Workload:
The Trust plans to deliver the below activity in 2017-18

<table>
<thead>
<tr>
<th>2017-18</th>
<th>2018-19 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients New</td>
<td>£1.3m</td>
</tr>
<tr>
<td>Outpatients Follow Up</td>
<td>£87,096</td>
</tr>
<tr>
<td>Elective inpatient</td>
<td>£3.195m</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>95,337</td>
</tr>
<tr>
<td>Non Elective</td>
<td>£7.464m</td>
</tr>
</tbody>
</table>

Income and expenditure
The Trusts main commissioner is Wirral CCG and payment by results contract has been agreed for 2017-18 and 2018-19. Within the income and expenditure plans the Trust has catered for;
- Winter planning costs estimated at £1.3m
- Quality reserve at £1.0m to underpin delivery of our Quality strategy

The table below sets out the overall &E position for WUTH following the modelling work, key assumptions and overarching financial strategy of the Trust

<table>
<thead>
<tr>
<th>2017/18</th>
<th>2018/19 Projected</th>
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</thead>
<tbody>
<tr>
<td>Income</td>
<td>£324.6m</td>
</tr>
<tr>
<td>Expenditure</td>
<td>£327.5m</td>
</tr>
<tr>
<td>EBITDA</td>
<td>(2.9m)</td>
</tr>
<tr>
<td>Normalised Net (Deficit)</td>
<td>(16.0m)</td>
</tr>
<tr>
<td>UoR Rating</td>
<td>3</td>
</tr>
<tr>
<td>Cash</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Quality
CQC rating: We will aim for a ‘Good’ rating in 2017 and a rating of ‘Outstanding’ in 2019 by: implementing our Quality Strategy, continuing our Care Quality inspections and the ward accreditation programme and create a Quality Governance Team supporting divisional clinical governance arrangements.

Friends & Family Test: We will introduce new mechanisms for obtaining feedback in areas with high volumes of patient contacts.

Harm Free Care: Pressure ulcers, falls, VTE & catheter associated UTIs. We will develop a Wirral Harm Free Care collaborative.

Mortality: We will ensure the implementation of a Hospital Mortality Rate below the national mean by implementing our Quality Strategy and meeting the Acute Care Scores for Advancing Quality.

IPC: We will prioritise the maintenance of our IPC programme, early detection and the prompt isolation of patients with improved use of isolation facilities.

Complaints: We will deliver a year on year reduction in the number of complaints and an improvement in response times by applying Value Stream Mapping to the complaints process, introducing Matron clinics to drive local ownership of the resolution of complaints and opening a new communications hub.

Variation: We will initiate a long term programme for the minimisation of clinical variation led by the Medical Director. The programme will be supported by the Cerner Millennium platform and access to global expertise. It will involve Wirral and West Cheshire organisations.

Organisational & Clinical Practice

NHS Constitution standards: We will work with partner agencies to implement the CCG’s new model for urgent care. We will act on the A&E Rapid Implementation Guidance. We will implement the findings of the review of the RTT patient pathway and ensure that demand and capacity are in balance. We will improve the way we monitor and manage performance.

7 day working: We will continue to improve our status against the 4 priority clinical standards.

Diabetes and respiratory medicine: We will implement new and integrated models of care.

Women’s and children’s services: We will implement the new model of care agreed across Cheshire and Merseyside.

Vascular surgery and urology: We will implement the revised service and governance arrangements agreed with the Countess of Chester Hospital.

Clatterbridge Hospital: We will undertake a feasibility study for the development of Clatterbridge Hospital as a centre of excellence in elective surgery.

Clinical and non-clinical support services: We will progress the consolidation of services proposed in the Cheshire & Merseyside Sustainability & Transformation Plan.

The Wirral health and social care system: We will work with our local partners on proposals for the integrated planning and delivery of primary, community, social and hospital services. In particular, we will develop closer strategic and operational links with primary care.

Human Resources
We will continue the roll out of our existing HR & OD Strategy with its focus on:

- A healthy organisational culture: We will establish clear values and behaviours, embed learning and development in the organisation and implement our Health & Wellbeing Plan.
- A sustainable workforce: We will work to improve the situation at Trust & Divisional level, have a greater focus on operational review, recruitment and retention issues across key service areas and develop new ways of working (e.g. ANP, ENP, Associate Physician).
- A capable workforce: We will implement a local educational strategy and improve E-Learning usage, drive up Education KPI’s, align, contribution, recognition and reward, and lastly ensure NMC Revalidation.
- Effective leaders and managers: We will implement our clinical engagement plan, provide local support in developing leaders and managers, and roll out coaching, mentoring and supervision.

Estate
Estate strategy: We will develop and implement an estates strategy aligned to our service development plans.

Strategic Estate Partnership: We will develop a STP to support investment in the Trust’s buildings and the development of the hospital sites.

Rationalisation of Wirral public sector facilities: We will work with local partner agencies to maximise the use of NHS and local authority premises.

CBH and APH: We will continue the ward refurbishment programme and fund those schemes identified by Divisions as priorities.

Informatics:
Global Centre of Digital Excellence by: We will accelerate the digitising of patient records, focusing on paperless clinical processes for our doctors, complete our work on medications management, investing in additional medical devices to replace our legacy equipment, E-Communication capability and bringing the Microbiology service onto Wirral Millennium.

Population Health Management: We will continue the development of a population health management approach across the health economy, focusing on the roll out of additional disease and wellness registries and the development of a health economy wide operations centre.