NHS

Wirral Community
NHS Foundation Trust

DRAFT
Summary
Operational Plan | 2019/20

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1   Introduction

This summary Operational Plan for 2019/20 describes how Wirral Community NHS Foundation Trust (WCT), working with partners, will provide safe, effective, caring and sustainable services for people in Wirral and Cheshire

We are working in a time of rapid change, with much greater emphasis on how organisations can work together to meet the challenges of improving health and care services and equity of health outcomes, and do so affordably.

The 2019 NHS Long Term Plan and new GP Contract Framework both identify the need for primary and community care providers to work together even more effectively to best support the health and wellbeing of our population.

Responding to this challenge, we will continue to work with partners to develop a Place-Based Care model to provide more proactive, better coordinated care with expanded and integrated primary and community services, focused on promoting wellbeing throughout life.

Realising the potential of Place-Based Care requires effective integration of many services. WCT has a critical role to play. Uniquely, we have expertise in both community health and social care with the ambition, scale and ability to act as a system integrator, working with organisations and groups in primary care, mental health, secondary care and the independent and voluntary, community & faith (VCF) sectors.

WCT's operational plan, and the organisational strategy that it supports, embraces the challenges and opportunities of supporting evolving Primary Care Networks whilst delivering against quality improvements, developing our workforce and maintaining financial stability.

2   Activity

Projection of activity for 2019-20

As identified by NHSI through its work with the Trust as a Carter Community pilot site, WCT's investment in both IT systems and mobile working technology has enabled significant improvements in the capture, recording and reporting of Information.   This work has permitted the Trust to make robust planning assumptions based on reported activity.

As most of the trust's contracts are block contracts, activity modelling is based on both expected demographic changes to the local population and non-demographic growth for specific service developments and/or where local historic growth has exceeded demographic changes and / or based on national evidence.

Sources for demographic growth projections include Wirral MBC's Joint Strategic Needs Assessment (JSNA) and supported by tools such as the Projecting Older People Population Information (POPPI) from the Institute of Public Care.

During 2018/19 the Trust's Transformation Programme has focused on a detailed review of activity undertaken by our services, particularly those related to community nursing. The major element of this work involved clinical review of caseloads and pathways. This work has identified productivity opportunities resulting in clinically safe pathways which require a lower frequency of intervention aimed at enabling appropriate self-care. The by-product of this work has been to increase focus on admission avoidance and more timely discharge from hospital care. The conclusion of this work is that the expected overall activity profile for the Trust in 2019/20 will remain the same as 2018/19. However, within the overall activity figures there will be a "shift right" in terms of the level of acuity of patients supported at home in the community. The Trust will be engaging with NHS England in 2019/20 as part of the regulator's community currency work whose enhanced data collection should better demonstrate the changing community care offer.

Although as a community provider there is no requirement to submit an activity planning return the Trust works closely with its local partners, other providers, CCGs and Local Authorities alike to ensure consensus on what will be delivered. This facilitates:

- Integrated Care Delivery
- Reduction in acute hospital length of stay
- Alternatives to hospital admission
- Improved management of conditions which are long term and/or life limiting
- Keeping people well at home for longer

The Trust's current planning assumptions are based on sufficient capacity to meet the activity expectations of commissioners. This is subject to contractual agreement of those resources

Demand & Capacity Modelling

Whilst WCT has always considered capacity and demand in the provision of its services the Trust is actively partnering with another community services provider who has extensive experience of developing tools appropriate for a community setting. This work has commenced in Community Nursing and will be expanded across all the Trust's services during 2019/20.

A&E performance & RTT

Activity plans for the Walk-in Centres take account of seasonality, the impact of additional A&E streaming and the trust's role in wider system resilience during winter. At no point does the trust expect to breach the 4-hour target and will plan to deliver cumulative performance in the region of 99% for 2019/20.

The Trust's Community Ophthalmology service is the only area relevant for RTT. Waiting times for patients are counted in days rather than weeks and to date no patient has ever breached the standard. The Trust fully expects this to continue during 2019/20.

2 Quality

2.1   Approach to quality improvement, leadership and governance

We are ambitious to achieve an **outstanding CQC rating**, and have strengthened our governance process to support us to achieve this goal. Our quality improvement governance system is a **robust framework** aligned to the **three pillars of quality** and the CQC key lines of enquiry, underpinned by a strong commitment to **staff engagement**.

We have a strong and committed Executive Team and Board, ensuring that the Trust is well-led by establishing clear vision and strategy.

We have reviewed our governance structure and have introduced enhanced performance rigour through the introduction of four key groups:

- Oversight and Management Board
- Programme Management Board
- Standards Assurance Framework for Excellence (SAFE) Steering Group
- Strategic Workforce Development Group

Quality improvement and Leadership

WCT's executive lead for quality improvement is the **Director of Nursing and Quality Improvement** who is a **Florence Nightingale Scholar.**

Organisational **quality improvement capacity and capability** will be further developed to implement and sustain change. Our Quality Strategy outlines our ambition to promote a continuous quality improvement culture. It is underpinned by our developing **Quality Improvement Infrastructure.**

Clinical effectiveness is a cornerstone of quality and we are proud of the focus we have on continuous quality improvement and application of best practice guidance. To reflect this, we have focussed on developing staff competencies in quality improvement, and have set clear deliverables for all clinical services as part of our quality strategy delivery plan.

This introduces a capacity and capability model that promises basic skills for all staff, the introduction of a **network of quality improvement champions** and the development of **quality leaders**, supported with advanced level training and development. We continue to build quality and patient safety capacity for **board members and governors** through a development programme.

Our quality improvement programme includes successful initiatives such as:
- Support for patients with Chronic Obstructive Pulmonary Disease (COPD)
- Reduction of Insulin Medication Errors
- Chlamydia testing in conditions where it is clinically appropriate within Walk in Centres
- Effectiveness of the Attention Deficient Hyperactivity Disorder (ADHD) pre-diagnosis pathway

A key element of our **clinical governance improvement system** is the establishment of our back to the floor and service shadowing programme. There will be on average one visit conducted per week, providing valuable insight into the experience, expertise and challenge faced by our frontline practitioners on a daily basis.

In addition, our Quality and Safety Matrons and Quality Divisional Leads will be undertaking **service quality visits**, to evaluate the impact of improvement activity on patient and service user experience, as well as monitoring progress to achieving an outstanding CQC rating.

The trust regularly undertakes systematic exploration of **quantitative and qualitative intelligence** and encourages the orderly triangulation of information to **evidence the impact of the investment in quality improvement** within the organisation or wider system.

We have four clearly articulated quality commitments which are aligned to strategic priorities and underpinned by quality **metrics** and parameters of good practice. We strive to ensure that the causes of unwarranted variations in clinical performance are understood and eliminated. We will **triangulate feedback** and opinions from **our patients, our staff and our partners** with incident reports and performance data to enable us to keep track of our quality ambitions.

Our revised governance structure provides an assurance framework to monitor the progress of quality improvement priorities, providing a clear framework for escalation to Trust Board.

Governance

To support our transition to an outstanding CQC rating, we have developed an enhanced Standards Assurance Framework for Excellence (SAFE). This system enables staff to undertake a comprehensive self-assessment against the CQC Fundamental Standards, identifying areas for improvement and providing a mechanism to track progress towards outstanding.

A SAFE Steering group has been established reporting directly to both the Trust's Oversight and Management Board (OMB) and the Quality and Safety Committee.

The committee receives a monthly report of patient safety and experience intelligence, which triangulates patient and staff feedback. It summarises key associations within our patient safety dashboard (including fill rates, patient safety indicators and complaints data). This enables early warning signals to be identified and facilitates pre-emptive analysis allowing support to be deployed before patient safety is compromised.

The trust has clear **risk management processes and governance**. Operational risks are held on the organisational risk register and escalated via the Performance Framework, as per our Risk Strategy. Board's Integrated Performance Report summarises risks to strategic objectives and aligns operational risks with principal risks listed on the **Board Assurance Framework**.

2.2   Summary of WCT's quality improvement plan

For 2019/20 – 2020/21, our Quality Strategy and associated delivery plan outlines quality priorities based on local, regional and national priorities. Priorities are identified dynamically via the triangulation of multiple sources of data at a Trust and system-wide level.

Our Transformation Information Gateway (TIG) system supports a robust governance framework to identify emerging risk, ensuring prompt mitigation to assure quality and safety. Triangulated data sources include incidents, complaints and patient feedback, in addition to finance activity and workforce date. This approach has supported the development of a quality improvement plan including:

Priority	Quality Improvement Plan
Pressure ulcers	Attendance at the Cheshire and Merseyside pressure ulcer steering group and the NHS Improvement pressure ulcer collaborative. This is identified as a quality goal for 2019/20.

Adult Social Care Assessment Response Times	Quality goal to ensure the continuous improvement and sustainability of assessment response time within our Adult Social Care Service to maximise service user safety and experience.
Sepsis and recognising the deteriorating patient	To support the Trusts on-going work in relation to Identifying the Deteriorating Patient, the NEWS2/PEWS and Sepsis Toolkits have been fully launched and training rolled out.
Gram negative blood stream infections	Preventing Health Care Associated Gram Negative Bloodstream Infections requires a whole health economy approach. The Cheshire and Merseyside Healthcare Provider Forum aims to reduce infection rates, improve patient experience and monitor local surveillance activity, to compare findings and develop local action plans.
Learning from deaths	Action plans are in place to improve trust wide learning and incident reporting. The Trust continues to work with our system partners to devise systems whereby Learning from Deaths can take place in a consistent way across all major health and social care providers. Our external auditor received substantial assurance that Trust statutory obligations are met.
Learning from National investigations	In response to the Gosport Independent panel, this Trust continually reviews mechanisms for receiving feedback from service users and carers, in addition to patient safety concerns raised by staff. National learning is shared in the safeguarding quarterly report and implemented to ensure evidence of best practice. Recent learning draws on the Spicer report; this has been incorporated into an action plan implemented across the 0-19 and safeguarding services within the Trust.
Sustainable staffing	WCT is an active member of the Cheshire and Merseyside workforce development group. Services have implemented improvement plans to reduce reliance on agency staffing and increasing availability of bank staff. Flexible models of working are being developed across the Trust, utilising new clinical roles including Nursing Associates.
Learning from incidents	Introducing staff engagement plan to ensure learning from incidents is maximised at every opportunity. Increasing the training available for RCA investigations, developing a Serious Incident /RCA panel to determine level of investigation, review the quality of the report and approve resulting action plans. Quality and Governance service weekly safety huddles to ensure prompt escalation to the Director of Nursing and Medical Director.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in STP improvement project.
Infection prevention and control	Implementation of IPC strategy and systems leadership to support improved outcomes across the community.
Palliative care re-design	Wirral System working together to create an innovative End of Life Pathway, focusing on outcomes and improving the experience of patients and bereaved carers and families.
Patient experience	Review of our patient and service user experience strategy and implementation of a refreshed delivery plan.

2.3   WCT's Quality Impact Assessment process

WCT has an effective quality impact assessment (QIA) process for service development and efficiency plans which is in line with National Quality Board (NQB) guidance.

Our **governance structure** incorporates three distinct phases:
- scheme creation
- acceptance
- monitoring of implementation and its impact (whether positive or negative)

Scheme Creation

Scheme creation is owned by services and **led by front line clinical staff**. As part of our annual business cycle, frontline and business unit-level clinicians develop a number of schemes which have the potential to improve services or release efficiency savings.

Once identified, a scheme QIA comprehensively assesses **positive, negative and neutral impacts** and risks relating to patient safety, clinical effectiveness, patient experience, staff and non-clinical operational processes and supports the development of mitigations.

Acceptance

As the most senior clinicians in the organisation, the QIA **screening process and executive sign-off** is conducted by the Director of Nursing and the Medical Director. QIAs are reviewed by the QIA panel, attended by Director of Nursing and Medical Director. The panel reviews all Service Development and CIP scheme QIAs and approves, declines or defers each scheme.

All Trust change and CIP schemes are assessed against the Quality Impact on: Service User, Workforce, Clinical Effectiveness, Safety, Wider System. Any potential cumulative impact of several schemes on a particular pathway, service, team or professional group will be escalated to the **Programme Management Board** and reported to board via the Integrated Performance and Risk report.

Monitoring implementation and impact

As part of the QIA process, **key performance metrics** are developed and aligned to all schemes to facilitate early sight of potential impact on the quality of care. Use of baseline data will, increasingly, support monitoring and analysis of post-implementation effects.

Aspyre, a web-based project management tool, has been introduced to support the development, delivery and monitoring of all projects, including CIP schemes.

The **Programme Management Board** monitors implementation of approved schemes.

Trust Board and Finance & Performance Committee has oversight of CIP schemes through:
- an annual list of QIA results and CIP schemes for approval
- quarterly updates on existing and any new schemes including risk scores
- a quarterly update on existing schemes which scored 15 and over on the risk matrix for quality and any new scheme QIAs

Workforce planning

The trust's People Strategy and resultant workforce plan derives from service business planning processes; divisional and service leads work with the professional leads to triangulate the clinical, financial and quality requirements necessary for an integrated workforce plan. This is overseen by the Executive Leadership Team. Contact with partner trusts ensures joined up strategic workforce thinking with close Cheshire and Wirral working.

WCT's People Strategy is delivered in partnership with staff and partners through 3 themes:
- Improving staff engagement
- Advancing staff wellbeing
- Enhancing staff development

Governance process

WCT has recently redesigned the performance framework to improve the robustness in the delivery of the workforce plan. The Operational Management Board meets monthly to triangulate financial, quality and workforce information through an integrated risk approach.

The overarching workforce plan progress is presented to the trust's Educational & Workforce Committee (EWC) each quarter, reporting and assuring on progress on action plans and KPIs linked to the People Strategy.

EWC's bi-monthly workforce report provides information on key workforce indicators and triangulates financial, performance and quality indicators including: staff in post; recruitment; turnover; employee relations cases; sickness; appraisal training; bank and agency / agency cap; staffing.

Alignment with financial and service activity plans

WCTs Transformation Programme reviews staffing numbers and future workforce requirements for patient-facing and support services through a combination of Safer Staffing Review processes and Operational change reviews. Led by a mix of managers and frontline staff, and supported by HR and Professional Leads, these are aimed at ensuring services meet future demands, driven by demographic change; technology; patient expectations; service contract changes, etc. and takes account of key issues affecting quality and staff experience such as mandatory training, new skills development, headroom for sickness, maternity and annual leave, EWTD rota compliance, skill mix and career progression.

There has been a review of WCT's nursing and therapy numbers and structures and integrated pathways across the local health and care economy to support place based care. There is system wide agreement that we move to a neighbourhood model of integrated health and care delivery of placed based care, with 4 hubs and 9 localities or neighbourhoods. This is resulting in some internal redesign of Community nursing staffing, e.g. improved alignment of community nursing teams around the 51 GP practices and new ways of staffing the requirements in partnership with Primary Care and wider health and social care providers.

Current Workforce Challenges

Like all trusts, we are anticipating supply issues in terms of the future nursing workforce. This is reflected through numbers of newly qualified staff coming through universities as well as the impact of the ageing workforce.

Whilst Brexit will not impact directly on the trust due to low numbers of non-UK EU staff, the wider impact on the NHS will inevitably impact on future supply across a range of professions, as we all seek to recruit from a smaller pool of candidates.

The trust has challenges at local and STP level in terms of competition with Primary Care Nursing, with difficulty experienced in recruiting and retaining Nurse Practitioners for Walk In Centres where we compete in the market with our partners in GP practices. This is alongside the responsibility for providing GP Out of Hour services and difficulties in GP cover across weekends. Qualified Therapy staff across Physiotherapy in particular, but also Occupational Therapy, SALT and Podiatry remain hard to fill.

Workforce Challenges	Impact on Workforce	Initiatives in Place
Nurse Practitioners in Walk In Centres	Difficulty in recruiting to establishment, reliance on bank and agency.	Agreement to over-establish to ensure no gaps, alternative roles trialled. Grow- your-own model in place to develop internal talent pipeline.
Provision of GP Out Of Hours services	Difficulty in recruiting bank and substantive GP's to cover Out of Hours. Compounded by WIC nursing staffing. This has resulted in agency pressures with initiatives on A&E streaming impacting further to stop attendance at A&E at the front door.	Offered alternative contractual arrangements to include annualised hours, flexible rostering, and local pay. Due diligence being undertaken on "Chambers" model with local GP workforce.
Therapy staff (Physiotherapists and Occupational Therapists) to support discharge from Hospital and care at home	Difficulty recruiting staff with necessary advanced skills to handle patient acuity. Leading to agency costs.	Consideration of alternate roles, continued recruitment and filling with partner organisations
Social Worker recruitment	Difficulties in filling experienced qualified Social Workers, resulting in agency usage.	Reviewing job design, career progression frameworks and wider recruitment campaigns than normal NHS methodology.

Workforce Risks

The current key trust wide staffing risks are outlined below:

Description of Risk	Impact of Risk	Risk Response strategy	Timescales and progress to date
Recruitment and retention of key staff groups: nurses, therapists, social workers, impacting now in some areas and a significant risk for the future based on demographic/supply intelligence	High	Creating new routes into the workforce through apprenticeships, nurse associate roles etc. Retention plans across all divisions targeting hotspots. Joint working with partners in health and social care economy	
High levels of sickness absence	High	Targeting hot spots with HR support, stress risk assessments for services. Review of Wellbeing Delivery Plan for 19/20 to focus on mental health.	Team risk assessments being undertaken on a priority basis.

Ability to meet NHSI Agency cap	Medium	Recruitment to posts, over-establishing where required. Exploration of "Chambers" model. Introduction of E-Rostering to maximise workforce efficiency. Review of Temporary Staffing Management model to ensure greater efficiency and control and support move to "Bank First" approach.	Due diligence being undertaken on GP Chambers solution by end of March 2019 for anticipated delivery in Q1 2019/20. E-rostering rollout began in Q4 of 2018/19 and will be complete by Q2 of 2019/20.
Mandatory training completion rates	Low	Board-led campaign to meet Quality Goal of 90% compliance including review of provision, targeted communications and support for managers.	Target to be met by end of March 2019 and maintained thereafter.

Achievement of workforce efficiency and plans for workforce initiatives, 2019/20

WCT is working collaboratively to improve care and increase workforce efficiency within the STP footprint, including:

1. *Integrated Neighbourhood plans.* The trust is working with its partners on an integrated system wide agreement that we move to a neighbourhood model of integrated health and care, delivered through placed based care, with 4 hubs and 9 localities or neighbourhoods across Wirral. This will have an approach aimed at working closer as a system on domiciliary care, re-ablement and end of life care with associated workforce implications across NHS and other third party providers.

2. *Integrating Adult Social Care and Health*. Following the transfer of over 200 social care staff into WCT from Wirral Council in 2017, the integration of teams with other Community services has commenced to provide joined up services for the population of the Wirral. Work on integrated assessments, trusted assessor models is underway considering the governance risks in working with private practice assessments.

3. *Single point of access / integrated gateway* to services for adults with health or social care needs. This service continues to develop to ensure that all booking activity (for planned or unplanned care) will be centrally managed, reducing pressure on acute and primary care services. The integrated gateway provides one contact point to access all Health and Social Care services with a multidisciplinary deployment of staff designed to support the patient journey, ensuring the correct clinical pathway.

4. *Integrated Therapies pathway*. This is an ongoing review of the Wirral-wide therapies workforce across community and acute trusts, seeking cost efficiencies whilst improving quality and patient outcomes through streamlined care pathways across the whole local health and care economy, with a particular focus on the opportunities for moving activity into the neighbourhood model.

5. *Nurse Associate development*. Following a successful joint initiative with partner trusts the trust is building its numbers of Nurse Associates across the various services to provide flexibility in service provision and to support efficiencies and changing models of care. There will be a stepped approach to introducing a different skill mix over the next 3 years, with a significant increase in this workforce.

6. *Primary and Urgent Care emergency care review*. A locality wide review is underway at present through the commissioners which may impact upon the future staffing of the Walk In Centre and Minor Injuries functions. The consultation outcome may impact upon the locality for provision of services and impact upon the service model. There will continue to be exploration of models to support the provision of the GPOOH service working with our local GP consortiums.

7. ***Back and middle office collaboration across Cheshire and Wirral***. This continues to progress with actions undertaken on collaborative payroll services and exploration of other shared services. Reviews of a variety of corporate services may result in further exploration of the best fit service provision.

Required workforce transformation

Underpinning the new care models and transformation, we will maximise efficiency and capacity to meet increasing demand using: a standardised case management toolkit, new nursing care models, e-allocation process, e-rostering; and, continued rollout of SystmOne to streamline patient record completion.

There is a **Temporary Staffing service** review underway at present which may result in a different operational model within the trust to gain efficiencies in the delivery of flexible temporary staffing and control of agency usage. There is a plan to increase the usage of bank to reduce agency costs.

Many WCT services operate a **7 day model of care**, including GP Out of Hours services, Walk in Centres and Community Nurses. The trust ensures that services have managerial and technical support available at all times, with quality and risk management systems operating 24/7. WCT has reviewed the NHSI seven day standards, with particular attention to the four priority areas, and is implementing those relevant to community trusts. These are supported by system-wide initiatives such as the Wirral Care Record, and pathway development being undertaken as part of Healthy Wirral programme.

The **apprenticeship framework** will further develop our workforce to meet our strategic objectives and support post-registration education for nurses and AHPs. This will require some workforce re-profiling to accommodate the development of new apprentice roles.

Agency expenditure is closely monitored and reported accordingly. A strong focus has been placed upon increasing our Bank facility to reduce agency costs. A regional medical staffing team is supported by Deputy Directors of HR. Board is fully sighted on agency expenditure.

Support to the current workforce

A skills audit and adapted self-assessment tool has supported development of the expected competencies for professional roles. This informs individual talent conversations and team and personal development plans, aiding workforce engagement and retention.

The trust is reviewing its Wellbeing Delivery Plan for 2019/20 to address current high levels of absence due to stress-related reasons. This will include a strong focus on mental health and support to individuals, line managers and teams in managing stress in the workplace and supporting staff with resilience. The trust is participating in a clinical study for Self-Compassion at Work, and we anticipate rolling this out trust-wide once the study is concluded.

The trust has revised its approach to Equality and Diversity under the renamed "Inclusion" team. This approach to de-stigmatise E&D issues, will extend to both patients and staff, and staff networks will be given higher prominence. Feedback will be used as part of a new approach to organisational learning currently being developed which will incorporate learning from a variety of sources being used for the benefit of all teams. This will include learning from the NHS staff survey and employee relations cases.

Workforce Planning Improvement

The trust has introduced a systematic workforce planning approach using the nationally-recognised 6 step approach, supported by a self-assessment of current capability using the NHSI Workforce Planning Self-Assessment tool. This will enable the trust to develop integrated workforce plans based on a wider dataset, which will also link in to local and regional workforce planning priorities.

4 Financial planning

The financial plan below is built upon an assumption of delivering the 2019/20 Control Total as issued by NHS Improvement. Figures are based on the projected year-end position as at Month 11 and reported to NHS Improvement. The plan for 2019/20 is based on the agreed CCG contract signed on 21st March alongside current agreements with Local Authority commissioners. **The plan reflects that the Trust has accepted its control total of £995k for 2019/20.**

4.1 Financial forecasts and modelling

In preparing the financial plan for 2019/20, WCT had followed the NHS Shared Planning Guidance, incorporating the impact of the National Tariff directive and relevant changes as detailed within the NHS Operational Planning and Contracting 2019/20 annexes. The plan is the product of the internal triangulation of expected activity levels, quality requirements and the workforce needed to deliver both.

The 2019/20 plan is based principally on a 3.8% uplift and 1.1% efficiency factor – therefore a net change of 2.7%. Although there are no national tariffs currently for community services the application of a net 2.7% uplift is consistent with our NHS commissioner's assumptions. Local authority contracts are not affected in the same way. These now account for over 30% (£23.8m) of the Trust's turnover. With the exception of Adult Social Care, LA contracts are multi-year and incorporate annual deflators. This is currently generating a pressure (c.£0.5m) for the Trust with no agreement currently in place for funding of both the 18/19 and 19/20 pay award.

All costs relating to the 2018/19 Agenda for Change Pay Award, plus the 2019/20 uplifts and incremental drift is factored into these plans. The impact of the current consultation of changes to employer contributions to the NHS Pension Scheme is not included within the current plan as this will be funded centrally for 2019/20. WCT has little drug expenditure and so is relatively unaffected by inflation in this area. Therefore no increase in costs is assumed in budgets. The Trust's general pressure reserve will accommodate any inflationary pressures.

The total operating income for 2019/20 is expected to be £81.5m, with 95% classified as Clinical Income and 5% as Non-Clinical Income. Total operating expenditure for 2019/20 is £80.4m with pay costs accounting for 75%. The Trust expects to achieve a £5k surplus (before impairments), which will then ensure achievement of the Trust's allocated £990k Provider Sustainability Fund (PSF) monies.

Better Care Fund (BCF) income of £2.3m, excluding BCF already agreed with Local Authority commissioners to support Adult Social Care is included within this plan. 1.25% of CQUIN income has been reassigned to frontline services in agreement with commissioners with the remaining 1.25% included in the plan for meeting quality objectives. This accounts for c. £0.5m.

Most activity growth will be absorbed through WCT's own transformation programme. Additional funding of £150k has been agreed to support the streaming of A&E patients into the Trust's co-located Walk in Centre.

WCT will hold a contingency reserve of £300k with £500k discretionary revenue expenditure incorporated into plans.

Description	2018/19*	2019/20
	£m	£m
Clinical Income	76.2	77.5
Non-Clinical Income	4.8	4.0
Total Operating Income	**81.0**	**81.5**
Operating Expenses	(76.8)	(77.8)
EBITDA	**4.1**	**3.7**
Gains/(losses) on disposals of property, plant and equipment	**0**	**0**
Impairment Losses	(0.2)	(0.2)
Depreciation	(2.2)	2.4
Net Interest	0.1	0.1
PDC Dividend	(0.3)	(0.4)
Retained Surplus	**2.0**	**0.8**
Impairment	0.2	0.2
Normalised Surplus	**2.2**	**1.0**
Normalised EBITDA	**4.3**	**3.9**

* Forecast outturn as on Month 11 of 2018/19

A number of assumptions have been included within the detailed financial plans for 2019/20 summarised above. The assumptions are detailed below and are based on the Trust's signed CCG contract.

- Pay awards centrally funded by the DH in 2018/19 and awards for 2019/20 as part of the 2018/19 agenda for change uplift will be funded as part of the national 3.8% uplift for NHS Commissioned services
- Pay awards centrally funded for LA commissioned services representing a pressure of c.£0.5m
- Plans include all incremental drift and professional developments for Social Workers
- 0.5% Apprenticeship Levy
- Increase in MSK income following the new MSK contract with WUTH of £550k
- Increase in Podiatry income following the new MSK contract with WUTH of £100k
- Slight reduction in Rehabilitation at Home Cost per Case Income of £50k verses 18/19
- Increase in Community Ophthalmology income of £100k
- Cessation of the Liverpool AQP Podiatry Service
- Retention of all 0-19 service contracts from February 2020
- Additional A&E streaming funding
- Full achievement of the new 1.25% CQUIN in 2019/20 and retention of the remaining 1.25% within the baseline contracts
- Control total achieved and therefore full receipt of PSF
- Continuation in Better Care Fund monies at the level agreed for 2018/19
- Achieve in full of the CIP programme for 2019/20
- Increases in demand and activity fully mitigated by the trust's transformation programme, which is underpinned by analysis of national efficiency benchmarks alongside reductions in clinical variation
- Retention of the provision of the Trust's current urgent care offer
- Overall Use of Resources Rating of 1
- Agency cap of £1.882m
- Current level of employer's pension contribution with any subsequent increases in contribution being centrally funded during 2019/20

As listed in the assumptions CPC activity for MSK and Podiatry income has been based on an extrapolation of performance from Q3 onwards under the new MSK contract arrangements. This generates a growth in income of £650k of which 70% will be offset by additional staffing requirements.

Financial Criteria	2018/19*		2019/20	
		Rating		Rating
Capital Service Cover (ratio)	16.9	1	10.5	1
Liquidity (days)	32.5	1	37.3	1
I&E Margin	2.7%	1	1.2%	1
Variance from Control Total	0%	1	0%	1
Agency	8.36% above cap	2	Within Cap	1
Overall Rating		**1**		**1**

* Forecast outturn as at Month 11 of 2018/19

The summary cashflow statement is detailed below:

Cashflow	2018/19 (£m)*	2019/20 (£m)
Operating surplus	**2.2**	**1.1**
Non-cash movements	2.1	2.5
Cash generated from operations	**4.3**	**3.6**
Cash flows from financing and investing		
Capital Expenditure	(2.9)	(2.5)
Interest	0.1	0.1
PDC Received	0.2	0.2
PDC Dividend Paid	(0.1)	(0.4)
Cash outflow from financing and investing	**(2.7)**	**(2.6)**
Increase in cash and cash equivalents	**1.5**	**0.9**
Opening Cash Balance	**13.1**	**14.6**
Closing Cash Balance	**14.6**	**15.5**

* Forecast outturn as at Month 11 of 2018/19

4.2 Efficiency savings for 2019/20

Identifying, quality assuring and monitoring delivery of efficiency savings

WCT's planned Cost Improvement schemes are stretching and are focused on efficiency and transformation rather than growth. WCT volunteered to become a Carter Community Pilot during 2017/18 and is currently a pilot site and roadmap partner for NHSI's Costing Transformation Programme. Evidence from this work in addition to in-depth reviews of NHSI's Corporate Benchmarking Programme and equivalent local STP work are used as a catalyst for efficiency improvements. Efficiency savings are identified using:

- External benchmarking performance data (Carter, Model Hospital and NHS Benchmarking Network as well as local STP benchmarking work)
- Internal benchmarking of performance data to identify and understand unwarranted variation
- An annual planning cycle and data-driven workshops to create space for staff to develop ideas
- A balance between trust-wide/large scale improvement schemes and smaller service or team schemes
- Full appraisal through Quality Impact Assessment and Equality Impact Assessment

The Quality Assurance and monitoring of CIPs are described in the Quality section. This process is regularly audited by WCT's internal Auditors, Mersey Internal Audit agency and has achieved a Significant Assurance rating on each audit review for process, assessing and monitoring with minimal risks to process identified for action.

CIP Targets for 2019/20

CIP planning for 2019/20 began early in 2018/19 with a number of evidence based transformation schemes set on a multi-year basis. Schemes for 2019/20 are subject to QIA and EIA as noted above. WCT's CIPs have included service and workforce redesign (informed by the various benchmarking and analysis detailed above), review of all areas of budget spend and contract reviews. Significant schemes for 2019/20 include:

- **Community Nursing Transformation** – continuing the work programme begun in 2017/18 ensuring the service is redesigned to best meet the needs of the local health economy; this significant programme will permit reinvestment of savings into community services to better support anticipatory care of people with frailty and multi-morbidity, directly supporting the aims of the Long Term Plan and GP Contract Framework (2019)
- **Corporate** – Improving the leanness of back-office function combined with pursing savings in IT contracts (£245k)
- **0-19 Services** – Service redesign and further adoption of digital technology, including implementing digital consent and the digital front door (£190k)
- **Podiatry** - improving efficiencies in the production of patient insoles and growing the commercial income opportunities (£75k)

Type	2019/20 Target (£000)
Income from Patient Care Activities	232
Commercial Income	7
Non-Pay and Procurement Efficiencies	424
Transformation Redesign / Skill Mix (Pay)	1,337
Total	**2,000**
% of Total income	2.6%

CIP schemes within the Trust are identified via a number of routes. These include regular budget reviews including the historic levels of staff vacancies. Principally CIPs are linked to transformation, looking at best practice and benchmarking performance to understand alternative service models and approaches.   The Trust has an annual cycle of Service Transformation and Efficiency Planning events that support operational and clinical staff, working closely with corporate support, to identify opportunities for efficiencies within and across services. All schemes are subject to rigorous Quality and Equality Impact Assessments before executive level sign off.

Commercial Income

WCT has plans to further develop non-NHS income streams and these are included in the Trust transformation planning process, which produces Cost Improvement scheme proposals as well as those for business development. Our current focus, however, is on improving efficiency and developing place-based care. Any non-NHS income is likely to be a relatively small proportion of total income.

Agency Rules

WCT has implemented the national rules in relation to agency rate caps. All agencies that provide temporary staff are aware of these requirements. The introduction of rate caps has facilitated the review of high usage areas, with recruitment plans and/or service redesign addressing these.

The Trust inherited a significant agency pressure (c. £750k) following the transfer of Adult Social Care services in June 2017. Through dedicated work from both social care managers and HR this burden has been reduced by around 50%.

WCT has strong governance processes in place, with appropriate actions in place for the board to be sighted on the trust's reduction in agency spending.   Agency expenditure is monitored regularly at all levels of the organisation. Service budgets are based on substantive staffing requirements with agency expectations held centrally to reinforce the message that agency usage is only to be used in exceptional circumstances to ensure patient safety and care.

4.3 Capital Planning

Given the constrained level of capital resource available, WCT's capital plans comprise the highest priority schemes, supporting the trust's operational divisions and corporate support services.

Transformation monies have been allocated to specific projects through the capital programme (and separate from the national STP monies). The identified CAPEX programme is circa £2.5m. Of this £1.5m supports the Trust's digital agenda which is aligned to both Carter and to the necessities of Cyber Security.

All capital proposals/applications are submitted on a business case to the Programme Management Board for scrutiny and approval against the agreed budget and approved subject to SFI and SoRD limits.

Currently, expenditure is expected as below.

Expected capital programme	2019/20 (£000)
Estates	565
ICT (Hardware)	722
ICT (Software/Intangibles)	1,027
Medical Equipment	90
Corporate (ESR/e-rostering)	96
Total	**2,500**

These planned investments are **consistent with the trust's clinical strategy and digital strategy**, which includes a specific objective to support future sustainability with new IT systems, supporting the need to work more cost effectively, a move towards greater integration and less acute-focused models of healthcare, and the need for better quality information for management and reporting.

The Trust's Procurement Team focuses on ensuring the best value for money in the purchase of all capital assets. The Trust regularly reviews its Estate and works closely with local partners to ensure optimisation of space and the disposal of property no longer offering best value or appropriate for the changing needs of services.

5   Link to the local sustainability and transformation plan

WCT is a key partner within Wirral's health and care system and the Healthy Wirral programme. This is part of the Health & Care Partnership for Cheshire & Merseyside. The three priorities for Cheshire & Merseyside are:

- delivering care more efficiently
- improving the quality of care
- improving the health and care of the population

WCT is committed to system-wide collaboration and leadership and our ambitions are fully aligned with plans in the wider health economy. This translates into WCT directors and senior managers' membership of the Healthy Wirral Partners Group, Healthy Wirral Executive Delivery Group, Urgent Care Executive Group, Senior Change Team, and chairing of the Wirral Integrated Provider Partners group.

Development of Place Based Care

A major focus for Cheshire & Merseyside, and within Wirral, is the development of place-based care, instead of organisation-based care, which means all health and social care for a population in a particular locality will be delivered by a neighbourhood team, adopting a single integrated approach. This has been further reinforced nationally through the publication of the Long Term Plan and the new GP Contract (January 2019).

WCT staff are members of Wirral's 9 Neighbourhood Leadership Teams, formed in July 2018 to take forward the development of their Neighbourhoods. WCT has aligned its staff to these neighbourhoods, where it is practicable to do so. This is particularly significant because of the Trust's employment of both health and social care staff, building a foundation for more integrated provision of health and social care services, reducing complexity and improving people's experience of services

During 2019/20, WCT will lead the introduction of new models of multidisciplinary working across Wirral, working closely with individual Neighbourhoods to identify best practice that can be shared across the borough. The Trust sees this role as critical to successfully implementing place based care, bringing the benefits of economy of scale and resilience with strong local relationships.

Neighbourhood workforce development

WCT expects a greater emphasis on long terms conditions management and proactive identification of people at risk, working with general practice as part of integrated neighbourhood teams. This is likely to reduce the trend in unplanned admissions to hospital (though, as the Long Term Plan identifies, against a backdrop of rising demand, this may not be a real terms reduction).

Developing a plan for a primary-community workforce that increases the numbers of people skilled in holistic care planning, frailty and long term conditions management, alongside increasing numbers of other staff (e.g. first line physiotherapists) neighbourhoods is a key target for 2019/20.

WCT's transformation programme, and attendant efficiency savings, is an opportunity to reinvest savings into much needed community staff. Similarly, completion of projects such as Trusted Assessor, whereby assessments made by appropriately skilled staff can be utilised by others, will enable staff to work more effectively, reducing duplication of activity and improving the patient journey.

Other system developments

WCT is playing a lead role in the further development of Wirral's Single Point of Access, which is delivered by the Trust, and is a partner in the ongoing development of the peninsula's urgent care system, particularly given its provision of GP Out of Hours, Walk In Centres and Rapid Community Response teams.

In 2019/20, WCT will continue the development of its Community Cardiology offer, which is already demonstrating significant benefits with regard to both reduced hospital admissions and length of stay of those people who are admitted.

WCT's strategy identifies the following themes and priorities, all of which link directly to those across wider Cheshire and Merseyside.

Developing Integrated Neighbourhood Teams	• Alignment of many nursing, health visiting, social care and therapies staff to 9 integrated care teams, and/or to community care teams at practice level for complex patients.
	• Some specialist services will be provided at Locality level, serving practices and teams in multiple Neighbourhoods.
	• Identification and implementation of leadership and management structures that promote local identity whilst providing effective professional leadership and supervision, and satisfy governance needs, with minimal unwarranted variation.
	• Development of information sharing and coordination capacity, using IM&T, working towards a fully integrated assessment and care plan per person
	• Build relationships and coordinate / integrate services with social care and independent / VCF sector providers.
More integrated pathways and services	• Proactively work with partners to identify priority pathways, using data-driven analysis and evidence to inform revision/creation of models.
	• Realising benefits of health and social care integration through development of integrated service provision
	• Combining physical and mental health pathways, recognising that needs in one area often lead to needs in another, and these cannot be separated.
	• Further development of a Single Gateway for referrals and service coordination for both public and professionals
	• Ensuring development and better coordination of wider children and families services, scoping the transfer of services where this will improve provision
	• Collaborating with partners in general practice and secondary care to provide a new model of Urgent Care in Wirral
Focus on promoting health and wellbeing	• Development of training programmes in Brief Interventions / Making Every Contact Count and Motivational Interviewing; potential for use across wider system
	• Incorporation of person-centred assessment into service delivery models
	• Use risk-based approach to identify people who will benefit most from being connected to other services and groups
	• Ensure staff have easy access to information to connect people to groups and services.
	• Systematic focus and plan to increase staff wellbeing

6   Membership and elections

Governor elections in 2018-19 and plans for 2019-20

In 2018/19, the Trust held elections for a number of public and staff governor seats; new public governors were elected for Wallasey, Birkenhead and the staff constituency. There was no election in the Wirral West constituency and there remain three vacant seats in the Wirral South, Rest of England and staff constituencies. The newly appointed governors were appointed for three-years to November 2021.

Following this election a new Lead Governor has been elected by the Council of Governors.

During 2019-20 the Trust will hold further governor elections and intends to fill the vacant seats currently in the CoG. The Trust is also refreshing the appointed governors on the CoG; there are 6 appointed governors within the composition of the CoG all appointed for three years following FT authorisation in May 2016.

Examples of governor recruitment, training and development

All new governors are invited to attend an induction with the Director of Corporate Affairs. Each meeting of the Council also includes a developmental session providing the governors with an opportunity to further improve their knowledge of the organisation and contribute to the Trust's forward planning. Informal development days are held annually providing an opportunity to discuss broader topics. The Chairman holds a series of informal meetings with governors on an annual basis and the governors all receive the weekly CEO blog which provides a useful source of information on what is going on in and around the Trust.

Activities to facilitate engagement between governors, members and the public

All governors are invited to attend the AMM providing an opportunity to engage with members. Governors are invited to all other Trust events throughout the year including the annual HEART awards recognising the achievements of staff.

In 2019-20 the Trust intends to implement quarterly governor flash reports and continue with a programme of walkrounds with governors accompanying NEDs on visits to services.

Staff governors are also invited members of the Trust's Staff Council providing an opportunity to engage with staff from across the Trust and understand and debate the issues affecting staff. In 2019-20 the governors will be involved in the redevelopment of the Trust's public website.

Membership strategy

The Trust has been working to establish a membership in the Rest of England constituency and this will remain a focus of the refreshed Membership Strategy for 2019-20. The Trust's membership across the Wirral constituencies remains strong with good representation and sustained membership numbers.

The 'Your Voice' group has been established from the membership and includes public governor representation. The group has agreed its Terms of Reference and provides a forum for direct governor and member engagement and an opportunity for the Trust to involve members in Trust-wide and service specific projects.

The 'Your Voice' group is working with the Trust to refresh the Membership Strategy proposing new objectives to recommend to the Board of Directors. The focus of the strategy will include membership recruitment in Cheshire East but also channels for effective engagement with members.