The Royal Wolverhampton NHS
NHS Trust

Delivering the Forward View:

Operational Plan 2016-17

Contents

FINAL submission of Operational Plan: 11th April 2016.

1. Introduction

The annual Operational Plan for The Royal Wolverhampton NHS Trust (RWT) looks at what the Trust wants to achieve in 2016/17. This document also looks at the Five Year Forward View, and outlines the steps the Trust is taking to deliver a sustainable, transformed organisation that can look to improve the quality of care, wellbeing and overall financial position.

The document also looks at the work the Trust has done in relation to new models of care, specifically around vertical integration. The Trust decided to work with three Wolverhampton based GP practices to transform co-ordination between primary, acute and community care, to improve the relationship with primary and secondary care and raise standards for patients. The Primary and Acute Care Systems (PACS) pilot is being designed to test 'proof of concept'. By engaging in this pilot the Trust hopes to identify lessons in care collaboration, innovation and managing change that will be beneficial in the local health economy.

2. Approach to activity planning

RWT is in regular contact with commissioners regarding our activity planning to ensure assumptions and modelling calculations are known and understood by all parties.

The base point has been agreed with the commissioner. In addition to this further intelligence is added where in year changes, part year effects and winter impacts have not been effectively captured due to the time period used.

Once the forecast view has been agreed, the demographic factors which need to be taken into account in order to further refine the model are also jointly agreed. From this it is possible to determine the projected demand for services on a recurrent basis.

Emergency care services

The demand for emergency care has risen again this year. A new Urgent and Emergency Care Centre (UECC) opened in November 2015 which provided the opportunity to change pathways. Despite increased attendances, the percentage of medical admissions has decreased which has supported an improvement in bed flow. The number of ambulances attending the department has increased by 4.5% over the year and by 10% since the new UECC opened, the biggest increase in the region based on West Midlands Ambulance Service data. From 1st April 2016, a new primary care led service opened within the UECC which is planned to significantly reduce A&E attendances.

Winter pressures

Similar to winter 2015/16, there are no plans agreed with the commissioner to increase the bed capacity of the Trust for winter 2016/17.

Delivery of national standards

The Trust is committed to delivering the National Operational Standards as defined in the national contract and planning guidance. As part of the agreement for the 2016/17 operational plan, the Trust has submitted improvement trajectories for the following:

- Accident and Emergency (4hour standard)
- Referral to treatment (92% of patients on an incomplete pathway)
- Cancer 62 day (85% patients treated within 62 days of GP referral)
- Diagnostics (99% of patients seen with 6 weeks for key diagnostics)

All of these are underpinned by clear plans as to how they can be delivered to the required standard. Details of all Remedial Action Plans for Cancer, RTT and A&E have been shared with relevant commissioners and monthly assurance meetings are in place to monitor performance.

Delivery of cancer targets

To further support delivery against the Cancer targets, the National Intensive Support Team (IST) recently visited to provide an assessment of operational delivery and the management of the cancer pathways.

3. Approach to quality planning

The three cornerstones of Patient Quality, Patient Experience and Patient Safety all underpin our recently approved Patient Quality, Safety and Experience Strategy. This helps to ensure the patients' voice is one of the primary drivers for improvements. The strategy also aligns itself with the Trust's vision of 'continually striving to improve patients' experiences and outcomes'.

The Trust has identified 4 quality priorities for 2016/17 which are currently under consultation. They are:

1. Safe Staffing Levels

The Trust will continue to pursue a range of approaches towards ensuring high calibre staff are recruited. We also need to maintain the current skilled workforce. The organisation is working collaboratively with Higher Education institutions to ensure the approach to supporting our plans is the most aligned and effective.

2. Patient Experience & Satisfaction

Outstanding patient experience will be measured and monitored by the Friends and Families Test (FFT). This measure shows how many people would recommend the Trust as a place to receive care. This will be further supported and compared with national and local survey responses. The Trust is currently reviewing its internal processes regarding FFT data collection to ensure we are maximising our potential for feedback.

3. Safer Care

High quality, safe patient care is at the heart of everything we do. By prioritising safety we are committed to reducing avoidable harm. Patient safety, well-being and experience drive all decision making and this will be evident in the systems and processes we implement. The Trust is continuing to promote and develop staff with regards to 'Human Factors' training and the benefits this provides. This promotes a transparent reporting culture through and enables us to learn lessons as necessary and help prevent repeated harms.

4. Delayed or Missed Diagnosis

Delayed or missed diagnosis is an area in which the Trust is currently undertaking exploratory work to identify best practice regarding investigative pathways and reporting procedures. We want to ensure the most effective systems are in place to minimise the risk of missed or delayed diagnosis.

Trust values and vision

The Trust launched its evidence based 'visions and values' in September 2015 to all staff. These are categorised into three domains:

- Always providing safe & effective care
- Being kind & caring
- Exceeding expectation

These provide a framework of expected behaviours and attitudes which support the values of the Trust and will be the vehicle through which the Trust will drive culture change and transformation.

Risks to quality

The risks to quality focus on a number of key areas. The first concerns the national inability to fill qualified nursing vacancies with appropriately skilled individuals. The second risk concerns the growing demands on a number of specific services as activity continues to grow beyond predicted levels. Again, this is both a local and national issue and we are working with partners to try and address these concerns. Further evidence of this can be seen through the 'Better Care Fund' schemes. The final risk concerns the overall financial challenge facing all NHS Trusts. The Five Year Forward View (5YFV) recognised delivering financial stability as one of the three big 'gaps'. As a Trust we are looking to develop an agreed financial plan that allows us to continue to deliver high quality, safe care to our patients.

Improvement methodologies

The Trust has an established improvement methodology in place and utilises the PDSA model (Plan, Do, Study, Act). PDSA provides a framework for developing, testing and implementing changes, leading to improvements in the quality of care provided and delivering operational efficiencies.

Our evidence to date suggests that this methodology allows individuals and teams to become part of the change process, ensuring stakeholders are instrumental in bringing the change to fruition.

The Trust has committed to the National 'Sign up to Safety' campaign and identified the following key areas for improvement:

- Improving sepsis pathway
- Reducing the number of falls with harm
- Reducing the incidence of missed or delayed diagnosis
- Improving medicines management

Alongside these, the Trust is also undertaking bespoke work sponsored by NHS Litigation Authority with the aim of reducing claims. This bespoke work is aimed specifically at looking at human factors and their impact on incidents, with the aim of driving improvements regarding safety outcomes by further embedding this into the Trust's safety culture.

The Trust will comply with the national requirement or mandate to publish its avoidable mortality rate(s) using the methodology designated centrally. The Trust is committed to being transparent in respect to providing this information and will continue to use mortality indicators to enhance patient care and safety in the organisation.

Assessment of compliance

The Trust has recently reviewed its framework for monitoring on-going compliance with CQC fundamental standards of care (and 5 key questions; Safe, Caring, Effective, Responsive and Well Led). The assessment of compliance uses a combination of quality performance indicators, clinical audits and observational ward and department visits to assess on-going compliance with care standards.

Following the CQC inspection in June 2015 and subsequent publication of the report in September 2015, the Trust has taken the recommendations seriously and proactively worked to address them. Although the Trust still awaits the outcome of the formal appeal, the Trust has actively pursued resolution and cascaded lessons learned regarding the recommendations identified. The Trust has been continuously addressing staffing deficits both prior to and following the inspection.

In line with the recommendations of the Association of Medical Royal Colleges all in-patients and/or relatives should know which consultant is responsible for the care of the patient as this information will be available on each ward in the Trust.

3a Seven Day Services

The Trust has made good progress with implementing the requirements set out in the 10 clinical standards as defined by NHS England (NHSE).

The Trust is currently focussing on the 4 priority clinical standards. Compliance is as follows:
Standard 2 (Time to first Consultant review)
The Trust is mostly compliant but some work is still required to ensure full compliance with 1) Patients admitted as an emergency (not just through the emergency department) who receive a thorough clinical assessment by a suitable consultant (seven days a week) within 14 hours of arrival at hospital. 2) Patients on the acute ward are seen and assessed by a consultant within 6 hours of admission to the acute ward.

Standard 5 (Diagnostics)
The Trust is compliant with the exception of having 7 day availability of interventional radiology.

Standard 6 (Intervention/Key Services)
The Trust is compliant with the exception of interventional radiology (see above)

Standard 8 (On-going Review)
The Trust is mostly compliant but further work is still required around patients on the Acute Medical Unit, Acute Surgical Unit, Intensive Care Unit and other high dependency units who are seen and reviewed by a consultant twice daily. Also, where patients are required to transfer between wards or teams, this is prioritised by staff and supported by an electronic record of the patient's clinical and care needs.

The Trust is working with NHSE and local partners to be one of the national pilots to be an early deliverer of 7 day services by March 2017.

3b Quality Impact Assessment process

The Patient Safety Improvement Group has the responsibility to assure the Trust Board of the impact each cost improvement scheme will have on the quality of care provided to patients. Quality Impact Assessments (QIA) consider the likely impact of the scheme against the range of quality domains: patient safety, clinical effectiveness and patient experience. Regular reports are presented to the group on behalf of the Operational Divisions. In addition to this, bi-annual reports are shared with commissioners so that the health economy can review the impact on quality of care for any efficiency schemes.

The divisions and corporate heads are responsible for reviewing progress and any impact on quality on a regular basis. Assurance is received from the Heads of Nursing in reviewing each QIA as part of the regular review of the cost improvement programme.

4. Approach to workforce planning

The workforce plan is agreed jointly with Operational teams, Human Resources and Finance leads as part of the full finance, activity and workforce plan. It is seen by the Trust Board and has Director sign off prior to submission. For this coming year, we are building in an additional step of more detailed Divisional review and sign off of the plans, providing the opportunity for a 'confirm and challenge' session which adds additional rigour to the approach.

The current Sickness Absence Management Policy is under review following a benchmarking of other organisation's practices. The divisional HR teams hold monthly sickness absence workshops with managers where individual absence information and the management of these cases are reviewed and actions agreed. The teams report data and actions within their divisional meetings and provide bespoke training as required. There is now a further additional focus on working with service managers, in particular hotspot areas, to progress cases appropriately. In addition to the management of absence at departmental level, the Trust also has a Health and Wellbeing Strategy in place that not only supports the Absence Management Policies in relation to Occupational Health support and treatment but also focuses on the well-being and prevention aspects.

The Trust is taking active steps to manage staff turnover. A Recruitment and Retention strategy has been created for the nursing workforce and is currently being finalised for approval. The method applied will be used as a template for the other professions. We are also currently reviewing the actual key performance indicator targets to bring this in line with the regional benchmark. We are undertaking exit interviews led by an HR Project Manager in order to obtain a broader picture of trends that will allow more targeted local approaches to the retention of staff. The exit interview procedure has been refreshed and the new process will be launched in the next two months. This will also include earlier staff experience surveys to identify potential 'intention to leave' levels, which will allow earlier interventions.

5. Approach to financial planning

The NHS remains under significant financial pressure with provider side deficits estimated at £2.3billion based on latest reports (Kings Fund Survey) for 2015/16. Despite this, RWT has delivered a balanced budget (subject to external audit) for 2015/16 on a turnover of £520million.

The government has invested £3.8billion into the health service for 2016/17. Despite this welcome investment, the NHS will need to find significant efficiency savings of c£22billion by 2020/21.

2016/17 Financial Plan

The financial pressures have continued for the Trust when setting the budget for 2016/17, particularly regarding ensuring on-going safe staffing levels for the Trust. As a consequence, the Trust has to find funding to invest in additional posts/unavoidable costs and service expansion plans to accommodate the requirements of our population and commissioners.

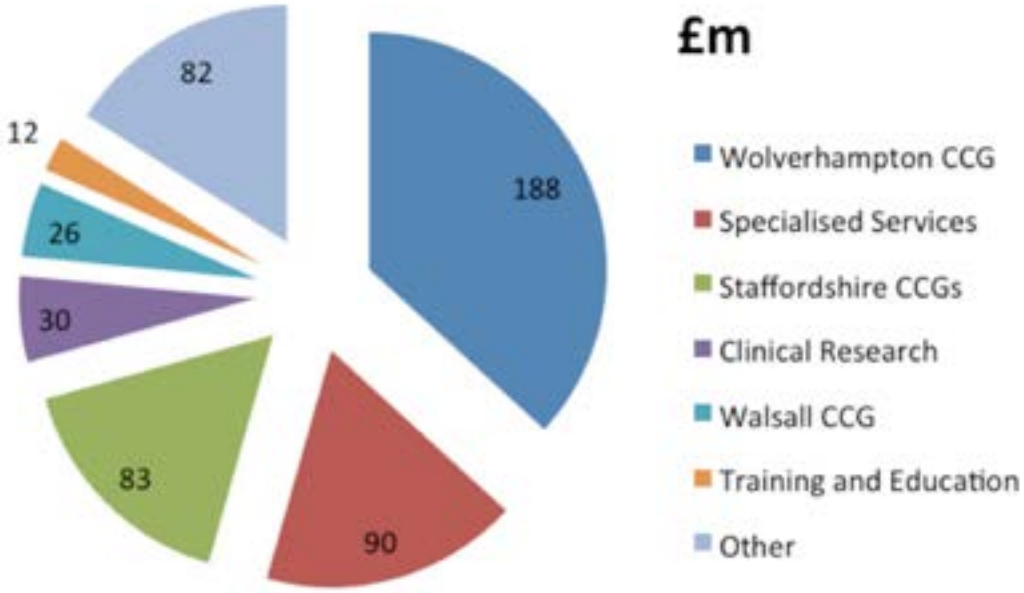
As a result of this, the Trust has set a deficit budget for 2016/17 of £6.4million.

Income

Negotiations with commissioners of the Trust's services has proved challenging in 2016/17. Nevertheless, contracts have been signed with the Trust's main commissioners, hosted by Wolverhampton CCG, and conclusion with the Specialised Commissioner Services is nearing completion.

The Trust also acts as host to the National Institute of Health Research monies for the West Midlands and has contracts in place with its 29 partner organisations totalling £30million for on-going research programmes which are crucial in identifying future potential innovation for the Health Service.

The Trust's income for 2016/17 is £511m and is shown below:



Activity

The Trust has negotiated patient activity levels with commissioners. These broadly reflect the following principles:

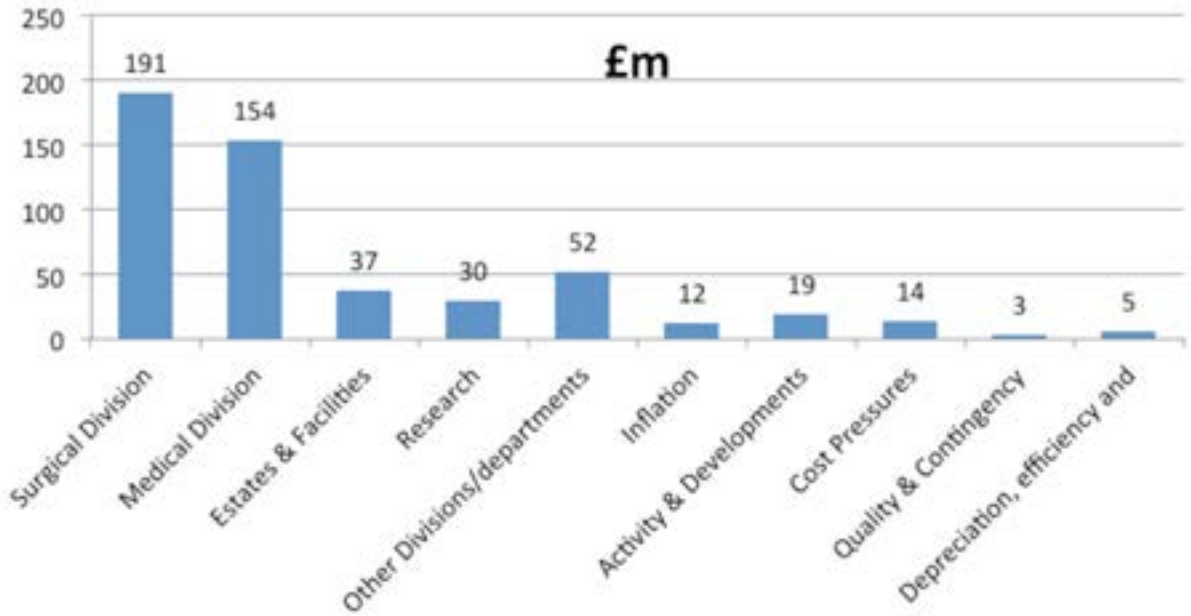
- Outturn patient activity levels from 2015/16
- Includes an element of growth for the population we serve
- Includes a reduction in some areas for demand management that commissioners have plans to achieve
- Includes the full year effect of the service transfers from Mid Staffordshire Foundation Trust (MSFT)

As an upshot of this, the Trust plans to deliver:

- 109,000 Accident and Emergency attendances
- 53,600 Emergency and Elective Inpatients
- 53,500 Day cases
- 650,000 Outpatients
- 607,000 Community contacts

Expenditure

The Trust employs about 8,000 staff. The vast majority of cost (c60%) relates to pay budgets, whilst the remaining budgets fund drugs, consumables, catering, cleaning, etc. and running properties at New Cross Hospital, Cannock Chase Hospital, West Park Hospital and Community Clinics and Health Centres. The Trust's expenditure budgets total £517million and are detailed below:



Efficiency

NHS organisations are expected to find year on year efficiency savings and these are passed to the Trust in the prices that are paid by commissioners. In addition, any efficiency savings that were delivered in a 'one off' way in the previous year are carried forward. As a result, the Trust has to identify plans that save £25.6million for 2016/17.

Capital

The Trust has identified a capital programme totalling over £28million. The key programmes of spend are:

Medical equipment	£4.5m
Information Technology	£1.6m
Divisional Projects	£1.5m
Maintenance of the Estate	£3.5m
Replacement of Linear Accelerators	£4.5m
Radiotherapy Equipment	£1.4m
Completion of Works at Cannock Chase	£6.5m
Other various schemes	£4.5m

Cash

As an aftermath of the deficit plan, the Trust has identified the potential need to take a working capital loan from the Department of Health. The Trust will need to manage its cash balances carefully and will need to ensure people and organisations that owe the Trust monies pay in a timely manner.

Risks

The Trust has identified a number of financial risks. The most material of which are:

- Failure to achieve the Efficiency Programme
- That the cost of temporary staff may increase due to the national shortage of Doctors and Nurses
- That demand management plans by commissioners are not realised

A more detailed Income and Expenditure report is available on the Trust's website in the April Trust Board papers.

5a Efficiency savings for 2016/17 and Lord Carter's Efficiency Programme

The Trust is committed to the Five Year Forward View (5YFV) and working to address the triple aim. As part of this, the finance and efficiency gap is a key priority for the Trust as we strive to deliver more efficient services within a known restricted financial environment.

The development of efficiency savings is a continual process and is highlighted across the Trust to increase engagement. This also ensures the schemes are realistic and each directorate team takes ownership for their respective programme.

The Trust has established specific task groups to deliver the savings plan that align to the Carter work programme. These groups will focus around four key themes:

1. Procurement
2. Clinical redesign
3. Effective use of Estates
4. Medicines management

Each of the groups will have a senior lead and relevant support from a Transformation Project Manager. Governance has also been bolstered with the establishment of the Trust Efficiency Group that is chaired by the Director of Strategic Planning and Performance and has the Chief Nurse, Finance Director and Chief Operating Officer as members.

The work groups will look at ways of exploring best practice and recommendations from the Carter Review and other clinical transformation schemes. This will include:

- Ratification of the Trust's ATC (adjusted treatment cost) savings opportunity
- Identify efficiency opportunities for 2016/17
- Develop and deliver a programme of work to achieve these efficiencies
- Provide the strategic direction to establish a culture of cost containment and excellent value for money

In addition to this work, each area across the Trust is set a savings target to deliver within the year which is based on an agreed percentage of budget allocation. The target is disseminated to Directors for agreement and is then monitored through the Programme Management Office (PMO) for deliverability. All schemes put forward for consideration have to undertake a Quality and Financial Impact assessment process. Once completed, all schemes are assessed by the PMO, and approved by the Trust Directors prior to sign off and inclusion as part of the Trust Efficiency Programme.

5b Agency Rules

There is an expectation that any spend on temporary staffing is managed closely by budget managers as part of their overall pay budget and therefore agency and bank costs are not separately financed. The Trust has had a rule in place for a number of years of not using agency nurses. The only exceptions to this are where specific skill sets are required that cannot be sourced via the Trust's internal nurse bank.

The Trust implemented a Locum management system for doctors in March 2016 which has the agency price caps built in. Any requests to go off-framework and/or above price caps will have to go through a strict escalation and authorisation process which has also been built in to the system.

The Trust's temporary staffing bank provides nurses, HCA's and administration staff. Currently there is a growth in administration staff joining the staffing bank which is helping to achieve savings on agency use. For the future, we are looking to bring on board other professions such as Allied Health Professional's

5d Procurement

The Trust approved a revised three year Procurement strategy in April 2015. This involved:

- updating the strategic objectives
- ensuring consistency with the national agenda and development priorities
- implementing a range of performance metrics to develop baseline information
- improving data quality and visibility with a view to measuring improvements and efficiencies in the service moving forward

The operational work plan for 2016/17 continues the focus on the themes and objectives identified in the strategy, targeting a number of key initiatives that build on the investment and outputs from 2015/16 to realise the full benefits.

6. Link to emerging sustainability and transformation plan (STP)

This Trust enters the planning cycle in a relatively strong position. 2016/17 brings the first full year of providing a wide range of services in South Staffordshire and the development of an elective surgery centre at Cannock Chase Hospital. We are also pioneering a model of a Primary and Acute Care system that will deliver the benefits of a more integrated approach to care.

We also have some performance challenges. These include addressing the quality issues raised by the most recent CQC inspection, the ending of financial support for the Mid Staffordshire Foundation Trust dissolution and ensuring we deliver all of our financial and operational performance targets.

Local health systems

We now serve what have previously been viewed as two different local health systems: 1) the Black Country 2) Staffordshire and part of Shropshire. This has implications for how we approach the development of the local STP's.

We provide local services for the following main CCGs, ranked in order of income and activity:

- Wolverhampton
- Walsall
- Cannock
- South East Staffs and Seisdon
- Staffs and Surrounds
- Dudley
- Shropshire and Telford and Wrekin CCG's

The footprint for our specialist services is orientated towards the wider Black Country and Staffordshire.

Of the providers we work with to provide clinical services, the most significant is Walsall, but also includes Shrewsbury and Telford, University Hospitals North Midlands, The Dudley Group and University Hospitals Birmingham. For RWT there are as many opportunities to strengthen clinical networks and shared services looking to Staffordshire and Shropshire as there are to the Black Country.

Specific areas of collaboration with other providers in the medium term that have been identified include Oncology, Interventional Radiology, Cystic Fibrosis and Back Office services. We will continue to seek partners to improve the efficiency and quality of our services and to ensure their sustainability where appropriate.

STP footprint discussions

Our position in the discussion on STP footprints is as follows:

- We believe that the STP footprint should reflect the most significant patient flows
- We believe that a footprint that includes South Staffordshire better reflects current and future patient flows
- If this cannot be achieved, then 'Associate Status' will need to be much more clearly defined than it is now. The Trust does not have an option to not play a full part in the planning of services in Staffordshire

We are playing an active role in the Black Country footprint, but also participating fully in the Staffordshire Transformation Programme.

Supporting the development of The STP in the Black Country

A steering group of Directors/CEO's for the relevant NHS bodies and Local Authorities has been set up, and an external organisation approached to provide a proposal for supporting the development of the STP in the Black Country.

In addition, a CEO has been appointed and a number of work streams have been established. Whilst further work streams are planned they currently include:

- Finance
- Mental Health
- Acute and Urgent care
- Primary Care
- Public Health
- Maternity and Children

Initially, the STP will need to identify what can be achieved, footprint wide, recognising that within each health economy there are very different approaches to the sustainability of primary and secondary care services. Furthermore, the 'Right Care' indicators show very different opportunities in different boroughs even where population profiles are similar.

The financial position and outlook of the Black Country as a health and care system has been developed as a first draft. It does not show as challenging a position as that identified for Staffordshire. However, further refinement is required as the analysis to date has not taken into account Local Authority pressures.

The planning work and structure for the Staffordshire STP has recently been redeveloped following NHSE and NHS Improvement feedback.




Designed & produced by The Department of Clinical Illustration,The Royal Wolverhampton NHS Trust

mi 1826414