

Draft Operational Plan 2017-19

Council of Governors
6 December 2016

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GUIDELINES & REQUIREMENTS

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Guidelines and Requirements

- Requirement for a 2 year Operational Plan that reflects activity, workforce and performance assumptions
- To be consistent with STP submission, the ‘financial reset’ and the Five Year Forward View
- Nine ‘must do’s’
 - Implement **STP** milestones and trajectories
 - Deliver **financial** control totals, demand reduction and efficiency measures
 - Primary care – **GP Forward View**
 - **Urgent and Emergency Care** Review, 4 hours, seven-day services
 - **RTT** – 92% incompletes, 100% **e-referral** by April 2018, outpatient redesign, **national maternity services review**
 - Implement the **Cancer** taskforce report
 - Mental Health – 24/7 access to **mental health liaison**
 - **Learning disabilities** – reduce premature mortality, improving access
 - Improving quality - using **NQB** resource, publication of avoidable death rates

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ACTIVITY & CAPACITY PLANS

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Activity & Capacity Plans

- 2017/18 and 2018/19 activity plans
 - Clear waiting list backlogs to meet and sustain the 18wk RTT targets
 - Takes account of demographic growth
 - Reflects Directorates capacity plans for 2017/18 & 2018/19
- The 2017/18 activity plan compared to 2016/17 plan
 - Outpatients attendances -3.49%
 - Elective spells -1.06%
 - Non elective spells -0.31%

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Activity & Capacity Plans

- Plan is an increase on current activity levels
 - Outpatients attendances - +2.07%
 - Elective Spells - +1.36%
 - Non elective spells - +1.28%
- Gaps remain, most significantly in Dermatology, Gastroenterology and Neurology, and pose a risk to meet RTT and cancer access targets





QUALITY PLANS

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Quality Plans

- Programme of work to address each of the CQC 'Must Do' requirements
 - Urgent Care Pathways, End Of Life Care, Medicines, Management, WPH Nurse Staffing and Foetal Heart Monitoring (CTG) Recording
- Proposed Quality Report Objectives
 - Medical Audiology waiting room satisfaction
 - Electronic Care Planning
 - A New Sheffield Teaching Hospital Food Chart
- Ongoing commitment to the Sign up to Safety initiatives and national audit priorities

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WORKFORCE PLANS

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Workforce Plans

- Significant workforce challenges - reducing reliance on agency staff and Junior Doctor reductions
- New approach to roles that cross existing professional boundaries (PA, ANP)
- Staff engagement is a key priority - Let's Talk, LIA, MCA
- Focus on Workforce efficiency through the Carter Programme
- Leadership development and value-based recruitment to all staff
- Response to seven day hospital services

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FINANCIAL PLANS

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Overview

- 2017/18 Control Total of £4.2m deficit (2016/17 CT reduced for losses on tariffs and MPET)
- 2018/19 Control Total originally notified as an £11.1m surplus but additional “flexibility” now given.
- £18.6m Sustainability & Transformation Funding (Conditional on delivering CT and Performance Targets)
- The Trust has confirmed its agreement to 2017/18 CT and proposed a break-even CT for 2018/19.
- Planning work on-going but major challenge to deliver the 2017/18 CT - £40-50m gap to address.

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2017/18 Key Issues

- Underlying position carried forward from 2016/17
- Tariff losses
- -Contract negotiations and income losses, including MPET
- Cost / Service Pressures, e.g. IT, junior doctor contract, emergency care pressures, service specifications, social care cuts, cost shifts, pay awards
- Level of CQUIN income
- -System resilience funding
- -2017/18 efficiency savings
- Level of contingencies in financial plan

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Capital Plan 2017-19

- Position Improved on previous 5 Year Plan (More IT Spend is N/R Revenue)
- Normal Infrastructure Investments on Medical Equipment, Estate, Hotel Services, Ward Refurbs (WPH), etc.
- IT Priorities – E Prescribing, Infrastructure, Lorenzo Development, Telephony Platform, Email, E Check-in, Care Planning, Theatre System, Digital Dictation, etc.
- Service Developments – RHH Theatres, Cataract Unit, Frailty Unit, Contact Centre, Major Trauma Ward, A&E/Assessment, Cardiothoracic Theatres, WPH Aseptic Unit, Dermatology Upgrade, CCDH Labs, RHH C Floor Radiology, etc.
- Planning for WPH Upgrade

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STH MAJOR PRIORITIES

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High Level STH Priorities

- Addressing the STP priorities and the model for Sheffield's health and social care economy
- Financial sustainability and delivering control total
- Robust activity and capacity planning
- Delivery of key targets (A&E, RTT and Cancer 62 Days)
- Must do actions arising from CQC inspection
- Cancer Task Force Recommendations
- Major Capital Priorities

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Conclusions & Next Steps

- Extremely challenging planning and contracting process
- Very difficult financial position
- Extensive operational pressures and requirements
- First draft plan submitted – final version due before Christmas and published in January

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