviewing existing pathways and processes.

Trust 2018/19 ambition:-
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate

Aligned objectives:-
- Conclude discussions with regard to the configuration of Gastroenterology inpatient services and implement agreed actions

Trust 2018/19 ambition:-
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology
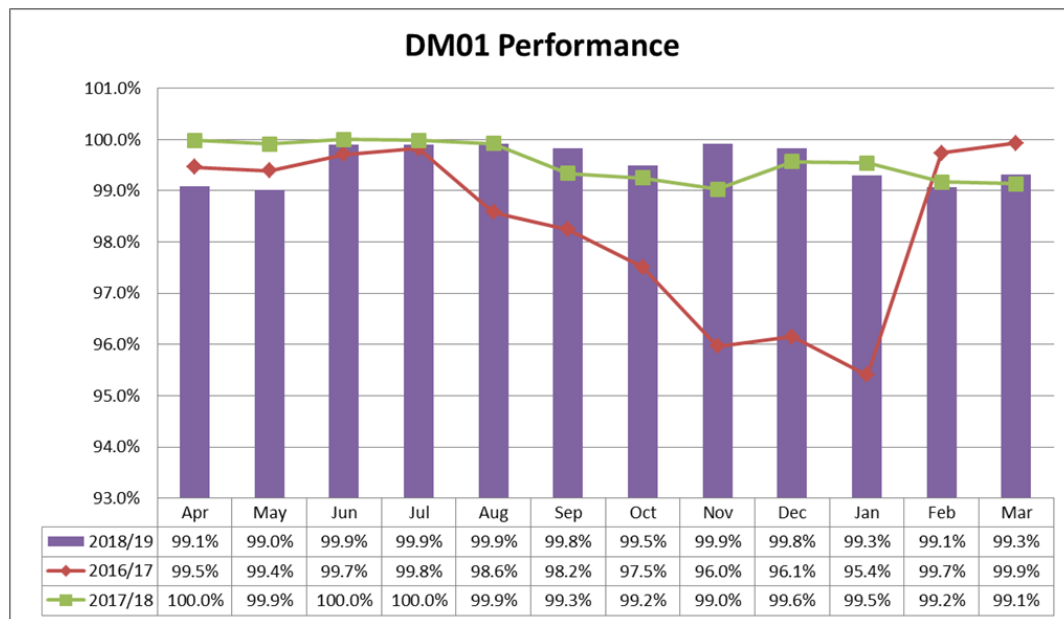
Aligned objectives:-
- Progress the development of services within Scheduled Care as a result of service appraisal

5.0 Diagnostics

5.1 Radiology

The Trust has experienced and managed increased demand for diagnostics since 2015/16 following successful Public Health campaigns, and at the same time maintained the 6 week national target from referral to test for diagnostics (DM01). There remains a risk that the Direct to Test initiative will continue to have an impact on demand in 2018/19 impacting on the plan and leading to changes in the trajectory. The current trajectory for 2018/19 is shown below:

DM01 Performance

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	99.1%	99.0%	99.9%	99.9%	99.9%	99.8%	99.5%	99.9%	99.8%	99.3%	99.1%	99.3%
2016/17	99.5%	99.4%	99.7%	99.8%	98.6%	98.2%	97.5%	96.0%	96.1%	95.4%	99.7%	99.9%
2017/18	100.0%	99.9%	100.0%	100.0%	99.9%	99.3%	99.2%	99.0%	99.6%	99.5%	99.2%	99.1%

Graph 16.0

Despite the Trust's continued delivery of this target, SaTH faces significant challenges within Radiology. The main issues to address moving into 2018/19 are income loss, failing aged equipment and increasing capacity.

The Trust has experienced an increasing number of scans requested over previous years across all modalities, particularly in CT and MRI. Although this is true, the Trust is not an outlier amongst peers and sits firmly within the median quartile when comparing like for like.

Examinations by modality - CT per 100,000 spells

SaTH
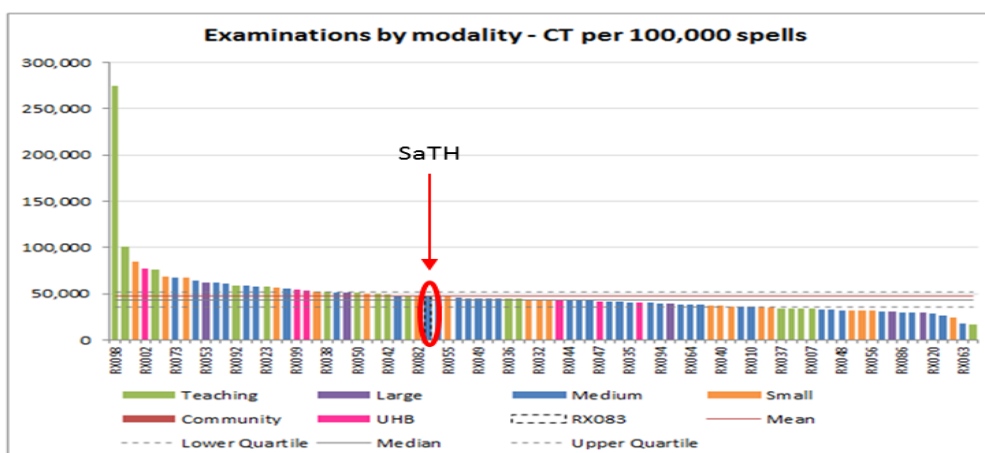
RX083 - Value	46,928

Peer group:	All Trusts
Mean	47,748
Lower Quartile	35,134
Median	43,458
Upper Quartile	51,745

Graph 17.0

Examinations by modality - MRI per 100,000 spells
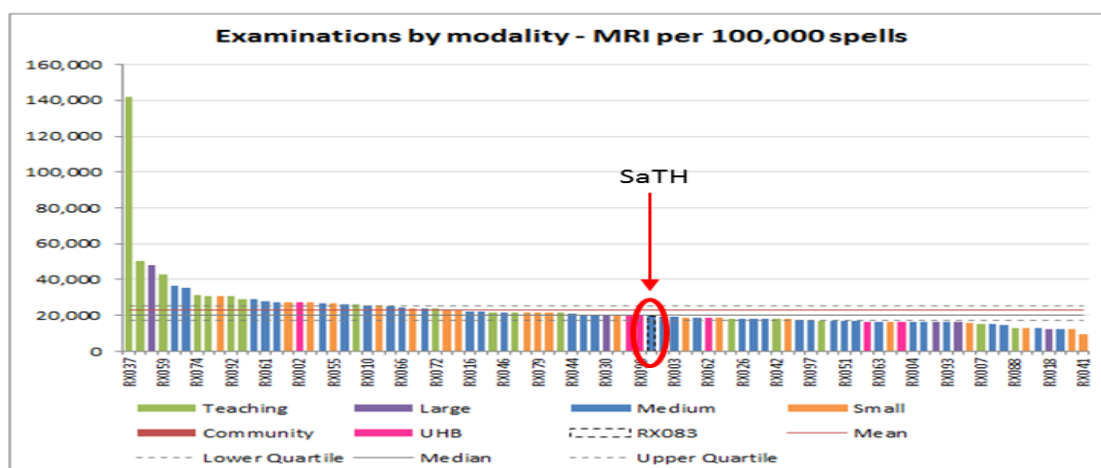
SaTH

RX083 - Value	19,508

Peer group:	All Trusts
Mean	23,117
Lower Quartile	16,974
Median	20,049
Upper Quartile	25,382

Graph 18.0

The very real challenge that SaTH faces is that the above number of images are being produced through a small number of aged devices. The Trust sits within the lower quartile for number of machines available per 100,000 spells when compared against peers.
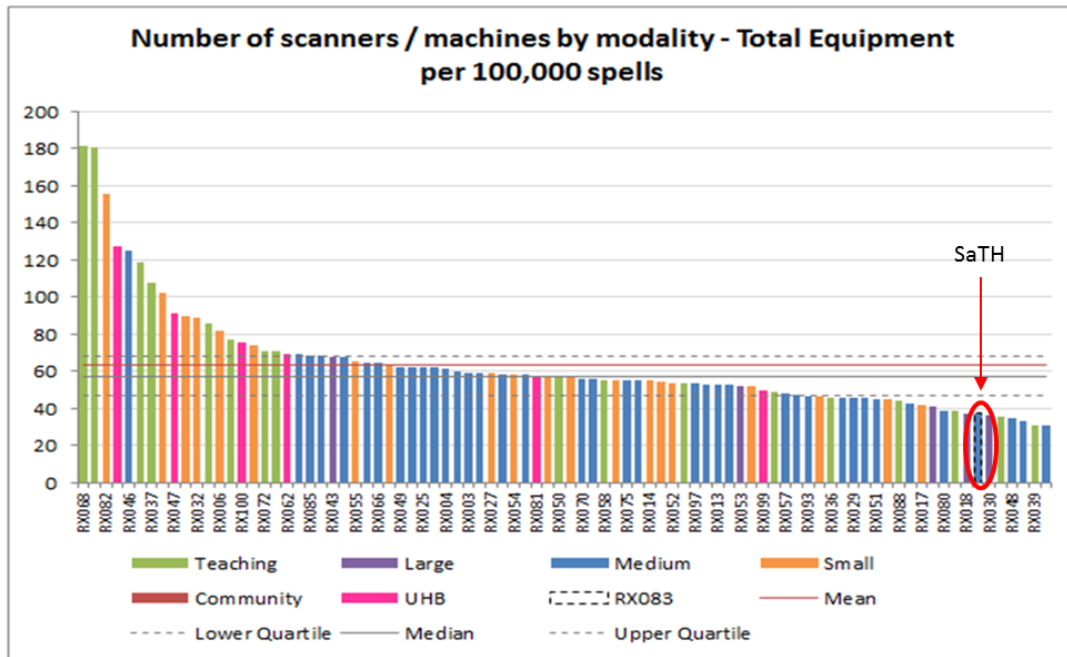
Graph 19.0

RX083 - Value	37

Peer group:	All Trusts
Mean	64
Lower Quartile	47
Median	57
Upper Quartile	68

There is also a significant challenge with the age of the machines currently being operated within the Radiology department with machine life expectancy greatly reduced due to the increasing number of requests that they are carrying out on a daily basis. This demand results in kit breakdowns becoming more commonly experienced within the Trust. Radiology equipment has a life span of circa 7 years and, circa 60% of our equipment is older than this (as described below).

Age Years	No	Gross (original purchase value)	% No	% Gross
		£		
1-5	38	2,347,213	40%	25%
6-10	28	2,816,998	30%	31%
11-15	18	3,330,768	19%	36%
Over 15	10	718,302	11%	8%
Total	**94**	**9,213,281**	**100%**	**100%**

Table 12.0

5.2 Action

Given that SaTH is in line with its peers on the activity by modality but within the lower quartile for the amount of equipment available, the data would suggest that SaTH requires a robust replacement programme as the machines are subject to a higher level of utilisation than others.

> **Trust 2018/19 ambition:-**
> 3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology
>
> **Aligned objectives:-**
> - Continue discussions to design and implement Radiology replacement programme

6.0 Support Services

The 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 2018/19 to develop solutions that aim to better align activity and workforce.

6.1 Pathology

During 2018/19 SaTH will need to respond to a national directive to align with the Black Country Pathology network. The Trust will potentially experience some workforce challenges over the coming 5 years due to activity being progressively transferred to the hub. The main priority for SaTH over the coming year is to develop this model and maximise opportunities within it.

6.2 Pharmacy

The Pharmacy department will continue to work through its Hospital Pharmacy Transformation Plan (HPTP) during 2018/19 which has been developed as a result of the Carter review. In addition to this SaTH has a need to embed an information system to support the review of drug usage efficiency. This will allow the organisation to identify tangible opportunities and maximise potential. There are also some discussions which have been on-going regarding what are the roles and responsibilities of pharmacy support to the Trust in delivering an improved quality of care to patients in an increasingly efficient way. These discussions will continue throughout 2018/19 with scoping work also being undertaken to truly understand the requirements.

6.3 Therapies

A redefinition of roles and responsibilities within the Urgent Care work streams is a key priority within Therapies for SaTH to progress towards achieving greater efficiencies. Work will continue to be developed during 2018/19 which will also look at how Therapies can operate a sustainable 7 day working model within available resources where appropriate.

Trust 2018/19 ambition:-
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate

Aligned objectives:-
- Complete analysis and implement solutions including E-Roster that aligns Clinical support workforce with acuity of need


7.0 Women and Children's Services

The Women and Children's Care Group has undertaken a review of activity during 2016/17 and 2017/18; the following section appraises the activity across each speciality.

7.1 Obstetrics and Maternity Services

The Trust has seen an underperformance in income of c£1.5 million across births and antenatal and postnatal bookings. Nationally there has been a decrease in the number of births during 2016 and although national data for 2017 is not currently available, the reduction in women delivering at SaTH has continued into 2017/18. The national picture may be partly responsible for the reduction of activity at SaTH.

The graphs below show a further reduction in the number of births in 2017/18 when compared to the previous year and a clear underperformance against plan, which as a consequence has seen a reduction in income of c£0.850 million.
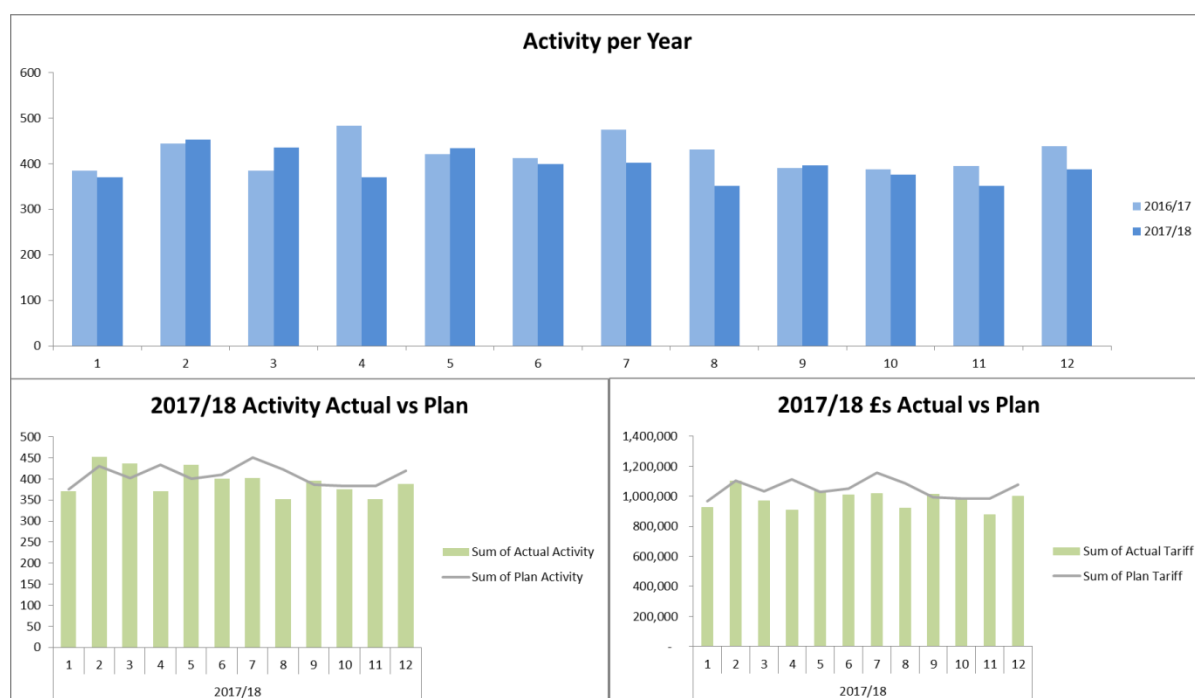
Graphs 20.0, 21.0 & 22.0

The graphs below show the number of bookings for antenatal and postnatal care, again it can be seen that there is a clear underperformance in comparison to previous years resulting in an income reduction of c£0.650 million.
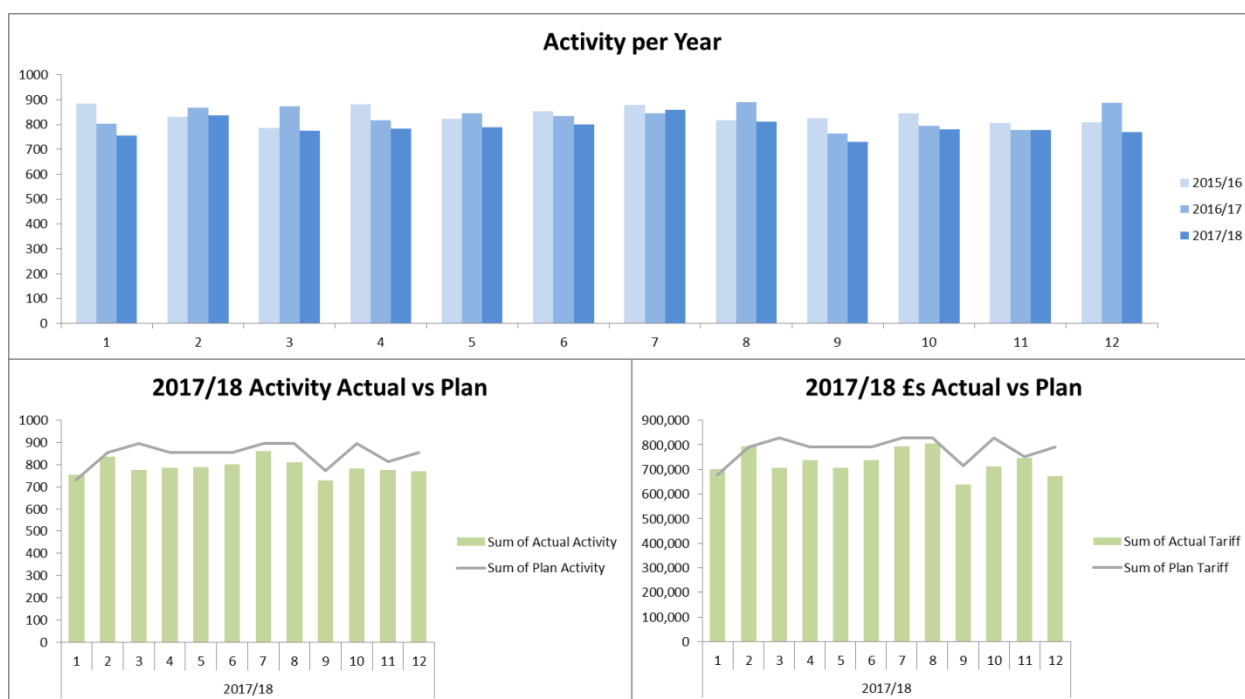
Graphs 23.0, 24.0 & 25.0

It is important that the Care Group understands its market presence and identifies what opportunities there may be for them to recover the loss of income they have experienced during 2017/18. Once this is understood the Care Group could implement a plan to increase its market share and/or reduce its expenditure.

2017/18 has continued to present workforce challenges for the Care Group. Issues with facilities, workforce, clinical need and patient choice have resulted in occasions where the MLU services have temporarily ceased in some locations. The maternity reviews led by Commissioners are now complete and the outcome of which is due to go to Public Consultation. The Maternity Review Public Consultation is delayed due to the revised consultation guidance issued by NHSE. Therefore it is anticipated that that the maternity consultation will begin in the latter part of 2018/19. The uncertainty around the future model of MLU provision is also likely to have impacted on total births in 2017/18

7.2 Neonatology

The table below details the number of cot days by healthcare resource group (HRG) for the 2016/17 and 2017/18 financial years:

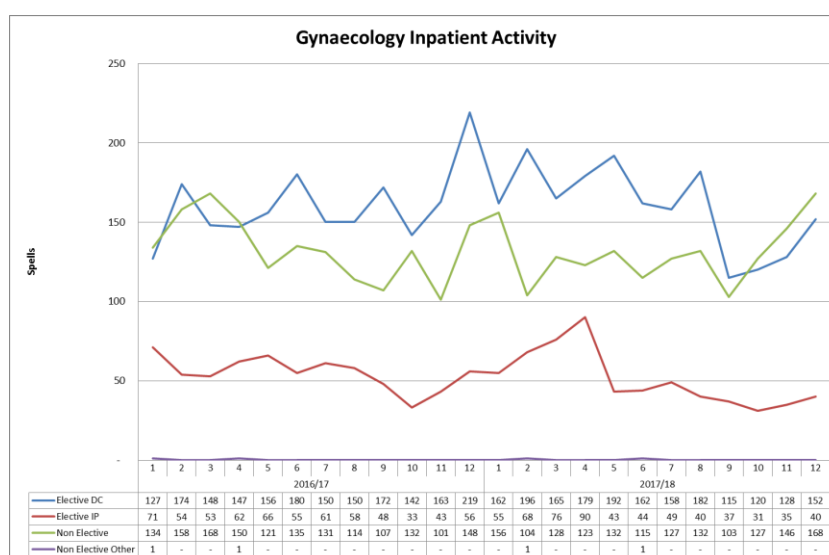| HRG	2016/17	2017/18	Variance
XA01Z - Neonatal Critical Care, Intensive Care	706	712	6
XA02Z - Neonatal Critical Care, High Dependency	948	943	(5)
XA03Z - Neonatal Critical Care, Special Care, without External Carer	4,344	3,835	(509)
XA04Z - Neonatal Critical Care, Special Care, with External Carer	2,387	2,750	363
Total	**8,385**	**8,240**	**(145)**

Table 13.0

As can be seen from table 13.0 above, there have been 145 fewer recorded cot days (2%) in 2017/18 as compared to 2016/17. The other observation to make is that there appears to be a switch between specialist care with an external carer and specialist care without an external carer.

Commissioners have proposed that the cot occupancy across Shropshire and the Black Country should be at 85%, the Trust's occupancy is currently below this whilst other Providers struggle to hit the target with Walsall and Russell's Hall running at over 100%. Therefore, rather than create additional capacity across the network that cannot be staffed, options are currently being explored to utilise the capacity within SaTH which could see activity rise during the 2018/19 financial year.
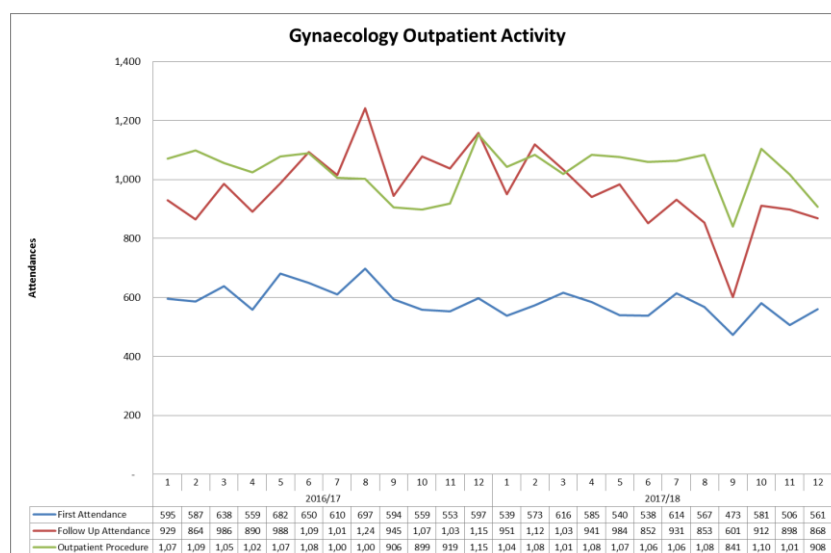
7.3 Gynaecology

Between April 2017 and December 2017, the backlog of Gynaecology patients admitted over 18 weeks reduced from 100 to 32 however, given the operational pressure over the winter period the backlog has grown to 63. A reduction in activity over the winter months can be seen in the graph below:

Waiting lists for elective operations and procedures are currently higher than normal. Plans to clear backlogs will increase activity over coming months.

Gynaecology Inpatient Activity

	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
							2016/17											2017/18						
Elective DC	127	174	148	147	156	180	150	150	172	142	163	219	162	196	165	179	192	162	158	182	115	120	128	152
Elective IP	71	54	53	62	66	55	61	58	48	33	43	56	55	68	76	90	43	44	49	40	37	31	35	40
Non Elective	134	158	168	150	121	135	131	114	107	132	101	148	156	104	128	123	132	115	127	132	103	127	146	168
Non Elective Other	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-

Graph 26.0

Outpatient activity within Gynaecology has reduced by 6% as compared to 2016/17. There has been a steady decline over the last 18 months, with the most notable reduction in follow up attendances. (Bringing the speciality in line with the Trust's peer group average new to follow up ratio)
Overall referral numbers have remained constant over the last 2 years.

Graph 27.0

	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
						2016/17												2017/18						
First Attendance	595	587	638	559	682	650	610	697	594	559	553	597	539	573	616	585	540	538	614	567	473	581	506	561
Follow Up Attendance	929	864	986	890	988	1,09	1,01	1,24	945	1,07	1,03	1,15	951	1,12	1,03	941	984	852	931	853	601	912	898	868
Outpatient Procedure	1,07	1,09	1,05	1,02	1,07	1,08	1,00	1,00	906	899	919	1,15	1,04	1,08	1,01	1,08	1,07	1,06	1,06	1,08	841	1,10	1,01	908

Trust 2018/19 ambition:-

2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate

Aligned objectives:-
- Implement actions arising out of planned CCG Public Consultation regarding maternity services in Shropshire.

Trust 2018/19 ambition:-

3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned objectives:-
- Review service costs and plan to recover loss of income across specialities within Women and Children's Care Group.

7.4 Paediatric services

Many health systems have a combined Acute and Community Paediatric Service working together around the needs of children and their families. It is unknown at this point the future configuration of Community Services within Shropshire. However, irrespective of the outcome, the acute Paediatric services provided within SaTH naturally align to the Community Paediatric services and as such further development of patient pathways remains a key priority for the future.

Trust 2018/19 ambition:-

3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned objectives:-
- Continued development of integrated acute and Community Paediatric pathways of care

7.5 Gynaecology

The Outpatient provision for Gynaecology and Colposcopy at RSH Outpatients currently does not meet the Cervical Screening Quality Assurance requirements which impacts on the privacy and dignity of patients. Essential improvements to the clinic area have been scoped and costed for implementation during 2018/19

Trust 2018/19 ambition:-
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned objectives:-
- Complete delivery of improvements to the Colposcopy facilities

7.6 Fertility

Fertility services are due to relocate off-site into new purpose built facilities in June 2018. To support the business case the team need to increase their activity to generate additional income.

Trust 2018/19 ambition:-
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned objectives:-
- Increase income through market driven growth in activity for Fertility Services

8.0 Quality

8.1 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:
- Culture and Leadership – developing a "just culture" to support our staff to provide safe and effective care
- Quality Governance – ensuring confidence by providing assurance
- Improving Safety – measuring our performance in order to improve
- A Positive Experience for patients and their families and our staff – improving the experience of people when they are in hospital and of those who care for them

8.2 Quality Priorities 2018-19

SaTH has developed a number of quality priorities for the coming year which are based on the quality strategy priorities (discussed below) and various discussions with stakeholders. There are three key areas which have been identified to draw out priorities for 2018-19, as outlined below:-

Patient experience
- Co-production is business as usual within the Trust
- Support for Carers
- Improved communication on the wards so that patients and their carers are aware of and are fully involved in their plans of care and the arrangements for discharge
- Improved experience of ED

Effectiveness
- Eliminate the practice of additional and boarded patients being placed inappropriately
- We have fewer patients who are in hospital for more than 7 days (Reduction of stranded patients)

Safety
- Learning faster and better - to improve the learning from incidents especially those considered to be near miss or low harm to reduce the number of moderate and severe harm incidents
- All wards and clinical areas have safety huddles embedded as practice

8.3 Monitoring performance and triangulation

The Quality and Safety Committee remains the key Board Committee that receives quality related information, seeks assurance from those presenting it and reports directly to the Trust Board. The Committee receives a Quality Performance Paper each month, enhanced on a quarterly basis by a more in depth report that provides trend data over the previous quarters to provide greater detail and assurance. This process was put into place during 2017-2018 and will continue to be developed over the coming year.

This paper relates to a number of key metrics that 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 Committee structure below the Quality and Safety Committee is currently being reviewed but includes the Clinical Governance Executive which is key to the assurance process being received by the Quality and Safety Committee. The Care Group Boards report to this forum which is attended by senior clinicians. This forum is also key for the sharing and dissemination of learning from incidents and patient and carer feedback which will be strengthened over the coming year.
Assurance relating to the level of compliance with national and local audit and NICE is reported to the Clinical Governance Executive. External mechanisms for reporting with external scrutiny are also in place in terms of the CCGs, NHSI and NHSE.

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

8.4 Care Quality Commission

The CQC visits to the Trust took place in the week of 12 December 2016. The CQC highlighted staff being 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.

8.5 Quality Strategy – Safest and Kindest Every Day

Led by the Director of Nursing, Midwifery and Quality, the Trust aims to continuously improve the way healthcare is delivered and to this end, a Quality Strategy for 2018-2021 has been developed and will be published shortly.

This Quality Strategy is an overarching document that describes our journey so far to improve standards of care for patients. It will not focus on specific areas or services but will provide a view of our progress as a Trust against the three domains of quality – safe and effective services that provide as good an experience as possible for patients and their families.

The Quality Strategy will show how we have already begun our journey to be the safest and kindest in the NHS and what further developments we need to undertake to ensure that our organisation is acknowledged as one that is open, honest, safe, effective and compassionate.

The Strategy uses the domains of culture and leadership, quality governance, improving safety and a positive experience as a framework and will demonstrate actions we have already undertaken as well as our plans for the future.

Quality Improvements and activities that will be built upon and continually evaluated in 2018/19 and 2019/20:
- The continued development and monitoring of our Quality Improvement Plan which brings together all improvement plans including the "must and should do" requirements following the CQC inspection as well as the actions following external reviews and internal improvement work
- 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

- Responding and building upon the results and recommendations identified through the CQC assessment in December 2016
- The revision of serious incident reporting, investigation, processes and triangulation, including lessons learnt and sign-off
- The publication of a new Incident Policy which will support our staff to carry out comprehensive and effective incident investigations that are appropriate
- Ensuring quality remains at the forefront of services reviews and planning
- Further strengthening governance processes and embedding a just culture to support learning from mistakes and adoption of best practice
- Improving patient experience and increasing patient involvement and co-production
- Achieving key quality indicators and maintaining performance through clinical action plans and focussed improvements
- Human factors work in theatres following Never Events
- Continued development of LocSSIP (Local Safety Standards for Invasive Procedures)
- Value Stream #5 Patient Safety of the Transforming Care Institute
- Weekly Executive Rapid Review meetings that review all moderate and severe graded incidents and complaints from the previous week to provide assurance that Duty of Candour has been carried out where appropriate, that incidents are graded correctly and that investigations are carried out within timescales for Serious Incidents and High Risk Case Reviews
- External training for Lead Investigators to ensure consistency in investigations.
- Use of external credible investigators when high profile or high risk incidents occur
- Plans to enhance our datix system by purchasing the Dashboard module to make it more useable by staff and develop it further as our clinical risk management tool

8.6 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.

8.7 Seven day services

The Trust's Seven Day Service action plan for 2016/17 is in place and is being updated for 2017/18 and 2018/19. Sustainable seven 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.

8.8 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, Midwifery 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.

Trust 2018/19 ambition:-
1. Improving our patient care experiences to create empty beds to be safe and kind
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned enabling objectives:-
- Respond and build upon the results and recommendations identified through on-going CQC assessments
- Continue to roll-out the Exemplar Ward Programme

9.0 Workforce

9.1 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, Medicine and Critical Care. Workforce therefore continues to be a significant aspect to the Trust's and Care Group's Operational Plans for 2018/19.

Workforce Business Partners (WFBP) 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 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. However, delay in progression to Public Consultation for SSP has seen further exacerbation of the workforce challenges, in particular difficulty in recruiting in A&E both in terms of consultant and nursing posts.

The combined Operational Workforce Plan is discussed and monitored through the Workforce Committee and the Finance and Performance Committee both of which are sub-committees of the Board, before final approval at Trust Board. Workforce risk and challenges are standing agenda items at Workforce Committee.

Finally, our People Strategy supports delivery of our Workforce planning agenda as our plans articulate our intention to ensure our employment experience is great; recognising the close relationship of staff and patient experience. The workforce plans also bring our strategy to deliver staff recognition and supports our cultural change agenda.

9.2 Care Group challenges and workforce risks

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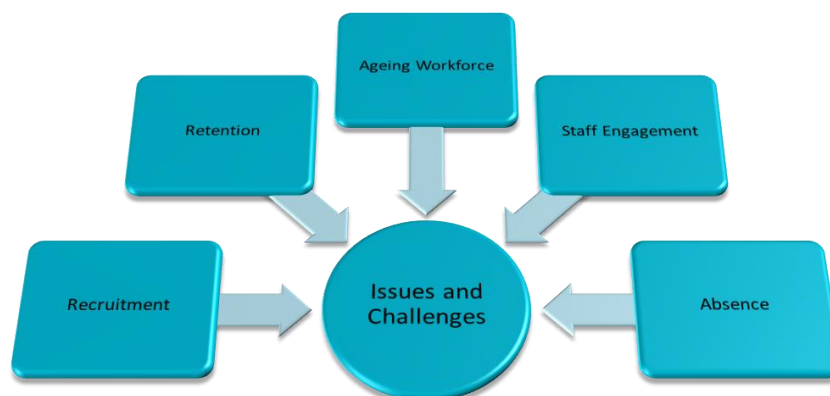
These are:

- Recruitment, retention and succession planning, particularly for:
    - Scheduled Care – Intensivists, Nursing especially in Critical Care, Theatres, Urology, Gastroenterology and Ophthalmology Medical staff.
    - Unscheduled Care – A&E Medical Staff, Acute Physicians, Nursing (Wards, dermatology and neurology and care of the Elderly).
    - Women's and Children's – Midwifery and adult nursing.
    - Clinical Support Services – Radiologists (Breast and Intensivists), Pharmacy and BMS
    - Corporate Services – Estates and Medical engineering (succession planning)
- 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 is on-going to manage the 'fill rate' for each clinical area will continue with the expectation that this does not exceed 95% in 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 Staff flow.
- Reducing duplication and developing sustainable staffing models across 2 sites

9.3 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 focused 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 will continue into 2018/19 with further 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, pathology being one area.
- Associate Nurses, as part of our successful bid to be a national pilot site giving a sustainable workforce to support our nursing establishment. 22 are currently in training.
- Physician Associates
- General Practitioners within acute medicine

Actions implemented during 2017/18 and for further development through 2018/19 include;
- On-going Care Group, specialty and staff group Workforce planning
- Internal career progression such as apprenticeships
- Role development such as ACPs and nurse associates
- Support for newly qualified staff to aid retention
- Promotional work Including bespoke recruitment campaigns and local advertising campaigns
- Review of Flexible working options
- Pilot ward model to test new workforce models.
- Increase in non-consultant grade workforce
- International recruitment action to be completed
- Investment in new equipment to support retention and enhance employment offer
- Regular one- stop RN recruitment events
- Joint posts with neighbouring Trusts
- Collaborative Medical Locum Cluster with West Midlands Medical Locum Cluster

A key objective for the Trust is to grow its substantive workforce for the year ahead this will include decreasing the vacancies within nursing by 25%, through new workforce models and improved recruitment and retention. In addition the Trust Board has approved an increasing in non-consultant medical workforce. This provides sustainability and continuity of care which is critical.

9.4 Implementing the Carter Recommendations

The Trust is pro-actively working to implement the Carter recommendations, through Task and Finish groups chaired by the Deputy CEO. There is a particular focus on workforce efficiency.
The continued challenge of reducing our Agency and Locum expenditure is recognised (with higher levels of agency usage and cost than expected throughout 2017/18). This is managed at Care Group level and the task and finish group has been restructured to allow a more focused approach on all workforce elements impacting on agency usage (recruitment, retention, roster management and temporary staffing/agency management.
A single centralised process has been implemented 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 the Workforce Committee.

Standard Operating Procedures are in place for agency and locum use approval. Work is on-going to increase internal bank capacity, and improvement in booking processes, through the introduction of

electronic booking, will enhance the process. Weekly pay for bank staff has also now been introduced as a way of encouraging staff to book bank shifts, which will further assist in reducing reliance on agency staff.

Further ways to implement the Carter recommendations from a 'back office functions perspective' across the STP footprint are also being explored.

The fourth work stream within the Trust's Transforming Care Institute, in partnership with the Virginia Mason Institute, was Recruitment. This helped to reduce our lead times for recruitment through efficiencies in pre-employment checks, advertising and our own internal processes. Focus now is on improving experience in the first 90 days of employment. This also aligns with the Retention improvements that are underway.

> **Trust 2018/19 ambition:-**
> 2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
>
> **Aligned objectives:-**
> - Complete data analysis and construct plans to address continuing medical staff risk
> - Continue to work towards managing expenditure on agency staff in line with agency cap, expanding focus to include retention as well as recruitment

10.0 Job planning/challenges, efficiencies and alignment to demand

Meeting the medical workforce challenges across both elective and emergency care also requires continuing work on Consultant job plans. This work will be supported by the implementation of Allocate job planning software and the work completed by Meridian and will continue throughout 2018/19.

> **Trust 2018/19 ambition:-**
> 2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
>
> **Aligned objectives:-**
> - Continue to develop the consultant job planning process to ensure job plans are aligned to operational needs

> **Trust 2018/19 ambition:-**
> 3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology
>
> **Aligned objectives:-**
> - Continue to realise the gains based on the Meridian Review

11.0 Sustainable services programme

The long term health economy solution to the Trust's workforce fragility will continue to be progressed through 2018/19 and the finalisation of the outline business case and development of a full business case. Following the Treasury's commitment to support SATH and the Future Fit scheme, Public consultation, led by the CCGs is due to commence in quarter one of 2018. The Trust will continue progressing with year 2 of its 5 year Transformation Plan to deliver sustainable services across both hospital sites.

> **Trust 2018/19 ambition:-**
> 1. Improving our patient care experiences to create empty beds to be safe and kind
> 2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
> 3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology
>
> **Aligned enabling objectives:-**
> - Continue to progress SSP work programme

12.0 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 commenced during 2017/18 and will continue to be rolled out during 2018/19.

> **Trust 2018/19 ambition:-**
> 1. Improving our patient care experiences to create empty beds to be safe and kind
> 2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
> 3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology
>
> **Aligned enabling objectives:-**
> Review and further development of the Trust's new Leadership Academy to underpin People strategy

13.0 Infrastructure

13.1 Management of Infrastructure Backlog

The condition of the Trust's existing infrastructure, defined as Estate, Medical Equipment and I.T. equipment continues to be of concern. Within the Trust's Hospital Reconfiguration Outline Business Case there are plans to address the backlog issues relating the Trust's Estate. However, with the continued delay in receiving approval for the Business Case, the condition of the Estate continues to deteriorate.

The table below illustrates the risks that are described as Priority 1 by the departmental heads:

Department	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Total £000
Medical Equipment (inc Bed Replacement)	1,313	3,067	1,552	500	500	**6,932**
Support Services	168					**168**
Radiology	3,406	5,238	736	0	140	**9,520**
IT	2,060	2,193	589	589	589	**6,020**
Estates (exc Subway Ducts)	1,432	325	325	265	265	**2,612**
TOTAL	**8,378**	**10,823**	**3,202**	**1,354**	**1,494**	**25,251**

Table 14.0

As can be seen, there are £8.378 million of schemes which require funding in 2018/19, with a total of £25.251 million over the 5 year period. The Estates Priority 1 schemes included above make reference to, but doesn't include all of, the high and significant risks identified in the Estates Condition Survey.

The level of funding available to the Trust is limited to the Trust's Capital Resource Limit. In 2018/19 this is expected to continue to amount initially to £8.450 million. In line with previous years, and given the scale of infrastructure risk, the Trust has continued to adopt an approach where:
- High risk - Priority is given to spending in areas where there is deemed to be high clinical/operational risk
- Contingencies – because of the scale of backlog issues, high levels of contingency funds are being held so as to enable the Trust to respond to unpredictable capital problems.

The summary capital programme for 2018/19 is as follows:

Area	£000's
Selected High Risk areas	
Estates P1 – Fire Safety & associated refurbishment works – RSH Ward Block	300
Estates P1 – Asbestos & External Works	224
Medical Equipment – Priority 1 replacement equipment	170
IT – Priority 1 replacement (ie servers; storage; PCs)	170
Contingencies	3,300
Pre-committed Capital Schemes	4,286
Total	**8,450**

Table 15.0

Given the limited levels of Internally Generated Capital Resources available to the Trust, it is clear that where a requirement exists for high cost equipment to be replaced, specifically diagnostic equipment. For this need to be met it will be necessary for the Trust to secure alternative sources of financing. The Trust is presently reviewing the possibility of "managed service contracts".

Trust 2018/19 ambition:-
1. Improving our patient care experiences to create empty beds to be safe and kind
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned enabling objectives:-
- Continue to address specific high risk areas in line with Trust's Capital Programme

14.0 I.T.

SaTH must invest in its Electronic Patient Record (EPR). This will introduce electronic clinical note-keeping on our wards and in our clinics; it will extend our medicines management systems to include full electronic prescribing and medicines administration; it will replace and protect ageing clinical business systems, including pathology and PAS; it will allow us to share important clinical information with our health and social care partners as part of an Integrated Care Record (ICR); it will enable all our clinical staff to operate in efficient and effective ways across and between our two hospital sites as they move to become specialist emergency and planned care units; it will allow us to engage more with our patients on a clinical level and (with greater access to population health data) will allow us to manage health condition more effectively out of hospital, in the community. PA Consulting was commissioned by SaTH to present the business case, available options, outline costs and benefits to the SaTH Board in January. A further outline business case must be developed and presented by September in order to meet with outline SSP plans.

> **Trust 2018/19 ambition:-**
> 1. Improving our patient care experiences to create empty beds to be safe and kind
> 2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
> 3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology
>
> **Aligned enabling objectives:-**
> - Continue to implement the Trust's I.T. strategy

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

The Trust commenced its partnership with VMI in 2015 and applying the transforming care production system to our processes in SaTH from early 2016. The journey to embed one improvement system into the Trust to a point where doing the work and improving the work every day is how all staff work throughout the organisation requires consistent focus and effort.

Over 2,600 staff have been educated (30 minutes or more) in the key concepts of the Transforming Care Methodology, demonstrating great engagement and commitment to improving the service offered to patients and their families. The Kaizen Promotion Office (KPO) team are responsible for the delivery of the associated training from induction to advanced lean training and accreditation for team and workshop leads for the improvement events. The KPO team is on course to educate 5000 staff within 5years to support the culture change and is supporting one thousand of these staff members through TCPS education during 2018/19.

However this transformation journey is far more than the teaching of lean tools. Embedding a culture change and a world class management approach are also fundamental to the philosophy of TCPS that will support continuous improvement. To support this culture change all staff line managing one or more colleagues will be required to undertake Lean for Leaders training. Over 100

SaTH leaders have currently completed or are actively engaged in the Lean for Leaders programme, the 2018/19 objective is to support a further 50 to lean leader accreditation.

Lean leaders are central to the implementation of TCPS embedding standard work for leaders in their daily management. One element is the People link boards; these support managers joining the dots from the organisational strategy through to the everyday work and describe the department's role in delivering key Trust objectives, making the work transparent. Lean leaders have the skills to support their teams with every day continuous improvement and coach their teams to understand the impact of the changes.

The Executive level support and leadership for this work is essential to its success and is guided via the Transformational Guiding Team meetings with input from NHSI, non-executive director Brian Newman and VMI executive sensei Deborah Dollard. This group, with wider staff involvement have helped focused the value stream work on key organisational priorities promoting the use of the methodology to investigate performance variation and Trust challenges.
Current value streams include:
Respiratory discharge which has implemented over 13 improvements leading to a two day reduction in the length of stay for patients and an increase in the numbers of patients cared for in our two respiratory wards. During 2018/19 the unscheduled Care Group, now owning this work, will spread the learning across all wards in the Care Group and monitor the impact through measurement.

The Sepsis value stream sponsor team will spread its learning during 2018/19 to standardise the approach to diagnosing and treating sepsis. Their improvement workshops have demonstrated the potential to significantly reduce the time taken to deliver this life-saving treatment but also the complexity of implementing and sustaining standard work to a disease process that develops very quickly and has a high mortality rate.

Outpatient Ophthalmology value stream work has focused on the experience of patients attending the eye clinics. Central to their success has been the involvement of patients in co-designing changes to the environments and the improvements to processes. In 2018/19 the team will continue this approach taking every opportunity to gain feedback from patients and their families. It is anticipated that the value stream will transition over to the operational team this year.
Recruitment process non- medical and medical: The recruitment value stream team has had significant success in reducing the time taken to recruit into posts and reducing the overall vacancy rate for non-medical posts. This work will continue during 2018/19 as workforce challenges are a high priority for the organisation.

Patient safety (investigation and learning from incidents) value stream team has introduced safety huddles with Women and Children's Care Group and will spread this approach Trust wide during 2018/19.

Emergency Department pathway and Radiology process of colorectal urgent referral for MRI scan, are two new value streams launch and will have the improvement workshops during 2018/19. All value streams have overarching target metric that influence the selection of topics for the rapid process improvement workshops.

Trust 2018/19 ambition:-
1. Improving our patient care experiences to create empty beds to be safe and kind
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned enabling objectives:-
- Continue rolling out TCI lean methodology across the organisation

16.0 Finance

The 2017/18 financial year has been challenging for all NHS Acute providers. The Shrewsbury and Telford Hospital NHS Trust was set a target of delivering a deficit of £6.063 million, after allowing for the receipt of £9.315 million STF Funds. However, due to the effect of workforce challenges which have led to increased spending in respect of Agency staffing and an inability to secure the full level of cost improvement saving, combined with reduced Income, the Trust has delivered an in-year position of £17.400m. In failing to limit the overspend to the level agreed with NHSI the Trust has been unable to secure the full level of available STF monies resulting in £5.383 million being withdrawn.

The difficulties experienced in the 2017/18 financial year now extend into the 2018/19 financial year with the Trust entering the 2018/19 financial year with a recurrent deficit of £20.5 million. NHSI has earmarked PSF monies amounting to £9.824 million to support the Trust, however, the Trust is required to introduce cost savings amounting to £8.198 million in order to achieve the control total deficit of £8.615 million set by NHSI.

16.1 Overall Income and Expenditure budget

The Income and Expenditure budget for the 2018/19 year is presented in the table below:

	Recurrent £000's	Non Recurrent £000's	Total £000's		Outturn 2017/18 £000's	% change
Income	354,139	452	354,591		354,093	0.14%
NTDA Support						
Expenditure						
Pay	(249,222)	(1,415)	(250,637)		(245,049)	2.28%
Non Pay	(115,743)	(129)	(115,872)		(116,207)	-0.29%
Reserves	-	-	-			
Cost Improvement Programme	8,198		8,198			
High Risk CIP	(5,647)		(5,647)			
Total Expenditure	(362,414)	(1,544)	(363,958)		(361,256)	0.75%
Earnings before Interest, Tax, Dividends and Amortisation (EBITDA)	(8,275)	(1,092)	(9,367)		(7,163)	
Dividends and Amortisation	(18,719)	4,000	(14,719)		(14,169)	3.88%
Surplus / (deficit) before corrective actions	(26,994)	2,908	(24,086)		(21,332)	
Corrective actions – High Risk CIP	5,647		5,647			
Surplus / (deficit) after corrective actions	(21,347)	2,908	(18,439)		(21,332)	
STF/PSF Monies	-	9,824	9,824		3,932	
Surplus / (deficit) after receipt of STF/PSF	(21,347)	12,732	(8,615)		(17,400)	

Table 16.0

As can be seen by the table above the Trust believes that it is possible to record a deficit in the 2018/19 financial year of £8.615 million post PSF therefore hitting the control total as set by NHSI.

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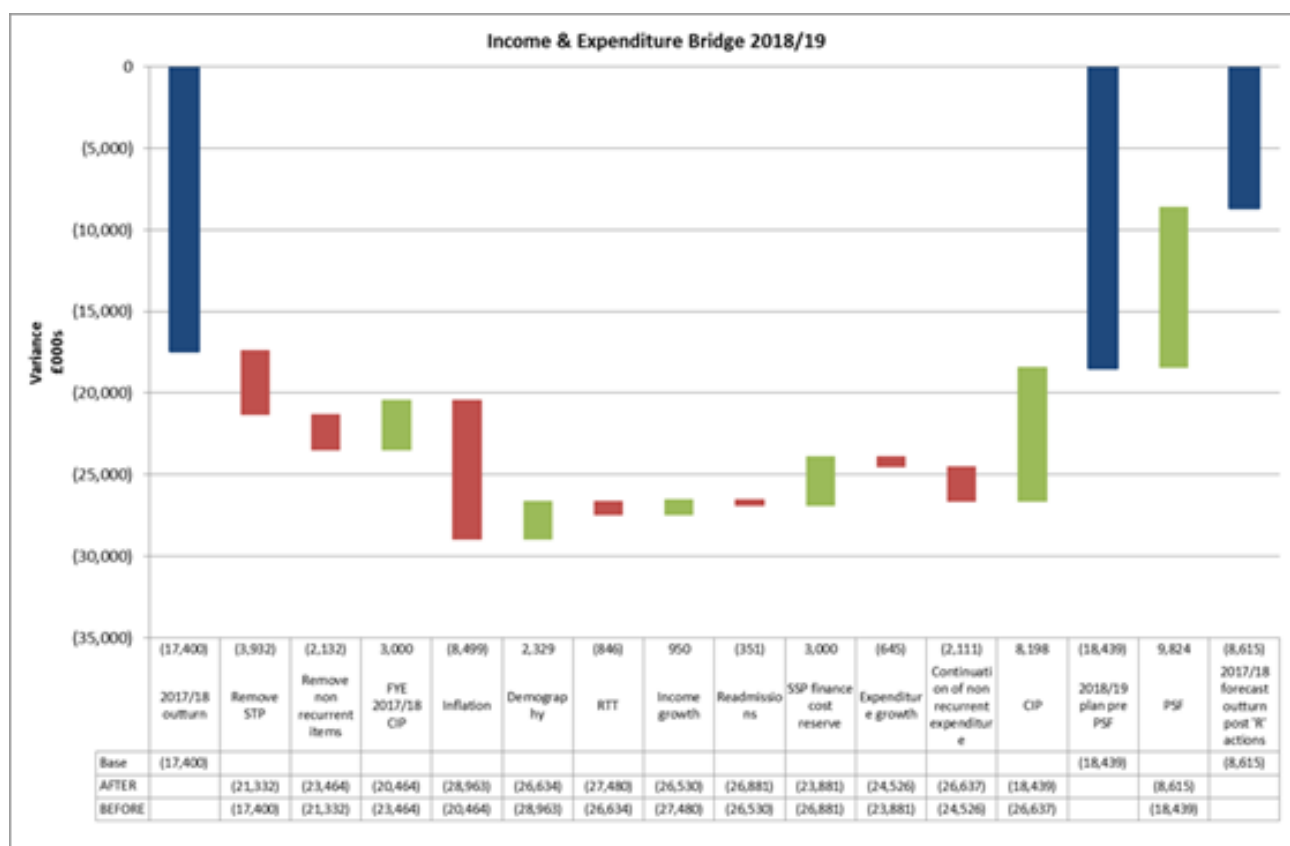

Income & Expenditure Bridge 2018/19

	2017/18 outturn	Remove STP	Remove non recurrent items	FYE 2017/18 CIP	Inflation	Demography	RTT	Income growth	Readmissions	SSP finance cost reserve	Expenditure growth	Continuation of non recurrent expenditure	CIP	2018/19 plan pre PSF	PSF	2017/18 forecast outturn post 'R' actions
	(17,400)	(3,932)	(2,132)	3,000	(8,499)	2,329	(846)	950	(351)	3,000	(645)	(2,111)	8,198	(18,439)	9,824	(8,615)
Base	(17,400)													(18,439)		(8,615)
AFTER		(21,332)	(23,464)	(20,464)	(28,963)	(26,634)	(27,480)	(26,530)	(26,881)	(23,881)	(24,526)	(26,637)	(18,439)		(8,615)	
BEFORE		(17,400)	(21,332)	(23,464)	(20,464)	(28,963)	(26,634)	(27,480)	(26,530)	(26,881)	(23,881)	(24,526)	(26,637)		(18,439)	

Table 17.0

Key messages – overall income and expenditure position
- Trust is required to deliver an in-year deficit, before receipt of PSF, amounting to £18.439 million and a deficit of £8.615 million after receipt of PSF.
- Trust presently forecasting achieving this control total.
- Trust Cost Improvement Programme generates expenditure savings amounting to £8.198 million, equivalent to 2.2% of operational expenditure.
- The Trust carries forward into the 2018/19 year a recurrent deficit of £20.5 million.
- The recurrent deficit includes £4.0 million recurrent sinking fund in support of the hospital reconfiguration project.

16.2 Cost Improvement Programme

The Trust has constructed a Cost Improvement Programme for delivery in the 2018/19 year with the requirement to deliver savings amounting to £8.198 million. The Trust Executive Team has developed a savings programme generating recurrent savings amounting to £13.6 million, with a potential to deliver in the year savings of £8.9 million.

A risk profile has been attached to the various schemes and is presented in the table below.

List of Potential schemes	Full year effect	Green	Amber	Red	2018/19 Green	Amber	Red	Total
Procurement savings	1400	1200		200	1200		100	1300
Unavailability - restrict to 24 per cent by J	1280		1280			960		960
Income reduction - cost savings	2000		1000	1000		1000	500	1500
Theatres etc	1000		500	500		250	500	750
Ophthalmology consolidation	100		100			50		50
Corporate services	500	200	300		200	300		500
House keeping - 2 % savings	2000		2000			750	500	1250
	8280	1400	5180	1700	1400	3310	1600	6310
Other Schemes								
Reduce Escalation by 1st July	1400		1400			700		700
Nurse Agency premium mgt - Tier 1 Oct	3100			3100			1550	1550
WLI review £150 to NHSI cap rate £120	450			450			150	150
Drug spend - £7.2 million - 5 per cent	360			360			180	180
Estate - VAT scheme								
	5310	0	1400	3910	0	700	1880	2580
Estimated In year savings	**13590**	**1400**	**6580**	**5610**	**1400**	**4010**	**3480**	**8890**

Table 18.0

As can be seen in table 18.0 considerable risk presently exists in respect of the 2018/19 Cost Improvement Programme.

In the 2018/19 financial year, the Trust will be required to work towards reducing the level of agency spending so as to be consistent with the Agency Cap target issued by NHSI. During the 2017/18 year workforce pressures resulted in the level of agency spending increasing to £18.7 million. The Agency Cap amounts to £10.559 million. The effect of Cost Improvement Programme schemes, once implemented in 2018/19, will be to reduce spending to £16.7 million. It can be anticipated therefore that NHSI will request further actions to be taken to enable spending to become more closely aligned to the Agency Cap.

Key messages – Cost Improvement Programme
- Cost Improvement Programme for the year 2018/19 set at £8.198 million equivalent to 2.2% of operational spending.
- Cost Improvement Programme schemes identified with the potential to achieve £13.590 million in a full year, and £8.890 million in the 2018/19 year.
- Achievement of the programme is presently High risk with only £5.410 million classified as green or amber risk rating.
- The Trust is presently spending £18.7 million in respect of agency staffing annually as compared to an Agency Cap which requires spending to be limited to £10.559 million. The Cost Improvement Programme reduces spending in 2018/19 but would still mean, without further action, that the Agency Cap would be breached.

16.3 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% 2018/19 and 2.8% thereafter
- Pay Costs – Rise in each year by 2%; and

- Non Pay costs – Rise in each year by 4%
- Trust achieves 2% CIP throughout period 2018/19 – 2019/20, 1.5% 2020/21 - 2021/22 and 1% 2022/23 – 2023/24
- Clinical element of Sustainable Services Programme - £15.2 million gain
- Sustainability and Transformation Fund - £13.1 million received non recurrently 2018/19 – 2023/24
- QIPP savings of £11 million achieved – 2019/20 – 2020/21, Trust cost reduction 50% of QIPP
- £14.2 million revenue benefits arising from Hospital reconfiguration
- £12.0 million increase in financing costs
- £3.0 million revenue cost to support IT solution
- £14.3 million non-recurrent transition costs spent over the period 2019/20 – 2022/23

Applying these assumptions produces the following:

	Recurrent £million's	Non Recurrent £million's	Total £million's
2015/16	(20.2)	5.5	(14.7)
2016/17	(17.9)	10.5	(7.4)
2017/18	(20.5)	0.3	(20.2)
2018/19	(21.3)	12.7	(8.6)
2019/20	(24.6)	16.3	(8.3)
2020/21	(23.5)	15.3	(8.2)
2021/22	(21.2)	13.0	(8.2)
2022/23	(19.1)	10.1	(9.0)
2023/24	(8.6)	12.3	3.7

Table 19.0

The Trust had planned to end the 2017/18 financial year with a recurrent deficit of £12.5 million however; it now expects to end the year with a recurrent deficit of £20.5 million. In taking forward the plans to reconfigure services and upgrade the Trust's two hospital sites, over the period 2018/19 – 2023/24, it is necessary for this shortfall in the recurrent financial position to be addressed.

Key Messages – Medium Term Financial Plan

- The Trust is expecting to record deficits in each of the years 2018/19 – 2022/23.
- It is planned that the Trust generates a surplus in the 2023/24 financial year as a consequence of a reconfiguration of services which enables excess costs of split site working to be avoided.
- In order to achieve financial sustainability the Trust will need to recover the underachievement of recurrent savings, amounting to £8 million, recorded in the 2017/18 financial year.

Trust 2018/19 ambition:-
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

Aligned objectives:-
- Achieve financial sustainability through the delivery of the Trust's Cost Improvement Programme

---

17.0 Conclusion

This paper has set out Part two of the Trust's Operational Plan for 2018/9 building on progress achieved within part one. 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 Finance and Performance Committee.

Appendix 1

SaTH 2018/19 ambitions
1. Improving our patient care processes to create empty beds to stop the boarding of patients
2. Reducing our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. To become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

18/19 Objectives
1. Ring-fence AEC & CDU capacity in order to optimise same day Emergency Care
2. Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH
3. Deliver the SAFER programme objectives (inc. Red2Green and Criteria Led Discharge)
4. Realise the full potential of SaTH2HOME
5. Reduce the number of stranded patients in order to reduce bed occupancy
6. Make the improvements in admitted and non-admitted pathways
7. Develop a sustainable workforce model within A&E
8. RTT improved performance to be maintained through 2018/19
9. Continue to maintain Cancer performance, addressing known demand issues and capacity constraints
10. Progress the development of services within Scheduled Care as a result of service appraisal
11. Conclude discussions with regard to the configuration of Gastroenterology inpatient services and implement agreed actions
12. Continue discussions to design and implement Radiology replacement programme
13. Complete analysis and implement solutions including E-Roster that aligns Clinical support workforce with acuity of need
14. Review service costs and/or plan to recover loss of income across specialities within Women and Children's Care Group.
15. Implement actions arising out of planned CCG Public Consultation regarding maternity services in Shropshire
16. Continued development of integrated acute and community Paediatric pathways of care
17. Complete delivery of improvements to the Colposcopy facilities
18. Increase income through market driven growth in activity for Fertility Services
19. Respond and build upon the results and recommendations identified through ongoing CQC assessments
20. Continue to roll-out the Exemplar Ward Programme
21. Complete data analysis and construct plans to address continuing medical staff risk
22. Continue to work towards managing expenditure on agency staff in line with agency cap, expanding focus to include retention as well as recruitment
23. Continue to develop the consultant job planning process to ensure job plans are aligned to operational needs
24. Continue to realise the gains based on the Meridian Review
25. Continue to progress SSP work programme
26. Review and further development of the Trust's new Leadership Academy to underpin People strategy
27. Continue to address specific high risk areas in line with Trust's Capital Programme
28. Continue to implement Trust's I.T. strategy
29. Continue rolling out TCI lean methodology across the organisation
30. Achieve financial sustainability through the delivery of the Trust's Cost Improvement Programme