



Trust Business Plan 2016/17

Q1 delivery against plan

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Overview

The purpose of this paper is to provide an update to Trust Board on the Operating Plan following quarter one 2016/17, and includes updates on the following five sections:-

1. Activity
2. Quality
3. Workforce
4. Finance
5. Sustainability and Transformation Plan
6. Business Planning Lessons Learnt

1. Activity

Operating Plan

- Triangulated phased activity plans
- Deliverable trajectories to achieve constitutional standards agreed with commissioners
- Improvement plans in place for Cancer & Urgent Care

Quarter 1 – SLA Activity against plan

Activity Type	Plan 16/17	Actual 16/17	Variance 16/17
Non-Elective Spells	15,437	14,725	-712
A&E Attendances	38,452	36,571	-1,881
Elective /Day Case	16,577	17,659	1,082
Outpatients	184,048	193,761	9,713
Direct Access	1,203,730	1,224,786	21,056

Actual 2015	Variance 2015
14,502	223
36,165	406
16,029	1,630
180,325	13,436
1,146,211	78,575

For information – 2015/16 and 2016/17 comparison

Activity – SLA Activity vs. Plan – Main Areas of Variance

Elective/ Day Case Spells

Gastroenterology (796) – Over-performance is due to the movement of Outpatient procedures , previously undertaken at GMWH, which cannot be performed due to decontamination issues.

Orthopaedics (98) - Orthopaedics often loses capacity significantly within the winter months and so it is expected any over performance during the Summer will be mitigated in the Winter.

Outpatients

Orthopaedics (889) - Increases in referrals has seen both an increase in New and follow up workload during Qtr 1

Rheumatology (1,703) - increase in OPD is expected due to the biologics drug work being undertaken within the gain share framework. This work has necessitated an increase in follow up outpatient work to ensure that patients are stable on their new drug regimes. The CCG are fully aware of this.

ENT (954) – New pathway working for GP expected patients (to help reduce demand on emergency beds) is the main contributor. Also, ENT are continuing to assist Dermatology by providing surgical capacity for long waiting patients.

Activity – Constitutional Standards

A&E 4 hr Standard Q1				
Performance by attendance type	April	May	June	Q1
Type 1	69.1%	74.3%	76.7%	73.4%
Total performance	76.2%	80.0%	82.0%	79.5%
Improvement Trajectory	76.4%	76.1%	78.2%	76.9%

RTT Performance for Q1				
Performance against 92% target by Specilaity	April	May	June	Q1
General Surgery	88.7%	88.2%	87.6%	88.2%
Urology	84.8%	84.7%	84.4%	84.6%
Trauma & Orthopaedic Surgery	93.1%	93.0%	93.0%	93.0%
ENT	93.3%	94.1%	93.4%	93.6%
Ophthalmology	96.5%	96.4%	95.8%	96.2%
Oral Surgery	95.2%	95.4%	93.8%	94.8%
Plastic Surgery	94.8%	96.0%	97.1%	96.0%
Gastroenterology	84.6%	85.6%	83.8%	84.7%
Cardiology	94.6%	93.3%	91.9%	93.3%
Dermatology	93.1%	93.5%	93.5%	93.3%
Thoracic Medicine	98.1%	96.6%	97.6%	97.0%
Rheumatology	100%	100%	100%	100%
Geriatric Medicine	97.4%	100%	100%	99.0%
Gynaecology	96.6%	96.4%	96.5%	96.5%
Other	90.1%	91.5%	92.0%	91.2%
Total	92.2%	92.3%	91.9%	92.1%
Improvement Trajectory	91.1%	91.8%	92.0%	91.6%

Cancer Performance for Q1					
Performance by Standard	Target	April	May	June	Q1
2 week wait	93%	94.3%	96.0%	95.5%	95.3%
31 day FDT	96%	97.2%	98.2%	99.0%	98.2%
31 day Subsequent Chemo	98%	100%	100%	100%	100%
31 day subsequent surgery	94%	96.1%	95.8%	96.1%	96.0%
62 day FDT	85%	75.0%	74.7%	80.4%	76.8%
62 day screening	90%	82.1%	85.7%	100%	90.6%
2 week wait Breast Symptomatic	93%	92.5%	92.0%	90.3%	91.5%
31 day subsequent radiotherapy	94%	96.1%	95.8%	96.1%	96.0%
62 day Improvement Trajectory		77.0%	78.4%	84.3%	80.3%

Diagnostic Performance for Q1				
Performance against 99% target	April	May	June	Q1
Total	97.4%	98.3%	99.4%	98.4%
Improvement Trajectory	97.8%	98.5%	99.1%	98.4%

This slide details performance by month against the key NHS constitutional standards for Q1 by month and also where applicable improvement trajectory.

A&E 4hr performance has improved each month with the agreed trajectory achieved or exceeded.

RTT Incomplete standards were achieved at aggregate level for April and May, but not achieved for June, this reflects the cumulative effect of the jr doctor industrial action and lost weekend working in June

Cancer standards the Trust needs to treat the backlog of 62 day patients in order to maintain performance sustainably from Q3, clinical capacity shortfalls mean that progress is slower than expected.

Diagnostic improvement trajectory has been delivered as planned and the Trust is on track to deliver this sustainably supported by locums and evening / weekend working (medinet)

2. Quality

Operating Plan

- Quality priorities include unscheduled care patient safety, mental health liaison service & champions, reduction in avoidable deaths, improving end of life care experience & 7 day services
- Response to quality concerns raised by the CQC associated with emergency pathway leadership, effective escalation processes and removal of the Jumbulance
- QI through the establishment of the 'Portsmouth School of Improvement' capability programme, continued redesign of core patient pathways using lean methodology, consolidation of safety profile through 3 main workstreams, triangulation of quality indicators and the use of QIA for cost improvement schemes

Q1 Actual Performance

- Good Q1 internal, external and contract quality metrics position. Achieved compliance with all 3 National CQUIN Q1 requirements. 2 Never Events reported (not related); 1 surgical and 1 insulin administration.
- On-going concerns related to psychiatric liaison service. Board to Board discussions. SHFT delivering service specification despite non resolution of funding. Internal Mental Health Champions Programme commenced with positive feedback; service user involvement.
- The Trust has maintained HSMR levels at national average levels during Q1. The Trust has robust plans to minimise mortality and morbidity related to hospital acquired infections, acute kidney injury and VTE.
- In Q1 the Trust undertook an audit of 7 day services benchmarking against Trusts across the UK and showed that we were above the national average with regard to consultant presence on the wards at week ends. The audit will be repeated in September.

Quality

Q1 Actual Performance

- Quality Care Reviews conducted monthly to review standards of care and patient and staff experience. This supports CQC compliance with positive impact to date. Ward accreditation scheme re-commenced for the 3rd cycle using an improved methodology, benchmarked to Salford and Western Sussex (both 'outstanding' organisations). 6 Gold and 2 Silver awards.
- The Urgent Care Improvement Programme has agreed milestones to redesign core patient pathways including:
- Streamlining the ED Minors Pathway, commencing 5th Sept and Majors pathway with introduction of PITSTOP following reconfiguration works and an increase in senior decision maker workforce
- GP expected patients referred to Acute Medical Unit (AMU) now follow a pathway directly to AMU rather than via ED freeing up ED care spaces whilst improving patient safety and experience
- Redesign of Ambulatory Emergency Care (AEC) Pathways increasing to 33%, from the current 21%, the number of patients redirected from ED and AMU to follow an AEC pathway will release care spaces in ED as well as decrease admissions to medical beds
- The unselected general medical take pathway which has been in place since the 1st June increases the ability to consistently see 'today's take today', to reduce delays in assessment, treatment and LoS increase the number of patients receiving the right care in the right place at the right time
- Since the opening of the Short Stay Unit (SSU) and commencement of the Short Stay Pathway on the 1st June, 55% of patients admitted to SSU, following a dedicated short stay pathway are subsequently discharged in < 72 hrs
- Since April 2016 the Frailty Interface Team have decreased the frailty admission conversion rate from 70% to 63%, sustained frailty screening at 80% and on average support 25 patients through an early supported discharges pathway per week
- Quality Impact Assessments for cost improvement programmes – all signed by the Medical Director and the Director of Nursing. Paper to Governance and Quality Committee – no quality risks currently identified. Quality heatmap monitored by G&Q Committee and Trust Board; quality position remains good.

3. Workforce

Operating Plan

- Reduction in temporary staff FTE & pay bill (40% Bank and 50% agency)
- Workforce profile delivered in line with activity and finance plan
- Workforce transformation – recruitment & retention, new/enhanced existing roles, clinical productivity

Q1 Actual Performance

- Please find below the Q1 Actual performance for FTE and Paybill (£'m)

Type	End of Q1 Planned	End of Q1 Actual	End of Q2 Planned	End of Q3 Planned	End of Q4 Planned
Substantive					
FTE	6396.8	6378.0	6399.2	6489.7	6624.1
Pay bill (£)	68.1	67.7	67.9	68.7	70.2
Bank					
FTE	270	265.2	191.4	146	137.5
Pay bill (£)	3.7	4.3	2.7	1.9	1.8
Agency					
FTE	107.2	179.9	66.1	42.3	37.9
Pay bill (£)	3.4	3.3	2.1	1.2	1.1

- Key variances for Q1 actual performance is seen within the substantive and agency FTE and Bank Paybill (£). The trust in Q1 were underspent on substantive and agency paybill and recorded an overspent on the bank paybill of approximately 600k.
- Workforce controls meetings are occurring every fortnight with each of the CSCs to put actions in place to recruit substantively to replace high cost agency workforce and to drive down the number of shifts above the price cap, wage cap or off – framework and temporary usage overall to manageable levels in line with 1617 workforce plan trajectory.

Finance

Operating Plan

- Delivery of a £1.2m end of year surplus
- Receipt of £487m income from an activity plan delivered in full through increased productivity, investment or outsourcing
- Achievement of the £32m Cost Improvement Plan (5.6% of planned expenditure)
- Receipt of £14.6m Sustainability & Transformation Funding
- Containing capital expenditure to £14.8m with a 30% over committed programme that requires consideration of alternative funding sources such as MES
- Maintain a consistent monthly cash balance of £2.5m

Q1 Actual Performance

	Plan	Actual	Variance
	£m	£m	£m
Income	130.5	131.4	(0.9)
Operating Costs	126.2	127.2	1.0
(Surplus)/Deficit	4.8	4.8	0
Cost Improvement Plans	2.4	3.2	(0.8)
Cash	2.5	2.5	0
Capital	3.6	1.9	1.7

5. Sustainability & Transformation Plan

Operating Plan

- Work with Hampshire and Isle of Wight to develop the STP for submission in July 2016
- Work across footprint to deliver patient pathway transformation in collaboration in health and social care partners, supporting the development of community based care hubs, and delivery of the interoperability plan
- Restore financial balance to the Trust and wider health economy through implementation of the carter recommendations, maximise efficiencies across the system, robust VFM capital investment, work with CCGs to minimise potential demand growth through robust transformational change

Q1 Actual Performance

- HIOW STP submitted 30 June 2016 focussing on prevention, Solent Acute Alliance, Acute care model for north and Mid Hampshire, Mental Health Alliance, New Care Models and Delayed Transfers of Care.
- HIOW digital roadmap placing a particular emphasis on interoperability between partner organisations.
- Continuous engagement with GP Vanguard pilots including support the implementation and development of community based hubs (eg Gosport).
- Detailed review of Trust response to Carter recommendations is being undertaken.

6. Business Planning Lessons Learnt

Process changes

- Continuous process that reflects the PDCA cycle
- Clear strategic guidance and timetable that reflects national deliverables with agreed principles and parameters set out for finance, workforce, activity, constitutional standards, investment/disinvestment, cost improvement and transformation
- 'Approximately right rather than precisely wrong' triangulated activity, finance and workforce planning
- Business planning is 'not optional' and should be part of business as usual with cross CSC sharing during development, approval through SMT and Trust Board, and communication to the front line to support delivery in full from day 1.

Structural changes

- Business planning refreshers for all existing managers and structured training for all newly appointed managers
- Use of Sharepoint to provide a central repository for all business plans during development, publishing, review and updating
- Finalisation of the Business Planning Policy based on best practice and lessons learnt