



Briefing

June 2016

Surgical Pathway at Bassetlaw Hospital

At the beginning of May 2016 we had to take action to maintain the safety and efficacy of key elements of the emergency surgical service at Bassetlaw Hospital. This means that all emergency surgical patients presenting at Bassetlaw Hospital's Emergency Department (ED) will be seen by a senior surgical doctor, and GP referrals are also continuing to be received as normal.

The change has taken place as there is very limited availability of doctors for the out-of-hours and in hour's middle grade rotas. We have been trying to recruit to the positions for some time, and despite our best efforts those recruitment drives have been unsuccessful, so although this is a temporary measure it is not one that is likely to be resolved soon. There is no financial constraint on recruiting to these positions and the national drive to reduce locum expenditure through a system of caps on rates has also not affected this particular situation.

Surgical patients attending the Bassetlaw ED are triaged using an agreed tool, to assess which of following four pathways (routes to treatment) patients will follow.

1. Acutely unwell patients will be transferred to Doncaster Royal Infirmary for inpatient treatment (approximately 10 - 14 in a week).
2. Patients who require a review in ED will be seen by the consultant in the week until 6.00pm and by the speciality and associate specialist doctors out of hours.
3. "Hot" clinics will be available twice daily to book patients into for consultant review if appropriate.
4. Some patients will be directly discharged with advice.

For some years certain forms of emergency surgery have not been provided at Bassetlaw (including Vascular, ENT and Gastro Intestinal surgery) which have successfully been managed through a "stabilise and transfer" pathway for admissions, similar to that now in operation for the balance of emergency surgery. Maintaining the pathways as we have under current arrangements also means that the emergency surgical assessment service remains in place at Bassetlaw and many more patients are safely discharged following review or will be reviewed by consultants in the hot clinics than will be required to transfer.

Bassetlaw Hospital now has a Monday to Saturday surgical ward facility where mainly elective surgery will take place. This means that we are now able to transfer more elective surgical patients, currently treated at Doncaster Royal Infirmary, to Bassetlaw Hospital. Significantly the first bariatric surgery, a complex procedure requiring high dependency support for patients post procedure, has already taken place at Bassetlaw Hospital since the changes and more cases are scheduled.

We are continuing to evaluate the impact on patient flow and review it on a weekly basis. Early feedback from patients has been very positive with respect to the hot clinics where an expert consultant opinion is readily available.

Financial position update

Background

In October 2015 the Trust reported a change in position, from forecasting a small end of year surplus to a substantial deficit, after uncovering significant misreporting of the financial situation to the Board of Directors. This meant that we ended the year £46.7m in deficit of which £36.4m related to the normal operations of the trust with the other £10.3m relating to a revaluation downwards of the value of the trust's lands and buildings. Further investigation also identified that £16.5m of adjustments were required to the 2014/15 accounts leading to a deficit in that year also.

Working closely with our regulator, NHS Improvement (formerly Monitor), we appointed an independent, external investigation into the misreporting. The report of that external investigation by KPMG has now been concluded and a redacted version of the report is available to read on the Trust's website www.dbh.nhs.uk

While the investigations were taking place we as an organisation, had a clear view that the Trust was in a position of Financial Turnaround. Working with NHS Improvement, we immediately put actions in place to improve the control of our finances. This included increasing capacity of the executive team by establishing a director responsible for turnaround and creating a small, internal delivery team dedicated to the financial turnaround of the organisation with a focus on the key tasks to deliver savings, without compromising our commitment to quality. As a result we saw a reduction in expenditure of more than £1.5m from November to March, positively impacting on the forecasted year end position.

We ended the financial year £36.4m in deficit related to the normal operations of the trust, delivering cost savings of £1.85m and spending £12.8m on capital. This is around £2m better than forecast and shows the clear impact of measures we have taken to control expenditure. However, following a formal revaluation, the trust's lands and buildings value decreased by £10.3m.

At the end of the last financial year (March 2016) we shared with NHS Improvement a clear and achievable plan, delivering an £11m Cost Improvement Plan (CIP) for this year which is based on a financial framework and balance sheet that is as accurate and clear as it is possible to be.

The £11m CIP forms an integral part of our recovery plan for 2016/17. In addition to delivering the immediate recovery plans we are now working on our recovery plan for 2017/18 which will be completed by the end of July 2016. The strategy for financial

sustainability and the longer-term 5 year financial plan will be developed by the end of September, building on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) which is due to be finalised in June.

Overall, we continue to receive positive feedback and support from NHS Improvement about our approach and the progress with Turnaround. More importantly we are showing savings can be delivered and change in behaviour can be swift, supportive and sustained.

The month one (April) contribution to the CIP (which is based on when phased activity will begin to deliver savings) was set at £454k, with an additional stretch target we have set ourselves to £580k. In April delivery was £597k which is £143k ahead of the original plan and £17k ahead of the stretch plan. This contributed to the trust overall financial position which was £250K better than plan.

The early indication for month 2 (April) is that progress has continued to be made in a similar fashion.

All work to reduce and control cost is within one of the 13 identified work streams, which are being managed by the small, internal Project Management Office under the Director of Turnaround. All work streams are subject to fortnightly challenge meetings to ensure progress is on track.

Although it is incredibly important, and during a period of Financial Turnaround it will remain a key focus, it is important to remember that finance is only one of the areas where we have to deliver for our patients. We are here primarily to provide safe and effective care and in these areas the performance of the Trust has been strong over the last year, with the majority of quality and performance targets achieved, or outperformed, and 15/16 will also be remembered as the year the Trust for the first time delivered a sub 100 mortality level for our public, which includes communities with some of England's highest rates of deprivation and morbidity and hence reliance on local health and social care services. Other organisations will in future be obliged to support areas where we have already invested in strong services, such as seven day care.

So in summary, it's not finance or quality, it has to be both, and many of the measures we will take to improve efficiency will also positively impact on quality overall, and/or individual patient experience. Equally, we will ensure that relevant efficiency business cases are carefully assessed for impacts to quality and risks eliminated, or mitigated to the maximum extent possible. Our Quality Impact assessments are signed off by Medical and Nursing Directors and shared with our local CCGs, now formally part of the Turnaround programme arrangements and on an annualised basis with Integrated Care Board at Bassetlaw, which has wide organisational representation.