Agenda Item	Trust Board 10.	Date: 22/02/17	
Title of Report	***Carter Progress and Governance Report***		
Purpose of the report and the key issues for consideration/decision	Trust Board are asked to receive the report as the Carter Programme Update required to be presented each month, in line with the Carter sub-recommendation 8g *"Trust boards being made accountable and mandated to review the dashboards for three clinical or medical specialties each month, to benchmark themselves against the established metrics and best practice, and routinely track progress by October 2016."*		
Prepared by: Name & Title	Alex Vincent – Senior Transformation Manager Richard Mundon – Director of Strategy and Planning		
Presented by:	Richard Mundon – Director of Strategy and Planning		

Action Required (please X)

Approve		**Adopt**		**Receive for information**	X

Strategic/Corporate Objective(s) supported by this paper

Finance objectives

Is this on the Trust's risk register?

No	X	**Yes**		**If Yes, Score**	

Which Standards apply to this report?

CQC	X
NHSLA	X
BAF Objectives	X
WWL Wheel	X

Have all implications related to this report been considered?

	Yes/No/NA	Any Action Required		Yes/ No/NA	Any Action Required
Finance Revenue & Capital	Y		Equality & Diversity	Na	Na
National Policy/Legislation	Y		Patient Experience	Na	Na
NHS Contract	Y		Governance & Risk Management	Y	
Human Resources	Y		Terms of Authorisation	Na	Na
Consultation/Communication	Na	Na	Human Rights	Na	Na
Other:	Na	Na	Carbon Reduction	Na	Na
If action required please state:					

Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	HR Committee	NED	Other
Na	Na	Na	14/2/17	Na	Na	Na	Na	Na

CARTER PROGRESS AND GOVERNANCE REPORT – February 2017

No	Recommendation	Update	RAG	Cater Identified Opportunity	WWL Opportunity	WWL Actual Delivery
1.	NHS Improvement should develop a national people strategy and implementation plan by October 2016 that sets a timetable for simplifying system structures, raising people management capacity, building greater engagement and creates an engaged and inclusive environment for all colleagues by significantly improving leadership capability from "ward to board", so that transformational change can be planned more effectively, managed and sustained in all trusts	• CMI accredited leadership programmes in place at Levels 3, 5 & 7 • Accredited coaching programmes at levels 5 & 7, with coaching pool in place • Exec Development Programme (NW Leadership Academy & Deloites) • NW Leadership and national Leadership Academy members • Go Engage – the WWL Way staff engagement programme • Steps 4 Wellness Programme – supporting staff health & well-being • WWL Route Planner (personal & prof development) launching Jan – Mar 17			Sickness absence at Trust target of 4% Every further 0.1% reduction saves the Trust £127,845	
2.	NHS Improvement should develop and implement measures for analysing staff deployment during 2016, including metrics such as Care Hours Per Patient Day (CHPPD) and consultant job planning analysis, so that the right teams are in the right place at the right time collaborating to deliver high quality, efficient patient care.	• Consultation with staff scheduled to commence 23 January 2017 • Plan for payback of hours agreed with Heads of Nursing; hours owing down to 772 • eRoster policy being re-written; roster production to be amended to 6 weeks in line with Carter recommendations			Total IYE potential efficiency saving £888.75k	
3.	Trusts should, through a Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stockholding by April 2020, in agreement with NHS Improvement and NHS England so that their pharmacists and clinical pharmacy technicians spend more time on patient facing medicines optimisation activities.	• TLC re-provision concluded - saving 54k FYE (1.6WTE). Stock repatriation will create space in our robot which will release 80K as a one off. • FP10 issued to wards for rapid discharge where this is convenient and in the patients interest. • FP10 have been issued to A&E			Awaiting GM wide savings opportunities	
4.	Trusts should ensure their pathology and imaging departments achieve their benchmarks as agreed with NHS Improvement by April 2017, so that there is a consistent approach to the quality and cost of diagnostic services across the NHS. If benchmarks for pathology are unlikely to be achieved, trusts should have agreed plans for consolidation with, or outsourcing to, other providers by January 2017.	• Radiology - GM PACS potential of standardisation of Radiology departments across GM, same pathways, shared quality i.e. reporting images at other institutions e.g. cancer scans reported at Christie, neuro at Salford, etc. Work started on actual unit cost for WWL Radiology • Pathology - PQAD template combined with GM; after discussions with the NHSI team, agreed changes to the template as would not provide information required.		*Pathology < 1.6% of operating expenditure*	Pathology - 1.2% of total operating costs	
5.	All trusts should report their procurement information monthly to NHS Improvement to create an NHS Purchasing Price Index commencing April 2016, collaborate with other trusts and NHS Supply Chain with immediate effect, and commit to the Department of Health's NHS Procurement Transformation Programme (PTP), so that there is an increase in transparency and a reduction of at least 10% in non-pay costs is delivered across the NHS by April 2018.	• GM Cluster meeting took place 23/1/17 • Scan4Safety Conference 24/1/17 • Carter metrics to start being reported monthly and will appear in Model Hospital portal – we will start reporting this from February 2017 (submitted with the PPIB data) • Agreed to adhere to the 12 core set of NHS products; letter to CEO's from NHSI.			GM agreed 3.2% savings on influenceable non-pay spend £1.232m	
6.	Trusts should operate at or above the benchmarks agreed by NHS Improvement for the operational management of their estates and facilities functions by April 2017; with all trusts (where appropriate) having a plan to operate with a maximum of 35% of nonclinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner.	• Cost concern re: empty buildings – Capital issues mean potentially no funds to demolish therefore, increase Carter cost (overall cost/m^2 £315, benchmark £326) • Planning in process to ensure that the trust operating a max of 35% non-clinical floor space & 2.5% unoccupied/ under-used space by April 2020. • Salix funded schemes for 16/17 - CHP installation at Leigh and Primary heating circuit upgrade at RAEI. RAEI completed end Dec and Leigh scheduled to complete Feb 17 • ERIC data/Carter E&F dashboard received 19/01/17 to be scrutinised. Dashboard delayed due to difficulties at Information centre. WWL to be issued as part of Phase 2.			TBC	

No	Recommendation	Update	RAG	Cater Identified Opportunity	WWL Opportunity	WWL Actual Delivery
7.	All trusts corporate and administration functions should rationalise to ensure their costs do not exceed 7% of their income by April 2018 and 6% of their income by 2020 (or have plans in place for shared service consolidation with, or outsourcing to, other providers by January 2017), so that resources are used in a cost effective manner.	• Consolidation of back office and pathology function being considered across the GM footprint with NHSI requests being managed by the GMHSCP team • GM is part of the Corporate Pathfinder programme, further details / actions awaited from GMHSCP team		7% = £7.6m 6% = £10.4m	Currently 9.63%	
8.	NHS Improvement and NHS England should establish joint clinical governance by April 2016 to set standards of best practice for all specialties, which will analyse and produce assessments of clinical variation, so that unwarranted variation is reduced, quality outcomes improve, the performance of specialist medical teams is assessed according to how well they meet the needs of patients and efficiency and productivity increase along the entire care pathway.	• Q4 reviews in progress o Medicine – Anti-coagulation, Access to Community Services (ATCS) & Therapies @ Wrightington o Surgery – Anaesthetics, Vascular Surgery, Pain • Second round of review to begin in Specialist Services - Lower Limb Radiology Rheumatology			TBC	
9.	All trusts should have the key digital information systems in place, fully integrated and utilised by October 2018, and NHS Improvement should ensure this happens through the use of 'meaningful use' standards and incentives.	• E-Catalogue delivery at planning stage • E-prescribing in place • EPR in place			TBC	
10	DH, NHS England and NHS Improvement, working with local government representatives, to provide a strategy for trusts to ensure that patient care is focussed equally upon their recovery and how they can leave acute hospitals beds, or transfer to a suitable step down facility as soon as their clinical needs allow so they are cared for in the appropriate setting for themselves, their families and their carers.	• Share to Care programme continuing to deliver as planned: o 9/23 areas connected o 9/23 areas in configuration o 5/23 rationale received • SRG meet weekly to work together to best manage discharge and transfer of care			TBC	
11	Trust boards to work with NHS Improvement and NHS England to identify where there are quality and efficiency opportunities for better collaboration and coordination of their clinical services across their local health economies, so that they can better meet the clinical needs of the local community.	Locality plan in place and programmes underway to deliver health and social care across the Borough.			TBC	
12	NHS Improvement should develop the Model Hospital and the underlying metrics, to identify what good looks like, so that there is one source of data, benchmarks and good practice.	• Model Hospital portal now live with, Headline Metrics, Nursing and Midwifery, Pharmacy and Medicines, Estates and Facilities, and Test Workforce Analysis • Data updated for 2015/16 information • Pathology Quality Assurance Dashboard in now available in the portal for internal use • Orthopaedic Surgery and Overseas Visitors Cost Recovery areas of model hospital live			No direct saving	
13	NHS Improvement should, in partnership with NHS England by July 2016, develop an integrated performance framework to ensure there is one set of metrics and approach to reporting, so that the focus of the NHS is on improvement and the reporting burden is reduced to allow trusts to focus on quality and efficiency.	Reporting and data validation delivered in line with GM Framework Updated and revised frameworks will be implemented as further information is released.			No direct saving	
14	All acute trusts should make preparations to implement the recommendations of this report by the dates indicated, so that productivity and efficiency improvement plans for each year until 2020/21 can be expeditiously achieved.	• Locality leadership programme commenced • Coaching pool established, with regular CPD • Internal leadership programmes reviewed and running • Policy development group in place with programmes of work			Turnover at or below 8%	
15	National bodies should engage with trusts to develop their timetable of efficiency and productivity improvements up until 2020/21, and overlay a benefits realisation system to track the delivery of savings, so that there is a shared understanding of what needs to be achieved.	Planning and delivery commenced based on current information. Updated and revised plans will be created as timetable details are released.			Cost Improvement Plan 17/18 £14.0m	

ATC v SLR Summary

Specialty	Service Code	Service Description	ATC	Potential Saving Opportunity ATC*	Profit / Loss Q2 Extrapolated
General Surgery	100	General Surgery	£1.06	£1,895,435	(£2,367,422)
Urology	101	Urology	£0.99	£607,742	£555,326
Breast Surgery	103	Breast Surgery	£1.00	£231,919	(£225,942)
Colorectal Surgery	104	Colorectal Surgery	£0.88	£92,660	(£374,234)
Upper Gastrointestinal Surgery	106	Upper Gastrointestinal Surgery	£0.38	£2,195	(£43,954)
Vascular Surgery	107	Vascular Surgery	£1.02	£313,626	£507,986
Trauma & Orthopaedics	110	Trauma & Orthopaedics	£1.11	£8,093,078	£2,190,868
ENT	120	ENT	£0.94	£648,630	£66,456
Ophthalmology	130	Ophthalmology	£1.26	£1,925,504	£2,596,608
Oral Surgery	140	Oral Surgery	£0.93	£177,977	£718,514
Paediatric Dentistry	142	Paediatric Dentistry	£0.91	£0	£25,990
Orthodontics	143	Orthodontics	£0.44	£0	£50,324
Neurosurgery	150	Neurosurgery	£5.14	£129,157	(£127,654)
Plastic Surgery	160	Plastic Surgery	£0.76	£343	£11,836
Cardiothoracic Surgery	170	Cardiothoracic Surgery	£0.47	£0	£45,156
Paediatric Surgery	171	Paediatric Surgery	£0.73	£0	£0
Thoracic Surgery	173	Thoracic Surgery	£1.67	£1,354	£0
Accident & Emergency	180	Accident & Emergency	£0.78	£7,723	(£2,781,784)
Anaesthetics	190	Anaesthetics	£1.00	£2,893	£696,828
Pain Management	191	Pain Management	£0.82	£32,501	£421,172
Critical Care Medicine	192	Critical Care Medicine	£0.90	£0	£0
Paediatric Urology	211	Paediatric Urology	£0.87	£0	(£7,484)
Paediatric Respiratory Medicine	258	Paediatric Respiratory Medicine	£1.24	£42	£0
Paediatric Nephrology	259	Paediatric Nephrology	£0.99	£0	(£770)
Paediatric Diabetic Medicine	263	Paediatric Diabetic Medicine	£0.89	£0	£339,346
Community Paediatrics	290	Community Paediatrics	£0.86	£221	£47,298
Paediatric Neuro-Disability	291	Paediatric Neuro-Disability	£0.85	£0	£19,418
General Medicine	300	General Medicine	£1.21	£3,700,160	£1,422,612
Gastroenterology	301	Gastroenterology	£1.28	£3,353,564	(£2,583,160)
Endocrinology	302	Endocrinology	£0.78	£20,116	(£251,654)
Clinical Haematology	303	Clinical Haematology	£0.99	£95,454	£589,318
Hepatology	306	Hepatology	£0.97	£439	(£107,952)
Diabetic Medicine	307	Diabetic Medicine	£1.39	£437,529	(£64,292)
Audiological Medicine	310	Audiological Medicine	£1.64	£557	£0
Clinical Genetics	311	Clinical Genetics	£0.94	£0	£0
Rehabilitation Service	314	Rehabilitation Service	£2.14	£766,679	(£769,652)
Palliative Medicine	315	Palliative Medicine	£2.34	£86,661	(£300,198)
Cardiology	320	Cardiology	£1.05	£1,294,402	£793,878
Paediatric Cardiology	321	Paediatric Cardiology	£0.86	£0	£50,300
Anticoagulant Service	324	Anticoagulant Service	£0.90	£86,831	(£616,230)
Dermatology	330	Dermatology	£1.10	£404,178	(£451,730)
Respiratory Medicine	340	Respiratory Medicine	£1.03	£640,089	(£1,723,106)
Genitourinary Medicine	360	Genitourinary Medicine	£1.14	£210	£0
Nephrology	361	Nephrology	£0.64	£10,369	£37,872
Medical Oncology	370	Medical Oncology	£3.00	£310,500	(£151,248)
Neurology	400	Neurology	£1.39	£77,671	(£16,030)
Rheumatology	410	Rheumatology	£1.35	£882,517	(£11,998)
Paediatrics	420	Paediatrics	£1.11	£717,442	(£1,101,228)
Paediatric Neurology	421	Paediatric Neurology	£0.94	£61	£2,330
Neonatology	422	Neonatology	£0.51	£0	(£425,140)
Geriatric Medicine	430	Geriatric Medicine	£1.19	£820,843	(£3,635,778)
Obstetrics	501	Obstetrics	£1.18	£1,502,616	(£356,142)
Gynaecology	502	Gynaecology	£1.18	£1,074,659	(£293,258)
Gynaecological Oncology	503	Gynaecological Oncology	£0.68	£0	(£5,734)
Midwifery Service	560	Midwifery Service	£1.61	£1,361,508	(£2,293,680)
Physiotherapy	650	Physiotherapy	£1.34	£489,820	£276,522
Occupational Therapy	651	Occupational Therapy	£0.26	£0	£145,150

Speech and Language Therapy	652	Speech and Language Therapy	£0.37	£0	(£84,268)
Podiatry	653	Podiatry	£1.79	£50,959	(£78,358)
Dietetics	654	Dietetics	£0.80	£0	(£54,522)
Orthoptics	655	Orthoptics	£1.03	£18,307	(£2,260)
Clinical Psychology	656	Clinical Psychology	£0.34	£0	(£51,768)
Adult Mental Illness	710	Adult Mental Illness	£1.75	£11,424	£0
Forensic Psychiatry	712	Forensic Psychiatry	£4.13	£65	£0
Old Age Psychiatry	715	Old Age Psychiatry	£1.68	£416	£0
Clinical Oncology (Previously Radiotherapy)	800	Clinical Oncology (Previously Radiotherapy)	£0.54	£1,061	£193,000
Diagnostic Imaging	812	Diagnostic Imaging	£1.69	£251,473	£184,596
Chemical Pathology	822	Chemical Pathology	£1.16	£13,645	(£21,606)
				£32,645,226*	**(£9,391,532)**

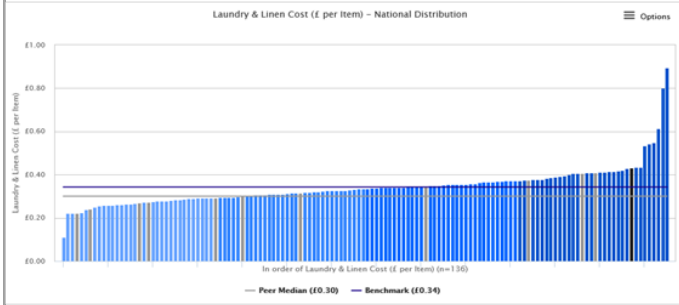
Not Directly comparable to SLR					
Other	APC	Admitted patient care	£1.29	£149,899	£0
Rehabilitation	APC	Admitted patient care	£0.58	£0	£0
Community - Other	AUD	Audiology	£0.98	£0	£0
Intensive and Critical care	CCU01	Non-specific, general adult critical care patients predominate	£1.25	£1,077,709	£0
Cancer Services	CMDT_B	Breast Cancer Mdt Meetings	£0.78	£0	£0
Cancer Services	CMDT_C	Colorectal Cancer Mdt Meetings	£0.72	£0	£0
Cancer Services	CMDT_OTH	Other Cancer Mdt Meetings	£0.81	£0	£0
Cancer Services	CMDT_SPG	Specilist Gynaecological Cancer Mdt Meetings	£0.66	£0	£0
Cancer Services	CMDT_SPU	Specialist Upper Gastrointestinal Cancer Mdt Meetings	£0.81	£0	£0
Other	DADS	Direct access diagnostic services	£0.98	£0	£0
Other	DAPS	Direct access pathology services	£0.83	£0	£0
Cancer Services	DCRDN	Day Case and Reg Day/Night	£0.66	£84,732	£0
Community Nursing	HVM	Health Visiting and Midwifery	£1.06	£47,983	£0
Community - Other	IC	Intermediate Care	£0.99	£0	£0
Cancer Services	IP	Inpatient	£0.44	£0	£0
Specialist Palliative Care	IP	Inpatient	£1.36	£256,949	£0
Intensive and Critical care	NEO	Neonatal	£1.11	£241,612	£0
Community Nursing	NURS	Nursing	£0.36	£0	£0
Cancer Services	OP	Outpatient	£0.79	£15,888	£0
Specialist Palliative Care	OP	Outpatient	£12.18	£99,719	£0
Other	OP	Outpatient	£0.77	£0	£0
Intensive and Critical care	PD	Paediatric	£0.74	£0	£0
Emergency Medicine	T01A	Type 01 admitted	£0.92	£0	£0
Emergency Medicine	T01NA	Type 01 non admitted	£1.18	£1,426,456	£0
				£3,400,945	**£0**
				£36,046,171*	**(£9,391,532)**

*Based on original ATC released in Autumn 2015

NB. Updated Potential Productivity Opportunity released January 2017 states that opportunity is £27.8m based on 15/16 data.

Linen & Laundry Services

Cost Efficiency (£/item): £0.43



(Benchmark £0.34)

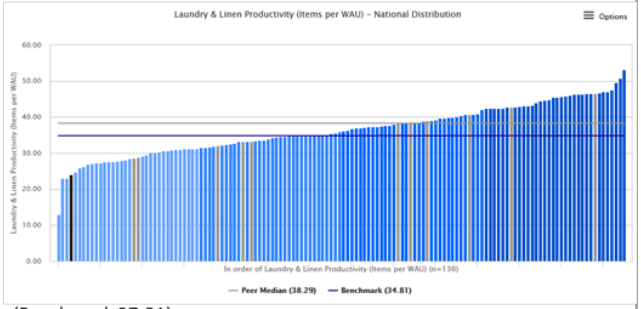
WWL have operated a 'hired' service of Linen provision for around 15 years; linen utilised is leased from the supplier, thus limiting the scope of providers to two – Sunlight and Healthtex (current supplier).

Should WWL wish to switch from this current method of provision, consideration would need to be given to the expected initial capital outlay of c.£500k, with an annual re-provision cost of c. £30 -£40k for worn out and damaged linen. This cost is currently covered in the Healthtex contract. Given the current financial situation within the Trust, this is not seen to be a feasible option.

Cost and Throughput Analysis - Cost per piece (£/unit)

NHS Organisation	Cost per piece (£ / unit)
Stockport NHS FT	0.27
Penine Acute Hospitals NHS Trust	0.27
Salford Royal NHS FT	0.30
Tameside Hospital NHS FT	0.31
Central Manchester University NHS FT	0.38
University Hospital South Manchester NHS FT	0.41
Bolton Hospital NHS FT	0.41
WWL NHS FT	**0.43**
PEER MEDIAN	0.31
BENCHMARK	0.34

Productivity (WAU): 24.02



(Benchmark 37.81)

WWL has the fourth lowest WAU value in this comparison metric and lowest when compared against the STP group within Greater Manchester. The figure is significantly below the Peer Median and Benchmark by c. 30%.

This is as a result of the control measures installed within the service by the Linen team within the past five years in terms of stock control on wards, ward top up systems, greater control and scrutiny of throughput and ward level and within support areas , as well as within A&E.

Usage per WAU (Weighted Activity Unit) – Items of Linen

NHS Organisation	Items per WAU (units)
WWL NHS FT	**24.02**
Central Manchester University NHS FT	28.66
Salford Royal NHS FT	28.82
Tameside Hospital NHS FT	31.07
Bolton Hospital NHS FT	32.02
Penine Acute Hospitals NHS FT	38.49
Stockport NHS FT	39.03
University Hospital South Manchester NHS FT	46.62
PEER MEDIAN	32.02
BENCHMARK	34.81

Linen Usage & Costs

	No of Inpatients (varying length of stay)	Sheets	Blankets	Pillows	Nightware	Towels	Uniform Spend
2014-15	78,822	777,760	152,282		37,538	165,499	
COST		£258,714	£50,655	(N/A)	£16,008	£55,051	£52,900
COST /PIECE (£)		£0.33	£0.33		£0.43	£0.33	
2015-16	79,477	704,343	145,718	1,400	29,452	160,158	
COST		£234,292	£48,488	£ 9,200	£12,402	£53,274	£56,703
COST /PIECE (£)		£0.33	£0.33	£6.57	£0.42	£0.33	
2016-17 (M01-09)	59,559	565,270	113,440	1,400	24,330	128,530	
COST (M01-09)		£188,031	£37,734	£ 9,200	£10,039	£42,754	£33,766
COST /PIECE (£)		£0.33	£0.33	£6.57	£0.41	£0.33	
Forecast Throughput 16-17	79,412	753,693	151,253	1,867	32,440	171,373	
COST (FYE)		£250,708	£50,312	£12,267	£13,385	£57,005	£45,021

Output is controlled and minimised with overall position relatively static in terms of usage. However, the acuity of the patient mix over the same period has changed and thus demand on linen has increased beyond previous expectations and the team has worked to manage the level of throughput to a relatively static position.

The main area of control is within internal costs, relating to provision of uniforms and increased controls where possible regarding the usage of linen. Staffing in place to manage these process are continually reviewed, but are thought to be at the lowest level possible for the quality of service currently demanded within WWL. Staff are predominantly AfC B1's and B2's and operate on part time contracts allowing overtime to be undertaken at plain time when required to cover sickness and annual leave.

Control measures relating to the contract with Healthtex are limited due to there being only two suppliers who can feasibly supply to our specification of service within the Greater Manchester area. Inflation rates relating to Linen within this service are historically related to RPI and as such are outside of the control of the customer. However, negotiations have began with Healthtex regarding the inflationary rate for 17/18, with the team mindful of the fact that the RPI % rate is expected to exceed the 1.8% budgetary increase seen in Budget Setting.

Clinical Service Review Specialty 1 - Cardiology

Financial information – SLR Data

Cardiology Medicine - SLR Data to Q4 (April – March 2016)

Point of Delivery	Number of Activities	Income	Direct Costs	Indirect Costs	Direct & Indirect Costs	Contribution	Contribution %	Profit/Loss %	ATC
Outpatient - First	5,969	£2,540,417	£603,120	£70,565	£673,686	£1,866,731	73%	66%	£0.92
Day Case	2,359	£3,271,412	£1,540,270	£353,867	£1,894,138	£1,377,274	42%	28%	£0.89
Outpatient - Follow Up	4,678	£1,199,594	£276,462	£48,221	£324,682	£874,911	73%	61%	£0.92
Outpatient - Procedure	2,365	£883,248	£295,179	£30,129	£325,308	£557,940	63%	53%	£0.07
Elective	212	£386,642	£279,372	£98,897	£378,269	£8,373	2%	-28%	£0.67
Outpatient - None Face to Face	65	£7,342	£5,866	£203	£6,069	£1,273	17%	-42%	£0.92
Non - Elective	2,572	£5,214,045	£4,119,246	£1,232,561	£5,351,807	-£137,762	-3%	-31%	£1.32
Total	18,220	£13,502,700	£7,119,517	£1,834,444	£8,953,960	£4,548,740	34%	15%	£1.05

- This is the SLR Data for Cardiology for April 2015 – March 2016 – Overall Contribution is positive £4,549k.
- ATC values of less than £1.00 mean the costs of delivering the service are less than the national average – All POD's are performing well compared to ATC except Non Electives.
- Based on the Department of Health trust saving drill down there is potentially £1,294k savings opportunity in Cardiology including overheads, which are largely uncontrollable by the clinical team.
- Total ATC is higher than the national average by £0.05, meaning there is 5% more cost incurred than the national average.
- However, all elective and planned activity is below £1.00 average ATC and profit making in SLR.
- Non elective negative contribution due to EB017 Non- Interventional Acquired Cardiac conditions average loss £770 per patient and 320 episodes, therefore £246k loss.
- Top 5 HRG's in Cardiology are profit making.

3

Improvement Opportunities: Clinical Variation

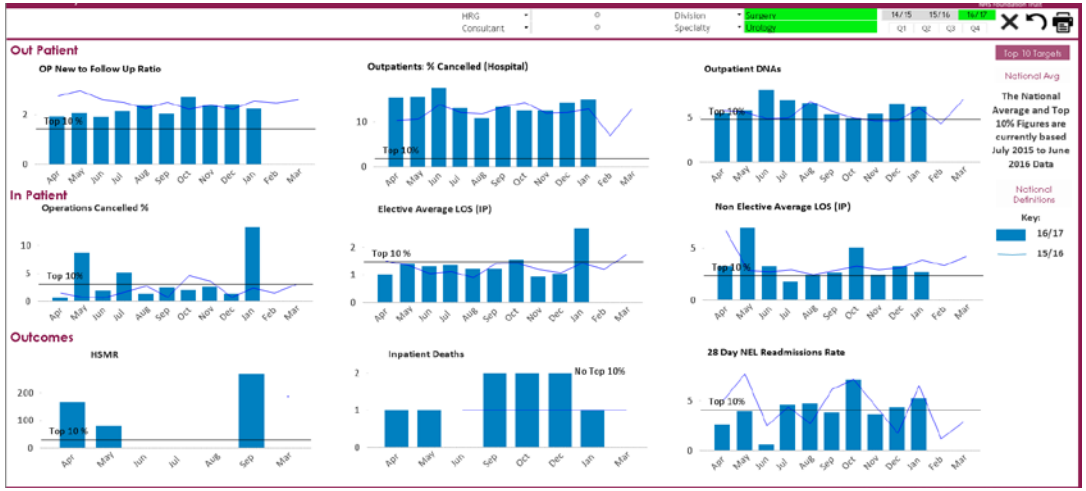
Improvements: Clinical Variation	
Indicative opportunity 1	**Review of cancellation & DNA rates** • DNA, hospital cancellation and patient cancellation rates are all above the Trust target • Review to be undertaken by clinician
Indicative opportunity 2	**Adjusted Treatment Cost (ATC) for Non-Elective activity** • Review of costs associated with performing this activity • Only POD with higher than average ATC's (32% more expensive than national average) • Only loss making POD in SLR • Total 2,572 patients in 2015/16 (14% of total patient activities)
Indicative opportunity 3	**7 day cath lab** • Not specifically internal clinical variation but variation to other organisations in Greater Manchester so we risk losing ground and activity

3

Action Plan

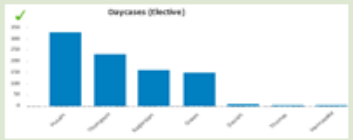
Action	Lead	Timescales	Impact (£ or metrics)
We performed 436 PCI cases in 2015, the target for this year is 480-500, which will improve care quality and maximise Mon-Fri activity	AS	12 months	TBC
To start providing complex cardiac device implantation service – Will maximise quality, activity & income	AD	12-24 months	TBC
To start Coronary CT & Calcium scoring service	SA	12-24 months	TBC
To implement MyCardio online pre-op assessment tool, thereby freeing cardiology specialist nurses to help with inpatient care, research and other activities	TM/CD	12 months	TBC

Clinical Service Review Specialty 2 - Urology



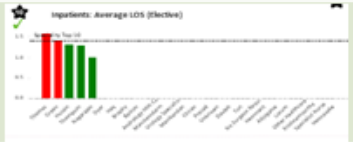
Improvement Opportunities: Clinical Variation

Improvements: Clinical Variation



JH undertakes ESWL – classified as day cases – 14 patients each month (approx)

AT LOS skewed by single patient with LOS > 150 days



Minor differences in LOS for elective cases reflect case mix (e.g. Mr Nagarajan had paediatric practice)

Carter Programme Report February 2017

Financial Information

Financial Information – SLR Apr 15 to Mar 16

POD	ATC	Activitiy	Income	Direct & Indirect Costs	Contribution	Contribution %
Non - Elective	1.39	693	£952,264	£967,858	(£15,594)	-2%
Day Case	1.30	882	£1,537,998	£655,211	£882,788	57%
Elective	0.86	872	£1,222,481	£1,322,895	(£100,414)	-8%
Outpatients	0.67	17,801	£3,428,026	£1,989,146	£1,438,880	42%
Total	0.99	20,248	7,140,769	4,935,110	2,205,659	31%

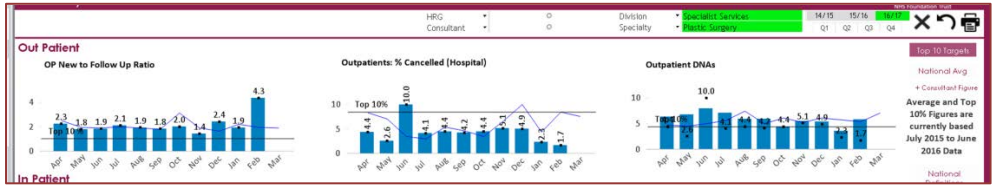
- Comparing the SLR profitability summary with the **ATC data**, the outpatient POD makes a large positive contribution, but the Elective and non elective make lower than expected contributions.
- There is potential to make savings in the region of £608k according to ATC data.
- The **RCI** for the Trust for urology was 99, which suggests a lower than average cost
- SLR analysis suggests the main costs to review are
  - Nursing costs (i.e. reducing length of stay)
  - Theatre costs (i.e. reducing time in theatre)

POD	Non - Elective	Elective
Total Income	£1,374	£1,402
Direct Pay Costs		
Nursing	£424	£243
Consultants	£285	£227
Other Clinical	£48	£24
Non-Clinical	£75	£111
Direct Non Pay Costs		
Drug Costs	£47	£44
Supplies	£9	£4
Other Direct Costs	£33	£20
Indirect Costs		
Allied Healthcare Profess	£14	£14
Radiology	£94	£87
Pathology	£27	£41
Theatre	£138	£576
Other Services	£2	£1
Prosthetics	£2	£2
Hotel Services	£156	£102
Pharmacy	£43	£22
Total Direct & indirect costs	£1,397	£1,517

Action Plan

Action	Lead	Timescales	Impact (£ or metrics)
Bipolar Diathermy purchase	NJ / AT	Within next 4 months	↓ LOS Comply with NICE
Bolton collaboration	AT / JH / NJ/ MF / Bolton	Ideally operational by Dec 16	Consultant appts ↓equipment costs O/C reduce by 0.24 WTE Cons
CCG collaboration to reduce unnecessary referrals		Underway	↓ Access time, ↑ conversion
Continue recovery plan after Th 3 & 4 project	NJ / AT / CM	Recover by end of Nov 16	Will fail to achieve 18WW for admitted until Nov
Substantive consultant appts	AT / JH	Advertise Sept 16?	Replace locum on FTC until Jan 17
Reduce Hospital cancellations Cancel clinics further ahead Reduce booking beyond 6 weeks ahead	AT / SF / CM	By October 2016	Reduce cancellations – improve quality
Look to achieve best practise tariffs for TVT procedure – currently O/N stay	AT	September 2016	Improve income by £203 per case and reduce bed costs

Clinical Service Review Specialty 3 – Plastic surgery



Financial Information

Plastic Surgery - SLR Data (April 2016 – June 2016)
ATC data (April 2014 – March 2015)

Point of Delivery	Number of Activities	Income	Direct Costs	Indirect Costs	Direct & Indirect Costs	Contribution Q1	Contribution Q1 %	ATC (2014/15)
Outpatient - Follow Up	549	£48,282	£25,573	£4,691	£30,264	£18,018	37%	£0.47
Outpatient - First	292	£42,952	£22,690	£2,837	£25,526	£17,325	40%	£0.56
Day Case	184	£141,571	£84,074	£70,858	£124,932	£16,639	12%	£0.92
Outpatient - Procedure	44	£6,703	£3,295	£900	£4,196	£2,507	37%	£0.35
Outpatient - None Face to Face	1	£31	£70	£2	£72	-£41	-132%	£0.00
Total	1,070	£239,439	£105,702	£79,288	£184,990	£54,449	23%	£0.76

- SLR shows the overall contribution for Plastic Surgery for Q1 2016/17 was positive £54k (23%).
- Adjusted Treatment Cost (ATC) values of more than £1.00 mean the costs of delivering the service are more than Lord Carter's model hospital. Plastic Surgery has an ATC of £0.76, i.e. 24% cheaper than the model hospital.
- ATC's show that the costs of outpatient, day case and procedures are below that of the model hospital.
- Medical staffing is provided by St Helens through an SLA. This has an annual value of £158k and covers 46 weeks.

Improvement Opportunities: Clinical Variation

Improvement Opportunity	Rationale	Financial Opportunity
If the speciality increased the number of patients seen in OPD by 5%		*£6450*
If the speciality reduce DNA rates to the trusts target		*£2153*
If theatre utilisation increased by 2%	*Review theatre sessions and utilisation*	*£23149*

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Action Plan

Action	Lead	Timescales	Impact (£ or metrics)
Revise Service Requirements for SLA	JB	Complete	Neither Whiston or Wythenshawe unable to offer additional permanent capacity in the SLA.
Review Theatre Utilisation	JB	Complete	Unable to secure regular additional theatre sessions, in addition Whiston unable to commit to additional regular sessions. Cost per case for plastics agreed. To be mobilised for either Saturday sessions (one per month) or weekday session when 11th PP theatre is mobilised.
Review cancellation rate	AS	On going	
New New:Follow=up ratio, consider exclusions	AS	On going	JB emailed Helen Salvini No response received

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