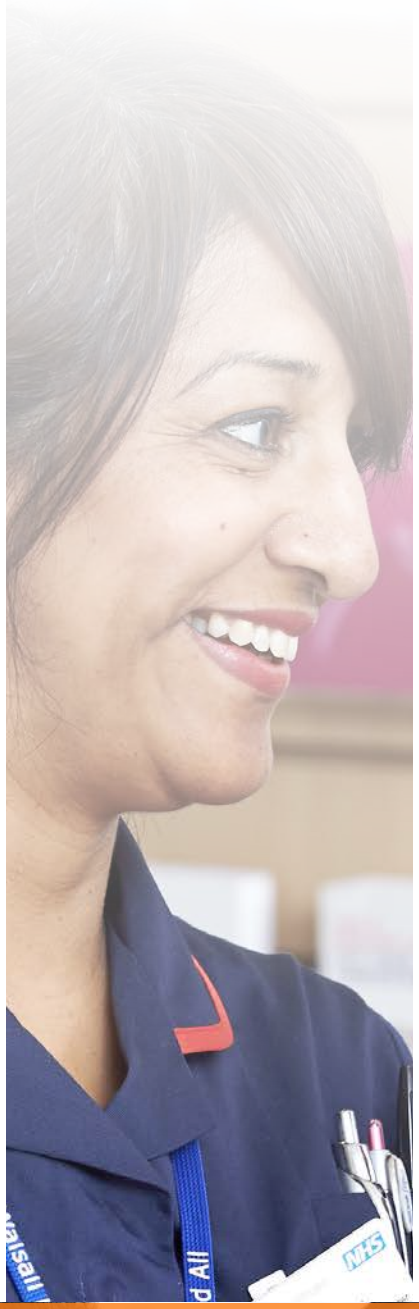
Walsall Healthcare NHS
NHS Trust



By 2020 we will become an integrated care organisation that improves the health and wellbeing of the people we serve by:

Annual Plan 2016/17

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

Contents

Introduction

Looking forward, 2016/17 will be another important year for Walsall Healthcare NHS Trust, our patients and their families and the c. 4,000 colleagues who work for the Trust. A year ago we set out plans to start to improve the quality and safety of the care we provide, restore operational performance and develop our 2020 service strategy. Through this approach we have made some important progress:

- We established a new model of care for community services based on five locality teams, a new Rapid Response Team in the community setting, and a new Frail Elderly Service at the front door of the hospital
- Delivered our best-ever infection control performance
- Begun the process of clearing our elective backlog by halving the number of patients waiting over 18 weeks and treating all our very longest waiting patients
- Delivered these improvements within the financial plan we set at the start of the year of a deficit of no more than £17.7m.

Everyone who works for the Trust, however, knows that there is still a lot more to do in 2016/17 to deliver the service we want for our patients. Our Care Quality Commission (CQC) inspection rated us "Inadequate" and the Trust is in Special Measures as a result. Our staff and patient survey results were also well below average reinforcing the extent of improvement that is still required.

Our plan for 2016/17 is, therefore, designed to build on the start we have made and to accelerate our improvement, and to meet the triple aims of the Five Year Forward View requirements as follows:

Improving for Patients

1. Quality & Safety – delivering our Patient Care Improvement Plan to improve the quality and safety of care especially in maternity and emergency care
2. Tackling long waits for care – delivering cancer standards, clearing 18 week backlog and reducing emergency care pathway waits
3. Care at home – getting maximum impact from the new model of community services and integrated pathways.

Improving for Colleagues

4. Engagement – embed Listening into Action as the way we work with our colleagues
5. Leadership and Culture – a clinically-led organisation and a patient safety focussed culture.

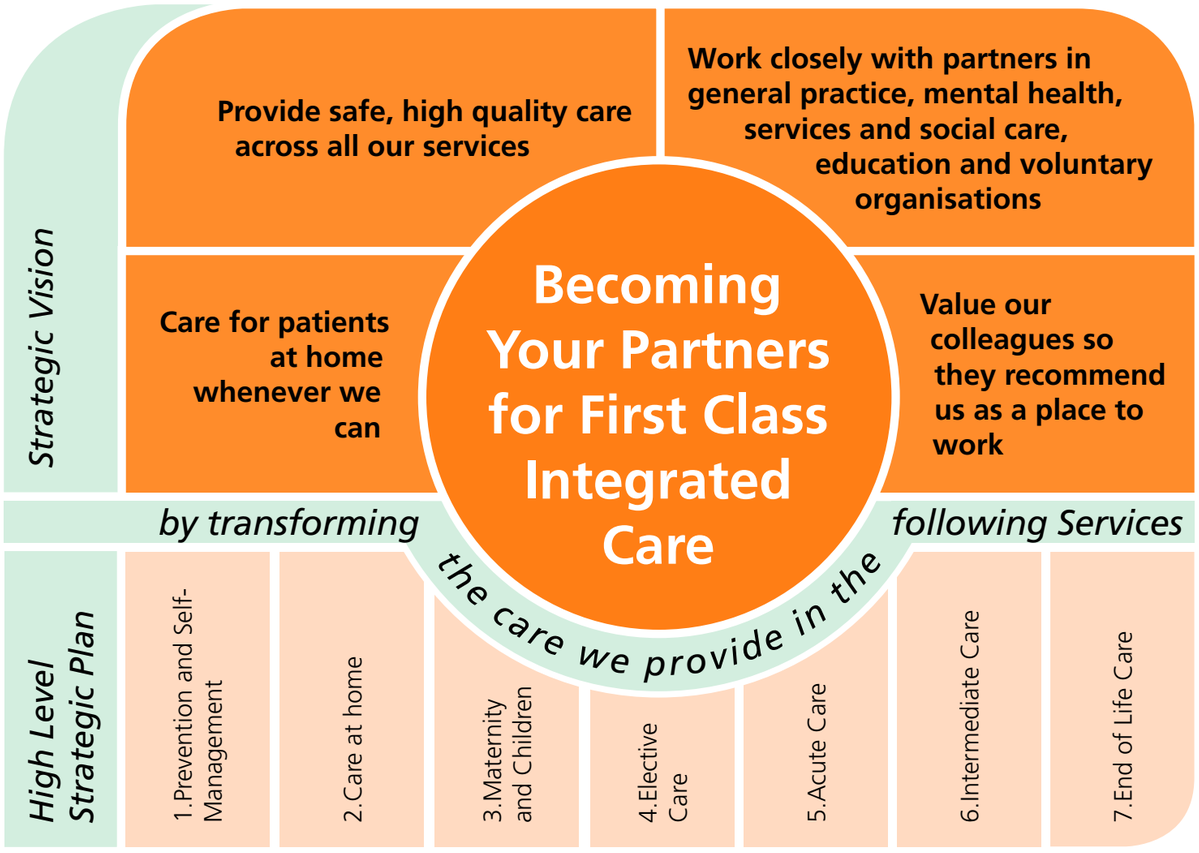
Improving for the Long-Term

6. A fit for purpose hospital estate – new ITU, neo-natal and maternity redevelopment, plan for Emergency Department
7. Financial plan – delivering improvement whilst maintaining control of our finances
8. Governance – supported by a new governance structure to keep us focussed on what matters.

We remain committed to the continual development and further integration of community services with our partners in mental health and social services. Serving around 50,000 people in each of the five localities across the Borough, we are delivering a range of community clinical services to patients in their own home so that they are supported to improve their health and remain independent in the community with a view to reducing attendance and dependence on acute urgent care services.

There is a lot to do in 2016/17 in order to continue to progress the improvement journey we started in 2015/16. This plan is designed to ensure that we are able to successfully take the next significant steps in that journey to deliver our vision to become Your Partners for First Class Integrated Care.

Our 2020 Vision:



By 2020/21 we plan that services will be developed to incorporate the following areas:

Prevention & Self-management
1. Expert Patient Programme (EPP)
2. Lifestyle Services – supporting healthy choices
3. Prevention linked to mainstream care pathways
4. Healthy Lifestyles programme for Trust employees.

Care at Home:
1. Integrated community locality teams – 50,000 localities
2. Shared approach to identification of vulnerable patients
3. Rapid Response Team (RTT) linked to social care reablement
4. Case management model for vulnerable patients.

Intermediate Care:
1. Integrated intermediate care – health, social care and older adult mental health
2. "Discharge to Assess" care pathway
3. Elderly care centre – fit for purpose step-down facilities
4. Frail Elderly Service / Rapid Response Team – max impact.

Elective Care:
1. Shared care and one-stop care pathways
2. Diagnostic capacity – second MRI / gamma camera
3. Effectively organised specialist clinics
4. Day case, minimally invasive and early supported discharge for electives.

Acute Care:
1. Emergency care centre – integrated "front door"
2. Assess to admit and short stay acute model
3. Seven day national standards for acute care
4. Specialist networks for trauma, cancer, cardiac and stroke
5. Fit for purpose integrated critical care unit (HDU and ITU).

Maternity and Children
1. Maternity services estate and staff - 5,000 births
2. Neonatal Unit – 20 cots for 5,000 births
3. Maternity pathways – improving outcomes
4. Paediatrics – integrated emergency model and community-based pathways.

End of Life Care
1. Specialist palliative care team using end of life care plan
2. Awareness of end of life care across all pathways
3. Increased range of non-hospital end of life care services.

The 2016/17 Plan reflects the first year of this strategy based on our "improving" themes detailed in the Introduction.

Principles for New Models of Care

The way we deliver our services in the future will be underwritten by the following principles:

Two Guiding Principles:

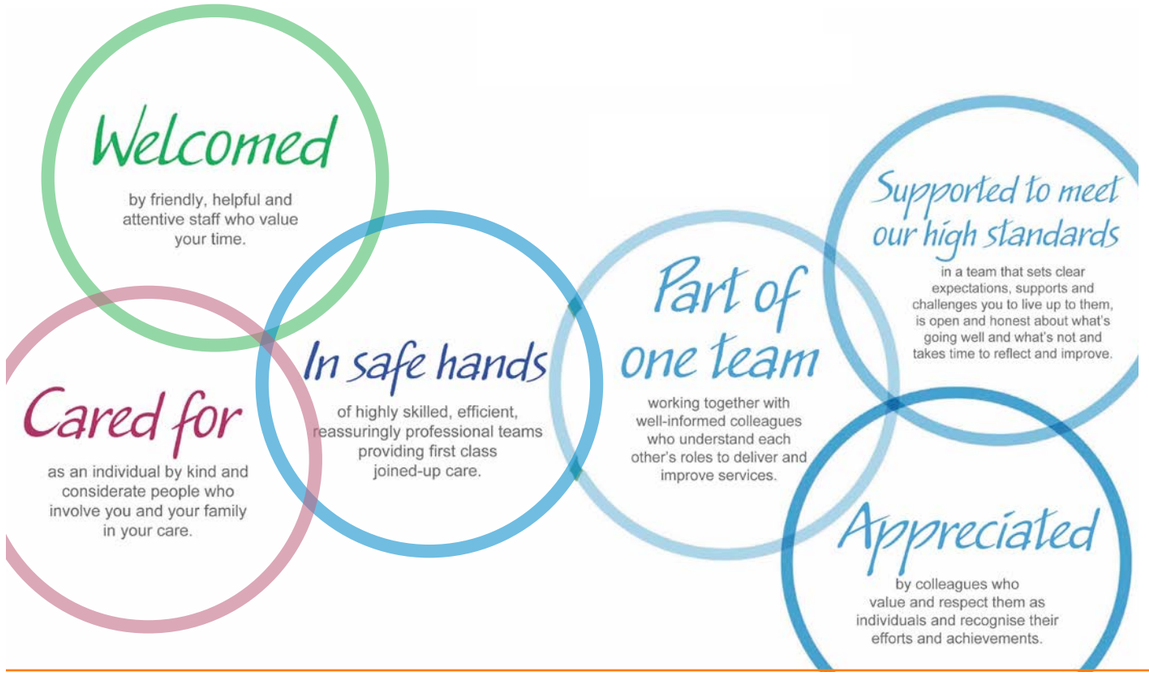
1. Right care, right place, right time as we would want it for our families and friends.
2. If we provide a service we will provide it safely. If we cannot do so on our own, we will work with partners or seek a different provider.

Seven Service Principles:

1. Our services will help patients take responsibility for looking after their own health working with communities, other agencies and the voluntary sector
2. Our services will care for patients in their own homes whenever it is safe to do so
3. Our services will respond to crises by seeking to keep patients safe and well at home (e.g. rapid response interventions)
4. Our services will support GPs to care for patients in primary care – diagnostic and outpatient pathways will share care
5. Our services will minimise hospital stay – minimally invasive techniques, a culture of "no delays" and discharge planning from day one
6. Our services will minimise hospital stay – minimally invasive techniques, a culture of "no delays" and discharge planning from day one
7. Our services will "discharge to assess" – "home first" no decision about long-term care from the Hospital. We will

Our Promises

We remain committed to the six promises made to our patients and to our colleagues. The first three set out what patients can expect from us: that they will feel welcomed, cared for and in safe hands. The next three promises are for all our colleagues to whom we promise that they will be, part of one team, appreciated and supported to meet our high standards.



Strategic Context - Review of 2015/16

A year ago we set out plans to start to improve the quality and safety of the care we provide, restore operational performance and to develop our 2020 service strategy.

The Trust was inspected by the **Care Quality Commission** in September 2015 where we were open about the challenges we faced in recovering from a difficult period. The areas highlighted prior to the inspection came out clearly in the Report, though some additional items were present concluding in an overall "**Inadequate**" rating resulting in the organisation being placed into special measures. It's worthy of note though that many of our services particularly those based in community settings, were rated as "**Good**".

Nevertheless, some good progress was made against our improvement plan during the year as outlined below.

We extended our partnerships across the Black Country forming a unity alliance with Dudley Group NHS foundation Trust and Sandwell and West Birmingham Hospitals NHS Trust to form the Black Country Alliance (BCA). We continue to serve a large number of patients from South Staffordshire, which is included in our future plans.

The **Care Closer to Home** work stream has continued to move forward as planned with the integrated teams of health and social care based in five localities aligned to GP practices across the borough, a new Rapid Response Team is operating in the community and a new **Frail Elderly Service** is charged with reducing inappropriate hospital admissions.

We delivered our best-ever infection control performance.

Our **Elective Care Pathway** progress has been moving in the right direction, achieving a reduction in the amount of patients waiting for appointments and improvements in the efficiency of our clinics, and halving the number of patients waiting over 18 weeks for treatment. However, this work has not progressed quickly enough and needs to move faster in the next few months.

The **colleague engagement** and leadership work streams have been progressing as planned with some positive comments in the mid-year staff survey. Still, additional work is needed on listening to our people to develop a culture that all of our colleagues are proud to be part of.

Our emergency department experienced the phasing in of a new urgent care service by an external provider. There were some early improvements in the **Emergency Care Pathway** though regrettably, these have not been sustained. Changes in the coming year need to be sustainable and demonstrate a step-change in the care we provide in this area through quicker assessment and reduced length of stay.

Financial challenges in Public Health and the Local Authority have led to a number of services being put out to tender with reduced budgets and a requirement for more efficient service models. This puts additional pressure on our already stretched finances. Nevertheless, we have responded positively and to date have successfully retained a number of community and children's services.

Importantly we have delivered these improvements within the financial plan we set at the start of the year.

Plans for 2016/17

Our plan for 2016/7 is based on the new approach to change we set out in our response to the CQC inspection. We will be responding in a concerted manner to our challenges to ensure that there is sustainable improvement for our patients, colleagues and for the long term. Our priority areas of focus are:

- **1.Quality and Safety**
- **2. Tackling long waits for care**
- **3. Care at home**
- **4. Engagement**
- **5. Leadership and Culture**
- **6. A fit for purpose hospital estate**
- **7. Financial plan**
- **8. Governance**

The following principles will underpin our approach:

- Focus on outcomes for patients and colleagues – establish a strong patient safety culture
- Generate a high level of engagement – ensure everyone is involved in improving care
- Ensure sustainable improvement - hitting the target without missing the point, i.e. work across all areas not just those of the CQC focus
- Strengthen accountability for improvement – do what we say we are going to do
- Learn from elsewhere – adopt the good practice that exists
- Hit the ground running - show clear progress in 3 and 6 months and aim for significant improvement in 12 months tackling the issues we face at pace wherever we can.

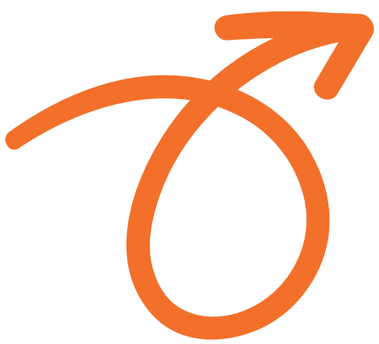
As well as the improvements required by the CQC, we still have a part to play in delivering major changes in health service provision to benefit the communities we serve. Going forward a major focus will be in the transition of care from hospital to community services in line with the NHS Five Year Forward View. We will improve our processes for recording information and make efficiency improvements to deliver value for the public purse and in developing our workforce.

We are taking a programme management approach to facilitate transformation that will future proof our services, support sustainability and ensure that we learn from past mistakes.

Objectives for 2016/17

This year we need to do more to make services safer and better. The Trust's objectives for 2016/17 continue with the improvement priorities outlined last year, but focus more specifically on our areas of challenge. We are taking the opportunity to review and improve our processes and services in partnership with our stakeholders, including commissioners, social and mental health services, and of course our service users and our own people.

An improvement team will provide support to our people to deliver the pace of change required to achieve these objectives.



	Objective		Executive Lead
Improving for patients	1. Improve the quality and safety of our care	1.1 Deliver a programme of quality improvement in response to the CQC inspection report.	Director of Nursing/ Medical Director
		1.2 Improve the quality and sustainability of maternity and neo-natal care.	Director of Nursing
		1.3 Improve the quality and safety of the Emergency Department (ED).	Medical Director
		1.4 Improve the quality and sustainability of our Cancer services.	Chief Operating Officer
		1.5 Establish a sustainable future for the Stroke service	Director of Strategy
		1.6 Improve the quality of the care we provide to patients at the end of their life.	Director of Strategy
	2. Community services development	2.1 Complete the deployment of integrated locality teams with partners agencies in Mental Health, Social Care and Primary Care	Director of Strategy
		2.2 Deploy mobile technology for community teams.	Director of Strategy
		2.3 Build a directory of services and a single point of access to ensure efficient use of resources.	Director of Strategy
		2.4 Continue the development of integrated care pathways that link of key services together seamlessly.	Director of Strategy
	3. Improve our emergency care pathway	3.1 Implement a "discharge to assess" model to sustainably reduce medically fit for discharge patients unable to leave acute care.	Chief Operating Officer
		3.2 Deliver national seven day services standards for emergency care.	Medical Director
		3.3 Reduce the length of stay through use of SAFER bundle on our wards.	Chief Operating Officer
		3.4 Delivery a sustained reduction in unplanned readmissions to hospital.	Chief Operating Officer
	4. Improve our elective care pathway	4.1 Complete delivery of the Referal To Treatment (RTT) recovery plan - including returning to reporting.	Chief Operating Officer
		4.2 Ensure effective operation of our outpatient services.	Chief Operating Officer
Improving for colleagues		5. Establish a substantive workforce that reduces our expenditure on agency staff.	Director of OD/HR
		6. Improve attendance through a number of measures including improving occupational support.	Director of OD/HR
		7. Establish a clinically-led model of service leadership at Care Group and Division level.	Chief Operating Officer/ Medical Director/ Director of Nursing
		8. Deliver a step-change in staff engagement in the Trust using the Listening into Action programme to deliver this.	Director of OD/HR
		9. Improve the leadership and management culture of the Trust through a focused programme of development for senor and middle managers.	Director of OD/HR
Improving for the long-term		10. Deliver the Trust's financial plan including a deficit of no more than £14.6m (£6.2m after STF funding)	Director of Finance
		11. Establish and deliver an efficiency programme linked to improvement activity to deliver savings of £10.5m in year one (including impact of Carter Review).	Director of Strategy/ Director of Finance
		12. Establish a clear Trust capacity plan to ensure future sustainability.	Director of Strategy
		13. Improve the governance of the Trust ensuring the CQC 'Well-led' standard is met.	Chief Executive
		14. Design and deliver a data quality improvement plan to ensure that our clinical teams have access to, and use data to drive service improvement.	Director of Strategy
		15. Deliver a transformational strategy that draws on the benefits from our partnerships with the Black Country Alliance and Walsall Together.	Director of Strategy/ Director of Finance
		16. Update our estate with the commencement of a new ICCU and Maternity and Neonatal facilities. Finalise future ED facilities.	Director of Strategy/ Director of Finance
		17. Establish a robust approach to workforce planning including development of new roles linked to models of care especially for emergency and acute care and maternity services.	Director of OD/HR
		18. Improved the education and training provided for medical staff.	Medical Director/ Director of Nursing

Improvement Programme

We have a part to play in delivering major changes in health service provision to benefit the communities we serve. Going forward, a major focus will be in the transition of care from hospital to community services in line with the NHS Five Year Forward View; improving our processes for recording information; efficiency improvements to deliver value for the public purse and in developing our workforce.

We are taking a programme management approach to facilitate improvement that will future proof our services, support sustainability and ensure that we learn from past mistakes.

The ten improvement programmes that form the basis of our Annual Plan for 2016/17 aim to deliver efficiency savings of £10.5m. This will ensure that we have a contingency envelope to attain the required £9.3m in our financial plan.

Each improvement work stream will have an executive lead who will be responsible not only for 2016/17 delivery outlined above, but also to build improvement objectives for 2017/18 and 2018/19. In essence these work streams will build a formal three-year improvement plan that will be aligned to the Trust's strategic plan and deliver savings through improvement. A very clear line of sight from the Improvement Team through to the Board is now mapped into our formal committee structure with the improvement work streams formally reporting monthly into an Improvement Executive Group, then onto the Performance, Finance & Investment Committee. The programmes and their expected outcomes are outlined here:

Programme	Expected Improvements
Care at Home - more care and more productive care at home.	Divisional / Care Group Schemes - locally generated, smaller scale schemes.
Patient Flow - shorter lengths of stay (LOS) and quicker safer, discharges.	Reduced hospital LOS Reduced Emergency Department (ED) re-admissions Reduced clinically stable LOS
Outpatients - quick and cost-effective diagnosis and treatment.	Improved clinic utilisation Triage / demand management Outpatients in community
Theatres - highly productive, cost effective theatres.	Improved utilisation Day case / minimally invasive surgery
IM&T / Electronic Patient Records (EPR) - digital communications, paperless provision and full EPR.	Reduced paper / post / data entry EPR reducing waste / variation
Workforce - new roles to provide cost effective quality care.	Changed skill mix New roles
Non-Clinical Support Services - cost effective support to the frontline.	Shared services options
Procurement – better value for the services and products we purchase as supported by Lord Carter's Review.	Best value procurement Shared service options Review of the operating model for Pharmacy
Income / Coding - maximum tariff income for work undertaken.	Maximisation of income
Divisional / Care Group Schemes - locally generated, smaller scale schemes.	Smaller scale change and service lead efficiencies

The improvement programme will also focus on core pathways in Maternity and Neonatal Services, Care at Home, Emergency and Elective Care.

Improving Maternity and Neonatal Services

In response to the recent CQC Report, we have increased our midwife to birth ratio to 1:32 with the intention to reach 1:28. Further to this, there will be £6m infrastructure investment in maternity and neo-natal services, including an additional theatre, and additional neonatal cots. We have worked with our service users, commissioners and partner organisations across the Black Country to agree a cap on birth episodes delivered in Walsall with a reduction from 4,900 per year to 4,200.

We are also reviewing our governance processes and priorities to ensure we achieve high levels of quality and safety at all times.

Improving Care at Home Services

As part of the digital road map, the Trust plans to secure investment in the IT and logistical support of community teams to improve productivity. This means the implementation of mobile working infrastructure and logistics management systems to reduce inherent inefficiencies associated with delivering care in the community, setting the foundations for the shift of activity from acute to community over the next three – five years.

Improving our Emergency Services

We are introducing changes to the triage process and care pathways, including more paediatric input. We will be exploring new staff models to ensure greater efficiencies within the department, and a return to achieving national access standards of maximum four hours to treatment. Longer-term we will be expanding our estate to meet the demands of the communities we serve.

Additionally we have a number of pathways in place that will reduce pressure on the "front door" of the ED, including a new Rapid Response Team in the community, our existing community services, and a new Frail Elderly service.

- **ED Four Hour Standard**
  The Trust, Clinical Commissioning Group (CCG) and Social Care submitted a revised recovery plan for the ED Four hour standard in mid-March. This included a revised, locally agreed trajectory for recovery based on delivering 90% in June and 95% in October 2016.

We are mindful that a reduction in waiting times for our patients may lead to an increase in referrals as evidenced last year and are taking steps to predict demand and capacity requirements.

Tackling Long Waits for Care

The work we are doing as part of our transformation plan will help ensure we meet the elective care national access standards known as Referral to Treatment (RTT) targets. We are meeting our trajectory targets as explained below.

- **18 Weeks RTT Recovery Plan**
  Our RTT recovery plan is based on three key elements:

- Improved validation of data in the system
- The extra work that has been undertaken by external providers
- Our own increased productivity and additional capacity.

The Trust and the CCG agreed a trajectory for delivery of the 18 week incomplete standard with the Trust Development Authority (TDA) and NHS England in November 2015. Since then the health economy has made good progress in reducing the number of patients waiting over 18 weeks faster than planned but the overall patient tracking list has also reduced faster than we had expected. There is local work underway to review our delivery plans in the light of the current position.

62 Day Cancer Standard
The Trust has submitted a recovery plan for this standard to the commissioners and regulators. This included a trajectory that will deliver the standard from August 2016, though we are undertaking further work with a view to improving this timescale.

Organisational Relationships and Capability

Partnership working is a key focus going forward and will be an important element of our future success. The Trust is proactively working with partners across the health and social care system to support sustainability and common strategic direction going forward.

Walsall Together

Walsall Together is a collaboration with the key health and social care organisations in Walsall:

- Walsall Clinical Commissioning Group (CCG)
- Walsall Healthcare NHS Trust
- Walsall Council
- Dudley & Walsall Mental Health NHS Trust
- Walsall Public Health.

Walsall Together is working with an aim of reducing barriers and duplication and to improve the flow of patients to deliver better care closer to people's homes.

Black Country Alliance
Better Care for All

The BCA is a partnership between us, The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham Hospitals NHS Trust. Together the three Trusts serve a population of over 1 million people. The scale and size of the organisations is significant and creates new opportunities for the development of specialist care, research, education and employment within the Black Country, which might not otherwise be possible. The alliance is based on three guiding principles:

1. Improving health outcomes
2. Improving people's experience of healthcare
3. Maximising the resources available so that together we can do more for the communities we serve.

The Black Country Sustainability & Transformation Plan (STP)

The Trust has agreed to participate in the Black Country STP. This plan brings together over 10 healthcare providers, numerous Local Authorities and four CCGs to create an ambitious local blueprint for accelerating the implementation of The NHS Five Year Forward View.

We have agreed that the STP should build on the existing local partnerships in each area and will work together to optimise the opportunity for each member to access the available development funding.

Partners have agreed to recognise work that was already planned or underway on a cross partner or Black Country basis and not seek to disrupt or duplicate it through the STP process. Further, that the creation of the STP should not lead to the establishment of new boundaries that could compromise critically important relationships or patient flows. These include, but are not limited to the exisiting relationships with Staffordshire and Birmingham.

To ensure appropriate governance the Trust has agreed to participate in a sponsoring group comprising the leaders (or representatives) from each organisation. A variety of sub groups will also be established as the work is underway on the core plan.

Quality and Safety Plans

The Trust is committed to improving the quality and safety of the care we provide in 2016/17 in line with our Patient Care Improvement Plan agreed as part of our response to being placed in Special Measures. This work is at the heart of our plan and is our first priority for the year ahead.

Actions already taken include employing additional staff, improvements to our documentation, audits and processes and additional training for our staff where required. We have revised our risk registers and strengthened mitigating actions to be implemented.

We have taken the opportunity to establish a set of principles on which to base our response to ensure we succeed in delivering improvement, focus on outcomes for patients and staff and establish a strong patient safety culture. This is being done by:

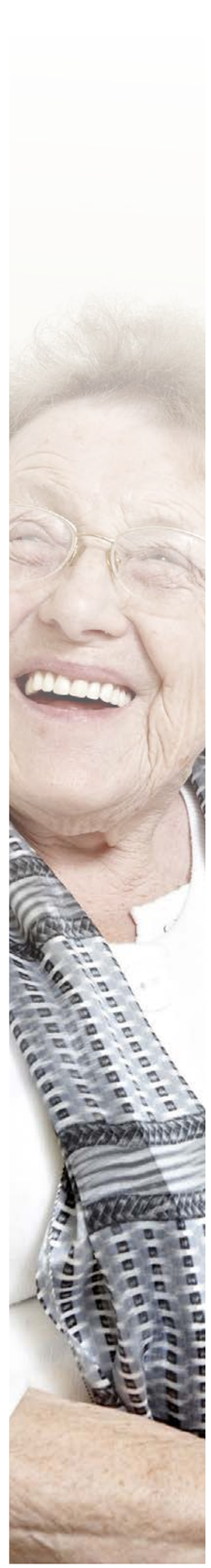
- generating a high level of engagement – ensuring everyone is involved in improving care
- ensuring sustainable improvement - hitting the target without missing the point
- strengthening accountability for improvement – doing what we say we are going to do
- learning from elsewhere – adopting the good practice that exists
- hitting the ground running - showing clear progress in three and six months and aim for significant improvement in 12 months tackling the issues we face at pace wherever we can.

Our key quality priorities for 2016/17 will be to:

- deliver the actions agreed in our Patient Care Improvement Plan
- deliver the Sign up to Safety priorities including elements within maternity
- reduce avoidable patient harm especially in Maternity Services, respond to deterioration in sepsis and medicines safety
- improve patient experience from current patient survey baseline
- improve patient outcomes especially in elective surgery, and maternity services
- embed a clinical leadership model across all divisions and care groups
- commence work for the new Integrated Critical Care Unit (ICCU)
- begin work on the maternity and neonatal unit as part of a £3m investment
- achieve national access targets in particular in ED, cancer and diagnostics
- embed a culture of safety within the Trust.

To achieve our priorities, we recognise we must:

- build stronger more confident clinical leadership
- embed our quality assurance framework
- deliver what we say we will do
- build better systems for clinical information and capability of our staff to interpret information for sustainable change
- develop a well-trained clinical workforce that is sufficient in numbers, confidence and competence.



Activity and Capacity

In this area the emphasis in 2016/17 will be on controlling flows of patients into and through the hospital making best use of our community teams rather than creating additional capacity within the hospital.

We are planning for a circa 2% increase over 2015/16 in light of the work needed for elective access recovery. This assumption is driven both by financial considerations and the need to concentrate on ensuring safe services.

The current plan assumes growth of 1.4% in non-elective admissions, based on an assessment of the underlying historic growth in emergency activity for our catchment. This poses a challenge for the Trust capacity and accommodating this increase will require us to successfully deliver our planned improvements in the emergency care pathway. With no change we will face a shortfall in capacity equivalent to circa 30 beds for our emergency workload.

However, this assumption of an underlying 1.4% increase in admissions is mostly offset by a reduction of 700 birth episodes as a result of our decision to cap our maternity activity at 4,200 from 4,900.

We are assuming a slight increase on 2015/16 for outpatients. Work has been undertaken to improve clinic utilisation rates and to reduce the number of missed appointments. This will improve our overall capacity and once our backlog is cleared, will allow reduced reliance on waiting list initiative clinics and on other providers. The number of referrals from GPs for elective work has declined in 2015/16, partly at the direction of CCGs. While this helped with progress towards achieving national access standards (RTTs), it is expected that, with improved performance and better use of capacity, the Trust will begin to reverse the decline in referrals in the second half of 2016/17.

With regard to cancer referrals and waits, since 2010, average growth has been 17.3% and 14.5% treated following referral. This is partly due to more referrals being identified by GPs as being cancer related. Also cancer referrals are now prioritised more appropriately – non cancer referrals are delayed or dealt with by other than an outpatient appointment. Many identified cancers are referred to tertiary centres so local capacity is not an issue.

We are planning for growth in community activity in 2016/17 following the investment by the CCG in addition to services targeted specifically at the frail elderly.

The following table details our anticipated activity forecast outturn (FOT) for 2015/16, our activity compared to previous years, and our forecast for 2016/17.

	Year 2013/14	Year 2014/15	Year 2015/16	Plan Year 2016/17
Day Case	26,119	23,340	22,002	22,428
Elective	4,008	3,503	3,652	3,721
OP New	93,202	100,936	92,961	97,162
OP follow-up	205,479	141,003	167,797	174,345
ED	95,235	79,516	63,200	64,085
Community Face to Face	363,394	327,670	302,465	308,514
Community Clinics	73,912	61,364	56,037	57,158
Total	861,349	737,332	708,114	727,412

Workforce Plans

Progressive Human Resources (HR) practices with a strong emphasis on organisational development and engagement are essential to realising the Trust's vision and delivering our strategic objectives within the context of the wider NHS reforms. This will entail a more strategic focus; addressing the underlying causes of disengagement rather than fire-fighting the symptoms of the problem, such as managing grievances, sickness absence and personal conflict.

Our new People Strategy has been developed in response to the CQC report and the National Staff Survey findings. This strategy sets out the five-year future vision for our people along with the key themes and strands of work to achieve that vision. At the heart of this strategy is how the workforce is positively encouraged to perform at its best and will become a prime requirement for each of our leaders and managers.

Leadership and effective leadership systems are key to our achievement. We recognise that we need to urgently work with our teams with regard to leadership, culture and values – developing open and transparent cultures focused on improving quality.

Our plan includes:

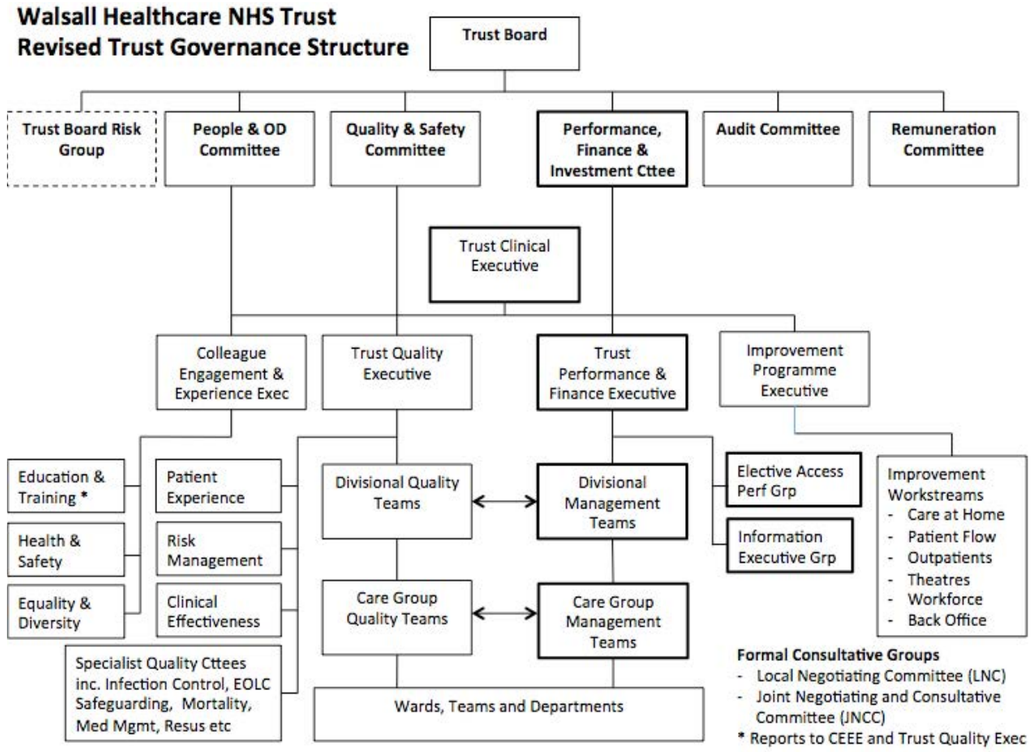
- embedding a clinically led model of leadership
- developing our leaders to have the necessary confidence and capability to act
- developing our Trust board members to identify risk, put in place robust assurance processes and triangulate information on which to base priority decisions
- ensuring we have clinical teams who understand and 'buy into' the Trust values and vision and their role within this, equipping them with the tools to deliver
- embedding a quality assurance framework keeping a clear line of sight from the 'ward to board'.

The workforce plan for 2016/17 is a reflection of planned investment/growth in response to local/national pressures, offset by Trust level assumptions regarding agency staff reductions to meet the workforce-related CIP initiatives Substantive investment to meet the CQC recommendations will be carried out in a strategic, sustainable fashion, which when offset by improved workforce efficiencies and reduced temporary staffing usage as a result of filling vacancies, will provide the Trust with a stronger workforce foundation.

Category	March 2015 Actual	March 2016 Projected
Medical and Dental	374	388
Registered Nursing and Midwifery	1,164	1,252
Allied Health Professionals	212	215
Other Scientific, Theraputic and Technical Staff	115	114
Health Care Scientists	79	79
Support to Clinical Staff	1,172	1,184
NHS Infrastructure Support	666	675
Total	3,783	3,906

A Well-Led Organisation

We are embedding a new governance structure for the Trust to reflect our commitment to being a clinically-led organisation as depicted below.



We are committed to the health and wellbeing of our staff and have a number of policies in place to support flexible working where required and to promote healthy lifestyle choices. In line with the national drive towards a healthy workforce, the Trust has revised its attendance strategy and implemented training across the organisation in relation to our Sickness and Absence policy. The occupational health service provision is being strengthened through an arrangement with another local Trust with a view to reducing absences and providing support for a speedy return to work.

Financial Plan

The Trust has modelled the impact of national cost pressures. In addition, we have included costs of additional staffing in Maternity Services and further investment in paediatric nursing in ED is also required following CQC recommendations. The Trust's forecast income and expenditure deficit is £14.6m, which is in line with the control total set by the NHS Trust Development Authority (NTDA). To achieve this position, the Trust has a Cost Improvement Plan (CIP) totalling £10.5m. Following receipt of the non-recurrent sustainability and transformation funding of £8.4m, the Trust will have a planned £6.2m control deficit.

	Financial Plan	2016/17 £000s	2015/16 £000s
Income	Clinical Income	(231.1)	(221.8)
	Non-clnical Income	(15.5)	(19.5)
	Total Income	(246.6)	(241.3)
Expenditure	Operational Expenditure (Pay & Non-Pay)	237.5	234.8
	Earnings before interest, tax, depreciation & amortisation	(9.1)	(6.5)
Non-Operating Expenses	Depreciation	7.3	7.5
	Interest	8.0	8.8
	PDC Dividend		
	Sub-total non-operating expenss	15.3	16.3
	Net (DEFECIT)	6.2	9.8

Description	Amount £'000	Notes
Deficit 2015/16	-9.8	Deficit against 'break-even' duty, actual deficit will be £900k higher in the annual accounts as a result of impairment
Service & Transformation Funding	8.4	Funding available upon improvement in agreed performance targets
Deficit 2016/17	-6.2	Planned deficit following receipt of Service & Transformation funding
Cost Improvement Progrogramme	9.3	Savings required to achieve the planned deficit following recepit of Service & Transformation funding
Revenue borrowing	6.2	Required to finance the planned deficit position
Captial Investment loan	6	To fund development of the Integrated Critical Care Unit (ICCU) facility
Capital Draw down	5.6	Allocation following Mid Staffordshire review to support development of Maternity Services
Cash Holding	1	The Trust is required to maintain a minimum £1m balance due to borrowing restrictions
Capital Servicing Ratio	LOW	Reflecting the deficit forecast

Capital Planning

The capital programme for 2016/17 totals £14.5m to include delivery of three large schemes:

- ICCU
- an extended 20 cot neo-natal unit
- a second dedicated maternity theatre.

The ICCU capital works are financed (in part) through an approved loan of £6.487m, and will replace the current outdated high dependency unit and intensive treatment unit facilities, delivering a safer and more efficient service. Additionally, it will free up space for the Trust to develop ED buildings to cope with current demand and the potential shifts in population following the opening of the Midland Metropolitan Hospital in Sandwell (2018). It is anticipated that the building work for the ICCU will commence in August 2016 and will span approximately 18 months.

The maternity scheme totals £5.6m and utilises funds remaining from the Trust's allocation from the Trust Special Administrator (TSA) to support the maternity and neo natal units, awarded as part of the review of Mid-Staffordshire Hospital. The ability of the Trust to incur the full level of expenditure in year will depend greatly on the approvals process and construction phase, with there being the potential for slippage in overall expenditure on this scheme into 2017/18.

The Trust has also prioritised spending around medical equipment and replacement IT, the replacement of the existing gamma camera is included within the programme though this may be delivered through a revenue solution. A £1m allocation has been made available for replacement medical equipment with the IT schemes supporting funding for e-prescribing as part of the medicines management programme.

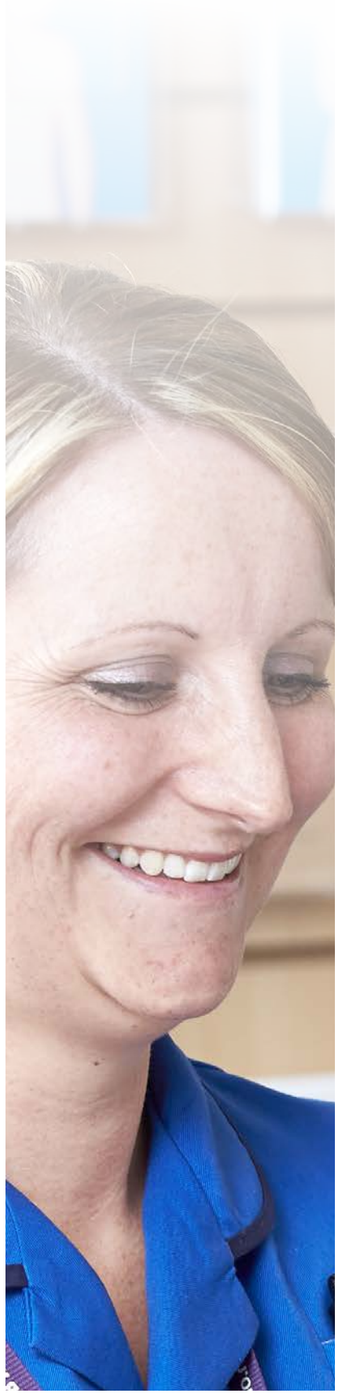
Our longer-term service strategy will see us developing business cases for the second phase of our hospital estate development. This is designed to ensure that the estate is fit for purpose for the catchment we will be serving by 2020. This includes the impact of the changes in Sandwell following the opening of the Midland Metropolitan Hospital.

The second projects will comprise:

- extension of maternity ward and delivery suite capacity
- extension of the Emergency Department
- additional acute bed capacity to accommodate extra Sandwell activity
- a purpose-built intermediate care centre for Walsall developed with CCG, mental health and social care partners.

These business cases will be developed during 2016/17.

Key Risks to Delivery and Mitigation



Risk	Approach to Mitigation
That long waits for elective treatment cause harm to patients before we are able to clear out backlogs for new and follow-up treatment	Our referral to treatment recovery plan in place complete with governance framework.
That we are not able to address data quality issues including those following the implementation of our patient administration system, Lorenzo	Improving data quality and return to reporting in Q1
That we cannot sustain the improvement in our emergency care pathway	We continue to develop services that will support patients to receive treatment at the right time in the right place. This includes specialist pathways, for example for frail elderly patients, and delivering care closer to, or in people's homes.
That we are not able to secure resources to address our hospital estate priorities of critical care, maternity and Emergency Department	**Critical Care** • Funding now approved • Provision of temporary solution to improve privacy and dignity for our patients until the new unit completes in January 2018. **Maternity** • Funding now approved for a £5.6m investment **ED** • SOC released along with proposed layout of first phased expansion to provide more cubical capacity • Short-term expansions proposals are being developed.
The activity in maternity and neo-natal care exceeds the limits that we can accommodate within our staffing and estate model	As well as the £5.6m investment mentioned above, we have met with stakeholders and commissions to agree a plan to cap births up to a maximum of 4,200 (currently 4,900) for the time being.

Conclusion

We remain committed to continual improvements in the care we provide to our patients, to improve the experience of our people and to ensure that we are able to re-establish a clear future strategy for clinically and financially stable services for the population we serve, working closely with our local partners.

We have a clear vision of where we want to get to set out in the work we have done to date on our 2020 strategy and Vision - "Becoming Your Partners for First Class Integrated Care". We know that in the light of our own assessment and the CQC inspection report we have a lot of work to do to deliver this Vision.

Learning from our experience in 2015/16, the year ahead is one in which we will mobilise teams across the organisation to deliver a significant improvement for patients and for staff and to lay firm foundations for the delivery of our longer-term vision.