

Annual Plan 2015/16



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



Contents

1. Introduction	1
2. Our Vision and Strategy	1
3. Strategic Context	3
4. Plans for 2015/16	4
5. Objectives for 2015/16	6
6. Transformation Programme	8
7. Improving Emergency and Elective Care	9
8. Quality and Safety Plans	10
9. Activity and Capacity	11
10. Workforce Plans	12
11. Financial Plan	14
12. Organisational Relationships and Capability	16
13. Key Risks to Delivery and Mitigation	17
14. Conclusion	18

1 | Introduction

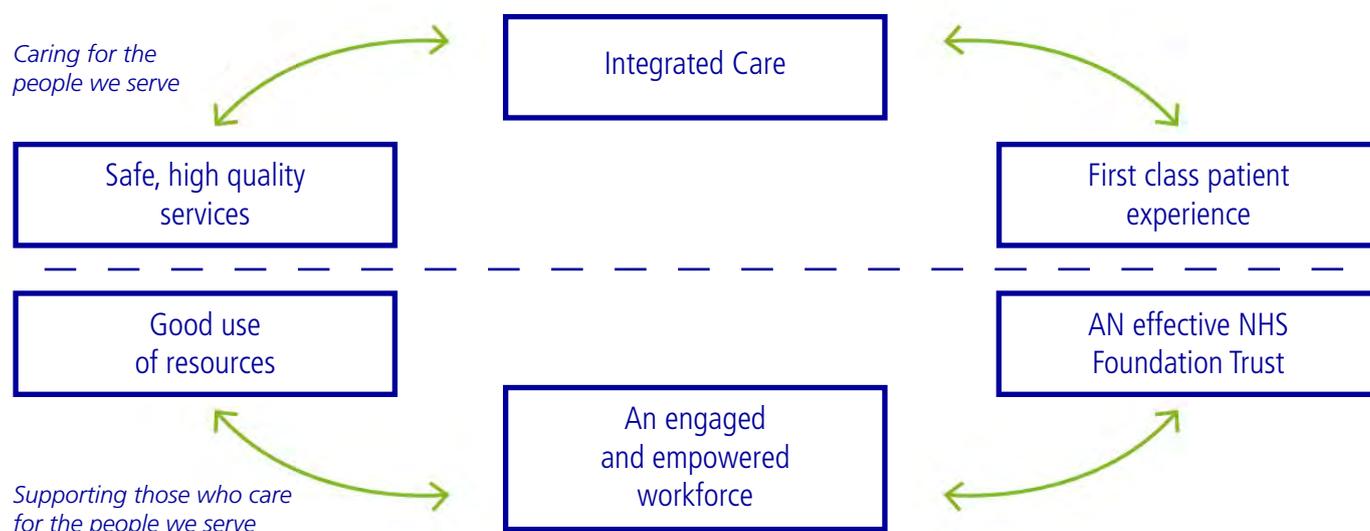
2015/16 will be a vital year for Walsall Healthcare NHS Trust. A “perfect storm” of operational pressures in 2014/15 has left us needing to deliver significant improvement in order to continue to make progress towards our vision of first class integrated care for the people we serve. This plan sets out how we will go about improving the care we provide to our patients and the experience of our colleagues alongside re-establishing a clear shared strategy for the long-term clinical and financial sustainability of our services.

2 | Our Vision and Strategy

Walsall Healthcare NHS Trust is committed to providing first-class integrated health care bringing together hospital and community health services and working closely with Primary Care, Social Care and Mental Health services to deliver care closer to people’s homes.

We have six strategic objectives to enable us to achieve this Vision, as outlined below.

First class integrated health service for the people we serve, in the right place, at the right time.





Our Promises

These objectives are underpinned by our 'For One and All' programme, which was designed to ensure that we do the right thing - provide a consistently first-class experience for all of those who use our services - in the right way - by engaging and supporting, colleagues across the Trust.

To demonstrate our commitment we make six promises; 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.

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.

3 | Strategic Context

3.1 Review of 2014-15

2014/15 was the most challenging year experienced by the Trust since its inception in April 2011. The impact of a third year of significantly increased demand for hospital and community-based healthcare services from a growing population meant that patients who were admitted to hospital were poorer than those seen in previous years and stayed with us for longer periods of time. The reality of 27% growth in emergency admissions to hospital over a three year period has put the emergency and urgent care pathways under immense strain and compromised our ability to deliver timely elective inpatient care.

The introduction of a new Patient Management System (PAS) also created significant disruptions in the efficiency and the scheduling of patient appointments. This led to some patients experiencing delays to, or cancellations of their appointments and a series of data quality difficulties that we have not yet fully addressed.

As a result of these factors, our performance fell short of the standards we set ourselves and those that are mandated nationally. This pressure across the system led us to fail to meet national targets of 4 hour access standard in A&E, the 18 week Referral to Treatment Time standard and the 62 day standard for Referral to Treatment for patients diagnosed with Cancer.

Despite these challenges, we have broadly maintained progress on our trust-wide measures of quality and safety. Clostridium difficile infections have reduced significantly across the year hospital mortality rates have remained within expected levels and the Trust has continued to focus on pressure ulcers and falls.

With support from commissioners we also continued the development of our community services including establishing five locality teams based around clusters of GP practices serving c. 50,000 people each, expanding the capacity of the Rapid Response Team and extending the role of community nursing teams to support GPs to manage high users of services in localities.

Partly as a result of our major operational pressures that required us to spend more money on temporary staff than we had planned, our financial position deteriorated considerably in the year. As a result we are currently anticipating a year-end deficit of £12.9m, against an original forecast of a small surplus.

Operational pressures on the Trust and the high degree of turnover on the Trust Board and operational management roles led to deterioration in our staff survey results and increased sickness absence from colleagues.

In 2014/15 we commissioned reviews of our quality, board and financial governance to support us in identifying and acting on additional areas in which we can strengthen our ability to deliver. The reports on these matters are expected in early April 2015 and the recommendations and findings will assist us in shaping the mechanisms to achieve a culture of improvement. Our updated Quality and Safety Strategy will follow, detailing the core quality and safety measures that we will deliver to our patients over the next three years. The importance of these reviews demonstrates that the Trust is committed to learn and develop from the challenges faced.

4 | Plans for 2015-16

- **Our plan for 2015/16 is one of improvement for our patients and for our colleagues and to ensure that we re-establish a clear strategy for the long-term.**

If successful we, will see the benefits of the changes made to our community services in 2014/15, see the recovery of operational performance, continue to improve the quality offered to the public and set out a plan for restoring longer-term financial stability. We are committed to delivering improvement for our patients by providing care closer to home and redefining our elective and emergency pathways, achieving a reduction in the number of people presenting at our Emergency Department, and therefore the number of readmissions. To this end we are engaging with Primary Care, Mental Health and Social Services partners, as well as neighbouring Trusts, to improve integration and share resources where possible for the best interests of the patient.

We recognise there is a considerable challenge ahead to ensure that our colleagues feel supported, empowered and engaged in their work and that their experience of working in the Trust is a good one.

Improvements for colleagues will be delivered through investment in safer staffing models and strengthened

operational leadership supported with an engagement programme. Underpinning these will be a programme of transformation that will enable us to promote a step-change in the way we deliver care in order to achieve and maintain sustainability.

We have a capital plan of £10.3m to support ICCU redevelopment and an extension to our maternity areas to provide first class services for years to come.

Demonstrating that we learn from patient feedback including complaints, incidents claims and the output of clinical audits is a fundamental cornerstone to improvement. Our response time to complaints has improved and we now want to concentrate on expanding on what we learn from complaints to inform our service developments.

Our operational modelling highlights that we can consume the expected activity for the coming year within the current resource plans by applying operational efficiency. Simply, this will be through the greater use of our community teams and infrastructure reducing demand proactively, more aligned processes within the hospital pathways to reduce the length of stay when admitted and finally an integrated approach to discharge and management of long term conditions through our new community arrangements to prevent re admission.



4.1 National Context

The external context for our plan for 2015/16 is summarised below:

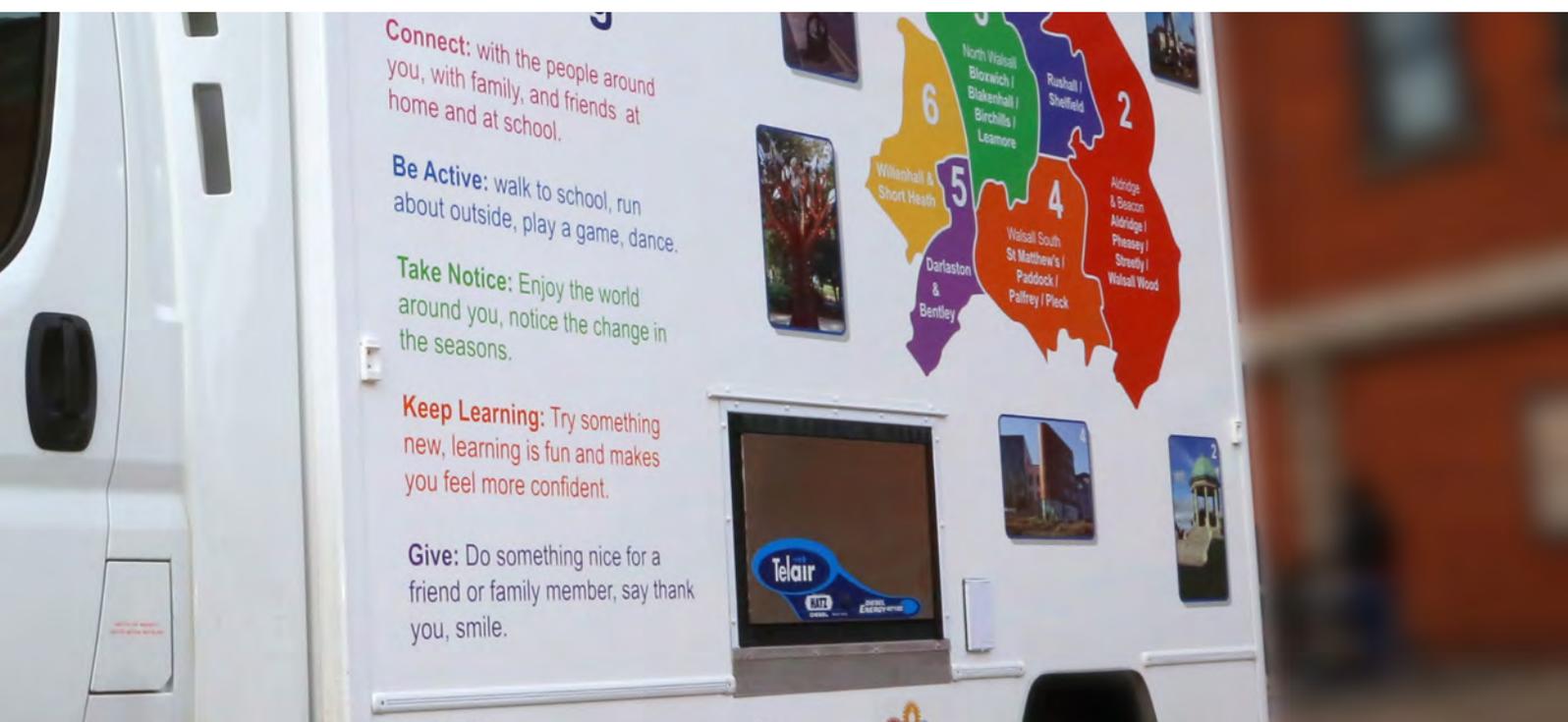
- Five Year Forward View sets out new models of care consistent with our long-term strategic objective;
- Better Care Fund plans to shift resources to community and social care to reduce demand for hospital admissions;
- Continued efficiency pressure through 0.8% tariff deflator;
- Stricter terms in the national contract in the event of failure to deliver performance standards.

4.2 Regional Context

- Next stage of changes at the County Hospital, Stafford (maternity, emergency surgery, paediatrics).
- Regional stroke review – we are exploring options for partnership with Wolverhampton.
- Other service changes on our borders whose impact is not yet clear including: Heart of England Foundation Trust proposals to centralise some services at Good Hope but remove others (e.g. orthopaedics), Wolverhampton offering elective care from Cannock Hospital, Sandwell and West Birmingham Hospitals proposal to centralise emergency surgery at Sandwell.

4.3 Walsall Context

- CCG expecting reduced resources in 2016/17 as a result of current over-capitation status;
- CCG priorities include shift of care away from hospital and reduction in emergency admissions;
- Better Care Fund aims for 3% reduction in emergency admissions in 2015/16 (expected by CCG to form majority of local QIPP);
- Urgent care service out to tender – decision to be made in 2015/16;
- Other community services tenders underway – school nursing and immunisation (both likely to reduce resources available for the service)
- Walsall Public Health proposing significant reductions in funding for Lifestyle / health promotion services.



5 | 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.

	Objective	Lead
Improving for Patients	Ensure maximum benefit from new community model. 5 locality teams working collaboratively with GP's, social care and mental health serving a population of c. 50,000 each	Director of Transformation & Strategy / Chief Operating Officer
	Improve the emergency care pathway (ED 4 hour standard).	Chief Operating Officer
	Improve the elective care pathway (18 weeks, cancer, diagnostics & follow ups).	Chief Operating Officer
	Quality & Safety – maintain progress on key priorities (mortality rates, infection control, pressure ulcers, falls, patient experience)	Medical Director / Director of Nursing
Improving for colleagues	Investment in safer staffing levels (inpatient ward nursing & midwifery)	Director of Nursing
	Deliver programme of colleague engagement based on "Trust Connect" approach.	Chief Executive / Director of Human Resources
	Establish an effective operational management structure based on the "team of three" medical / nursing / general management approach.	Chief Executive / Medical Director / Director of Nursing
Improving for the long term	Deliver financial plan of a deficit no greater than £17.7m including delivery of a CIP equating to £10.5m (4.1% of expenditure).	All
	Refresh service strategy and long term financial model working with health economy partners to set out a route to clinical and financial sustainability.	Director of Transformation & Strategy / Director of Finance
	Act on outcomes of governance review (Foresight) and financial review (KPMG).	Chief Executive / Director of Governance/ Director of Finance

Table 1: Key Objectives 2015/16

5.1 Delivering Care Closer to Home

The amount of patients that stay in hospital beds longer than is clinically necessary continues to be a challenge that the Trust is tackling head on. A more structured review of each patient is now undertaken at regular intervals to ensure that planning for effective discharge is taken as early as possible. This cannot happen in isolation however and closer working with our colleagues in Social Care and Mental Health underpins some very early progress that has been made.

In order to improve the service that we provide to emergency care patients and ensure that transition through our services is as efficient as possible the Trust is working on a series of core actions. These improvements are based on ensuring that the right service is in place at the right time for the patient's clinical needs.

Our Community Health Teams and the treatment pathways that they have available to them are being designed to effectively reduce the demand on the acute services and treat patients more effectively in the community settings

Prevention and early intervention for people diagnosed with long term conditions, good risk stratification and the deployment of a community-based rapid response team are all actions that will delivery stability for the future services we provide.

It is for this reason that we have developed our Transformation Program. This brings together a set of work streams designed to enable us to change the way we deliver care to restore sustainability to our services.



6 | Transformation Programme

The key themes and actions for our transformation programme are outlined below:

Theme	Work stream	Lead
Integrating services and delivering Care Closer to Home	Integrated Pathways. Bringing together hospital and community services at a speciality and service level.	Chief Executive
	Care Closer to Home. Effective and productive community services.	Director of Transformation & Strategy
	Effective Patient Flow Safe and effective flow of patients through our hospital, especially emergency services.	Chief Operating Officer
Improving our Hospital Services	Theatres. Improving our theatre utilisation and productivity in order to deliver a better experience for our patients and reduce waiting times.	Medical Director
	Outpatients. Transforming our outpatient services by increasing productivity to deliver a better experience for our patients and reduce waiting times.	Chief Operating Officer
Improving Support Services	Workforce. Reducing our use of temporary staff and developing new roles for the future.	Director of Human Resources
	Pharmacy. Delivering better value pharmacy services for our health economy.	Chief Operating Officer
	Procurement. Increasing supplier value and reducing our non-pay expenditure.	Director of Finance
	Estates & Facilities. Making better use of our estate and facilities across the Borough.	Director of Finance
	IM&T. Progressing our plans for an EPR and using IM&T to improve productivity.	Director of Finance

Table 2: Transformation Themes

7 | Improving Emergency and Elective Care

7.1 Emergency Care Pathway

The Trust has a robust set of actions to ensure a sustained improvement of our emergency care pathway performance. The main measure of this pathway being the 4 hour standard applied to the Emergency Department.

A review was undertaken by the ECIST team on the Trust's length of stay in February 2015 leading to a refining of a set of actions that are being deployed by our operational teams. These actions include the maximum use of ambulatory care, development of an integrated frail elderly pathway team, greater support by in-reach matrons from our community service, together with partnership working with social care through our integrated discharge teams.

Consistent use of consultant lead board rounds with expected date of discharge supported by multi disciplinary discharge planning is helping to reduce length of stay, improve time of day of discharge and therefore the pressure on in-patient beds. Regular, consistent and senior support and challenge is driving the reduction of the number of patients in hospital who are fit for discharge. It is also important to note that effective discharge decisions are being undertaken seven days of the week through the use of a weekend discharge process.

There is often a delay associated with the complex assessment and admission of surgical patients through the emergency department. As a direct response the Trust will be establishing a surgical assessment unit through the re provision of ward 8 which has recently become available.

All of these actions support the Trusts trajectory to recover our 4 hour ED performance by the end of June 2015.

7.2 Elective Care Pathway

The Trusts elective care recovery plan encompasses the return of a steady state program whilst addressing the backlog created during the PAS system deployment. The challenges faced include the recovery of the 18 week referral to treatment standards, delivery of our diagnostic target and our 2 week and 62 day cancer targets.

A program of data validation is underway to correct any system errors emanating from the PAS system deployment together with our ability to re start reporting against our elective standards. The outpatient booking and scheduling teams are working hard to ensure that the right patients are booked to the right clinics first time, making the best possible use of our available resources.

Detailed demand and capacity modelling has been undertaken for the seven highest risk specialities to ensure that we make the best use of the resource we have available. We will place additional capacity in the system where needed through waiting list initiatives and where appropriate directing patients to external providers.

The current assessment of our plan indicates that whilst some areas will recover quicker than others, a full Trust wide recovery should not be expected until December 2015 at the earliest.

8 | Quality and Safety Plans

The introduction of the new Care Quality Commission inspection regime together with the new fundamentals of care and regulatory framework is widely welcomed by the Trust. The new inspection regime which involves leading clinicians using their long standing experience to probe through the culture and practice across the complexity of NHS organisations can only help to celebrate what is working well and to identify areas that can further improve the quality and safety of patient care.

We are committed to meeting the five fundamentals of care laid out by the Care Quality Commission (CQC) and in 2014/15 implemented an innovative mock CQC inspection regime across our Acute and Community Services.

2015/16 marks a year of cultural improvement to ensure that the Trust delivers good, safe, effective, responsive, caring and well lead services for all of our patients and colleagues. In particular we will address the following aspects.

CQC Domain	2015-16 Plan
Safe services	Increased investment in nurse staffing levels of £3.6m
	Deliver the standards in our Sign up to Safety pledge to protect and enhance quality of care and patient experience
Effective	Meet performance on our Trust-wide metrics for quality and safety which includes, mortality, infection control, falls and pressure ulcers
	Full realisation of the benefits to be realised from the financial investment in community services to deliver care closer to home
	Improve theatre utilisation and theatre team productivity
Caring	Improve the elective care pathway to ensure patients are treated quickly and backlog is reduced
	Improve our emergency care pathways so that patients are treated in the right place at the right time.
	Improved patient experience
Responsive	Launch a new Quality and Safety Strategy in Quarter 1 of 2015/16
	Achieving access targets <ol style="list-style-type: none"> 1. The 4 hour A&E Target 2. 18 week referral to treatment 3. 62 day referral to treatment (Cancer)
	Learning from complaints
Well Led	Cultural improvement in openness, being able to speak up safely.
	Board development to focus on the report outcomes of the external assessments being undertaken for BGAF/QGAF and
	Strengthen and improve leadership development opportunities for our staff which will support culture change including the development of teams of three.

Table 3: Summary of how our plan meets the CQC's expectations

We expect the Care Quality Commission to undertake an inspection of our services in September of 2015/16.

Our Quality and Safety Strategy has been designed to aid improvement to ensure that the Trust is a Safe, Caring, Responsive, Effective and a Well Led organisation. Every colleague working in the Trust has their own part to play in this culture of improvement.

9 | Activity and Capacity

The Trust plans to manage services so that that there will be no growth in emergency admissions for 2015/16. This will be achieved through the work we are undertaking to avoid hospital admissions and to support safe and timely discharges through quality care delivered closer to home. This will enable us to provide one of our wards for use by clinically stable patients awaiting discharge.

We have a considerable backlog of patients waiting for elective care, which is expected to grow in 2015/16. A recovery plan involving waiting list initiatives is in place, supported by our transformation programme.

We expect the local birth-rate to remain stable between 4,700 and 5,000pa. As well as investing in staff to sustain the current midwife-to-birth ratios, we are planning to extend our maternity facilities in the hospital, while also increasing the utilisation of our midwifery-led unit.

The following table details our anticipated activity forecast outturn (FOT) for 2015/16 compared to the previous year:

	Year 12/13	Year 13/14	Year 14/15	Year 14/15 FOT	Forecast Year 15/16
Day case	26,981	26,119	23,340	25,462	26,328
Elective	4,049	4,008	3,503	3,821	3,951
OP New	86,415	93,202	100,936	110,112	110,773
OP FU	212,736	205,479	141,003	153,821	154,744
A&E	81,660	95,235	79,516	86,745	86,745
Community F2F	353,408	363,394	327,670	357,458	364,607
Community Clinics	76,775	73,912	61,364	66,943	68,281
Total	842,024	861,349	737,332	804,362	815,429

Table 4: 2015/16 Activity FOT

10 | Workforce Plans

Our workforce plans for 2015/16 enable us to make substantive the temporary arrangements that we have used in 2014/15.

The table below sets out a summary of our workforce plan for 2015/16.

Category	Apr-14	March 2015 projected	April 2016 projected
Medical and Dental	371.83	381.24	394.00
Registered Nursing and Midwifery	1129.92	1239.83	1239.58
Allied Health Professionals	213.1	222.02	216.69
Other Scientific, Therapeutic and Technical Staff	105	128.20	126.86
Health Care Scientists	83.07	72.40	68.13
Support to clinical staff	1101.15	1254.86	1264.63
NHS Infrastructure Support	605.04	666.44	666.44
TOTAL	3609.11	3965.00	3976.33

Table 5: Workforce overview

We are forecasting a reduction in posts of 48.19 wte in order to deliver our cost improvement programme. We are investing in new posts to support the Safer Staffing initiative, our quality agenda and activity growth; the net change in the workforce forecast therefore is an overall increase of 11.33 whole time equivalent for 2015/16. The organisation has an on-going recruitment campaign to attract and retain nursing staff with a plan to recruit these staff numbers by autumn 2015. The Trust is also embracing the Talent for Care framework to improve the quality of care for patients provided by the healthcare support workforce.

Investment within nursing and clinical support worker posts will substantively meet the required standards for ward staffing especially on medical wards and at night. We also intend to invest in our midwife to birth ratio to improve from 1:38 to 1:35 midwives, on a substantive basis, as the first step in reducing this further in future years. The Trust is also investing in infrastructure support to deliver improved data quality, outpatient access and operational management support. As a result of these investment decisions we will reduce our reliance on bank and agency staff in 2015. The transition from current temporary staffing usage, as reflected in the March 2015 projection, to substantive roles recruited to during 2015/16, will result in a reduction in pay expenditure.

The previous £1m investment in community services infrastructure is supporting GPs with multi-disciplinary community teams that facilitate greater integration between providers and care for people safely, closer to home. This change in organisational cluster arrangements is now complete, providing an extended intermediate care and rapid response team, nursing care to residential homes and case management for complex care with high users of hospital services. The change will be further enhanced over the next 12 months to ensure that each team has the best possible approach to the way in which care is delivered closer to home utilising the collective infrastructure of our stakeholder partners.

We plan to restore effective "teams of three" leadership at our divisional care group level. Divisions will have devolved powers giving them greater freedom to deliver, while being accountable for the results.

The Colleague Engagement and Experience Group is the forum for the organisational development agenda and are currently re-launching the For One & All colleague engagement activity, Re-Connect.

As part of the Health and Wellbeing Strategy the organisation's aim is to be a healthy employer. In 2015/16 we will focus on action that we can take to reduce sickness absence due to stress and to ensure that we support colleagues facing violence or aggression from patients or relatives.

10.1 A Well Led Trust

As part of our culture of improvement we will be further establishing mechanisms to ensure that our colleagues have the 'Freedom to Speak Up' by promoting a culture of openness, learning and professional and institutional humility to assure safe patient care. This will be governed by a new subcommittee of the Board named the 'People and Organisational Development Committee' which will be fully constituted from April 2015.

The Board of Directors will engage in a programme of Board Development in response to the outcome of our external governance review. Governance will be tightened to ensure that this is strengthened at operational levels and the Board will launch a new approach to Organisational Development aimed at improving colleague engagement, empowerment and experience, together with leadership capability and succession planning.



11 | Financial Plan

The first cut of our financial plan has worsened as a result of contract negotiations, assessment of CIP deliverability and expenditure needed to address our performance challenges.

The divisional budget setting process has been based on the requirements to deliver improved performance including investment in additional nursing and midwifery staffing.

The Trust's financial plan for 2015/16 is set out in the table below.

Financial Plan		2015/16 - £'000s	2014/15 - £'000s
Income	Clinical income	(213,848)	(218,186)
	Non-clinical income	(16,318)	(16,925)
Total Income		(229,166)	(235,111)
Expenditure	Operational expenditure (Pay & Non-Pay)	232,239	232,545
	Earnings before interest, tax, depreciation & amortisation (EBITDA)	2,073	(2,566)
Non-Operating Expenses	Depreciation	7,089	7,081
	Interest	8,591	8,391
	PDC Dividend	0	0
Sub-total non-operating expenses		15,680	15,472
Net (DEFICIT)		17,753	12,906

Table 6: Financial Plan 2015/16

The Trust's deficits in 2014/15 and 2015/16 along with our capital programme means that we will be seeking a capital investment loan to support the ITU development and a working capital loan. Assuming a £17m deficit, the Trust would require cash support of £23m to meet all of its commitments. This includes drawing down £3m of Mid Staffordshire capital allocation and securing a capital loan of £5m for the first year of the ICCU development.

We will also need to accommodate national cost pressures including the pay award, while also delivering a cost improvement programme of £10.5m.



A summary of the key measures from our financial plan are set out below.

Description	Amount £000's	Notes
Deficit in 2014/15	(£12,900)	Deficit against break even duty, actual deficit will be £2,000k higher in accounts as a result of impairments for ward 29 and A&E development
Deficit in 2015/16	(£17,753)	Trust does not plan for a surplus in 2015/16 against break-even duty.
Cost Improvement Programme	£10,500	This represents 4.1% of expenditure
Working capital loan	£15,000	Taken out to support deficit and repayment of £3m PFI liability (loan)
Capital investment loan	£5,000	ICCU investment cash requirement 2015/16 (further cash needed in 2016/17).
Capital draw down	£3,000	Allocation from dissolution of Mid Staffordshire to support maternity development
Normalised Position	(£18,800)	Deficit based on £5m CIP non-delivery and £1.5m deficit at commencement of the year (plus small movements in non-recurrent income and expenditure).
Cash holdings 2014/15	£469	Trust has (2014/15 forecast £404k cash holding) limited cash to mitigate downside and a very poor liquidity rating as a consequence.
Capital servicing ratio	LOW	Reflects a low EBITDA to service debt owing to the significant deficit forecast.

Table 7: Summary of 2015/16 Financial Plan

12 | Organisational Relationships and Capability

The Trust has an established approach to patient and public engagement built on our successful engagement with our c. 14,000 strong "membership" recruited in preparation for our Foundation Trust application. We will continue to work through this approach in 2015/16. We will also work to establish stronger links with Health Watch Walsall as a key local stakeholder.

To strengthen our ability to deliver change by working with partners we will be aiming to strengthen key partnerships in 2015/16:

- Within Walsall with the CCG, Social Care and Dudley & Walsall Mental Health NHS Trust to support our vision of integrated care
- With other NHS trusts in the Black Country to enable us to work together.

The pressures we faced in 2014/15 have highlighted some significant areas for development in terms of our organisational capability. A strong communications plan will help engage colleagues in delivering the required improvements.

In response to the pressures we have already commissioned an external review of our governance processes. The outcome of this will form the core of our board development work in 2015/16.

We will strengthen our operational management capacity through new general manager appointments and a development programme for our care group "teams of three". Three non-executive directors have been appointed to the Board bring with them a host of skills around IT, programme management, human resources, organisational development and local authority engagement. At Executive level, a Director of Strategy & Transformation is in place to look at our forward planning and improvement programs.

We will aim to strengthen our capability to undertake demand and capacity modelling to enable us to plan more effectively for the long-term looking at our potential response to variables before they happen.



13 | Key Risks to Delivery and Mitigation

Risk	Approach to Mitigation
Inability to deliver required level of CIP	<ul style="list-style-type: none"> Embed improved system for CIP planning and delivery tracking. Aim to include some contingency in the overall value of the CIP. Use Transformation Programme structure to deliver change.
Continued large increase in emergency demand results in failure to deliver A&E 4 hour standard.	<ul style="list-style-type: none"> Extended use of community services to reduce emergency demand improved patient flow through the hospital to enable us to accommodate demand.
Unable to identify sufficient capacity to clear elective backlog and/or further increase in elective demand.	<ul style="list-style-type: none"> Specialty level plans to be agreed by commissioner. Closer working with GPs on use of our elective care services.
Continued capacity pressure prevents us improving quality and safety of care.	<ul style="list-style-type: none"> Close working with primary care and community services to reduce risk of continued pressure. Continued prioritisation of quality and safety issues.
Failure to engage colleagues and improve colleague well-being	<ul style="list-style-type: none"> New engagement exercise to be launched early in 2015/16.
Insufficient clinical and managerial capacity to delivery change	<ul style="list-style-type: none"> Investment in and development of our divisional and care group "teams of three".
Inability to recruit additional nurses to significantly reduce temporary staffing expenditure	<ul style="list-style-type: none"> Clear plan for recruitment to be developed.
Inability to secure capital loan to build the new ICCU	<ul style="list-style-type: none"> Continued dialogue with the CCG Included as part of 2015/16 plan

Table 8: Risks and Mitigation Summary



14 | Conclusion

The Trust has faced a “perfect storm” of problems in 2014/15 that have left us with major operational performance and financial issues which needed to be addressed in 2015/16. The Trust plan aims to do this through:

- Completing our work to improve emergency care pathways
- Completing our work to improve elective care pathways
- Maximise our opportunities for integration and care closer to home through increased engagement with our partners
- A transformation programme to ensure delivery of improved performance and utilisation of our resources.
- Improvements to our operational capacity and further board development
- Embedding a range of mechanisms that promote a culture of openness, transparency, learning and the ‘Freedom to Speak up’ in the interests of protecting patient care
- A new programme of organisational development that will focus on supporting and encouraging our colleagues leading to increased motivation and opportunities for optimal leadership development for individuals.

The Trust is therefore committed to a plan that will enable us to improve the care we provide to our patients, to improve the experience of our colleagues and to ensure that we are able to re-establish a clear future strategy for clinically led and financially sound services for the population we serve working closely with our local partners.



Centre

OPD No
2

Cared for

Welcomed

In safe hands

Supported to meet our high standards

Part of one team

Appreciated



Designed by Walsall Healthcare NHS Trust Marketing and Communications Team.

www.walsallhealthcare.nhs.uk |  @WalsallHcareNHS