

Our Annual Plan Summary 2015/16



Artist's impression of the new Midland Met Hospital



By investing in cutting community caseloads we want to increase contact time with patients

Dear Colleague,

Wherever you work in our Trust you are part of one of our 39 directorates (32 clinical and 7 corporate). These are the decision making units of the organisation and each produces a plan every year for the 12 months ahead. Taken from those plans, developed in the first three months of 2015, the Board agrees a whole Trust plan. This reflects your ideas, as well as the NHS Mandate agreed by Parliament, which obliges us as a public service to do certain things as a priority. The mandate amplifies the NHS Constitution which all of us are contractually required to deliver and support. As a Trust we have contracts too with commissioners which create some duties and expectations. This year our contracts reflect national terms and conditions: We get paid if we succeed and fined if we do not. Quality and productivity matter.

So the priorities in our annual plan come from you, and from others, and it is these priorities which clinical and corporate leaders will be asked to focus on until April 2016. It is worth having a look at them and reflecting on:

- What part you could play in helping us succeed; and
- What do you think is missing and what risks could that create for us and our patients?

Imagine if we succeeded with these promises. Would that make care here safer? Would our work be more rewarding? Would it reduce pressure on teams? Could the improvements help us save money to invest in new ideas?

We think the answer to these questions is yes, and we want to make them happen. They are fairly aspirational, but we believe they are also fairly realistic.

It is easy to regard an annual plan as "just" a management document. But in truth this is the Trust's promise to all of us: That we will focus on these things (and therefore not on other things) and we will put time, money and effort into making these promises happen.

Through the weekly Friday message, through Heartbeat, through your appraisal, and through payslip attached briefings, we will let you know how we think it is going. We do not plan to carve them in stone anywhere, but that does not mean they will not be a fixed part of all our lives in the months ahead, so please take a few minutes to look through them and let us know what you think.

Our 2015/16 priorities

For a long time, our organisation has had six strategic priorities. Our 30 goals for the year ahead reflect those same priorities but we provide a specific objective of something we will do, or an outcome we will deliver together. Some of these goals are already well advanced, some we failed to meet last year and need to try again. Others are part of getting ready for our long term future. Ten of our goals (marked with *) will be reported monthly to the Board by our Chief Executive, the others will be scrutinised quarterly.



Safe, High Quality Care

1. Reducing readmissions by 2%*
2. Improving outpatient care by implementing phase two of our outpatients programme
3. Achieving the gains promised within our 10/10 programme*
4. Meeting the improvement requirements agreed with the Care Quality Commission creating and inclusive, active and risk driven culture
5. Tackling caseload management in community teams*

Unplanned emergency readmissions at Sandwell remain higher than we would expect. Work is needed across medicine, surgery and community teams to identify high risk patients and provide extra support to them.

To achieve our ambitions we have to reduce vacancy rates in midwifery, district nursing and health visiting. Caseloads need to be lower in some teams to improve our quality of care.



Accessible and Responsive

6. Meet national elective and emergency wait time standards and deliver from October a guaranteed maximum six week wait for outpatient appointments
7. Double the number of safe discharges each morning, and reduce by at least a half the number of delayed transfers of care in Trust beds
8. Implement Advice and Guidance support for GPs in all specialties, and expand use of video technology to consult with patients
9. Deliver our plans for significant improvements in our Health Visiting provision so children 0-5 years and their families receive high standards of professional support at home*
10. Work within our agreed capacity plan for the year ahead*

We know that daylight discharge is safer, and home before lunch means that we can go into the evening with the beds we need to care.

Every specialty has a demand projection in place and a plan setting how we can increase weekly supply through improved productivity: Working smarter not harder.



Care Closer to Home

11. Expand our iCares and heart failure services to provide improved care in West Birmingham
12. Implement our Rowley Regis expansion plans, so that by March 2016 we have in place our Right Care Right Here model on the site*
13. Ensure that we improve the ability of patients to die in a location of their choosing, including their own home
14. Support agreed projects with selected GP partners through the CCG's 'push sites' initiative, designed to fit care models to local populations
15. Move more of the respiratory medicine service into the community

Advanced care planning is essential if we are to look after people in their last year of life better and allow them time to make choices about their care.

The Trust is a major partner in the Five Year Forward View Vanguard bid around the Vitality GP practices in Handsworth, designed to change what we do, but also to improve general practice.



Good use of resources

16. Implement successfully and safely the new tariff regime (Enhanced Tariff Offer) as the Trust moves to a payment by results system
17. Create balanced financial plans for all directorates, and deliver Group level income & expenditure balance on a full year basis*
18. Develop our capital plan, and spend in line with that plan
19. Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board
20. Reform how corporate services operate to create efficient transactional services by April 2016 that benchmark well against peers

For audit, revalidation and finance it is important that we accurately code the complexity of our care.

Corporate services, like HR, IT and finance, will be working differently to support frontline clinical teams.



21st Century Infrastructure

21. Agree Electronic Patient Record Outline Business Case, and initiate the procurement process, whilst completing infrastructure investment programme*
22. Reach financial close on the Midland Met Hospital*
23. Complete public engagement on, implement and evaluate the reconfiguration of interventional cardiology and acute surgery between our Sandwell and City sites
24. Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre
25. Finalise and begin to implement our Right Care Right Here (RCRH) plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr

In autumn 2015 we will make big changes in three key specialties to improve safety: Orthopaedics, general surgery and cardiology.

By the end of 2015, future locations at Sandwell, or in Midland Met, or elsewhere will be known and defined – and the timetable for moves published.



An engaged, effective organisation

26. Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness*
27. Finalise our long term workforce plan,
28. Create time to talk within our Trust, so that engagement is improved.
29. Agree and begin to implement our three year Education Plan
30. Complete the second year of our leadership development programme, providing clinical leaders with the skills and expertise to lead the organisation forward

This means that return to work interviews become standard and we enforce comprehensively our existing sickness policy.

1500 staff got involved in the first Quality Improvement Half Day. These are a key chance to improve care locally and learn Trust-wide.

This leaflet summarises our priorities for this year. Next month we will publish our longer term 2020 vision that describes our journey towards becoming renowned as the best integrated care organisation in the NHS. We will be asking colleagues, patients and local residents what they think of our plans.

Investing in our teams

Last year we invested in leadership and we will continue that investment to develop the talent that will take services forward in the future. We are also growing our training budget and rolling out a new model of appraisal to focus on performance and potential for everyone who works with us. It is essential that the teams we have are able to function effectively, have time to learn, and are supported to develop the key skills needed to provide outstanding care. 2015-2016 will see us tackle some very basic must-dos. We have to cut our sickness rates, reduce our vacancy rates, and improve morale and engagement. Those aims cannot be instead of reforming services or tackling our finances, but they are part of both of those goals.

Developing technology

We will make significant investment in IT to create more resilient, secure and up to date systems and we will also make a major decision about a new electronic patient record. Our investments will also impact on patients' experiences of care through our outpatient clinic self check-in and booking programmes as well as delivering new ways of care such as remote Skype consultations.

Changing acute care: towards Midland Met

The planning application for Midland Met will be submitted in the summer and at the turn of the year we will sign a 30 year+ contract with our preferred bidder.

Whilst the new hospital is a crucial part of care transformation locally, and an important regeneration activity for the local area, it is only one part of the jigsaw of change needed. In addition to GP developments we are also completing development work at Rowley Regis Hospital and on the City Hospital site at Sheldon, before we begin a major redevelopment of the Sandwell site to create the Sandwell Treatment Centre, and to locate corporate services for the Trust as a whole onto the site.

Read more at swbh.nhs.uk



We are investing to make sure we have the right number of A&E, acute medicine and elderly care clinicians



Pathology is a strength at SWBH. In 2015 we will confirm the timing of completing pathology's reconfiguration



Where
EVERYONE
Matters