Paper ref: TB (10/22) 003







REPORT TITLE:	2023/24 Annual Plan				
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive Officer				
REPORT AUTHOR:	Dave Baker, Chief Strategy Officer				
	Meggan Jarvis, Associate Director of Strategy				
MEETING:	Public Trust Board DATE: 10 <sup>th</sup> May 2023				

#### 1. Suggested discussion points [two or three issues you consider Trust Board should focus on in discussion]

The annual plan draws from the 5-year strategy and sets out:

- Our 14 annual objectives for 2023/24 aligned to our long term strategic objectives and the 23/24 NHS operational plan;
- Of these 14 annual objectives, the 6 high impact objectives that we believe warrant additional focus and triangulation at Board, Executive and Organisational level;
- The key projects that will deliver the plan;

Attached to this report is the 2023/24 Finance Operational Plan.

2.	<b>2.</b>   <b>Alignment to our Vision</b> [indicate with an 'X' which Strategic Objective[s]	this paper supports]
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OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in	X	To cultivate and sustain happy,	X	To work seamlessly with our	X
everything that we do		productive and engaged staff		partners to improve lives	

#### **3. Previous consideration** [at which meeting[s] has this paper/matter been previously discussed?]

TMC - April 2023

#### 4. Recommendation(s)

The Public Trust Board is asked to:

a. AGREE the plan

#### **5. Impact** [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]

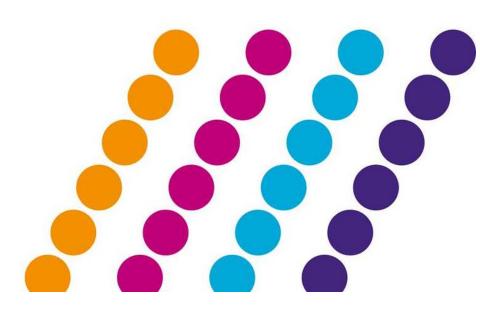
Board Assurance Framework Risk 01	Х	Deliver safe, high-quality care.					
Board Assurance Framework Risk 02	Χ	Make best strategic use of its resources					
Board Assurance Framework Risk 03	Χ	Deliver the MMUH benefits case					
Board Assurance Framework Risk 04	Χ	Recruit, retain, train, and develop an engaged and effective workforce					
Board Assurance Framework Risk 05	Χ	Deliver on its ambitions as an integrated care organisation					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is th	Is this required?			N	Х	If 'Y' date completed
Quality Impact Assessment	Is ti	ls this required?			N	х	If 'Y' date completed





# **Annual Plan**

2023/24



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# 2023/24 Annual Plan on a Page

#### Purpose

Improve Life Chances and Health Outcomes

#### Vision

Most Integrated Health Care Provider

#### Values

Ambition

Compassion

Our 5 Year Strategic Objectives: The 3 Ps

Respect

#### **Patients**

#### To Be Good or Outstanding in Everything We Do

### People

#### To Cultivate and Sustain Happy, Productive and Engaged Staff

## **Population**

To Work Seamlessly With Our Partners to Improve Lives

#### Multi-Year Strategic Changes



**Fundamentals** 

of Care





Use of People Plan



Place Based Partnerships



Opening MMUH

**Develop and Embed Our Improvement System** 

# Our 14 Objectives for 2023/24

### 6 High Impact Objectives

**Reduce harm** 

Improve patient experience

Reduce bank & agency spend

Increase elective activity

Train leaders

Reduce bed occupancy levels to safely open the new hospital

76% in Emergency Access Standard

85% in Diagnostics Standard

No 65 week waits

85% in 62 Day Cancer Standard Achieve Income & Expenditure Plan Improve staff experience

Achieve 70% Urgent Community Response Standard

Reduce health inequalities in respiratory & diabetes





# Annual Plan: 2023/24

#### Context

In 2022, The Trust Board signed off our five-year strategy. The strategy set out a clear purpose for the Trust: to 'improve the life chances and health outcomes of our population". In doing so, it focused on the delivery of three strategic objectives:

- 1. Our patients to be good or outstanding in everything we do;
- 2. Our people to cultivate and sustain happy productive and engaged staff;
- 3. Our population to work seamlessly with our partners to improve lives.

The simplicity of this strategy, together with the development and launch of our Trust values has now been adopted within the organisation and has gained support from local and system partners.

The strategy acknowledged the amount of effort that would be required by the whole organisation to prepare for and safely open our new hospital and to deliver the care models that underpin it. As such, it set priorities for before and after the opening of the new Midland Metropolitan University Hospital (MMUH).

#### **Our Trust Priorities Before MMUH** After MMUH Launch our Strategy and co-develop Embed new ways of working and the plans e.g. Fundamentals of Care **Continuous Quality Improvement** Value and Behavioural Framework Make significant improvement in our · Prepare for and open MMUH **Board Level Metrics, Staff Survey and** · Staff journey from recruit to retire **Patient Experience** Budget reset and cost control MIDLAND Develop a Learning Campus Place Base Partnership Development METROPOLITAN Work closer with partners in the Agree a Continuous Quality **Integrated Care System** UNIVERSITY HOSPITAL Improvement approach

Since launching our strategy in 2022, we have:

- Developed and launched the multi-year strategic changes including the Fundamentals of Care, People Plan and Digital Strategy;
- Developed and launched our new 'ARC' values and behavioural framework;
- Developed our hosting of 'Place' and made improvements in integrated discharge planning and admission avoidance;
- Created the 'Midland Metropolitan University Hospital' programme company, to focus the organisation on a safe and successful opening;
- Developed our understanding of Improvement Systems and gained approval from our Board to move to Full Business Case for implementation.





Whilst we are making progress we still have much work to do:

- Our patient and staff experience scores remain low;
- We remain rated as 'requires improvement' by the Care Quality Commission
- We are faced with an unprecedented financial challenge as the NHS works to restore productivity levels to and beyond pre-pandemic levels whilst dealing with high inflation;
- Our waiting lists are long;
- Our staff are tired and many are working extra shifts to sustain safe care;
- We need to deliver against our clinical transformation and workforce preparation to safely move into our new hospital;
- We need to deliver more services in a preventive manner if we are to change the future demands on our services and improve life chances for our population.

# **Annual Objectives for 2023/24**

This annual plan sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our five-year strategy.

The table below sets out the 14 annual objectives to be achieved by 1 April 2024.

As the second column shows, there is consistent alignment with the three most significant national frameworks:

- NHS England operational planning guidance 2023/24 and NHS Oversight
  Framework. This sets out targets to be achieved by all types of services and
  organisations in the NHS to improve quality and access. We have prioritised the
  metrics that will have the biggest impact for patients. In all instances, we have set
  ourselves at least the national or regional target (set by the Integrated Care System),
  or higher.
- Care Quality Commission (CQC). The standards set out by NHS England align with and inform the Care Quality Commission quality standards. Our Patient strategic objective is to be Good or Outstanding in everything we do, therefore our annual objectives address key areas to improve our overall CQC rating.
- **NHS Staff Survey.** Our People annual objectives, like our overall People plan, directly aligns to the national People plan.
- As with our five year strategy, we have considered other long term frameworks such
  as the NHS Long Term Plan and the emerging Five Year Joint Forward View in our
  Black Country Integrated Care System.

In setting these objectives we have been decisive to prioritise those that will have the biggest impact. However, we recognise that new initiatives may arise from external or internal sources. As they do we will consider whether they are mandated must do's or whether they help us to achieve our long term objectives faster or more easily. If they are either mandated or deemed as an accelerant we will add them, deprioritising to create capacity where appropriate.





### **Patients**

	2023/24 Patient Annual Objectives	National Framework
1	To increase our reporting of incidents whilst decreasing incidents with moderate harm or above	Local target supporting Care Quality Commission
2	Increase patients rating their experience as good or very good for all touchpoints including Friends & Family Test (FFT) by area	Local target supporting Care Quality Commission
3	To increase patients who are seen and treated within the 4 hour emergency access standard from 73% to 76%	NHS England operational planning guidance 2023/24
4	To increase patients who have their diagnostic completed within 6 weeks of referral from 50% to 85%	NHS England operational planning guidance 2023/24
5	To reduce the maximum length of our waiting list in all specialities from 100 weeks to 65 weeks for Referral to Treatment standard	NHS England operational planning guidance 2023/24
6	To increase cancer patients who are seen and treated within 62 days from 68% to 85%	NHS England operational planning guidance 2023/24
7	To increase elective activity from 94% to 104% of 2019/20 activity levels as per our production plan	NHS England operational planning guidance 2023/24
8	To deliver our income and expenditure plan and improve our underlying deficit position from £46.9m to £40m	NHS England operational planning guidance 2023/24  – 'achieve a break even position' locally agreed target
9	To reduce our bank and agency spend from £64.4 million to £45.6 million	NHS England operational planning guidance 2023/24 – locally agreed target

# **People**

	2023/24 People Annual Objectives	National Framework
10	To improve staff experience from 60% to 70% (combined engagement score)	Care Quality Commission, National NHS staff survey
11	To develop 200 leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation	Local target supporting Care Quality Commission, National NHS staff survey





### **Population**

	2023/24 Population Annual Objectives	National Framework
12	To reduce the acute care occupied beds by 86 in line with our plans to fit into the new Midland Metropolitan Hospital.	Local target
13	To maintain that over 70% of patients are seen within the 2-hour urgent community response target, whilst increasing contacts per month from 1200 to 1500 per month.	NHS England operational planning guidance 2023/24
14	To reduce health inequalities through targeted improvements for patients with type 1 diabetes and for patients with respiratory conditions. This will reduce type 1 attendances to Emergency Departments and unplanned admissions by 10% in identified early implementer primary care cohorts.	Supports Core20plus5 in NHS England operational planning guidance 2023/24

Annex 1 shows how these annual objectives align into our governance structure, including alignment to the Non-Executive led committees.

# **Key Projects**

In order to achieve these annual objectives, we have identified several key projects that have the biggest impact. These are outlined against our three strategic objectives.

The key projects are summarised in a table in annex 2.

#### **Patients**

Our Patient strategic objective has two multi-year strategic changes:

- Fundamentals of Care, which is our approach to improving quality, safety and experience for patients; and
- **Use of Resources**, which tackles our financial deficit position so that we can provide high quality care that is sustainable.

Both changes support our long-term objective to achieve good or outstanding in everything we do, aligned to the Care Quality Commission.

#### In 2023/24, the priority work in our Patients strategic objective is:

Harm free care will reduce contributors to patient harm. This is one of the seven Fundamentals of Care standards. Each clinical group will have a focus area as their most impactful contributor to harm, such as medicines management or deteriorating patients. This will support the delivery of our annual objective to reduce incidents of moderate or above harm, whilst maintaining a healthy reporting culture.





Clinical governance will support this by implementing the national **Patient Safety Incident Response Framework**. This mandatory change to the management, investigation and learning from incidents processes will support our efforts to reduce patient harm and create a culture free from blame in the long term.

**Communication** will look at improving patient experience. This is one of the seven Fundamentals of Care standards and identified as a top contributor to patient complaints, incidents, and overall experience. Our annual objective 2 this year is to improve patient experience as measured by the Friends and Family Test (FFT). FFT is reported by individual areas, with the baseline and targets as follows:

Area	2022/23	Target 2023/24
Inpatient (incorporating day case)	85%	90%
Outpatients	90%	93%
Emergency Department	65%	68%
Ante Natal	78%	82%
Birth	80%	86%

As with harm-free care, each clinical group, supported by corporate, will identify a priority area to improve communication. This will be supported by central improvement projects such as digital transformation in Patient Access including live notifications to patient devices and digital mail.

Our Co-Chief Clinical Informatics Officers and Executive Director for IT are leading on **Digital Proficiency**. This work supports staff to release time back to care for patients by making clinical systems easier to use.

To support recovery of services and financial sustainability we will increase our **elective activity** (104% 2019/20) as agreed in our production plan and financial plan. This includes achieving our activity and cost improvement targets across the organisation. In doing so, this will support achieving our core access targets. Improving our underlying deficit and long term financial position also means we must **reduce our bank and agency spend**.

To enable better patient access, safety and experience, we will improve the **patient journey both before**, **during and after**, **hospital**. The Trust will deliver on its ambition to work in an integrated way with partners on several changes that will reduce attendances, admissions, and length of stay. This work brings together both **Patient** and **Population** projects across the end-to-end patient journey, including Place Based Partnerships. This means that we must ensure care is **seamless both within and beyond the hospital walls**.

Many of these projects have a shared impact, underpinning all the Patient annual objectives including the Emergency Access Standard as well as reducing bed occupancy. We must therefore consistently track the benefits of these schemes and close additional beds when they are not required in order to support our MMUH and financial plans.





Several patient journey improvement schemes include:

- Integrated Front Door, where people attending our Emergency Departments will be seen by a multidisciplinary team and provided with community care and intervention as an alternative to acute care where appropriate.
- Care Navigation Centres, where patients and carers can access clinical advice, intervention, and holistic support from all parts of the system. People are supported to access the right support at the right time in a more coordinated way.
- Discharges before 1pm, with an earlier 'rhythm of the day' and cross site discharge lounges.

Finally, this year we will develop the full business case and **agree a partner for our Improvement System**. This work is a long term, strategic development for the organisation but will include certain activities in 2023/24 to lay the proper foundations including procurement, strategy, and senior leadership development.

### **People**

Our 'People' strategic objective has one multi-year plan, the People Plan. This was agreed at the start of 2023, and highlighted the steps we need to make as colleagues to cultivate and sustain happy, productive, and engaged staff.

In 2023/24, the priority work in our People strategic objective is:

Developing our leaders through our new **Leadership Framework**. Improving the quality of our leaders across the organisation is the single biggest impact we can make to improve our overall culture and staff experience. Line managers have a significant impact on an individual's experience in the organisation, and set the tone for teams and the environment they work in.

By focusing development on leaders and the design of the modules, this will improve:

- Equality, diversity and inclusion;
- Team readiness for moving into the new hospital;
- Laying the foundations for implementing our long term Improvement System;
- Patient safety and creating a blame-free environment;
- Overall staff experience.





This framework has three modules as outlined in the table below.

Module	Content	Commitment &Timescales
Compassionate Leadership	<ol> <li>Values &amp; Behaviours</li> <li>Compassion;</li> <li>Inclusion;</li> <li>Psychological safety;</li> <li>Engaging teams.</li> </ol>	3 hours for team members commencing May '23 2.5 days for managers commencing Sept '23
Restorative People Management	<ol> <li>Positive and strengths based approach to performance management;</li> <li>Values-based personal development review (PDR);</li> <li>Leading wellbeing;</li> <li>Attracting and retaining talented people;</li> <li>Coaching style conversations;</li> <li>Uncomfortable conversations;</li> <li>Managing conflict between staff;</li> <li>Leading change;</li> <li>Appreciative enquiry.</li> </ol>	Pilot rollout from April '23  Leading Change element developed – training to be rolled out from April 23 onwards with focus on MMUH change management phasing.  Trust wide training for those not included in MMUH training to be rolled out from May '23 onwards
Leading & Inspiring Safety & Service Innovation	<ul><li>15. Finance in the NHS and Sandwell &amp; West Birmingham;</li><li>16. Introduction to governance;</li><li>17. Innovating towards service improvement.</li></ul>	Pilot rollout from May '23

Preparing to open MMUH also links the work of **Population** and **People** together as we **build change readiness for individuals and teams**. Over 5,900 of our 7,600 staff will have a change to their working terms and conditions in some way. The processes for management of change along with organisation development interventions will be undertaken in 2023/24 and form one of our key deliverables.

# **Population**

Our Population strategic objective is achieved through two multi-year plans:

- Opening MMUH, which transforms our physical and clinical footprint to improve life chances and health outcomes.
- Place based partnerships in Sandwell and the locality partnership in Ladywood
   Perry Barr. These multi-agency partnerships focus on managing demand more effectively by providing seamless, person centred support in community and primary care.





Both of these plans support our long-term objective to work seamlessly with partners to improve lives.

The Midland Metropolitan University Hospital will open in 2024. This is a major programme that enables achievement of many of the Trust's annual objectives, along with progress towards the Trust's strategic objectives.

Transformation will intensify across most of the Trust in 2023/24. There are 12 significant clinical transformations that are required before the new hospital opens. Clinical support services also require major change that includes the introduction of a new approach to logistics. Being operationally ready to move is essential to secure a safe opening of the new facility. During the year, clinical and corporate services will progress through three gateways to assure operational readiness.

As part of the MMUH programme, workforce transformation is required. This includes:

- Meeting the recruitment plans to successfully appoint and onboard staff into posts that are required to deliver the new clinical pathways;
- Successfully managing the engagement and consultation with staff over changes to terms and conditions of employment (management of change); and
- Enabling our transformed teams to function effectively through targeted organisation development support.

Corporate support services for MMUH will further develop during the year **including changes to clinical and corporate IT systems** to account for new pathways and locations to deliver care.

In 2023/24 the building will be completed and handed over to the Trust to begin commissioning the building. The hospital move plan will be approved and plans confirmed for decommissioning of the non-retained estate.

Throughout these processes we will continue to engage and communicate with staff, patients, the public and key stakeholders over issues of interest, importance and concern.

Midland Met is **#morethanahospital** and the regeneration potential of the new facility is being actively pursued. This year the Trust will:

- Further develop relationships with key partners to progress the learning campus, the masterplan for the City Hospital site and the Smethwick to Birmingham corridor;
- Establish routes for **residents local to the new hospital** to volunteer, gain employment and make best use of the community assets; and
- Set up a **community based arts programme** with local integrity and national significance.





In 2023/24, the priority work in our Population strategic objective is:

Achieve our target bed occupancy levels, to safely open the new Midland Metropolitan University Hospital (MMUH).

The key projects to achieve this are shown in the table below which describes the opportunity to reduce beds.

Project	Description	Bed saving opportunity
Frailty Same Day Emergency Care (SDEC) & Intervention Team	Specialist support for frail patients in our Emergency Departments to avoid unnecessary admissions to hospital and provide wrap around support.	45
Medical SDEC	Diverts certain types of care and treatment from the Emergency Departments, providing a better patient experience and avoids admissions.	10
Heart failure	Moving activity from inpatient setting to community and improving care pathways.	12
Frailty virtual wards	Discharging frail patients sooner or avoiding admission by monitoring patients on a 'virtual ward' in the community.	16
Respiratory virtual wards	Discharging respiratory patients sooner or avoiding admission by monitoring patients on a 'virtual ward' in the community.	8
Walsall ED redirections	Changes to the ambulance conveyance boundaries will shift activity towards Walsall Healthcare NHS Trust will reduce activity to MMUH.	34
Care homes admissions avoidance	In-reach support to care homes in Birmingham, based on success in Sandwell, for the same patient group	21
Total		146

These projects also support the **Patient** strategic objective by improving flow through the hospital and providing a better quality experience.

The **Place Based partnerships** have two objectives for 2023/24, in addition to the wider support provided to the **patient journey**.

Firstly, we will achieve 70% patients seen within 2 hours as part of the Urgent Community Response target, whilst increasing contacts. To do so, we are redesigning our community delivery model to provide more timely access and intervention for people who have the greatest needs and would otherwise access emergency and acute care. By ensuring our response is timely and coordinated, we will improve patient outcomes as well as disrupting urgent care demand. Whilst the most urgent interventions will be undertaken within 2 hours, we will provide tiered urgent care with 6 and 12 hours. This will be coordinated by our Care Navigation Centre as an access portal, and importantly, will also work with the ambulance service. This model will enable patients accessing 999 to receive alternative services, therefore avoiding emergency departments.





Secondly, we will reduce health inequalities through targeted improvements for the most prevalent long term conditions in the local population.

- Patients with type 1 diabetes we will utilise population health data to risk stratify
  General Practice registers, ensuring targeted prevention and specialist care for people
  with the greatest risk. This will be underpinned by the expansion and transformation of
  our existing Diabetes in Community Extension (DiCE) model which is a clinically
  designed risk management tool that allows our teams to proactively intervene in patient
  care before long term conditions deteriorate.
- Patients with chronic respiratory conditions Utilising the Programme for Respiratory Integration of Services in the Midland Metropolitan area (PRISMM) model, we will better coordinate the delivery of care and interventions for people with chronic respiratory illness. PRISMM, similar to the DiCE model above, allows Respiratory specialists to monitor GP practice lists to target patients that would benefit from proactive preventative interventions therefore improving long term condition management.

Whilst we have many targets that are expected to be achieved nationally, as a Trust we have always been ambitious for our communities and sensitive to the needs of our population. By prioritising a first wave of prioritised projects to reduce health inequalities, we keep our purpose in mind: to improve life chances and health outcomes.

# The Delivery Rhythm

Our focus areas and priorities for 2023/24 make it clear what we will achieve. To deliver the plan, we must embed this focus throughout the organisation.

#### Update how our Board Level Metrics are presented

Over the last two years, we have reduced the volume of performance metrics so that the Board and senior leaders look at a focused 25 shown in Statistical Process Control (SPC) charts.

Our 2023/24 annual plan will reduce the number that will be shown as an SPC chart to the 14 that we are putting the additional focus into improving in the year.

The remaining Board level metrics, not identified as 2023/24 improvement metrics will be tracked in a summary table. If any of these remaining metrics deteriorate, business rules corresponding to SPC charts will flag these metrics for escalation and review. This ensures that we stay focused on our most important objectives, whilst mitigating risk.

It is expected that the process of narrowing the focus will encourage an enhanced level of challenge around delivery assurance. The Non-Executive led committees will continue to track the supporting metrics to provide further assurance on delivery against our strategic objectives.

Annex 1 overviews how the 14 annual objectives align to our governance structure.





#### Create weekly Executive forum to track delivery of the Plan

The Executive will meet weekly to add enhanced focus to 6 of these 14 objectives which will have the biggest impact. Our 6 high impact annual objectives are:

- Objective 1: To increase our reporting of incidents whilst decreasing incidents with moderate harm or above
- Objective 2: To increase patients rating their experience as good or very good for all touchpoints including Friends & Family Test (FFT) by area
- Objective 7: To increase elective activity from 94% to 104% of 2019/20 activity levels as per our production plan
- Objective 9: To reduce our bank and agency spend from £64.4 million to £45.6 million
- Objective 11: To develop 200 leaders in compassionate and inclusive leadership, restorative people management, and in safety and service innovation
- Objective 12: To reduce the acute care beds by 86 in line with our plans to fit into the new Midland Metropolitan Hospital.

These 6 objectives have a multiplying impact. Compassionate and skilled leaders improve staff experience, supporting teams to succeed. Better staff experience means better retention and recruitment, reducing bank and agency costs. Happy staff provide excellent care, creating happy patients and safer care. Better care means that patients don't stay in hospital longer than they need to, creating more capacity to deliver elective care and to fit into MMUH.

The weekly Executive sessions will be led by the Chief Executive Officer and set a tone for the most important actions to be completed each week by each of the Executives and their respective teams. The sessions will offer a triangulation point for:

- Joined up planning, for example, the relationships between activity, finance and workforce;
- Tracking benefits realisation, for example, as Virtual Wards are opened, the appropriate volume of acute beds are closed.

#### Agree priorities with the Clinical Groups and Corporate

Each area of our organisation has a part to play in achieving this plan. The Executive will devolve annual plan metrics across the Clinical Groups and Corporate areas so that there is visibility and accountability of delivery throughout the organisation. This will be tracked through Group and Corporate Reviews, which take place bi-monthly and form the core of our accountability framework.

The reviews will strike a balance between the Groups and directorates agreeing what they can do to help move the 2023/24 organisational priorities whilst selecting a few areas where they require support from the Executive to deliver local priorities.





# Long term developments

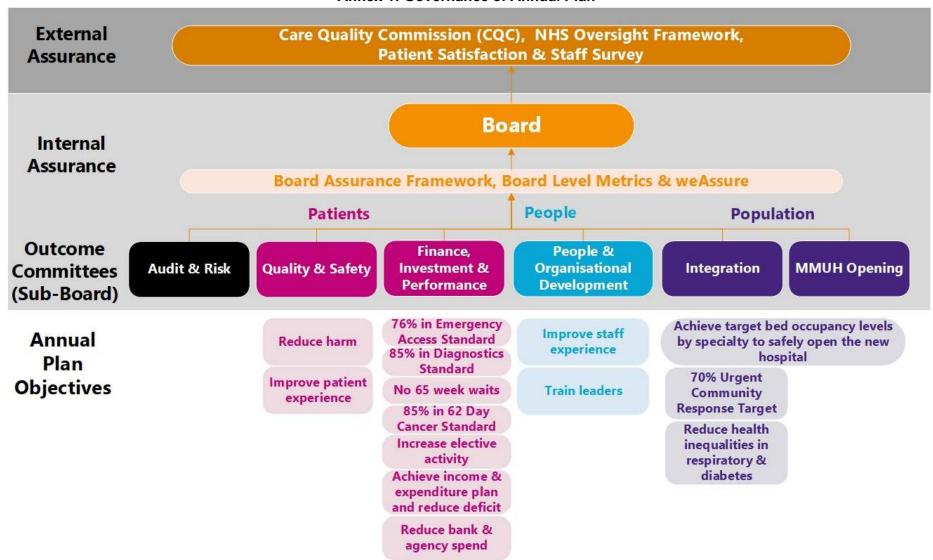
As we create an enhanced focus on the year ahead, we must continue to build the infrastructure and relationships that moves us towards our vision of being the most integrated health care provider. This includes:

- Identifying a partner and developing our **Improvement system** in 2023/24. Our improvement system will be our approach to running our organisation in the future;
- Moving into MMUH and realising the care and regeneration benefits that will help our population;
- Growing the work of our "Place Based Partnerships", particularly with our colleagues in Ladywood and Perry Barr, to create equitable life chances and service provision;
- Working more closely with our partners in the Provider Collaborative to achieve the
  vision of 'One healthcare system, across multiple sites, working in partnership to
  provide better, faster, and safer care to the population of the Black Country and
  beyond" and to become one hospital group that supports the respective "Places";
- How we may become a University NHS Trust by partnering locally around research, development and improvement.





Annex 1: Governance of Annual Plan







Annex 2: Key Projects to Deliver Annual Plan

Key Projects							
Patients	People	Population					
Harm free care and Patient Safety Incident Response Framework	Leadership framework  Population - Management of	Reduce bed occupancy: Frailty Same Day Emergency Care (SDEC) & Intervention					
Communication	change, recruitment and organisation development for	Team Medical SDEC					
Digital Proficiency	MMUH	Heart failure Frailty virtual wards					
Elective activity (104% of 2019/20) as per our production plan		Respiratory virtual wards Walsall ED redirections Care homes admissions					
Financial plan including bank & agency reduction		avoidance					
Patient Journey including: Integrated Front Door		Urgent Community Response  Health inequalities in type 1					
Care Navigation Centres Discharges before 1pm		diabetes and chronic respiratory conditions					
Improvement system development							