

Annual Operating Plan 2019-2020



Caring for Walsall together



Strategic Context

Throughout the year, the Board has focused on delivering sustainable improvements in the quality and safety of clinical services. A new Director of Nursing and new Medical Director have been appointed and they have been focused on improving the basic standards of care throughout the organisation. We have participated in a number of external reviews and we have seen an improvement in our CQC Maternity rating. There is more to do in maternity; nevertheless, we were encouraged that the regulators acknowledged the ongoing improvements being made.

The trust also intends to have two key elements to its quality improvement in 2019/2020:

- To strengthen progress on the basics of care and continue to address the issues raised by the CQC in their inspection reports of 2015 and 2017. We will achieve this by continuing to hold our clinical services to account on delivery against the objectives of our Patient Care Improvement Plan (PCIP). We will measure and track progress on quality standards and will differentiate between month on month changes and significant trends.
- We will develop a long term, strategic approach to quality and service improvement through our Integrated Improvement Programme. This will be a three-year programme, with the aim of moving the organisation from "requires improvement" to "outstanding". The programme will knit together improvement objectives in all aspects of quality with service improvement and financial improvement as a key bi-product of the improved quality and efficiency within our services.

Working in Partnership:

Walsall Healthcare NHS trust is leading the way in terms of identifying opportunities for working in partnership and is implementing these opportunities through hospital collaboration with the Sustainability Transformation Plan's (STPs) Clinical Leadership Group.

We have made big strides towards becoming an organisation focused on community based integrated health and care services with a centrally located hospital service. Teams of health and social care professionals are now co-located across seven localities dedicated to delivering population place-based care. These teams work across 16 GP practices and helps care for our most complex patients in a partnership approach. Progression is planned to spread this wider in the future. In 2019 we anticipate that the trust will be appointed as the Host Provider for the Walsall Together Integrated Care Partnership, supporting community investment, which is the local response to developing and delivering care closer to home. In support of this we are working with partners to build a technology enabled, integrated workforce that meets the needs of our patients and employees in this challenged area of the country.

There is no doubt that we continue to have a significant financial challenge and we are committed to end 2019 / 20 in a break even position. We will ensure that using resources well is the focus of our organisation and patient care will never be compromised; we plan to deliver our financial goals by:

- Making services accountable for their use of resources and monitoring how well they are managing patients to acceptable standards of efficiency and productivity
- Setting a financial plan which is able to deliver from day 1
- Developing and delivering financial improvements through the delivery of our Integrated Improvement Programme. These improvements, given the timing of the development of the improvement programme, will be delivered in the second half of the financial year
- Holding our clinical and non-clinical services to account through the new accountability framework.

Our Long-term Vision and Objectives

Our Vision

Caring for Walsall together, with the aim of providing better health for the population of Walsall, linking in with 'Walsall for All' – a vision for connected and welcoming communities.

Our Aims

To develop a structured integrated response to improvement across Walsall borough and within the trust

To identify the key priorities under each of the trust strategic objectives and pull these into a programme which will deliver:

- Safe, High Quality Care,
- Partnership working,
- Good use of Resources,
- Care at Home and
- Valuing Colleagues

To provide assurance that delivery has resulted in expected outcomes.

Objectives for 2019-2020

The trust has undertaken a review of its strategy and will be refocusing on the delivery of its strategic objectives in 2019/20. To this end, the objectives have been reviewed and reworded where appropriate; however, the key themes remain unchanged.



Provide Safe, high quality care across all our services

Provide safe, high-quality care

We aim to deliver experience in care as measured by the CQC rating of 'Outstanding' by April 2022.



Care for patients at home whenever we can

Deliver care at home

By providing the right care in the right place at the right time; supporting the people of Walsall to live longer and at home, reducing reliance on acute care.



Work closely with partners in Walsall and surrounding areas

Work with partners

We will work in partnership in Walsall to improve health and well-being.



Value our colleagues so they recommend us as a place to work

Value our colleagues

We are aiming to be an inclusive organisation which lives our organisational values at all times (Respect, Compassion, Professionalism and Team Working).



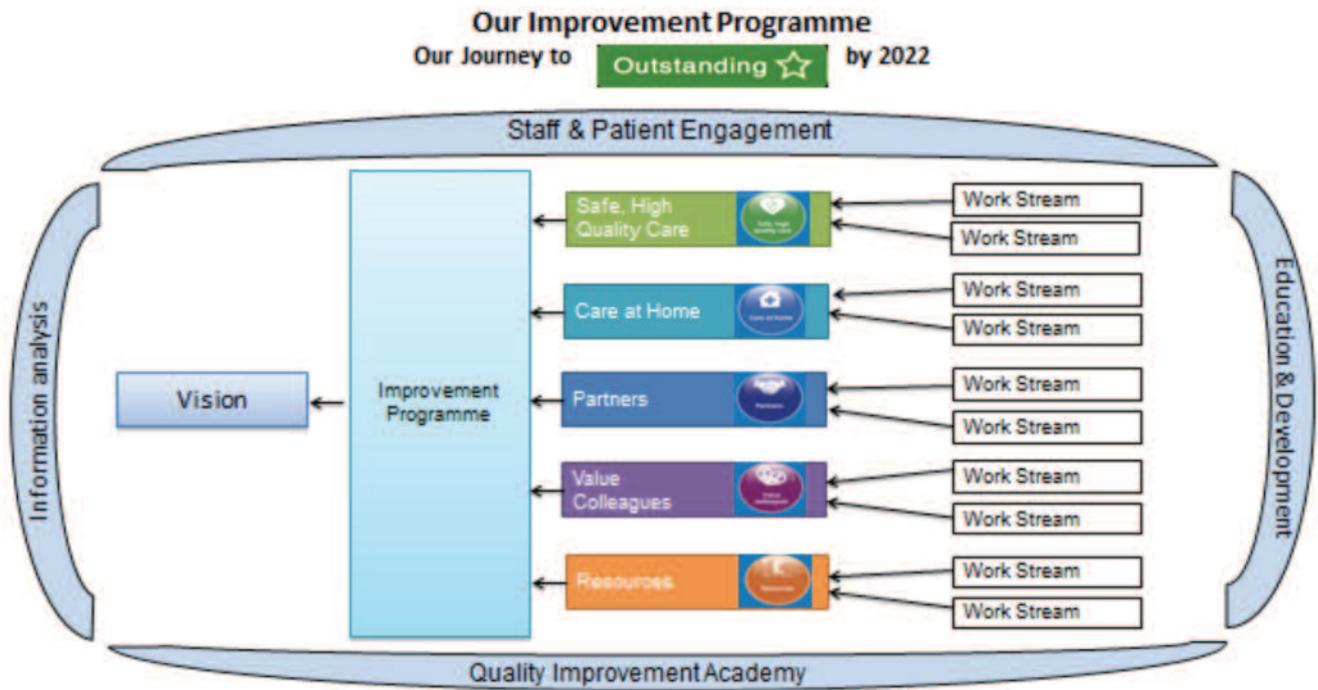
Use resources well to ensure we are cost-effective

Use resources well

To utilise our resources to their optimum in order to deliver best value.

In order to ensure that we make the progress, these objectives will be met by the implementation of the Improvement Programme, which is depicted below.

Image 1: Quality Improvement Programme



More information regarding our quality improvement Plan and priorities is given on Page 8.

All of our work is underpinned by our four values as shown below.



Approach to Partnership Working

Walsall Together Partnership

A case has been developed that outlines the way in which the Walsall Together partners will change the way health and care is delivered in the community to meet these objectives, through the establishment of an Integrated Care Partnership (ICP). This programme of work supports the wider Black Country Sustainability and Transformation Plans (BCSTP) by enabling place-based, partnership working to improve the health and wellbeing of local populations.

A Board will be established which will hold each of the partners to account for decision making that will transform the way in which community based care is delivered. The trust, acting as the Host Provider, will be accountable to the Commissioners to ensure the pace of transformation for the services as identified has started as planned. The table below highlights these services over a three-year period. This shows the level of ambition of the ICP Board and the intention to deliver place-based care looking after the health and care needs of the population.

Image 2: Schedule for integrated care plans



Black Country STP Partnership, Collaboration and Clinical Strategy

One of the key strategic objectives of the STP is the integration of clinical services between acute hospitals. We will play a leading role in this because we have developed a clear acute hospital clinical strategy as a result of a robust and thorough review of our services to ensure they are sustainable. That review clearly identifies which services will benefit from integration with other hospitals and the STP Clinical Leader Group will determine the priorities for joint work.

During 2019/20 we will also develop, with STP partners, other support service integration, including plans for the introduction of a Black Country locum medical and nurse bank.

Activity and Demand and Capacity Plans

Activity - The activity plan below reflects the negotiated commissioning intentions with consideration for the financial situation of the trust and its main commissioner, Walsall Clinical Commissioning Group.

Activity Line (Point Of Delivery)	Forecast outturn 2018/2019	2019/2020 Plan
Total Referrals (GP and Other)	107,900	112,054
Consultant led Total 1st Outpatient attendances	72,334	74,778
Consultant led Follow up outpatient attendances	133,637	134,224
Total Elective admissions (spells)	23,666	23,113
Total Non-elective admissions (spells)	34,339	34,546
Total A&E attendances (Type 1)	76,101	76,938

Table 1: Activity Plan 2019-20

Elective care

Elective activity has been modified to support increased elective activity in the first half of the year. This reflects decisions made in 2017/18 and continued through 2018/19 within the forecasting process. The year 2019/20 will continue to focus on sustainable acute services and their links to community teams and other partners.

Emergency care

Whilst there are further operational improvements that can be made in the trust to improve performance, it is commonly recognised that the key interventions required to mitigate the growing demand of an ageing population rest within the community and social care environs.

The establishment of Walsall Together creates the real opportunity to implement the most impactful elements of Right Care, manage more patients with frailty related conditions whilst simultaneously reducing prescribed levels of social care in the wider health economy, and improving and growing capacity in admission avoidance pathways, such as our Rapid Response service.

Constitutional Standards and Trajectories

The trajectories against the constitutional standards are shown below.

Standard %	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
18 Weeks RTT (Standard)	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0	92.0
18 Weeks RTT trajectory	89.5	89.5	90.5	90.9	89.5	89.5	89.5	89.5	88.5	89.5	90.0	90.0
ED 4 hour (Standard)	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0
ED 4 hour Trajectory	85.0	89.0	87.0	84.0	85.0	83.0	92.0	88.0	84.0	81.0	84.0	86.0

Table 2: Trajectories for 2019/2020

The trust anticipates fully achieving the target objectives for the following elements:

- Diagnostic Test Waiting Times > 6 weeks
- Cancer waiting times - 2 week wait
- Cancer waiting times - 2 week wait (Breast Symptoms)
- Cancer waiting times - 31 Day First Treatment
- Cancer waiting times - 31 Day Surgery
- Cancer waiting times - 31 Day Drugs
- Cancer waiting times - 31 Day Radiotherapy
- Cancer waiting times - 62 Day GP Referral
- Cancer waiting times - 62 Day Screening
- Cancer waiting times - 62 Day Upgrade

Demand and Capacity Plans

The trust is currently using its trained staff (NHSI Demand & Capacity Train the Trainer and QSIR graduates) to support staff with demand and capacity fundamentals and model creation.

The trust has deployed the IMAS IST tool for demand and capacity planning, which has been built at a care group level with the leadership teams in each area. The models created with the care groups are formally reviewed every six months.

This represents a fundamental change in the way that planning is deployed. The trust has shared its high-level demand and capacity information with commissioners to inform contracting. Demand and capacity plans are also being used as support tools for operational management and business cases to enable informed decision-making.

Delivering our Quality Commitment

Quality Improvement Priorities

As well as local and national initiatives, the quality improvement plan's priorities reflect what our patients, partners and staff tell us matters most to them. We aim to make improvements in five key areas, all of which will be built into the Integrated Improvement Plan:

Standardise our approach	Reduce variation
	Provide evidence based care
	Development of Quality Improvement Academy and Quality Service Improvement and Redesign training for staff
	Extend use of Appreciative Inquiry methodology
	Leadership development
Seek out and reduce Patient harm and avoidable deaths	Implement National Early Warning score for deteriorating patients and sepsis
	Achieve antibiotic target and 72 hour antibiotic review
	Improve standards in the prevention of Hospital Acquired infections
	Reduce gram-negative bloodstream infections across the health economy
	Reduce number of Category 2 pressure ulcers across the trust
	Aim to eliminate Category 3 & 4 pressure ulcers
	Reduce our number of falls and falls with harm
	Ensure patients are appropriately assessed in line with the Mental Capacity Act and Deprivation of Liberty and Safety guidance
Dementia and Learning Disability	Improve the care of patients with dementia and learning disabilities through the implementation of the Dementia and Learning Disabilities Strategies
	Continue to implement extended working in a number of areas through new service delivery models
Seven Day Services	<p>90% Implementation of the four priority clinical standards by April 2020.</p> <p>These are:</p> <ul style="list-style-type: none"> ● Time to first consultant review ● Availability of diagnostics ● Consultant led interventions ● On-going consultant review.

Quality Impact assessment and Assurance

The trust has an established Quality Impact Assessment (QIA) process, meeting the National Quality Board requirements.

Business cases will need to consider:

- Patient safety
- Clinical effectiveness
- Patient experience
- Staff experience
- Equality and Diversity
- Targets/Performance

The trust will be moving to a STAR chamber approach to development and scrutiny of CIP from Q1 2019/20

Ensure that there is robust governance arrangements to provide on-going assurance through:

- Divisional Board meetings
- Professional Assurance Forums
- Nursing Quality Assurance Metrics meeting
- Clinical Quality Review Group
- Patient Care Improvement Plan Check and Challenge meetings

Table 3: Quality Improvement Priorities 2019/20



Workforce Plans

We recognise that our workforce is one of our most valuable resources. Within the year the trust launched its new values and behavioural framework. Over 1500 colleagues have gone through our trust values sessions, following which people essentially “graduate” in the values and behaviours framework and how to deploy it. As a result of this work and our wider staff engagement we are seeing continued improvements to staff opinion of the trust as a place to work. Early indications of this evidence are really encouraging, and we have seen a further significant change in our staff opinion survey and staff engagement score as a result.

The NHS Long-Term Plan informs workforce strategy; recognising that all strategic and operational objectives depend on the collective skills, power and strength of our workforce. This principle underpins a workforce planning methodology which places long-term sustainability, achieved through system-wide improvement approach, at the heart of all trust objectives.

Allied with the ambitious Walsall Together programme, local workforce plans will address the changing needs of our population through integrated care solutions that maximise the potential of the individual person, the teams that support them and the wider health and care system.

The trust will address the workforce challenges and maximise opportunities by;

- Improving establishment control
- Limiting temporary staffing usage
- Supporting staff to achieve higher levels of attendance
- Championing equality, diversity and inclusion
- Taking a proactive approach to Brexit related risks
- Implement new roles and workforce opportunities.

The following table shows our anticipated establishment changes for the coming year.

	Year Ending 31/03/2019	2019/20 WTE Change	Year Ending 31/03/2020
ALL STAFF	4,373.90	(94.42)	4,279.48
Bank	277.63	(18.50)	259.13
Agency staff	105.19	(42.92)	62.27
Substantive WTE	3,991.08	(33.00)	3,958.08
Registered Nursing, Midwifery and Health Visiting	1,298.12	(14.52)	1,283.60
Allied Health Professionals	231.33	(3.50)	227.83
Other Scientific, Therapeutic and Technical Staff	101.52	0.18	101.70
Health Care Scientists	35.05	(1.35)	33.70
Support to clinical staff	1,201.34	(7.68)	1,193.66
NHS Infrastructure Support	723.39	(9.80)	713.59
Consultants (including Directors of Public Health)	157.29	8.11	165.40
Career/Staff Grades	84.26	1.56	85.82
Trainee Grades	158.78	(6.00)	152.78

Table 4: Anticipated establishment changes 2019/2020

The trust will continue to address health inequalities, building upon foundations laid by Walsall Together, to create an integrated health and social care system. Improvement and workforce strategies are aligned to the key strategic strands outlined within the local STP plan; forming part of the trust’s vision for a community-focused workforce, driven by system partnerships which ensure that care is delivered at the right levels, at the right time, by the right people.

Financial Modelling

The trust has been set a Control Total by NHSI for 2019/20 to deliver a break-even position. This national target includes a 3.0% Cost Improvement Plan (CIP) efficiency position and central allocations of:

- £1.383m Marginal Rate Emergency Tariff (MRET) recurrent funding
- £5.500m non-recurring Provider Sustainability Fund (PSF)
- £11.497 non-recurring Financial Recovery Fund (FRF).

The trust has prepared its draft financial plan reflecting the tariff changes and central allocations, as above, with the local context of national cost pressures. In 2018/19 a sizeable level of CIP was delivered non-recurrently the effect of which is brought forward in 2019/20 estimates.

Plans are in formation, there are currently £9m of opportunities with plans and work is ongoing to confirm remaining scheme details. Outline schemes are listed by efficiency programme area, as follows:

The trust is targeting delivery of efficiency savings with the aim of achieving a higher proportion during the summer period to account for operational capacity pressures through the winter period.

The organisation will hold finance escalation meetings to ensure the plans are scheduled, and if necessary, invoke recovery measures. Attendance at these meetings will include and executives and non-executives.

The governance arrangements include full sign off through divisional management teams, and oversight of project implementation documents and quality assessment analyses via the trust's Performance, Finance and Investment Committee and its Quality, Patient Experience and Safety Committee.

Efficiency Programme areas	2019/20 Target £m's	2019/20 Pay £m's	2019/20 Non pay £m's	2019/20 Income £m's
Workforce	1.6	1.6		
Procurement	0.5		0.5	
Pharmacy	0.2		0.1	0.1
Pathology	0.2		0.2	
Estates & facilities	0.2		0.2	
Other	3.2	1.6	0.4	1.2
Right-care	2.6		0.1	2.5
Total Efficiency Programme	8.5	3.2	1.5	3.8

Table 5: Efficiency Programme Targets

Income and Expenditure

Income

The income plan is based upon a forecast outturn of activity, being subject to agreement with Walsall Commissioners, adjusted for loss of income due to acute stroke (transferred to Wolverhampton Trust), Walsall Metropolitan Borough Council Public Health contract reductions and cardiac devices procurement to specialised services commissioner, and the trust has assumed the level of births will increase following removal of the 'cap' previously agreed with the Walsall commissioner.

Description	2019/20 Draft Plan £m's
INCOME	
Clinical Commissioning Groups	209.6
NHS England	18.0
Local Authority	8.0
Non contract activity	2.3
Other - Cat C	14.6
TOTAL INCOME	252.5
EXPENDITURE	
Pay	(180.3)
Non pay	(80.4)
Capital charges	(6.6)
Finance Costs	(10.7)
TOTAL EXPENDITURE	(278.0)
SURPLUS / (DEFICIT)	(25.5)
Non recurrent Central Allocations	
Provider Sustainability Fund & Financial Recovery Fund	17.0
SURPLUS / (DEFICIT) – following central allocation	(8.5)
Cost Improvement Plan target	8.5
Outturn / Control Total Position	Break-even

Table 6: Income and Expenditure Plans 2019/2020

Expenditure

The trust has re-stated its recurrent budget baseline for the full year effect of 2018/19 recurrent CIP, agreed contract service change, national pay award and price inflation.

Pay: The pay cost for the trust represents (68% of the trust's expenditure). Using national pay awards the estimate of pay expenditure for 2019/20 is an increase of £6.3m on the 2018/19 spending levels. This increase includes an estimate for agency staffing, also medical pay-award and Clinical Excellence Awards.

Non-pay: Drugs costs have been adjusted for contract changes and inflation. Capital charge estimates have remained as 2018/19 but the trust has modelled inflation for the Public Finance Initiative (PFI) in line with the Retail Price Index, as per contract. Clinical Negligence Scheme for trusts' contributions have reduced for the trust and this is reflected in the budget setting. All other non-pay estimates increased in line with price inflation.

Elements of cost uplift	Trust Estimate £'000	Narrative
Pay	6,316	2019/20 pay award
Drugs	100	Drugs & devices
PFI	400	Represents increase on PFI
Bank Interest	500	Interest charges on loans
Other	900	Price inflation on other non-pay
TOTAL	8,216	

Table 7: Cost uplift 2019/2020

Capital Plan

The table below shows the draft five year capital programme:

Scheme Description	2019/20 Plan £m's	2020/21 Plan £m's	2021/22 Plan £m's	2022/23 Plan £m's	2023/24 Plan £m's
Lifecycle Maintenance (including Pharmacy)	2.0	0.6	0.4	0.4	0.3
Medical Equipment (including CT Scanner)	1.0	0.3	0.5	0.5	0.4
IM&T	0.2	0.3	0.2	0.3	0.2
Electronic Patient Records Infrastructure	1.3				
Maternity Expansion	2.1				
A&E Development	1.0	17.3	17.4		
PFI Lifecycle	0.8	0.8	1.2	1.5	1.4
TOTAL EXPENDITURE	8.3	19.3	19.7	2.7	2.3

Table 8: Five Year Capital Plan

Key elements of the capital programme are the completion of the Maternity Development and Emergency Department allocation of £36.2m from the Sustainable Transformation Plan capital financing round.

Risks and Mitigations to the Plan

The trust has a risk assurance framework in place that is monitored regularly at Board level. The framework identifies the risks from an operational and corporate perspective that may impact on achieving the annual business plan. This is an integral process of the “well-led” domain.

- Risk registers are maintained at a divisional operational level, and are discussed and scrutinised as part of each division’s own governance arrangements
- Executive management review the key operational risks in order to assess if they should be escalated to the trust’s corporate risk register, and also consider those corporate risks that have been mitigated to an acceptable level for transfer to the relevant operational risk register
- This scrutiny and challenge is provided through the Executive Risk and Assurance Committee
- The trust Board utilises the established Board Assurance Framework that maps the assurances over the key controls mitigating the principle risks (from the corporate risk register) that threaten the achievement of the trust’s stated objectives
- The framework will be utilised to manage the risks facing the trust over the life of this plan and beyond. The stated risks that could impact on the viability of the trust will be weaved within those business as usual risks, along with the key short term projects such as the delivery of a new trust wide electronic health record system.



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