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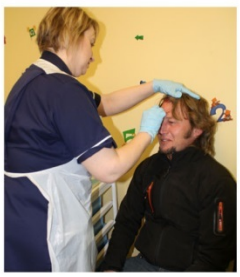
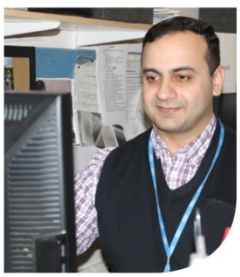
Worcestershire Health and Care NHS
NHS Trust

OPERATIONAL PLAN FOR 2017/18 TO 2018/19





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Worcestershire Health and Care NHS Trust Operational Plan 2017/18 to 2018/2019

Worcestershire Health and Care NHS Trust (WHCT) is the main provider of community, specialist primary care and Mental Health services in Worcestershire, serving a population of approximately 570,000 across an area of approximately 670 square miles, with a relatively high proportion of residents aged 65 and above. WHCT also provides some services in Herefordshire and Birmingham. Many services are integrated with Worcestershire County Council and we work in partnership across the county with social care, the local Acute Trust, voluntary organisations, our commissioners and communities to deliver high quality services. This operational plan articulates WHCT's approach to planning for 2017/18 to 2018/19, as part of the longer term Herefordshire and Worcestershire Sustainability & Transformation Plan.

1. Activity Planning

It is important to understand the contractual arrangements that are in place for the various areas of service provided by the Trust, as this dictates the approach that is taken with regard to activity planning.

1.1 PbR National and Local Tariffs

Approximately 10% of the income base of the Trust is commissioned via either local or national tariffs and covers the following services:

- A range of general and acute outpatient specialties
- Physiotherapy (Including ICATs, the Orthopaedic triage service)
- Minor Injuries Units
- Community blood transfusions

As part of the annual contract negotiation process, an analysis is undertaken of activity levels from September 2015 to August 2016, and this activity level forms the activity start point for negotiations with the commissioners. Adjustments to cover changes in commissioning intentions for the coming year are taken into account and the planned activity levels are amended up or down accordingly.

Under the auspices of the Sustainability and Transformation Plan (STP), options around changing how outpatient services in Worcestershire are provided are being explored. The potential changes include moving activity out of the local Acute Trust to alternative venues, including the Community Hospitals run by the Trust and primary care alone or in partnership with the Trust.

1.2 Mental Health Services

Mental Health services are commissioned via the nationally recognised cluster approach. In a joint approach, with the commissioners, clusters have been used to determine how Mental Health services should be provided. On the back of this work, patients being assessed with a condition falling into clusters 1 to 4 have been identified as having conditions towards the lower end of the case mix and the service is midway through transferring responsibility for their care to primary care or the Healthy Minds service (IAPT). This ensures that only patients requiring specialist secondary care Mental Health services are treated in such an environment.

There has also been a renewed focus on acute Mental Health care, with greater emphasis on increasing the number of patients receiving home treatment. During the summer of 2016, this initiative was so successful that it has been possible to reduce the number of wards providing inpatient care.

In terms of access to IAPT services, Worcestershire has a catchment population of 49,190 people who at any given time are subject to anxiety or depression. The Trust is commissioned to provide services to 15% of this client group during 2016/17, and the activity levels are split on a 50:30:20 basis, which follow the approximate population sizes of the three CCGs (South Worcestershire, Redditch and Bromsgrove and the Wyre Forest). By the end of 2019, the expectation is that access to IAPT services will be afforded to 19% of the population. This service will be provided in some part by specialist providers such as Healthy Minds, and also via primary care. Additional funding has been agreed as part of the 2017/18 contract settlement to support the increase in access rates for IAPT services to 16.8%. The detail of how this increase in activity will be achieved and delivered through the year will be determined during the period January to March 2017. To date, no commitment has been made by the local commissioners regarding the additional funding required to achieve the 19% target by the end of 2019.

1.3 Community Hospital Beds

Inpatient activity within community hospital beds is covered by a block contract arrangement. The activity levels and type of activity flowing through these beds come under significant scrutiny, given it forms part of the countywide urgent care system. A medical model to support these beds is in place, with the focus being on admission prevention and facilitated early discharge. The focus is very much on ensuring that target occupancy levels and average length of stay are achieved for these beds in line with the metrics that are contained within the agreed service specifications.
In addition, a cohort of beds has been commissioned specifically for the provision of stroke rehabilitation and the planning for, and on-going use of these beds is jointly monitored by the Trust and CCGs on an on-going basis to ensure that appropriate capacity is in place.

1.4 Community Nursing and Therapies

In terms of the community nursing and therapy services provided by the Trust, these services are covered by a block contract and the indicative activity levels that sit behind the contract are assessed on an annual basis using the September to August period from the previous year.

The STP refers to more activity being done within a community setting, a significant proportion of which will focus on emergency access services provided by primary care staff, community-based nurses (both physical and Mental Health care), therapists and social workers. The objective of this new service will be to try, whenever possible, to provide care in the home of the patient as an alternative to acute hospital admission. The STP also outlines the development of locality based MCPs, the vehicle by which such services will be provided. However, there is no detail around the nature of services that might move and the construct of the MCP at this stage. Clarity will be gained as the plans are developed further during the coming months.

The development of the countywide winter plans are led by the Worcestershire System Resilience Group, and no formal activity adjustments are made to counter increased activity demands. At times of pressure, the Trust works in line with the agreed escalation plan and resources are prioritised and deployed accordingly. This may entail services reducing input to lower priority cases and placing greater emphasis on areas that positively influence patient flow.

1.5 Children, Young People and Families

The Trust is currently working in collaboration with commissioners from the Local Authority to develop a public health nursing service for the 0-19 age group. This includes School Health Nursing, Breastfeeding and Health Visiting, with the objective being to focus on the most deprived areas.

1.6 Community Dental Services

Community Dental services are commissioned via NHS England. Dental service contracts are traditionally based on Units of Dental Activity (UDA). However, given the client group with which the Trust's community dental teams work, such as patients with learning disabilities, people with anxiety about accessing dental services, the mentally ill and hard to reach groups, the use of a weighted UDA system has been agreed. The level of UDAs that underpin the block contract are reviewed and agreed annually as part of the contract negotiation process.

1.7 Summary

All aspects of the activity of the Trust are the subject of, at least, a joint annual review by both the Trust and its commissioners. Where specific initiatives are commissioned, the activity base shifts accordingly. Activity is monitored on a monthly basis by the Joint Information Group, where representatives from the Trust and the both CCG and local authority commissioners meet to monitor activity and agree the rationale behind any significant variances from plan. This group forms part of the formal contract governance structure and reports directly to the Contract Management Board. It should be noted that in Worcestershire, the Contract Management Board covers not only the host CCG commissioners, but also associate CCGs to the contract and the County Council. Quarterly meetings are held with NHS England to cover dental contracts.

2. Quality Planning

2.1 Approach to Quality Governance and Improvement

The Director of Quality and Nursing and Medical Director are the executive leads who are jointly accountable for quality improvement in the Trust.

The culture of our organisation and the values that we work to are an essential component in delivering high quality safe care. This organisational belief is reflected in the Trust's approach to quality improvement whereby our values are directly aligned with our Quality Aims. The current co-production of the Trust's Quality Account together with the new Quality Strategy for 2017-19 provides a spring-board to further develop our ambitions in line with national priorities, local commissioning priorities and the aims of the STP, ensuring that what is best for patients is at the centre of everything we do. The CQC's Chief Inspector of Hospitals inspections in Trust services in November 2015 and May 2016 led to the Trust's overall rating moving from 'Requires Improvement' to 'Good'. This revised outcome rating supports the Trust's determination to be more widely recognised as an organisation that consistently delivers outstanding quality services to patients and carers. Four out of the five CQC domains were judged as 'Good' with the 'Are Services Safe' remaining at 'Requires Improvement'. The key areas for improvements the CQC said must be undertaken related to environmental ligature risks in Harvington Ward, which was an Adult Mental Health acute ward in Kidderminster. This ward is no longer in use and the issue is therefore no longer relevant. The CQC also required ligature risk considerations to be taken into account for Keith Winter Close which is a Mental Health service recovery unit in Bromsgrove. The Trust is seeking further advice from the CQC to gain a common understanding of managing environmental ligature risks in non-acute settings. The Trust was also required to make some adjustments to the alarm system at Keith Winter Close. This was resolved shortly after the CQC's inspection. Our ambition is to achieve an 'Outstanding' rating from the CQC. We are learning from Trusts where this rating has been achieved and using the well led framework to shape our quality strategy in nurturing exceptional, innovative leaders who empower clinical teams. We are actively engaged in national networks and utilise our senior leaders to share best practice across the organisation.

The Trust's Quality Governance Strategy for April 2015 – March 2017 has been effectively embedded enabling the effective identification, management, escalation and reporting of risks to quality. This provides a safe and stable platform to allow for the courageous and innovative thinking that will sustain the high quality of our services for taking the STP forward. As detailed in the Quality Governance Strategy, the Board's Quality and Safety Committee leads on the review of quality and safety across the Trust and reports directly to the Trust Board, with members of the Trust Board working closely together to actively

promote positive, visible leadership. A schedule of regular visits to clinical areas means that staff can talk to board members about their service, which allows positive aspects to be highlighted but also any challenges to be shared. This supports board members in cross-checking the reality of outcomes against the performance indicators that are presented in the integrated governance reports. In addition, board members are informed at Trust board meetings by patient stories from across the Trust services, including first-hand accounts, videos and staff narratives.

An established Quality Directorate is in place ensuring expertise is available to all staff on key areas such as incident reporting, shared learning, the Duty of Candour, safeguarding, patient relations and patient experience, clinical audit, training and development and risk management. Each Service Delivery Unit (SDU) has a Quality Lead who has the expert operational knowledge to use the triangulated monthly SDU quality reports to identify key risks. The new Electronic Patient Record system (Carenotes) has enhanced the ability of the SDU Quality Leads to monitor and measure quality by being able to undertake real-time audits.

The Trust's 5 Quality Aims which are aligned with the 5 Trust values and were developed through wide consultation, form the basis of the Trust's Quality Account priorities and align with the aims of the STP. Each Quality Aim has a senior clinical lead, a Non-executive Director and a bespoke project plan to ensure milestones are identified and met. Staff and patient representatives have been invited to be recognised as a 'Quality Improvement Champions' or 'QICs'. This new and ground breaking initiative, based on social movement theory, is designed to provide practical support for those staff and patient representatives who already have the passion and commitment to actively be involved in quality improvement initiatives. The number of QICs is increasing month on month, with the message spreading through word of mouth, active marketing and social media.

The QICs are supported by a Quality Aims Project Team working within the Quality Directorate. Using project management skills and resources to direct the passion and commitment into definable and manageable outcomes, the QICs are the Trust's identified pioneers of positivity and change.

Trust Value	Quality Aim	Example Milestones	Example Performance Indicators
Courageous	**Learn from patient safety incidents at all levels.** We will be courageous and encourage a culture of learning where all staff feel confident and able to raise issues or concerns, and we will act on any incident to ensure we continue providing safe and effective care throughout our services.	• Staff leaflet 'See it Sort it Report it' – easy guide to reporting for staff • Duty of Candour e-learning training • 'Single source' reports for each SDU to team level • Staff engagement at planned events	• Uptake of training. • Incident reporting rates • Staff survey feedback • Levels of harm resulting from incidents
Ambitious	**Be a 'dementia friendly' organisation.** We will be ambitious to make sure all our staff have an excellent understanding of dementia. We will aim to develop our already leading dementia services so they provide outstanding care and support at all stages of the condition, for both patients and carers.	• Intranet resources page for staff • Roll out of Johns Campaign • Staff training • Co-production of ward based activities • Young onset Dementia Champions	• Uptake of training • Audit of use of This is Me Booklet • Patient and Carer surveys • Dementia Care Mapping
Responsive	**Always ensure our patients and carers have the best experience possible.** We will be responsive; to know what went well, what we could do better or differently and will ensure all our staff recognise that the 'experience' starts the moment a patient joins our services.	• Patient Experience Event November 2016 • Friends and Family staff champions • Increase patient volunteer involvement and diversity • 'You said we did' to be more widely shared	• Feedback from event • Number/feedback of patient volunteers • FFT feedback rates • FFT scores
Empowering	**Ensure there is a parity of esteem for mental health patients.** We will be empowering and ensure that the mental and physical health needs of patients and our wider communities are treated equally. We will also empower people to take control of their own health and wellbeing; seeking help, advice, support and encouragement from our staff when needed.	• Meeting task force action standards • Physical health training for mental health staff • Implementation of health passports • SHAPE recommendations implementation by peer support workers	• Audit of standards • Uptake of training • Patient feedback • Audit of physical health check follow up
Supportive	**Be an employer of choice**. We will be a supportive employer and want to attract, develop and retain the best staff to care for our patients. We will always be committed to helping fulfil their potential as we believe motivated and supported employees deliver the most caring and compassionate care.	• Promotion of flexible working • Targeted recruitment events • Develop and promote mentoring • Freedom to Speak Up Guardian	• Staff Survey/FFT results • Recruitment to vacancy rates • Number of staff mentored • Appointment of Freedom to Speak Up Guardian

The Trust's high level risk register feeds into the Board Assurance Framework (BAF) with any residual risks of 15 or above considered by Board. The current top three risks specifically relating to quality are:

- The Trust may fail to deliver an appropriate quality of care or breach regulatory standards.
- In the longer term the Trust is not financially sustainable.
- The Sustainability and Transformation Plan for the local footprint fails to achieve the transformational changes required to ensure that appropriate standards of care and quality are delivered within the financial resources.

2.2 Summary of the Quality Improvement Plan

National Clinical Audits We participate in all relevant national audits contained within the National Clinical Audit and Patient Outcomes Programme. We will continue to work in partnership with colleagues through the National Quality Improvement and Clinical Audit Network and the National Advisory Group on Clinical Audit and Enquiries.

The Four Priority Standards for Seven-day Hospital Services Although the Trust does not provide acute hospital services, we are an integral partner in the local Urgent Care Pathway which supports the implementation of the priority standards. We have an established Patient Flow Centre to co-ordinate complex discharges and we are continuing to develop seven day services. For example, in our Community Hospitals we are developing a 7 day therapy service to prevent any delay in commencement of therapy. We are also reviewing and, where opportunities arise, implementing weekend medical cover so there is timely clerking of patients and enhanced 'in-house' medical support for deteriorating patients (for example at the new Wyre Forest Integrated Care Unit in Kidderminster).

Safe Staffing The Trust monitors staffing levels across all inpatient areas, with a focus on Right skills, Right time, Right place". Recommendations are made following staffing reviews taking in to account the guidance from the National Quality Board 2016.The roles of Allied Health Professionals will be reviewed during 2017 /18 to ensure that multidisciplinary teams add value and increased skill mix into direct patient care and staffing numbers. This will be monitored using safety indicators in bi monthly and six monthly Board reports.

Care Hours Per Patient Day We have the ability to collate this based on the National metric advised. However, our understanding is that this is initially being tested in Acute services and we await a central request for data. Information regarding further implementation is anticipated in 2017.

Mental Health Standards (EI in and IAPT) The Trust is one of the top 9 performers out of 55, is fully concordant with 7 NICE standards and partially concordant with the 8th.We have a quality development action to ensure full NICE concordance is achieved by April 2018. The workforce plan has a clear trajectory of staff to be recruited and training/development needs which covers up to 1st April 2018. We are fully compliant with the standards in the technical guidance 'Guidance for reporting against access and waiting time standards'.

Actions from the Better Births Review Two recommendations relate to the Trusts services. 4.1 relates to further investment in Perinatal Mental Health services which supports the Trust's collaboration with commissioners to develop existing services. Recommendation 4.3 relates to transition of care to health visitors. The Trust has an existing policy to ensure effective communication takes place between midwives and health visitors, including the identification of pregnant women who may require Mental Health services support, and we will be continuing to build the patient related outcomes of this policy in future.

Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action To improve the understanding of overall mortality issues, information and data is triangulated with complaints, incidents and coroners reports. A Trust annual full review of unexpected deaths that have been reported by Mental Health services includes benchmarking against nationally available data. We are undertaking an incremental increase in the reviews of deaths in the community with 75% by 31st March 2017. All in-patient deaths undergo review. Serious Incidents are subject to rigorous scrutiny. All Root Cause Analysis reports are presented to the Trust's SI Forum which is chaired by the Director of Nursing and Quality to ensure all learning has been identified and addressed appropriately. A monthly bulletin is sent to all staff setting out key learning from Serious Incidents and complaints in order that learning is shared across the organisation.

Anti-microbial Resistance The Trust has a two year strategy for antimicrobial stewardship which is led by the Medicines Management Team. Prudent prescribing of antibiotics in compliance with primary care antimicrobial prescribing guidance is in place and is monitored on a quarterly basis. The annual range of percentage of patients having antibiotics prescribed on their current drug chart across the Trust in September 2016 was between 23-30%. Indications for the antibiotics were stated 97% of the time and noted to be appropriate.

Infection Prevention and Control Infection Prevention and Control provision is fully compliant with the requirements of the Health and Social Care Act (2008) Code of Practice for Infection Prevention and Control (updated 2015). Quarterly reports continue to be presented to the CCG Healthcare Associated Infection Forum to provide additional assurance and promote partnership working.
Falls Extensive falls prevention work has been undertaken, with particular focus on in-patient units as these are the highest reporters of falls incidents. Going forward, the falls prevention programme in the Trust aims to reduce harm from falls by raising awareness of risk factors with staff and patients, implementing best practice with better use of existing Falls Link Nurses in clinical teams and by creating more effective shared learning from falls.

Sepsis The Medical Director is leading on the Trust's Sepsis Action Group to implement the outcomes from NHS England's 'Improving Outcomes for Patients with Sepsis' report. Priority actions are to raise awareness amongst staff of the risk factors and actions that need to be taken on an individual clinician level for detection and swift action and to raise patient and carer awareness (using resources available from the UK Sepsis Trust).

Pressure Ulcers The Trust is working in partnership with commissioners and other providers in the local health and social care economy to have a collective approach to pressure ulcer prevention. An aggregated Trust-wide Pressure Ulcer Action Plan, implemented in September 2016, focusses resources on areas that are cited most often in our investigation reports as a contributory factor in the development of avoidable pressure ulcers. Priority actions include mobile working solutions to facilitate more effective care planning and improved patient and public awareness-raising.

End of Life Care The Specialist Palliative Care Team within the Trust offers specialist advice in the management of complex symptoms emotional support for patients and carers. Going forward, the Trust will work with partner providers to honour the 6 commitments to the public to end variation in end of life care across the health system by 2020.

Patient Experience One of the Trust's Quality Aims is to 'always ensure our patients and carers have the best experience possible'. A number of Quality Improvement Champions are undertaking projects as a result of patient feedback such as placing short videos of wards so that patients and carers are able to view the wards before they are admitted. Going forward we aim to be able to more clearly demonstrate actions such as this that are taken as a result of feedback, which will in turn encourage greater involvement.

National CQUINs We are in negotiation with the CCG to agree the six national CQUINs the Trust will undertake. As we are a combined Community and Mental Health Trust, we are able to select the six that we agree will bring the most benefit to patients.

Confirmation that our Quality Priorities are Consistent with STPs The Trust's quality priorities are consistent with the STP. We also aim to agree some shared Quality Account priorities across the STP footprint for 2017/18 and 2018/19.

2.3 Summary of Quality Impact Assessment Process

The Trust has a well-developed Quality Impact Assessment (QIA) process in line with national guidance. SDU operational and clinical leads present all initial plans at SDU programme boards and undergo a 'check and challenge' session. Before any CIP or strategic programme is taken forward a Quality Equality Impact Assessment (QEIA) is undertaken. The QEIA reviews the impact of any changes on patient safety, clinical effectiveness, patient experience and workforce, identifying measures that would provide early warning signs of risks to quality. Baseline data is available from the Quality SLR reports, covering the previous two years, to allow for a balanced comparison. All projects are reviewed at the QEIA Review Panel, chaired by the Director of Nursing and Quality and the Medical Director. An overview of QEIAs is then discussed at Programme Management Board, chaired by the Chief Executive and attended by Executive directors. Approved QEIAs risks are reported to the Quality and Safety Committee. A summary of service change QEIAs are also provided to Clinical Quality Review Meeting ensuring shared governance. Any cumulative impact on quality as a result of multiple schemes will be detected through the established triangulated quality governance reports.

2.4 Summary of Triangulation of Quality with Workforce and Finance

The Trust's Performance Management Framework details the local and national performance metrics that are used to provide triangulated assurance from quality, workforce and finance. Monthly reports are used by the Quality and Safety Committee to assess performance and risk. Six monthly strategic views are also held with each SDU to undertake a 'check and challenge' event. As part of this process, the Quality SLR triangulates information including data from incident reports, complaints, patient feedback and workforce/nursing metrics every month. Teams that score at or above an agreed threshold indicate significant variance across a number of the indicators, and as such are reported to the Clinical Governance Sub Committee for consideration and review, and if necessary onward reporting to the Quality and Safety Committee and Trust Board. Examples of actions that are triggered as a result of the SLR would be workforce reviews and/or patient safety walkabouts.

3. Workforce Planning

3.1 Workforce Strategy and Plans

Our workforce plans are developed in partnership with our commissioners, communities, and staff to ensure that the NHS can provide effective patient-centred care. They are the accumulation of the ambitions set out in our clinical strategy, reflected in the contracted position and take into account financial constraints.

The Trust is fully engaged in all the STP developments. Key workforce themes are emerging from the clinical work streams and focus on ensuring we have the people with the right skills available in the right areas who can deliver care at home/closer to home and ensuring effective clinical leadership.

Each of the STP work steams have been asked to identify the workforce developments which will be required to facilitate the planned developments, focusing on both capacity and culture. A People Strategy workshop is planned for December to draw these themes out further and to build the future priorities. This will focus on specific workforce initiatives but also the Organisational Development strategy that will sit behind this work to facilitate cultural change.

Internally our workforce planning process is undertaken in conjunction with service and clinical leads to review skills mix and increase capacity and efficiency. We have robust processes in place, led by our workforce lead, to ensure services workforce plans are developed in line with known capacity gaps and demands. Plans are triangulated to ensure alignment with financial and service activity plans to ensure the proposed workforce levels are affordable, sufficient and able to deliver efficient and safe care to patients

The workforce projections in the data return have been developed by aggregating the specific activity plans and demand projections developed by individual services within their cost improvement and development plans. The Trust has adopted the approach of holding detailed implementation level plans for two years, as per NHSI requirements. Plans for future years are based on known service development plans, financial requirements and workforce supply challenges.

We recognise however that these plans represent a point in time and will be subject to continuous revision. As the STP priorities develop into operational plans and are reflected in contractual commitments, we will reflect this in our WTE demand forecast and skills development programmes. For instance, although not currently included, we would expect the commitment to 24/7 Mental Health liaison and IAPT expansion to be reflected in our workforce demand plans over the next few months.

3.2 Governance, Assurance and Approval Processes

The Trust has a robust governance process to provide assurance and approval of plans and to subsequently assess performance against them. Monthly Programme Boards are held for each SDU with progression onto monthly Trust wide Programme Management Board for Board assurance. Linked to this is the Quality Review Panel which ensures the Quality and Equality Impact of each development scheme or CIP plan is assessed.

We appreciate that the workforce reductions forecast in the demand plan will need to be impact assessed to ensure we can respond to any commissioned activity shifts and continue to deliver safe, effective services within the planned workforce.

Regular workforce reports are provided to the Trust Board through sub committees, i.e. Finance and Performance Committee and Quality and Safety Committee, which capture key workforce performance indicators and identify where further development or intervention is required or best practice can be shared. The Trust has also recently set up a specific Workforce sub committee of the Board which will set the strategic direction for workforce development and ensure robust assurance is provided on key workforce KPIs and risks.

The Director of Operations holds the Executive Director responsibility for the Workforce portfolio at Board level. However, close links are also in place with the Director of Quality and Nursing and Medical Director.

3.3 Achievement of Workforce Productivity and Collaborative STP Workforce Efficiencies

The Trusts clinical strategy and Integrated Business Plan demonstrates our clear commitment to delivering integrated care services. Each service has a vision for how this can be further achieved and have associated development plans with a number of workforce implications.

The STP provides a forum for System Leadership across Herefordshire and Worcestershire to plan the best use of resources across localities to develop new models of care in innovative and fresh ways. As a collective, the workforce leads from across the STP liaise closely with the clinical work stream leads to identify how the workforce can respond and lead service delivery changes and promote a culture that embraces system wide thinking. Opportunities for more closely integrated back office functions will be explored and more widely partners will continue to share best practice to identify any opportunities to reduce duplication and improve workforce efficiencies.

We continue to also work in conjunction with representatives from our LWAB to develop a workforce transformation plan focused on what is needed to deliver the service ambitions set out in our STP submission.

3.4 Workforce Transformation Programmes

Our workforce plans reflect our known transformation programmes underpinned by new care models and redesigned pathways. Detailed below are some of our major workforce transformation programmes currently underway:

- Development of the 0-19 preventive services - Review of workforce numbers/skill mix to ensure delivery against service specifications within budget which will result in an reduction of the numbers of our Health Visitor workforce
- Reconfiguration of our community hospital inpatient beds - Review of use of inpatient beds in conjunction with commissioners and corresponding review of workforce numbers/skill mix/competencies to ensure delivery against service specifications within budget.
- Adult Mental Health transformation - significant progress has been made in implementing these plans with Secondary Care Community and Inpatient programmes to be completed.
- 7 day hospital services -. We continue to progress with plans in our community hospitals to have 7 day cover for Occupational Therapists and Physiotherapists and will see a number of new developments come online in 2017.

A number of themes are also emerging from the STP workforce analysis which will be a focus for the year ahead, including:

- Cultural change required to support new models of care, new ways of working, working across teams and organisational boundaries, pathway focus etc.
- Up-skilling staff, flexible roles and multi-skilling e.g. basic public health skills, making every contact count, supporting healthy living and self-care focus etc.
- Scoping any additional work repatriated from other providers that new models may generate

3.5 Balancing Workforce Supply and Demand

Like many NHS organisations, we have identified a number of roles where workforce supply is an issue, including the registered nursing workforce and a number of speciality medical posts. We work hard to develop innovative recruitment and retention strategies to address these risks.

We have recently been confirmed as a ‘fast follower’ in the role out of the Nursing Associate training programme. The Trust is commitment to supporting this new role as we appreciate the benefits that this role will bring both in terms of supporting our registered nursing workforce, recognising that qualified nursing posts are increasingly difficult to fill and allows a career pathway for our support workforce who are willing and able to take the next step in the career development.

3.6 Strategies to Manage Agency and Locum Use including Spend Avoidance

The Trust is committed to adhering to the price caps in place relating to agency spend with the intention of limiting and reducing our spending on agency staff over time. The Trust has a clear approach to delivering a flexible workforce of substantive staff with effective links with NHS Professionals (NHSP) to recruit and utilise suitable temporary workers as required to minimise the reliance on agency staff.
Locum doctors have an important role to play in ensuring continuity of service provision. However, spend in this area is closely monitored on a monthly basis to ensure spend is in line with the agency rules. Bank and agency spend is very closely monitored within Service Delivery Units, with quarterly Finance and Performance Committees reports and Trust Board reports, as required.

4. Financial Planning

4.1 Financial forecasts and modelling

In 2017/18 and 2018/19 the Trust anticipates income to be £173.3m and £174.6m respectively.

The Trust plans to deliver efficiency programmes of £3.8m and £3.7m (2%) that will achieve annual surpluses of £4.4m in each year which is in line with the targets set by NHS Improvement. The surplus generated by the Trust is fully invested back into the capital programme.

4.1.1 Income

The Trust has modelled the income assumptions that it believes will take place over the next year. This modelling has drawn on a variety of sources of information to quantify the assumptions applied. The sources of information used include 2017/18 Commissioning Intentions, published national guidance and policy documents.

4.1.2 Expenditure

The Trust has modelled expenditure assumptions that it believes will affect the cost base of the organisation over the next two years. The current forecast outturn is used as the basis for this, with adjustments then made for forecast inflationary increases, cost pressures and the impact of CIP's.

The model also includes a level of cost pressures over and above the inflationary uplifts factored in. Cost pressures relating to incremental drift have been applied in to the model at 2016/17 price base.

4.1.3 Finance and Use of Resources Metrics

The plan uses the new Finance and Use of Resources Metrics to assess financial performance. The 'Finance and Use of Resources Score' metrics set to improve financial sustainability, efficiency and compliance with sector controls such as agency staffing and capital expenditure (currently not in the metrics). It provides a way of assessing and rating how well trusts use their resources.

The Finance and Use of Resources Score, scores providers 1 (best) to 4 against each metric, for both financial years the Trust will deliver an overall rating of a 1.

Finance and Use of Resources Metrics		
Metric	**Rating**	
	2017/18	**2018/19**
Liquidity ratio	1	1
Capital servicing	1	1
I&E margin	1	1
Distance from financial plan	1	1
Agency spend	1	1
Overall Rating	**1**	**1**

4.1.4 Contracting

The 2 year contracts for 2017/18 to 2018/19 have been agreed and were co-ordinated through weekly meetings with commissioners throughout November and December which included discussions on QIPP and CIP expectations.

4.2 Efficiency savings for 2017/18 to 2018/19

To achieve the overall surplus of £4.4m for both years, the Trust will deliver a Cost Improvement Programme (CIP) of £3.8m and £3.7m respectively.

The Trust has an established PMO to provide governance, scrutiny, standardisation and support around the delivery of the CIP programme. All CIP ideas are developed into robust project documentation and approved through Service Delivery Unit Programme and Programme Management Board.

The significant schemes that the Trust is taking forward are:

- Integrated teams – the Trust is planning for a significant service transformation programme, by integrating many aspects of community and / or mental health teams.
- Service transformation/redesign – this work stream will result in radically transformed service delivery across a number of services and deliver efficiencies.
- 12 hour shift working across our inpatient wards, this delivers savings from new ways of working.
- Community Hospital bed utilisation and capacity – This will focus on both better bed usage and occupancy across all the Trust's bed base. Additionally the Trust is seeking to realise efficiency by reducing the overall bed capacity in line with the STP.
- Estates rationalisation/review – the implementation of the estates strategy will decrease the overall footprint of the Trust and will deliver recurrent savings across the years.
- Establishment review – the Trust will continue to reduce variations in the levels of staffing across the range of its services during the coming year, as well as increasing productivity.
- Corporate services/back office functions – the Trust plans to deliver year on year efficiency from corporate services.
- General housekeeping across all non-pay budgets.
- Benchmarking – driving forward efficiency improvements through benchmarking service provision against other Trust.
- Prescribing – the Trust is looking at further generic drug prescribing and also how it can reduce overall prescribing costs.
- IT – the use of modern IT solutions, such as digital and mobile technologies will be utilised as a crucial enabler to the above efficiency programmes.
- Procurement – the Trust is targeting savings through obtaining economies of purchasing, realising savings on administration and ensuring tightly regulated purchasing arrangements.

The Trust will provide assurance on quality through its Quality Equality Impact Assessment process, which includes QEIA review with commissioners. The Trust will also develop communication briefings and engagement timelines for projects which result in service change, jointly with commissioners as appropriate.

Currently the financial plan does not include any savings arising from the collaboration and consolidation plans in the STP process. At this stage the plans are not developed enough to provide this level of detail. As these plans are developed they will be reflected in to the contracting process and the financial plan.

4.2.1 Lord Carter's provider operational productivity work programme

The Trust is aware of Lord Carter's review of productivity and efficiency in NHS providers. The Trust is fully cognisant of the report as a whole and in particular the key implications for the organisation. For each work stream a sponsor has been identified and a detailed plan produced.

The relevant areas include:

- Workforce, recruitment, agency and sickness and measures are in place.
- Drugs and equipment, spend is lower so the possibilities are smaller however we have delivered efficiency savings in pharmacy and continue to review drug spend.
- Procurement we are moving to an E-catalogue as suggested.
- Digital information systems we will need to continue to develop our suite of digital IT systems to support the delivery of an efficient and effective organisation. This will enact as a key enabler for a number of other recommendations.
- Operational management of estates and facilities functions to maximise utilisation of our capital estate including disposing of under-utilised assets.
- Back office services - the Trust is working towards complying with percentage expenditure caps that will come into force from April 2018.

Most of the work streams identified currently have a clear link to a formal board committee who will assume oversight and progress of the work stream. With consolidated oversight through Finance and Performance Committee.

4.2.2 Agency rules

The Trust has been proactive around making effective use of the recently introduced agency rules. Since the introduction of the annual ceiling for the maximum use of agency staff performance has been monitored monthly at Service Delivery Unit level. The Trust supports NHS Professionals' *Love the NHS – Return to the Bank* initiative and has increased bank payment rates from 1 March 2016 for qualified nurses. Further staff categories will be reviewed to increase the bank rates during the next couple of months. The objective is to increase the number of substantive staff joining the bank and to attract additional bank only workers to displace a proportion of agency nurses.

The Trust has continued to work to ensure compliance with the Agency Rules introduced by NHS Improvement and considerable efforts have been made to ensure compliance. This includes an escalation process for authorising the use of non-framework agencies at Director/Deputy Director level.

The Trust has implemented the Price Caps and will only place new agency workers in assignments at the relevant Price Cap. The primary areas for Price Cap breaches remain for Emergency Nurse Practitioners and Speech & Language Therapists. In addition the increase in demand for registered nurses has resulted in one agency with rates above the Price Cap continuing to be booked. This is anticipated to be a short term situation and this agency will cease to be booked as soon as it is safe to do so.

A project group has been formed chaired by the Deputy Director of Service Operations to focus on reducing agency expenditure which will co-ordinate and prioritise the various activities. The first meeting was during September 2016. The immediate focus will be to reduce agency expenditure below the Agency Ceiling and provide assurance that the annual target can be achieved. Secondly a longer term plan will be put in place to reduce agency use to an absolute minimum.

4.2.3 Procurement

The Trusts team has in place both a 5-year Procurement Strategy and a 36-month Work Plan. The strategy follows seven work streams:

1. Delivering cost efficiencies and productivity gains
2. Improving outcomes through clinical and non-clinical procurement partnerships
3. Integrated and collaborative procurement
4. Strengthening Procurement Governance (data, information and transparency)
5. A Culture that embraces Procurement

6. Excellence within the Procurement Team
7. Good Corporate Citizenship

These work streams put certain measures into place such as Key Performance Indicators around procurement performance in regard to both internal purchases processes and relationships with external supplier organisations.

The NHS Standards of Procurement enable the Trust to assess procurement performance and recognise areas for improvement to ensure value for money is delivered through its procurement activity and its procurement partners.

Compliance is measured and controlled via modern, efficiency procurement ordering systems (NHS SBS i-Proc and an e-Tendering portal), and compliance approval by clinical stakeholders via the developed Clinical Procurement Group.

Price savings are achieved through collaborative working (framework contracts and regional / national procurement groups) and good contract management direct with the supplier base. Bench marking against frameworks and NHS Supply Chain initiatives ('Atlas of Variation' etc.) controls any variation in price. Fixing pricing is put on place where applicable to commodity areas.

The Trust Procurement department has been working in collaboration with NHSSC for over 2 years now in establishing a core list of products (supported via the established Clinical Procurement Group). This national initiative supports and expands our commitment and intention to manage compliance against the national procurement of selected products contracted through NHSSC. The Procurement team shares its data such as top 100 most common used non-pay items at regional and national level – particularly around the NHS Supply Chain 'Standard Core Listing' items.

Lord Carter Review – the Trust is supporting and implementing some of the key findings:

- Demonstrating control and visibility of purchase order compliance – via Business Intelligence reporting in SBS i-Proc and the implementation of the new e-Catalogue system (Science Warehouse)*: on-going*
- Achieving economies of scale via our standardisation, rationalisation processes and collaboration exercises*: on-going*
- Supporting the national 'core basket of products' via NHS Supply Chain*: on-going*
- Target 80% of goods and services via an e-Catalogue route – supporting our 100% transactional volume covered by electronic orders*: on-going*
- Continue to collaborate with regional procurement teams and hubs*: on-going*
- Creation of a local Procurement Transformation Programme (PTP) – supporting the "model hospital" benchmarks*: to commence early autumn (as per NHS Improvement / Dept. of Health memo dated 29 July 2016)*

In line with the Procurement Strategy the team works jointly with all internal stakeholders to deliver the highest quality of patient care whilst ensuring it achieves best value in regard to price paid.

4.3 Capital planning

The capital budget is overseen by F&P Committee and managed by the Capital and Development Sub-Committee taking into account the Trust strategy, the Estates strategy and the IM&T strategy. The committee considers the various demands on capital and prioritises them in accordance with the Trust strategies and patient requirements so as to ensure that the Trust invests appropriate amounts in its estate, its medical equipment and IT functionality, working within any cash and capital expenditure constraints.

The Trust has set a Capital Programme for 2017/18 and 2018/19 of £5.8m for each respective year to deliver key corporate objectives and continue to provide safe, quality services from "fit for purpose" facilities. Proposed funding arises from internally generated funds, depreciation, income and expenditure surplus, working capital less historic loans taken out with the Department of Health funding facility. There are no proposed asset sales during both years. Key components of the capital programme are:

- Estates Strategy
- Backlog Maintenance
- Equipment Replacement
- IT Systems and Infrastructure
- Healthcare Environment – including PLACE, anti-ligature, infection control, dementia ward needs
- Invest to save schemes

5. Link to the Local Sustainability and Transformation Plan

The vision for 2020/21 across the STP footprint of Herefordshire and Worcestershire is that *"Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people".* That means there is a collective agreement across our local public and voluntary/community sector that we need to:

- All do more to support healthy living of ourselves and others, or to self-care and take more responsibility to manage aspects of our conditions ourselves
- Draw on the support available from local communities and voluntary groups and build strong resilient communities, through wider work around employment, housing and education
- Have organisations working better in partnership to make services easier to navigate and access, with local integrated delivery teams that recognise the central role of the GP and reflect a broad range of skills and expertise of staff across organisations
- Improve parity of esteem between mental and physical health, so both types of conditions are viewed equally
- Provide more care in the place where you live or closer to home to reduce avoidable hospital admissions, embracing the principle of "home first"
- Make our current out-of-hospital system more efficient and effective
- Improve access to urgent care
- Ensure our specialist services are safe and sustainable, utilising digital solutions and with much less reliance on agency employment

Our STP contains four transformational programmes, underpinned by change enablers, which build on the Worcestershire wide transformation work already in progress through Well Connected, the Future of Acute Hospital Services and Alliance Board development. The Trust is involved in all of the STP transformational programmes and is critical to the successful delivery in a number of areas, namely:

<u>Transformation Priority 1:</u>

Maximise ***efficiency and effectiveness*** across clinical, service and support functions to improve experience and reduce cost, through minimising unnecessary avoidable contacts, reducing variation and improving outcomes, through:

- *1a: Maximising efficiency in Infrastructure and back office services*
- *1b: Transforming diagnostics and clinical support services*
- *1c: Medicines optimisation and eradicating waste*

<u>Transformation Priority 2</u>

Reshape our approach to ***prevention***, to create an environment where people stay healthy and which supports resilient communities, where ***self-care*** is the norm and digitally enabled where possible, through:

- *2a: Embedding at scale evidence based prevention initiatives, including:*
    - Social Prescribing, Making Every Contact Count (MECC), Digital Inclusion and Lifestyle Change programme.
    - Promoting better long term life outcomes for children, young people and their families' by intervening earlier to ensure more effective outcomes and prevent the need for more intensive and high cost services now and in the future.
- *2b: Supporting resilient communities and promoting self-care and patient activation*

Transformation Priority 3

Develop an improved ***out of hospital care*** model, by investing in sustainable primary care which integrates with community based physical and Mental Health teams, working alongside social care to reduce reliance on hospital and social care beds by shifting to an "own bed is best" model of care. We will redesign in community based physical and Mental Health services to support care closer to home. This will be achieved through:

- organising and providing services from between 1 and 3 locality based Multi-Speciality Community Providers (MCP) or similarly formed new model of care alliances.
- developing population based integrated teams through the Alliance Boards, which wrap around general practice
- developing integrated frailty pathways

We will also redefine the role for community hospitals as local delivery facilities for an increased range of activity including outpatients, day case and support services and the potential of some sites to become specialist centres e.g. for specialist stroke rehabilitation

Transformation Priority 4

Establish ***sustainable services*** through development of the right networks and collaborations across and beyond the STP footprint to improve urgent care, cancer care, elective care, maternity services, specialist Mental Health and Learning Disability services. This includes:

- Increasing access and availability of psychological therapies by 25%
- Increased access to Early Intervention Services in line with national proposals
- Development of crisis care and 24/7 Mental Health urgent care
- Development of acute Mental Health care to reduce need for out of area admissions and readmissions
- Development of Personality Disorder services
- "Transforming care" for people with Learning Disabilities to reduce the number of people going out of area.
- Standardising opening hours for MIUs and shifting activity to home based care, thereby reducing the need for so many community based beds across the system
- consolidating community beds to provide inpatient stroke rehabilitation on one site ensuring maximum capacity is available 7 days a week.

In addition to the above, the Trust has a leadership role with partners around the enablers for change including:

- Developing the right workforce and organisational development within a sustainable service model
- Enhancing the role of digital and new technologies to support self-care and independence and to enable our workforce to provide, and patients to access, care in the most efficient and effective way

- Wider engagement with the voluntary and community sector to build vibrant and sustainable partnerships that harness innovation, further strengthen community resilience and place based solutions.
- Ensuring the system has a clear communications and engagement approach that sets out our strong commitment to involving key stakeholders in STP development and onward implementation.