

## Our Annual Plan 2014/15



# Introduction

Welcome to our annual plan for April 2014 to March 2015. It should contain no surprises to you. Our 6 strategic objectives remain the same, in pursuit of our mission to become renowned as the best integrated care organisation in the NHS. Our Trust is rated highly by our regulators, the Trust Development Authority and Care Quality Commission. We have signed contracts for care, research and education for this year, consistent with our long-term financial plans. Most importantly both your colleagues and our patients, thank us well.

We offer a low infection, low mortality rate model of care, which is increasingly delivered aided by IT and provided closer to home. We need to play our part in tackling child protection issues in Birmingham and Sandwell, and we must cut our emergency readmission rate this year. We want to sustain employee engagement and improve morale, at a challenging time for our NHS. 75% of your colleagues believe safety is the organisation's top priority. If we together deliver this annual plan, we hope that the figure will rise sharply, as it did over the last twelve months.



# Safe, High Quality Care



In our quality account we describe our priorities for this year:

- Reducing preventable deaths, in particular by focusing on the Sepsis Six Care Bundle.
- Reducing readmissions by 1%, through integrating care and better managing risk.
- Meeting the emergency care waiting time standard, as we did in April 2014.
- Improving our Friends and Family results, towards being the best in the region.
- Implementing year one of our Public Health Plan, making every contact count.
- Reducing the number of complaints, especially repeat complaints.
- Delivering our Year of Outpatient programme, to reach 98% patient satisfaction.

We had five Never Events in 2013-14. We must all work to put in place the controls and changed systems to ensure that we can offer harm-free care. Birmingham and Midland Eye Centre are currently piloting a programme of Always Events designed to help us get things right every time.

During summer 2014, we will begin introducing into all of our ward areas, a new project called 10/10. This is a public guarantee to patients and their families about a checklist of ten things that the multi-professional team will ensure happens during the first few hours of admission.

We think that this would be a better approach than some of our current audit arrangements. Patients and staff want things to work well.

Having invested in local leadership we want to support teams to nip issues and problems in the bud at the time.

Our proposed standards to prevent harm:

- We will use positive patient identification using three unique identifiers.
- We will assess every patient for their risk of developing a pressure ulcer and put in place the appropriate preventative measures.
- We will assess every patient for their risk of falling and ensure that the correct preventive measures are in place.
- We will assess every patient for the risk of developing venous thrombo-embolism and ensure the correct prophylaxis is prescribed where appropriate.
- We will ensure every patient has a base line set of observations carried out by a registered nurse including at least one record of height and weight.
- Every patient will have their medicines checked and reconciled against a definitive list and have any allergies clearly documented on their prescription chart.
- Every patient will have their mental capacity assessed and where required will be referred for further assessment.
- Every patient will have their pain assessed against a visual analogue scale and offered analgesia if required.
- Every patient will be screened for MRSA and given decolonisation treatment if required.
- Every patient will have their nutrition and fluid needs assessed and given access to appropriate nutritional advice.

# Accessible & Responsive



The NHS Constitution is part of our values. It is part of our contract as a Trust and part of every employee's contract. We need to consistently deliver the promises that it makes. In the years ahead we want to exceed the minimum standards set. But in 2014-15 we want to meet them in every speciality. From July we will keep you posted on progress via TV screens across our sites. Our ambition means that we must deliver:

- No mixed sex breaches of our privacy and dignity standard, now reported from eBMS.
- By October 2014, speciality delivery of 18 week wait standards, and introducing these standards into therapy services.
- Cutting cancelled operations numbers, and eliminating repeat cancellations.

- Delivering national cancer wait times, even where other Trusts deliver part of the care.
- Achieving the emergency care standard, and meeting our own ambitions around mental health care in an acute setting.
- Complying with both the letter and the spirit of the Safe Staffing promise made after the Francis Inquiry.

Many of our services do not have national 'targets'. That gives us an opportunity to set our own standards, having listened to the ambitions of our patients and partners. Clinical groups and directorates have been encouraged to develop local standards. All corporate services have agreed Key Performance Indicators too; these explain how quickly helpdesk issues will be fixed, or how rapidly we will pay invoices to suppliers.





## Care Closer to Home



Our patients and our GP colleagues want us to work more locally. Offering services with less travel that are convenient to them; allowing us to deliver multi-disciplinary care in a primary care setting. That is why in 2014 we have opened a new sexual health clinic at Rowley. It is also why we have moved most of our diabetes clinics into GP surgeries. Over the next twelve months we need to maintain that momentum of change at scale. It is critical to our future that we do what we have promised to do when we consulted local people about the Midland Metropolitan Hospital. And the promises we made in setting up Right Care, Right Here.

In 2014-15, as a minimum we will:

- Develop further our model of intermediate care at Leasowes, Rowley Regis and in Sheldon.
- Complete the transfer of 27 clinics into Rowley Regis, as agreed by the Clinical Leadership Executive.

- Reform another long term conditions specialty into general practice, year two of what we have achieved with diabetes.
- Implement our pacesetter project to change the shape of district nursing delivery, making our services part of the primary health care team.
- Resolve the long term configuration of midwifery services for 2015-16, with our CCG partners, local families and the Local Authorities.
- Ensure that our plans for winter 2014 are supported by consistent models of out of hospital care in nursing homes and other settings of risk.

Within our 2020 vision work we are going to identify at least twenty integrated care pioneers. These services either are or will be in time at the forefront of our work to make sure that where it is safe and economic to provide care in local settings away from an acute hospital, we make that happen.



The organisation is one of the most financially stable in the region. But these are unprecedentedly difficult times. In 2015-2016 a shared funding model between CCGs and Local Authorities will be introduced. Meanwhile, public spending changes continue and will continue until the end of the decade at least. The way our funding works, we receive less money each year to deliver the same quantity and better quality of care. That means we need to make savings and efficiencies.

Our long term financial model for the next ten years sets out those requirements. If we succeed we will be able to invest in our workforce, in our estate and in our IT and equipment every year.

**This year we have to reduce expenditure. That means we need to do at least five things much more consistently:**

- Cut our reliance on agency, overtime and bank staffing, on which last year we spent over £25m.
- Standardise our equipment, especially in theatres to reduce the costs and safety risks of variation.
- Make sure that the way we work is productive and efficient, across the week and in every month of the year, making smarter use of technology.
- Reduce overheads in our system, so that more of every pound is spent on patient care.
- Eliminate the costs of poor quality care, where patients need more expensive treatment because of errors or omissions that we have contributed to.

Identifying £45m of savings for 2014-2016 (our two year plan) will never be easy. It will involve difficult choices. That is why it is very important that we develop and make better use of our incident and risk reporting systems. Every savings project we take forward is reviewed by our Chief Nurse and Medical Director among others. We will ensure that we monitor projects after implementation and act with integrity where they are not working or are creating unintended results.

All of our plans for 2014-15 and beyond involve workforce changes. We are committed to working collaboratively through our JCNC with staffside and professional bodies. Wherever possible change will happen with the support of those affected. We will be disciplined about our recruitment processes to try and ensure that redeployment happens smoothly and with support. Over the next two years we expect to reduce our overall staffing model by not less than 400 roles (we have more vacancies than this). To support that we will be:

- Improving our 'time to hire' from vacancy to recruitment.
- Introducing an in-house medical bank.
- Providing extra support to high-turnover departments and those with long-term vacancies.
- Investing in our occupational health services counselling teams to tackle workplace stress.
- Ensure that our training expenditure supports career and skill development.

# 21st Century Infrastructure



In 2014-15, we will invest around £19m of one-off money (capital) in projects put forward by staff. In particular we will commission a new PACs system in imaging. We will continue to expand the use of iPads and laptops in community settings. And we will finish deploying VitalPaks into our acute ward areas. Less visibly, we will implement year 2 of our plans to make our IT network more resilient.

We are proud of our PLACE results for the environment we provide. But we are investing to maintain that position, even as we press government for a final decision on the Midland Metropolitan Hospital project. Increasingly, we

will invest in the estate that we are keeping for the long-term including Sandwell General Hospital, Rowley Regis and Sheldon. We are determined to resolve the issues with the Birmingham Treatment Centre and are working with our PFI partners to ensure a better staff and patient experience in that facility.

We expect during 2014-15 to know the timetable for the new hospital. If it is approved in coming months, then we would proceed to place a notice for a constructor and partner. The process of selection will engage staff and partners this autumn. We anticipate signing a thirty year plus contract in 2016.

## An Engaged & Effective Organisation



Compared to other Trusts, we continue to report good levels of engagement and involvement based on your responses to national surveys and to the Your Voice model. We are also seeing more colleagues recommending our services. But we want to achieve outstanding levels of engagement, supported by high quality leadership. With that ambition in mind, during 2014-15 we will:

- Achieve 100% PDR and mandatory training compliance by March 2015.
- Cut sickness rates from their current 4.5%, by focusing on our fifty hot spots.
- Improve employee wellbeing by implementing our Public Health Plan.
- Invest in our leaders, through our partnership with Hay Group and others.
- Introduce 360-degree appraisal into all leadership roles.

Critical to our future is a more devolved model of decision making. During 2014-15 we will develop our clinical directorates and provide further support to the eight groups within which they sit. High performing teams under our Autonomy and Accountability Framework will have greater scope to make local decisions and to seize opportunities to innovate. We will continue to form partnerships not only with local primary care bodies, but with third sector organisations, universities and commercial partners.

Parts of our Trust demonstrate enormous success through the way in which they work and how they are led. Our vision is to develop more services in that model, learning from what works well already in our organisation and elsewhere.

# Towards our 2020 vision

The annual plan focuses on the next few months. Those plans are already based on long-term plans for safety and quality of care and on long-term models for our finances and our workforce.

During 2014 we will continue and finish the process of describing our vision for the longer-term. This will describe what an integrated care organisation does well, how it differs to what we offer today, and what local people can

expect from us in 2020. Everything we choose to change or keep in 2014 needs to be consistent with that longer-term plan.

Everyone in our Trust has worked hard to create a successful organisation that is stable and well regarded. We now have chance to adapt and make sure what we do and how we do it is fit for the future.



Where  
**EVERYONE**  
Matters