Our priorities for 2016/17

Strategic Objective	Priorities for 2016-17	How will we achieve it?
Safe, High Quality Care	Reducing readmissions.	Continue to identify patients at risk. Outcomes will be a 2% fall in re-admission rates at Sandwell compared to the 2014/15 baseline.
	Improving the experience of outpatients	Improve care so that patients experience a maximum wait of six weeks, elimination of clinic rescheduling and 98% patient satisfaction rate. We expect to reduce did not attend (DNA) rates by 2%.
	Achieving the gains promised within our 10/10 programme.	We will focus on a 100-day roll out in our assessment units during the first quarter of the year and invest in ward managers to support delivery.
	Meeting the improvement requirements agreed with the Care Quality Commission.	In the first half of the year we will ensure we complete the remaining outstanding tasks in the Improvement Plan and in quarter three we need to ensure benefits have been gained from that work.
	Tackling caseload management in community teams.	We will make sure that nursing caseloads at team level are reduced to the median in the Black Country. Patient contact time will be increased by 10% among district nurses, health visitors and midwives.
Accessible and Responsive	Meet national wait time standards, and deliver from a guaranteed maximum six week outpatient wait	Achieve 93% or better for four hour waits in our emergency departments from Q2. Achieve the 18 week referral to treatment standard consistently. Eliminate open pathway referral issues seen in prior years. Deliver the 62-day standard in specific tumour groups.
	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	Have fewer than 15 delayed transfers of care in Trust bed base with 40% of discharges taking place before midday.
	Deliver our plans for significant improvements in our universal Health Visiting offer, so 0-5 age group residents receive high standards of professional support at home	Deliver our contractual standards and establish our new partnership model with Sandwell Metropolitan Borough Council so that it delivers effective health visiting care for families.
	Work within our agreed capacity plan for the year ahead, thereby cutting did not attend (DNA) rates, cancelled clinic and operation numbers, largely eliminate use of premium rate expenditure, and accommodating patients declined NHS care elsewhere	Cut did not attend (DNA) rates by 2%. Ensure all specialties by October 2016 achieve a recurrent balance between demand and capacity.

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Care Closer to Home	Ensure that we improve the ability of patients to die in a location of their choosing, including their own home	Make sure there is an increase in the proportion of patients identified as being on the planned pathway >72 hours before passing and Increase the proportion of patients able to die in place of their choosing.
	Respiratory medicine service sees material transfer into community setting, in support of GPs	Establish the community respiratory service so that we see a reduction in unplanned readmissions for respiratory patients at Sandwell.
Good use of resources	Create balanced financial plans for all directorates, and deliver Group level I&E balance on a full year basis.	Demonstrate group level balance for income and expenditure for the full year.
	Reform how corporate services support frontline care, ensuring information is readily available to teams from ward to Board.	Establish a reporting tool at frontline service level with clearly visible monthly reports on standards to support the performance improvement cycle.
	Reform how corporate services operate to create efficient transactional services that benchmark well against peers within the Black Country Alliance.	Conclude benchmarking work across the alliance and report to the programme board, with a rationalisation plan. Meet the KPIs for each corporate service.
21st Century Infastructure	Get NHSI approval for EPR full business case, award contract and begin implementation, whilst completing infrastructure investment programme.	Approve the preferred bidder and put capability in place for effective implementation next year.
	Develop, agree and publicise our final location plans for services in the Sandwell Treatment Centre.	Ensure that all departments relocating from City site know their future location at Sandwell and agree the investment trajectory as part of the 2016-2019 capital plan.
	Finalise and begin to implement our RCRH plan for the current Sheldon block, as an intermediate care and rehabilitation centre for Ladywood and Perry Barr.	Establish the West Birmingham intermediate care facility under the Better Care Fund.
An engaged and effective organisation	Cut sickness absence below 3.5% with a focus on reducing days lost to short term sickness.	The overall Trust sickness aim is 2.5%, comprising a fall from 2% to 1% in short term sickness and a fall of 100 people in long term sickness at any one time.
	Finalise our long term workforce plan, explaining how we will safely remove the pay-bill equivalent of 1000 posts between 2016 and 2019.	Make sure that the 2017/18 pay and whole time equivalent start point and proposed change plans reflect the Trust's long term workforce model.
	Create time to talk within our Trust, so that engagement is improved. This will include implementing Quality Improvement Half Days, revamping Your Voice, Connect and Hot Topics, and committing more energy to First Fridays	Make sure that we see an improvement on employee engagement score by at least 5%, with Your Voice response rates of at least 25% and understanding of actions being over 50%. We will have at least 100 senior leaders at our monthly team briefing system with high visibility of senior leaders and improved feedback on organisation communications.

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Matters