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1 Introduction
This narrative outlines East Cheshire NHS Trust’s operational plans for 2019/20 in line with the national planning guidance published in January 2019 in terms of:
- Activity
- Quality
- Workforce
- Finance
- Links to the local sustainability and transformation plan

2 Approach to Activity Planning
Initially starting from a 2018/19 forecast outturn position, demand and capacity has been reviewed to determine capacity gaps, backlog in higher risk specialties and anticipated changes for 2019/20. The Trust undertakes an integrated annual planning process for quality, workforce, activity and finance, triangulating external drivers with the Trust’s demand and capacity models. This has informed operational plans, contract negotiations and financial planning processes in the lead up to the new financial year.

Plans are based on a reduction in the use of waiting list initiatives by further improving productivity in outpatient services and reducing costs informed by outputs from the Model Hospital, Getting It Right First Time (GIRFT) and the 10 Point Efficiency plan. Specific plans are being developed and tailored for each specialty to ensure effective use of resources and to maximise the use of available capacity in delivery. Plans take account of known activity changes such as the transfer of oral surgery and orthodontic services as summarised in table 1 below:

<table>
<thead>
<tr>
<th>Description</th>
<th>2018/19 FOT</th>
<th>2019/20 Plan</th>
<th>Difference 2019/20 plan to 18/19 FOT</th>
<th>Other Non Recurrent Activity</th>
<th>Underlying Trend and Demographic Growth</th>
<th>Service Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Referral</td>
<td>33,698</td>
<td>33,169</td>
<td>(529)</td>
<td>0</td>
<td>390</td>
<td>-919</td>
</tr>
<tr>
<td>Other Referral</td>
<td>27,275</td>
<td>27,178</td>
<td>(97)</td>
<td>0</td>
<td>0</td>
<td>-97</td>
</tr>
<tr>
<td>First Appointment</td>
<td>48,606</td>
<td>49,359</td>
<td>753</td>
<td>1,186</td>
<td>537</td>
<td>-971</td>
</tr>
<tr>
<td>Follow Up</td>
<td>80,910</td>
<td>82,839</td>
<td>1,929</td>
<td>2,900</td>
<td>669</td>
<td>-1,641</td>
</tr>
<tr>
<td>Procedure</td>
<td>18,386</td>
<td>18,154</td>
<td>(232)</td>
<td>0</td>
<td>91</td>
<td>-323</td>
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<td>Elective Admissions - Day Case</td>
<td>15,209</td>
<td>15,195</td>
<td>(14)</td>
<td>268</td>
<td>44</td>
<td>-326</td>
</tr>
<tr>
<td>Elective Admissions - Ordinary</td>
<td>1,409</td>
<td>1,418</td>
<td>10</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Non Elective - 0 LOS</td>
<td>3,059</td>
<td>3,120</td>
<td>61</td>
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<td>Non Elective - 1+ LOS</td>
<td>12,322</td>
<td>12,568</td>
<td>246</td>
<td></td>
<td>246</td>
<td></td>
</tr>
<tr>
<td>A&amp;E Attendance Total</td>
<td>49,365</td>
<td>49,365</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;E Attendance Type 1</td>
<td>47,088</td>
<td>47,088</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: 2018/19 and 2019/20 Activity Plan
The Trust will continue to work in partnership with Cheshire East Council and Eastern Cheshire CCG to minimise Delayed Transfers of Care (DToC) within the 3.5% national target. The DToC trajectory is monitored by all partners through the A&E Recovery Board which is chaired by the Trust’s Chief Executive. In addition, the work programme to reduce the number of stranded and super-stranded (42) patients to target will continue using a change in methodology agreed with NHSI during 2018/19. Focus and monitoring will also continue with the A&E Improvement plan for key indicators such as the use of Red to Green, SAFER and effective Board Rounds to facilitate early daily discharge and enhance flow. The Trust’s Ambulatory Assessment Unit, which operates from 8am until midnight 7 days per week, and integrated frailty service, will support an ongoing focus on Same Day Emergency Care.

East Cheshire NHS Trust plans to deliver the requirements of minimising 52 week RTT breaches and ensuring that the RTT waiting list is no higher in March 2020 than March 2019. Further work will be undertaken in clinical service productivity in key areas such as cardiology, orthopaedics and gastroenterology to maximise productivity and activity for these specialties and also the use of virtual clinics for follow up outpatients. Pathway review and re-design will help support the delivery of the diagnostics target and cancer 62 day standard. Recovery plans are in place for key access targets with the aim of reaching agreed milestones and endpoints as defined within the schedules that accompany this plan.

The Trust will work with colleagues across the eastern Cheshire health and care system and also the Cheshire and Merseyside Health and Care Partnership (C&M HCP) in the development of the system winter plan for 2019/20. This will be initiated through a Q1 joint learning exercise regarding all the schemes implemented during winter 2018/19 along with the use of the 2018/19 system capacity and demand modelling of acute and community bed requirements. Within this plan £1.3m has been identified for the funding of winter 2019/20 to enable the mobilisation of additional capacity as part of the Trust’s internal resilience plan. In addition, Eastern Cheshire CCG has confirmed the continued provision of a number of community beds across the 2019/20 financial year on a recurrent basis. Beds will be flexed to ensure best use of resources as this was found to be material in maintaining the DToC position for the system during winter 2017/18 and similarly in 2018/19.

3 Approach to Quality Planning

The Trust continues to embed quality initiatives that support the improvement of the Emergency Access standard, working with partners to further strengthen clinical outcomes.

3.1 Approach to quality improvement, leadership and governance

A focus on safety and quality has always been central to everything the Trust does. The Board, through its Safety Quality and Standards Committee (SQS), oversees the achievement of the quality standards and challenges the organisation to further improve services and care for the benefit of our patients. The named executive lead for quality improvement (QI) is the Director of Nursing and Quality.

In 2018 following the most recent Care Quality Commission (CQC) Inspection for Well Led and re-Inspection of five of our Core Services the Trust has been rated “Good” overall. The community end of life care was rated Outstanding in “Caring”. The CQC Inspection identified a number of areas of outstanding practice.
The Trust remains “requires improvement” for safety with the following three areas of regulated activity assessed as not being met:

- Regulation 15 of the Health and Social Care Act (HSCA); relating to premises and equipment
- Regulation 12 of the HSCA relating to safe care and treatment
- Regulation 9 of the HSCA relating to person centred care

The Trust has implemented an action plan and audit programme to ensure change is embedded. Assurance is provided to the Board on the action plan via the Trust’s SQS Committee.

**Top three identified risks**

- Nurse staffing levels within the acute hospital setting due to availability of qualified staff
- Medical workforce
  - Middle grade cover
  - High risk specialties in relation to delivery of quality standards
- The impact of overcrowding in the Emergency Department during times of peak pressure

The Quality Strategy 2019-2022 details the Quality Improvement Plan (QIP) for the organisation and aligns with the longer term ambitions of the NHS Long Term Plan. The delivery of the Quality Strategy is reviewed on a quarterly basis by the Trust’s SQS Committee and assurance is provided on all elements across the year.

### 3.2 Summary of the quality improvement plan

The Trust’s QIP encompasses four elements:

- **Harm-free care** - Care that is safe
- **Improving outcomes** - Care that is clinically effective
- **Listening and responding** - Care that provides a positive experience for patients, carers and families
- **Integrated Person Centred Care** - Care that is co-ordinated and based around individual needs

#### 3.2.1 Harm free care

**Mortality Reviews and Serious Incident Investigations**

The mortality nurse undertakes a case note review which is then reviewed by the relevant consultant and members of the multi-disciplinary team. Any learning or actions from reviews are shared with the clinical teams. Overarching data is shared in monthly data packs at service line SQS committees and the Mortality subcommittee.

The Trust adheres to the NHS Serious Incident Framework. To maximise learning from incidents, all reportable serious incidents are robustly investigated using the root cause analysis process. A ‘check and challenge’ meeting is now held, after the report has been written, to ensure all good practice, lapses in care and actions are identified.
**Infection Prevention and Control**

The Trust is committed to reducing the risk of infections by continuing to educate staff and participating in a health economy approach to reduce avoidable healthcare associated infections, in line with national requirements, including MRSA bloodstream infections, Clostridium Difficile and Gram-negative organisms. This includes learning from post infection reviews to improve practice, reduce the risk of reoccurrence, ensure a 50% reduction in Gram-negative bloodstream infections by 2021 (aligned with wider health economy plans) and ensure that MRSA and Clostridium Difficile remain within agreed trajectories.

**Falls**

The Trust plan is to improve care for patients by reducing inpatient falls and associated harms by continuing to align falls prevention work with national priorities to support a reduction in falls and harms relating to falls. Through the implementation of the latest evidence based practice, every patient at risk of falls receives appropriate, consistent assessment and has a personalised care plan for in hospital and at home. Assessment documentation will be audited for measurable impact. Falls awareness and education across the Trust will be reviewed and included in statutory and mandatory training. The Trust’s Quality Strategy plans a reduction in injurious falls to less than 2.0 per 1,000 occupied bed days over the term of the strategy.

**Management of Sepsis and the Deteriorating Patient**

Improvement in the management of sepsis is facilitated through the Trust-wide Sepsis Steering Group. New screening tools for sepsis and a care-bundle approach is delivered Trust-wide in order to achieve best practice and national guidance for the management of sepsis. The Sepsis Steering Group monitors audit data which is escalated to the Board via the Clinical Audit Research and Evaluation (CARE) group. The Trust will continue to embed National Early Warning Scores (NEWS) in all acute wards and work with community staff to embed News 2 into community and GP settings.

**Pressure Ulcers**

There is a continued focus on the delivery of a year-on-year reduction in avoidable pressure ulcers leading to the elimination of avoidable Grade 3 and 4 pressure ulcers. This is will be delivered through continued implementation of strategic/national initiatives to support a reduction in avoidable harms caused through pressure ulcer development. Quarterly audits of Stage 2 pressure ulcers provides improved information relating to themes, trends, patterns and special areas of variance and concern in order to plan an appropriate response.

### 3.2.2 Improving Outcomes

**National Clinical Audits**

The Trust undertakes audits for areas flagged by the Healthcare Quality Improvement Partnership (HQIP). Progress, outcomes and recommendations of National Clinical Audits are reported to service line audit meetings, the Trust’s CARE group and are included in the annual quality account.
Maternity Services

The Trust will continue to embed Saving Babies Lives care bundle by:

- Implementing 36 week CO monitoring for all women
- Ensuring all smokers are commenced on growth scan surveillance pathway
- Ensuring compliance with all areas of reduced foetal movement guidelines including the completion of reduced foetal movements assessment tools
- Developing a Cardiotocography (CTG) competency package to ensure all staff undertake assessment
- Reducing preterm births

The Trust will also begin to implement continuity of care to meet the national ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020 and 50% by 2025.

Four Priority Standards for Seven-day Hospital Services

The Trust is working towards the delivery of the 4 priority standards. Recent audits reveal that the Trust is >90% compliant with standards 5, 6 and 8. The following actions are being undertaken to improve compliance with Standard 2, time to first consultant review for emergency admissions:

- Recruit to a 4th Acute care physician (recruitment is underway)
- Recruit to 2 full time equivalent (FTE) vacant general physician posts
- Review consultant job plans in A&E to extend consultant presence to later in the evening (from 20:00 to 22:00)

Compliance with Standard 5 for access to seven-day access to diagnostics will be improved when the pan-Manchester interventional radiology rota is finalised and agreed between providers.

Although significant progress has been made with attainment of the 7-day service clinical standards it is highly unlikely that all 4 standards will ever be delivered at the Trust with the current configuration of services. Standards 2 and 8 (twice daily consultant review for high dependency patients) are highly dependent on the onsite presence of senior medical staff. Many of the acute services that provided by the Trust are small and have a limited number of consultant staff (e.g. obstetrics and gynaecology, paediatrics, general surgery). The Trust recognises that to fulfil the standards, further networking arrangements and service reconfiguration will be required.

National CQUINs

The Trust will work in partnership to achieve the, as yet unannounced CQUIN indicators, ensuring consistency of delivery and sharing of best practice wherever possible. Progress will be monitored monthly through the Trust’s SQS Committee.

3.2.3 Listening and Responding

End of Life Care

Working with the End of Life Partnership, the Trust is focused on the following key priority areas:

- The utilisation of Electronic Palliative Care Co-ordination Systems (EPaCCS) to share essential end of life information between the hospice, community and hospital settings
- Working with partners to provide a service plan for the delivery of palliative care services seven days a week for community and acute settings
- Working with the End of Life Partnership to promote the use of advanced care planning both within the acute Trust and community
Patient Experience
The Trust focuses on patient experience as a key component of the quality agenda, along with clinical effectiveness and safety. The Trust carries out a wide-ranging, patient feedback programme to include national surveys, peer review, and accreditation. The local survey plan uses a range of methodologies such as focus groups, interviews, real time and online feedback and includes areas where there are changes to services and a duty to involve and consult.

The programme takes account of the requirements of the Equality Act 2010 and compares the experiences of people with protected characteristics against those of the general population. Themes are identified by triangulating feedback from a variety of sources such as national and local surveys, Friends and Family Test and NHS Choices. Work is undertaken to ensure that systems for gathering and utilising patient experience feedback are sustainable. The Trust will be working towards a formal accreditation to support patients with Autism which follows on from the awards presented to the Trust in previous years.

3.2.4 Integrated Person Centred Care
Many people who have complex care needs receive health and social care services from multiple providers and different care settings, without appropriate coordination or in a holistic way. To address this the Trust plans to further develop its care community model to work in a more integrated way to deliver personalised care in the right place, at the right time, by people with the right skills.

3.3 Summary of quality impact assessment process and oversight of implementation
The quality impact assessment (QIA) identifies any potential direct or indirect impact on the quality of care provided to patients through the implementation of individual service developments and Quality, Innovation, Productivity and Prevention (QIPP) schemes. This includes impacts arising from service changes, including workforce capability and capacity, changes to service specification and/or model, estate or accommodation issues.

QIAs are completed for all schemes that will result in one or more of the following:
- A change to skill mix and/or headcount
- Service redesign
- A change to a business process that will directly or indirectly impact quality (safety, patient experience and effectiveness of care), including back office and support services
- Income generation schemes where they are to be provided within existing resources

Responsible Officers (RO) oversee delivery of a scheme and complete the QIA. Finance and Governance teams meet on a regular basis to confirm that QIAs have been developed and approved in line with the agreed process. All QIAs are signed off by the Medical Director and Director of Nursing & Quality, who ensure that risks to patient safety, clinical effectiveness and patient experience are adequately managed. Where impacts and/or risks are deemed unacceptable schemes will be rejected and a rationale provided to the RO.

Once approved, the QIA continues to be monitored for the duration of the scheme and remains open for six months after implementation to allow for any residual impact to be identified. Key performance metrics are identified for each scheme including information such as increase in incidents, complaints and PALS concerns and waiting times.
4 Approach to Workforce Planning

The workforce plan has been developed using a triangulated approach with finance, operations and quality teams. Forecast changes in FTEs have been informed by capacity and demand planning, QIPP project mandates, local intelligence and agreed working assumptions that are utilised in general planning. The Trust Board have agreed the planning assumptions used and have been involved in the sign off prior to submission. The Board are assured that there is effective triangulation between the key components of our business planning (workforce, activity, quality and finance). Delivery of the Trust’s workforce plan will be closely monitored via monthly performance meetings, triangulated with other evidence and indicators. Board assurance is provided through the Finance, Performance, and Workforce Committee.

4.1 Workforce Challenges

Across the system

A holistic approach to workforce is essential to effectively integrating services around patients and populations. With new clinical models, and the need for flexibility and innovation, this requires us to think differently about our workforce – including the skills they will need throughout their careers.

The Trust acknowledges that whilst future models of care are still to be defined it is difficult to understand the full impact on our future workforce. However, it is recognised that in order to deliver care closer to home, our staff will need to work across both professional and organisational boundaries. This will require our workforce to have flexible skill-sets in order to deliver services within the local community. The Trust is playing an active role in defining the plan, the Chief Executive is Senior Responsible Officer (SRO) for the Acute Sustainability work stream and the Director of HR & OD is SRO for the workforce and OD enabling work stream.

The Cheshire East ‘place’ has identified three major workforce priorities that will help achieve transformational change across Health and Care. These are:

- Create a cultural shift to become more system focused. This can be achieved through effective and inclusive systems leadership, talent management and organisational development (OD) – by understanding our workforce drivers we can develop a Cheshire East Workforce & OD Strategy
- Attract, recruit and retain skilled staff within Cheshire East - “Keeping our Cheshire workforce in Cheshire”
- Ensure we make best use of our resources and learning and development opportunities to enable us to grow and develop our workforce, reducing our reliance on national and regional changes in workforce supply.

In order for us to achieve our workforce priorities we recognise there are a number of advantages in our teams collaborating to provide us with a consistent approach to system integration, quality improvement and longer-term system transformation. We have been working with our partner organisations, including Health Education England (HEE) and Skills for Care to understand the size and shape of our local workforce across Health and Care. The outputs of which have created a view of:

- How services are currently delivered to reflect the populations we serve
- The structure and skill mix of our workforce across the place
- Age profiles across all sectors to highlight where staff shortages may occur
• The current recruitment challenges and shortage occupations
• The number of commissioned training places

Whilst we have made significant progress identifying our workforce priorities we recognise there is further work required to assess the impact our new models of care will have on our workforce shape and size. The next phase of our work will be to look at the future workforce model, specifically the size, structure and skill mix for our Care Community workforce. We will also review how these workforce changes may affect clinical accountability across Cheshire East.

**Locally at East Cheshire NHS Trust**

Drawing on the above themes and local workforce analysis, we have identified our workforce priorities for the next 12 months. These include:

• **RESOURCING**: Build on 2018/19 progress to attract, recruit, retain and effectively deploy skilled staff.

• **ENGAGEMENT, WELLBEING AND INCLUSION**: Continue to listen to our staff, building on the results from the NHS Staff Survey and focusing on a safe environment, with a supportive and engaging culture

• **DEVELOPMENT**: Ensure we make best use of our resources and learning and development opportunities to enable us to grow and develop our workforce, reducing our reliance on national and regional changes in workforce supply.

• **TRANSFORMATIONAL CHANGE**: Create a cultural shift to become more system focused, supporting the care communities work across Cheshire East Place. This will be achieved through effective and inclusive systems leadership, talent management and organisational development (OD)

The Trust’s workforce priorities align with those within the ‘Cheshire East Place’ and will help achieve transformational change, allowing us to meet our workforce challenges and realise the local ambition of ‘ensuring an affordable workforce with the right number of people with the right skills, values and behaviours to meet the needs of patients both now and in the future’

The next section will describe how we intend to address, manage and mitigate these risks to ensure we can deliver our workforce priorities.

**4.2 Recruitment and Retention**

Over the last 12 months the Trust has focused on the recruitment and retention of nursing and Healthcare Assistant (HCA) staff in order to mitigate supply shortages. This work has included the launch of social media campaigns, attending national and local career events, recruitment open days, introduction of the Flexible Nurse role and participation in the NHSI retention 90 day improvement programme. The Trust currently has 50.32fte qualified nursing vacancies.

The Trust has introduced a new model for nursing family retention which has resulted in a reduction in rolling turnover for Nursing from 12.63% in December 2017 to 9.39% in December 2018 and for HCA staff a reduction from 13.29% in December 2017 to 10.22% in December 2018.

The Trust actively offers employment to all student nurses trained locally, and currently has 10 transitional students in the recruitment pipeline. Over the next 12 months we plan to widen the scope of the model wider to incorporate other staff groups with a view to reducing overall Trust turnover (excluding flexi-retirement and TUPE) and vacancy rates.
4.3 Innovating our workforce model

The Trust is working with partners to actively pursue skill mix solutions including nurse associates and advanced clinical practitioner apprentices. The first cohort of 9fte qualified Nurse Associates commenced work in February 2019 and a second cohort of 5fte have commenced training and are due to qualify in December 2020.

To promote Nursing staff working at the top of their licence the Trust has adopted "buurtzorg" principles to be utilised by its newly formed care community neighbourhood teams. The traditional management structure has been replaced by a coaching model which allows for consensus decision making within the nursing team without having to consult within the traditional nursing hierarchy. This has led to more empowered teams, efficiencies and service improvements within the care communities.

As part of shared delivery plans and in a bid to reach financial balance the Trust continues to explore productivity opportunities with partner organisations. In line with the Lord Carter of Coles report the Trust is working in relation to reducing absence (currently at 4.94%) and aligning transactional middle and back office functions. In April 2019 the Trust is transferring its payroll service to a neighbouring Trust as part of the Cheshire & Wirral Workforce Work stream in line with the Carter at Scale agenda. As part of the transfer the Trust is moving to paperless payroll.

4.4 Taking action to address workforce productivity and reduce agency spend

The Trust is entering the second year of its Workforce Technology Strategy which focuses on improving the availability and deployment of clinical workforce to improve productivity. The focus for year 2 is to further increase the use of e-rostering and e-job planning in line with the NHSI workforce Deployment standard levels. The Trust is working with partners in Cheshire and Merseyside to bid for NHSI capital funds for e-Rostering/e-Job Planning attainment acceleration in line with the Carter at Scale agenda.

The Trust has in place a ‘bank first’ model and is working to reduce reliance on agency staff through improving its ‘flexible workforce’. From a nursing perspective this includes the introduction of the ‘Flexible Nurse’ which is a floating contracted employee managed by the nurse bank who will self-roster their own shifts and be allocated a location of work based on ward need. The Trust is also increasing its Virtual HCA numbers from 25fte to 35fte in order to maintain safe staffing levels across the organisation and ensure adherence to the no HCA agency spend policy. The Trust continues to have in place a strong medical bank that is deployed as an alternative to agency staff and is actively recruiting to strengthen this provision.

As part of an Agency Reduction group the Trust proactively analyses deployment and agency data trends to ensure that staff deployment is being managed effectively to mitigate the need for shifts to be procured at above agency price caps or off-framework where possible. Where there are exceptional patient safety reasons executive approval processes are in place.
4.5 Developing Leadership Capability
The Trust recognises that it needs to develop its leadership capability in order to work across organisational boundaries and support innovation and change. Over the next 12 months the Trust will, in conjunction with partners, introduce a talent management framework that supports system leadership and succession planning across the Integrated Care Partnership. This will be supported by the development of talent boards that use the data to inform what leadership development opportunities, including secondments, shared development programmes, coaching and mentoring are required.

There will also be range of system leadership development programmes to support the development of our Integrated Care Communities. Research carried out by the Kings Fund in 2014 highlights a high level of leadership churn within the NHS and advocates the requirement for targeted leadership programmes and interventions. With this in mind our focus will be on Clinical leadership, Cultural and Behavioural Development and Accelerating Innovation. External funding has been successfully secured to support this programme of work.

Work has already commenced to develop our approach to integrated working, bringing together a range of subject matter experts from across the system to work collaboratively. Our approach has recently been recognised by the North West HPMA Awards as we have been successfully shortlisted in the category of ‘we work across systems’.

4.6 Training and Development
A new e-appraisal tool will be piloted in 2019/20. The focus for staff appraisals will be on meaningful conversations aligning trust objectives, values and behaviours and personal objectives. Additional communications and training for managers will be rolled out to support this.

The Statutory and mandatory training programme recognises the impact of the new three yearly cycle. Communications will focus on the importance of ensuring statutory and mandatory training is completed before winter when staff time is more pressured.

4.7 Impact of the UK’s exit from the EU
The Trust has a workforce European Union exit plan and has analysed the impact on Trust staffing levels. A major part of the plan is to ensure retention of EU staff already working at the Trust via effective communication, support and engagement with affected staff through a series of drop in and celebration events. In regards to future recruitment of EU staff the Trust already has in place systems and processes to support international recruitment which can be mirrored for EU staff.

4.8 Employee Health, Inclusion and Wellbeing
The Trust has long understood that employee wellbeing is intrinsically linked to staff satisfaction and retention and that addressing the needs of the whole person can have a significant, positive impact on sickness levels, vacancy rates and turnover. Failure to address these needs potentially leads to a reduction in the quality and safety of patient care and presents a significant financial cost to the organisation.
In recognition of this, the Trust has developed an annual Engagement, Wellbeing and Inclusion Plan. Wellbeing priorities are identified in the Trusts’ Workforce and Organisational Development Strategy and key performance indicators were developed and articulated at Board level. Wellbeing communication champions reach out to staff and regular wellbeing communications were implemented with a recognisable logo and branding.

Our next steps will be to try and build on the success of last year’s plan and implement more initiatives that focus on delivering sustainable change. In order to have a measurable impact across the Trust we need to scale up the number of participants and the breadth of what we do. However, the Trust has a ready–made group of champions consisting of those who have participated in previous programmes and we will be seeking their help in advocating for our wellbeing programmes and the impact on them personally.

4.9 Safe Staffing and Care Hours per Day
The Trust has a robust process in place to ensure safe staffing which is in line with NHSI’s Developing Workforce Safeguards guidance and recommendations. Actual staffing levels are collated for each patient area in liaison with the e-rostering team and information services. Monthly actual and expected average fill rates for registered and unregistered staff are collated and verified by a senior nurse in each Directorate prior to final sign off by the Deputy Director of Nursing and Quality. Care hours per patient day is calculated by the information department daily and escalated appropriately.

In addition, the Trust Board receives a high level exception report on actual fill rates for registered and unregistered staff during the day and night which highlights inpatient areas that fall below a 90% average fill rate threshold. Nurse sensitive indicators and workforce metrics are applied against each inpatient ward area detailing issues such as the total number of slips, trips and falls, pressure ulcers and performance against the Safety Thermometer. A triangulated approach will be adopted to inform staffing decisions that meet National Quality Board (NQB) expectations and reflect any changes in requirements or guidance provided.

4.10 Organisational Change
Expected changes in 2019 include a transfer out of the following services in 2019 which are reflected in workforce financial and activity plans:
- Sexual Health West
- Oral Surgery
- Orthodontics
- Parkinson’s service

5 Approach to Financial Planning
5.1 Financial Forecasts and Modelling
In 2018/19, the Trust was set a financial control total (FCT) deficit by NHS Improvement of £19.2m, after receipt of £5.7m provider sustainability fund. In September 2018 the Trust confirmed that it could improve its planned deficit by £1.0m. As a result of this additional provider sustainability fund of £2.0m was awarded. The revised 2018/19 planned deficit is £17.9m which reflects the failure to achieve the A&E standard provider sustainability fund. At month 9 2018/19, the Trust is forecast to deliver the revised plan. The Trust is forecast to deliver over £6.5m of savings in 2018/19 against a plan of £5.0m. £3.5m of which are non-recurrent.
NHS Improvement has issued a control total to the Trust for 2019/20 which is a £23.0m deficit excluding provider sustainability fund and financial recovery fund. The finance, information and business planning teams have worked with clinicians, service managers and HR business partners to ensure the financial plan is aligned with the workforce and activity plans. The Trust has assumed 3.4% pay inflation for all non-medical staff and 2.0% from September 2019 onwards for medical staff pay award in line with national guidance. Non-pay expenditure modelling has taken account of known contractual inflation uplifts such as the outsourced soft facilities management provider ISS. The Trust has been notified of a £0.1m increase in CNST premium that has been included in the financial modelling. The Trust has utilised NHS Improvement non-pay inflation assumptions for any remaining material inflation pressures.

The Trust has engaged in meaningful and positive contractual discussions with Eastern Cheshire CCG. Future growth has been factored into the contract and the CCG has offered to divert resources of £750k from its previous winter plan investments into the Trust to support winter pressures. This has resulted in a QIPP requirement of £3.4m (1.9%) to meet the financial control target. NHS Improvement have made a very good offer of additional sustainability and recovery fund monies totalling £17.9m, and the Trust Board has therefore accepted the financial control target for 2019/20. Table 2 below sets out the Trust’s 2018/19 and 2019/20 income and expenditure plan.

<table>
<thead>
<tr>
<th></th>
<th>2018/19 Total Plan £m</th>
<th>2018/19 Actual Outturn £m</th>
<th>2019/20 Total Plan £m</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Income</td>
<td>135.1</td>
<td>138.8</td>
<td>142.2</td>
</tr>
<tr>
<td>Non-Clinical Income</td>
<td>6.7</td>
<td>7.5</td>
<td>6.6</td>
</tr>
<tr>
<td>PSF</td>
<td>7.7</td>
<td>0.0</td>
<td>3.1</td>
</tr>
<tr>
<td>FRF</td>
<td>0.0</td>
<td>0.0</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>149.5</td>
<td>146.3</td>
<td>166.7</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Costs</td>
<td>(108.2)</td>
<td>(109.3)</td>
<td>(110.6)</td>
</tr>
<tr>
<td>Non-Pay Costs</td>
<td>(59.8)</td>
<td>(56.9)</td>
<td>(59.7)</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>(168.0)</td>
<td>(166.2)</td>
<td>(170.3)</td>
</tr>
<tr>
<td>EBITDA</td>
<td>(18.5)</td>
<td>(19.9)</td>
<td>(3.6)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(3.4)</td>
<td>(3.4)</td>
<td>(3.7)</td>
</tr>
<tr>
<td>Fixed Asset Impairment</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PDC</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Financing Costs</td>
<td>(1.0)</td>
<td>(1.1)</td>
<td>(1.2)</td>
</tr>
<tr>
<td><strong>Net Surplus / (Deficit) pre QIPP</strong></td>
<td>(22.9)</td>
<td>(24.4)</td>
<td>(8.5)</td>
</tr>
<tr>
<td>QIPP Requirement/Delivered</td>
<td>5.0</td>
<td>6.5</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Net Surplus / (Deficit) post QIPP</strong></td>
<td>(17.9)</td>
<td>(17.9)</td>
<td>(5.1)</td>
</tr>
<tr>
<td>Control Total (excluding unmet PSF)</td>
<td>(17.9)</td>
<td>(17.9)</td>
<td>(5.1)</td>
</tr>
</tbody>
</table>

* 2018/19 financial control total was revised in month 6

**Table 2: 2018/19 and 2019/20 Income and Expenditure Plan**
During 2017/18, the Trust reached a net liability position on its Statement of Financial Position. In accordance with guidance from the 2017/18 Department of Health Group Accounting Manual (GAM), the Trust has prepared its 2017/18 accounts on a going concern basis. The Trust continues to extend this assumption to the preparation of the 2019/20 plan submission, in accordance with the draft 2019/20 GAM.

5.2 Efficiency Savings for 2019/20
The Trust has a good track record of delivering its finance savings programme but has been increasingly challenged in the identification of recurrent savings. 2019/20 plans for efficiency savings currently include a level of unidentified QIPP with a number of opportunities requiring further quantification of the level of cash releasing savings that can be delivered either within the financial year or over a longer planning timescale.

Approach to identification of QIPP
The Trust makes extensive use of the model hospital to identify areas of opportunity and in particular examination of peers to consider alternative approaches by best practice organisations. Regular reviews with services using a range of information sources are undertaken to understand opportunities for cost reductions. The Trust makes use of NHSI resources to identify key areas such as theatre efficiency and procurement opportunities. Each opportunity must undergo a QIA process including review by the Directors of Medicine and Nursing prior to being implemented.

The Trust QIPP target is broken down by directorate and its delivery is closely scrutinised in a variety of forums including Directorate performance reporting, Recovery Board and Trust Board sub committees. The range of settings supports QIPP identification and monitoring and an appreciation of its impact across the Trust. QIPP monitoring and delivery is facilitated by the Business and Strategic Planning team through a programme management approach.

Through the Model Hospital, the Trust has identified that in comparison with peers there are opportunities to increase productivity and it has embarked upon a significant programme of changes to outpatient services. Key components include:

- A redesign of the physical outpatient environment to increase clinic room availability and improve patient flow
- The introduction of digitalisation to support improved efficiency and better patient experience
- Improvements to productivity through detailed review of outpatient clinic provision and relationships to consultant job plans
- Detailed reporting of utilisation data to increase visibility of productivity metrics
- Increased provision of ‘non face to face’ options to modernise patient experience and optimise capacity

The Trust has continued to evaluate the efficient use of theatres and theatre staffing and has included in its planning assumptions the flexing of inpatient and outpatient activity plans during winter escalation. The aim is to address the impacts of bed availability on theatre productivity, offset lost consultant capacity with additional outpatient provision and increase work in non bed based specialities such as ophthalmology, thus maintaining levels of organisational productivity during periods of operational pressure.
Positive GIRFT reports for trauma and orthopaedics support the Trust’s aim of ensuring maximum possible repatriation of NHS patients from private providers, supporting organisational sustainability within capped expenditure principles.

Inpatient planned and urgent productivity is being reviewed through ongoing work including the use of benchmarking to understand and reduce length of stay. The Trust is continuing to introduce changes to skill mix including new roles such as that of nursing associate. It has used learning from its peer organisations in tandem with benchmarking and nationally recognised acuity tools to identify areas for workforce redesign.

As part of the C&M HCP the Trust will continue to look to benefit from a number of ‘Carter at scale’ opportunities, particularly in respect of increasing the efficiency of its corporate functions including procurement. For selected products, the Trust will moving to Future Operating Model (FOM) contracts from April 2019 and continues to use the Purchase Price Index and Benchmarking Tool (PPIB) to support its procurement process.

The Trust is currently part of Cheshire Pathology Services and is involved in Cheshire and Mersey radiology network discussions. The Trust is also part of the Greater Manchester Hospital Pharmacy Collaborative and expects to derive financial savings from two collaborations; a proposed single pharmaceutical store collaborative in 2019/20 and a subsequent aseptic work stream.

5.3 Agency Spend

The 2018/19 NHSI agency ceiling was set as £7.325m. At month 11 2018/19 the Trust is under plan by £1.4m year to date. The Trust implemented a winter plan in quarter 4 which resulted in increased agency costs but did not exceed the NHSI agency ceiling. The Trust continues to work on schemes to reduce agency expenditure such as increased recruitment of bank staff and nurse pool. NHSI have reduced the agency ceiling to £7.270m for the 2019/20 plan. The Trust is forecasting to achieve the NHSI agency ceiling in 2019/20.

<table>
<thead>
<tr>
<th>2018/19</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Medical &amp; dental</td>
<td>137</td>
<td>128</td>
<td>110</td>
<td>127</td>
<td>138</td>
<td>107</td>
<td>82</td>
<td>94</td>
<td>122</td>
<td>187</td>
<td>184</td>
<td>0</td>
<td>1,406</td>
</tr>
<tr>
<td>Non-medical clinical staff</td>
<td>0</td>
<td>300</td>
<td>322</td>
<td>296</td>
<td>372</td>
<td>356</td>
<td>370</td>
<td>302</td>
<td>330</td>
<td>374</td>
<td>416</td>
<td>0</td>
<td>3,431</td>
</tr>
<tr>
<td>Non-medical non clinical</td>
<td>99</td>
<td>102</td>
<td>77</td>
<td>56</td>
<td>57</td>
<td>35</td>
<td>31</td>
<td>32</td>
<td>17</td>
<td>13</td>
<td>12</td>
<td>0</td>
<td>531</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>530</td>
<td>509</td>
<td>473</td>
<td>559</td>
<td>408</td>
<td>481</td>
<td>428</td>
<td>469</td>
<td>574</td>
<td>612</td>
<td>0</td>
<td>5,371</td>
</tr>
</tbody>
</table>

Figure 1: Actual Agency Spend 2018/19

Figure 2: Planned Agency Spend 2019/20
The Trust is operating in a constrained capital environment. The Trust’s internally generated capital resource for 2019/20 is £3.7m. This includes £0.3m as the impact of the work on asset lives based on the new RICS (Royal Institute of Chartered Surveyors) guidance included in the valuers report. The Trust keeps its estate asset lives under review as part of its valuation process. It is currently utilising a significant number of fully depreciated assets and replaces these on a risk based approach as described above.

NHSI approved ring fencing £2.9m 2017/18 incentive and bonus sustainability and transformation fund cash for capital schemes. £0.9m included in the 2018/19 plan for outpatients with £2.0m profiled equally in the two financial years commencing 2020/21 for cancer services investment. £1.0m of this will support the LINAC development on the Macclesfield site in conjunction with the Christie in 2020/21. The leads for each area have prioritised and risk rated their planned schemes for 2019/20 and it is proposed that the 2019/20 capital plan is split as follows:

<table>
<thead>
<tr>
<th>2019/20</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; dental</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
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<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>£m</td>
<td>145</td>
<td>139</td>
<td>122</td>
<td>122</td>
<td>164</td>
<td>164</td>
<td>139</td>
<td>139</td>
<td>164</td>
<td>164</td>
<td>164</td>
<td>164</td>
<td>148</td>
</tr>
<tr>
<td>Non-medical clinical staff</td>
<td>360</td>
<td>329</td>
<td>360</td>
<td>360</td>
<td>270</td>
<td>317</td>
<td>271</td>
<td>343</td>
<td>343</td>
<td>451</td>
<td>451</td>
<td>407</td>
<td>4,262</td>
</tr>
<tr>
<td>Non-medical non clinical</td>
<td>101</td>
<td>101</td>
<td>101</td>
<td>101</td>
<td>101</td>
<td>101</td>
<td>101</td>
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<td>101</td>
<td>101</td>
<td>101</td>
<td>101</td>
<td>1,212</td>
</tr>
<tr>
<td>Total</td>
<td>606</td>
<td>569</td>
<td>583</td>
<td>583</td>
<td>535</td>
<td>582</td>
<td>511</td>
<td>583</td>
<td>608</td>
<td>738</td>
<td>716</td>
<td>656</td>
<td>7,270</td>
</tr>
</tbody>
</table>

Table 3: Agency Spend 2018/19 and Planned Spend 2019/20

The Trust still intends to progress the extension to the Radiology Managed Equipment Service for a CT scanner, originally planned for 2016/17, and this will be included in the capital programme for 2020/21.

5.5 Loan funding

The plan assumes that the Trust will continue to receive interim revenue loan support from the Department of Health to fund the 2019/20 planned deficit of £5.1m at an interest rate of 1.5%.

In addition, it has been assumed that the interim revenue support loans which fall due for repayment in 2019/20, amounting to £32.7m, will be replaced with a support loan with the same terms and conditions.
6 Link to the local sustainability and transformation plan

C&M HCP has developed four themes of work each containing a number of work programmes. The Place-Based Care Systems work programme includes an ‘Acute Sustainability’ workstream which, during 2018/19, involved both East Cheshire NHS Trust and Southport & Ormskirk Hospital NHS Trust. Both organisations were tasked with producing:

- An evidence-based case for change
- A range of clinically sustainable service change proposals from status quo to radical
- A financial model and high level travel analysis

The Acute Sustainability work stream at the Trust is led by Chief Executive as SRO, reporting into the Cheshire East Place Partnership Board (CEPPB), which in turn reports into the C&M HCP governance process. This work stream forms part of the Cheshire East Place plans and approach for the transformation of NHS and social care services to improve outcomes for our population as well as becoming financially sustainable.