The Royal Wolverhampton
NHS Trust

Operational Plan 2017- 2019

Safe & Effective | Kind & Caring | Exceeding Expectation

Contents

1. Executive Summary

This Operational Plan describes our planned direction over the next two years. It outlines how we will seek to deliver our vision of being an organisation that continuously strives to improve patient experience and outcomes, in what will be an increasingly challenging environment.

The plan describes how we intend to evolve and develop services which patients want to choose, GPs wish to refer to and work with, and that other key partners across the health economy would like to engage with.

We have introduced a service redesign programme aimed at radically changing the way some of our services are provided, helping to ensure savings are achieved whilst maintaining or improving on patients' overall experience and outcomes. With savings targets in the region of £27m and £16m planned over the next two years, and a forecasted surplus of circa £11 million in 2017/18 and circa £13million in 2018/19, we have a challenging time ahead.

To support our vision we have developed a Patient Quality, Safety and Experience strategy. This plan links in with the quality strategy and describes how we will continue to provide safe, high quality and timely service over the next two years and how the Trust's three quality priorities will be monitored to help us to achieve our vision.

2016 saw the launch of the Royal Wolverhampton Hospital Trust (RWT) Primary Care Programme. This is a Vertically Integrated (VI) model where GPs and primary care teams work closely with community and secondary care teams to reduce fragmentation in care delivery. We have already seen a 10% increase in the availability of GP appointment time.

We firmly believe this is a genuinely innovative step and will be the cornerstone of our strategy over the next two years. In conjunction with our stakeholders, we are also currently looking at ways of extending the model to include the development of Primary Care led integrated care hubs across the city with aim of developing an Accountable Care system.

We recognise that other models of care are being trialled within the City, in line with the Five Year Forward View, and we are working constructively

and collaboratively with the City Council, Clinical Commissioning Group, Black Country Partnership and Healthwatch to help deliver joined up care as part of the Wolverhampton Transition Board.

Our plan details the challenges and priorities that need to be addressed by the Trust over the next two years and importantly also identifies the key links to the Sustainability and Transformation Plan (STP). We are fully engaged with the Black Country STP and with over 30% of all of our activity coming from Staffordshire; we are also actively engaged in the Staffordshire STP process.

2. Introduction

2.1 Background

We are one of the largest acute and community providers in the West Midlands providing more than 800 beds on the New Cross site, including intensive care beds and neonatal intensive care cots. We also have 56 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

As the second largest employer in Wolverhampton, we employ more than 8,000 staff, providing services from the following locations:

- New Cross Hospital - secondary and tertiary services, maternity, Accident & Emergency, critical care and outpatients.
- West Park Hospital - rehabilitation inpatient and day care services, therapy services and outpatients.
- More than 20 Community sites - community services for children and adults, Walk in Centres and therapy and rehabilitation services.
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).
- Primary Care - 7 GP practices have now joined the Trust and will be opening extended opening hours.

We also successfully host the West Midlands Local Clinical Research Network (WMCRN), and have done since its establishment in April 2014.

2.2 Our Vision and Values

Our strategic and operational planning is closely linked to both our vision and our values, as these underpin everything we do.

We believe that by adhering to our vision and working with our values in mind we can behave in a way which will ensure we meet our strategic objectives for the people that matter most – our patients:

Our Vision

An organisation striving continuously to improve patient experience and outcomes.

Our Values

Safe and Effective	Kind and Caring	Exceeding Expectation
We will work collaboratively to prioritise the safety of all within our care environment	We will act in the best interest of others at all times	We will grow a reputation for excellence as our norm

Trust Strategic Objectives 2017-2019

Have an effective and well integrated organisation that operates efficiently.	Proactively seek opportunities to develop our services.	Create a culture of compassion, safety and quality.	Attract, retain and develop our staff and improve employee engagement.	Maintain financial health - appropriate investment to patient services.	Be in the top 25% for key performance indicators.

2.3 Strategic Objectives 2017-2019

Strategic Objectives

What is Our Objective?	How are we planning to achieve this by 2019?
Have an effective and well integrated organisation that operates efficiently.	• As part of the Better Care Fund, we will develop integrated community and Primary Care pathways. • We will review and maximise the use of community estates. • We will take an active role within the Wolverhampton Transition Board - improving the healthcare experience and health outcomes of the local community.
Proactively seek opportunities to develop our services.	• We will extend the coverage of our Vertical Integration project. • We will continue to bid for appropriate tenders, whilst ensuring resources are prioritised. • We will work collaboratively with neighbouring Trusts to deliver our Sustainability and Transformation Plan.
Create a culture of compassion, safety and quality.	• We will meet our ongoing commitment to patients admitted as an emergency to receive services that meet the 4 key clinical standards, seven days a week. We will meet our 3 Quality Priorities: • Safe Staffing. • Patient Experience and Satisfaction. • Safer Care.
Attract, retain and develop our staff and improve employee engagement.	• We will listen to our staff and encourage an open and transparent culture. • We will maximise the current skills of staff and develop our current workforce. • We will continue to review career pathways, including growing our apprenticeship programme. • We will implement Retention and Recruitment strategies to address staff vacancies. • We will continue to utilise the Clinical Fellowship Programme to fill key specialist gaps.
Maintain financial health - appropriate investment to patient services.	• We will deliver our planned income and expenditure position. • We will meet our savings targets • We will continue to invest in services through our Capital Plan.
Be in the top 25% for key performance indicators.	• We will ensure that 95% of patients are admitted, transferred or discharged within 4 hours of their arrival in A&E. • We will treat 92% of patients on an incomplete pathway within 18 weeks of referral. • We will treat 85% of cancer patients within 62 days of GP referral. • We will ensure that 99% of patients are seen within 6 weeks for key diagnostics.

3. Changing the Way we Deliver Care

3.1 New Models of Care – Vertical Integration (VI)

The traditional divide between primary care, community services, and hospitals has largely unaltered since the birth of the NHS. This is increasingly becoming a barrier to the personalised and coordinated health services patients need, and just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need a combination of all of these services. Over the next five years and beyond, the NHS will increasingly need to dissolve these traditional boundaries.

The ambition of the RWT Primary Care Programme (Vertical Integration) is to do just that.

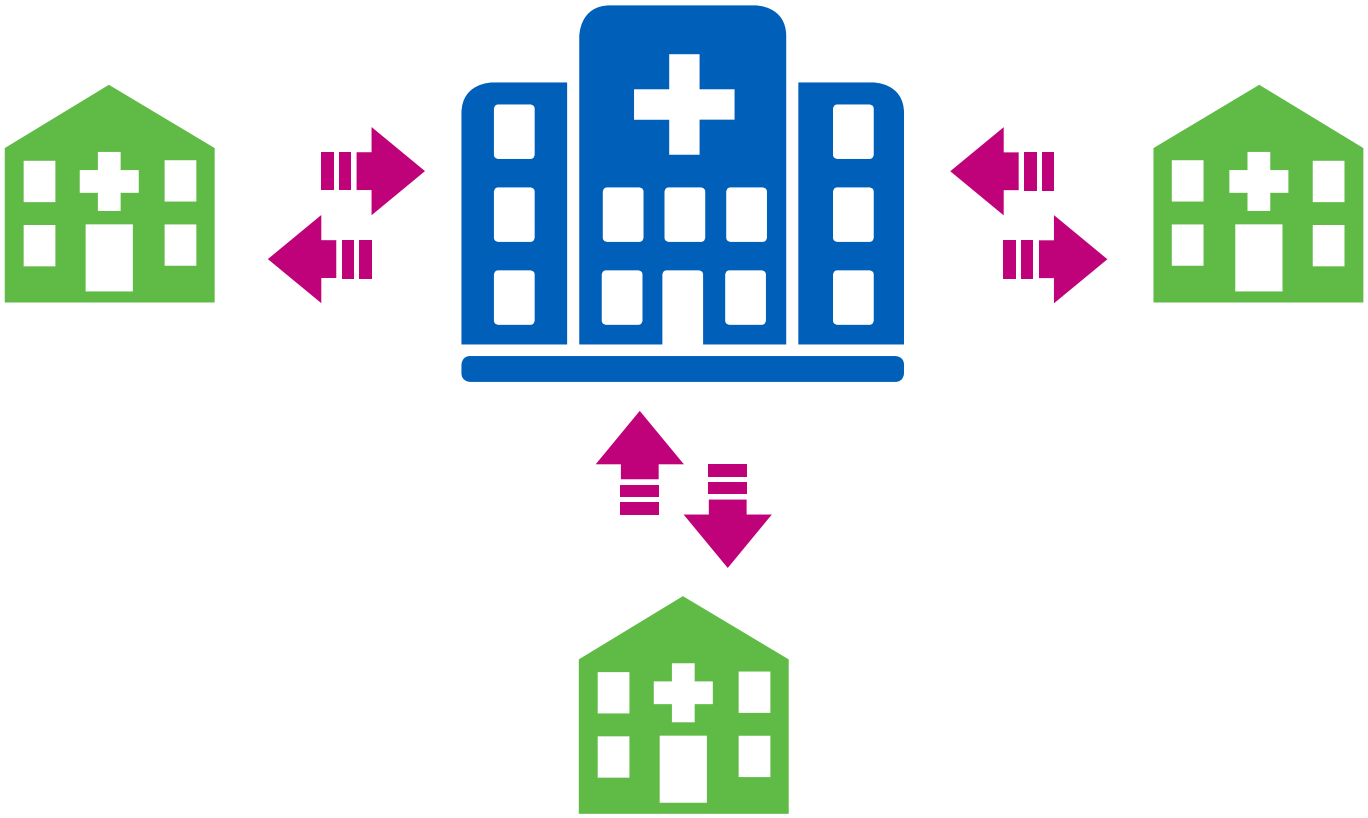
Vertical Integration

As of March 2017, seven GP Practices are now part of the Trust, which will see us directly responsible for the delivery of primary care.

This vertical integration offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

This programme is being driven by the GPs and senior clinicians at RWT who are working in the best interest of their patients and provide value for money for the tax payer.



Going Forward to 2017-2019

Our VI project has already increased the availability of GP appointment time through additional practice opening hours.

The aims of this project are to:

- Reduce demand for secondary care.
- Improve recruitment and retention in General Practice.
- Improve patient satisfaction with Primary Care.
- Better integrate Primary, Community Acute Mental Health and Social Care.

Over the next two years, we will extend the coverage of the project, develop at least one primary care hub for the city and develop our plans for an Accountable Care System.

3.2 Local Sustainability and Transformation Plan

This plan incorporates the first two years of the Sustainability and Transformation Plan (STP).

The overall aim of the Black Country STP is to materially improve the health, wellbeing and prosperity of the population through providing standardised, streamlined, and more efficient services.

They key transformation programmes that affect our Plan are:

Transformation Programme	Details
Local Place-Based Models of Care	To be implemented for each community that deliver improved access to local services for the whole population, greater continuity of care for those with on-going conditions, and more coordinated care for those with the most complex needs.
Extended collaboration between Service Providers	To create, through extended collaboration between Service Providers, a coordinated system of care across the Black Country and West Birmingham to improve quality and to deliver efficiencies on a scale not accessible to individual organisations.
Mental Health	To share best practice and align to the work of other agencies to reduce variation, improve access, choice, quality and efficiency and collaborate to develop new highly specialised services in the Black Country.
Maternal and Infant Health	To take coordinated action to address the particular challenges faced by our population in terms of maternal and infant health, and to create a single Black Country and West Birmingham maternity plan that inter-relates with Birmingham and Solihull where necessary

Key enablers

These have been identified and agreed as it is believed that the key enablers that will permit us to achieve significant workforce efficiency and transformation are; to deliver the digital infrastructure required for modern patient-centred services, to rationalise public sector estate utilisation, and to streamline commissioning functions.

We also play an active part and are potentially impacted by proposals in the Staffordshire STP. The key components of the Staffordshire STP in which we have a part to play are:

- Effective and efficient primary care - We will work with CCGs and others to test the appetite for the extension of our VI model into the South Staffordshire area.

- Effective and efficient planned care - We play an active part in the planned care work stream which is developing simplified and standardised pathways, initially in Ophthalmology, Orthopaedics, Rheumatology and Endoscopy, and we will support the modelling of activity and capacity in Staffordshire.

- We will also maximise the use and efficiency of Cannock Hospital for planned care for residents of both Wolverhampton and Staffordshire, as well as to develop Cannock as a resource for enhanced primary and community care in the south of Staffordshire. For example, our capital programme outlines investment to increase outpatient capacity at Cannock and to enhance GP premises within the hospital, if required.

This Plan supports the Black Country STP ambitions in the following key areas:

Local place based models of care:

Our VI project has already increased the availability of GP appointment time through additional practice opening hours.

Over the next two years, we will extend the coverage of the project, develop at least one primary care hub for the city and develop our plans for an Accountable Care system with our practices in the CCG, NHS and the STP. We will work constructively with the other 5YFV care models in the city as they develop.

We are working with other providers to develop extended care collaboration. We have already agreed and set up a shared out-of-hours service for Interventional Radiology with other acute providers in the Black Country and we are in regular dialogue with these Trusts regarding fragile or potentially fragile services. We are participating with other Black Country providers on a project to scope savings from a more collaborative approach to pathology services. We expect to reach firm conclusions on the range of pathology options within the first half of 2017. We are also participating in a project within and beyond the Black Country to develop shared back office services where there is a demonstrable benefit to do so.

We are working with other Trusts to develop a standardised approach to maternal and newborn care. We have already agreed to take 500 additional births from Walsall. We plan to use the development of specialised commissioning arrangements (in which RWT is the only tier 2 provider in the Black Country) to create an opportunity to improve the functioning of the neonatal network to improve the safe management of newborns and to improve the way in which capacity is used.

Our estates, IT and HR services are working in partnership with their counterparts across the Black Country to develop a Black Country digital roadmap. We provide IT services for primary care in Wolverhampton and as part of our VI project we are developing innovative analysis of patient journey maps which include primary community and acute care. We are well advanced to develop a shared care record visible to all appropriate healthcare staff and, via other tools, to develop shared summary records with social services.

Our priorities for the teams in the Black Country HR work stream is to focus on ensuring we can collectively reduce agency spend and rates and to develop a shared understanding of recruitment and retention hotspots and, if required to develop shared solutions to these issues.

For both the Black Country and Staffordshire STPs, providers and commissioners need to deliver the CIP and QIPP schemes. We have increased the resource for transformation/service redesign and will continue to review our capacity and capability to deliver a very challenging CIP programme.

We will also continue to work constructively with commissioning colleagues to jointly develop QIPP plans that are effective. For example, our new model of care in A&E is already demonstrating reductions in emergency admissions via A&E.

4 Quality Improvement

4.1 Quality Priorities

We have a vision of 'continually striving to improve patients' experiences and outcomes' and have developed a Patient Quality, Safety and Experience strategy with these three corner stones in mind. This strategy will help to ensure that the patients' voice is one of the primary drivers for improvement. We produced our Quality Accounts in 2016/17, which identified the quality priorities for the Trust. These are being carried forward for this plan:

1) Safe Staffing

2) Safer Care

3) Patient Experience and Satisfaction

Quality Standards

Our objective is to attain a CQC rating of 'Good' or 'Outstanding'. We are currently rated as 'Requires Improvement' despite 75% of our services being rated as 'Good' or 'Outstanding' across the key areas of:

- Safe
- Effective
- Caring
- Responsive
- Well-Led

The Trust has implemented a framework for monitoring on-going compliance with CQC fundamental standards of care across the 5 key areas. The assessment of compliance uses a combination of intelligence to monitor on-going compliance with care standards. These include quality performance indicators, clinical audits, observational ward and department rating characteristics (to make judgments about compliance with the fundamental standards of care) these are informed by local managers with confirmation and challenge by Executive Directors allowing for assurance reporting from Ward to Board. This approach permits triangulation across performance results, observations of care, stakeholder feedback and independent oversight assurance, where appropriate.

4.2 Seven Day Services

We have made good progress with implementing the requirements set out in the ten clinical standards as defined by NHS England. These ten clinical standards describe the standard of emergency care patients should expect to receive seven days a week:

1. Patient experience	6. Interventions
2. Time to first consultation	7. Mental health
3. Multi-Disciplinary Team reviews	8. On-going review
4. Shift handovers	9. Transfer of care
5. Diagnostics	10. Quality improvement

It has been determined that there are four priority clinical standards of the suite of ten which are considered to have the greatest impact on reducing variation in mortality risk:

1. Time to first consultant review
2. Availability of diagnostics
3. Consultant led interventions
4. On-going consultant review

We have developed plans to meet the on-going commitment to patients admitted as an emergency to receive services that meet the four key clinical standards, seven days a week. The commitment to delivery, by March 2018, will be dependent upon national support and resources being made available.

4.3 Infection Prevention

The Trust places a clear emphasis on the prevention of infection. We plan to build on previous successes in reducing device related MRSA bacteraemia numbers which has been delivered through a culture of individual responsibility. We will further embed actions to prevent gram negative bloodstream infections. The impact of poor practice, over use of antimicrobials and the environment will be minimised through effective, often innovative, audit, prescribing, education and decontamination processes.

The new ways of working to benefit staff and patient safety will be evaluated and implemented to ensure on-going compliance with the CQC expectations. Monitoring will be from 'Ward to Board' through the Trust Infection Prevention and Control Group.

4.4 Commissioning for Quality and Innovation (CQUINs)

National CQUINs:

CQUINs are intended to enable us to look at the quality of the services delivered, ensuring that we continuously improve and drive transformational change with the creation of new, improved patterns of care. CQUIN initiatives are owned by identified service leads that develop SMART action plans to ensure the required changes are delivered. This is following a Divisional review to ensure quality is not impacted adversely and they are not initiated in isolation of other service improvements or transformational programmes.

Below is the list of 2017-2019 RWT National CQUINs:

CQUIN Name	Objective	17-18	18-19
1a: NHS Staff Health & Well-being	Achieve a 5 percentage point improvement (against baseline survey) in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress.	✓	✓
1b: NHS Staff Health & Well-being	a.) Ban price promotions on sugary drinks and foods high in fat, sugar or salt b.) Ban advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt: c.) Ban sugary drinks and foods high in fat, sugar or salt from checkouts; d.) Ensure that healthy options are available at any point including for those staff working night shifts. Introduce three new changes to food and drink provision: a.) (70% year 1, 80% year 2) of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). b.) (60% year 1, 80% year 2) of confectionery and sweets do not exceed 250 kcal. c.) At least (60% year 1, 75% year 2) of pre- packed sandwiches and other savoury pre- packed meals available contain 400kcal or less and do not exceed 5.0g saturated fat per 100g	✓	✓
1c: NHS Staff Health & Well-being	Year 1 – Achieve an uptake of flu vaccinations by frontline clinical staff of 70% Year 2- Achieve an uptake of flu vaccinations by frontline clinical staff of 75%	✓	✓
2a: Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Patients who meet the criteria for sepsis screening are screened for sepsis This applies to adults and child patients arriving in hospital as emergency admissions and to all patients on acute in-patient wards.	✓	✓
2b: Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Patients who are found to have sepsis in sample 2a receive IV antibiotics within 1 hour. This applies to adults and child patients arriving in hospital as emergency admissions and to all patients on acute in-patient wards.	✓	✓
2c: Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours	✓	
2d: Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Reduce antibiotic consumption per 1,000 admissions: 1. Total antibiotic usage 2. Total usage of carbapenem 3. Total usage of piperacillin-tazobactam	✓	
7: E-referrals	Publish all GP referrals to consultant-led 1st outpatient appointments on NHS e-Referral Service (e-RS) by 31st March 2018.	✓	
8a: Supporting proactive and safe discharge	Patients aged 65+ admitted via non-elective route, discharged to usual place of residence within 3- 7 days of admission.	✓	✓
10: Improving the assessment of wounds	Increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	✓	✓
11: Personalised care and support planning	Embed personalised care and support planning for people with long term conditions	✓	✓

5. Workforce Planning

We have an established governance process for aligning workforce planning with our strategic objectives, financial plans, service objectives and an integrated operational plan.

We recognise the impact that staffing levels have on safe care provision and we have, and will continue to pursue a range of approaches towards ensuring high calibre staff are recruited. We have a number of initiatives and strategies in place to support this.

5.1 Right Staff, Right Skills, Right Place and Time

The National Quality Board's (NQB) guidance (2016): 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe, sustainable and productive staffing' focuses on supporting NHS provider boards to achieve safe nursing and midwifery care staffing.

There are 3 expectations: Right Staff; Right skills and Right place and time:

- Right Staff – We will hold an annual strategic staffing review, this will take account of all healthcare professional groups, and be in line with financial plans. This will be followed with a comprehensive staffing report to the Board.

- Right Skills – We will review competencies of our existing workforce. We will further develop and introduce new roles where there is an identified need or skills gap.

- Right Place – We will ensure that clinical workforce planning forecasts reflect our service vision and plan, whilst supporting the development of a flexible workforce, able to respond effectively to future patient care needs and expectations.

Our Board receives a monthly report which presents qualified and unqualified staff fill rates for days and nights alongside Care Hours Per Patient Day (CHPPD), nurse sensitive indicators and vacancies. This data, alongside other intelligence, is utilised to triangulate information regarding a quality and safety gauge for the Trust.

These processes and plans provide a framework for quality improvement within the Trust, aimed at driving improvements in quality of care and enhancing efficiency.

5.2 Workforce Initiatives

This year a multi-stakeholder workshop approach has been used to ensure maximum engagement and the use of scenario planning has been used to forecast for the two year period.

The strategic context for Workforce is set within our 'People and Organisation Development' (POD) Strategy. This provides the framework for workforce planning to ensure the right skill mix, maximising the use of current skills and developing our current workforce.

This measures outcomes and provides an action/operational plan to have a cost effective workforce, covering:

- Future workforce – Our approach to workforce retention and growing our own apprenticeships, career pathways, annual workforce plan, retention plan, review of (shared) bank, review of flexible working. Using technology to enable change, we delivered a Locum Management System in April 2016; this will deliver e-Roster for the nursing workforce in 2017, and will introduce e-Roster for medics based on effective job planning systems.

- Organisation Development – Our approach to wellbeing at work to maximise attendance and effectiveness, this covers leadership and workforce development, workplace learning and designing and adopting new roles. We are a pilot site for nursing associates and 28 offers have been made that will drive effective and efficient organisation design.

Use of locum and agency resource

The Trust spent £16.6 million in 2016-2017 on agency staff (medical and non medical). A project plan with milestones for delivery is in place with a target to reduce reliance on agency and locum expenditure. The target reduction is £2 million per annum, i.e. 2017-2018 outturn £14.6 million and 2018-2019 outturn £12.6 million. These projections are included within the workforce plan.

A number of initiatives are in place to support this, including further recruitment to the Clinical Fellowship Programme within the Trust, continued review of locum use, conversion of resource to bank where possible ensuring that the Trust is an attractive place to work to assist with recruitmnent. The approach to vertical integration of primary care within the Trust is demonstrating a positive impact on performance within Accident and Emergency and community provision in particular, and will contribute along with other measures to reduce reliance on areas such as agency and locum spend for the medical workforce. We will continue to restrict agency use for nursing staff for all but exceptional specialist posts.

Effective use of permanent resource

A review of the attendance management process and approach to sickness absence has been completed which has been supported by a project implementation plan to ensure all resource planning is effective. This includes the deployment of e-Roster in phases across the Trust starting with nursing in February 2017. We are also one of the Lord Carter cohort of 46 Trusts concerning improvements to medical productivity, and are making strong progress on job planning.

Our workforce plan provides a forecast to support the transition from current workforce to future workforce requirements due to transformation of services. We are part of the Black Country STP and have provided active leadership in the region for developing new models of care for the community. The vertical integration of primary care into the Trust management and governance structures has already resulted in redesigned pathways and the ability to manage resource more flexibly, particularly within the community. We have been working on the provision of seven-day services in this context and meeting the existing national standards. These are two of the key drivers for providing patient centred care and for effectively managing the resources, people, infrastructure, finance and re-designing workforce roles as part of our two year workforce plan.

New workforce initiatives have been agreed as part of the Five Year Forward View (5YFV). These include initiatives for skill shortage areas such as qualified nursing, where we hold a position on zero agency use. The workforce plan provides detail on the trained nursing gap and the co-produced two year 'Nurse Recruitment and Retention' strategy and action plan detail on how the Trust will bridge this gap. The Medical Workforce Group is currently working on a similar 'Medical Workforce Recruitment and Retention' strategy and action plan to address structural workforce issues.

Following the implementation of the national Apprenticeship Levy we have considered a Trust-wide approach to growing our number of apprentices. We are looking to introduce a focused Business Administration Apprenticeship programme for Customer Service in addition to other apprentice frameworks. The implementation will result in 100 existing employees undertaking higher level apprentice training and 100 new recruits coming into the Trust by April 2017 at Band 1 and 2 levels to fill administrative vacancies at the Band 1 to 3 levels Trust wide.

The Black Country STP states that we ensure that we provide a workforce, now and in the future, that can ensure patients receive safe, sustainable, high quality care in the right place and at the right time. These are 5 key actions that we are committed to supporting and these will be monitored throughout the next two years.

We work hard in relation to the local workforce and transformation programmes and have engaged widely to deliver innovative schemes. For medics, the Clinical Fellow roles (in conjunction with the Postgraduate Academic Institute of Medicine, PGAIM) have been offered to 60 medics filling some key specialty gaps. For nursing, we have an active international recruitment campaign. 100 active offers run alongside local and national campaigns, as well as endeavouring to increase the tenure of existing staff through retention.

6. Financial Planning

6.1 Income and Expenditure Plan

The Trust's financial strategy is to create surpluses to invest in the infrastructure and future development of the Trust and its services. The Trust has produced surpluses for the last 10 years, totalling £53million.

This has been used to renew equipment and re-build areas such as the new Pathology Lab £16m), the new Emergency Department (£30m) and on-going work in Cannock Chase Hospital.

Across 2016/17, the Trust faced a number of challenging financial issues; we are nevertheless forecasting a surplus of £8.5m at year end, supported by a one off national payment called the Sustainability and Transformation Fund (£11.6m).

For 2017/18 we are forecasting a surplus of £11m and in 2018/19 a surplus of £13m, again supported by a one off national payment of £9.9m. The table below lays out our income and expenditure projection for the next 2 years:

Statement of Comprehensive Income	**2017/18 £m**	**2018/19 £m**
Income from treating patient	457	461
Other Income (Training & Education/Research etc)	91	91
Total Income	**548**	**552**
Less		
Staff Costs	(320)	(325)
Other Operating Costs (Energy/Rates/Drugs/Consumables etc.)	(205)	(202)
Total Operating Costs	(525)	(527)
Operating Surplus	23	25
Interest and Leases	(2)	(2)
Less Return on Capital paid to Department of Health	(10)	(10)
Total Surplus for the Year	11	13

Capital Plan

Whilst the financial position for 2017/18 and 2018/19 remains challenging we are still planning to invest £19m in 2017/18 and £21m in 2018/19 as shown below:

Capital Plan	**2017/18**	**2018/19**
Medical equipment	2.6	2.8
Information Technology	1.0	1.5
Ward / Theatre Refurbishment	1.0	2.7
Maintenance of the Estate/ Statutory Standards	2.7	3.9
Replacement of Linear Accelerators	2.6	2.6
Incinerator	1.2	1.5
Outpatient Reconfiguration	-	0.5
Other various schemes	7.9	5.0
Total	**19.0**	**20.5**

Cash
The Trust has a challenging period ahead and we will need to maintain a cash balance throughout which may require 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.

6.2 Efficiency savings for 2017/18 to 2018/19

In 2016 we commissioned an external partner to support the development of a new approach to delivering CIP.

This has led to the development of 5 new Work streams: Surgical focusing on Theatres, Medicine focusing on out-patients, Workforce, Medicines Management and Value for Money which includes back office and procurement.

The outcomes of the service redesign workshops held in October 2016 have formed the basis of our efficiency plans for the 2017-2019 period.

We have set a challenging but deliverable efficiency target of £27m for 2017/18 and £16m for 2018/19.

The Procurement Transformation Plan has been signed off and work commenced with the NHSI price benchmarking tool; enabling greater scrutiny of prices paid for products and facilitate benchmarking across c200 trusts.

7. Lord Carter's Productivity Work Programme

Lord Carter's final report sets out how non-specialist acute trusts can reduce unnecessary variation in productivity and efficiency across every area of a hospital to save the NHS £5 billion each year by 2020 to 2021.The final report sets out further findings of variation across 32 non- specialist acute trusts.

What is the RWT productivity work programme?

Our Cost Improvement Programme (CIP) consists of five defined programmes, each with an Executive Lead, (as described previously).

To support the work to deliver the Carter productivity work programme, in October 2016, we hosted a series of service redesign workshops as a mechanism to identify additional efficiency, productivity opportunities, and to plan for future CIP efficiency targets. In advance of the workshops, the Service Redesign Team compiled several detailed data packs that focused on financial, activity, workforce, and non-pay opportunities. The main source of this information was the Lord Carter portal which was used to develop and translate the benchmarking opportunities into areas of discussion and drive the debate in the workshops. This included analysis of the Trust Adjusted Treatment Cost (ATC) performance by specialty and the supporting dashboards for Procurement (including the Purchasing Price Index Benchmarking tool), Nursing, Pathology, Estates, Pharmacy, and Corporate Information.

The initial benchmarking analysis suggested c£13m worth of significant opportunities across the Trust. These were discussed in the workshops, which were attended by over 160 Clinicians, Nurses, Operations and Corporate staff and focused on improvements in:

- Surgical Division
- Medical Division
- Diagnostics, including Pathology and Radiology
- Hospital Pharmacy
- Outpatients
- Nursing
- Corporate, including Support Service functions, Procurement and Estates

The outputs from this work have been shared across the Trust, and we have since rationalised and prioritised the opportunities into Lord Carter efficiency projects that, once fully developed, will form part of one of the current five CIP programmes. Work has now commenced to scale each of these opportunities into a series of short term and medium term projects. A series of Task and Finish Groups with Executive leads have been created to scale these opportunities for costs, benefits, risks and quality impact. The Service Redesign Team is coordinating all of this activity to develop a constant pipeline of future CIP efficiency and productivity projects that will form the basis of the programme of work for both 2017/18 and 2018/19.

8. Delivering the National Standards

8.1 Accident and Emergency (4 Hour Standard)

Similar to most providers, we have faced a series of challenges throughout the year which has meant that we have been unable to successfully achieve the desired performance target.

A new Urgent Care Centre (UCC) opened within the Emergency Department at the start of the 2016/17. This is staffed and managed by a private provider, and saw the introduction of revised clinical pathways and new ways of working around triage and assessment. The benefits of this new approach took a while to embed and it was not until September 2016, following the implementation of the joint clinical triage process, that the full benefits of this have started to be felt.

During 2016/17 there has been a 9.5% increase in attendances compared to the contracted activity Quarter1 - Quarter3. This equates to just over an extra days' worth of activity per week when compared to contracted activity. This is further compounded by the new UCC which has also led to a significant rise in the number of attendances to the site.

The number of ambulances attending the Emergency Departments at the Trust grew by 5.5% from last year. Given that patients arriving by ambulance are twice as likely to need admitting into a hospital bed as those who arrive voluntarily, this created significant bed pressures across the Trust.

In spite of this context, we remain committed to deliver the national standard and remain one of the best 3 performers in the West Midlands.

8.2 Referral to Treatment (92% of patients on an incomplete pathway)

We are committed to delivering the national standard in RTT in both 2017/18 and 2018/19. There is currently a known issue in Orthodontics affecting performance at a headline and 52 week performance level. However, a comprehensive Recovery Action Plan (RAP) is in place which will see performance recovered in 2017. Overall, we will ensure there are zero 52 week waiters and will strive to hit the headline position alongside this recovery plan.

8.3 Cancer 62 day (85% patients treated within 62 days of GP referral)

A comprehensive and robust remedial action plan has been produced to support delivery against the Cancer targets. This has been produced alongside the recommendations contained within the report issued by the National Intensive Support Team (IST) who were requested by the Trust to provide an assessment of operational delivery and the management of the cancer pathways. This was with a view to understanding how and where we could improve our internal processes to maintain high performance levels for patients.

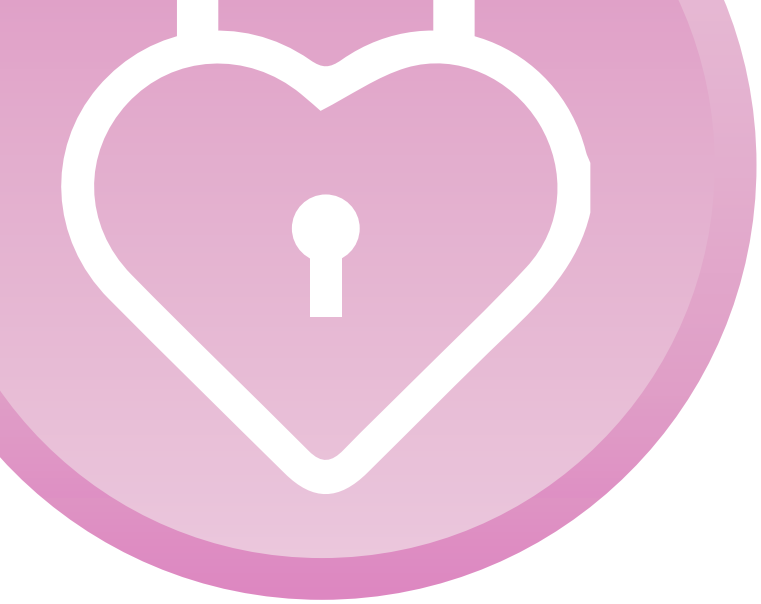
8.4 Diagnostics (99% of patients seen within 6 weeks for key diagnostics)

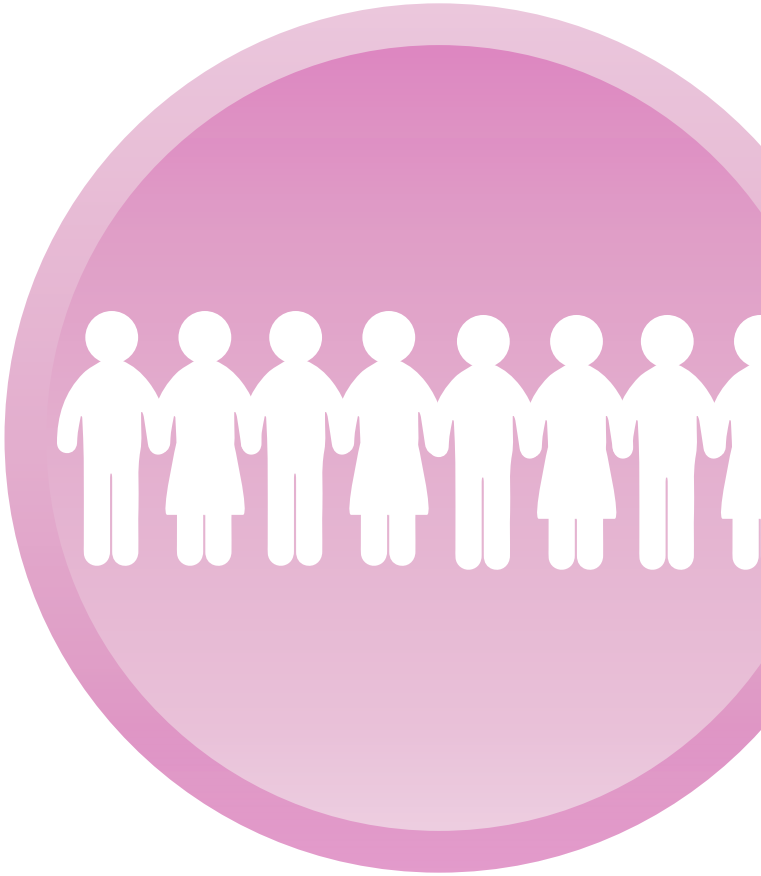
We are fully committed to delivering the national standard in RTT diagnostics in 2017/18 and 2018/19. Performance was compliant throughout Q1 and Q2 of 2016/17 and there are robust management processes in place to ensure we maintain this position.

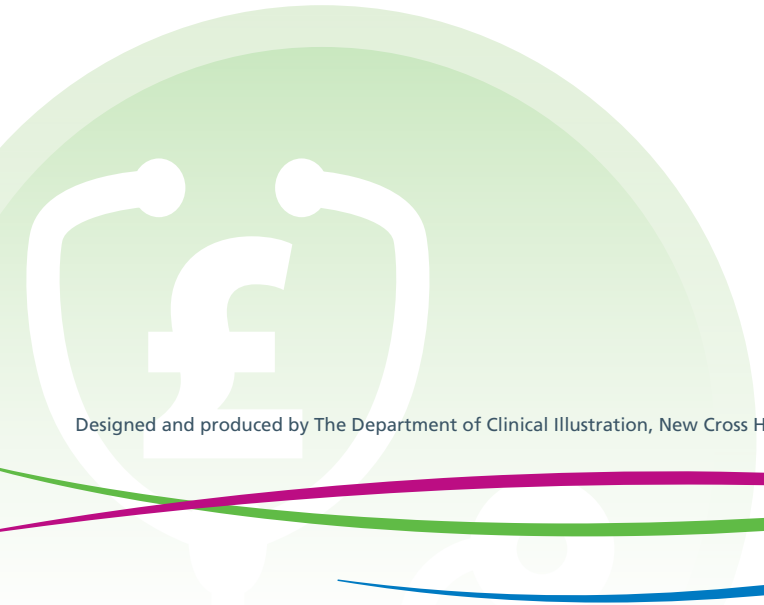
Clear and explicit plans have been developed to support delivery of these standards. Details of all Plans for Cancer, RTT and A&E have been shared with relevant commissioners and monthly assurance meetings are in place to monitor performance.

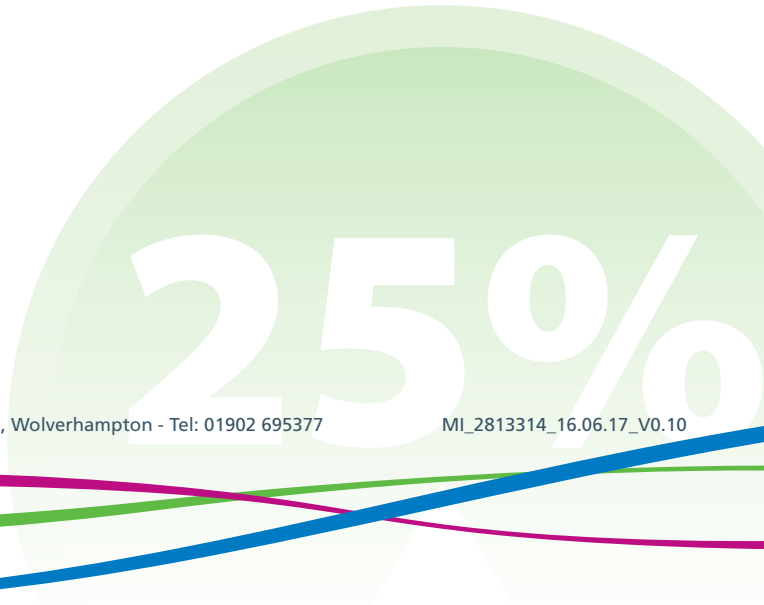
8.5 Activity 2017/18 and 2018/19 Forecast

Activity Lines	Year Ending 16/17	Year Ending 17/18	% Growth	Year Ending 18/19	% Growth
	31/03/2017	31/03/2018	31/03/2018	31/03/2019	31/03/2019
Total Referrals (General and Acute)	186,249	181,158	(2.7%)	181,721	0.3%
Consultant led First Outpatient attendances	157,629	169,443	7.5%	170,042	0.4%
Total elective admissions spells	72,241	70,145	-2.9%	70,370	0.3%
Total non-elective admissions	46,579	45,756	-1.8%	45,919	0.4%
Total A&E attendances excluding planned follow ups	188,383	183,032	-2.8%	183,595	0.3%









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