Summary Guide

Two Year Operational Plan

2017 - 2019

Strategic Context

In 2016/17 we set out to respond to the "perfect storm" of pressures faced in previous years by resetting the organisation to deliver safe, high quality, integrated care in a sustainable way within the resources available to us.

Good progress has been made over the year with improvements in elective care, maternity services, the deployment of community based locality teams and staff engagement. In part we were also responding to the Care Quality Commission (CQC) rating of "inadequate" by acting to ensure that we operate in a way that is safe, effective, caring, responsive and well-led.

We have also consolidated our two major partnerships. The Walsall Together programme provides a forum for the delivery of Walsall's model for integrated health and social care. The Black Country Alliance, comprising of ourselves Sandwell & West Birmingham Hospitals NHS Trust and Dudley Group of Hospitals Foundation Trust, provides a basis for collaboration to sustain and develop acute services. These plans are consistent with the strategic direction set out in the Black Country Sustainability & Transformation Plan.

There is no doubt that the financial challenge we face is significant and is shared by Walsall CCG as our main commissioner.

After a number of years of increasing deficits we are seeking to halt this trend and will begin to improve performance during the lifespan of this plan. This will focus on four main areas:

- getting quality and operational basics right first time to reduce inefficiency, for example reducing outpatient DNA rates to reduce the need for extra outpatient sessions;

- delivering new models of care that reduce reliance on acute services, for example caring differently for frail older people and reducing the high numbers of clinically stable patients in acute hospital beds

- introducing new roles to ensure a sustainable workforce, for example using nurse practitioner, physician's assistant and associate nurse roles to reduce use of agency staff

- sharing costs with our partners. For example developing a shared pathology service with the Black Country Alliance and acting on the review we have commissioned with our Alliance partners of our "back office" services and the work that has already commenced on procurement.

Our Long-term Vision and Objectives

In 2016/17 we committed ourselves to a five-year journey to deliver our vision of ***becoming your partners for first class, integrated care.***

By 2021 we will be an organisation that is community focused, with a workforce that is engaged and empowered and working with partners to ensure financial sustainability. Embedding service improvement tools and methodologies will be integral part of our

approach to ensure that the organisation builds and maintains a culture of continuous improvement and efficiency.

The vision is supported by five strategic objectives and the promises we have made to our patients and to colleagues. Together they form the basis for our operational plans for 2017/18 and 2018/19 – years two and three of the plan.

Objectives for 2017 – 2019

We have set a series of objectives for the Trust over the period of the plan in order to ensure that we make the progress we require. These objectives are set out below.

Figure 1: Two year objectives 2017 - 2019

At its simplest we will embed the improvements in quality, safety, culture and performance that we began last year while also tackling our significant financial challenge to ensure we are sustainable.

Delivering our two year plan will require sustained change in the way we deliver our services and strong engagement from all our teams. It will see a shift from a short-term focus ensuring our services are safer and performance improves, to a longer-term focus on the delivery of a safe and sustainable model of care that enables us to deliver our vision.

Link to the Black Country and West Birmingham Sustainability and Transformation Plan (STP)

The Trust is an active partner in the Black Country STP. This plan brings together over 10 healthcare providers, numerous local authorities and four clinical commissioning groups (CCGs). The STP's vision is to transform health and care in the Black Country and West Birmingham ensuring that we bridge the following critical gaps that critically impact health and wellbeing:

1. Our populations suffer significant deprivation, resulting in poor health and wellbeing;
2. The quality of the care we offer varies unnecessarily from place to place, so not everyone has the best experience of care or the best possible outcome
3. We risk not being able to afford all the services our populations need unless we take early action to avoid future costs, creating a sustainable health and care system that helps Black Country and West Birmingham lives to thrive.

Under this plan, individual organisations and partnerships will continue to make the improvements and efficiencies that are directly within their own control but the overall scale of opportunity will be transformed as we work together as a single system with a common interest.

The STP plan is focused on standardising service delivery and outcomes, reducing variation through place-based models of care provided closer to home and through extended collaboration between hospitals and other organisations. Mental health and learning disabilities services form part of this but are also identified as a discrete strand to reinforce parity of esteem, the necessity of which is confirmed by a commissioned study that shows the much reduced life expectancy of mental health service users.

Maternity and Infant Health is also an essential focus given the challenges around maternal health (in particular, maternal smoking) and its impact on neonatal death rates and other infant outcomes. Maternity and neonatal service capacity will also be reviewed.

As the STP is developing it is not yet possible to fully articulate what the impact of possible service improvement/change will be even within the period that this plan covers. It is clear that opportunities exist to establish sustainable services moving forward clearly demonstrated by a full review of pathology services that is underway. The Trust will fully participate in populating the plan and developing opportunities for service reconfiguration as and where appropriate. Given the developing nature of the STP both in terms of partnerships and milestone planning, the Trust recognises that this presents both opportunities and risks in equal measures.

Black Country Alliance (BCA)

In 2015 we formed an alliance with two local Trusts to launch The Black Country Alliance. This partnership between ourselves, The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust 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.

A little over a year on the Trust has already established sustainability in its rheumatology service. Interventional radiology has seen a similar success with targeted work through the BCA and in this instance, with the Royal Wolverhampton NHS Trust.

An on-going review of shared back office services is being undertaken and is expected to deliver efficiencies and a sustainable model for all moving forward. A joint strategic procurement director has been appointed by the Alliance to look at targeted efficiencies in our supply chain and where possible to link these efficiencies to our improvement schemes.

One of the our objectives is to undertake a sustainability review of all of our services with the intention of linking potential opportunities to both the BCA and also, where appropriate, the STP footprint.

Walsall Together Partnership

The Walsall Together Partnership is a collaboration with the key health and social care organisations in Walsall aiming to reduce barriers and duplication and improve the flow of patients to deliver better care closer to people's homes.

The partnership has already begun its work with four core areas of activity:

- Inpatient care
- Intermediate care
- Integrated health and care
- Resilient communities.

The image below shows the citizen/service user at the centre of care, and the different levels of services surrounding them, accessed via a single point.

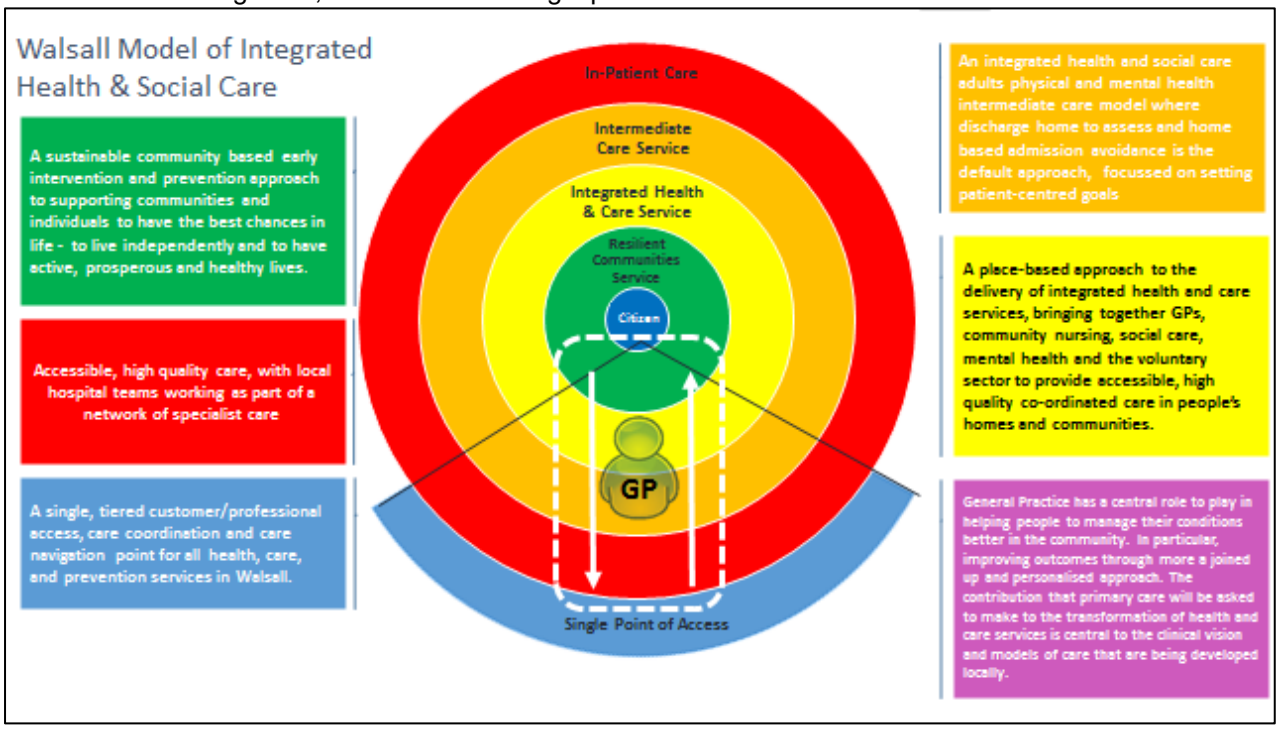

Image 1: Walsall Model of Integrated Health and Social Care

The work will be further complemented with additional work on clinically driven, integrated pathways connecting primary care with the specialist services provided by the Trust. In addition the Trust is discussing options on formal partnerships to provide a local response to the new models of care in the Borough.

The Trust's contribution to this partnership has already begun with the alignment of seven new integrated health and care teams that bring together community services with social care, mental health and primary care partners in delivering care closer to home in line with our strategy. The anticipated benefits of this first level of integration is expected to deliver reduced attendances in the Emergency Department (ED), reduced readmission of patients and reduced length of stay, which will have an overall positive impact on the availability of beds in the hospital.

The next phase of this work is to look at fully integrated pathways in our high demand areas. We have witnessed early success with our frailty service through co-ordinated multi-disciplinary team working. We intend to increase the volume of patients accessing this service over the next two years and co-locate specialist respiratory services to build on the quality and efficiency benefits over the coming two years.

A co-ordinated piece of work is underway between the CCG, primary care and the Trust to look at standardising referral pathways in elective care. This programme of work is anticipated to radically change both the amount of follow-ups that are undertaken and also when and where patients are referred to Trust services. This undertaking would not be possible if the Walsall Together partnership was not in place.

Activity and Demand and Capacity Plans

Activity

The activity plan below reflects the negotiated commissioning intentions with consideration for the financial situation of the Trust and its main commissioner, Walsall Clinical Commissioning Group.

Activity Line (by point of delivery)	Forecast activity for 16/17	17/18 Plan	18/19 Plan
Total Referrals (from GPs and Other)	99,518	103,352	107,073
Consultant led Total 1st Outpatient attendances	88,330	91,422	94,713
Consultant led Follow up outpatient attendances	131,181	135,722	140,660
Total Elective (planned) admissions	23,523	23,946	24,377
Total Non-elective (unplanned) admissions	33,867	34,544	35,339
Total A&E attendances	70,332	74,076	75,706
Community Activity	362,889	371,236	379,774

Table 1: Planned Activity 2017 – 2019

The plan does not take account of the expected impact of the opening of the Midland Metropolitan Hospital in Smethwick in late 2018. We are continuing to work closely with its

owners and commissioners, Sandwell and West Birmingham Hospitals NHS Trust and Sandwell CCG on the impact of this major change to our geographical catchment area.

We have seen an underlying year on year increase in emergency hospital admissions of 2-3%. Therefore, keeping elective and emergency activity stable represents a significant challenge and risk to the delivery of our plan if not achieved. We have identified a series of areas in which we will work with the CCG; these are:

Elective care – implementing the CCG Procedures of Limited Clinical Value policy and redesign of pathways to standardise referrals and reduce follow-up outpatient activity, for example in orthopaedic[1] and pain management services.

Emergency care – making maximum use of our integrated community teams, rapid response team and frail elderly service to reduce emergency admissions by providing alternatives, for example, for patients with respiratory conditions. Community teams have restructured and work alongside both our GP partners and the acute sector to minimise the requirement for increased bed capacity. During the lifespan of this plan the shift to community services should enable us to close two hospital wards.

The Trust has been supported by the NHS Improvement's Very Intensive Support Team (VIST) to improve its activity planning and the management of Referral to Treatment (RTT) performance. We have submitted trajectories for achievement of standards as follows:

Standard	Plan
6 Week Diagnostic Waits	• Continue to sustain delivery of 99% national standard.
Cancer 2 Week Waits and 62 Day Standard	• Continue to sustain delivery of the standards for 93% of suspected cancer referrals seen within 2 weeks and 85% of patients on a cancer pathway treated within 62 days.
18 Weeks Referral to Treatment	• We have returned to national reporting. Performance was at 87% (November 2016) against the national standard of 92%. Our agreed RTT recovery plans aims for 89% by March 2017 and return to the national standard of 92% by Q3 of 2017. We are working hard to finalise sustainability plans for all our specialties. • We will continue to engage with the Very Intensive Support Team to ensure that our plans deliver as expected.
ED 4 hour Standard	• Current performance is at 81.2% (November 2016) – dropped from 91% in April, against the national standard of 95%. Our plan includes increased take up of elective ambulatory care, frail elderly and rapid response services. We are embedding the SAFER bundle using red and green day approach to improve flow. Our service strategy intends to reduce pressure on the hospital and health system working with partners to deliver discharge to assess and assess to admit models and generally to shift more activity into the community. • We are working with our health economy partners on a trajectory for the two years of the plan and we will agree this through the A&E Delivery Board.

Figure 2: Performance Trajectories

[1] Getting it Right First-time Programme

Demand and Capacity Plans

A robust understanding and review of all our services' demand and capacity profiles is fundamental to manage and plan resources in a sustainable manner. This will be an on-going process as we build on and develop the demand and capacity capability of the organisation including the provision of necessary capacity to improve quality, meet national standards and to reduce dependence on locum and agency staff.

As demonstrated above we are working with partners to share resources and create efficiencies with the general agreement that together we will reduce demand on our scarce resources. The Trust's decision to maintain safe levels of activity in maternity by limiting admissions to 4,200 until at least 2017/18 will be reviewed with our local partners for 2018/19.

Delivering our Quality Commitment

Our approach to ensuring delivery of our Quality Strategy, known as Quality Commitment, will be through monitoring achievement of the aims of key national strategies, network and peer reports and a number of action plans.

Our Quality Commitment priorities 2017/18 and 2018/19 are shown in the table below:

Provide Effective Care	Improve Safety	Care and Compassion
Review and improve pathways of care.	Implement best practice standards around resuscitation, acting upon deterioration and sepsis bundles	Deliver the Patient experience work plan
Implement actions to meet the 7 National 7 day service clinical standards	Improve antibiotic stewardship	Improve FFT response rates
Embed monitoring and learning from mortality alerts and clinical incidents	Improve medicines safety standards	Improve the Interpreter service to improve access to our services
Embed ward / clinical team performance reviews	Reduce avoidable harm events	Embed new complaints approach
Improve process for responding to NICE technology appraisals and CAS alerts	Improve DNAR/CPR compliance	Ensure Safeguarding vulnerable peoples standards are met
Improve our emergency care pathway	Improve compliance with MCA / DOLS standards	Embed process for triangulating patient views
Improve our elective care pathway	Implement the Maternity Safety thermometer	Introduce 'Hello my name is….'' Initiative
Embed the Clinically Led model	Ensure safe staffing levels. Including CHPPD.	Ensure Duty of Candour standards are met
Establish a sustainable future for Stroke services	Conduct a bi-annual safety culture.	Embed Public / Patient engagement approaches
Deploy mobile technology to Community Services.	Ensure 'no harm' to patients waiting longer than standard.	Improve information for patients and carers / families upon admission
Develop integrated locality teams with partner agencies	Establish a Medical Device Committee	Ensure patient access to food and fluids meets their individual needs.
Develop and introduce new roles within the clinical workforce	Deliver PCIP	Complete assessment of Trust compliance with Equality and Diversity
Improve medicines delivery systems	Review and embed effective Risk Management system	Develop division and care group patient experience
Maintain or better performance in relation to pressure ulcer prevention; falls prevention; infection control	Embed new approach to incident investigation	Expand volunteer services
Implement and embed CQUIN schemes.	Use Quality Impact Assessment to inform safety impacts in Transformation / CIP / Savings programmes	Dementia / safeguarding – increase the use of personal plans.
	Embed the use of safety huddles	

	Review governance around advanced practice	
	Implement recommendations arising out of the Better Births review.	

Table 2: Quality Commitment Priorities

There are a number of plans and monitoring processes in place to support delivery of the Quality Improvement Strategy.

Focus on Safety

We implemented a task force approach for the two safety areas of greatest concern identified by the CQC, with a view to achieve a "good" or better rating; for both our Maternity and Emergency Departments (ED). Examples of progress to date include: improved midwife staffing levels; capping the number of births we manage; approval of business cases for improved estate in Women's & Neonatal services; implementing a revised staffing plan for ED; and improved emergency patient flow.

Focus on Patients' Experience

We have revised our Patient Experience Strategy following feedback from patients. The revision identified four key ambitions:

- improve the overall patient experience
- improve information and communication
- recognise diversity needs
- demonstrate real learning from feedback.

Work is underway to deliver against these objectives.

Workforce Plans

We recognise that our workforce is one of our most valuable resources. We have launched a People Strategy to provide a clearer focus and recognition that we have the right people in the right jobs, properly trained, empowered and motivated to deliver services for the people of Walsall.

Our ongoing organisational development work will include a second year of *Listening into Action* (LiA) as well as embedding a clinically-led model for our divisions and care groups, and work to promote an open and transparent learning culture within the organisation. These will also involve improvements to our well-led and accountability culture, with a programme of effective management training for our colleagues with management responsibilities.

Providing 'Care Closer to Home' is central to our vision of how the Trust will deliver services in the future and provides a framework for the community-focused workforce required to achieve this. Workforce improvement schemes will be developed to mirror switches in activity from hospital to community settings, incorporating both the development of existing roles to work across acute-community services and the integration of new community-focused roles.

New roles will be developed across nursing, midwifery and therapy services. Alternative staffing models have been developed which reduce the reliance upon hard-to-fill roles.

The Trust's improvement and Workforce strategies are aligned to the key strategic strands within the local STP plan. The Trust is an active member of the Local Workforce Action Board (LWAB), engaging with stakeholders. We regularly liaise with our Black Country partners to address the workforce priorities of; recruitment and retention, sustainable workforce models and an integrated workforce.

The implementation of new roles and a successful programme of overseas recruitment will support supply and demand challenges. The national Band 4 programme and development of ACPs will strengthen local career development opportunities.

The Trust's service re-design initiatives will improve productivity, quality, patient experience and safety to improve health outcomes. A leadership development programme has been rolled out and our apprenticeship programme continues to grow.

Our planned workforce complement for the two year period is shown below.

2 Year Workforce Plan	Forecast	Plan			
	Year Ending 31/03/2017	17/18 WTE Change	Year Ending 31/03/2018	18/19 WTE Change	Year Ending 31/03/2019
ALL STAFF	**4,075.1**	**(28)**	**4,047.2**	**(132)**	**3,915.7**
Registered Nursing & Midwifery	1,288.5	0	1,288.5	(19)	1,269.5
Allied Health Professionals	193.5	0	193.5	(11)	182.5
Scientific, Therapeutic & Technical	111.3	0	111.3	(2)	109.3
Health Care Scientists	82.3	0	82.3	(7)	75.3
Support to clinical staff	1,299.3	(28)	1,271.4	(50)	1,221.4
NHS Infrastructure Support	696.8	0	696.8	(33)	664.3
Career/Staff Grades	74.3	0	74.3	(2)	72.3
Trainee Grades	171.3	0	171.3	(4)	167.3
Consultants	157.9	0	157.9	(4)	153.9

Table 3: Planned workforce complement for 2017-2019

Financial constraints present a need for reduction in workforce numbers over the next two years, with workforce cost improvement contributions aligned to annual sustainability plans.

In 2017/18 there will be a shared finance and HR plan for the removal of some vacancies from the workforce, allied with a heightened drive on workforce efficiencies and improved patient flow. This will involve the closure of two acute wards, and the associated substantive workforce redeployed to fill gaps in the establishment. Productivity initiatives will carry links to proposals outlined in the 'Carter Report', with a particular focus during year one on maximising the utilisation of technology and the streamlining of 'back office' functions.

This strategy will contribute towards continued reductions in our reliance on temporary staffing during year two, with a remodelling of the workforce required to ensure continuing sustainability. To mitigate against the resulting workforce supply vs. demand risk, dramatic changes to the Trust's healthcare provision will be required. The organisation will lead improvement work streams, working with partner providers and commissioners to redesign local services and ensure the needs of the local population are holistically met.

Financial Modelling

The Trust faces a significant financial challenge in the period covered by this plan. We will end 2016/17 with a significant deficit and our plan is designed to ensure that we are able to halt the year on year increase in the size of our deficit and begin to return the Trust to financial stability.

The priority actions to reduce spending are:

Getting quality and operational basics right first time to reduce inefficiency: For example, reducing the "did not attend" (DNA) rates in outpatient services to reduce the need for extra outpatient sessions

Delivering new models of care that reduce reliance on acute services: For example, caring differently for frail older people and reducing the high numbers of clinically stable patients in acute hospital beds

Introducing new roles to ensure a sustainable workforce: For example using nurse practitioner, physician's assistants and associate nurse roles to reduce the use of agency workers

- sharing costs with our partners. For example, developing a shared pathology service with the Black Country Alliance and acting on the review we have commissioned with our Alliance partners of our "back office" services and the work that has already commenced on procurement.

Overall our financial plan aims to deliver in excess of a £10m savings programme in each of the two years of the plan and as a result the Trust will face a deficit of £21m in 2017/18 and £15m in 2018/19. Our five year Long Term Financial Model forecasts continued reductions in our deficit thereafter.
On current trajectory the Trust's outturn forecast is circa a £22m deficit (£7m deterioration on plan) with the Trust to review the forecast outturn in accordance with the revised regulations for reporting a changed outturn for the financial year.

Our income and expenditure forecasts are shown below for the plan period.

Description	2016/17 Plan £m's	2017/18 Forecast £m's	2018/19 Forecast £m's
Total Income	240	240	245
Total Expenditure	(262)	(261)	(260)
Outturn (deficit)	**(22)**	**(21)**	**(15)**
Issued Control Totals (NHSI)	**(6)**	**(4)**	**(2)**
Note; STF included within income above	2	0	0
Note; total value of STF available in year	8	7	7
CIP targeted in year (included in expenditure)	n/a	(10)	(11)

Table 4: Income and expenditure forecast

The Trust has attained deficits in successive financial years and there is a clear need to become sustainable in the future so it is imperative that we improve our financial position during the period covered within the financial plan submissions, a key aspect to delivery of a sustainable financial model being the enhanced internal efficiencies needed which would also lead to improvements against performance and quality targets.

The Trust faces a significant financial challenge in the period covered by this plan. We will end 2016/17 with a significant deficit and our plan is designed to ensure that we are able to halt the year on year increase in the size of our deficit and begin to return the Trust to financial stability.

The main drivers of the deficit are operational overspends driven through utilisation of temporary workforce (predominantly Nursing and Medical) the cost of fully meeting quality standards in the light of our CQC inspection (investment into A&E exceeding financial plans) and unachieved Cost Improvement Programme (CIP) including difficulties in reducing medical bed capacity in the face of continued increases in emergency admissions and continuing reliance on waiting list initiatives to improve referral to treatment performance.

The priority actions to reduce spending are:

- getting quality and operational basics right first time to reduce inefficiency. For example reducing outpatient DNA rates to reduce the need for extra outpatient sessions;

- delivering new models of care that reduce reliance on acute services. For example caring differently for frail older people and reducing the high numbers of clinically stable patients in acute hospital beds;

- introducing new roles to ensure a sustainable workforce. For example using nurse practitioner, physician's assistant and associate nurse roles to reduce use of agency staff;

- sharing costs with our partners. For example developing a shared pathology service with the Black Country Alliance and acting on the review we have commissioned with our Alliance partners of our "back office" services and the work that has already commenced on procurement.

The Income and expenditure position is summarised below.

Table 5: Income & Expenditure table

Description	2016/17 Plan £m's	2017/18 Forecast £m's	2018/19 Forecast £m's
Total Income	240	240	245
Total Expenditure	(262)	(261)	(260)
Outturn (deficit)	**(22)**	**(21)**	**(15)**
Issued Control Totals (NHSI)	**(6)**	**(4)**	**(2)**
Note; STF included within income above	2	0	0
Note; total value of STF available in year	8	7	7
CIP targeted in year (included in expenditure)	n/a	(10)	(11)

The Trust was unable to attain recurrent CIP delivery during 2016/17 estimated to total £7m, with these costs increasing the baseline for 2017/18 and resulting in the need to deliver a £17m CIP to achieve the NHSI control total for 2017/18.

The Trust has modelled schemes for CIP targeted at £10.5m and, although additional detail is required for the schemes, the 2017/18 plan is to deliver the £10.5m modelled in year. However, even with a £10.5m targeted CIP it would not attain the issued control total of £3.8m in 2017/18, and thus the fines and lost STF funds would still not be available to the Trust and present an £8m financial deterioration (£7m STF & £1m fines 2017/18).

Risks within the current model include;

- Recurrent delivery of 2016/17 CIP, at present the Trust anticipates a recurrent CIP shortfall of circa £7m.
- Walsall commissioner QIPP target (£20m over 2 years – mitigated through contract negotiations)
- Non achievement/agreement of control total and subsequent loss of STF monies and possible risk of commissioner fines
- Cash impact of the above risks

5.7 Capital Planning

The Trust has a draft capital programme for 2017/18 – 2018/19 totalling £38.9m (2017/18 £18.8m & 2018/19 £20.1m). The plan includes three major schemes, namely;

- Integrated Critical Care Unit (ICCU)
- Second dedicated maternity theatre and expansion of our neonatal unit to 20 cots
- ED redevelopment and additional emergency medical ward capacity. /emergency ward.

The ICCU development was originally approved but following price increase is subject of a further review and approval by NHSI. The total cost of the schemes is £10.6m and the Trust has secured loan funding for this scheme of £6.487m, the balance to be met through depreciation funds. The ICCU works replace the current outdated HDU and ITU facilities delivering a safer and more efficient service, thus freeing up the ability for the Trust to develop A&E buildings in light of current demand and potential shifts in population following the opening of the Midland Metropolitan. It is anticipated that the building work for the ICCU will commence in late 2016 and will span approximately18 months.

A business case for the maternity expansion has been submitted to NHSI for approval 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. This funding being awarded by the TSA as part of the review of Mid Staffordshire Hospital. This

development will also address the estate requirements identified in the recent CQC report in this service area.

The Trust is developing a business case for the upgrade and expansion of A&E facilities to include an emergency ward, this work required in anticipation of the flow of additional patients that will occur following development of the Midland Metropolitan hospital.

Table 6: Capital spend table

5 YEAR CAPITAL PROGRAMME						
Description	Financial Year					
	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	TOTAL £'000
Lifecycle Maintenance	1,054	1,170	1,000	1,000	1,000	5,224
Medical Equipment	1,200	800	800	1,000	1,000	4,800
IM7T Replacement	340	300	300	300	300	1,540
IM&T Other	377	100	100	100	100	777
Other	163	0	0	0	0	163
West Wing Improvements	0	0	0	767	619	1,386
Gamma Camera	0	600	0	0	0	600
Integrated Critical Care Unit	1,000	7,800	1,800	0	0	10,600
Maternity Expansion	400	5,200	0	0	0	5,600
A&E Development	0	2,000	10,156	344	0	12,500
Additional Emergency Ward	0	0	5,000	0	0	5,000
PFI Lifecycle	856	836	795	649	680	3,816
TOTAL EXPENDITURE	**5,390**	**18,806**	**19,951**	**4,160**	**3,699**	**52,006**
Financed by:-						
Depreciation	7,294	7,508	7,748	8,150	7,858	38,558
Less PFI (interest payment)	(3,304)	(3,489)	(3,697)	(3,990)	(4,159)	(18,639)
I&E sub-total	*3,990*	*4,019*	*4,051*	*4,160*	*3,699*	*19,919*
Donations	0	300	0	0	0	300
PDC	1,000	1,000	400	0	0	2,400
PDC (Mid Staffs Awarded)	400	5,000	0	0	0	5,400
Loan - ICCU	0	6,487		0	0	6,487
Loan(A&E/Emergency ward)	0	2,000	15,500	0	0	17,500
TOTAL RESOURCES	**5,390**	**18,806**	**19,951**	**4,160**	**3,699**	**52,006**

Gamma Camera £600k (as highlighted by the CQC inspection). A £800k allocation has been made available for replacement medical equipment (programme agreed by the Trusts Medical Advisory Committee). The program includes provision for Information Technology, supporting hardware replacement and funding for e-prescribing in regard to the medicines management programme.

Risks and Mitigations to the Plan

The chart below outlines the risk and mitigations for successful delivery of our plan:

Table 7: Risks and Mitigations to the Plan

Issue	Risk	Initial Mitigation
Sustainable Staffing	That we cannot deliver safe sustainable staffing levels reducing our reliance on expensive agency staff.	Strengthened oversight of approval processes for agency staff. Detailed action plan established & monitored weekly by Workforce Steering Group. Monthly review of progress at Performance, Finance & Investment Committee. Workforce work streams established to review recruitment and retention strategies.
Delivery of National Standards	That we are not able to recover performance on national standards.	Strengthened oversight of performance with new management team.
Staff engagement and Culture Change	That we are not successful in our work to establish a clinically-led, engaged & empowered culture.	Clear commitment from the Board to lead culture change. Clinically led model implemented & developed at divisional level. Kings Fund appointed to lead and deliver an organisational development programme for clinically led. Embedding of the Listening into Action approach.
Capital Availability	That we do not have sufficient capital to address our major estate issues.	Major projects progressing with timelines established. Awaiting confirmation from NHS Improvement on a number of projects.
Availability of resources	The trust cannot identify sufficient resources to deliver the 2017/18 plan.	Current plan includes some provision – will be assessed as plan developed further.
Successful Partnership Working	Our partnership approach in Walsall does not lead to improved care pathways.	Black Country Sustainability Plan submitted. Black Country Alliance established with a number of initiatives progressing. Walsall Together Partnership established.
STP	Further regional reconfiguration may affect our assumptions with services lost/gained.	Trust to input, influence and inform discussions prior to adoption so that our position and impacts are ameliorated.