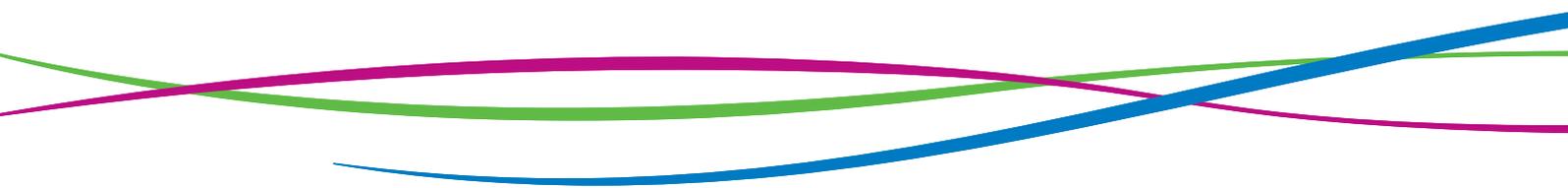


# Operational Plan 2019 - 2020



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# 1. Executive summary

Our Operational Plan builds on the objectives and key actions identified with our Strategic Plan, which was produced in 2018. This presented our refreshed Trust vision: an organisation that continuously strives to improve the outcomes and experiences for the communities we serve.

We believe our vision will help guide us through a time of change and help us to deliver integrated care. This is becoming more evident as health economies change and organisations across the system look to integrate and become more focussed on delivering joined up care for communities, regardless of organisational form and geographical boundaries.

We have already made progress against our objectives and now offer acute, community and primary care services for patients across the City and beyond. However, we are also working with other providers to bring about system change and improved ways of working. In 2018, RWT became the host of the new Black Country Pathology Service. This will deliver improved levels of service and increased efficiency for all four hospitals in the Black Country. We have also become the designated hyper-acute stroke unit for Wolverhampton and Walsall, providing acute care at New Cross before patients are repatriated for rehabilitation. This recognises the close joint working between clinical teams that is being developed.

A focus on quality and safety is at the heart of everything we do with patient safety an absolute priority. We have introduced a medical examiner role and structured judgement review process as we look to improve our position on Mortality. We are also working with stakeholders from across the City as we develop and embed a citywide end of life strategy.

Focussing on improving quality is one of our key priorities for 2019/20. We realise that in order to improve the services we offer our patients we need to explore how we can get better. To this end, we have launched a Continuous Quality Improvement (CQI) programme. This team, which will be clinically led, will provide expertise to facilitate, educate and support services in their drive to deliver outstanding care. This will be achieved through a more systematic approach to service improvement, using evidence based methodologies. This will complement the work already commenced as part of the National Getting it Right First Time (GIRFT) approach.

Whilst there is much positivity around the organisation, the pressures remain and significant challenges exist. This is most keenly felt within the workforce. Our ability to continue to attract and retain high calibre staff remains a priority. There is a national shortage in key roles and we continue to look at creative and diverse ways to attract new people. This will include overseas recruitment and expansion of training and development programmes for existing staff groups.

Finally, similar to all healthcare organisations, the financial position is challenging. We achieved a small surplus in 2018/19, which was delivered non-recurrently. In order to achieve the planned surplus position for 2019/20, we will have to deliver a structured finance and activity plan as well as an ambitious efficiency programme. There are clear plans in place to support this but this will be a big task for 2019/20.

## 2. Our vision, values and strategic objectives

Our strategic and operational planning is closely linked to both our vision and our values, as these underpin everything we do.

Guided by our vision and living our values will support us in meeting our strategic objectives for the people that matter most – our patients:



### 3. Review of 2018/19 - key achievements

#### To have an effective and well integrated health and care system that operates efficiently



Objective 2018 -19	Update 2019
As part of the Better Care Fund, we will develop integrated community and Primary Care pathways	The rapid intervention team has been fully recruited to and now sees over 600 patients per month. Helping support primary care and reducing admissions into ED.
We will review and maximise the use of community estates	Community transformation programme is now established, full space utilisation and fitness for purpose analysis due for completion Autumn 2019.
We will take an active role within the Wolverhampton Transition Board - improving the healthcare experience and health outcomes of the local community.	Have co-located one community and social care team to achieve integrated working. Work underway to roll-out across City. 0-19 partnership board developed with City Council. Improvement across mandated KPIs delivered.

#### Proactively seek opportunities to develop our services.



Objective 2018 -19	Update 2019
We will extend the coverage of our Vertical Integration project.	A further two practices have joined, one practice has joined an alternative partnership. We have also extended our coverage and now have a practice from South Staffordshire within Vertical Integration.
We will continue to bid for appropriate tenders, whilst ensuring resources are prioritised.	We have won 90% of all tenders we went for this year. This includes HPV testing which means we are one of only nine centres nationally.
We will work collaboratively with neighbouring Trusts to deliver our Sustainability and Transformation Plan.	We have worked collaboratively with Walsall Healthcare to develop a joint Stroke pathway that sees Walsall and Wolverhampton patients attend Wolverhampton for their acute care prior to repatriation. Working on the planned care programme in Staffordshire. Agreed to host the Black Country Pathology Service for all providers.

# Create a culture of compassion, safety and quality.



Objective 2018 -19	Update 2019
<p>We will meet our ongoing commitment to patients admitted as an emergency to re-ceive services that meet the 4 key clinical standards, seven days a week.</p>	<p>We are compliant with 3 of the key clinical standards and will be fully compliant with all 4 by March 2020.</p>
<p>We will meet our 3 Quality Priorities:                      Safe Staffing.                      Patient Experience and Satisfaction.                      Safer Care</p>	<p>Across the year we have seen the number of nursing/midwife vacancies reduce from 175 to 88 and HCA from 51 to 14</p> <p>The FFT response rate has increased and recommendation rate has improved to 92.4%. Compliments have increased and complaints and concerns are down 44%</p> <p>There has been a 61% reduction in the number of falls resulting in harm</p>



## Attract, retain and develop our staff and improve employee engagement.



Objective 2018 -19	Update 2019
We will listen to our staff and encourage an open and transparent culture.	We have a well-developed Freedom to Speak Up programme led by the Freedom to Speak Up Guardian and network of 10 'contact links'.
We will continue to review career pathways, including growing our apprenticeship programme.	<p>We grew our apprenticeship programme to 186 apprentices in 2018-19, including 95 of our existing staff taking on an apprenticeship.</p> <p>We developed number of other new roles; 21 Nursing Associates, 38 Assistant Practitioners and 60 Advanced Practitioners enhancing not only the patient experience, but also staff development opportunities.</p>
We will implement Retention and Recruitment strategies to address staff vacancies.	<p>We have undertaken a number of recruitment and retention initiatives including the NHS Improvement retention support programme.</p> <p>We have attended and held numerous recruitment events, including RWT large scale recruitment events off site, on-site open days and hosted events such as the Nursing Times Recruitment Event.</p> <p>This has resulted in an increase of over 70 WTE nursing staff and over 55 WTE medical staff (excluding rotational trainees) over the year.</p>
We will continue to utilise the Clinical Fellowship Programme to fill key specialist gaps.	The Clinical Fellowship Programme has continued to provide an excellent supply of high quality medical staff to the Trust with 174 recruited in 2018-19.
We will maximise the current skills of staff and develop our current workforce.	<p>We have continued to support our current workforce to develop through access to a wide range of programmes.</p> <p>We have developed a revised appraisal process to support staff development.</p>

## Maintain financial health - appropriate investment to patient services.



Objective 2018 -19	Update 2019
We will deliver our planned income and expenditure position.	We delivered a surplus of £3m after adjusting for non-control total items. Although the income and expenditure plan was not delivered it was an achievement to deliver a surplus again in 2018/19.
We will meet our savings targets	Our reference costs suggest we are already a highly efficient organisation. Notwithstanding this fact, we achieved 56% of the savings plan, delivering £14.1m of efficiency savings.
We will continue to invest in services through our Capital Plan.	We achieved 99% of spend against our capital plan which was just under £23m. Robust planning control and a tight delivery saw investment in electrical infrastructure works, a replacement generator and completion of a new Stroke ward.

## Be in the top 25% for key performance indicators.



Objective 2018 -19	Update 2019
We will ensure that 95% of patients are admitted, transferred or discharged within 4 hours of their arrival in A&E.	We did not hit the ambition for 95% but did meet the planning target for 2018/19. We ranked 30th in the country placing us in the top 25% of all trusts.
We will treat 92% of patients on an in-complete pathway within 18 weeks of referral.	The Trust did not achieve the RTT target in year but finished the year 63rd out of 173 trusts placing us in the top 40% of all trusts.
We will treat 85% of cancer patients within 62 days of GP referral.	This is the biggest operational challenge for us as we continue to see increased demand. We are currently in the bottom quartile.
We will ensure that 99% of patients are seen within 6 weeks for key diagnostics.	Despite huge increases in activity we managed to achieve this ambition for 7/12 months. We were ranked 54th placing us in the top 40% of all trusts.

## 4. 2019/20 – High Level Plans

What is Our Objective?

How are we planning to achieve this by 2019?

	What is Our Objective?	How are we planning to achieve this by 2019?
Strategic Objectives	 <p><b>To have an effective and well integrated health and care system that operates efficiently.</b></p>	<p>We will work collaboratively with social care colleagues, commissioners and other providers to help deliver the ambition to achieve a reduction in long stay patients.</p> <p>We plan to create fully integrated community based healthcare services through the development of primary care networks across the City.</p> <p>We will continue to work with stakeholders across the City to deliver an Integrated Care Alliance across Wolverhampton.</p>
	 <p><b>Proactively seek opportunities to develop our services.</b></p>	<p>We will explore opportunities for digital innovation and look to develop new ways of working across the Trust.</p> <p>We will continue to bid for appropriate tenders and work in partnership with all commissioners to identify services that meet the health needs of our population.</p> <p>We recognise the importance of creating services that are easy for patients to navigate and will explore the opportunity to provide more services in collaboration with other acute providers across the Black Country.</p>
	 <p><b>Create a culture of compassion, safety and quality.</b></p>	<p>We will establish clear plans to deliver our 3 Quality Priorities:</p> <ul style="list-style-type: none"> <li>• Safe Staffing – continue to reduce the vacancies across the trust.</li> <li>• Patient Experience and Satisfaction – undertake more patient engagement events to shape future service developments.</li> <li>• Safer Care – see a reduction in the SHMI (mortality).</li> </ul> <p>We will build internal capacity and capability and implement a Continuous Quality Improvement programme across the Trust to help improve the service we provide for our patients.</p>
	 <p><b>Attract, retain and develop our staff and improve employee engagement.</b></p>	<p>Workforce planning – We will continue to explore the development of new roles and innovative career pathways to help address workforce shortages.</p> <p>Staff engagement – We will actively listen to our staff and will develop multi layered plans to secure continued improvement in this area.</p> <p>Diversity and Inclusion – We will refresh our education and training offer and deliver a programme of awareness raising events including an inclusion conference.</p>
	 <p><b>Maintain financial health - appropriate investment to patient services.</b></p>	<p>We will develop a new team to help us identify and deliver our savings targets.</p> <p>We remain committed to investing in our services through our Capital Plan. Where possible, we will explore alternative funding streams to support our capital ambitions.</p> <p>We will deliver our income and expenditure plan for the year and improve our underlying position.</p> <p>We will produce a medium term financial plan that models the financial challenges over the next five year period, ensuring we plan to operate within our financial means.</p>
	 <p><b>Be in the top 25% for key performance indicators.</b></p>	<p>We will deliver the planned activity targets for A&amp;E and maintain our position within the top 25% nationally.</p> <p>We will achieve the national ambition of a reduction in the number of patients waiting on the incomplete 18 week RTT pathway.</p> <p>We will implement the new cancer standards and will strive to ensure all patients receive a diagnosis within 28 days of referral.</p> <p>We will ensure that 99% of patients are seen within 6 weeks for key diagnostics.</p>

## 5. Our approach to quality

Our Trust vision is to be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve. We have a Quality and Safety strategy that supports this ambition and identifies clear priorities to support help us on this journey . This plan will help to ensure that the patients' voice is one of the primary drivers for improvement. Our quality priorities are consistent across all our work and are identified in our Quality Strategy and Quality Account.

These priorities are being carried forward for this plan and are highlighted below:

- 1) Safe Staffing
- 2) Safer Care
- 3) Patient Experience and Satisfaction



## 5.1 Safe Staffing

Recruitment and retention of staff across The Trust is a high priority, particularly the future pipeline of nursing and medical recruitment. Positive relationships with local universities have been established to increase student nurse placements, as well as commence overseas recruitment, this will maximise new and existing nursing roles within the Trust. We will also be progressing the Clinical and Nursing Fellowship Programmes and the continuation of a communication campaign, promoting an attractive and progressive working environment.

In order to ensure existing staff are retained and valued a new electronic system, to facilitate medical job planning and appropriate multi-professional workforce requirements, supported by the national Getting it Right First Time (GIRFT) programme, will be implemented. The staff benefits offer will be enhanced and a renewed process of staff recognition commenced, including long service and achievement awards, and a strengthened education strategy. A culture survey in 2019/20 will offer further insights into the staff experience and resilience, providing intelligence on where to improve. Monitoring of nursing workforce plans is through the Chief Nurse who signs-off all nursing establishments, following biannual skill mix review, and assessment of the quality impact of any workforce-related QIP/Cost Improvement Plans (CIP).

## National Maternity review – Better Births Improving outcomes of maternity services in England

Collaboration with the Local Maternity System (LMS) is underway to implement a local vision for improved, outcome based, services that are based on the principals outlined in Better Births. The Trust is engaged with national programmes of work to towards halving the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur during or soon after birth by 2030 and a 20% reduction by 2020. A review of Community Midwifery services will inform the future service model for the Trust to ensure continuity of care with supporting pathways across the whole pathway, particularly for the most vulnerable groups of women. In addition, Birth Plus review actions to address staffing deficits have been addressed and retention of midwifery staff is a key priority in order to manage predicted demand and sustain birth ratios of 1:27/28.

## 5.2 Safer Care

### Mortality

Increased levels of the reported measure of mortality could reduce the confidence of the public, patients, external agencies, regulators and commissioners in the quality of care. As a result we have developed a Quality Improvement Plan to help identify ways to improve our position. This includes effective use of the Medical Examiner (ME) role and learning from structured judgement reviews (SJR), reviews of all deaths where the person had a Learning Disability as well as participation in multi-agency reviews in line with the Learning Disabilities Mortality Review (LeDeR) and the NHS England Learning from Deaths Guidance.

The launch and embedding of a Citywide End of Life Strategy will ensure that people have the best possible deaths in the right environment and families are supported. Early detection and escalation of deterioration will be facilitated through the use of the recently implemented NEWS2 and accompanying Sepsis Module (both installed March 2019). A newly appointed Sepsis Team will support a detailed sepsis plan, monitoring of deaths, including deterioration and sepsis, will be through outcomes of the structured judgement reviews, and nursing mortality audits. A continuous, structured approach to nursing audits will monitor nursing performance and provide feedback on the quality of nursing care whilst driving improvement.

## Reducing Infection

### *Reduction in Gram Negative bacteraemia*

A multi-agency plan to achieve a 50% reduction in Gram Negative bacteraemia by March 2021 in conjunction with Wolverhampton CCG and Wolverhampton City Council will continue to progress and has three key priorities.

- Appropriate antimicrobial prescribing: the 'To dip or not to dip' project will be rolled out in nursing homes to ensure antibiotics are prescribed appropriately for urinary tract infection (UTI) and not asymptomatic bacteriuria
- Hydration: promoting good hydration, particularly in the elderly, through local authority funded domiciliary care and nursing and residential homes
- Reducing avoidable urinary catheter use: reducing the prevalence and/or duration of urinary catheters in acute, care and home care settings through examination of care pathways to avoid or limit the use of catheters where possible, strengthening the role of the Continence Care Service, promoting earlier removal of urinary catheters.

### *MRSA bacteraemia*

MRSA bacteraemia will be reduced to the national expectation of zero though the monitoring of screening and decolonisation and standardisation of line care, themes detected in recent incidents.

## Falls

Following significant improvement over recent years, reduction of patient falls continues to be a priority, reducing harm through scrutiny of and learning from individual falls under the direction of a Falls Prevention Group. Analysis of themes and a new programme of quality improvement initiatives are to be agreed and implemented to gain a further reduction.

## Pressure Ulcers and Moisture lesions

Full implementation of the revised definitions and evidence-based framework will enable the Board and senior leaders to consistently define and measure pressure ulcers. This will include full understanding of moisture lesions, and an improvement trajectory agreed with the Clinical Commissioning Group.

## Venous Thromboembolism Assessment (VTE)

VTE will be consistently undertaken to comply with NICE guidance and national targets. The Trust will undertake a further internal audit of the process of assessment following the implementation of recommendations in 2018/19 and strengthen the process of audit and feedback. A process of scrutiny and oversight of audit results from ward to board will support safe care and prevention of harm caused by VTE.

## 5.3 Patient Experience

The newly refreshed Patient Experience Strategy will be relaunched in 2019/20 with milestones to further strengthen and promote patient and public involvement, maximise the use and governance of volunteers and improve accessibility of services. A Quality Improvement Project for increased use of The Mental Capacity Act: deprivation of liberty safeguards (MCA DOLS) will be delivered with the Safeguarding Team, ensuring that vulnerable patients are safely managed.

### Transition from Paediatric to Adult Care

We recognise the importance of securing safe and effective transition and clinical specialties are required to discuss the impact that transition from children's to adult services has on their patient group. From this, there is a requirement to make plans to improve the transition to reduce the physical, emotional and psychological impact on young adults. The Health Scrutiny Committee will take active involvement in this improvement.

### Seven Day Services

We have made good progress with implementing the requirements set out in the ten clinical standards as defined by NHS England. These ten clinical standards describe the standard of emergency care patients should expect to receive seven days a week:

1. Patient experience	6. Interventions
2. Time to first consultation	7. Mental health
3. Multi-Disciplinary Team reviews	8. On-going review
4. Shift handovers	9. Transfer of care
5. Diagnostics	10. Quality improvement

The Trust is currently compliant with priority standards two, five and six of the 7DS clinical standards and expects to achieve standard eight by March 2020 through improved documentation and recruiting to consultant posts in Care of the Elderly and Urology.

Patients admitted as an emergency admission will be seen by a consultant within 14 hours of admission and have access to diagnostic and interventional procedures across each day of the week in line with national priority standards. Well-resourced systems, including adequate job planning, means that more than 90% of patients should be reviewed daily by a consultant. Further actions for 2019/20 are:

- Ensuring senior nursing staff consistently available on all wards at the weekend
- Refining data to consistently report patient flow across all wards and each day of the week
- Understanding junior doctor experience of weekend working by rolling out the pilot survey
- The resourcing and redesign of pharmacy working patterns so that pharmacy staff are available in the Emergency Portals at the weekend as well as during the week.

The 7DS agenda is reviewed at the bimonthly at a meeting chaired by the Medical Director with. There is a well- established process of reporting progress to the Trust Management Committee and Trust Board.

## Assessing the impact of service changes on quality of care

### Oversight

A clear process is set out within the organisation to oversee the development and quality risk assessment of any proposed change programme.

Each Division / Directorate completes the Quality Impact Assessment (QIA) and these are signed off by the relevant Clinical Leads. This ensures that all schemes are triangulated when considering any potential impacts on patient safety, patient experience or clinical effectiveness. Following this the scheme is presented to the Chief Nurse for an independent QIA review. Once approved this is presented for final sign off by the Medical Director. All schemes are regularly reviewed and monitored by the relevant Programme Boards.



### Continuous Quality Improvement

The Trust has launched an exciting programme which will support staff across the organisation in helping to identify opportunities for continuous quality improvement (CQI). We have developed a quality improvement plan, supported by the Executive Team, who have determined that CQI will underpin the future culture and ways of working in the organisation.

A well-resourced CQI Team will provide expertise to facilitate, educate and support services in their drive to deliver outstanding services. This will be through a more systematic approach to service improvement, using evidence based methodologies and overseen by a representative stakeholder group. Robust governance structures and visible executive leadership will be supportive of this approach and build on previous significant service redesign and improvement.

The Quality and Safety Strategy lays out the direction of travel for the quality agenda across the organisation, reflecting national and local priorities and progression from Good to an Outstanding CQC rating, including the well led domain, and is regularly monitored through the Trust Clinical Oversight Group. The CQI programme will be measured and sustained using a range of metrics and intelligence for each project and can be triangulated with other quality indicators including the Risk Register, Nursing Dashboard, Board Assurance Framework, peer assessed Quality Review Visits.

## 6. Developing our workforce

In order to improve the outcomes and experiences of the users of our service we need to attract, retain and continually develop our staff. Our ambition is that we will enable our staff to be the best they can be in their chosen career, we will engage with them to help design and understand what needs to happen in order to make this a reality.

Our priorities for our workforce agenda over the next year are as follows:

- Workforce planning
- Staff engagement
- Diversity and Inclusion

### 6.1 Workforce Planning

The Royal Wolverhampton NHS Trust's ambition is that we will enable our staff to be the best they can be in their chosen career. We will continue to explore and develop new roles, including widening our offer of Apprenticeships across the organisation, which will support care delivery that will be required by our patients in the future.

We recognise the importance of working in partnership with other providers at the system level. To support this, the Director of Workforce has recently been appointed to the STP Workforce and OD lead role. The Trust is also in talks, at Medical Director level, with The Black Country Partnership NHS Trust, Walsall Healthcare NHS Trust, Sandwell and West Birmingham NHS Trust and is also sharing knowledge with Worcestershire Acute Hospitals NHS Trust and Shrewsbury and Telford Hospitals NHS Trust. We are continuing to work with partners to enable the system to realise the benefits of the Clinical Fellowship programme within Primary Care.

In order to align the workforce planning methodology with the strategic aims, financial plans and service objectives of the Trust we have put in place an established and robust governance process. This enables us to assure the plan at each organisational level, including at sub-Board Committee level at the multi-disciplinary Workforce and Organisational Development Committee (WODC) with divisional operational, Non-Executive Director and Executive Director leadership. The HR Executive report provides Board assurance for the system-wide workforce issues.

At operational level, the workforce, finance and operational teams review the plans to ensure workforce levels are safe, efficient, sufficient and affordable. The baseline for this is safe-staffing levels and skill mix requirements.

Over the course of 2019-20, we will undertake a detailed piece of work to ensure further granularity within the Trust taking account of both the wider system context and the opportunities presented by new roles.

Dialogue with all partners across the Health System continues through both the STP/ICS work and the annual contracting round. This will inform the workforce requirements as we plan for the next two years and beyond and will be factored into future plans, as more detail becomes available over the coming months.

## Addressing Workforce Challenges

The key areas that remain a challenge from a workforce perspective are described below:

Description of workforce challenge	Impact on workforce	Initiatives in place
Shortage of adult nurses, particularly in Medicine.	Difficulty in recruiting to establishment; difficulty in rostering, reliance on bank.	Plans to recruit 30 whole-time equivalent nurses from Philippines from March 2019. In addition, launched Nursing Clinical Fellowship Programme in late 2018/19. Plan to recruit 100 nurses both within UK and internationally, over the next 24 months. Scoping out new roles/ ways of working, to include nursing associates. Initial scoping work is underway in relation to the Nurse Apprentice role. This work is led by the Chief Nurse through a monthly task and finish group.
Shortage of medical staff	Difficulty in recruiting to establishment; reliance on bank, agency and locum usage.	Clinical Fellowship Programme for middle grades; Physicians Associates in secondary and primary care.
GP Gaps	Difficulty in recruiting to establishment; reliance on bank, agency and locum usage.	Post CCT GP Fellowship Programme (job plans incorporating Primary and Secondary Care), Physicians Associates in secondary and primary care. Expansion of clinical pharmacist roles in secondary and primary care.



Whilst the Trust has seen significant success in addressing some of these challenges, including the nurse vacancy levels through recruitment and retention campaigns it is recognised that there are ongoing workforce supply challenges facing the Trust and the wider NHS. We will continue to improve both staff retention and the supply of new staff through a retention programme focussed on flexibility and staff development and by increasing the talent pipeline by working in partnership with local education providers, international recruitment and maximising the use of the attractive employment offers such as the clinical fellowship programmes. Further, we have put in place the Role Development Steering Group which will seek to identify opportunities for addressing workforce supply and retention issues through the deployment of new roles whilst assuring the clinical quality impacts of such roles are fully considered.

## Staff Engagement

We are extremely proud of the high levels of staff engagement experienced at The Royal Wolverhampton NHS Trust. These levels of engagement are evidenced by the most recent NHS Staff Survey where the Trust's engagement score not only showed that the Trust has higher than average levels of engagement but also that this had significantly improved over the last year

We recognise that high levels of staff engagement are critical if the Trust is to provide the best possible care to the users of our service and for the development and delivery at scale of our CQI agenda. In recognition of this, we have embarked upon an ambitious programme of work to develop multi layered plans to secure continued improvement in this area. These plans at Trust, Division and Directorate level are overseen by the Director of Workforce through the Staff Survey Oversight Group.

## Diversity and Inclusion

The Trust recognises the importance of the inclusion agenda in attracting, retaining and engaging a workforce that is representative of the community we serve. We also recognise that in respect of this agenda, there is some work to do. The Trust has in place a number of Equality, Diversity and Inclusion (EDI) aims and objectives which have been agreed by the board. We will undertake work in a number of areas to improve delivery in this area.

We will identify priority actionable areas in pursuit of our Inclusion Aims and Objectives. Recognising the importance of an inclusive approach, we will do this with our established Employee Voice Group (BAME, LGBTQ+, Disability and Young Persons'), other partners and our broader leadership community to really embed improvements in staff and patient experience.

We will normalise conversations around diversity issues through celebrating the diversity in our staff and service user community. This will include raising the profile of positive diverse narrative around the organisation.

Given the ambition we have set, our focus for 2019/2020 is on the following priorities:

- We will further develop and grow our employee voice staff networks and ensure there are open mechanisms for sharing information, learning, improvement and feedback
- We will run an annual Diversity and Inclusion Conference to include masterclasses and celebrations of good practice
- We will build on our existing training and development offers, ensuring that valuing diversity and inclusion is embedded in everything that we do
- We will build on our partnerships both across Wolverhampton and the Black Country STP and in engaging with our community groups in promoting opportunities.

## Impact of legislative changes and policy developments

### International Recruitment

As recruitment remains a priority we continue to explore opportunities to recruit from overseas with plans to recruit 30 wte nurses from the Philippines. We are exploring the IHS financial impact planning including for EU staff remaining. We will also continue to recruit internationally to the Clinical Fellowship programme and other medical posts.

### Apprenticeships

There has been an increase in the number of staff employed undertaking apprenticeships. The Trust's Corporate Learning and Development Manager is a member of the citywide Apprenticeship Working Group. We are developing joint working with the Prince's Trust, Enable, University of Wolverhampton, and Wolverhampton City Council.



## 7. Financial Planning

### Income and Expenditure Plan

The Trust's financial strategy is to create surpluses to invest in the infrastructure and future development of the Trust and its services. 'Surplus for a purpose'.

During 2018/19, the Trust faced a number of challenging financial issues; however the final position is a surplus of £1.4m at the year end, supported by a one off national payment called the Provider Sustainability Fund (PSF) of £12.23m. The PSF is available to all provider Trusts but has to be earned. For 2018/19 the Trust had to achieve its A&E 4 hour target and financial trajectories to attain the monies.

For 2019/20 we are forecasting a surplus of £5m. The table below lays out our income and expenditure projections for the next year:

Income and Expenditure Plan	2019/20 £m
Income from treating patient	483.2
Other Income (Training & Education / Research / Commercial)	121.1
Provider Sustainability Fund	9.7
<b>Total Income</b>	<b>614.0</b>
Less	
Staff Costs	364.3
Other Operating Costs (Energy / Rates / Drugs / Consumables etc.)	236.4
<b>Total Operating Costs</b>	<b>600.7</b>
<b>Operating Surplus</b>	<b>13.3</b>
Interest and Leases	(32.8)
Cost improvement programme	24.5
<b>Total Surplus for the Year</b>	<b>5.0</b>

### Capital Plan

Whilst the financial position for 2019/20 remains challenging we are still planning to invest £28m in capital, further details are shown below:

Capital Plan	2019/20
Pathology network extension	8.5
Multi-storey car park	5.0
Divisional priorities	4.0
Backlog maintenance	2.5
IT	2.0
Medical equipment	1.5
Other	4.4
<b>Total for the year</b>	<b>27.9</b>

## Cash

The Trust has a challenging period ahead and we will need to maintain a cash balance throughout the year to pay our staff and suppliers which may require a working capital loan from the Department of Health. The Trust will need to manage its cash balances carefully and will need to ensure people and organisations that owe the Trust monies pay in a timely manner.

## Efficiency savings

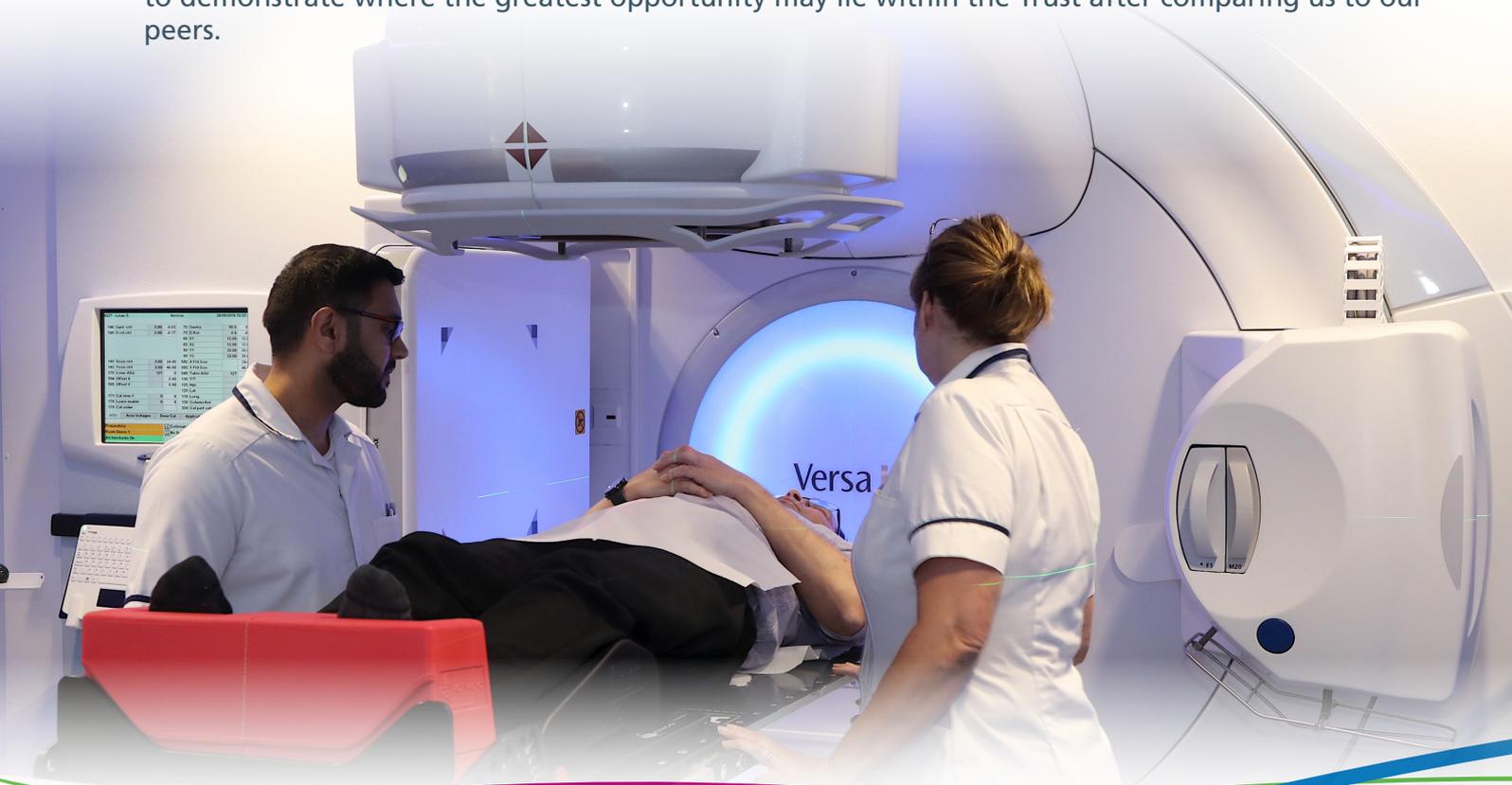
As has been the case for a number of years, the Trust has another challenging efficiency target for 2019/20. This is passed to the Trust through its prices set by NHS Improvement and in order to deal with costs it is not funded for. This year our saving requirement is £24.5m which, as a percentage of our turnover, is in line with many acute hospitals across the country.

The Trust has recruited a Service Efficiency Team to assist staff in identifying areas and opportunities for doing things differently. Our programme reflects the organisational structure of our hospital in that we have programmes of work aligned to each of our clinical divisions; surgical, emergency services and medical, community, children's and support services. In addition to this, we have a programmes of work looking at workforce and at our back office functions.

Within the above, we try to align improvements in patient's outcomes and experiences with some of our main projects including:

- Theatres utilisation – improving the throughput of patients through our operating theatres by improving our processes
- Outpatients – focus on the change in the way which we do outpatients, e.g. utilising digital technology. Also increasing our clinic utilisation and striving to reduce the number of people who do not attend
- Procurement – sharing our procurement function with other neighbouring Trusts to increase our buying power and improve our efficiency on products for our patients

To support us in identifying areas of focus, we use NHS benchmarking tools to compare our performance to other similar Trusts. One of the main tools is called the 'Model Hospital' and is used to demonstrate where the greatest opportunity may lie within the Trust after comparing us to our peers.



## 8. Our commitment on waiting times

### We are committed to providing the best care to our patients.

We recognise that receiving care, whether planned or urgent need, can be worrying and concerning for patients, carers and their loved ones. We always endeavour to make the patient our priority and will seek to offer the most effective caring course of treatment in the most efficient way possible. There are a number of nationally defined standards that we are measured against; our commitment towards these is described below:

### Emergency Care

We will continue the work we have delivered throughout 2018/19 and look to maintain performance. We will achieve this through the following actions:

- Reductions in delayed transfers of care (DTOCs) target of 3.5%
- Reductions in average length of stay, including a focus on stranded and super stranded patient metrics
- Continued roll-out of Multi Agency Discharge Events (MADE)

We recognise the intention to ensure that 95% of patients spend less than 4 hours in A&E and are committed to this. We have maintained performance in excess of 90% YTD 2018/19 and are planning to deliver performance equal to or better than this throughout 2019/20.

### Referral to Treatment Times

The 2019/20 planning requirement is to ensure that the overall number of patients waiting on an incomplete pathway will be no higher in March 2020 than in March 2019. Our plan has identified a reduction in the overall backlog and we remain committed to achieving the RTT access standard. The plan to deliver a reduction in the overall backlog means that the average waiting times for ALL patients will be reduced. We recognise that this is a significant reduction and have developed a plan for each specialty that enables us to deliver this. This includes a forecast by month for each area, training plan for administrative staff and the development of improved performance reports. We will also commit to having zero 52 week waiters across the year.

### Cancer 62 day

Achieving the cancer 62-day standard remains a key priority for the trust. However, we recognise the difficulties involved in achieving this and we have identified this as a key risk. Our recovery plan has been shared with regulators consistently across the year and we have welcomed the support and input from the Intensive Support Team and the West Midlands Cancer Alliance. We have an improvement trajectory in place with is monitored monthly by the CCG and with oversight from both NHSE and NHSI. This is a comprehensive plan that covers all areas including diagnostic support. Growth in demand has seen increased pressure on a number of specialties; this has led to capacity issues for 2-week wait. We are exploring options to enhance capacity so that the cancer standard can be delivered within 2019/20.

### Diagnostics

The Trust maintains its commitment to delivering the diagnostic standard across 2019/20. This means that 99% of patients will be able to receive a key diagnostic test within 6-weeks of referral.

## 9. STP Developments and Partnership Working

The STP is a collaboration of organisations - of which The Royal Wolverhampton NHS Trust is one - across primary care, community services, social care, mental health and acute and specialised services across the Black Country and the west of Birmingham. These organisations retain their individual responsibility and decision-making powers, but recognise the opportunity and benefits of coming together for people who use our health and care services.

STPs offer a new way of working for health and social care services locally, focusing on delivering health and care services defined by local area boundaries, not by local organisational boundaries. The aims are to:

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services
- Deliver financial stability and efficiencies throughout the local health care system

### How will RWT take forward STP priorities?

#### Wolverhampton place based care

The Wolverhampton Integrated Care Alliance (ICA) is the drive for place based care in Wolverhampton and focuses on Wolverhampton working as a system rather than independent processes. The strategy is clinically led, managerially supported and patient centred. There is a shared governance system across the parties which provides system leadership and who are mutually accountable for delivery.

A key feature of the ICA is an integrated data system where all parties can access data to support the patient's pathway. This reduces delay, encourages cooperation and supports integrated working.

The ICA will shift resources from hospital to out of hospital services so that more people are supported pro-actively in their home and communities. It will focus on health, developing our approach to health promotion and disease prevention to support the wellbeing of our communities alongside the care that we already provide.

The ICA must be financially sustainable, making the best use of the resources that we have collectively. This will mean amending the current funding flows as they do not always incentivise best practice.



The ICA has a number of key aims that are guiding its programme:

- To modernise and support ALL primary care to improve care quality and financial sustainability
- To redesign our local NHS system by removing barriers that act against integrated care, to support strategic commissioning
- To redistribute risk in a better a way across the system
- Improve population health outcomes in partnership with the commissioner's mental health services, social care services, public health and the voluntary sector
- To improve co-ordination of services and move care out of hospital where appropriate- Integrated user focussed care delivery
- Facilitate networked solutions for hospital services where there is opportunity to improve care quality and financial sustainability.

The ICA programme has developed four clinical work streams as an initial focus. All of these work streams, except End of Life, are STP Clinical strategy work streams and take as a starting point the STP strategic framework and apply it locally. The ICA work streams are:

- End of Life
- Frailty
- Children and Young People
- Mental Health.

In 2019/20 we will also make progress on delivering other priorities of the STP. The following brief summary is intended to convey the range of work being undertaken at RWT that supports the priorities set out in the STP Clinical strategy and the STP plan:

## Primary care networks

We will ensure that our practices play a full part in the development of their own PCN and the wider system of networks. We will develop our Community Services Transformation Plan in line with PCN thinking as it develops.

## Cancer

Significant effort is being applied to improving cancer performance on a range of measures, most significantly 62 day waits. We are preparing for the new 28 day measure.

## Maternity

We have improved our birthrate plus ratios and actively support the LMS. We are working closely with our neighbours to develop a shared understanding and plan to meet demand and capacity.

## Urgent and emergency care

We maintain our performance as one of the top 3 providers across the West Midlands and continue to develop innovative practice, building on the implementation of physician A and ambulatory care and frailty provision.

## Cardiovascular disease

We will work with partners to address the deficiencies in the operation of the existing vascular network arrangements and ensure that the consolidated stroke services with Walsall achieve excellent SSNAP scores.

## Black Country Pathology Services

We will implement year 1 of the BCPS transition plan.

## Getting It Right First Time

In addition to developing our internal action plans to implement GIRFT opportunities we have shared our GIRFT reports at an STP level and are committed to working together with other providers to share and learn from best practice.

## Innovation

From early discussions that have taken place, we will develop firm agreements with at least two technology companies to improve patient access to information, two way communication with patients and improve care for patients in hospital and community settings.

## Continuous Quality Improvement

We have agreed a CQI strategy and will implement a comprehensive plan that will initially focus on mortality improvements and GIRFT actions. We will work collaboratively with other providers on this programme.

## Workforce

We will continue to offer participation in the Academic Clinical Fellows Programme to other Trusts to support them in reducing agency spend and improving quality. We are in active discussion with Walsall regarding the secondment of Clinical Fellows from RWT. We will also work towards common arrangements on bank and staff agency expenditure.

## IT

We remain fully committed and are working with partners to progress the development of an electronic shared care record. We are currently using an electronic patient record and have developed an in-house system that combines and presents secondary care data with primary care data for use by clinical staff and GPs. We will continue to provision a data rich environment, amalgamating the information from many core systems and, as per STP Digital roadmap, provision the Acute and Community data as a critical inclusion within a wider Regional Care Record solution. We are prioritising a Regional Care Record which will accommodate the potential for integration with data provided by Social Care, West Midlands Ambulance Service, Mental Health and other local data sources to create a single, patient centric care record for the STP, regional wide. In addition we will continue to progress other key objectives and enablers identified as part of the overall STP Digital roadmap in collaboration with our regional partners.

