Walsall Healthcare **NHS**

NHS Trust

Trust Improvement Plan

Trust Board – 25th June 2015

Improving for **patients**
Improving for **colleagues**
Improving for the **long-term**

Developing a Trust Improvement Plan – Purpose / Scope of this Paper

- The Trust Board has recently reviewed a range of information about our current position across operational performance, clinical quality, financial performance, organisational culture and governance. Although the Trust continues to treat many patients to a high standard and has seen some significant improvements in the last 12 months (e.g. on infection control), we have also faced significant pressures. The impact of these pressures is reflected in our performance on a range of measures including patient and staff surveys.

- We launched our Trust Improvement Plan for 2015/16 based on 10 objectives for improvement. This provides a framework for a wider Trust Improvement Plan designed to provide a co-ordinated approach to the delivery of improvement for our patients, our colleagues and for the long-term.

- This paper aims to:

    - Provide an overview of the challenges we are addressing;

    - Put these in the context of the work we have already begun to deliver improvement;

    - Set out the first stage of the Improvement Plan covering our key actions for 2015/16 for approval by the Board. NB. The second stage of our Improvement Plan will be developed as part of planning for 2016/17 and 2017/18;

    - Set out the arrangements that we have put in place to ensure effective programme management of the plan – Trust Management Board will act as the programme board receiving monthly updates on progress, risks and issues. Further work will be undertaken on key risks to delivery and mitigation following the Board seminar in June.

- Our assessment of the challenges we face and the priorities for improvement have been developed through two board seminar sessions and an Executive Team away day. This paper concludes with a summary of next steps in the development and delivery of this plan.

Improvement Plan Development and Structure

The Trust Board has a set of information available to it on which to base the development of the next stage of our improvement plan and the framework for an improvement plan in our Annual Plan for 2015/16.

Assessment of our Current Position

- 2014 national Patient Survey and FFT results.
- 2014 national Staff Survey and Trust Pulse Survey Feb 2015 (1,000 responses).
- 2014 Trust mock CQC inspections
- Governance review – QGAF and BGAF by Foresight.
- Financial review – by KPMG (NB. Report due end May).
- 2014/15 operational, quality & safety and financial results.
- Emergency care reviews – ECIST, Ian Sturgess, WMQRS.
- 2015 Risk register and Board Assurance Framework.
- Transformation Plan development work.
- Market share and activity information

Framework for Improvement Plan

Consistent with our vision of Walsall Healthcare as a nationally recognised, integrated care organisation that:

- Listens to our patients;
- Values our colleagues;
- Works closely with our partners.

Three themes:

- Improving for Patients;
- Improving for Colleagues;
- Improving for the Long Term.

Three timescales. Aiming for:

- Recovery in the short-term (Q2 – Q3 15/16);
- Improvement in the medium-term (15/16 – 16/17);
- Excellence in the longer-term (17/18 – 19/20)

10 Core Objectives for 2015/16

Improving for Patients

1. Care for more patients at home.
2. Improve quality & safety.
3. Improve emergency care pathway.
4. Improve elective care pathways.

Improving for Colleagues

5. Invest in Safe Staffing
6. Improve colleague experience and engagement
7. Strengthen devolved decision making and accountability.

Improving for the Long-Term

8. Deliver financial plan of deficit of no more than £17.7m.
9. Update our service strategy.
10. Improve our governance in light of reviews.

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Our Current Position – Taking Stock

In taking stock of our current position we should recognise some significant achievements in 2014/15 including our best ever year for infection control within the hospital and the establishment of five integrated locality teams in our community services. We should also recognise the large quantity of positive patient feedback that we continue to receive. However, our 2014/15 end of year results, recent patient and staff surveys and external reviews make clear the set of challenges that our Improvement Plan is designed to address.

➢ **Emergency Care Pathway** – too many emergency patients, waiting too long for admission and staying too long in hospital once admitted. Emergency pressures have put significant strain on many colleagues, posed a risk to the quality and safety of care and added to our financial difficulties.

➢ **Elective Care** – a large backlog of patients waiting for elective care, combined with continued problems with the organisation of outpatient booking and scheduling following the launch of the new Patient Administration System continue to pose a major challenge to the Trust.

➢ **Operational Capacity / Capability**– during the last twelve months, we have significant gaps in operational and clinical management capacity and capability especially at Care Group level.

➢ **Organisational Culture** – frustration within the board at the lack of improvement in 2014/15 has affected the wider organisation and, in the face of the pressure we have been under led to too much micro-management which has led to a lack of empowerment amongst our operational teams.

➢ **Impact on Patients** – although we have maintained progress with many of our trust-wide quality and safety measures we have seen the impact of our operational pressures in a big drop in patient satisfaction – e.g. from national survey to be added – and in a series of high profile complaints.

➢ **Impact on Colleagues** – colleagues have been affected significantly by the pressure of the last 12 months. In our Pulse survey only 58% recommend us as a provider of care and only 51% as an employer. We are experiencing relatively high rates of sickness absence due to stress and staff tell us that they do not feel empowered to make change.

➢ **Financial Overspend** – spending on extra emergency bed capacity, additional outpatient and inpatient sessions and temporary staff alongside poor CIP performance resulted in an overspend of £13m in 2014/15.

Purpose of the Improvement Plan – Our Goals

The Improvement Plan is designed to achieve three clear goals for the Trust.

Our meaningful goals for improvement (draft)*

Goal 1: Clear sense of where we are heading

Strategic thinking and vision, in the Trust and wider, including:

- Engaging staff and stakeholders (incl. social care, GPs, local authority)
- Spending time developing and agreeing as a board
- Enough exec and leadership resource to deliver the work
- Strategic choices about what we *will* and *won't* do
- A clear focus and clear articulation of integrated care

Goal 2: Routinely and reliably delivering quality performance and financial sustainability

Including, but not limited to improved operational performance in cancer, A&E, RTT

Goal 3: Capable people in key roles, contributing effectively

Building capacity and capability to deliver our strategy in a sustainable way

Test: Happy patients, happy staff, supported by local people, sustainably +/- Do all our actions contribute to one of these goals?

* Based on the responses, listed in the appendix

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Our Vision and Values

In preparing this Improvement Plan, the Trust has re-affirmed work previously undertaken to set out the vision for the future organisation as a successful integrated care organisation. We have also based our work on the values of the organisation as set out in our successful For One & All programme promises for Patients and Colleagues.

Our Vision for 2020

Our plan for 2015/16 is a step towards our vision of a nationally recognised, integrated care organisation that:

➢ Enables more patients to live longer in their own homes.

➢ Provides safe, high quality care across all our services – in hospital and in community.

➢ Works closely with partners in general practice, mental health services and social care.

➢ Is a supportive employer recommended by colleagues as a place to work.

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Our Values are set out in our Promises to Patients and Colleagues.

Welcomed by friendly, helpful and attentive staff who value your time.

Cared for as an individual by kind and considerate people who involve you and your family in your care.

In safe hands of highly skilled, efficient, reassuringly professional teams providing first class joined-up care.

Part of one team working together with well-informed colleagues who understand each other's roles to deliver and improve services.

Supported to meet our high standards in a team that sets clear expectations, supports and challenges you to live up to them, is open and honest about what's going well and what's not and takes time to reflect and improve.

Appreciated by colleagues who value and respect them as individuals and recognise their efforts and achievements.

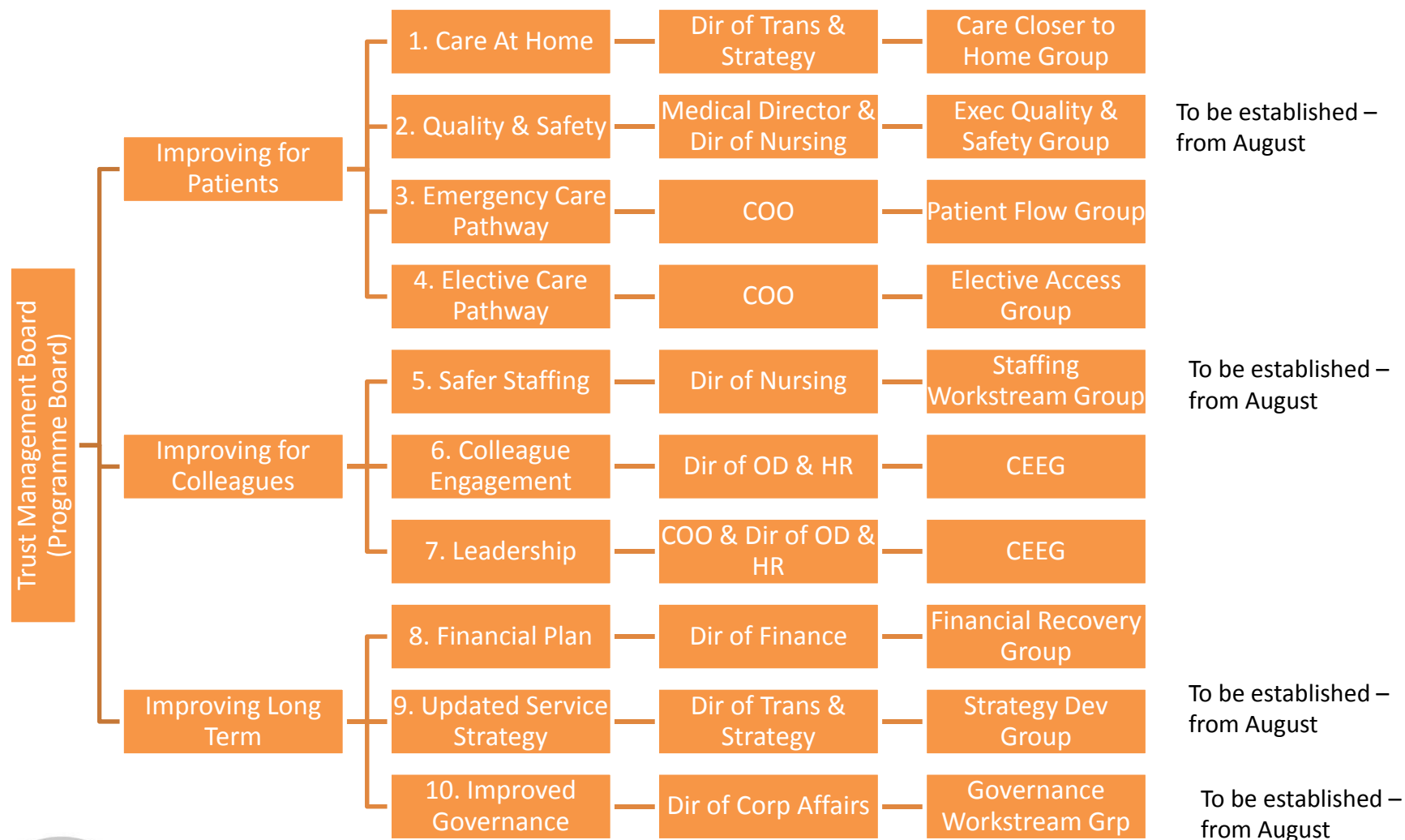*I* Improving for **patients** | Improving for **colleagues** | improving for the **long-term**

Improvement Plan Framework

Our Annual Plan for 2015/16 sets the framework for a more detailed improvement plan and in its three key sections sets out our co-ordinated response to the challenges we face and the goals we have set ourselves.

Improving Objectives for 2015/16

We have set 10 core objectives for the Trust for 2015/16 to deliver our aim of improving for patients, improving for colleagues and improving for the long-term.

Improving for patients	1. Care for more patients in their own homes through new community model – 5 x locality teams working with GPs, social care and mental health teams.
	2. Quality & Safety – progress on key priorities (mortality rates, infection control, pressure ulcers, falls, patient experience) and respond to our mock CQC inspection.
	3. Improve our Emergency Care Pathway (ED 4 hour standard).
	4. Improve our Elective Care Pathway (18 weeks, cancer, diagnostics, follow ups).
Improving for colleagues	5. Invest in Safer Staffing (inpatient ward nursing, midwifery and community teams) to improve colleague experience and quality of care.
	6. Improve colleague experience by understanding and responding to what matters most through "Colleague Connect" approach.
	7. Support devolved decision making and accountability based on the "team of three" medical / nursing / general management approach.
Improving for the long-term	8. Deliver financial plan of a deficit of no more than £17.7m including delivery of a savings programme of £10.5m (4.1% of expenditure).
	9. Design a service strategy and Long-Term Financial Model working with health economy partners to set out route to clinical and financial sustainability.
	10. Act on outcomes of Governance Review (Foresight) and Financial Review (KPMG).

Programme Leads & Structure

Trust Management Board meeting monthly and chaired by the Chief Executive will act as Programme Board for the Trust Improvement Plan. Each of our 10 objectives has a Director lead and a workstream group to deliver improvement.

Trust Management Board (Programme Board)	Improving for Patients	1. Care At Home	Dir of Trans & Strategy	Care Closer to Home Group	
		2. Quality & Safety	Medical Director & Dir of Nursing	Exec Quality & Safety Group	To be established – from August
		3. Emergency Care Pathway	COO	Patient Flow Group	
		4. Elective Care Pathway	COO	Elective Access Group	
	Improving for Colleagues	5. Safer Staffing	Dir of Nursing	Staffing Workstream Group	To be established – from August
		6. Colleague Engagement	Dir of OD & HR	CEEG	
		7. Leadership	COO & Dir of OD & HR	CEEG	
	Improving Long Term	8. Financial Plan	Dir of Finance	Financial Recovery Group	
		9. Updated Service Strategy	Dir of Trans & Strategy	Strategy Dev Group	To be established – from August
		10. Improved Governance	Dir of Corp Affairs	Governance Workstream Grp	To be established – from August

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A. Improving for Patients

Improving for patients	**1.** Care for more patients in their own homes through new community model – 5 x locality teams working with GPs, social care and mental health teams.
	2. Quality & Safety – progress on key priorities (mortality rates, infection control, pressure ulcers, falls, patient experience) and respond to our mock CQC inspection.
	3. Improve our Emergency Care Pathway (ED 4 hour standard).
	4. Improve our Elective Care Pathway (18 weeks, cancer, diagnostics, follow ups).

1.   Care for More Patients in Their Own Homes through New Community Model
Lead Director(s): Director of Transformation & Strategy / Chief Operating Officer
Governance: Care Closer to Home Group – meet monthly; chaired by CEO or COO. Incorporates transformation workstreams on Integrated Care, Care Closer to Home and Mobile Working.
Programme Mgmt: Programme Mgr – Integrated Care

REF	ACTION	TIMING	EXEC LEAD
1.	Deploy locality teams with integration with Social Care, together with a benefits realisation review and the development of a new set of key metrics. *KPI – Degree of integration per locality (various integration levels e.g. co-location with Social Services staff; Number of GP Practices involved in MDT meetings; Named Mental Health Resource; External partners as part of the pathway)*	Q2 15/16	DTS
2.	Deploy mobile technology solution to community teams to allow seamless access to patient records and rich functionality (including productivity software). *KPI - Number (or percentage) of mobile workers using the mobile working solution*	Phasing to be confirmed	DTS
3.	Design and deployment of a frailty service which should include an integrated pathway starting in the community. *KPI – Number of patients (new and known) accessing the service*	Q1 & Q2 15/16	DTS
4.	Proactive admission avoidance and swifter discharge using a case management approach, rapid response and Intermediate care teams. *KPI – Compliance to response time KPIs (2 hours)*	Q2 & Q3 15/16	DTS

A. Improving for Patients

1. Care for More Patients in Their Own Homes through New Community Model. CONTD.

REF	ACTION	TIMING	EXEC LEAD
5.	In partnership with Primary Care the development of a health economy wide risk stratification process. *KPI – Number of 'at risk' patients supported by an agreed intervention*	Dec 15	DTS
6.	Agree approach to reduction of emergency readmissions to hospital and being to deliver improvement. *KPI - TBC (will be based on the approach agreed)*	Dec 15	COO / MD

A. Improving for Patients

2. Quality & Safety – continued progress on key priorities and respond to our mock CQC inspection.
Lead Director(s): Medical Director / Director of Nursing
Governance: Quality & Safety Committee, Trust Quality Team (TBC) chaired by MD / ND, steering groups for Trust-wide quality priorities (e.g. Infection Control, Pressure Ulcers, Mortality etc.)
Programme Mgmt: range of leads for particular action

REF	ACTION	TIMING	EXEC LEAD
1.	Release of Quality & Safety Strategy refresh 2015 - 2017	Jun 15	MD
2.	Sign up to Safety programme • Creation of detailed improvement plan. • Development of Metrics. • Quality & Safety Champion education and training.	Aug 15	Exec Team
3.	Education and Training will be provided reflective of the needs of our staff and patients.	Oct 15	Director of HR
4.	Improving our Quality & Safety culture and promoting openness and honesty • Development of shared lessons learnt • Review systems and processes to facilitate multidisciplinary attendance at Care Group meetings. • Conducting annual culture surveys to monitor success and progress	Oct 15	MD
5.	Safeguarding (Paediatrics and Adults) strategies will be strengthened. • Reviewing and developing the Safeguarding Strategy. • Strengthening staff training. • Ensuring vulnerable children and adults are supported, not only medically but that lateral assessments of social needs are undertaken. • All new actions agreed at May 15 safeguarding Committee to be planned appropriately.	Jun 15	DN / Safeguarding lead

A. Improving for Patients

2. Quality & Safety – continued progress on key priorities and respond to our mock CQC inspection. CONTD.

REF	ACTION	TIMING	EXEC LEAD
6.	To make improvements to medication safety in practice • Fully implement the objectives of the organisation's medication safety plan. • Develop, communicate and demonstrate a culture of medication safety. • Medication audits to be completed as a part of the weekly audit process.	Plan to be published	MD / Head of Pharmacy
7.	Equipment to be available to meet the needs of our patients • Ensuring that we have the right equipment, in the right place at the right time and in working order. • Ensuring that all staff are trained and competent in the functionality of the equipment that they use.	Oct 15	DN
8.	Key Quality metrics will improve: • Falls will be below 50 a month by end of Q1. • Pressure Ulcers avoidable; will be below10 in the hospital and 14 in the community per month. • Catheters with UTI will be below 8 per month (NHS Safety Thermometer) • HSMR will return to below 100 from April 15. • Revalidation will be to plan. • Any failing metrics will require a remedial action plan. • Additional Quality indicators will be developed in Q1 for onward implementation e.g. Nutrition.	Jun 15	KH / AK

A. Improving for Patients

2. Quality & Safety – continued progress on key priorities and respond to our mock CQC inspection. CONTD.

REF	ACTION	TIMING	EXEC LEAD
9.	Mock CQC – creation of divisional action plans to address issues raised. • Action plans to be monitored at DQT, and exceptions escalated to Quality & Safety Committee	Jun 15	MD / DN
10.	CQC visit preparation. • Monthly meetings to be held with nursing teams to provide support • Plan of action required for medics / ward teams. • Improved understanding of ward and quality data	Aug 15	MD / DN / DD's

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A. Improving for Patients

3. Improve Our Emergency Care Pathway
Lead Director(s): Chief Operating Officer / Medical Director / Director of Nursing
Governance: PF&I Committee, Patient Flow Improvement Group – meets monthly chaired by CEO or COO. Incorporates transformation programme workstream on Patient Flow
Programme mgmt: MLTC divisional team leadership supported by (interim) Patient Flow Programme Mgr.
NB. Actions to be reviewed and (if required) updated in the light of recent reviews: ECIST LOS review, Dr Ian Sturgess pathway review and WMQRS review of transfers and handovers.

REF	ACTION	TIMING	EXEC LEAD
1.	Develop and deliver an expanded Frail Elderly Service with greater capacity, hospital in-reach, and admission avoidance support	Dec 15	DF / MLTC team
2.	Implement Trusted Assessors with Social Care to reduce assessment and discharge delays for patients	June 15	MLTC DD / HoN
3.	Develop and implement the Full Capacity Protocol to manage demand or poor flow within the hospital	June 15	COO
4.	Undertake regular clinical reviews of all patients with LOS >7 days	August 15	MD / ND
5.	Ensure the hospital and community services deliver the 7 day needs of acutely ill patients (NHS 7 day services standards)	Dec 15	COO / MD
6.	Ensure consistent and effective ward-based approach to patient flow through use of Expected Date of Discharge, daily board rounds and improved discharge planning	September 15	COO / MD / ND
7.	Extend use of ambulatory approach to emergency medical and surgical admissions to reduce inpatient emergency stays.	December 15	COO / MD / DN

A. Improving for Patients

4. Improve Our Elective Care Pathway
Lead Director(s): Chief Operating Officer / Medical Director
Governance: PF&I Cttee, Elective Access Group – meets monthly chaired by CEO, weekly PTL and OP improvement groups. Will incorporate transformation workstream on outpatient and theatre utilisation – detail TBC
Programme Mgmt: Surgery divisional team leadership supported by (interim) 18 weeks lead and (interim) OP & theatres programme mgr.
NB. Work still to be done to link OP transformation ideas, theatre utilisation improvement, elective access recovery and long-term redesign work together.

REF	ACTION	TIMING	EXEC LEAD
1.	Recover data quality through continued programme of technical and clinical validation to enable us to recommence reporting (subject to TDA approval).	Sep 15	Surgery DD
2.	Develop demand and capacity models for the largest specialties to show planned rate of recovery of 18 week standards.	June 15	Surgery DD / 18 wks Lead
3.	Treat the longest waiting patients first – deliver robust process to ensure (initially) all patients >45 weeks have dates for treatment within 52 weeks and then reduce as improvement is delivered.	July 15	COO / Surgery DD
4.	Eliminate over 6 week diagnostic waits – extra capacity to clear endoscopy backlog, extra sessions to reduce CT / MRI reporting times and maintain progress with audiology and cardiology test waiting times	July 15	COO / relevant DDs
5.	Plan, book and undertake increased activity through Q2 5.1 better use of routine internal capacity 5.2 increased use of waiting list initiative capacity 5.3 increased use of external NHS capacity 5.4 increased use of independent sector capacity	September 15	COO / Surgery DD / MLTC DD / WCCDSS DD

A. Improving for Patients

4. Improve Our Elective Care Pathway. CONTD.

REF	ACTION	TIMING	EXEC LEAD
6.	Reduce polling ranges to ensure future delivery of the RTT standard	June 15	COO / Surgery DD
7.	Ensure a coordinated approach to ensuring GPs and consultants are engaged and involved in the improvement work	June 15	COO / MD / Surgery DD
8.	Ensure that outpatient clinics are booked through a clinically led process	July 15	COO / AMDs / Surgery DD

B. Improving for Colleagues

Improving for colleagues	5. Invest in Safer Staffing (inpatient ward nursing, midwifery and community teams) to improve colleague experience and quality of care.
	6. Improve colleague experience by understanding and responding to what matters most through "Colleague Connect" approach.
	7. Support devolved decision making and accountability based on the "team of three" medical / nursing / general management approach.

5. Invest in Safer Staffing
Lead Director(s): Director of Nursing / Medical Director
Governance: People & OD Cttee and PFI & Cttee, Exec level governance TBC. Incorporates transformation workstream on Workforce
Programme Mgmt: divisional teams leading implementation

REF	ACTION	TIMING	EXEC LEAD
1.	Ensure successful delivery of extra nurses and care support workers for our inpatient wards in line with the agreed business cases – reducing reliance on temporary staff.	September 15	DN
2.	Agree detailed plans for additional resources included in annual plan for Women & Children's services – midwifery, middle grade obstetrics and neo-natal nursing and medical resources.	September 15	COO (DD WCCSS)
3.	Agree and deliver plans for new investment in community services with CCG – to support actions set out in objective 1 – Care at Home.	June 15 for agreed plan	DTS / COO
4.	Review use of temporary medical staff and ensure clear plans agreed and delivered to reduce reliance in priority areas.	June 15 for agreed plan	MD
5.	Review and agree plans to reduce reliance on temporary staff in other areas of the Trust.	July 15 for agreed plan	COO / MD / DN

B. Improving for Colleagues

6. Improve Colleague Experience
Lead Director(s): Director of OD & HR
Governance: People & OD Cttee, Colleague Engagement & Experience Group – meets monthly chaired by CEO.
Programme Mgmt: Supported by OD and L&D teams and NHS Elect

REF	ACTION	TIMING	EXEC LEAD
1.	Re-test – and update as a result – our colleagues to out promises through two CEO-led Colleague Connect events.	May 15	DOD&HR
2.	Engage with senior management team in discussion about approach to our colleagues and prepare for next stages of engagement at Leadership Conference.	19th May 15	CEO
3.	Ensure current list of actions from Colleague Connect events is updated and acted on.	June 15	DOD& HR
4.	"Re-Connect" sessions for each Care Group using Colleague Connect approach to (a) engage colleagues in development / delivery of Improvement Plan, (b) re-connect with values as set out in the promises and (c) prepare for CQC inspection in September.	August 15	DOD& HR
5.	Establish two trust-wide Improvement Groups one focusing on new models of care and one focusing on culture and quality to engage range of colleagues in the development and delivery of the work.	August 15	CEO
6.	Agree next steps for engagement and ensuring "colleague voice" is strong across the Trust.	September 15	CEO / DOD&HR
7.	Appoint a colleague champion for quality and safety in line with the latest Francis report recommendations on whistleblowing.	September 15	CEO / DOD&HR

B. Improving for Colleagues

7. Support Devolved Decision Making and Accountability
Lead Director(s): Director of OD & HR / Chief Operating Officer
Governance: People & OD Cttee, Colleague Engagement & Experience Group – meets monthly, chaired by C EO.
Programme Mgmt: HR / OD / L&D team leading plus support on team development from NHS Elect.

REF	ACTION	TIMING	EXEC LEAD
1.	Implement agreed divisional operational management structures.	In progress – July 15	COO
2.	Deliver "Clinically led team" development sessions at executive, divisional and care group level. NB. NHS Elect already commissioned and initial executive session delivered.	By end September 15	HRD / COO
3.	Consider leadership of "Clinically-Led Team" – shift to medical (or other professional where appropriate) leadership of divisional team.	September decision 15	COO / MD / ND
4.	Agree director and divisional objectives for 2015/16 to support delivery of the first phase of the Improvement Plan.	End June 15	CEO
5.	Introduce new performance management framework at Trust, Divisional and Care Group level.	End August 15	COO / DF
6.	Data quality – design and deliver a programme of work to improve our data quality and our use of data to inform decision making.	From June 15	DTS / DF
7.	Strengthen medical engagement in the Trust's improvement activity. Could include: - Repeat round of specialty meetings for consultants; - Work to strengthen Senior Medical Staff Committee (SMSC); - Review of support for medical leaders – AMDs and CDs; - Identify and work with medical "champions" for improvement - Identify and work with potential next generation of medical leaders.	From September 15	MD

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C. Improving for the Long Term

Improving for the long-term	8. Deliver financial plan of a deficit of no more than £17.7m including delivery of a savings programme of £10.5m (4.1% of expenditure).
	9. Design a service strategy and Long-Term Financial Model working with health economy partners to set out route to clinical and financial sustainability.
	10. Act on outcomes of Governance Review (Foresight) and Financial Review (KPMG).

8. Deliver Financial Plan for a Deficit of no more than £17.7m including deliver of a savings programme of £10.5m
Lead Directors: Director of Finance / All Directors
Governance: PF&I Cttee, Financial Recovery Group – meets monthly chaired by CEO.
Programme Mgmt: divisional teams leading in their areas inc Service Imp lead for each division. Organisational CIP / PMO support under review in light of KPMG review (to be received).

REF	ACTION	TIMING	EXEC LEAD
1.	Agree budgets for each division based on Trust financial plan to support delivery of deficit of no more than £17.7m.	April 15	DF
2.	Agreed CIP plan to deliver £10.5m - £7.5m of divisionally generated schemes plus £3m of cross-cutting schemes.	July 15	DF / DTS
3.	Strengthened governance for proposals for expenditure to support improved performance and/or quality.	May 15	DF
4.	Capital programme agreed and resources in place (ITU redevelopment and maternity development).	July 15	DF
5.	Initial model developed for longer-term financial recovery to support objective 9 below.	August 15	DF with ALL

C. Improving for the Long Term

9. Design a Service Strategy and Long Term Financial Model
Lead Director(s): Director of Transformation & Strategy / Director of Finance
Governance: Trust Board, Service strategy development group to be established
Programme Mgmt: TBC

REF	ACTION	TIMING	EXEC LEAD
1.	Joint Meeting of Chief Officer of Trust, Council, CCG and Mental Health Trust plus Director of Public Health to plan development of strategic vision.	11 June15	CEO
2.	Assessment of Strategic Risks facing the Trust to be agreed at Board Seminar	25 June15	CEO
3.	Agree approach to collaboration with other NHS trusts in the Black Country to develop a stronger alliance to support local service provision.	June 15	CEO
4.	Joint meeting of the Boards of the Trust, CCG and Mental Health trust plus senior officers from social care and Public Health to agree case for change for the borough and agree how to develop shared Walsall strategic vision.	2 July 15	CEO
5.	Walsall Healthcare NHS Trust Board Away Day agenda item – to agree our approach to the development of the Trust's service strategy (and supporting workforce and financial strategies) incorporating the outcome of (4) above.	6-7 July15	CEO
6.	Walsall Healthcare NHS Trust Board Away Day agenda item – to consider and develop our service strategy based on the work undertaken since July.	1-2 October 15	DTS / DF
7.	Present draft Annual Plan 2016/17 and service strategy to Board Seminar.	Dec 2015	DTS / DF
8.	Finalise Annual Plan 2016/17, 5 year service strategy and LTFM	March 2016	DTS /DF
9.	Launch Service Strategy	March 2016	CEO

C. Improving for the Long-Term

10. Act on the Outcomes of the Governance (Foresight) and Financial (KPMG) Reviews
Lead Directors: Director of Governance (Foresight) and Director of Finance (KPMG)
Governance: Trust Board – through board seminars, Exec Level governance TBC
Programme Mgmt – Foresight commissioned to provide support to next stage of board development work.
NB. Draft KPMG report received and actions being developed in response – will be included in next iteration of the plan – will fit best in Section 8 above.

REF	ACTION	TIMING	LEAD
1.	Agree shared set of board values and behaviours and hold each other to account for delivery.	At 24 hrs away day	Chair
2.	Facilitated review of board member strengths and styles to support working together to deliver our plan.	For autumn away day	Chair / CEO
3.	Reset Board Development Sessions on morning of board meeting into Board Seminars focussed on problem solving of a significant single issues. Agree seminar programme for 6 months ahead.	From June	D of Gov
4.	Consider moving board meetings to 1st week of month and committee meetings to 4th week to provide more time for exec / divisional assessment of monthly performance and preparation of response to Board.	NB impact on diaries	D of Gov
5.	Use a Board Seminar early in near future to focus together on delivery risks and mitigation for 2015/16.	June 15	COO / DF
6.	Re-think approach to community services at the board – how is the board visible to the community teams and how are the community teams visible to the board?	From June	CEO

C. Improving for the Long-Term

10. Act on the Outcomes of the Governance (Foresight) and Financial (KPMG) Reviews - CONTD

REF	ACTION	TIMING	LEAD
7.	Review "How we do business" (last reviewed in 2011) to ensure committee structure is right for the task in hand and links between board committees and executive and operational committees are strong inc. creation of People & OD Board Committee.	Initially for 24 hrs away event	DCA / FD
8.	Agree approach to accountability for quality and safety at the board – MD and ND. And introduce executive monthly group to provide overview of quality and safety for the board.	August 15	CEO / MD / ND
9.	Review board agenda structure to ensure focus on the key issues – use Healthy Board framework? Or Improvement Plan 3 themes?	September 15	DCA
10.	Review Executive Team structure in light of impending vacancies and trust's position.	June 15	CEO
11.	Agree development programme for Executive Directors including mentor and coaching support.	July 15	CEO
12.	Bring together current Improvement Plan (annual plan objectives) with Transformation Programme work, recovery plans and response to reviews (Foresight and KPMG) into single prioritised Improvement Plan agreed by the Board. Plan to cover 2015/16 and 2016/17 and to lead into longer-term strategy development.	For 24 hrs away event	CEO / D of T&S
13.	Consider capacity to lead and ensure delivery of Improvement Plan – Turnaround / Improvement Director / PMO / improvement capability?	July 15	CEO / DTS / DF / COO

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Performance Indicators

We have identified a set of indicators that will show progress against the objectives set in the Trust Improvement Plan. The majority of these are already included in the Trust's corporate performance report.

Objective	Key Performance Indicators
1. Care at Home	1. Patients on the Virtual Ward caseload 2. Patients cared for by FEP and Rapid Response 3. Emergency admissions to hospital for people aged >65 4. Emergency readmission rate
2. Quality & Safety	5. Mortality – HSMR & SHMI 6. Infection Control – MRSA & clostridium difficile 7. Pressure ulcers – hospital and community 8. Falls – hospital and community 9. Medicine Management – medication error rate 10. Patient experience – FFT monthly results and national patient surveys. % recommending trust
3. Emergency Care Pathway	11. ED 4 hour performance 12. Average hospital inpatient length of stay 13. % of patients discharged home by 12 noon and by 6pm each day 14. Delayed transfers of care and clinically stable list
4. Elective Care Pathways	15. Cancer – 2 week wait and 62 day standards 16. Diagnostics – 6 week standard 17. Longest waits – 0 over 52 week incomplete RTT pathways 18. 18 weeks – national standards RTT incomplete, admitted and non-admitted 19. Outpatient, elective and day case activity

Performance Indicators. CONTD.

Objective	Key Performance Indicators
5. Safer Staffing	20. Inpatient ward staff in post and vacancies 21. Midwifery staff in post and vacancies 22. Expenditure on agency and bank – nursing
6. Colleague Engagement	23. Colleague survey - % recommending trust as an employer 24. Colleague Connect participation rates 25. Sickness absence – overall and stress-related sickness absence 26. Violence and aggression – incidents and survey reports
7. Leadership Development	27. Leadership team participation in development activity 28. Colleague survey – questions relating to support from managers / ability to make change
8. Deliver Financial Plan	29. Financial performance vs plan 30. CIP planning and delivery vs target 31. Temporary staff spend as a % of paybill
9. Service Strategy	32. TBC
10. Improved Governance	33. Colleague view of impact of the board on the organisation – measured through colleague survey

Next Steps

As an organisation we have already held:

➢ March board development session – presentation of Review Report

➢ Board Away Day (2nd April) – initial board discussion of action needed in response

➢ Board development session (30th April) – Board review of outline action / approach to improvement plan

➢ Executive team away day (12th May) – Executive team development of the next stage of the plan.

➢ Trust Leadership Conference (19th May) – engagement of wider trust leadership team in the devleopment of the plan.

➢ Period of consultation with colleagues and key stakeholders on the draft Improvement Plan

As the immediate next steps we plan:

➢ NED (half-day) away day (June) – NED team development

➢ Board seminar (25th June) – assessment of strategic risks facing the organisation.

➢ Trust Board (25th June) – agreement of Improvement Plan.

➢ Whole System board away day (2nd July) – trust board, CCG board, D&WMHT board, council senior officers

➢ 24 hour board away day (6th / 7th) – Healthy NHS Board; development of improvement plan; plan for service strategy.

After the summer we are planning

➢ 2nd 24 hour board away event (TBC) – will focus on development of service strategy. Extend existing October away-day.

**Our Improvement Plan as a Picture**

APPENDIX
Wider Context – Healthy NHS Board

As we develop our plan we should consider further how we might use two frameworks to support our board development (a) the Health NHS Board (below) and (b) the CQC Well Led Domain and associated Monitor guidance (next page). The CQC Well Led domain is especially relevant in the light of our upcoming inspection.
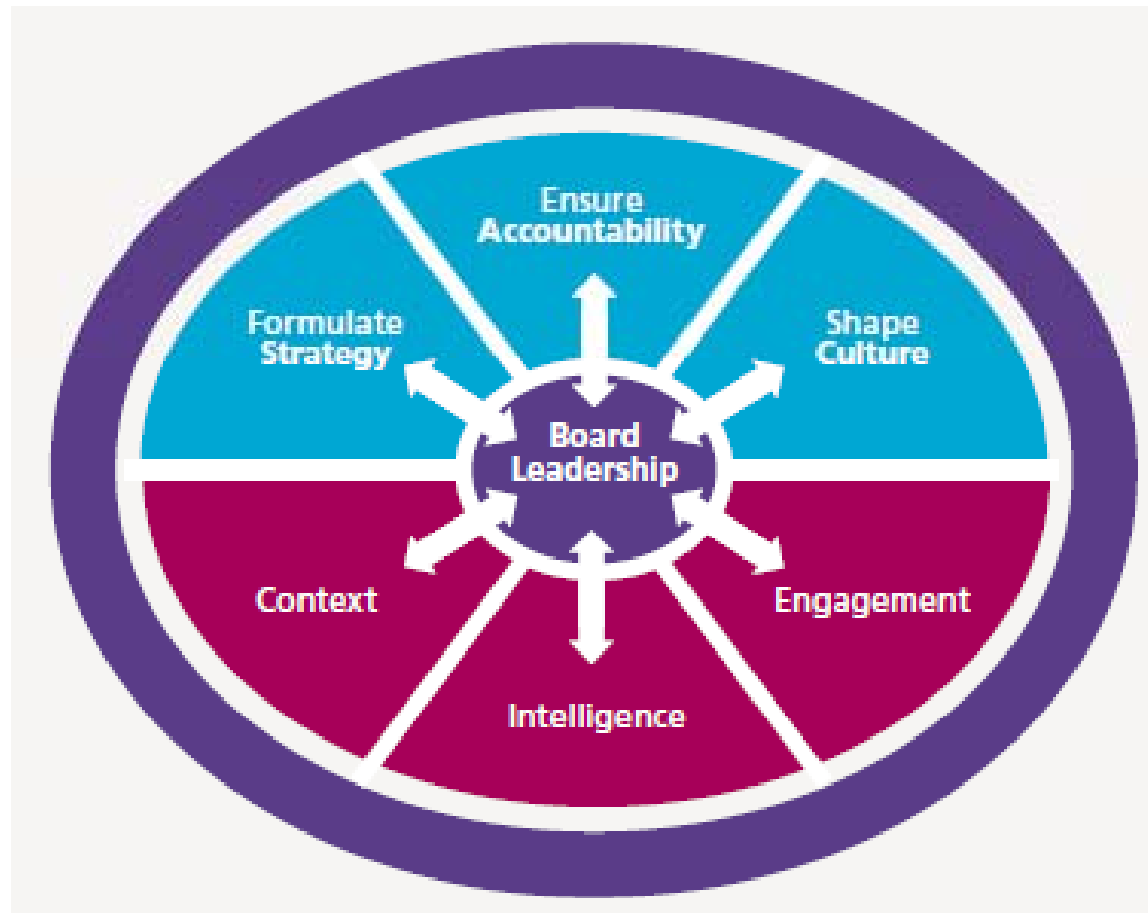
Wider Context – Monitor / CQC "Well-Led" Assessment

Key:
Board's role =
Governance domains =
Key questions =

2. Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?

3. Does the board have the skills and capability to lead the organisation?

4. Does the board shape an open, transparent and quality-focused culture?

1. Does the board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?

Strategy and planning

Capability and culture

5. Does the board support continuous learning and development across the organisation?

Board's leadership role:
- strategy and planning
- accountability
- shape culture
- risk and performance oversight – quality, operational and financial performance

10. Is the board assured of the robustness of information?

Measurement

Process and structures

6. Are there clear roles and accountabilities in relation to board governance (including quality governance)?

7. Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?

9. Is appropriate information on organisational and operational performance being analysed and challenged?

8. Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?