

Operational Plan 2017-18

Liverpool Women's NHS Foundation Trust

[FINAL May 17]

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1. Executive Summary

Liverpool Women's NHS Foundation Trust (LWH) is a specialist acute trust dedicated to the care of women, babies and their families. The Trust provides maternity, gynaecology and neonatal services as well as reproductive medicine and genetics. The Trust has a turnover of £104m, employs circa 1,400 staff and delivers care to circa 60,000 patients each year. The Trust had a planned deficit in 16/17 of £7m after receipt of £2.8m of sustainability and transformation funding i.e. an underlying deficit of £9.8m.

The Trust has a strong track record of operational and financial control achieving all patient access targets and delivering levels of cost improvement above the national average for several years. In the last five years the Trust has achieved cost improvements totalling £26.2m. National benchmarking shows that the Trust has consistently demonstrated that it is an efficient organisation.

However in June 2014 the Trust formally notified regulators and commissioners that it was no longer clinically or financially sustainable in the long term. The Trust has undertaken several detailed reviews since that time which all came to the same conclusion. In November 2015 the Trust published the Future Generations Strategy which detailed the clinical case for change and recommended that services be relocated to the Central University Hospital Campus (Royal Liverpool hospital site). Commissioners and regulators have accepted the clinical case for change.

Liverpool CCG have produced a further pre consultation businesses case, approved in November 2016, which also concluded that the preferred option would be to relocate services to the Central University Hospital Campus. This involved a capital cost of approximately £104m and resulting revenue savings of £4.6m.

NHS England whilst accepting the clinical case for change are not prepared to move to public consultation until the capital for the scheme can be identified and affordability concerns addressed, which includes resolving the underlying deficit of the Trust. Further work will be required to satisfy these concerns; the Trust is currently working with Commissioners and NHS England to address the concerns.

However, even if public consultation were to proceed immediately and the CCG were to conclude that the preferred option were to progress, the relocation of services would require a minimum of five years given the application process for capital which the Trust would need to follow and the site issues at the Central University Hospital Campus. The clinical case for change has now been known and accepted by the LWH Board for over two years. The clinical risks associated with the clinical case for change now need to be mitigated. Liverpool CCG, NHS England and NHS Improvement accept the do nothing option is no longer sustainable.

The pre consultation business case did identify the cost of meeting the clinical case for change if services remained on the current site and this equated to £41.6m of capital and an additional annual revenue cost of £4.2m.

The Board have carefully assessed the immediate clinical risk, taking advice from the clinicians at the Trust, and believe mitigation is now required. The Trust will therefore be investing immediately in additional consultant cover for the Trust. The Trust is also requesting capital, in the form of a business case to NHS Improvement, to address the immediate issues on the neonatal unit arising from inadequate estate.

The following sections of the operational plan outline the Trust's approach to clinical risk, quality planning, workforce issues, patient activity and the financial forecast.

2. Vision and Values

The Vision, Aims and Values have been developed over a long period of time with input from the Board, Staff, Governors and Stakeholders.

Our vision: To be the recognised leader in healthcare for women, babies and their families

Our strategic aims – **WE SEE**

- W** To develop a well led, capable, motivated and entrepreneurial **W**orkforce;
- E** To be ambitious and **E**fficient and make best use of available resources;
- S** To deliver **S**afe services;
- E** To participate in high quality research in order to deliver the most **E**ffective outcomes;
- E** To deliver the best possible **E**xperience for patients and staff.

Our values – **We CARE** and **We LEARN**:

- Caring** – we show we care about people;
- Ambition** – we want the best for people
- Respect** – we value the differences and talents of people;
- Engaging** – we involve people in how we do things;
- Learn** – we learn from people past, present and future.

3. Future Generations

Review of Women’s and Neonatal Services

The Trust submitted a five year plan to Monitor (now NHSI) in June 2014 which set out the financial and clinical challenges faced by the Trust. The Trust reviewed the strategic options and produced a report in November 14. However the Trust clinicians requested further time to review the clinical evidence.

Therefore 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.

In December 2015, the resulting business case received formal approval from the Trust Board and was submitted to Monitor and Liverpool CCG for review. Liverpool CCG accepted the case for change and commissioned its own review into Women’s and Neonatal services.

The review was supported by an external consultancy and a wide range of clinicians and commissioners. The overall governance was undertaken by a Project Oversight Group at which all stakeholder groups were represented. This was supported by a Clinical Reference Group, again clinicians from all stakeholder groups were represented. The review followed a standard option appraisal methodology.

Liverpool CCG concluded the Pre-consultation Business Case (PCBC) in November 2016. The PCBC presents four short listed options including;

- Enhancing the Crown Street site to meet the clinical case for change
- Minimum enhancements to the Crown Street site, which did not meet the clinical case for change
- Relocating services to Alder Hey Children’s NHS FT in a new build and
- Relocating services to Royal Liverpool and Broadgreen University Hospitals NHS Trust in a new build

Of the four short listed options the PCBC contains evidence which clearly demonstrates that one option, relocation to a new build co-located with the Central University Campus, scored highest in all domains under consideration within the options appraisal framework, those being quality, feasibility, financial sustainability and strategic fit.

The indicative financial implications of the options are set out below. A move to the Central University Campus site presents the most favourable Net Present Value of the four options considered.¹

£000	Royal Liverpool	Alder Hey	Crown Street Minimum	Crown Street Enhanced
Capital Cost	104,280	101,785	20,350	41,600
Net Revenue Cost/(Saving)	(-4,635)	(-2,961)	2,651	4,182
NPV 30 Years Cost/(Saving)	19,033	47,326	69,107	118,516
NPV Ranking	1	2	3	4

NHS England whilst accepting the clinical case for change are not prepared to move to public consultation until the capital for the scheme can be identified and affordability concerns addressed, which includes the underlying deficit of the Trust.

The preferred solution would take at a minimum of five years to implement if agreed because the area on the site of the Central University Hospital Campus (Royal site) will not be available until the current PFI on that site is completed and the existing building demolished. In addition the Trust will need to apply for capital and produce a range of business cases demonstrating affordability.

Therefore an interim solution will need to be identified to mitigate the clinical risk associated with the clinical case for change.

Management of clinical Risk as Identified through the clinical Case for Change (Future Generations Strategy)

Two comprehensive in-house and CCG-led service reviews in the last three years have highlighted several important, escalating clinical safety weaknesses. These are outlined service-by-service below together with planned measures to mitigate the clinical risks. These mitigations, while significant, will nevertheless fall well short of the full benefit that would be realised by relocation of the services to a hospital site already providing multidisciplinary acute adult care. This is because relocation would give rapid access to medical and surgical teams from other specialties to assist with a full range of acute and sub-acute medical or surgical complications, access to a specialised cardiac arrest team and access to a Level 3 Intensive Care Unit, none of which can be provided at Crown Street. Relocation would also obviate the need for the high-risk ambulance transfer of acutely ill women between hospital sites.

Neonatology

It is incumbent upon the health service to provide the best possible quality of care to newborn babies who have medical needs. The neonatal unit at Liverpool Women’s Hospital receives a high volume of babies facing the most severe medical challenges. At the Crown Street site, there are two key areas of concern. The first relates to deficiencies in the estate. The second relates to the provision of specialised staff.

The current estate at LWH is not fit for the purpose of providing neonatal intensive care. There is insufficient floor space for neonatal cots - this increases the risk of life-threatening infection. One such infective event has already led to the need for a four-cot reduction in capacity at LWH within the last 18 months and in other UK

¹ The NPV calculations do not take into account potential savings in relation to changes in organisational form.

sites, similar estate deficiencies have resulted in more extensive outbreaks of infection. In addition, there is a shortage of parental accommodation. The unit does not comply with Hospital Building Note (HBN) specifications, despite previous investments. To make the estate fit for purpose, there will need to be a significant capital outlay and this has been detailed in the financial section of this document.

The current provision of Consultant Neonatologist resident cover falls short of the 12/7 standard recommended by the British Association of Perinatal Medicine (BAPM). An investment in five additional Consultant Neonatologists is required for this purpose. The present availability of senior trainees in the specialty is low so a step-wise increase in numbers will be required at a rate of one new consultant per year in five consecutive years.

In addition, developing an Advanced Neonatal Nurse Practitioner (ANNP) team is seen as a key local strategy to counter a nationally experienced shortfall in the numbers of neonatologists in the medical workforce. Such a workforce redesign could exacerbate existing neonatal nursing shortages in Cheshire and Merseyside and would require investment in backfill of posts.

Work is progressing towards the provision of a single NICU service across two sites, Liverpool Women's and Alder Hey, with this work being overseen by the ODN.

Maternity

The escalating problem facing the maternity service relates to the fact that major risk factors for serious maternal morbidity and mortality are increasing. These include population factors such as increasing levels of obesity and delay of pregnancy to a later age, plus more specific medical factors such as an increase in the numbers of women with severe medical co-morbidities who are now choosing to reproduce. These are nationally encountered phenomenae but they are particularly relevant to the Liverpool population because of its high-risk socio-economic profile. To mitigate, an increase in Consultant Obstetrician numbers is planned, to provide twenty-four hour Delivery Suite presence on seven days per week. To achieve this, eight WTE Consultant Obstetricians will be required in addition to the present quota. It is acknowledged that the present availability of senior trainees in the specialty is low so a step-wise increase in numbers will be required at a rate of one new consultant per year in eight consecutive years. Improvements to crucial support services would also be required for optimal clinical benefit, to include: provision of an on-site blood bank, provision of on-site CT and MRI facilities and provision of on-site laboratory services for blood testing. Each of these facilities would require an initial capital outlay then full personnel support, which may not presently be achievable.

Gynaecology

The escalating problem facing elective and semi-elective gynaecological services relates to the fact that a rising number of women are accessing care, who have multiple medical co-morbidities and/or risk factors for severe surgical complications. As a result, the service has become increasingly reliant upon specialist input from other medical and surgical specialties to ensure that treatment is carried out in the safest way. In addition, the volume and complexity of emergency work being dealt with through the Gynaecology Emergency Department has risen steadily in recent years, while gynaecological support for the management of acute, life-threatening obstetric haemorrhage on the Delivery Suite also has to be provided. These factors are placing significant demands upon the Consultant Gynaecologists who presently, at times, have to continue performing their elective work while simultaneously covering emergencies. To mitigate, an increase in Consultant Gynaecologist numbers is planned: to fund the attendance of Gynaecological Oncologists at specialised MDTs, to fund the attendance of Consultant Gynaecologists at joint operating lists at RLUBH, to increase the number of sessions provided by Consultant Gynaecologists in the Emergency Department from two to ten per week, to increase the provision of acute surgical operating lists at the Crown Street site from

one to two per week and to provide two acute care ward rounds per day in keeping with the Seven Day national agenda. This plan will require the employment of two WTE Consultant Gynaecologists in addition to the present quota. The present availability of senior trainees in the specialty is low so a step-wise increase in numbers would be required at a rate of one new consultant per year in two consecutive years.

In addition, the purchase of clinical sessions from specialists in colorectal surgery (3.0 PA), urology (2.5 PA) and radiology (with specialised pelvic imaging expertise, 2.0 PA) is planned together with support from a dermatologist, psychologist and HDU Educator. Finally, the purchase of sentinel node biopsy equipment is planned for diagnostic use in the cancer services. This group of measures will bring the service into closer alignment with nationally accepted standards of care, although not fully closing that gap.

Anaesthesia

There are no physicians or surgical specialty doctors present on the Crown Street site and no support from the Critical Care Network to provide a Level 3 Intensive Care Unit on that site. In addition, Modernising Medical Careers has brought about early specialisation in recent years, so present trainees in Obstetrics and Gynaecology are significantly less likely to have had training in acute medicine and critical care compared to their equivalents in previous years. The twenty-four hour presence of a Consultant Anaesthetist in the Trust on seven days per week is therefore planned, to allow for the safer provision of anaesthesia but also to allow for the most effective response to physiological deterioration across a range of life-threatening obstetric, gynaecological, medical and surgical conditions when these arise. To achieve this goal, the plan is to increase the present quota of Consultant Anaesthetists by 7.5 WTEs. It is acknowledged that recruitment into Consultant Anaesthetics posts is difficult, therefore, any additional staff to support an increase in out of hours cover would have to be done in conjunction with RLUBH and recruitment would have to be phased at a rate of one additional new consultant per year.

COSTS ASSOCIATED WITH MEETING THE CLINICAL CASE FOR CHANGE

As detailed above the Trust's clinical body have assessed the clinical risks and determined mitigations required the planning period. As noted above the mitigations outlined below will not resolve the clinical risk, this will not occur until the Trust services are relocated to the Central University Hospital Campus. The costs of mitigating the clinical case for change are summarised below:

Capital costs of addressing immediate clinical risks

		2017/18	2018/19	Total cost
1	Costs of upgrading to the neonatal unit to address risk of infection and meet HBN standards	£7.0m	£8.0m	£15.0m
2	Capital cost of blood bank and diagnostics in 2, 3 and 4 below	£2.9m	£2.8m	£5.7m
3	Backlog maintenance to address eg fire safety, water hygiene and domestic hot water	£1.0m	£1.0m	£2.0m
	TOTAL CAPITAL IMPACT	£10.9m	£11.8m	£22.7m

The Trust is finalising a business case for NHSI in relation to the capital requirements above.

Revenue costs of addressing immediate clinical risks

		2017/18	2018/19	Annual recurrent cost
1	Costs associated with addressing safety risks of multiple medical co-morbidities. Predominantly staff costs and including colorectal, urologist and radiologist consultant cover	£0.5m	£0.5m	£0.5m
2	On site blood bank to mitigate in instances of eg sepsis and haemorrhage	-	£1.0m	£1.0m
3	Enhanced laboratory diagnostics on site to include rapid processing of eg FBC, UE, blood clotting and cardiac enzymes	-	£0.7m	£0.7m
4	Enhanced on-site imaging capability to mitigate in instances of eg sepsis, thrombosis and haemorrhage	-	£0.5m	£0.7m
5	24/7 consultant cover to deliver more effective interventions and reduce surgical complication rates	£0.5m	£0.7m	£2.7m
6	Additional depreciation in relation to capital upgrade requirements	-	£0.5m	£0.7m
7	Additional interest costs in relation to capital borrowings	-	£0.5m	£0.5m
	TOTAL COST IMPACT	£1.0m	£4.4m	£6.8m

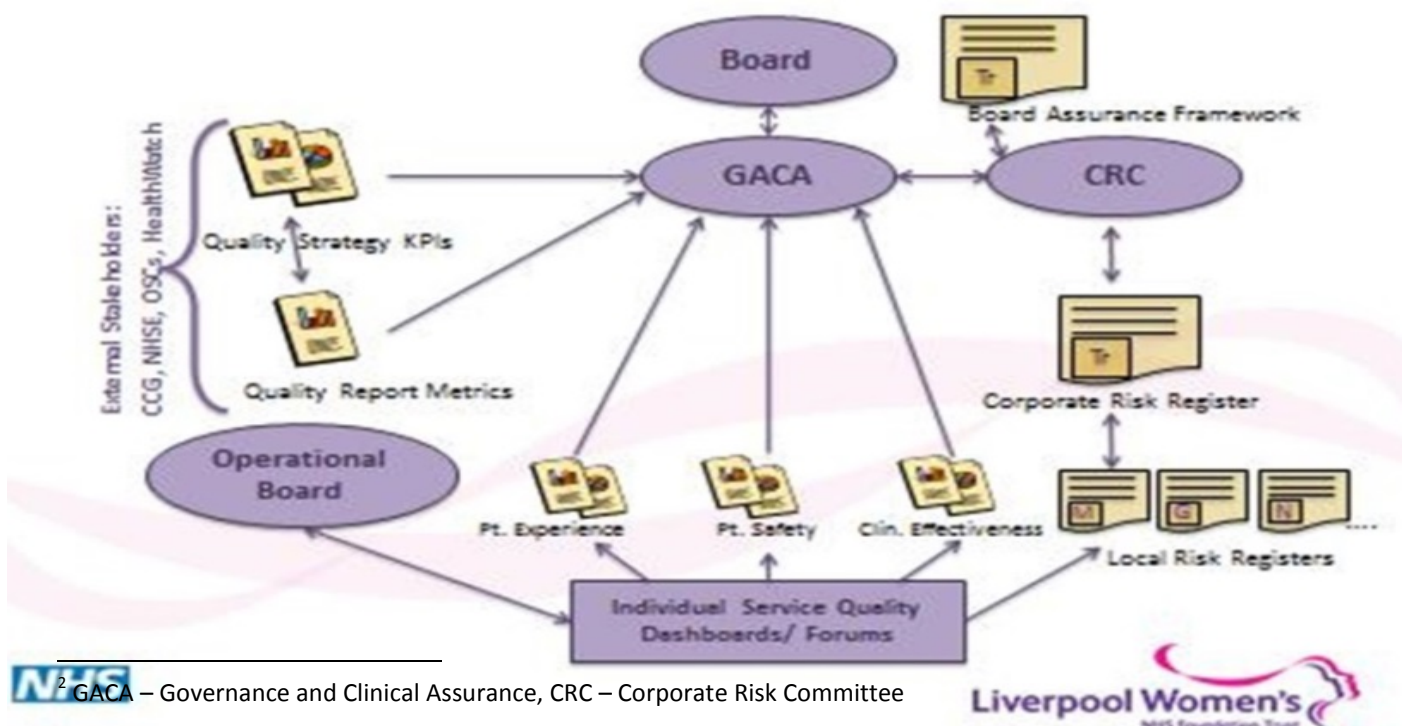
4. Quality Planning

Approach to quality improvement

The Director for Nursing and Midwifery is the Trust's named executive lead for quality improvement.

Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended), are subject to an audit programme of assessment using external and internal resources. This is completed by adopting the full CQC methodology in terms of Regulations and process (KLOE), and is Trust wide to evidence 'board to ward' transparent, evidential learning used to inform Quality improvement and improve the current 'Good' CQC rating.

The Quality Improvement governance system is provided in the following schematic²:



The Trust analyses its own performance using key quality indicators and has benchmarked these indicators against national and international comparators.

It is recognised that many different change models exist to frame the delivery of transformation and quality improvement. LWH is embracing a lean PDSA model of quality change with Prince light methodology. Service improvements are coordinated by the Trusts Transformation team and this team uses organisation-wide Master Classes to provide front line staff with a range of simple tools and techniques to deliver quality and service improvement.

Summary of the quality improvement plan (including compliance with national quality priorities)

The Trust's quality improvement plans in relation to local and national initiatives include:

- Continued participation in all Clinical Audits that form part of the National Clinical Audit Programme as a sub section of the Healthcare Quality Improvement Programme (HQIIP).
- Care hours per patient per day have been recorded and reported appropriately and will be continued to be monitored and benchmarked to ensure the most effective utilisation of clinical teams
- Systems are already in place for the review of mortality in Gynaecology, Maternity and Neonatology. However in light of increasing concerns relating to reported Serious Incidents and mortality, the Medical Director and Director of Nursing and Midwifery are currently reviewing those systems, comparing them with local peers and national standards to ensure that they remain in keeping with the highest standards
- The Infection Control Team implements and follows an annual work plan which is approved by the Board of Directors and is publicly available. This includes all elements of the provision of safe care with regards to infection control in addition to audits and compliance with external standards e.g. Health Care Act and NICE QS 61 & QS113. There is additional scrutiny for all areas in light of the concerns and risk identified through the Future Generations clinical case for change and specifically within Neonatal services, where the reduction in cot capacity continues due to estate limitations and risks.
- Regular audits of antimicrobial usage are conducted by Pharmacy and reported to medicines management and to the CCG (monthly). The Trust utilises an antimicrobial formulary which directs and controls antimicrobial usage. CQUIN targets for 72 hour review are being met. The Trust's antimicrobial strategy will be updated in year.
- The forward plan for End of life care LWH 2016 includes:
 - Ongoing annual review of End of Life Care for adults dying at the Trust
 - Annual relatives survey
 - Implementation and roll out of Advanced Care Planning and documentation within the Trust
 - Considering the use of Patient Reported Outcome Measures (PROMs) as part of patients ongoing assessment
 - Review of Educational Plans
 - Progressing towards the use of EPaCCs (Electronic Palliative Care Coordination system)
 - Inclusion in subsequent reports EoL care provision within Neonatal and Maternity Services.
- The Trust's improvement priorities as described in the Quality Strategy, Quality Report and CQUINs are monitored through the monthly performance report. Prior to closure intended corrective action reports are submitted and addressed through the relevant Senate (Safety, Effectiveness & Experience). Further monitoring and scrutiny is provided through reporting of associated risks to the Corporate Risk Committee.
- The Combined Quality and Performance Group, with CCG membership consider the Trust's Quality and Performance reports and the metrics included in the Quality Strategy, Quality Report and

CQUINs. Further, the Local Authority OSC's and CCGs are able to comment on and influence the metrics included in the Quality report and priorities for the upcoming periods. This ensures that the Trust's priorities are consistent with those of the STP.

Better Births- National Maternity Review – Implementation plans for Liverpool Women's NHS Foundation Trust

- LWH in partnership with the local Maternity Vanguard one of 7 Pioneer sites for better births in the country
- Community Redesign based on better births and to provide care closer to home across boundaries.
- The pilot of the personalised maternity care budgets starting December 2016
- Bespoke enhanced midwifery service to wrap around the whole service specifically focussing on vulnerable women with perinatal mental health issues
- Working with the local vanguard towards single point of access for choice and personalisation
- Bespoke parent education services as part of the personalised maternity care budget offer – choice and personalisation
- Pilot of a homebirth team to address the continuity of carer / choice / personalisation element of choice of place of birth
- LWH in partnership with the local Maternity Vanguard one of 7 Pioneer sites for better births in the country
- Cheshire and Merseyside STP just named as one of the 7 early adopter sites of which LWH is a primary partner with the Regional Head of Midwifery/Gynaecology Lead Nurse and Clinical Director / Obstetrician
- Pilot of pop up Freestanding Maternity Units as part of the early adopter partnership work.

Summary of quality impact assessment process

The Trust has an established Transformation and Turnaround Committee providing the governance assurance for change and transformation schemes impacting all areas across the Trust. The Committee meets formally on a fortnightly basis and reports to Finance, Performance and Business Development Committee as a subcommittee of the Board of Directors

The Turnaround and Transformation team work in a number of ways to support contributors in the development and assessment of potential schemes which may result in changes to service construct. The team has developed a pan trust communications strategy, undertaken road shows and master classes and has supported the annual planning process with director colleagues.

The Trust's current Quality Impact Assessment (QIA) process is considered to be robust and appropriate by Internal Audit and thus in keeping with the spirit reflected by the CQC. In order to ensure consistent quality of application the Turnaround Transformation team coordinate many of the QIA's required for service related schemes across the Trust. There is a robust QIA for all projects which are required to be reviewed and signed off by both the Medical Director and Director of Nursing and Midwifery.

Summary of triangulation of quality with workforce and finance

The Trust's performance metrics are presented in a combined format including quality, workforce and financial indicators. This is reviewed on a monthly basis by the Trust Management Group with oversight by sub-Board Committees. The Turnaround and Transformation Committee has added additional scrutiny to this process with oversight across all of these strands led there by the Medical Director and Director for Nursing and Midwifery.

The reviewed indicators include inputs from NHSI, Trust Quality Strategy, Quality Schedule and CQUINs.

The Board receives regular reports across all of the corporate aims. The Trust governance meeting structure is aligned to ensure Ward to Board reporting and appropriate escalation of risks and management.

The Board uses this information both in the operational management of services and in its risk management processes. Triangulation allows themes emerging from quality, workforce and finance to be aligned and dealt with in collaboration rather than through separate processes. Further more detailed reviews are then commissioned by the Board of Directors through the sub board committees and governance structure and reported back including improvement trajectories and outcomes that provides the requisite assurance on the quality of care and enhanced productivity.

5. Workforce

Fit for Future Generations

In line with the Trust's strategic direction 'Future Generations', a transformational programme has been launched, 'Fit for Future Generations'. This programme has the objective of delivering new ways of working in order to achieve financial sustainability whilst maintaining quality of patient care.

Workforce transformation and associated organisational change will therefore significantly increase in 2017/18. Organisational change in the areas outlined below is anticipated to deliver a wte reduction with a further reduction being achieved through a MARS scheme. Where possible, and only where there is no detriment to patient care, vacancies are being held and filled by bank or temporary staff, to reduce the potential for compulsory redundancy. Attrition is being closely analysed and every vacancy assessed at executive level to ensure robust controls on recruitment. Any organisational change will be quality impact assessed to ensure no adverse impact on patient care. Scrutiny and governance of organisational change is provided by the Turnaround and Transformation Committee who report ultimately into the Trust Board.

Safe Staffing & Workforce efficiency

In recognition of the need to respond to the current and future clinical risks identified by the Future Generations Strategy, the Trust is proposing to increase its on-site Consultant presence in each of the main specialty areas. This equates to an increase in substantive Consultant numbers of 4.0 wte in 2017/18 and a further 4.0 wte in 2018/19. In order to respond to the clinical risks identified specifically in gynaecology, the Trust will be seeking additional specialist consultant and allied health support.

In response to increased levels of outpatient activity and reduced length of stay, a wholesale redesign of our inpatient processes will result in the consolidation of two gynaecology wards and utilisation of theatre space for elective work five days a week. This will mean a reduction in nursing staff and potential changes in consultant working patterns.

In order to improve our scheduling and planning processes, new technology in booking and scheduling departments will be introduced along with the creation of a single centralised reception area replacing the current individual receptions. This will provide the opportunity to rationalise administrative staff whilst providing a more responsive service to patients.

Extended nursing roles continue to mitigate the ongoing issues with junior doctor supply. The Trust is developing a new role the Gynaecology Emergency room to 'see and treat' patients to improve patient flow. Strengthening senior nursing capacity in neonatal services has seen the introduction of a Consultant Advanced Neonatal Nurse Practitioner (ANNP) in 2016/17. The numbers of ANNPs in training will be reviewed each year in line with attrition and the junior doctor pipeline.

Leadership and management development for the nursing and midwifery workforce continues to be a focus and a review of nursing & midwifery leadership will be undertaken in 2017/18. The Trust's Leadership Development Programme offers modules including resilience; business planning and service redesign. This in addition to individual and team coaching.

In response to the National Maternity Services Review, 'Better Births' an acute care collaboration has been established in Cheshire and Merseyside to develop new models of maternity care with LWH chosen as a pioneer site. As part of the redesign work a review of the Trust's community midwifery services is being undertaken to rationalise the number of geographical locations from where community midwifery services are delivered.

A review of neonatal nursing education in the first quarter of 2017/18 will deliver an increase in our nursing capacity.

Working in partnership

Close working with Royal Liverpool and Broadgreen University Hospitals Trust and Alder Hey NHS Foundation Trust at consultant level continues with recent joint appointments in Anaesthetics and a new joint role in Paediatrics and Gynaecology. The Trust also continues to receive support in the management of the Pharmacy service from the Royal Liverpool Trust and procurement support from Aintree University Hospital.

The Trust is actively involved in streamlining and corporate service reviews across North Mersey and the wider STP footprint. In addition the Trust is seeking to implement specific Corporate Service consolidation opportunities with the Royal Liverpool and Aintree University Hospitals. Outsourcing of Switchboard, Occupational Health and Estates departments will be implemented in the first instance in the first quarter of 2017/18.

Communication & Engagement

In light of the financial challenges and the Trust's Future Generations strategy, staff engagement and communication remains a priority. Multiple channels of two way communication are utilised including regular briefings from executive directors about the Trust's future as well as ongoing temperature checks with the local 'PULSE' survey which provides a snapshot of staff engagement between the annual national staff surveys. Following a survey of internal communication, all methods will be reviewed and refreshed in 2017/18 to ensure relevance and reach.

Recruitment & Retention

Retention of key staff remains a priority and a challenge in the context of future organisational change. Turnover increased in 2016/17, with a particular increase in corporate areas. The current retention strategy will be reviewed and potentially revised to ensure it is meeting its objectives of achieving stability in key positions during a period of transition. Particular retention strategies for hard to recruit areas including theatres will be introduced which will include a mixture of financial and non- financial incentives.

The challenges of delivering seven day working remain as described in the 2016/17 Operational Plan. Investment in consultant staffing is required to deliver the standards, in particular the target of consultant review within 14 hours. Joint and cross- site working options will continue to be explored within the STP region.

The Trust will implement the Apprenticeship Levy with a particular focus on 'growing our own' in hard to recruit specialist areas such as Genetics, as well as investing in professional and leadership development amongst our nursing and midwifery workforce and implementing career progression structures including Nurse Associates.

6. Patient Numbers

Activity 2016/17

The Trust has seen increases in activity in Maternity, Neonatal services and Gynaecology during 2016/17 primarily from our main commissioner, Liverpool CCG. This appears to be linked to an increase in population which correlates to the regeneration of the Liverpool inner city. The Office of National Statistics recently published local population figures that suggest the population will continue to increase by 1% per year for the foreseeable future based on assumptions of births and deaths.

- Maternity has seen a 3.2% increase in births over the last 12 months, this increase being made of a) increases in the local population, b) more patients from outside of the immediate catchment area choosing to receive their maternity care at Liverpool Women's Hospital and c) for clinical reasons as the recognised 'tertiary' specialised centre. As a consequence, apart from an absolute increase in birth numbers, the service has seen an increase of 10% in births with complications. This increase correlates to evidence of an upward trend in the number of patients presenting for care with underlying long term medical conditions such as obesity, diabetes or mental health / nervous disorders. Over time this trend of increasing complexity has necessitated the introduction of additional resources to maintain safely and effectiveness.
- The Neonatal service has also seen an activity increase of 4% linked to the increase in births and associated complications as described above.
- Gynaecology has seen an increase in referrals of 3%, however with advances in ambulatory practice this has only translated into an increase in first appointments and outpatient procedures. All other activity is similar to previous years.

Overall, these changes will result in a marginal overall change in the projected demand for services throughout 2017/18. Capacity planning is well established across the Trust. Service changes required are highlighted below.

Contract 2017/18

The Trust has used 2016/17 forecast outturn to plan activity levels for 2017/18 and 2018/19. These plans are supported by local population figures and demographic data.

The contracts with main commissioners include growth of 1% for 2017/18 and a further 1% for 2018/19.

Capacity and Demand

To ensure that the Trust can deliver activity levels and maintain access standards, capacity and demand reviews have been undertaken across all service portfolios. The Trust has used both the "GooRoo" tool and redesign support from "Four Eyes Ltd" to size future delivery models.

Gynaecology

In response to changing clinical practise the Trust has redesigned its inpatient and day case Gynaecology service. The final phase of this service redesign was taken forward in 2016/17 Q4 and will result in a reduction in inpatient beds from 39 to 24 and an increase in day case ambulatory trolleys. This redesign scheme will significantly reduce costs, circa £0.5m and is linked to the cost improvement programme.

During 2016/17 the Trust increased outpatient ambulatory services to meet growing demand. Recent changes in clinical practice and increased use of medical interventions rather than surgical operative procedures has prompted a system review of outpatient clinics. A capacity and demand review was completed during 2016/17, the outcome of which will dovetail with the introduction of new patient booking and scheduling

technology and a centralised administrative function. These changes are expected to improve patient flow, efficiency and patient experience.

The recent re-profiling of work has resulted in surplus capacity within our inpatient theatres and core bed base that is being offered to other local Trusts. Vacant capacity is already being utilised for day case ophthalmic procedures in partnership with The Royal Liverpool and Broadgreen University Hospital. It is anticipated that the Trust will seek to secure further flexible capacity support during 2017/18.

The Trust is currently recruiting additional gynaecology surgeons, theatre staff and anaesthetists to meet increased demand and to reduce the reliance on agency and enhanced payments. The Trust will continue to make joint appointments with other local Trusts where possible for theatre and anaesthetists posts as a means of maintaining skills development and to enhance both post attraction and improve retention.

Neonatal

The increased demand is linked to the increase in higher risk births in Maternity and the fact that the Trust hosts the main Neonatal Level 3 ICU in Cheshire and Merseyside. Commissioners invested in additional nurses in 2016/17 that have enabled the service to maintain capacity. Gaps in the middle grade junior doctor rota's continues to be a challenge, however, the service has trained three additional Advanced Neonatal Nurse Practitioners who complete their training in March 2017 and can form part of rotas going forward.

The service continues to develop a Transitional Care offering and Neonatal Outreach Service that over time has been seen to help reduce admissions to the unit and enable earlier discharge home and improve patient experience.

Work is shortly to conclude with commissioners and the network in terms of establishing a single North West Regional Transport Service, reviewing the number of level 3 units in the region and the provision of Level 3 cots at Alder Hey for Neonatal surgery.

Maternity

The service dynamically reviews inpatient capacity and its ability to flex workforce to meet seasonal demand. Unlike most other Trusts locally, seasonal variation sees an increase in activity in Maternity in the summer/autumn months rather than during the winter period. The service has a plan that allows both staffing and the environment to be flexed to meet the seasonal variation. Further work is underway to review and improve discharge pathways to ensure an efficient and safe flow of patients.

The Trust is currently mid-way through a redesigning of its Community Midwifery Services in line with recommendations from the National Maternity review: "Better Births". This will see more activity moving to strategically located community hubs and reducing attendances in the hospital, which is also in line with Liverpool CCG's Healthy Liverpool programme. This will result in reducing the number of sites used for patient care in the community whilst increasing the scale of community services offered. The Trust is working closely with the Cheshire and Merseyside Women's and Children's Partnership (Vanguard) on the recommendations in the review and also leading for the region the "Pioneer Project" and "Early Adopter" initiatives.

General

Outpatient departments across all specialities have undergone a review. Further transformational work will ensure that the Trust is prepared for the "Future Generations" strategy and the Sustainable Transformational Plan.

Key Operational Standards

The Trust has achieved all key operational standards in 2016/17 at a consolidated Trust level and is confident that these can be achieved again in 2017/18.

These are specifically for Gynaecology:

- A & E maximum waiting times 4 hours from arrival to admission/transfer/discharge 95%
- Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathways – 92%
- All Cancers – maximum 62 day wait for first treatment
 - Urgent GP referral for suspect cancer – 85%
 - NHS cancer screening service referral – 90%
- Maximum 6 week wait for diagnostic procedures - 99%

7. Financial Forecast and Modelling

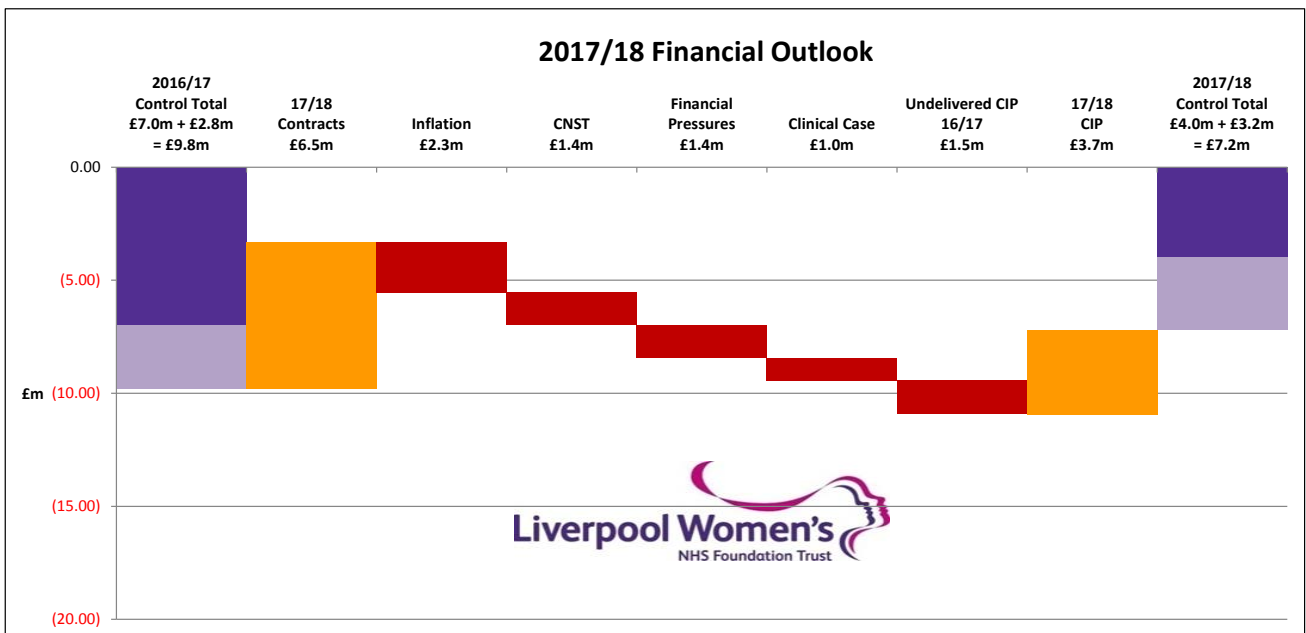
Overview

In 2016/17 the Trust had a deficit budget of £7m in line with the control total set by NHSI. This was after £2.8m of Sustainability and Transformation Funding (STF) meaning the underlying deficit was £9.8m. The Trust ended 2016/17 within the control total and made a drawdown of £7m in cash support.

For 2017/18 the Trust has accepted a control total of £4.0m deficit after receipt of £3.2m of STF funding and has a cash support requirement of £4m before any capital expenditure in relation to the clinical case for change.

The 2018/19 control total has not yet been agreed. The Trust continues to work with NHSI to agree controls totals which allow for the costs of addressing the clinical case.

The 2017/18 financial outlook is summarised below.



Using the metrics set out in the Single Oversight Framework which came into effect on 1 October 2016, delivery of the above financial plans will give the Trust a score of 3 for ‘finance and use of resources’.

ASSUMPTIONS

Within these totals are the following assumptions which underpin the delivery of the control total.

Activity and Contracts

Activity within the financial plan is predominantly based upon 2016/17 forecast outturn and results in £1.3m of additional activity above the 2016/17 planned levels. This level of activity has been agreed with commissioners and forms the basis of the workforce planning and demand and capacity planning. It also underpins the achievability of the control total.

The financial plan applies the most recent³ HRG4+ tariff to the above activity in both of the financial plan years. In line with national guidance⁴ the Trust has applied a net 0.1% inflator to local prices. This level of tariff and income forms the basis of the contract requirements which enable the Trust to meet the planned control totals and accounts for £5m of the plan.

The contract with a number of commissioners including the lead commissioner Liverpool CCG is a block contract at 2016/17 forecast outturn at HRG4+ tariff with an additional 1% in 2017/18 and 2018/19 to reflect growth in activity. This represents 85% of all CCG income received by the Trust.

The remaining CCGs will contract on the basis of activity at HRG4+ tariffs.

All contracts were signed by the 23rd December 2016.

Inflation

Cost uplifts have been applied in line with national economic assumptions.

CNST Premium

The CNST premium for 2017/18 has been confirmed at £15.7m which is an increase of £1.4m.

Cost pressures

The Trust faces a number of unavoidable cost pressures for 2017/18 including

- implementation of an EPR, which is to be undertaken jointly with Aintree and the Royal hospital
- additional agency costs for theatre staff as a result of national staff shortages
- loss of the neonatal transport service, resulting in a reduced management fee
- additional costs to deliver the 2016/17 outturn activity which is expected to continue into 2017/18 and beyond

2016/17 undelivered CIP

CIP schemes to the value of £1.5m are forecast to not deliver in 2016/17 arising from two key areas; fertility growth and inpatient redesign. These have been mitigated non-recurrently in year through tightened control over the position and are included for delivery in 2017/18 on a recurrent basis.

Cost Improvement Program (CIP)

The Trust has approached CIP with energy over recent years, delivering £26.2m in the last five years through a combination of cost reductions and commercial growth. This was supported by a turnaround approach for 2014/15 and 2015/16 which identified and delivered £11m of improvement.

Schemes are subject to detailed project plans, Quality Impact Assessment and Equality Impact Assessment both before and during implementation. The schemes are signed off by the Medical Director and Director of

³ Finalised December 2016

⁴ NHS OPERATIONAL PLANNING AND CONTRACTING GUIDANCE FOR 2017-19 (September 2016)

Nursing and Midwifery before implementation. Internal audit reports have demonstrated that there are good controls over CIP identification and processes.

These processes have been further strengthened going forward with the appointment of a Turnaround and Transformation Director, the establishment of a programme management office to support identification and delivery of savings and greater oversight from a Turnaround and Transformation Committee. Clinical engagement remains critical to the delivery of the challenging efficiency programme and a robust communication and engagement strategy has been developed.

However the identification and delivery of CIP has become increasingly difficult year on year as the Trust exhausts its options to make significant improvements.

Included within the 2017/18 financial plan is a further £2.2m of CIP, in addition to the £1.5m undelivered above, which represents a total of £3.7m. This represents 3.5% of the Trust's operational cost base and is a realistic indication of what the Trust can deliver in its current form.

Further CIP is required in 2018/19 and a more transformational approach will be necessary to deliver the required targets, and it is within this year that the Trust aims to deliver savings through consolidation of corporate service functions with a view to reducing corporate overhead to 7% as per the Carter recommendations.

A summary of the targeted efficiency savings over the two years is set out in the table below.

CIP Scheme - recurrent delivery	2017/18
Fertility recovery plan (2016/17 scheme)	£1.0m
Inpatient redesign (2016/17 scheme)	£0.5m
Outpatient initiatives	£0.3m
Workforce efficiencies	£1.0m
Clinical and non-clinical supplies procurement initiatives	£0.5m
Trust-wide estates led efficiencies	£0.4m
Total	£3.7m

Use of agency and achievement of agency cap

The Trust expects there to be a requirement to use agency staff in areas where there are national shortages such as theatres. The Trust is also mindful of the impact of the Future Generations strategy on staff turnover and the ability to attract new staff substantively into posts. The Trust will continue to take all steps to minimise agency spending and adhere to national guidance. As a result the Trust is planning to be within its agency financial cap for both years of this plan.

Capital planning

The Trust's ongoing capital plan remains restricted in light of the deficit position and requirement for distressed finance support. Plans for 2017/18 and 2018/19 are for critical and essential items only and are subject to Quality Impact Assessments. The total operational capital spend for each year is within annual depreciation levels.

The Trust's business as usual capital requirements, excluding spend required in relation to the clinical case for change, are set out in the table below:

Area	2017/18
Building requirements and estates	£1.3m
IM&T – Digital Strategy	£0.8m
Critical medical equipment	£1.7m
Total	£3.8m

The items included in the plan have been identified by service leads as critical or essential. Medical equipment, which accounts for the majority of the spend, generally consists of items which are expected to require replacement during the planning years, however this is reviewed on an item by item basis at the time of replacement.

The capital requirements in relation to the Trust's longer term plans to bring the organisation back towards clinical stability are set out in section 3 above.

Cash flow

The sustained deficit means that the Trust will require further cash support over the two year planning period. This is in addition to a total of £12.6m of distressed financing drawn down at the end of 2016/17.

Requirement	Interim Revenue Support required
2015/16 actual	£5.6m
2016/17 actual	£7.0m
2017/18 planned	£4.0m
Total cash funding required	£16.6m

The future cash requirement will increase substantially if the Trust takes forward the mitigations for the clinical case for change noted later in the plan.

Key Risks to the Financial Plan

- The Trust has entered block contracts with its main commissioners which include 1% for activity growth, however if growth exceeds this level the financial risk will fall to the Trust
- The remainder of the CCG contracts are of a PbR nature, if activity drops so will Trust-wide income. A number of CCGs have also indicated their intention to review procedures of limited clinical value, including gynaecology and fertility services, this may lead to a reduction in income for the Trust. Reducing the cost base accordingly within rapid timescales can be difficult.
- Delivery of CIP, particularly in 2018/19 which requires a much more transformational approach and collaboration outside of the organisation, is increasingly difficult. Whilst schemes are identified for 2017/18 there is significant risk to delivery in 2018/19.
- Availability of staffing in a difficult climate and strategic change may lead to increased agency usage.
- Given the above risks and the potential impact on the achievement of the control totals, receipt of the STF monies would represent a risk.
- The Trust would require interim support from NHS I to maintain the financial position and this has not yet been secured.

The mitigations in place to reduce the level of risk noted above are as follows;

- Robust management of activity and waiting list numbers, together with joint working with commissioners to manage the levels of demand.

- Close working with commissioners to maintain current contracts for gynaecology and fertility services demonstrating value for money to commissioners.
- Robust processes in place to manage the delivery of CIP, including engagement and communication strategy.
- Continued tight control over agency usage, as evidenced by the current limited level of agency spend, a retention package has also been established for key staff in the Trust.
- Contingency reserve of £750k to be used to offset any unexpected financial impacts.

8. Operational Plan within the context of the Cheshire and Mersey 5YFV

The Cheshire and Mersey 5YFV includes a number of issues which directly relate to Liverpool Women's, most importantly a review of women and neonatal services which has been led by Liverpool CCG. In addition the Trust is identified in the 5YFV as part of a merger proposal with Aintree University NHS Foundation Trust and the Royal and Broadgreen University Hospitals NHS Trust. The STP also references the work of the Women and Children's Vanguard.

Merger with Aintree and the Royal

The Cheshire and Mersey STP also contains proposals for a three way merger between Liverpool Women's, Aintree and the Royal, which will potentially release £70m of savings. The Strategic Outline Case has been approved by all three Trusts. The Royal and Aintree are progressing towards an Outline Business Case for a two way merger by March 2018. Currently Liverpool Women's is not part of this process, at NHSI's instruction, however this remains the strategic direction for Liverpool Women's.

Cheshire and Mersey Women's and Children's Vanguard

The Trust is actively participating in the Cheshire and Merseyside Women and Children's Services (Maternity and Paediatrics multi-specialty network). The Vanguard aims to develop a clinically managed network for Women's and Children's services (including Maternity, Gynaecology, Neonatal and Paediatric services) across Cheshire and Merseyside in order to further improve quality and ensure services are clinically and financially sustainable.

9. Membership and Elections

Governor Elections

The Trust has 14 Public Governors elected by the Trust's public membership who represents the local community from: Central Liverpool; North Liverpool; South Liverpool; Sefton; Knowsley; and the rest of England and Wales. In addition there are 5 Staff Governors elected by the Trust's staff, from the following staff areas: Doctors; Nurses; Midwives; Scientists, technicians and allied health professionals; and administrative, clerical, managers, ancillary and other support staff. The Trust also has 6 appointed governors representing stakeholders.

The election process for Governors is undertaken in accordance with the Trust's constitution and follows the Model Election Rules. The Trust appoints the Electoral Reform Service as the returning officer for all Governor Elections. Over the time the Trust has been a Foundation Trust it has not had any difficulty in recruiting Governors due to the unique nature of its services and the strong brand associated with the service offering. In the last twelve months the Trust undertook an election process for 4 constituencies (2 public and 2 staff) and was able to fill the positions. In the next twelve months the Trust will undertake an election for 7 public and 2 staff governors. The Trust with the Council of Governors will actively engage with the membership and the public in order to support an active election process, see below. Governors receive induction training on appointment and meet with the Trust Secretary to identify specific needs.

Alongside the formal meetings, a range of briefing sessions and workshops take place to both inform the governors of Trust initiatives and to gain their views. The Council has recently created a task and finish Group to look at how Governors receive training and the type of training required including personal development, FT specific (such as understanding performance measures and finance) together with Trust specific (understanding the Quality Strategy, regulatory compliance, People strategy etc.).

Membership Strategy and engagement

Led by its Patient Experience and Membership Engagement Committee, the Trust’s Council of Governors developed and approved a three year membership strategy in July 2014 (2014-17) and is currently updating the strategy to look beyond 2017. The Strategy provides a ‘roadmap’ for the Trust’s membership and public engagement over three years. Engagement with the membership and the public is at the heart of being an NHS Foundation Trust. It facilitates local accountability ensuring that those for whom the service exists – patients and the public – have an opportunity to shape, influence, comment upon and constructively challenge it as well as to positively promote it and be a part of celebrating its successes. By seeking to recruit a representative membership, listening to and involving our members, the Trust seeks to continuously improve its services with the involvement of those whose needs it aims to meet.

Throughout 2015 and 2016 governors made a significant effort to engage with as many people across the city as possible to ask what it is about Liverpool Women’s that they value the most as part of our Future Generations Campaign. This involved: communicating with over 10,000 people in total at events, online and via social media; a short questionnaire was completed by the public to identify the quality of the trust’s services and the aspects of our services they would most like preserved in any future developments.

Among the priorities for 2017, the Governors will seek to maintain membership numbers and recruit to under-represented groups, namely students and young adults (17-29), ethnic minorities, and residents of Sefton. The table below sets out the course of action the Governors will take for these priorities and other aims in line with the strategy.

2017 – 2018	
1.	Proactively encourage members to consider standing for election to the Council of Governors.
2.	Consult and involve members in relevant engagement opportunities with respect of the Trust’s Fit For Future Generations programme.
3.	Maintain membership numbers and aim to recruit to under-represented groups through the use social media and appropriate governor supported public events and campaigns to support achievement of this.
4.	Analyse the quality of contact information the Trust has and target regular communications, aligned to members’ areas of interest.
5.	Introduce multi-channel communication broadcast from Governors to members in their constituency to achieve better visibility and more productive engagement with members.
6.	Introduce a dedicated and regular communication feature within the Trust’s standard channels that showcases membership and Governor news, and the benefits of getting involved in order to increase recruitment.