

Meeting	Trust Board
Date of meeting	12 th March 2020
Paper number	D1

2020/21 Annual Plan - Organised for Success

For approval:	x	For discussion:	X	For assurance:		To note:	
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Accountable Director	Sarah Smith, Director of Strategy and Planning Robert D. Toole, Chief Finance Officer		
Presented by	Sarah Smith, Director of Strategy and Planning Robert D. Toole, Chief Finance Officer	Author /s	Sarah Smith, Director of Strategy and Planning

Alignment to the Trust's strategic objectives

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x
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Report previously reviewed by

Committee/Group	Date	Outcome
TME	19 th February 2020	Noted plan to date and further work required to progress
Finance & Performance Committee	26 th February 2020	Noted plan to date and further work required to progress

Recommendations	It is recommended that Trust Board: <ul style="list-style-type: none"> Note the progress that has been made to develop the trust's annual operational plan for 2020/21; Approve the attached draft annual plan, subject to the caveats outlined in this report.
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Executive summary	<p>The purpose of this report is to set out the trust's annual plan for 2020/21. It outlines our priorities and actions for the year ahead which are aimed at further improving the quality, safety and sustainability of the services our staff provide to patients and our overall financial and operational performance as a Trust. It has been developed in line with the key strategic risks outlined in the refreshed board assurance framework.</p> <p>The plan is set within the context of the trust's key strategies and in concert with the annual delivery plan for the Herefordshire and Worcestershire Integrated Care System which itself has been developed in the context of the NHS Long Term Plan implementation framework and national planning guidance.</p> <p>The Trust remains challenged in key areas such as the emergency pathway and financial performance and there is more to in these areas in 2020/21 to build on the green shoots of success we saw in other areas of the Trust in 2019/20 in terms of quality of services and staff</p>
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	<p>satisfaction.</p> <p>There are notable caveats to agreeing the plan:</p> <ul style="list-style-type: none"> Trust and commissioners, in line with national planning expectations have yet to finalise contracts for 2020/21 and as such there is scope for variance to this current draft plan. No adjustment has yet been made for the potential change in the NHS loan financing regime which has the potential to cause an increased (worsened) deficit position and we await further guidance.
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Risk									
Key Risks		<p>BAF 4: If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning, then we will fail the national quality and performance standards, resulting in a negative patient experience and a possible compromise to patient safety.</p> <p>BAF5: If there is a lack of a county wide operational plan which balances demand and capacity across the county, then there will be delays to patient treatment, resulting in a significant impact on the trust's ability to deliver safe, effective and efficient care to patients.</p> <p>BAF6: If we are unable to resolve the structural imbalance in the trust's income and expenditure position, then we will not be able to fulfil our financial duties, resulting in the potential inability to invest in services to meet the needs of our patients.</p> <p>BAF 9: If we are unable to sustain our clinical services, then the trust will become unviable, resulting in inequity of access for our patients.</p> <p>BAF 11: If we are unable to recruit, retain and develop sufficient numbers of skilled, competent and trained staff, including those from the EU, then there is a risk to the sustainability of some clinical services, resulting in lower quality care for our patients and higher staffing costs.</p>							
Assurance		The annual planning process contributes to the mitigation of the risks above.							
Assurance level		Significant		Moderate	x	Limited		None	
Financial Risk		N/A							

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Introduction/Background

The trust's annual plan for 2020/21 is set out in appendix one. National operational planning and contracting guidance for 2020/21 sets out the requirements and planning assumptions for organisations and systems, aligned to the NHS Long Term Plan. The guidance is clear that 2020/21 is critical in the development of system working, and we need to adopt a "system by default" approach

Planning for 2020/21 commenced at the Trust in September 2019, in parallel with system planning to support the submission of the Herefordshire and Worcestershire STP Long Term Plan delivery plan. Technical planning guidance published by NHSE/I in January 2020 has been used to guide the Trust's own plan and to ensure that it remains aligned with the system plan.

The Trust's Annual Planning Steering Group (with appropriate corporate and divisional representation) has overseen the annual planning process. Annual planning review meetings took place on 14th February with each of the clinical divisions to review and refine all elements of their plans.

A set of detailed activity, workforce, financial and productivity/efficiency plans, along with detailed performance trajectories underpin the information set out in the trust annual plan based on the bottom up development of annual specialty plans.

Operational planning detail was submitted by the trust to NHSI/E on 5th March 2020 as part of our national annual operational planning submission. A system wide annual delivery plan was also submitted by the STP.

Following feedback from NHSI/E and following further contract negotiations, the trust is required to submit its final annual operational plan to NHSE/I on 29th April 2020. A revised system-wide plan will also be submitted by the STP.

For 2020/21, the narrative operational plan will be submitted as a single system operational plan rather than individual organisation plans.

Issues and options

It is recognised that further work is required to enable us to finalise our annual plan submissions. Consequently, the following caveats and key actions (which will take place before the submission of our final plan to NHSE/I on 29th April 2020) should be noted:

- Clinical activity contracts with commissioners are still under negotiation and have not yet been agreed. The deadline for contract signature is 27th March 2020 and a series of contract negotiation meetings are underway;
- Plans are in place for identification and development of further productivity and efficiency schemes (particularly relating to bank and agency spend), including a series of divisional workshops in early April 2020;
- Performance trajectories have not yet been agreed with commissioners;
- The Trust is awaiting comments on the draft operational plan submitted to NHSE/I on 5th March 2020. Feedback will be addressed in the trust's final annual operational

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plan submission to NHSE/I on 29th April 2020;

- The Herefordshire and Worcestershire STP system plan requires further review and refinement. There will be a focus during mid -March on risk mitigation prior to development of the final plan and reconciliation of the system financial plan back to the system's earlier Long Term Plan submission.
- The plan triangulation process across the Herefordshire and Worcestershire STP system to ensure all partners have a shared view of operational performance has yet to be completed (27th March 2020).

Conclusion

2020/21 will be another challenging year for the Trust, during which we will continue to improve the organisation both operationally and financially. We will continue to work with our partners to support delivery of the system-wide plan.

The NHS is facing significant pressures as the demand for services grow within a challenging financial environment. We are committed to delivering the quality and efficiency savings programme and meeting our 2020/21 financial plan. Progress will be monitored, any slippage will be addressed and staff will be supported to address anything that prevents the achievement of their plans through the performance review meetings.

Recommendations

It is recommended that Trust Board:

- Note the progress that has been made to develop the trust's annual operational plan for 2020/21;
- Approve the attached draft annual plan, subject to the caveats outlined in this report

Appendices

Appendix One: Worcestershire Acute Hospitals NHS Trust Draft Annual Plan 2020/21



Annual Plan 2020/21

Organised for success

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FOREWORD

Welcome to our annual plan for 2020/21.

This plan describes the journey we will take together during 2020/21 towards delivering our Trust vision and objectives. There is no doubt, 2020/21 will be a pivotal year for the Trust, our patients and those who work for us and with us.

In last year’s plan we set ourselves the challenge of stabilising our operational performance to create firm foundations for the future. In meeting this challenge, we have also made improvements in a number of important areas. Notably, we are extremely proud of the improvement in our Care Quality Commission rating which, following the inspection in the first quarter of 2019/20, was lifted from ‘Inadequate’ to ‘Requires Improvement’. We could not have achieved this without the commitment to improvement from our teams and our individual staff who have worked tirelessly to provide the best care to patients.

In May 2019, we published our strategy, which symbolises an organisation that is clear about its purpose; **Putting Patients First**. In addition, our Clinical Services Strategy was developed over the summer months and approved by the Trust Board in November 2019. The Clinical Services Strategy covers the period to 2025 and describes the future direction for the trust’s services and how they will be delivered. We developed our strategy with our staff and with support from our partners and wider stakeholders, patients and the public. Moving forward with this strategy is essential for the sustainability of our services and the priorities for year one feature prominently in this annual plan.

We remain a challenged organisation in key areas such as the emergency pathway and financial performance. Everyone that works at the trust knows that there is a lot more to do in 2020/21 to continue the good work that we started last year. Key to this years’ plan is the way we organise ourselves to improve delivery and sustain this improvement to ensure success. The coming year is one in which we will mobilise teams from across and beyond the organisation to deliver sustainable and ongoing improvements in the quality and safety of the services and the care we provide to our patients.

Our staff are our most precious resource and we enter 2020/21 buoyed by the step improvement in our staff survey results that were published towards the end of 2019/20. We want our staff to be happy and fulfilled in the workplace and we know that happy staff deliver great care. Our 4ward culture journey has played a significant part in our improved staff satisfaction and we look forward to the next stage of 4ward including the newly invigorated staff recognition award ceremony in July 2020.

Thank you for your continuing commitment and support for our Trust.

Signature 1; Signature 2.

INTRODUCTION

Who we are

Worcestershire Acute Hospitals NHS Trust is a provider of a broad range of hospital-based services, operating over 3 main sites in Worcestershire and serving a population of approximately 580,000 people. We work in partnership with local GPs and other providers of hospital and community-based services to meet the needs of local communities. We are a key partner in the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP). We have been working with partners over the last 12 months towards an Integrated Care System, which brings together local health and social care organisations to redesign care and improve population health across Herefordshire and Worcestershire.

The Trust has been in quality special measures since 2015. Following our inspections by the Care Quality Commission (CQC) in May and June 2019, we are pleased that our inspection rating improved from 'Inadequate' to 'Requires Improvement.' The inspectors noted the improvements we have made in the safety, effectiveness and responsiveness of our services. However, at the time of writing, we remain in quality special measures. We know that we have more to do, and we need to put in place systems, processes and plans that will support continuous improvement to the quality and safety of services, particularly in urgent and emergency care. Nonetheless, the improved ratings are a positive sign and a great platform for the further improvements we know we need to make to leave special measures during 2020/21.

The Trust's financial performance stabilised somewhat during 2019/20 against a backdrop of increased operational challenges. However, the financial position remains extremely challenged and we are already carrying substantial pressures into 2020/21 that we need to mitigate through step improvements in our productivity and efficiency. It is essential that we organise ourselves to deliver these improvements in 2020/21 and beyond.

In 2019/20 the Emergency Departments at Worcestershire Acute Hospitals NHS Trust saw a 5.7% increase in attendances compared to the previous year; and an increase of 6.3% for total patients seeking urgent care (emergency departments and assessment units). This was largely driven by increases in ambulance conveyances. Over the past three years the proportion of patients attending aged over 65 years has also increased (by 17.1%). The emergency pathway remains the greatest challenge for staff and patients at the Trust and we have invested heavily in our *Home First* programme that has entire work-streams dedicated to improving patient safety and experience in the emergency department and improving admission and discharge of patients (flow) through the hospital, especially for those that are frail /elderly. We haven't yet made sufficient inroads and we will continue to prioritise this programme of work during 2020/21 and work with our partners in the wider system to deliver the much needed improvement to urgent and emergency care in Worcestershire.

Overall in 2019/20 we supported:

155,000 - A&E attendances (including Kidderminster Minor Injuries Unit)

165,500 - inpatient spells (including day cases)

630,800 - outpatient attendances

5,120 - births.

In 2019/20 we developed and published our new Clinical Services Strategy, which outlines our vision and ambitions for our clinical services to 2025, and demonstrates how we will deliver national priorities articulated in the NHS Long Term Plan which was published in January 2019. Our Clinical Services Strategy is enabled by a range of supporting strategies.

Key to this is our Digital Strategy that was approved by the Trust Board June 2019. This sets out a leap in our ambition around the role and use of technology in patient care and is a hugely welcome development for our staff that will dramatically improve their working lives. At the heart of this strategy is our digital care record (DCR). The business case for investment in this was approved in January 2019 and our journey to implementation that began in 2019/20 will ramp up significantly during 2020/21 in line with the priorities described in this annual plan.

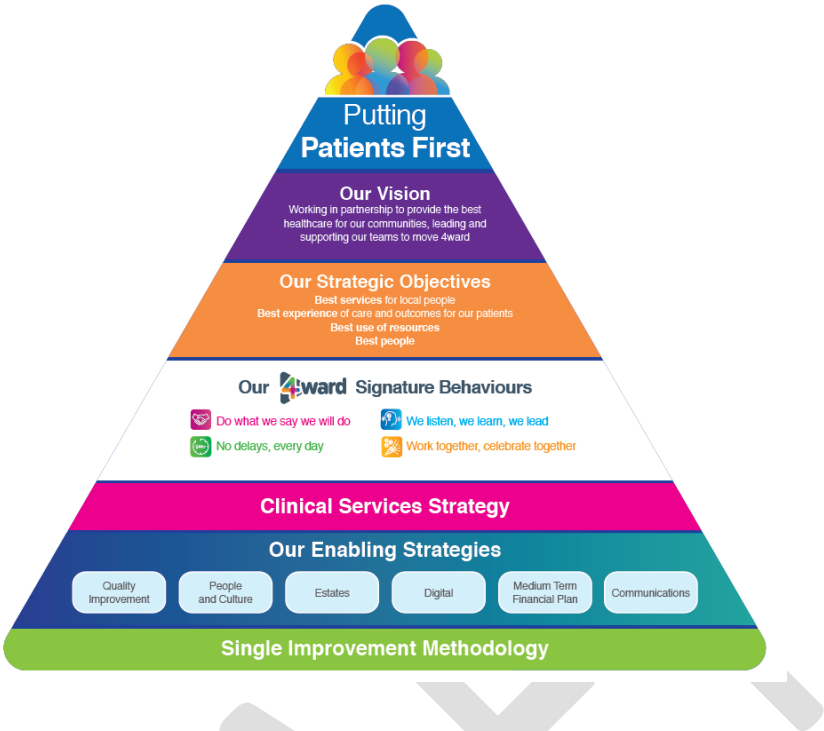
Highlights from 2019/20

Care Quality Commission	Our CQC inspection rating improved from ‘Inadequate’ to Requires Improvement.’
Home First Worcestershire	We ceased the routine use of a range of sub optimal capacity surge areas for inpatient care.
Clinical Services Strategy	We worked with our specialty teams and published the first real strategy for our clinical services which sets the direction of travel for services and how they will be delivered to 2025.
Opening of new wards to increase bed capacity	We opened three of our four brand new acute ward areas in the refurbished Aconbury East building; linked to the main hospital via the new link bridge. This development includes for the first time at the Trust, an acute renal ward.
Digital Strategy	We published our comprehensive digital strategy outlining our commitment to radically modernise and improve patient care. Investment in our long awaited digital care record was also approved.
4ward / Culture	We continued to embed our 4ward signature behaviours, with our teams regularly showcasing their achievements, and we saw the first step improvement our staff survey results.

We will build on all these achievements in the year ahead.

The purpose of this document is to set out our annual plan for 2020/21. It outlines our priorities and actions for the year ahead which are all aimed at further improving the quality, safety and sustainability of the services our staff provide to patients and our overall performance as a Trust. It is a plan for success both as an organisation and as a partner in the Herefordshire and Worcestershire Integrated Care System.

TRUST STRATEGY



OUR VISION:

Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward

OUR PURPOSE:

Putting Patients First

OUR STRATEGIC OBJECTIVES:

- **Best services for local people**

We will develop and design our services with patients, for patients. We will work with our partners to build the best sustainable services enabling people in the communities we care for to enjoy the highest standards of health and wellbeing

- **Best experience of care and best outcomes for our patients**

We will ensure that the care patients receive is safe, clinically excellent, compassionate and exemplar of positive patient experience. We will transform/continuously improve our care systems and processes through clinically led innovation and best use of technology

- **Best use of resources**

We will ensure that our services meet the highest possible standards within the available resources for the benefit of our patients and the wider health and care system

- **Best People**

We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about and take pride in putting patients first

OUR PRIORITIES FOR 2020/21

This section of the document identifies the priority improvements that we plan to make in 2020/21 towards our vision and strategic objectives.

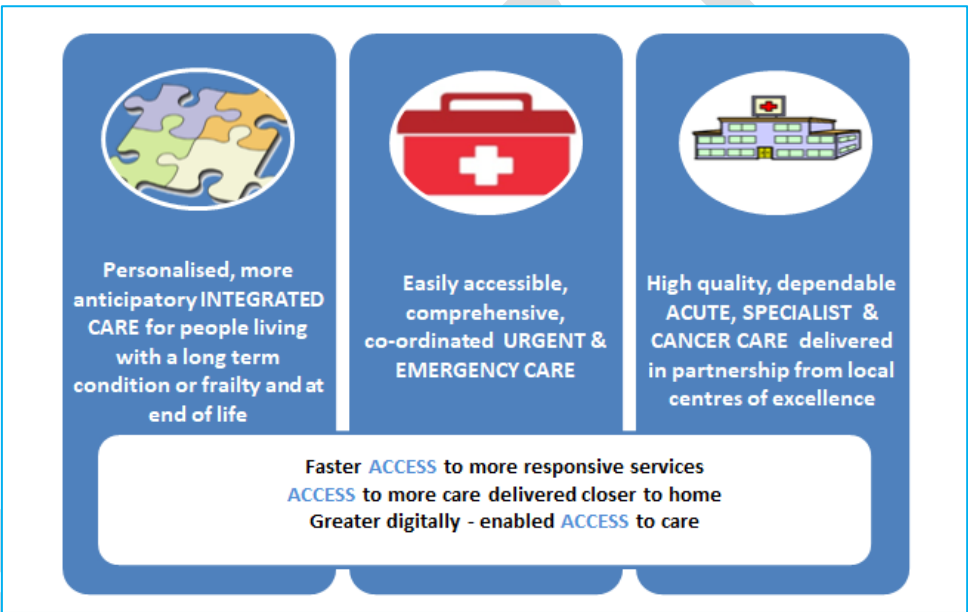
1. BEST SERVICES FOR LOCAL PEOPLE

Clinical Services Strategy

2020/21 is year one of our Clinical Services Strategy to 2025. Our Clinical Services Strategy has three pillars:

- End to end integrated care
- Comprehensive and responsive urgent and emergency care
- High quality, dependable acute and specialist planned care

The strategy is summarised below.



We have identified priorities for 2020/21 for each of our clinical strategy pillars:

2020/21 Improvement priority	2020/21 Improvement goals
Integrated care <ul style="list-style-type: none">• A system wide integrated service model for older people• More out of hospital care for long term conditions, diabetes, respiratory, cardiovascular disease• Local (H&W) networks for pathology and maternity/neonatal services• Further integration of acute & community pathways; Stroke, Fractured Neck of Femur, Neurology• End of Life (EoL) Care Strategy	<ul style="list-style-type: none">➤ More same day emergency care aged >75 years➤ More seamless pathways across primary and secondary care➤ Respect for choice at end of life
Urgent and Emergency Care <ul style="list-style-type: none">• Further development of acute medicine specialty at both acute sites / increased capacity and coverage for the acute 'take'• Improvement in ambulatory and assessment unit capacity• Improved access direct to assessment units for GP admissions	<ul style="list-style-type: none">➤ More same day emergency care (all ages)➤ Fewer attendances / admissions via ED

2020/21 Improvement priority	2020/21 Improvement goals
<ul style="list-style-type: none"> Improvement in access to specialist assessment / review 	<ul style="list-style-type: none"> ➤ Improved flow and reduction in average time spent in ED
<p>Acute and Specialist Planned Care</p> <ul style="list-style-type: none"> Blueprint for surgical centres of excellence at Kidderminster Treatment Centre (KTC) and Alexandra General Hospital (AGH) Strategic partnership development for oncology, urology and head & neck cancer services Outpatient transformation – follow ups and face to face appointments 	<ul style="list-style-type: none"> ➤ More elective activity delivered from KTC & AGH ➤ More clinician joint appointments and joint care pathways ➤ Reduction in follow up outpatient appointments and more alternatives to face to face consultations

2. BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS

Quality of care

At the start of 2018/19 we launched a comprehensive Quality Improvement Strategy which is represented below.



Within this we define quality as being three main equally important elements;

- Care that is safe;
- Care that is clinically effective;
- Care that is a positive experience for our patients, their families and our staff

Years one and two of the strategy translated into divisionally owned plans and actions that delivered significant improvements in the safety, effectiveness and responsiveness of our services that have been recognised by the Care Quality Commission in recent inspections. Quality of care is an ongoing priority for us and a golden thread throughout this annual plan document.

In terms of our Quality Strategy, building on the achievements to date, we have identified our next set of priorities for each of the three core elements of as we enter year three in 2020/21.

2020/21 Improvement priority	2020/21 Improvement goals
Care that is safe <ul style="list-style-type: none">• Embed the FrailSafe care bundle for the prevention of hospital acquired functional decline• Embed our infection prevention and control (IPC) policies and practices	<ul style="list-style-type: none">➤ Improved compliance with agreed standards of safe care
Care that is clinically effective <ul style="list-style-type: none">• Improve delivery in respect of the Sepsis Six• Implement clinical standards for seven day hospital services and agreed Internal Professional Standards (IPS)• Improve our learning from deaths process• Finalise our research and innovation strategy	<ul style="list-style-type: none">➤ Improved compliance with agreed standards of effective care➤ Greater participation in research activity and national clinical trials
Care that is a positive experience for our patients, their families and our staff <ul style="list-style-type: none">• Launch and implement real time patient and carer feedback through focused approaches utilising data at ward and departmental level• Relaunch the Dementia strategy with a clinical co-production of a ‘fundamentals of care programme’• Launch and implement or Volunteers ‘Strategy #WeAreVolunteering	<ul style="list-style-type: none">➤ Greater involvement of patients and carers and volunteers in the design development and delivery of care and care standards

As in previous years we will continue our successful work around the delivery of quality improvements as detailed in the national CQUIN schemes. In 2020/21, we aim to achieve all of our Commissioning for Quality and Innovation (CQUINs) targets which improve quality and bring additional resource to reinvest in the Trust.

Operational Performance

Each year we need to plan for improvement in the performance of our services and access to care. Key to this is planning the right capacity in terms of physical and human resources to meet the increasing demand. In recent years demand for emergency care has outstripped our capacity to manage it as safely and effectively as we would wish, impacting on both emergency care and planned care pathways for patients.

In 2019/20 we launched Home First Worcestershire. Through improvement in capacity and flow, the overarching aim of Home First Worcestershire is to eradicate crowding, corridor care and excessive waiting times in the emergency department and minimise ambulance handover delays. This includes a focus on discharge; more same day emergency care; more streamlined discharge processes (removing unnecessary delays); discharging earlier in the day, all to reduce the daily bed capacity gap.



The main work streams in the programme include:

- Red 2 Green/SAFER bundle
- Internal Professional Standards
- Frailty/Hospital Acquired Functional Decline
- Long Length of Stay
- Clinical Site Management
- Same Day Emergency Care/Front Door Streaming

During 2019/20 we started to see some improvement in the measures that support delivery of this programme however these are not yet ‘turning the dial’ nor is there evidence of sustainable improvement, and Home First Worcestershire remains our priority programme of work as we enter 2020/21.

In other aspects of operational performance, in 2019/20, we consistently met the diagnostic waiting time standard but remained below both improvement trajectory and the performance standards for elective and cancer access. There was a concerted effort however to reduce the number of long waiters on our elective pathways, with most specialties achieving a maximum 40 week wait and some going beyond this.

We have identified the following operational performance improvement priorities for 2020/21:

2020/21 Improvement priority	2020/21 Improvement goals
<ul style="list-style-type: none">• Complete the implementation of the Home First Worcestershire Urgent and Emergency Care Improvement programme, and the associated system improvement plan.• Improve pathways and access to diagnostics and cancer services• Reduce the maximum waiting time on an elective care pathway	<ul style="list-style-type: none">➢ Eradicate corridor care, minimise ambulance handover and admission delays and reduce bed occupancy rates➢ Achieve compliance with all cancer and diagnostic access standards➢ Reduce the maximum waiting time on an elective pathway to 34 weeks and prevent the waiting list from growing

At an aggregate level the Trust aims to deliver the following performance improvements:

Standard	Target	Mar 2020 Baseline	Sep 2020 Plan	Mar 2021 Plan
Emergency Access Standard (EAS) < 4 hrs	95%	TBC	82.1%	82.0%
Elective referral to treatment Time (RTT) < 18 weeks	92%	TBC	81.6%	82.6%
Diagnostic waiting time maximum waiting > 6wks	99%	TBC	98.4%	98.6%
Cancer 62 days referral to treatment standard	85%	TBC	87.8%	88.5%

The contract and activity plan agreed with our commissioners should allow us to fully recover the diagnostic waiting time standard and cancer 62 days referral to treatment standard by September 2020.

However, we would need to deliver an additional cohort of activity not currently either funded or resourced in the plan in order to achieve the 18 week referral to treatment (RTT) standard. Whilst we are planning for only marginal improvement in performance against the RTT standard, we plan to bring waiting times down even further, to within 34 weeks maximum by December 2020.

We are planning for improvement against the emergency access (4 hr wait) standard in 2020/21 through the continued delivery of the Home First Worcestershire Programme and the associated system wide emergency care improvement plan.

Improvement

Early in 2019/20 we introduced our Improvement Faculty which offers a tiered approach to improvement education and training. To date we have trained 400 members of staff at the Trust to become better informed in improvement methodology including ward teams pursuing accreditation under our Path to Platinum programme.

The development and launch of our organisational strategy provided further impetus to the development of a culture of improvement and a key priority for us in 2020/21 will be to build on our existing approach to seek to develop and implement a single organisational improvement methodology. Implementation of a single improvement methodology will underpin the delivery of all of our organisational strategies and enable faster, more sustainable change.

3. BEST USE OF RESOURCES

Operational Financial Plan

Each year we develop activity plans with commissioners for inclusion in contracts based on agreed assumptions around growth, demand management and changes in the classification and counting of activity. The activity (and income) plan along with other assumptions derived from national planning guidance support the development of detailed financial plans and budgets. This operational financial plan is overlain by known (unavoidable) cost pressures, the impact of new and previously agreed developments and plans for productivity and efficiency improvements.

At the end of 2019/20 we forecast a deficit outturn of £(82.8)m for the financial year in line with the externally submitted plan of £(82.8)m. This forecast outturn does not achieve the internal stretch target of £(73.7)m or the more challenging revised control total issued by NHS Improvement of £(64.4)m. The main reasons for under delivery against both the stretch target and the control total are:

- Demand in emergency care pathways, which was significantly in excess of the system plan. This led to premium costs for ad hoc staffing with only marginal recovery of income (blended payment mechanism)
- Insufficient identification and delivery of recurrent productivity and efficiency schemes

Whilst we have met financial plan expectations in 2019/20 (albeit an unapproved substantial deficit plan), during the same year, further additional ward capacity was opened with a short turnaround times, and in a challenged recruitment environment, thereby incurring significant premium costs from bank and agency staffing.

We also made substantial investments part year in a key service developments in radiology and endoscopy and stroke services, and made additional investment in staff to support increased ambulance arrivals and requirement for 'surge' capacity areas. Therefore, whilst we finished the year broadly on plan at £(82.8)m the true underlying position at the start of 2020/21 is c£7m greater at c£(90m).

The 2020/21 activity plan is described below.

Activity Type	2020/21 Plan @ 05/03/2020	Change from 2019/20	% Change from 2019/20
A&E Attendances	218,865	13,419	6.5%
Day cases	88,596	4,464	5.3%
Elective Inpatients	8,248	174	2.2%
Non-elective Inpatients	64,454	2,882	4.7%
Outpatients	480,378	15,101	3.2%

We have plans in place to enable delivery of this increase in activity through the permanently increased bed capacity and other interventions in the Home First Worcestershire programme that are geared toward same day emergency care, reduced length of stay and reduced bed occupancy. This includes the development of the geriatric emergency medicine service (GEMS). In addition, a review of productivity is being undertaken to ascertain the extent to which the increase in elective and non-elective activity in 2020/21 can be delivered by existing staff. This review needs to be concluded prior to any consideration of investment in additional capacity support the delivery of growth. However, a key risk to the delivery of elective activity will be planned refurbishment of the theatres at the Alexandra Hospital and we are developing plans to mitigate the impact of this refurbishment through improved utilisation of other sites as well as introducing temporary theatre capacity at the Redditch site.

The 2020/21 financial plan takes into account the growth and the increased pressure on budgets from 2019/20 in-year developments (some of which are offset by growth in income), and has been set at a deficit forecast of £(£78.9)m including £14.5m of improvement from productivity and efficiency schemes ([see appendix one](#)). We have also included likely slippage on approved developments (digital care record, GEMS). We are exploring the opportunity to appropriately capitalise some of the costs included in the revenue case for the digital care record in 2020/21 (subject to the availability of a source capital funding) and to focus in on some notable high expenditure lines in order to reduce the 2020/21 deficit forecast further and closer to c£(77.0)m.

Workforce efficiencies are key to this plan. The Trust continues to incur substantial expenditure on temporary staffing and in 2019/20 spent in excess of £50m on bank and agency staff compared with c£46m in 2018/19 with premium costs estimated at c£20m. In 2020/21 we plan to reduce the premium we incur for utilising temporary staff by a minimum of £6.35m (net) which is 29% of the £22m premium spend ([see appendix two](#)).

Interventions to reduce this include greater grip and control around access to temporary staffing resources; advanced and block booking and fixed pay rates and substantive recruitment and more efficient rostering of substantive staff already in post. We are bringing in new roles and skill mix changes to ensure safe staffing at reduced cost (e.g. associate nurses, physician associates, clinical fellows and apprenticeships) as well as a further round of international recruiting with a specific focus on nursing.

The Home First Worcestershire programme is an important enabler of cost savings from reduced reliance on capacity escalation areas and the associated *ad hoc* staffing across the emergency pathway and within our plans, we have assumed the removal of surge capacity areas and ad hoc staffing during 2020/21.

We will continue to focus on other productivity and efficiency improvements through benchmarking reviews, division and directorate workshops and ongoing productivity improvements in theatres and outpatients.

Productivity and efficiency programme

Our 2019/20 cost improvement programme had a target of £13.7m, although we also set ourselves a stretch target of £22.5m. At the end of the year we delivered £12.1m of cost improvement schemes. Under-delivery against the plan was caused predominantly by insufficient reduction in the use of bank and agency staff which was in part due to the financial benefits of the International Nurse Recruitment programme not being realised until 2020/21.

As described above, to deliver our 2020/21 financial plan we need to achieve an internal productivity and efficiency programme (PEP) of £14.5m ([see appendix three](#)). This falls short of the amount required to bridge the gap between our plan and the 2020/21 deficit financial improvement trajectory of £(54.7)m issued to us by NHS Improvement in January 2020 and, in addition, there currently remains a gap at system level around financial improvement in 2020/21.

This year the approach to identification of savings has been a combination of bottom up divisional ideas-generation and top-down opportunity assessment and benchmarking for translation into divisional plans. Work continues to identify more productivity and efficiency schemes and to ensure that robust plans are in place to drive delivery and understand the risks associated with each scheme. We need all our teams to be continuously engaged in improving our finances and we have introduced the Finance and Service Improvement Group chaired by the Chief Finance Officer to support the level of transformation, innovation and change required.

Workshops for budget holders and teams across the clinical and corporate divisions will continue to take place to identify further productivity and efficiency schemes using resources such as Model Hospital (that supports identification of unwarranted variation) and our own internal costing and contribution analysis.

A quality impact assessment is undertaken for all productivity and efficiency schemes where the Chief Nursing Officer and Chief Medical Officer review proposed schemes to assess any potential impact on quality. Schemes which may have an adverse impact on quality do not commence unless there is a robust mitigation plan in place.

Priority developments

In line with our priorities, we have prioritised two key developments for investment in 2020/21:

- Optimal Care for Older People (incorporating the geriatric emergency medicine service (GEMs))
- Digital Care Record

Capital

Our 2020/21 capital plan assumes c£37m available capital funding after loan repayments, however this assumes further capital loan requests are fulfilled in 2020/21 and includes draw down of capital to support delivery of approved business cases for the Acute Services Review and the Breast Screening Reconfiguration projects ([see appendix four](#)).

As in previous years this leaves a relatively small contingency fund to meet critical equipment and estates maintenance issues and capital developments. We continue to pursue alternative routes to capital (including loans) and a greater balance of capital and revenue options for e.g. equipment replacement however due to changes in accounting rules these will also have capital implications from 2020/21 onwards.

Digital

We published our Digital Strategy 2019 – 2024 and high level implementation plan in June 2019, to transform clinical service delivery through digitalisation. The digital strategy sets out the roadmap that will enable us to sustain improvements in patient safety, patient experience, quality and operational efficiency by digitally

transforming clinical and operational processes. It will ensure that we are well placed to access any ring-fenced digital development funds that may become available during 2019/20 and beyond. The focus in 2020/21 will be implementation of the new digital care record which as above, has been prioritised for investment.

Estates

Our new estates strategy will be developed during 2020/21.

We delivered a number of significant capital schemes in 2019/20 which included renovation and refurbishment of the Aconbury East building and the opening of three new ward spaces. We were able to achieve this through capital loan applications that are consolidated in the Acute Services Review (ASR) full business case which is due to be presented for Trust Board approval in May 2020. This includes funding for further schemes relating to Women’s and Children’s services at Worcestershire Royal Hospital and Theatres and Endoscopy at the Alexandra Hospital, Redditch both of which are due to start on site later in 2020.

The Trust has had approval for further capital funding in 2019/20 to support the £4m programme to reconfigure breast screening services in support of the Herefordshire and Worcestershire Breast Screening Programme. The full business case is due to be presented for Trust Board approval in July 2020 with work proposed to start at Worcester and Redditch hospital sites in October 2020.

In summary we have identified the following improvement priorities for resource utilisation in 2020/21.

2020/21 Improvement priority	2020/21 Improvement goals
<ul style="list-style-type: none">• Deliver year one of our medium term financial plan linked to the delivery of system wide financial improvement• Develop our estates strategy in line with our site and service plans, our travel plan and our backlog maintenance and asset management challenges• Deliver year one of our digital strategy:<ul style="list-style-type: none">○ Digital care record implementation plan○ Infrastructure development○ Digital innovation process	<ul style="list-style-type: none">➢ A deficit outturn of no more than £(78.9)m in 2020/21➢ A strategy for better estate utilisation / rationalisation➢ Digital transformation of care processes and systems

During 2020/21 we will continue to work towards recovery of our financial position in the medium term to longer term.

4. BEST PEOPLE

Our People and Culture Strategy 2018/19 to 2020/21 is based on the following model:



The People and Culture Strategy sets out our approach to attracting, retaining, developing and supporting our staff, and to date the strategy has supported tangible improvements in our workforce metrics that compare favourably with other similar organisations.

Our people

At the end of 2019/20, there were 5,512 staff in post at the Trust against an establishment of 6053, which represents a vacancy rate of 8.98%. This is a reduction from 11.41% since the end of the previous year. However, the staffing establishment has increased by 48.98 wte over the same period due to significant ward expansion at both acute hospital sites. Over the same period staff turnover decreased from 12.46% at the end of 2018/19 to 11.06% in January 2020 (against a target of 12%).

We have developed workforce plans at specialty level for 2020/21 to ensure a suitably sized and skilled workforce to deliver contracted activity and meet clinical service requirements. Through our new HR business partner model, and our strategic workforce plan, our clinical divisions are being supported to develop recruitment and retention initiatives for hard to fill posts and to undertake skill mix reviews to enrich the current workforce models.

Recruitment and retention continue to be key priorities especially in light of the current level of temporary staffing and staff turnover in some areas of our organisation. Although we have continued to make material inroads into medical consultant recruitment, there are still high levels of clinical staff vacancies across our services. The recruitment of clinical fellows and physician associates is a key element of our plans to address recruitment issues affecting the middle grade tier of medical staffing, to increase both the capacity and capability of that workforce. We have embarked on an ambitious programme of international nurse recruitment and to date we have recruited 120 international nurses into key vacancies at the Trust. This programme will continue into 2020/21.

There are also a number of areas in which we are working to improve the experience of staff already in post and to attract new staff. These include new opportunities for staff development such as leadership development and a greater emphasis on staff recognition through for example, the reinstatement of our annual staff awards event.

Our culture

Engagement with staff has improved dramatically at the Trust including monthly team briefings for the top 100 leaders in the organisation led by the Chief Executive, more informal ‘Meet the Chief’ sessions and the weekly Chief Executive message. The Trust strategy developed in 2019/20 supports consistency of messaging and a framework for annual discussion on priorities and plans. In 2020/21 we will embed this further through our shared purpose approach which flows from this annual plan document.



We continue to embed the 4ward culture change programme through the 4ward signature behaviours and in 2020/21 we will finalise and launch 4ward Phase 2 – *Step Forward* building further on the original four step ‘we do this by’ process. 4ward is very much about the power of teams and teamwork and we regularly recognise and celebrate the achievements of teams (showcasing) in respect of their commitment to 4ward. As alluded to already, for the first time in a number of years, a staff awards event will run in 2020/21 which will be the first of many to come.

Our culture journey reached an important milestone this year with the publication of the annual staff survey results. A response rate of 39% remains challenging however we have recorded the first step change in our survey scores with improvement in 11 themed areas as described below.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.1	1960	9.2	2266	Not significant
Health & wellbeing	5.5	1970	5.7	2290	↑
Immediate managers	6.5	1964	6.8	2303	↑
Morale	5.9	1938	6.1	2264	↑
Quality of appraisals	5.0	1656	5.2	1965	Not significant
Quality of care	7.3	1750	7.5	2005	↑
Safe environment - Bullying & harassment	7.6	1964	7.9	2277	↑
Safe environment - Violence	9.4	1959	9.5	2263	↑
Safety culture	6.3	1957	6.6	2268	↑
Staff engagement	6.7	1971	6.9	2322	↑
Team working	6.4	1952	6.7	2276	↑

In seven of the themed areas, this places us at or above the average for peer organisations. This is a great step forward for the Trust and whilst we remain below average for our combined results our overall ranking will have improved and await the publication of further information from the centre.

We have identified some areas for further rapid improvement, including, staff health and wellbeing, quality of appraisals (clear objectives, feeling valued), safety culture (acting on concerns), staff engagement (Trust as a place to work and receive treatment) and response rate – 39% v peer average of 47%.

The follow is a summary of our people and culture improvement priorities for 2020/21.

2020/21 Improvement priority	2020/21 Improvement goals
<ul style="list-style-type: none">• Implement our new operational management structure• Deliver year one of our strategic workforce plan introducing new roles and staffing models• Develop, socialise and deliver our improved employee offer• Continue to develop our culture and improve staff engagement through 4ward phase 2 – Step Forward• Strengthen our approach to employee health and wellbeing	<ul style="list-style-type: none">➤ Clarity of roles and responsibilities and improved accountability➤ A richer staffing model and broader skill mix supporting a more robust substantive workforce➤ Improved recruitment and retention of staff and reduced staff turnover➤ Reduction in reliance on temporary staffing➤ Further Improvement in annual staff survey scores and response rate in 2020/21

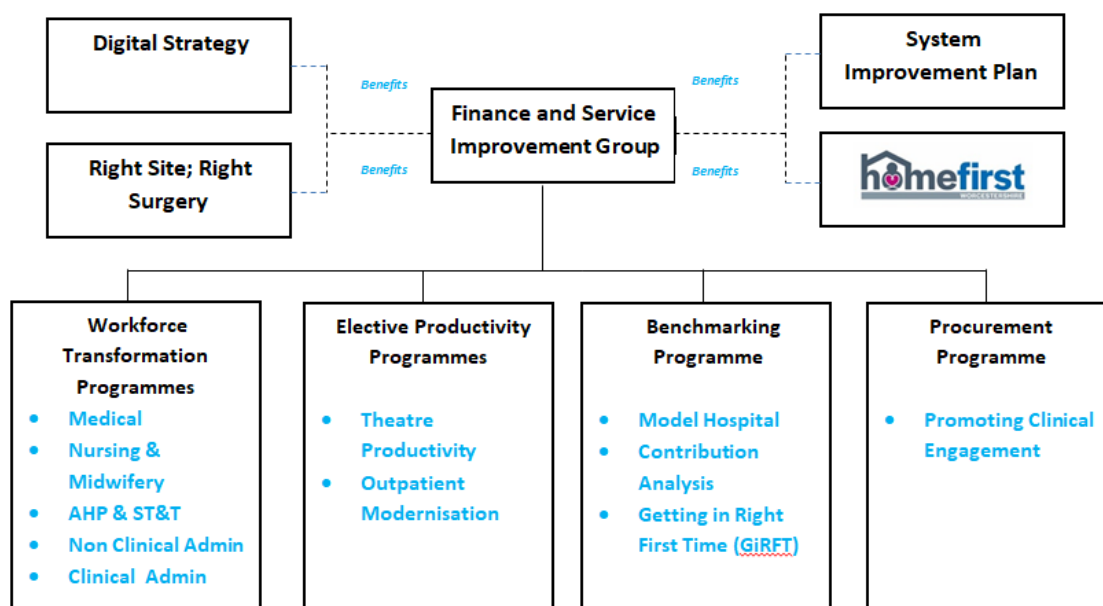
DELIVERING OUR ANNUAL PLAN

Our 2020/21 annual plan has been developed in partnership with our corporate, clinical and operational teams. Each team/directorate will have their own annual plan pack describing the key operational parameters they have agreed to deliver in line with the Trust annual plan.

Monthly performance review meetings (PRMs) with the clinical divisions will focus on the delivery of these operational plans at directorate and divisional level, risks to delivery and mitigations. Corporate PRMs will be held quarterly to monitor the budgetary position, workforce developments and other risks and issues.

We recognise that to sustain our service delivery we need to transform and to that end have developed a portfolio of programmes to support transformational change in key aspects of our operations. Each programme has an executive sponsor, a work stream lead, programme support and a programme ‘board’ and is tasked with developing a programme plan with appropriate milestones and clear accountabilities.

Delivery is overseen by the Finance and Service Improvement Group chaired by the Chief Finance Officer. There is further work to do in 2020/21 to improve the arrangements, robustness and consistency of these programmes of work and to build on the good work that has started to be done in elective productivity and in some aspects of clinical workforce transformation.



HOW WE WILL MEASURE SUCCESS

2020/21 Annual plan dashboard

We will measure our progress through the delivery of agreed objectives and measures for our teams and services.

To support this, our integrated performance report (IPR) will be updated to align with the priorities and measures included in this plan.

The subsections within the IPR - Quality, Performance, Finance and Workforce - are overseen by the relevant board committee.

There will be a mid-year review of progress at the Trust Board in autumn 2020.

BEST SERVICES FOR LOCAL PEOPLE

- No increase in admissions / bed days >75 years compared with 19/20 outturn
- Achieve a 25% increase in number of patients >75 years discharged prior to first midnight on SDEC pathway
- Long term condition pathway improvement pilots developed with one or more Primary Care Network by end September 2020
- Single pathology network management structure in place by September 2020
- Review of networked microbiology service delivery model by end October 2020
- Achieve milestones in 20/21 Local Maternity and Neonatal Service plan
- Acute / community pathway integration exemplars for discussion and agreement by end September 2020
- End of Life Strategy for TME approval by end May 2020
- Improvement in Trust level EAS by 5% compared to 19/20 outturn
- Reduction in average wait in ED from 6.9 hours in January 2020 to monthly maximum average of 5.6 hours at WRH and from 5.3 hours in January 2020 to monthly maximum average of 4.4 hours at AGH between April 2020 to Mar 2021
- Increase in no of patients <75 years discharged prior to first midnight on AEC pathway and within 24 hours on MAU
- 10 % Increase in day case activity delivered at KTC in 20/21 compared to 19/20 outturn
- Joint appointments developed in oncology and urology
- 10% reduction in face to face and follow up outpatient appointments by end March 2021

BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS

- 100% of adult wards achieving compliance with FrailSafe care bundle as measured through ward accreditation programme April 2021
- 95% compliance with IPC mandatory training by April 2021 and ward compliance with IPC key standards by April 2021
- 25% improvement across all six Sepsis measures by end 20/21
- 95% compliance with the 4 priority 7 day service clinical standards by end 20/21
- 100% compliance with Internal Professional Standards by end 20/21
- 100% primary mortality reviews completed within 30 days by September 2020
- R&D Strategy approved and published by end June 2020
- 100% of all wards/departments implementing real time patient and carer feedback by April 2021
- 100% of adult wards achieving compliance with fundamentals of care programme as measured through ward accreditation programme by April 2021
- Volunteer Strategy launched and implementation commenced by end June 2020
- No patients receiving or awaiting care in corridor spaces by September 2020
- No over 1 hour ambulance delays by September 2020
- No > 12 hours waits for admission by September 2020
- 2 week wait standard met for cancer by Jun 2020 (May 2020 for breast cancer)
- 62 day diagnosis to treatment target met by Sep 2020
- Ceiling for incomplete waiting list 36,700 by end Mar 2021
- No patients on incomplete waiting list waiting longer than 34 weeks by end Dec 2020
- Director of Improvement in post with roll out of single improvement methodology underway

BEST USE OF RESOURCES

- Achieve 2020/21 digital care record implementation milestones
- Achieve 2020/21 digital infrastructure milestones
- Develop plan for Computacentre exit/ transition
- Digital innovation process in place from 1 April 2020
- Refresh Medium Term Financial Plan by April 2020
- Delivery of year one milestones from Medium Term Financial Plan including agreed 2020/21 productivity and efficiency savings target of at least £14.5m
- Delivery of overall Income and expenditure plan value
- Use of Resources / Single Oversight Framework combined score and sub-sections in line with plan or better
- Improvement in agency expenditure as a percentage of gross payroll costs
- Estate strategy approved and published by end December 2020

BEST PEOPLE

- New operational structure fully in place with supporting leadership development offer by end September 2020
- New roles and staffing models implemented in line with workforce transformation plan on a page milestones: physician associates; clinical fellows; associate nurses; 'virtual ward'; hospital @ night; skill mix reviews
- New recruitment and retention plans and policies developed by end June 2020
- 1 % reduction in vacancies and minimum £6m reduction in premium staffing costs compared to 19/20 baseline
- Increase in number of 4ward advocates of at least 200 (to a total of at least 600) by end March 2021
- Improvement in 2020/21 staff survey scores and response rate in line with national average for acute trusts
- A 2020/21 Staff Friends and Family Test score in line with the national average for colleagues recommending the trust as a place to work
- Staff turnover rates are less than 11% for qualified and unqualified nurses and less than 9% for medical staff

- A sickness absence rate of below 4.2% across all services and staff groups
- Fewer than 39% of colleagues reporting feeling unwell due to work related stress
- Consistent performance of over 90% of relevant colleagues having manual handling training
- 90% of colleagues have an up to date PDR
- A qualified nursing vacancy rate of less than 10% or 190 wte
- A medical vacancy rate of less than 10% or 75 wte
- 2.3% of the trust's workforce are apprentices by end March 2021
- 100% of consultants have up to date job plans
- The percentage of colleagues reporting experience of harassment, bullying or abuse from colleagues is in line with the national average

GOVERNANCE AND RISK

Governance

This plan has been developed in line with the key strategic risks to the organisation as described in the 2020/21 Board Assurance Framework (BAF). This plan also provides the foundation for our continued work to ensure that we meet our undertakings.

Risk

The key risks in the delivery of this annual plan are listed below.

FINANCE

Risk: Inability to deliver the efficiency savings programme

- Mitigation: the Financial and Service Improvement Group is in place to support the development of further cost improvement/efficiency measures.

Risk: Lack of control of bank & agency expenditure

- Mitigation: robust rules around requesting use of agency staff. Recruitment plans based on traditional workforce roles and new workforce roles are in place

Risk: There are also a number of risks in respect of the Trust's legacy investments in IM&T which are not yet quantified

- These are being worked through although some rectification costs are likely to be incurred in 2020/21.

WORKFORCE

Risk: Workforce recruitment and retention

- Mitigation: recruitment and retention plans are in place, along with workforce development initiatives and skills development programmes

OPERATIONAL PERFORMANCE

Risk: Uncontrollable demand for services

- Mitigation: strengthened capacity management and escalation plans in place which will be reviewed regularly. Improvement plan for urgent and emergency care in place.

Risk: Disruption to the elective programme from theatre refurbishment at AGH

- Mitigation: task and finish group convened under the auspices of Right Site; Right Surgery programme to develop the enabling capacity plan.

QUALITY

Risk: Non-delivery of CQC inspection requirements

- Mitigation: a robust quality improvement strategy and action plan in place with rigorous monitoring. Improvement plan for urgent and emergency care in place.

PARTNERSHIP

We recognise the importance of all local health and care providers and commissioners working together to provide the best services possible. Local healthcare organisations in Herefordshire and Worcestershire, including ourselves, have been working together as a Sustainability and Transformation Partnership (STP) for some time. With these relationships already established, we are developing an integrated care system (ICS) to develop even closer ways of working at a local system level. This is a requirement of the national Long Term Plan for the NHS. STPs offer a new way of working for health and social care services locally, focusing on delivering health and care services defined by local area boundaries, not by local organisational boundaries.

The ICS will ensure patients across Herefordshire and Worcestershire get the safest, most effective and efficient services when they are needed. The vision of the Herefordshire and Worcestershire ICS is: *'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.'*

The ICS has five aims:

- Improve health and wellbeing outcomes
- Reduce health and care inequalities
- Improve quality and performance enhancing the experience of care
- Improve productivity and efficiency returning the system to financial sustainability
- Sustain, develop and engage our workforce

As well as specific service developments within these 5 aims, the ICS is also developing what needs to be done to keep people well (prevention), to determine how care is personalised to each individual's needs and to promote individual responsibilities around self-care. This will involve supporting people to maintain good health and wellbeing, as well as helping others to change some aspects of their lifestyle, to improve how they feel and reduce the likelihood of becoming ill.

Work is focusing on five core areas:

- Integrated primary and community services
- Mental health
- Urgent care
- Elective care
- Cancer care

We are a committed partner within the ICS. We will work with our partner organisations to enable delivery of ICS plans aligned with our own short, medium and longer term plans.

In addition, we have committed to strengthening partnership working with other providers of acute and specialised planned care and look forward to building on existing relationships with e.g. Wye Valley Trust and University Hospitals Birmingham NHS Foundation Trust amongst others to ensure that local people can access sustainable high quality specialised care as close to home as possible. This is a key plank of our strategy for clinical services and an exciting new development that has the support of clinicians, patients and the public.

CONCLUSION

2020/21 will be another challenging year for us, during which we will work to improve both operationally and financially whilst sustaining the quality improvements we have already made. We will continue to work with our partners, to ensure that our services meet the needs of our local population.

We will at the same time, focus on delivering our strategic plans that will secure and sustain our sites and services into the future.

Staff development and engagement are crucial components to our success and our People and Culture Strategy will continue to evolve and reflect emerging priorities and the needs of our people. Our 4ward behaviours and the *Step Forward* approach will continue to underpin the way we work together.

The NHS is facing significant challenge as demand for services continues to grow in the context of significant financial pressures. We are committed to delivering our financial plan by focussing on improvements in the quality and delivery of care that will lead to greater efficiency. Strengthening our operational structures during 2020/21 will provide greater clarity around roles and responsibilities, a more consistent accountability framework and less complexity in the deployment of corporate support functions which will in turn support the delivery of our plans.

We are committed to providing high quality, timely care to the population we serve and will implement the priorities outlined in this plan, particularly in respect of the national standards and any improvements required by CQC. We recognise that maintaining high quality services relies upon continual day-to-day improvements alongside longer term strategic developments and this will be enabled through moving towards a single improvement methodology.

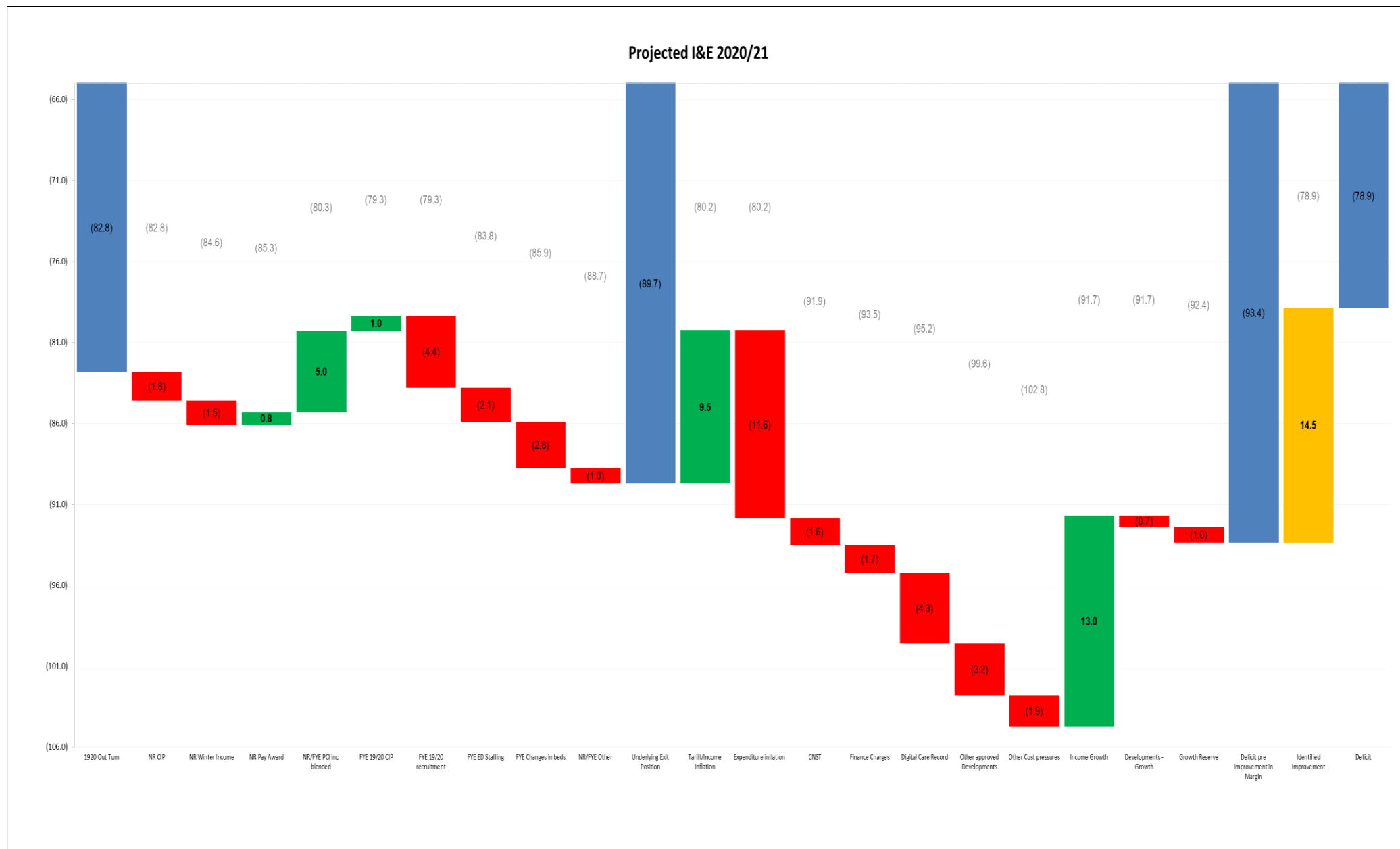
We will deliver the first year of our clinical services strategy and in doing so will maximise the benefits of collaborative working, embracing the opportunities presented by the development of the Herefordshire and Worcestershire Integrated Care System (ICS) and through the implementation of new technologies and infrastructure as we implement our digital and estates strategies. High quality services that focus on continuous improvement will underpin our new clinical models of care ensuring that services are centred around our patients.

We recognise that we need to continue to invest in and develop our workforce and continue to engage with patients. We will act on their feedback and continue to focus on our priorities for improving the quality of patient care and the patient and staff experience.

From the beginning of 2020/21 we will start work on our plans for 2021/22 and 2022/23, developing the former in an incremental level of detail and latter in outline to ensure that we are looking forward and planning to be in the best possible shape as an organisation and a partner in health and care.

Appendix One – OUR FINANCIAL PLAN FOR 2020/21

WATERFALL	£m
19/20 OUT TURN	(82.8)
Non Recurrent CIP	(1.8)
Non Recurrent Winter Income	(1.5)
Non Recurrent Pay Award	0.8
Non Recurrent /FYE Patient Care Income inc blended payment (urgent care)	5.0
FYE 19/20 CIP	1.0
FYE 19/20 Recruitment	(4.4)
FYE ED Staffing	(2.1)
FYE Increase in bed capacity	(2.8)
NR/FYE Other	(1.0)
UNDERLYING EXIT POSITION	(89.7)
Tariff/Income Inflation	9.5
Expenditure inflation	(11.6)
CNST	(1.6)
Finance Charges	(1.7)
Digital Care Record	(4.3)
Other approved Developments	(3.2)
Other Cost pressures	(1.9)
Income Growth	13.0
Developments - Growth	(0.7)
Growth Reserve	(1.0)
2020/21 DEFICIT PRE IMPROVEMENT IN MARGIN	(93.4)
Identified Improvement	14.5
2020/21 PLAN DEFICIT OUTTURN	(78.9)



Appendix Two – TEMPORARY STAFFING TRAJECTORY (Initial)

Staff Group	Division	M10 19/20* (£'000)	M10 1920 Worked WTE	FYE based on M10 x 12 (£'000)	Temp spend as a % of total pay	Estimated Premium 19/20	Identified P&E 20/21	WTE
Medics	Specialty Medicine	(535)	29	(6,415)	27%	(3,678)	946	20
	Urgent Care	(582)	36	(6,982)	51%	(4,111)	520	16
	Surgery	(300)	16	(3,600)	20%	(2,442)	0	0
	Women & Children	(63)	4	(761)	8%	(409)	6	0
	S.C.S.D.	(320)	16	(3,836)	17%	(1,818)	94	0
Medics Total		(1,800)	99	(21,594)	25%	(12,458)	1,566	36
Nursing	Specialty Medicine	(824)	194	(9,889)	34%	(3,041)	1,377	38
	Urgent Care	(668)	127	(8,020)	36%	(2,940)	439	16
	Surgery	(381)	95	(4,578)	22%	(974)	0	0
	Women & Children	(177)	39	(2,119)	9%	(369)	333	0
	S.C.S.D.	(280)	67	(3,364)	10%	(902)	0	0
	Corporate	(11)	3	(133)	3%	0	2,650	121
Nursing Total		(2,342)	526	(28,103)	19%	(8,225)	4,799	175
Other	Specialty Medicine	(53)	0	(633)	2%	0	0	0
	Surgery	(7)	0	(90)	1%	0	0	0
	S.C.S.D.	(158)	23	(1,902)	5%	(810)	0	0
	Estates & Facilities	(6)	0	(72)	2%	(30)	0	0
	Digital	(12)	0	(147)	3%	0	0	0
	Corporate	(76)	6	(912)	5%	(643)	0	0
Other Total		(313)	30	(3,755)	3%	(1,484)	0	0
Grand Total		(4,454)	654	(53,453)	16%	(22,167)	6,365	211

Appendix Three – PRODUCTIVITY AND EFFICIENCY PROGRAMME 2020/21

Type of Expenditure/ Income	Categorisation	Key Schemes (with in-year values)	Recurrent	Non-recurrent	Total (In-year value)
Pay	Workforce Nursing Workforce Medical Workforce AHP Workforce Non-clinical	International Nursing (£2,650k) Evergreen Closure (£1,377k) Medical Workforce Savings (£1,246k)	£8,476k	£648k	£9,124k
Non-Pay	Procurement Estates & Facilities Digital Other savings	Procurement (£1,731k)	£3,639k	£20k	£3,659k
Income	Patient Care Activities Other Operating Income		£1,689k	£1,085k	£2,774k
TOTAL			£13,804k	£1,753k	£15,557k

The above table includes £1.0m full year effect from 2019/20 which is recorded 'above the line' in the financial plan table on page 23.

The above table includes non-recurrent and full year effect workforce productivity and efficiency schemes from 2019/20 which are not included in the temporary staffing table on page 25

The business case for the 2020/21 International Nursing workforce scheme is under development and is not included in the figures above.

Appendix Four – CAPITAL PLAN FOR 2020/21

Capital Plan	2020/21
Funding	£'000
Internally Generated Capital	3,578
Public Dividend Capital	13,059
Loans	11,950
Lease Borrowings	8,512
Total Available Capital Funding	37,099
Expenditure	£'000
Developments	13,059
Property & Works	3,466
Clinical Equipment	3,294
ICT	5,300
Lease Additions	8,512
Contingency	3,468
Total Expenditure	37,099