

Council of Governors (Public)

Item 6.2

Subject: Operational Plan 2017/18 Update
Date of meeting: 5th December 2016
Prepared by: Debbie Herring/Director of Strategy & Organisational Development
Presented by: Debbie Herring/Director of Strategy & Organisational Development

1. Background

The current Operational Planning process has been based on the requirement for: -

- A two year planning cycle covering 2017/18 and 2018/19
- A two year contracting round and financial settlement for all organisations
- A draft Operational Plan submitted to NHS Improvement on 24th November 2016
- Board of Directors to approve final plan on 13th December 2016
- Final plan to be submitted on 23rd December 2016

2. Current Position

The Operational Plan narrative and templates were submitted on schedule. The main assumptions made in the plan are: -

Activity

- Consistent delivery of all access targets including Referral To Treatment (RTT) 18 weeks – 92%, cancer 62 day's treatment pathway, maximum 6 week diagnostic wait
- Activity levels are primarily constant for the next two years with minimal growth of 2% in surgery and 1.3% cardiology
- Outpatient attendance remains constant based on 2016/17 expected outturn
- Repatriation of surgical cases from Stoke by beginning of 2017/18 but with an agreed partnership arrangement if capacity required in future
- No assumptions made for Adult Congenital Heart Disease activity pending outcome of public consultation exercise in spring 2017

3. Quality Improvement – delivery of the 5 key milestones within the Quality Strategy and national priorities

- Continuously seek out and reduce patient harm (increased incident reporting and sharing of lessons learned, timely mortality reviews, reduction in falls, improvements in antibiotic prescribing and diabetes management)
- Delivering the highest standards of reliable evidence based care (90% sepsis screening and recording, improvements to identifying risk and incidents of Acute Kidney Injury, safe staffing levels and ward rounds)

- Ensure that all care delivered is patient and family centred (>95% friends and family recommendation score, care partners,>95% frailty assessments completed)
- Ensure patients are discharged as planned (90% patients have a planned date of discharge, achieve the 4 standards for 7 day services)
- Share and apply the learning from complaints and events to improve clinical practice and care(quarterly learning and sharing forum, learning bulletin and team brief)

4. Financial Projections

- 2017 – 2019 difficult financial climate continues
- Cost Improvement programme 3% (£3.7m) in 2017/18 and 2% (£2.5m) in 2018/19
- Capital investment very restrained and limited to like for like replacement and maintenance
- LHCH to be recompensed for true cost of complex procedure under HRG4+ tariff due to be introduced in 2017/18
- Financial control total offered by NHSI for 2017/18 and 2018/19 under negotiation.
- LHCH written to contest this control total and unable to sign acceptance in Draft Plan submission
- Still in discussion with commissioners to agree contract offers by deadline of 5th December 2016

5. Next Steps

Work will continue over the next month to sign contracts and to finalise the operational plan and refine the narrative to accompany it.

Two versions of the plan will be produced:-

1. A technical version for submission to NHS Improvement reflecting the detailed planning assumptions made in the completed planning templates
2. A broader version for internal and external publication which will include the revisions made to the Trust's Vision and the Corporate Objectives following the recent joint Board of Directors and Council of Governors' strategy day on 15th November.

6. Recommendation

The Council of Governors is asked to note the progress to date and the assumptions made in the draft Operational Plan.