

# Operational Plan 2016-17

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*Liverpool Women's NHS Foundation Trust*

*APRIL 2016*

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## 1) EXECUTIVE SUMMARY

Liverpool Women's (The Trust) is committed to providing the best care possible for women and their families, now and in the future. To continue to provide safe and effective care the Trust must adapt to the changes that are occurring in the wider healthcare setting.

The Trust has undertaken a significant piece of clinical and stakeholder engagement in order to establish how services will be best provided and how the Trust can move towards ongoing clinical and financial viability. This has been developed through a robust strategic plan named 'Future Generations'.

This plan has been submitted to Monitor and local commissioners and within it the Trust states its aims to continue to be a centre of excellence for care, research and innovation and to ensure that services are provided by expert and caring staff in environments that are fit for purpose.

The Trust is currently operating within a difficult national context, with recognised challenges in relation to finances and workforce. National tariff shortfalls and increasingly growing CNST legal premiums are contributing significantly to the Trust's planned deficit of £7m in 2016/17. This ongoing deficit position requires continued cash support in order for the Trust to meet its liabilities to continue to provide safe and effective care.

The Trust remains ambitious in delivering its strategic aims and operational priorities, working closely with commissioners and other providers to deliver the wider ambitions of the Forward View.

## 2) REVIEW OF 2015/16 AND FUTURE GENERATIONS

### 2.1 Future Generations

The Trust submitted a five year plan to Monitor in June 2014 which set out the financial and clinical challenges facing the Trust. The clinical challenges arose from the delivery of high risk maternity, gynaecology and neonatal services on an isolated site. The underlying financial challenge arose for the following reasons;

- 4% year on year efficiency was not sustainable, particularly given the level of savings delivered in the previous four years of £22m and the reference cost position of the Trust which showed it was already an efficient provider of services.
- The Trust had an aspiration to improve staffing but believes that the maternity and neonatal tariffs do not support recommended midwifery and nurse staffing levels and the implementation of 24/7 medical cover. However following an unplanned inspection in April 2014 the Trust received warning notices from the CQC in respect of staffing levels and had no option but to bring forward planned investment which further resulted in a worsening in the financial position.

- In addition to the above the Trust also has a CNST claim in respect of a group action which the NHS Litigation Authority (NHS LA) which at the time was estimated at a total cost of £35m, all of which was due to be collected directly from the Trust following the revised premium calculation methodology adopted by NHS LA.

Throughout 2015/16, the Trust continued the development of the Future Generations strategic plan which aimed to address the achievement of long term clinical and financial sustainability.

During May 2015 a series of Clinical Service Design workshops took place for individual clinical specialities, in order to create a vision for each service that would deliver a greater level of compliance with clinical standards and better achieve required service co-dependencies. A broad range of clinical staff, commissioners, provider partners, patients, clinical network staff and third sector organisations were involved in workshops.

A Clinical Strategy was developed which set out the Trust's view about the future delivery of clinical services over the next 5 years, and how the Trust needs to change and deliver services to make them fit for future generations.

Throughout the summer the Trust held a series of public engagement and listening events, to provide members of the public an opportunity to discuss how services might be delivered in the future. The Communications and Engagement plan incorporated both internal and external communications and staff were regularly updated as the project progressed.

On 20<sup>th</sup> November 2015 the Trust held a Clinical Summit, where the Clinical Strategy received unanimous support from all clinical specialties and Board members in attendance. Engagement has been sought from partner organisations to ensure plans are aligned and a number of Board to Board meetings have taken place to seek agreement with the case.

In December 2015, the business case received formal approval from the Board and this was submitted to Monitor and Liverpool CCG for review.

Subsequent to this Liverpool CCG has commissioned external support to undertake an options appraisal process reviewing the Future Generations strategy outputs and recommendations.

## 2.2 Finance and Distressed Funding

2015/16 was a challenging year financially for the Trust. Having largely exhausted CIP opportunities, increasing CNST premiums and additional staffing requirements resulted in the Trust forecasting a full year deficit of £7.3m and requiring Distressed Financing from the Department of Health. The application for Distressed Financing was approved following a detailed review of the Trust's plans by Monitor and the first draw down occurred in January 2016. The Trust's application for Distressed Financing, as anticipated, triggered a Monitor investigation.

There will be a further requirement for Distressed Financing in 2016/17.

### 2.3 Activity and Access

The Trust has achieved all national access targets in 2015/16. This was achieved by flexing capacity when required to meet increased demand and seasonal variation. Early indications suggest the potential for a further increase in demand for maternity services in 2016/17. The Trust is now considering how it will respond to any further increase in activity and capacity linked to patient choice.

Gynaecology activity is not expected to increase in 2016/17 based upon 2015/16 referrals and activity. Gynaecology practice has been changing for a number of years which is seeing an increasing number of procedures now performed in an outpatient setting and an increase in medical interventions instead of surgical. Although activity levels have remained reasonably stable, the regional gynaecological oncology service is expected to see small increases each year linked to an aging population. The significant change for oncology is the increasing requirement for additional support from other surgical specialities (urology, colorectal, vascular and upper GI) to ensure improved safety and clinical outcomes for our most complex procedures. This increasing requirement is leading to the development of a Regional Pelvic Cancer Centre in collaboration with our local acute hospitals and Liverpool CCG as part of the Healthy Liverpool programme. Last year clinicians from this Trust together with colleagues from the Royal Liverpool and Broadgreen hospitals Trust operated on around 50 patients at the Royal site as this was deemed the safest and most appropriate location. It is envisaged this number will increase in 2016/17 to around 75 patients.

Maternity services demand has increased during the year for both antenatal services and births. Local analysis shows the increases in activity appear to be linked to patient choice rather than population growth. Recent antenatal bookings indicate that births at the Trust are likely to increase further to in excess of 8400. The redesign of community midwifery in 2015/16 has not only improved quality and patient experience but has resulted in a 5% increase in bookings and an increased homebirth rate from 1.4% to 2.4% of all births.

The increased activity in Maternity has naturally impacted upon the activity in the Neonatal unit which has seen a 6% increase in workload in 2015/16. The largest increase in activity has been in the cohort of our sickest babies those requiring intensive and high dependent care (increased by 15%). This has placed significant pressure on the service both in terms of staffing levels and an increase in infection rates that resulted in a reduction of cots from 48 to 44. This reduction in capacity was agreed by the Neonatal Network and NHS England. Neonatal activity is being managed across the regional network but the reduction of cots is resulting in an increased transfer of women and babies to other units in the region. The Trust has worked closely with the Neonatal Network and NHS England to ensure that the right level of cots to meet demand are commissioned and appropriately funded in order to deliver a safe and effective service.

### 2.4 Workforce

During 2015/16 there was a major focus on maximising efficiencies within the workforce through the implementation and roll-out of E-Rostering across a number of the wards, a focus on attendance management and effective workforce planning.

The implementation of E-Rostering provided the opportunity to review working patterns and working arrangements to ensure these met the needs of the Trust and also resulted in

optimising efficiencies relating to skill mix, ensuring the right staff with the right skills and competence were rostered to relevant shifts. This has also enabled managers to effectively monitor “time-owing” and utilise this effectively to reduce the reliance on additional staffing.

The junior doctor rotations continued to be a challenge during 2015/16. As such, the Trust invested in a new medical rota management system (DRS), which was implemented in August 2015 in line with the Obstetrics & Gynaecology rotation. It is anticipated this will bring efficiencies around the effectiveness of rotas and will enable the Trust to link consultant job plans with junior doctor’s rota’s and training needs.

Through the robust management of attendance the Trust saw the lowest rate of absence in 3 years in September 2015 at 3.09%, below the Trust target of 3.5%. This continued the overall downward trend for the single month sickness figure since December 2014. However, a slight increase was seen over the winter months. This trend has been witnessed in the previous 2 years, where an increase has been seen during the winter pressures. Overall, this has reduced the reliance on temporary staffing and has ensured patients receive quality care through the continuity of their care.

In addition, during 2015/16 the Trust has seen a steady increase in mandatory training compliance culminating in 94% compliance in December 2015, the highest compliance rate the Trust has ever recorded. This is just 1% below Trust target and work will continue in 2016/17 to further improve and maintain this level of compliance.

The overall Trust PDR compliance percentage is currently at 91% for December 2015, again the highest compliance rate in the last 3 years and the first time above the Trust target of 90%. This significant improvement should be noted as during the last 3 years compliance rates have been as low as 55%.

During 2015/16, the Trust implemented a Performance & Pay Progression policy, which linked performance, compliance of mandatory training and PDRs. We are one of the few Trusts locally to implement this linking all of these key elements of workforce management, supporting the improvements evidenced above in these key areas.

In 2015/16 the flu campaign was again successful in reaching the Public Health England target of 75% of frontline staff vaccinated, supporting our drive for a healthy workforce.

## 2.5 100,000 Genomes

During 2015/16 the Trust led on the delivery of the ground-breaking 100,000 Genomes Project. The project is focused on sequencing the whole genome of patients with rare/inherited diseases and certain common cancers. Genomics England is co-ordinating this work and Liverpool Women’s Hospital is leading this National initiative for the NW Coast as one of the 13 designated Genomic Medicine Centres (GMCs). This project will further enhance understanding of the genetic basis underlying these conditions, together with how they are expressed within an individual and lead to new diagnostics and precision therapies personalised to each individual’s genomic type. The NW Coast GMC, led by the Trust, has now been in operation for almost 12 months and is already beginning to realise patient benefits.

This project has already created Strong Partnership Working across the North West Coast, with mainstreaming of Genetic Testing across the geography, reducing the number of Clinics patients need to attend leading to earlier diagnosis, including the creation of new Patient Care Pathways for Adults with Learning Disabilities and Personality Disorders. This initiative has led to the optimisation of Laboratory Processes and minimised the number of sample failures, providing a better experience for patients. The Trust has created a Clinical Leadership Network, sharing good practice and learning from each other. This Multidisciplinary Team Working has proved to be invaluable in validating complex genomic results and variants of unknown significance, so that patients can take advantage of precision medicine.

As lead the Trust has also created a shared IT infrastructure for the NW Coast and have a vision for future connectivity of Healthcare systems. Through the project the Trust has developed a “Pan NW Coast” Translational Medicine Group to facilitate those important research outcomes of the Project. Through Liverpool Health Partners the Genomics Alliance has invested in a Liverpool Translational Genomics Laboratory to deliver this Genomic Research. We have built Education and Training workshops to underpin learning for all workforce groups across the NW Coast as part of CPD and for revalidation. We have a thriving Patient and Public Forum that has been engaged and involved in the programme and actively provides advice and feedback to the GMC, NHS England and Genomics England with respect to ethical and consenting issues.

## 2.6 IM&T

During 2015/16 the IM&T Department undertook several major digitisation projects. These included:

- The replacement of the specialist neonatology clinical system (badger) which enables greater clinical decision support and medical device integration.
- The mobilisation of the community midwifery work force to enable secure and high speed access back to the clinical systems.
- The development and deployment of a cancer referral system for patients within the 100,000 genomes project hosted by LWH
- The implementation of a electronic system within ER to enable better flow of patients who present within the unit post telephone triage.

During the year significant progress was also made with the digitisation of health records, the deployment of a new Trust wide wi-fi infrastructure providing free patient internet access and the use of analytics within information reporting via the new data warehouse. These significant investments have placed LWH at the top of digital maturity within NHS England's 2016 ranking, with IT also being fully re-accredited with BS 9001, ISO 14001, ISO 22301 and ISO 27001.

## Well Led

In June 2014 the Trust commissioned an independent review of its governance arrangements from Deloitte LLP, based on the Well Led Framework for Governance Reviews published by Monitor earlier that year. The review was conducted by Deloitte in the latter part of 2014. The review report was received by the Board of Directors at its meeting in February 2015 together with an action plan in response. A further follow up review by Deloitte has been commissioned to be completed in 2016/17.

### 3) OPERATIONAL PRIORITIES

#### 3.1 Future Generations

As part of the Future Generations work each service identified key areas of improvement listed in appendix 1.

Some of these are longer term plans but the local operational plans detail step changes to achieving these and will be monitored through the services performance management system.

#### 3.2 Access Targets

To meet demand in 2016/17 will potentially require a more planned increase in capacity as the Trust anticipates further growth in Maternity and related Neonatal services which is linked to patient choice. The activity plan reflects month 2015/16 outturn, actual activity levels will be kept under close scrutiny.

#### 3.3 Delivery of £7m control total

The Trust has agreed a targeted deficit control total of £7m for 2016/17. The achievement of this is supported by £2.8m of sustainability and transformation funding (STF) which has been allocated to the Trust. There are conditions attached to the receipt of the STF which the Trust does not envisage having any difficulty meeting given that the Trust is already operating under the conditions of Distressed Financing and the level of grip already in place within the organisation.

Current planning assumptions suggest that this target is achievable (see section 7), however the Trust will continue to have a cash deficit which will require external support.

#### 3.4 Transformation and CIP

The Trust-wide Future Generations transformation programme is described above, and has identified opportunities for long term efficiencies through collaboration and closer working with partner organisations. Alongside this large-scale project, the Trust is also focusing on scrutinising all other remaining areas of expenditure, and has developed a five year savings programme accordingly. The five year programme draws on sources such as the Carter Productivity Review, Monitor productivity briefings, an external review of the Trust's productivity conducted by PwC and Distressed Finance guidance.

During 2014/15, the Trust successfully delivered £5.6m of CIP, and has delivered a further £5.4m in 2015/16, making a total of £11m across two financial years. Identifying further opportunities for CIP is becoming increasingly difficult, as the Trust continues to exhaust all available avenues. In view of changes in activity and gynaecology practice the Trust has commissioned an external review of theatre utilisation. This forms part of the identified

savings plan of £2.0m for 2016/17, with a further £3.0m target across the following four years.

2016/17 plans focus on cost reduction in conjunction with some income generation; they rely on tightly controlled procurement procedures remaining in place and a continued efficient use of workforce to avoid unnecessary reliance on agency staff (which has been brought under tight control during 2015/16).

The cost reduction programme is centred on ensuring no adverse impact to quality, service delivery and patient experience. All schemes are assessed and undergo a Quality Impact Assessment which is signed off by the Medical Director and Director of Nursing and Midwifery.

### 3.5 Business Development

The Trust's business development strategy is based upon providing better quality care, easy access and an excellent patient experience that will influence patient choice. The Trust is limited however by scarce resources to invest in development opportunities.

The Hewitt Fertility Centre will continue to implement plans to increase activity as per the Business Case approved by the Trust Board in 2013 through its arrangement with Kings, from work with Wrightington, Wigan and Leigh and through the Knutsford site.

### 3.6 Workforce

In 2016/17, the Trust will complete the roll-out of E-Rostering across the clinical areas. This will include the Neonatal Service, where there are currently particular workforce demands. This will support these issues through maximising the effectiveness of rota's linked to the issues of increased acuity of the babies in our care. There are additional workforce challenges in this area linked to the actual estate and cot layout. This will be reviewed as part of the overall operational plans.

In response to the national junior doctor pressures, the Trust is currently exploring the introduction of new roles; physicians assistants within the anaesthetic team and physician associates along with an advanced scrub practitioner role within Obstetrics and Gynaecology. This is a longer term plan which requires investment, which the Trust is hoping to secure monies from external funding streams. The Trust is also hoping to expand its ANNP workforce and has applied for funding for a further 2 Neonatal ANNP posts. Again, this will reduce the reliance on junior doctors and provide a more stable workforce able to deliver the best continuity of care.

There has been a slight increase in staff turnover over recent months, at 11% which is above the Trust target of 10%. As such, the Trust is monitoring the more effective use of exit interviews and the introduction of "First Impressions" questionnaires.

The Trust is facing unique challenges in the coming years in the light of Future Generations. To address these challenges the Trust is considering partnership working wherever feasible. Currently, the Trust and the Royal Liverpool & Broadgreen University Hospital Trust are in the process of appointing joint Consultant Anaesthetist posts to share resources and optimise "on-call" cover, with the longer term aim of having one joint service. This is to

address specific issues of the ageing profile of this current workforce. The logical progression of this is to consider the feasibility of a joint junior doctor rota for this specialty. If successful in this area, this model can then be considered for implementation across other specialties.

A similar approach is being adopted within clinical support services, through the establishment of SLA agreements, for example Pharmacy Services again with the Royal Liverpool & Broadgreen University Hospital Trust.

In line with the Carter Review principles and with the aim of maximising efficiencies, in 2016 the Trust is to pursue the potential of shared corporate services across local providers.

To support the retention of key staff, the Trust is developing a Retention Strategy aimed at retaining senior business critical posts within the organisation to support the potential transition of services.

Staff engagement continues to be a high priority within the Trust. Once again the Trust was in the top percentile for response rates for specialist acute Trusts for the 2015 National Staff Survey, with a response rate of 64%. Once the results can be shared publically, extensive feedback will be given to all staff with specific focus around the Trust's values and behaviours framework. This will be used to engage staff in further developing services, addressing workforce issues and involving staff in the future direction of the Trust. This will further be supported by the re-launch of the Trust's internal staff questionnaire PULSE. This is designed to give more immediate feedback to where issues need to be addressed.

Following the refresh and re-launch of the Trusts values and behaviours in 2015, the Trust will work to establish a 'living our values' approach and develop a process for assessing the culture of the organisation and map the transition towards the desired cultural state.

The Trust recognises the importance of listening to and acting on what staff say, and want to encourage openness and honesty in communication and develop a culture of coaching styles conversations.

Along with staff engagement, another key priority of the Trust is the wellbeing of its staff. There is to be a launch of a Health & Wellbeing Group at the beginning of 2016/17, with a key focus on; promoting good physical health, offering flexible work solutions to maximise an individual's potential, facilitating health awareness events, recognising the importance of rest and recuperation, supporting staff to eat healthily and maintain a healthy weight and promoting good mental health. This will also support the on-going focus on attendance management and the evidenced link between staff morale and successful patient outcomes. The Trust will also participate in the National Health Promotion Campaigns in 2016, such as "Work Out at Work".

The Trust will review, evaluate and refresh its Leadership and Management Programmes ensuring they reflect the Trust's values and behaviours and strategic direction. To develop leaders for the future, this will be widen to include band 5's and above and will focus on equipping staff with skills in resilience, innovation, change management and coaching. In addition, the Trust will continue to embed its leadership and management framework to

ensure we have leaders with the required competencies to meet the new challenges of the Trust and wider NHS.

In the Trust's on-going drive to recruit a diverse workforce, it continues to be committed to the Two Ticks Scheme which supports disabled applicants access into work. In 2016/17 there will be a continued focus on developing community participation activity including pre-recruitment and increasing the uptake of apprentices. This will improve the quality of community engagement projects and continue to offer as widely as possible, work experience for young people and those looking to enter employment within the NHS.

The Trust has also appointed a Veterans and Reservists Champion in line with NHS Employers guidance, which it is hoped will help to support veterans in to work and to use the skills of its reservist workforce more effectively.

The Trust is in the process of appointing a Freedom to Speak up Guardian in line with national recommendations (Speak up Safely, Francis Report) to support and encourage an open and transparent culture for its staff to work without fear of recrimination, being of the first Trusts nationally to appoint this role.

Nurse Revalidation will also be rolled out in 2016/17 in accordance with national mandate. The Trust has invested in Equinity, an IT system to support staff in successful revalidation.

Overall, there will be a continued focus on maintaining efficiencies achieved in 2015/16 and a continual drive to maximise these in 2016/17 through further organisational re-design and re-structures, bi-annual staffing reviews regarding quality and safety, continual reviews of skill mixes and the introduction of new ways of working.

### 3.7 IM&T

During 2016/17 IM&T are scheduled to complete the paperless hospital program which was funded by NHSE technology fund in 2014. Complete roll out of electronic bed management systems, electronic patient data forms and online pathology results are also scheduled in the coming year. In addition work continues across the health economy to deliver the Healthy Liverpool Digital Program and improve the flow of data for our patients.

### 3.8 Research

The current Trust research strategy encompasses the twin principles of;

- Contributing to the National Institute for Health Research (NIHR) portfolio
- Leadership of high quality research through partnerships with other organisations

In order to continue to contribute to the overall research strategy, the following objectives have been identified:

- Maintain the high standards of study delivery against High Level Objectives as set by the NIHR Clinical Research Network, particularly in light of changes to the UK research governance framework during the coming year

- Develop supportive approaches to innovation – which will require collaboration between corporate services, R&D and outside providers of innovation support services
- Continue to align research activity and priorities with partner organisations, through Liverpool Health Partners, and the North West Coast Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and Academic Health Sciences Network in order to support the City and region in meeting major challenges in health and well-being, and improve treatment for patients.

### 3.9 Partnership working

The Trust led the “New Care Models” application under the “Acute Care Collaboration” expressions of interest in July 2015 to create a Cheshire and Merseyside Women’s and Children’s partnership. The application was successful and will see commissioners, providers and patients co-producing new service delivery models that will reduce the variation in clinical outcomes and provide financially sustainable services for the local economy. The Trust’s own strategic plans are considered in line with network thinking due to the Trust playing an integral part of the network’s work programme. The Trust proposed that to promote good governance that the partnership and the programme of work should be hosted by a clinical commissioning group (CCG). Halton CCG have agreed to be the host. The partnership will concentrate on Maternity, Neonatal, Gynaecology and Paediatric services.

The Trust will continue to work closely with the Royal Liverpool and Broadgreen University Hospital Trust in 2016/17 in developing collaborative clinical support service that will be clinically and financially viable. The Trust will also continue to work closely with Alder Hey Foundation Trust to produce a solution to providing neonatal surgery with co-located level 3 neonatal intensive care which currently is not the case as the Trusts are on separate sites and babies are transported pre and post operatively.

## 4) DELIVERY OF THE FORWARD VIEW ‘MUST DOS’

Having reviewed the national and local must do’s in the planning guidance the Trust is aligned to the ambitions set out within. The areas of most impact for this Trust are as follows:

### 4.1 National must dos

#### Seven Day Working

There is a national drive to roll out 7 day working across all NHS providers in order to improve on safety, access and efficiency. A national forum was set up with the purpose of assessing what Trusts needed to implement in order to meet the challenge. The forum set out 10 clinical standards that Trusts needed to work towards in order to implement full 7 day working

As part of contract negotiations with Liverpool CCG in 2015/16 the Trust had agreed to produce an action plan to meet with five of the ten clinical standards for seven day working. The standards are as follows:-

- Standard 3 Multi-disciplinary review
- Standard 4 Shift handovers
- Standard 5 7 day access to diagnostics
- Standard 9 Transfer to Community, Primary and Social Care
- Standard 10 Quality improvements

The Trust is also required to have plans to meet the four clinical standards highlighted by monitor as a priority which are:-

- Standard 2 Time to first consultation review
- Standard 5 7 day access to diagnostics
- Standard 6 Intervention / key services
- Standard 8 Ongoing Review

For 2016/17 the Trust can achieve standards 4, 5 (except CT and MRI from local acute hospitals), 6 and 10. The Trust is reliant on other providers to achieve standard 3 and 8.

To be able to comply with the remaining standards 2 and 8 the Trust would be required to recruit an additional 14 consultants. This will form part of the Trusts 5 year plan for the STP.

#### 4.2 Local must dos

The Trust is committed to supporting the development of a high quality sustainability and transformational plan and is actively participating in local discussions to this end.

The Trust has already performed a review of the Carter recommendations and these are included in CIP plans. As a result of the Distressed financial position the Trust has undergone a number of reviews to ensure that it is efficient and has strong financial grip. This ethos will continue.

The Trust has achieved the cancer 62 day target consistently during 2015/16 but only after reallocated breaches due to late referrals from other Trusts. However, the Trust is working closely with the host CCG and the cancer network to improve the overall regional performance.

The Trust operates a level 2 accident and emergency department for gynaecology that consistently achieves all access targets including 18weeks from referral to first treatment.

The Trust will continue to actively participate in the Health Economy work to improve outcomes and experience for those with learning disability accessing our services.

To enhance patient experience the Trust will be introducing feedback booths that support our women where English is not their first language to complete the family and friends test within antenatal services

As a tertiary centre for Gynaecology Oncology the Trust is committed to the ethos of the provision of quality end of life care, where the wishes and needs of our women and families are accommodated. Our intention is to undertake audit against NG31; Care of Dying Adults

in the Last Days of Life, identify local improvements required and review and implement best practice within our services.

The Trust recognises the role it needs to play in assisting with the attainment of the national ambitions in relation to dementia. It will continue to capture data to identify women with early signs of dementia and ensure onward referral to the appropriate service for investigation and treatment where appropriate. The Trust will continue to support improvements in the environment to provide an improved experience for those with dementia, and continue to participate in collaborative work with other providers to improve pathways of care.

## 5) ACHIEVING QUALITY AND SAFETY

As a Trust we utilise benchmarking data available to us across the services we provide. From this data we identify areas where we are both positive and negative outliers and we undertake deep dives to determine whether data reflects the true position and if improvements are required. This approach is utilised when reviewing clinical quality indicators and reference costs. The improvement measures identified are then assigned to an accountable executive and operational lead and are monitored closely through the Governance and Clinical Assurance Committee (GACA) and the Finance, Performance and Business Development Committee.

The Trust is committed to the delivery of 2 projects under Sign up to Safety which are as follows:

Aim 'A' to reduce the incidents of babies born with Grade 2/3 Hypoxic Ischaemic Encephalopathy. The purpose of this is to;

- reduce patient harm and improve patient experience by reducing the number of babies that are born with Grade 2/3 Hypoxic Ischaemic Encephalopathy.
- reduce the number of unexpected admissions to the neonatal unit associated with an intrapartum event attributed to fetal monitoring.
- reduce the number of serious incidents where misinterpretation/ lack of appropriate action relating to a CTG are a causal factor.

The specific targets are:

- Reducing the number of babies that are born with Grade 2/3 Hypoxic Ischaemic Encephalopathy by 50% (over 3 years) Revise existing mandatory education in relation to fetal monitoring including interpretation, recognition and appropriate escalation;
- Introduce the RCOG training package which will be interactive and include multidisciplinary team group discussions and case studies;
- Reduce by 10% SI's related to fetal monitoring within year 1, a further 20% in year 2 and a further 20% in year 3
- 50% reduction in claims associated with babies with HIE grade 2/3 attributed to fetal monitoring over 3-5 years.

Aim 'B' to reduce the incidence of sepsis through ensuring the prompt and appropriate treatment of infection and prevention of mortality and morbidity. The purpose of this is to;

- reduce patient harm and improve patient experience by reducing the incidence of sepsis through ensuring the prompt and appropriate treatment of infection and prevention of mortality and morbidity
- eliminate all avoidable deaths from sepsis and septic shock.
- ensure prompt identification and appropriate management of sepsis including appropriate escalation and senior medical input in order to reduce patient harm.

The specific targets are:

- To demonstrably reduce infection by 10% in year 1, a further 20% in year 2 and a further 20% in year 3, as evidenced through Six monthly audits of sepsis and surgical site infection
- 95% patients who trigger are treated on the severe sepsis pathway
- 95% of patients on the severe sepsis pathway receive all six steps within one hour.
- 95% compliance within training with 12 months.

Baseline data has been submitted to NHSE for the reduction in avoidable deaths within the Trust. Within the 12 month data submitted to September 2015, 1 death only was reviewed and reported as being avoidable. The Trust will continue to support the reduction in avoidable deaths and this is supported with our sign up to safety pledges.

The quality goals of the Trust continue to be;

- To reduce harm
- To reduce mortality
- To improve the patient experience.

Our primary quality aim for 2016/17 is to identify a single improvement goal that is relevant to our patients for each specialist clinical area within the Trust. Each goal will be aligned to an improvement target that is measured and monitored. Our intention is to utilise stakeholders and users of our services to assist in the development and oversight of these improvement goals, thereby building on our relationships with the public, providers and commissioners that we serve.

The experience patients and families have while on their journey with us is central to everyone at Liverpool Women's. To improve the opportunities for the patient voice to be heard there is an on-going transformation of our Patient Advice and Liaison Service (PALS). Efforts to increase accessibility continued into this year and we were recognised nationally in the "Dedicated to Patients and their Families" category at the National Patient Experience Awards.

In October, over 300 women and their families attended a Service of Remembrance, held at the Isla Gladstone Conservatory in Stanley Park, as part of Baby Loss Awareness Week. This event is just one of the ways the Trust supports those who have suffered a loss through miscarriage, stillbirth or early neonatal death, in some cases many years after their loss.

Liverpool Women's scored best in the country for providing 'Safe, High Quality, Co-Ordinated Care' and was ranked second best hospital in the country overall in the National Inpatient Survey conducted by regulators the Care Quality Commission (CQC). The survey looked at the experiences of over 59,000 NHS patients at 155 Trusts across the UK. The survey also scored Liverpool Women's top for 'Building Closer Relationships'. This work was built on with excellent results in the National Maternity Survey, in which the Trust was ranked 2<sup>nd</sup> nationally for supporting mothers with feeding, and in the results of our Friends & Family tests.

The Trust will continue to build on relationships with our regulators. There is an established pattern of engagement meetings between the CQC and Director of Nursing and Midwifery; these are supported by monthly telephone meetings between the local inspector and Deputy Director of Nursing.

Quality and Safety is overseen by the Governance and Clinical Assurance Committee (GACA); a sub-committee of the Board. This committee is supported operationally by 3 Senates that oversee and commission work within the following domains; Safety, Experience and Effectiveness. Compliance with regulatory standards is achieved by visibility visits to clinical areas. This will be further enhanced in 2016/17 with the introduction of bi-annual internal inspections of services utilising the revised CQC methodology.

GACA also receives updates on delivery of operational plans and performance alongside compliance with the outcomes articulated in the Trust's quality strategy. The Trust performance report presented at GACA also provides HR quality matrix and details of compliance with agreed minimum staffing levels across the Trust. The financial position of the Trust is also taken into account within this report.

## 6) IDENTIFICATION AND MITIGATION OF RISKS

The key risks currently identified at the planning stage are:

- Service and transformation funding - The offer of £2.8m service and transformation funding is subject to the national achievement of a £1.8bn deficit in 2015/16.
- The plan assumes £7.7m in Distressed Funding is made available by DH to the Trust in 2016/17
- National workforce shortages – operational and financial risks arising from junior doctor shortages
- The plan assumes the full delivery of £2.0m in CIP schemes. Having delivered significant savings far in recent years, the identification and delivery of CIP has become increasingly difficult as the Trust exhausts the available avenues

## 7) ACTIVITY AND FINANCE

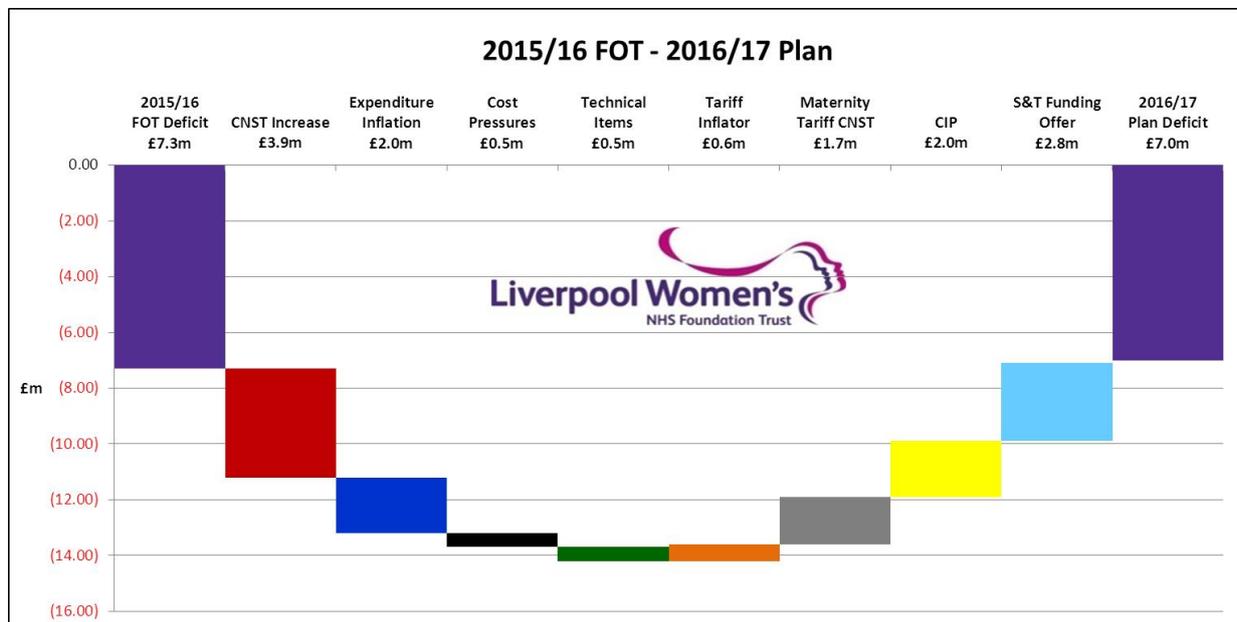
The financial plan for 2016/17 shows a deficit of £7m and a Financial Sustainability Risk Rating of 2. As the table below shows, the overall risk rating of 2 is supported by the I&E Margin Variance to Plan score of 4.

FINANCIAL SUSTAINABILITY RISK RATING		2016/17 Budget
Capital Servicing Capacity		1
Liquidity		1
I&E Margin		1
I&E Margin Variance to Plan		4
<b>Financial Sustainability Risk Rating</b>		<b>2</b>

### 7.1 Financial plan and assumptions

The financial plan demonstrates that in delivering a deficit of £7m in 2016/17, the Trust will have a cash shortfall of £7.7m. To address this, the Trust will need to make a further request for interim support of £7.7m.

The bridge from the year end outturn position to the 2016/17 budget is shown below.



The financial plan contains the following assumptions:

#### **Activity**

2016/17 activity levels reflect the forecast 2015/16 Month 8 outturn, this level of activity has been agreed with commissioners.

**Tariff**

The Trust's financial plan is based on agreed contracts with Commissioners. For 2016/17 a net tariff inflator of 1.1% has been applied to contracts, which represents an efficiency target of 2% and an inflation increase of 3.1%.

**Inflation**

The Trust has applied inflation in line with tariff guidance.

**CNST**

The Trust's CNST premium will increase by £3.9m to £14.3m in 2016/17. This represents a 38.7% increase on the prior year.

The total current estimated value by NHS LA of group action claims is £25m. The resolution of the £25m liability is fundamental to achieving long term sustainability for the Trust.

**CIP**

The identification and delivery of CIP has become increasingly difficult as the Trust exhausts the available avenues. £2.0m of schemes have been identified with mandates and quality impact assessments produced.

**Technical items**

Technical items include depreciation of capital assets, Public Dividend Capital and Interest payments. These are set to increase by £0.9m based on current calculations taking into account the Trust's additional borrowings and the expected asset base.

**Service and Transformation funding (STF)**

The offer of £2.8m Service and Transformation funding is subject to the national achievement of a £1.8bn deficit in 2015/16. Any variation from this national deficit target will impact the levels of available funding as well as impacting the efficiency targets included within tariff.

The cash shortfall remains and the Trust would require cash support again in 2016/17. It has been confirmed that providers who are in deficit and require cash support after receipt of the funding will have access to DH interim support loans as present via interest bearing loans. The Trust has in place a £2.5m Revolving Working Capital facility at the start of 2016/17 while this process begins, however this attracts a higher rate of interest than the interim support.

**Cost pressures**

The Trust has identified a number of unavoidable cost pressures in 2016/17. These include:

- continuing pressures in relation to the shortage of junior doctors
- increased costs in relation to neonatal activity and acuity
- residual levels of agency usage where no alternative exists

A comprehensive list of pressures has been drawn up along with potential mitigations. Where unmitigated and unavoidable pressures arise, additional CIP will need to be identified to offset the additional cost.

## **Capital**

The Trust has finalised its capital program which has been significantly restricted in view of the cash position. Following detailed review, the 2016/17 plan includes only capital expenditure considered critical or essential. Any delayed or deferred spend will be subject to a quality impact assessment to ensure that the restrictions do not compromise safety.

### 7.2 Financial Control and Grip

In 2015/16 the Trust introduced a number of additional control measures to ensure that a strong financial grip was maintained across the organisation. These will remain in place for 2016/17 along with the additional measures arising from the Section 42a conditions of the Distressed Funding and those in the STF conditions.

The Trust will continue to implement the national agency caps as well as look for further opportunities to collaborate with local providers to minimise costs for both the organisation and the health economy as a whole.

### 7.3 Cash and Distressed Finance

The Trust is currently forecasting a cash shortfall of £7.7m in 2016/17 which will require cash support from outside of the Trust. This facility will need to be in place by the end of Quarter 1 of 2016/17 to ensure that the Trust can meet its cash obligations.

The Trust has taken significant measures to ensure that operational cash flow is optimised.

### 7.4 Future Financial Sustainability

The current level of deficit and cash shortfall cannot be sustained in the medium to long-term.

The Trust produced a five year recovery plan which it submitted to Monitor and Commissioners which demonstrated an improved financial position and addressed the clinical sustainability issues.

Liverpool CCG are now conducting an options appraisal to assess the future of Women's and Neonatal services. The options appraisal will build upon the recovery plan submitted by the Trust. The options appraisal is due to be completed by June 2016, and then be submitted to NHS Improvement as part of the Sustainability and Transformation Plan for Cheshire and Mersey.

## Appendix 1

As part of the Future Generations strategy individual services have developed plans to improve clinical outcomes and improve services by implementing the following .:

- **Neonatology services want to improve:**
  - The number of mums breastfeeding
  - The family experience for babies requiring surgery
  - Community-based services helping mums and babies go home sooner
  - The facilities and layout of the Unit
  - End of life care and bereavement services
  - Transitional care services (facilities for mum and baby)
  -
- **Maternity services want to improve:**
  - The care we provide closer to home
  - Our homebirth services and promote choice of homebirths
  - The number of midwife conducted births
  - Links between hospital and community care
  - The care we provide to women with other complex health problems
- **Gynaecology services want to improve:**
  - Community-based services and day-surgery
  - Links with sexual health services
  - Links to testing facilities and other special services
  - Complex surgery input from acute adult surgery
  - Psychological support
  - Use of technology to support care.
- **Anaesthetics, theatres and critical care services want to improve:**
  - Admissions; via an admission lounge (the area where people arrive when they are admitted to hospital)
  - Pre-operation appointments, with more use of technology where people do not need to travel into hospital
  - Community-based services
  - The availability of senior doctors through joint working with other service providers
  - Research and innovation.
- **Reproductive medicine services want to improve:**
  - Pregnancy rates and embryo selection
  - Use of technology
  - Treatment for women with more complex health problems
  - Links to testing facilities and a swifter turnaround
  - Psychological support.
- **Genetics services want to improve:**
  - Centres of excellence and cross-site working
  - Links between research and academic expertise
  - Training for non-specialist staff
  - Testing for the right reasons and at the right time
  - Rates of uptake for genetic testing.