Operational Plan 2014/15 & 2015/16

Approved by the Board of Directors, April 2014

V20(3)

Contents

		Page
Declarations		3
1.	Introduction	4
Operational Plan		4
2	Strategic context and direction	4
3	Vision, values and strategic direction	9
4	Short term challenge	10
5	Operational requirements and capacity	11
6	Quality plans	15
7	Our people	19
8	Marketing, communication and engagement	21
9	Financial plans	22
Appendices		30

Operational Plan for years ending 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

Name	Sarah Riley
Job Title	Deputy Director of Finance
e-mail address	sarah.riley@lwh.nhs.uk
Tel. No. for contact	0151 702 4359
Date	4 April 2014

This Operational Plan reflects the Trust's business plan over the next two years. Information included herein accurately reflects the strategic and operational plans agreed by the Trust's Board of Directors.

In signing below, the Trust is confirming that:

- **The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name *(Chair)*	

Signature

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	

Signature

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	

Signature

1. Introduction

This Operational Plan for 2014/15 and 2015/16 describes how Liverpool Women's NHS Foundation Trust will develop its services in order to continue providing high quality, safe clinical care to women whilst at the same time achieving the efficiencies required to maintain financial viability.

Operational plan

2. Strategic context and direction

Liverpool Women's NHS Foundation Trust (the Trust) is a specialist Trust providing maternity, gynaecology and genetics services in Liverpool and the North Mersey conurbation. It is also the recognised specialist provider in Cheshire and Merseyside of high risk maternity care including fetal medicine, level three neonatal care, complex surgery for gynaecological cancer, reproductive medicine and laboratory and medical genetics.

During 2013/14 the Trust:

- Further improved clinical outcomes as evidenced by its quality account;
- Received excellent patient feedback via the national patient survey and Friends and Family Test;
- Significantly improved our staff engagement scores in the national staff survey;
- Subject to the outcome of the CQC visit prior to 30 April 2014, worked towards satisfactorily addressing two minor and one moderate concern as issued by the Care Quality Commission;
- Achieved a Financial Risk Rating of 3, a Continuity of Services Rating of 4 and a Green Governance Rating from Monitor (as at Q3);
- Delivered a Cost Improvement Programme (CIP) of £3.5m and achieved a financial year-end surplus of £0.4m;
- Expanded its fertility work by establishing a satellite facility in Cheshire which targets patients in South Manchester, and by entering into partnership arrangements with Wrightington, Wigan and Leigh NHS Foundation Trust and King's College Hospital NHS Foundation Trust.

This Operational Plan has been prepared in the light of the broader challenges facing the health care sector in respect of quality and efficiency. The financial challenge continues as the NHS must deliver the required savings of an expected £30 billion a year by 2021[1]; the Trust has assumed that the 4% year on year saving will continue for the life of this Plan. The Plan takes into account:

- Health and Social Care Act 2012, including new commissioning arrangements;
- The affordability challenge;
- Maintaining a focus on the essentials ([2]access, quality; innovation and value);
- A move to [3]seven day services;
- The Francis, Berwick and Keogh reports;
- The eight key objectives for NHS England as set out in [4]The Mandate;

[1]Closing the NHS Funding Gap, Monitor (October 2013)

[2]Everyone Counts: Planning for Patients 201415 to 2018/19, NHS England (December 2013)

[3]NHS Services - open 7 Days a week: every day counts, NHS Improving Quality (November 2013)

[4]The Mandate: A mandate from the Government to NHS England, April 2014 – March 2015, Department of Health (November 2013)

- The 6Cs (care, compassion, competence, communication, courage and commitment) as outlined in the Chief Nursing Officer's [5]strategy for nursing, midwifery and care staff;
- The National Quality Board's (NQB) [6]guide to nursing, midwifery and care staffing;
- New Care Quality Commission hospital inspection regime.

This Plan for 2014/15 – 2015/16 sets out how the Trust plans to deliver appropriate, high quality and cost effective services for patients over the next two years. It has been prepared in the context of three significant key strategic issues for the Trust:

- The need to achieve 4% year on year savings which is further compounded by the planned withdrawal of funding to support safe staffing levels by Liverpool Clinical Commissioning Group (CCG). The Trust needs to achieve a Cost Improvement Programme (CIP) of £11m during the life of this Plan and so towards the end of 2013/14 it placed itself in a process of voluntary internal turnaround in order to address these significant cost pressures;
- The national Payment by Results tariff is calculated based on average historical staffing levels and costs, therefore the current tariff cannot support the nationally recommended staffing levels as outlined in the recent [7]National Audit Office (NAO) and [8]Public Accounts Committee (PAC) reports, and in the findings of the Trust's recent Birth Rate Plus report. The Trust operates at staffing levels above the average levels cited in the NAO report but do not receive any additional funding over and above the tariff to support this. This is placing increased financial pressure on the Trust's remaining services and is becoming unsustainable. The Trust is discussing this matter in detail with its commissioners;
- For 2014/15 the Trust's Clinical Negligence Scheme for Trusts (CNST) premium will increase by £2m with an outstanding liability of £98m. Approximately 30% of this is as a result of a particular group action relating to the practice of a Consultant Urogynaecologist employed at the Trust. At the time of writing this Plan urgent discussions are underway with our commissioners and the NHS Litigation Authority (NHSLA) to address this.

Given these financial pressures the Trust has commenced a structured process for evaluating strategic options to mitigate the financial threats it faces. This work is being supported by PricewaterhouseCoopers LLP and the options will be evaluated with input from the Trust's clinical and managerial leaders and with local commissioners. The Board of Directors will consider the strategic options available to the Trust early in 2014/15 and these will be reflected in the Trust's five year strategic plan.

Liverpool Women's NHS Foundation Trust can demonstrate it is an efficient provider of maternity services as it has a lower than average cost base, indicated by its reference cost index for maternity of 95. However, the Trust is forecasting a loss of £1.8m against its maternity service line in 2013/14 and has incurred a deficit in respect of this service over the past few years. This 2013/14 loss will occur as the Trust is currently operating a midwife to delivery ratio of 1:31 which is not supported by the national tariff. Maternity services

[5]Compassion in Practice: Nursing, Midwifery and Care Staff Vision & Strategy, Department of Health & NHS Commissioning Board (December 2012)

[6]How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability, National Quality Board (November 2013)

[7]Maternity services in England, National Audit Office (November 2013)

[8]Maternity Services in England, House of Commons Committee of Public Accounts (January 2014)

comprises one of the small number of specialties provided by the Trust and thus represents a significant financial risk; unlike Trusts providing a wider range of specialties it is not possible for Liverpool Women's to offset gains and losses on tariff.

For a number of years the Trust has been seeking to influence the national tariff for maternity services and will continue to do so. In particular it has:

- Led the work of the NHS Women's Services Provider Alliance, a grouping of large maternity services providers from across England;
- Actively participated in the patient level costing work being led by Monitor;
- Been a member of the maternity tariff working party being led by NHS England and Monitor.

During 2012/13 the Trust co-Chaired a group (with Halton CCG) of maternity service providers and commissioners in Merseyside and Cheshire. The purpose of this group is to explore the potential redesign of maternity services on a networked basis, with one or more 'hub' units funded to provide 24/7 medical consultant cover and midwifery staffing levels commensurate with Birth Rate Plus recommendations. These hub units would provide support to other, 'spoke' units in the locality as well as admitting and providing care to high risk women from across Merseyside and Cheshire. This approach is supported by the recommendations outlined in the NAO report.

Such an approach to the development of maternity services, which aims to bring about safer and more cost effective care, may have implications for several units in the locality. It will require considerable engagement and consultation should any proposals for change be put forward as the group's work progresses. However, we are firmly of the view that Liverpool Women's NHS Foundation Trust is well placed to deliver such a model of care for the benefit of women, babies and families.

At the same time, we are encouraging a similar approach with respect to neonatal services.

2.2 Patient numbers, population changes and market share and patient numbers

2.2.1 Patient numbers

Our patient numbers for the last three financial years are shown below:

Patient numbers	Notes	2011/12	2012/13	2013/14
Maternity (Births)		**8,232**	**8,141**	**8,000**
Neonates				
Intensive Therapy Unit		3,729	3,412	3,168
High Dependency Unit	1	2,959	3,027	2,935
Special Care	1	10,696	8,970	8,369
Sub total		**17,384**	**15,409**	**14,472**
Gynaecology				
Accident & Emergency		12,187	11,684	11,414
Emergency Outpatients		1,345	1,424	1,501
Outpatients		13,484	13,154	14,962
Electives	3	5,157	5,010	5,236
Sub total		**32,173**	**31,272**	**33,113**
Gynaecology Oncology				
Outpatients		7,722	8,727	9,067
Electives		791	950	955

Sub total		**8,513**	**9,677**	**10,022**
Reproductive Medicine				
Assisted conception cycles		1,218	1,321	1,550
Genetics				
Outpatients		3,645	3,495	4,540
Notes 1 – Reclassification in 2011/12 between High Dependency Unit and Special Care. 3 – Excludes termination of pregnancy. *Source: CDS*				

There are a number of notable trends in this information including the decrease in births and babies seen in Neonates. Across other specialties there is an increase in the number of patients with gynaecological cancer being treated, with the level and complexity of this patient group also increasing and therefore tariff associated with these patients. Our other gynaecological services continue to demonstrate growth, as does the number of patients receiving assisted conception and genetics care.

2.2.2 Population changes

The population profile and projections for Liverpool, St Helens and Knowsley – the areas primarily served by the Trust - is below:

District	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2020/21
Liverpool	465,700	465,030	464,360	463,690	463,020	462,350	459,000
St Helens	175,400	176,060	176,720	177,380	178,040	178,700	182,000
Knowsley	145,900	146,210	146,520	146,830	147,140	147,450	149,000
Total	**787,000**	**787,300**	**787,600**	**787,900**	**788,200**	**788,500**	**790,000**
Number of deliveries	11,431	11,592	11,777	11,781	11,786	11,790	11,813
% deliveries of pop'n	1.45	1.47	1.50	1.50	1.50	1.50	1.50

Source: Census

2.2.3 Market share

Data in respect of market share for maternity services over the past three years is below:

Provider	2011/12		2012/13		2013/14	
	Number of deliveries	Mix of total	Number of deliveries	Mix of total	Number of deliveries	Mix of total
Liverpool Women's NHS Foundation Trust	8,323	71.0%	8,141	69.1%	8,000	71.8%
St Helens & Knowsley Hospitals NHS Trust	3,360	29%	3,636	30.9%	3,144	28.2%
Total market	11,592	100%	11,777	100%	11,144	100%

Source: HES data

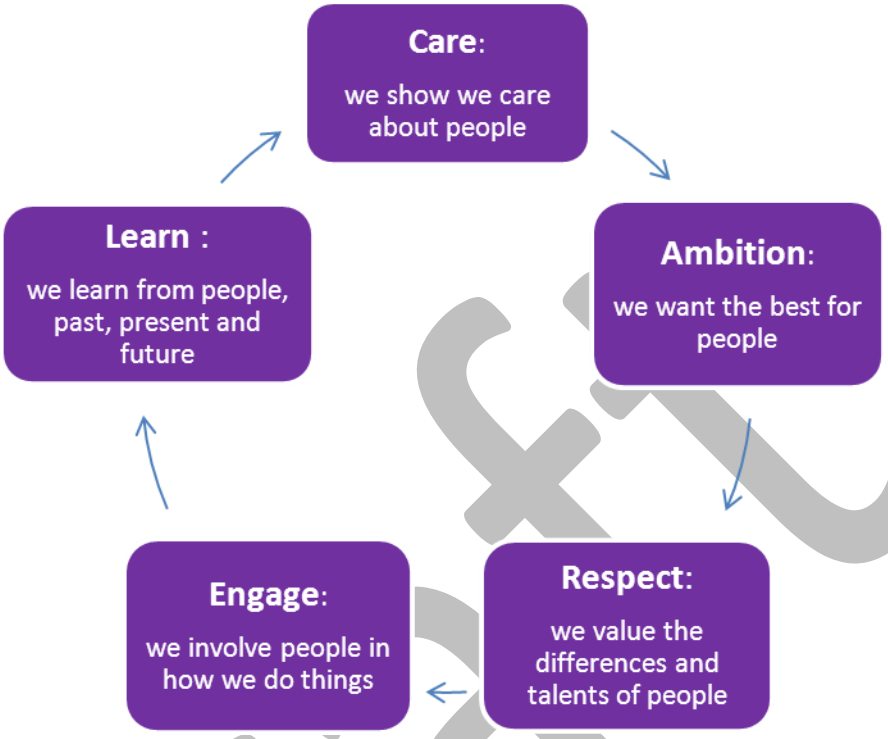
There has been a reduction in birth rates within the region for 2013/14. It is expected that this will reverse to projected levels of previous Operational Plans and show an incremental increase. However the Trust has regained market share in-year from St Helens and Knowsley Hospitals NHS Trust which is the closest other provider of maternity care. As birth rates per head of population begin to increase over the next five years, the Trust plans to ensure a continuing growth in its market share.

The number of neonatal bed days has also reduced, in particular the Intensive Therapy Unit bed days. This reflects a significantly reduced level of out of area babies coming to the Trust's neonatal unit which results from local neonatal networks in other regional investing in local facilities, allowing babies to remain close to their families. . The cost base has not been reduced as the fall in bed days brings the service closer to nationally recommended staffing levels, this creates a pressure for the Trust of approximately £0.5m which we are currently negotiating with Commissioners.

3. Vision, values and strategic direction

Our **vision** is to be the recognised leader in healthcare for women, babies and their families.

The Trust's **values** support our vision:



In 2013/14 the Trust's Board of Directors reviewed and updated its stated strategic aims in support of this vision:

The Trust has **five strategic aims** which are the focus of our strategic direction:

- To develop a well-led, capable and motivated and entrepreneurial Workforce;
- To be Efficient and make best use of available resources;
- To deliver Safe services;
- To participate in high quality research in order to deliver the most Effective outcomes;
- To deliver the best possible Experience for patients and staff.

4. Short term challenge

In common with most of the NHS the short term challenge facing the Trust is to continue to provide safe, high quality clinical care whilst achieving efficiencies, in order to remain clinically and financially viable. The Trust's short term challenge is:

- To achieve financial stability by continuing to operate in the mode of voluntary internal turnaround. This will be by designing and providing clinical and support services which continue to achieve clinical safety whilst operating at a reduced cost base;
- To exploit opportunities for growth. Achieved by generating additional income from geographical expansion of NHS services and from the provision of services to private patients;
- To strategically develop women's services across Cheshire and Merseyside;
- To consider the strategic options available to the Trust in the light of its CNST premium from 2014/15 and the impact of the maternity tariff on its ability to sustain safe staffing levels.

In order to meet this challenge the Trust adopted an internal turnaround approach towards the end of 2013/14, the emphasis of which was on compressing costs, growing income and engaging clinicians. This has given a sharper focus to delivery of the Trust's CIP.

The Trust is a partner in the Healthy Liverpool Programme which is being led by Liverpool Clinical Commissioning Group to ensure a health economy view of achieving greater health gains whilst making efficiencies. The challenges facing the local health economy are being defined trough the Programme.

5. Operational requirements and capacity

Our assessment of the activity and demand pressures and the inputs needed to address these over the life of this Plan is detailed below, by service line.

5.1 Maternity (Births)

The Trust remains of the view that the current maternity tariff does not cover the cost of providing services at the midwife to delivery ratio of 1:28 as recommended by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM), nor 98 hour medical consultant cover in our delivery suite. This view is supported by the recently published NAO report into maternity services in England, which found:

- 73% of maternity units provide 60 hours of cover on labour wards, which does not meet the [9]RCOG recommended levels as outlined in 'Safer Childbirth';
- The average ratio of midwives to births across England in 2012/13 was 1:32.8, which is below the recommended level of 1:29.5, as outlined in the report. The report noted that to reach this recommended level a further 2,300 midwives would be required nationally at a cost of approximately £100m.

The Trust's midwife to birth ratio is 1:31 and to reduce this ratio to recommended levels would require significant investment. A move to a ratio of 1:29.5 would require investment of £1.5m per annum whilst a move to 1:25, as proposed in the Trust's recent Birth Rate Plus report (which takes into account patient acuity), would require investment of £3.6m.

We will:

- Continue to influence the national tariff to support recommended staffing levels;
- Continue discussions with Liverpool CCG to ensure support for achieving safe staffing levels;
- Seek to develop a networked approach to services across Cheshire and Merseyside through the Strategic Clinical Network review;
- Complete a review of our maternity pathway, including community midwifery;
- Develop a private patient pathway;
- Develop an antenatal pathway for women who live out of area;
- Deliver improvements in patient outcomes, patient experience, productivity and market share in the local area, in particular growing market share in antenatal care;
- Reduce lengths of stay through better scheduling of pre-discharge new baby checks.

Maternity (Births) activity, inputs and key risks	
Forecast outturn 2013/14	8,000
Activity projection 2014/15	8,237
Activity projection 2015/16	8,237
Inputs needed	• Refurbishment of the Midwifery Led Unit (included in capital programme); • Recruitment of additional midwives based on increase in activity and availability of funding (see above).
Key risks	• Ability to retain safe staffing levels; • Loss of market share.

5.2 Neonates

The commissioning of neonatal services transferred to NHS England in 2013/14. The Trust has self assessed against the national specification and this has been validated by Specialist Commissioners. The service is working with Specialist Commissioners to demonstrate compliance with British Association of Perinatal Medicine (BAPM) guidelines in 2014/15.

[9] Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour (October 2007)

Currently there are two level three neonatal units in very close geographical proximity. The Operational Delivery Network has been charged by Specialist Commissioners with reviewing the neonatal capacity for the Cheshire and Merseyside Region. This work is in its infancy and timescales and action plans have yet to be confirmed. However the Trust will actively contribute to the neonatal network review.

We will:

- Put in place firm plans with Alder Hey Children's NHS Foundation Trust to support neonates who need to undergo surgery on the Alder Hey site;
- Implement a revised programme of BCG vaccination;
- Improve accommodation for parents of neonates;
- Extend the neonatal transport team to reach across to Wales;
- Review the ophthalmology service for newborns.

Neonates activity, inputs and key risks	
Forecast outturn 2013/14	14,472
Activity projection 2014/15	14,262
Activity projection 2015/16	14,262
Inputs needed	• Recruitment of staff linked to projected increase in activity; • Replacement neonatal transport cots; • Refurbishment of accommodation for parents on neonates.
Key risks	• Availability of suitably skilled clinician to provide ophthalmology service; • Outcome of network discussions in respect of neonatal cots across Cheshire and Merseyside.

5.3 Gynaecology

The Trust will continue to provide high quality gynaecology service for local women and, in respect of gynaecological oncology, for women from across Cheshire and Merseyside. During the life of this plan we will:

- Ensure our gynaecological cancer services continues to be a centre of excellence and aims for year-on-year improvement in cancer survival rates;
- Consolidate the additional activity seen in 2013/14 for our gynaecological services;
- Grow further our ambulatory model for gynaecology, based on best practice tariff, which will deliver productivity gains in 2014/15;
- Reduce lengths of stay through the use of laparoscopic procedures;
- Further develop our adolescent gynaecology service in collaboration with Alder Hey Children's NHS Foundation Trust;
- Grow our colposcopy service by providing this service to women previously seen at the Royal Liverpool and Broadgreen University Hospital NHS Trust, following agreement with that Trust;
- Redesign our gynaecology outpatient service in order to achieve enhanced patient experience and greater productivity;
- Further extend services to the Wirral locality after securing a contract for services with a local CCG;
- Develop and market the range of specialist services provided by the Trust;
- Contribute to the discussion to establish a cancer centre on the site of the Royal Liverpool University Hospital NHS Trust.

Gynaecology activity, inputs and key risks	
Forecast outturn 2013/14	104,795
Activity projection 2014/15	104,552
Activity projection 2015/16	104,552

Inputs needed	Relocation of Emergency Room (included in capital programme).
Key risks	• Growth slows or halts; • Transfer of services away from hospital and into community settings; • Development of cancer centre on the site of the Royal Liverpool Hospital University NHS Trust.

5.4 Reproductive Medicine

The service will be expanded during the period of this plan in order to capitalise on the specialist skills and significantly better than average outcomes for patients. Business cases for development opportunities in North Manchester, London and overseas were approved by the Trust's Board of Directors in 2013/14. Implementation of these schemes will begin in Q2 2014/15. This service expansion is projected to make a significant contribution to the Trust's surplus.

We will:

- Grow our NHS and private patient provision at the Hewitt Fertility Centre (HFC) on the site of Liverpool Women's Hospital and the HFC in Knutsford, Cheshire;
- Expand our NHS and private care via partnerships with Wrightington, Wigan and Leigh NHS Foundation Trust and King's College Hospital NHS Foundation Trust;
- Establish a service in the Kingdom of Saudi Arabia in collaboration with Interhealth Canada.

Reproductive Medicine activity, inputs and key risks	
Forecast outturn 2013/14	2,123
Activity projection 2014/15	2,300
Activity projection 2015/16	2,300
Inputs needed	• Additional staff resource across disciplines to support planned growth in the UK and abroad; • Capital investment in clinical equipment and technology.
Key risks	• Competition, primarily from private providers; • Availability of workforce and potential loss of clinical expertise to competitors; • Demand may increase faster than capacity can be provided.

5.5 Genetics

The Trust is a key partner and driver for North West Coast Genomic Healthcare (NWCGH), a new entity driven by Liverpool Health Partners and supported by the North West Coast Academic Health Sciences Network. NWCGH will co-ordinate and drive key service and academic deliverables for the North West Coast to be a national and international leader in genomics.

We will:

- Offer brand new bespoke neurological tests using Next Generation Sequencing which increases the income of the genetics laboratories;
- Offer new testing on microarrays for adults with learning difficulties, for patients with un-diagnosable leukaemia using conventional methods and Pre-implantation Genetic Screening for women undergoing In Vitro Fertilisation;
- Integrate our cytogenetics and molecular genetics laboratories to improve responsiveness and efficiency
- Strengthen the genetics' service research activity and portfolio.

Genetics activity, inputs and key risks	
Forecast outturn 2013/14	3,064
Activity projection 2014/15	3,034
Activity projection 2015/16	3,034
Inputs needed	• Additional staff resource, including research expertise; • Capital investment in new technologies.
Key risks	• Reconfiguration of laboratories; • Competition from private providers; • Availability of workforce; • North West Genomic strategy not successful.

5.6 Across services lines

We will:

- Improve productivity within existing services:
  - Complete a review of theatre utilisation;
  - Improve procurement processes;
  - Collaborate with social services in respect of safeguarding;
  - Reconfiguration of workforce to enhance patient safety and increase efficiency;
  - Conclude the tender of the Trust's pharmacy service;
  - Conclude review of pathology services;
  - Review Service Level Agreements.

- Deliver the right care in the right setting:
  - Care closer to home including ambulatory gynaecology;
  - Establish a direct access imaging service for patients via local General Practitioners;
  - Collaborate with commissioners and providers across Mersey and Cheshire to develop networked services which will achieve 24/7 cover in obstetrics and gynaecology and appropriate level three neonatal care provision;
  - Review the services currently provided in the North of Liverpool from the site of Aintree University Hospitals NHS Foundation Trust
  - Review physiotherapy and dietetics services.

- Develop new ways of delivering care:
  - Research and development into endometriosis and other women's health conditions as part of our collaboration with the University of Liverpool's Centre for Women's Health Research;
  - Strengthen research in our reproductive medicine service to ensure our HFC remains at the forefront of clinical developments, and in our genetics service;
  - Grow the Trust's research portfolio with an emphasis on translational research.

6. Quality, safety and patient experience plans

6.1 National and local commissioning priorities

The Trust's quality plans to meet its short term challenges align with those set nationally and by the local health economy, with local priorities and plans influenced by the Healthy Liverpool Programme. Liverpool CCG has so far advised that significant change to commissioning priorities for 2014/15 is not expected, but discussions between local CCGs is ongoing. Our performance against national and local quality targets, including CQuINS, will continue to be monitored by the Board and its relevant assurance Committees.

6.2 Quality goals

Our quality strategy covers the period 2013 – 2018 and sets out key priorities for quality improvement and how those improvements will be delivered. They are:

To deliver **Safe** services by ensuring no patients are harmed whilst in our care.

- VTE assessment 90% compliance;
- Reduce gynaecology surgical site infections;
- Incidence of multiple pregnancy maintained at 10%;
- Reduce number of babies born with Apgar scores < 4 at more than 34 weeks gestation;
- Reduce number of instances of Cord Ph< 7.00 at delivery;
- Zero incidence of MRSA and Clostridium difficile;
- Reduction in severity of medication errors.

To deliver the most **Effective** outcomes by ensuring care is evidence based and complies with best practice:

- Reduce readmission rates in gynaecology;
- Reduce HSMR in Gynaecology;
- Biochemical pregnancy rates in IVF, ICSI, and FET to be within recommended limits;
- Reduction of brain injury in preterm infants;
- Perinatal mortality comparative to national average;
- Stillbirth rate comparative to national average;
- Nursing and Midwifery Indicators at 90% compliance.

To deliver the best possible **Experience** for patients and staff:

- 100 % of patients recommend us in the family friends test;
- Staff survey results in upper quartile;
- Patient satisfaction surveys in upper quartile;
- Excellence in Patient Led Assessments of Care Environments (PLACE);
- One to one care in established labour 100% of the time;
- Women receiving pain relief of choice 100% of the time.

To deliver **Innovative** services to patients:

- Ensuring that Liverpool Women's maintains and enhances its Research and Development profile;
- Ensuring that Liverpool Women's is involved on the development of innovative practice;
- Ensuring that Liverpool Women's is at the cutting edge of introducing innovative practice.

Each year, through our Quality Account, we will report on performance against our agreed priorities. Through this process we will also set out our improvement priorities, with measurable targets for the forthcoming years.

Additionally the Trust is committed to maintaining excellent performance against minimum national standards. This includes unconditional registration with the Care Quality Commission, accreditation with professional registration bodies such as the Human Fertilisation and Embryology Authority, achievement of national choice and access targets and excellent results when assessed against PLACE standards. 2014 will see the launch of the Trust's Nursing and Midwifery Strategy which will support our staff to consistently deliver excellent care.

6.3 Existing concerns and plans to address them

The Care Quality Commission (CQC) made an unannounced visit to the Trust in July 2013. Its report of the visit was published in September 2013 and included three concerns:

Outcome	Standard not being met	Patient impact	Verdict
4	People should get safe and appropriate care that meets their needs and supports their rights	Minor	Action needed
13	There should be enough members of staff to keep people safe and meet their health and welfare needs	Moderate	Action needed
14	Staff should be properly trained and supervised, and have the chance to develop and improve their skills	Minor	Action needed

All of the issues identified by the CQC which resulted in their concerns were already known to the Trust and action plans were already in place and in various stages of implementation.

An updated action plan in response to the CQC's report, reflecting their feedback was provided to them also in September 2013. Since that visit:

- Staffing levels in our Maternity Assessment Unit (MAU) have been brought up to full establishment;
- Close monitoring of patient arrival and assessment times has been established;
- Medical cover is available for the MAU, provided by a Registrar via 24/7 bleep;
- A process for escalation in the event that triage is not conducted within the target time has been established;
- If the requirement for triage and medical treatment, if needed, within 2 hours is not met, this is escalated to consultant level for prioritisation. The maternity service also have an escalation policy in place for alerting the relevant senior managers, taking appropriate action and facilitating consistent decision making in relation to diverting patient from the maternity service;
- Individual areas within maternity have devised their own mechanisms for safeguarding staff breaks and a designated workforce tool has been introduced for use on each shift;
- Completion of mandatory training and Personal Development Reviews has significantly improved
- Executive visibility in the area has been very focussed and regular.

Liverpool CCG visited the Trust in March 2013 to conduct a Quality Review, in response to whistle-blower concerns they received relating to staffing, filing backlogs and the management of serious incidents. The Trust drew up an action plan in respect of concerns following the visit. The CCG revisited the Trust in mid-February 2014 when just two tasks from the action plan remained outstanding. The Pathology Steering Group is overseeing work in relation to the action plan and this is scheduled to conclude at the end of April 2014 when paper-based and electronic reporting of investigation results will run concurrently prior to cessation of paper-based reporting on 1 May 2014.

Progress in respect of the action plans prepared following the CQC and CCG visits is monitored by the Board and its Governance and Clinical Assurance Committee, which receives reports from the Trust's Clinical Governance Committee.

The CCG have been complimentary on the culture of the Organisation in relation to identification and management of Serious Incidents, recognising the significant progress made over the past few years. Commendation, particularly in relation to openness, transparency, willingness to learn and improve, has been noted. The focus for 2014/15 will be on testing whether changes have been embedded.

6.4 Key quality concerns inherent in the Plan

In common with the rest of the NHS the Trust faces the challenge of achieving both quality and efficiency. To support delivery of its CIP, all schemes undergo a Quality Impact Assessment prior to their approval by the Medical Director and the Director of Nursing, Midwifery and Operations. In addition cross organisational challenge is encouraged through the Services Sustainability Board chaired by a Clinical Director

6.5 How the Board derives assurance on the quality of its services

The Board has in place a scheduled programme of business to ensure it receives appropriate assurance from its Committees in relation to service quality. These come in particular from its Governance and Clinical Assurance Committee (to which the Trust's Clinical Governance Committee reports) and its Finance, Performance and Business Development Committee. Committee work programmes ensure receipt of assurances and exception reports from across the governance structure.

Reports in respect of serious untoward incidents, complaints, litigation, incidents and Patient Advice and Liaison Service contacts are regularly received by the Board as are operational performance reports detailing compliance with national and local targets. Each Board meeting begins with a patient story which is told by the patient or family themselves, a clinician who cared for them or by the Director of Nursing, Midwifery and Operations on their behalf. And the findings of the national and local patient surveys are reported to the Board as are details of the Trust's nursing and midwifery indicators. We have fully implemented the Friends and Family Test and have established a robust system to ensure feedback is captured and acted upon to improve services for patients and their family. A review of the patient experience function is planned for Quarter 1 of 2014/2015 with investment in a Head of Patient Experience to ensure strategic oversight is provided for this vital function.

The Board has welcomed the Quality Governance Framework which will further drive its focus on quality during the life of this Plan.

6.6 What the quality plan means for the workforce

It is a nationally recognised challenge to deliver safe maternity services within current tariff. Liverpool Women's NHS Foundation Trust has been lobbying to influence appropriate resource for safe staffing in maternity for a number of years. The recently published National Audit Office report supported the views put forward by the Trust. We continue to subsidise maternity services from other sources and are looking to longer term strategic solutions.

A comprehensive review of the Trust's nursing and midwifery workforce was completed in March 2014. It took full account of the latest guidance from the National Quality Board (NQB) which provides clarity in respect of safe staffing levels and also sets out recommendations which the Trust is responding to.

The Trust's response includes full implementation of the supervisory status of all ward and department managers from April 2014, to enable closer monitoring and scrutiny of quality

and safety in ward and department areas. It also includes a review of establishment uplifts to ensure appropriate backfill is available for education, training and annual leave, and a review of all clinical areas which draws on nationally recognised and evidence based staffing tools, benchmarking and professional judgement. A particular focus has been placed on maternity staffing levels, with a review of every area in our maternity services and on every shift.

All proposed actions in respect of the Trust's workforce have been supported by an independently conducted Quality Impact Assessment, performed by our Governance Team, that staffing levels are safe and efficient.

Staffing key performance indicators for Ward to Board reporting each month will also be introduced, as recommended by the NQB. These include one-to-one care in established labour in all intrapartum areas 98% of the time, a registered nurse to patient ratio no greater than 1:8 in gynaecology inpatient areas, and the number of breaches of the Trust's neonatal staffing ratio per month.

Investment has been made in an e-rostering system which will be in place throughout the Trust by August 2014.

6.7 Response to Francis, Keogh and Berwick

Our focus on responding to the recommendations contained in the Francis, Berwick and Keogh reports which are relevant to the Trust will continue, with progress being monitored through the Clinical Governance Committee which reports to the Board's Governance and Clinical Assurance Committee. A robust action plan is in existence, incorporating all three reports and the Clinical Audit Department is overseeing collection of evidence to demonstrate compliance with recommendations.

6.8 Risks to delivery and contingency

It is essential that delivering high quality services sits at the heart of any health care organisation. Given the current financial challenges there is a risk that quality could be impacted by the required efficiencies. To mitigate against this the Trust has strengthened clinical and professional leadership. We are embedding a transformational approach to change using evidence based tools and techniques. We have also significantly strengthened staff engagement as part of our Putting People First strategy.

7. Our People

In 2011/12, the Trust's Board of Directors approved the Putting People First Strategy (people strategy). This integrated workforce and organisational development strategy:

- sets out the Trust's systematic and stepped approach to a challenging journey of cultural change with the aim of delivering great outcomes and experience to all our patients through a great employee experience, and;
- is underpinned by a supporting Leadership Development Programme linked to the Trust's agreed values and behaviours which were developed in partnership with our people.

Our people strategy focuses on the following themes:

- **Our people profile:** diversity of our people, their skills, productivity and how we plan to recruit and keep them;
- **Our culture and values**: organisational development;
- **Our leaders:** leadership, succession planning and talent management;
- **Our people involvement:** engagement and communication;
- **Our people development:** learning and development;
- **Health and well-being:** supporting the health and well-being of our people;
- **Our local community:** corporate social responsibility.

To survive and thrive through these challenging times and achieve our vision we recognise the need to both work and think differently. The challenge is to deliver more with less whilst maintaining and continuing to improve the safety, effectiveness and efficiency of our services. Our focus on research and continuing to build and grow our skills to lead the way in developing innovative clinical care will ensure we lead and set standards of care which others will follow.

Liverpool Women's five strategic aims have been adapted to a people context to focus our resources to best effect. They are:

Strategic aim	One Team, One Goal: Putting People First
Workforce	Teams and individuals who are well led and driven by a desire to do their best for people.
Efficiency	Teams and individuals who use their skills and expertise to maximum effect so time or money are not wasted on things that don't make a positive difference.
Safety	Teams and individuals that follow policies and procedures to ensure safety and who are prepared to openly challenge when concerned about safety.
Effectiveness	Teams and individuals who are clear about the outcomes their people want and know what needs to be done to achieve those outcomes.
Experience	Teams and individuals who have the overall goal of working together to make Liverpool Women's a special place to be.

Evaluation of the achievement of the strategy's aims to date, and the effectiveness and impact of the underpinning leadership programme, continues to demonstrate strong progress against all objectives. The Trust has also seen a statistically significant increase in overall staff engagement as evidenced by the national staff survey, which we aim to build on year on year. The Board of Directors receives regular assurance of achievement of the strategy's aims through the reports of its Putting People First Committee.

Towards the end of 2013/14 the strategy began a process of refresh with the intention that the Board of Directors will approve the next three years in the first half of 2014/15. The people strategy and the supporting leadership development interventions will be developed

in the context of learning from the Francis inquiry and other reviews, and the feedback of our people and our patients.

Our overarching people priorities for 2014/15 remain:

- To ensure all our people have access to high quality, relevant training and ambitious personal development;
- To support our people to be 'healthy, happy and here' through a proactive Health and Wellbeing Strategy, supporting practices and an enabling and engaging culture;
- To ensure we have a Liverpool Women's person, in the right place, at the right time, with the right skills;
- To proactively build a culture which listens and acts on the views, suggestions and concerns of our people and developing solutions together.

Our workforce planning will continue to be centred on patient care pathways being the driver for our future workforce needs and is anticipated to result in the development of increased network and partnership working across organisations and health economies.

Significant changes to whole time equivalents (WTE) is not anticipated during the life of this plan other than that which will be driven by service redesign as outlined above or sustained changes to activity patterns. This position may, however, change as a result of the strategic options work the Trust has embarked on in support of its strategic plan, supported by PricewaterhouseCoopers LLP.

Our budgeted workforce numbers for the two year period is below:

Budgeted workforce 2014/15	
Staff Group	**WTE**
Administrative and clerical	228.24
Executive Directors and senior managers	57.64
Healthcare Assistants and other support staff	156.00
Medical	134.90
Nursing and Midwifery	615.00
Professional and Technical	61.25
Professions Allied to Medicine	17.67
Scientific and professional	50.10
Grand Total	**1,320.80**

8. Marketing, communication and engagement

The effective marketing of our services will be central to our short term challenge of achieving financial stability and exploiting opportunities for growth. Our marketing strategy will focus on increasing market share across our service lines and piercing new markets, particularly in respect of fertility care. The marketing strategy will be refreshed and marketing plans developed to support diversification of income and growth in services.

We will continue to use social media to communicate and engage with our members and the public, in particular via Twitter and Facebook. These media will also be used to recruit new members to the Trust. Our quarterly membership newsletter, 'Generations', will continue to be published and carry news about the Trust's work and plans and how our members can get involved.

Our Council of Governors will prepare the Trust's membership strategy for 2014/17 early in the life of this Plan. It will include better coordination of our member engagement work with our patient and public involvement / experience work, focused in particular on our Quality Strategy. It will also build on the successful partnership work already in place with local voluntary organisations and other concerned in improving women's lives on the basis that our collaborative efforts will have maximum impact.

9. Financial plans

In October 2013 the Trust took the bold decision to place the organisation into voluntary turnaround. At that time the Trust was facing a significant financial challenge and needed to achieve a CIP of £11m across 2014/15 and 2015/16 in order to secure financial balance. This was against a backdrop of having previously achieved some £22m of efficiencies in recent years.

For 2014/15 the Trust prepared a financial plan that would deliver a CoS rating of 3. This was based on the income, expenditure and capital assumptions outlined below together with delivery of a £5.6m CIP.

The approach to the calculation of the CNST premium changed for 2013/14 and will change again for 2015/16, when the reduction for achievement of risk management standards is removed.

The premium is based upon the:

- Inherent risk;
- Number of known claims in the system; and
- Value of claims paid in the last 5 years

In 2013/14 the increase in premium was funded through the tariff however for 2014/15 the increase in premium is only part funded through the tariff and subsequently creates a significant cost pressure. In order to manage this in the short term and return a CoS rating of 3 the Trust plans to defer part of the premium increase in 2014/15. However due to a £98m liability the Trust is investigating a number of options with PricewaterhouseCoopers to ensure the delivery of services continues to be viable over the medium and longer term.

The Trust's five year strategic plan, scheduled for submission in June 2014, will give further details for the medium term.

A summary of the financial plan for 2014/15 and 2015/16 is below:

FINANCIAL PLAN	2014-15 £000	2015-16 £000
INCOME & EXPENDITURE		
Income	94,511	93,269
Pay	(59,330)	(60,515)
Non Pay	(31,260)	(28,908)
Operating Profit	3,921	3,847
Finance Income	43	22
Interest expense	(156)	(196)
Depreciation	(3,257)	(3,329)
PDC Dividend	(1,729)	(1,763)
Surplus/(Deficit)	**(1,179)**	**(1,418)**
CIP TOTAL	**5,600**	**5,400**
CAPITAL EXPENDITURE	**8,689**	**3,604**
CASH FLOW		
Opening balance	8,109	4,503
Cash inflow/(outflow)	(3,606)	(1,613)
Closing balance	4,503	2,890

MONITOR SCORE	2014-15 Score	2015-16 Score
Capital Servicing Capacity	3	3
Liquidity rating	2	1
CONTINUITY OF SERVICES RATING	**3**	**2**

9.1 Income and Expenditure

9.1.1 Income assumptions

The Trust maintains the view that the maternity tariff does not adequately cover the costs of providing maternity services that are based on RCOG and RCM recommended staffing levels. This view is supported by the recent NAO and PAC reports referred to previously. The Trust commissioned its own Birth Rate Plus report in 2013/14 which similarly supports this view and advises that based on the acuity of women cared for in the Trust's maternity service, a 1:25 ratio of midwives to births should be in place. The additional cost of achieving this staffing level would be £3.6m per annum. Discussions are underway with our commissioners as to whether there may be a local variation to tariff in order to support this advised safe staffing level.

The Trust's maternity services operate at a deficit despite having a lower than average cost base. Our work to influence the development of a tariff which allows recommended staffing levels to be met will continue.

The number of births at the Trust is expected to increase during 2014/15 by returning to 8,200 as has been seen in previous years. This is as a result of regaining market share.

In 2013/14 the Trust experienced a significant over-performance in its Gynaecology and Gynaecology Oncology work. This is expected to be consolidated in 2014/15.

As part of our 2013/14 CIP, a significant amount of work was undertaken to ensure all services provided were appropriately reimbursed. For 2014/15 the Trust has made recurrent previously non-recurrent monies within its 2013/14 CCG contract. This has formed part of the CIP and has been provided in the initial offer from the CCG.

9.1.2 Expenditure Assumptions

Inflation assumptions are based on estimates and on known uplifts of national indicators. The rates applied in formulating the Trust's financial plan are shown in the table below:

Inflation assumptions	
Inflation component	**% Assumption**
Pay inflation	1.0%
Agenda for Change incremental drift	1.25%
Non pay	2.4%
Utilities	4.65%

Application of the above rates establishes a Trust inflation reserve of £2.3m.

Pay has been set at agreed establishment levels which have been validated by senior clinical leaders and corporate leads. Non-pay budgets have been set at prior year levels and adjusted with reference to cost pressures, service developments and investments as outlined below.

9.2 Productivity, efficiency and Cost Improvement Programmes

The Trust has identified a requirement for a Cost Improvement Programme (CIP) of £7m in 2014/15 and £4m in 2015/16 – a total of £11m over the life of this Operational Plan. Taken together with the withdrawal of non-recurrent monies previously made available by commissioners to maintain safe staffing levels in maternity, the Trust placed itself in voluntary internal turnaround towards the end of 2013/14. The proposed CIP reflects the outcome of this work and schemes totalling in excess of £12m have been identified, with £5.6m expected to be delivered in 2014/15 and transacted in budgets.

An approach to the development of CIP schemes incorporates the traditional, turnaround and transformation approaches. This includes a focus on:

- Ensuring that the Trust is appropriately recompensed for its activity levels;
- Compressing the cost base, in a clinically safe way;
- Increasing market share locally, nationally and internationally;
- Ensuring that the transformational aspects of its programme will increase market share through facilitating an improved patient experience, particular in respect of the entire maternity pathway.

Alongside an effective turnaround process, the Trust has adopted a transformational approach to reviewing the quality and efficiency of its services. This involves staff from

across the organisation focusing on patient pathways and redesigning them where necessary to achieve greater quality, a better patient experience and greater productivity.

A significant proportion of schemes identified for 2014/15 relate to securing income due. In the context of the national affordability challenge, risk to the CIP relate to commissioners' ability to fund, and/or willingness to redirect funding from other providers, to the Trust in the timeframes outlined.

Clinical and commissioner engagement has been pivotal to the 2014/15 contract round and has ensured patient outcomes are the focus of contracting discussions. Initial offers received from commissioners reflect the success of this strategy and the Trust is confident of securing the funding required to achieve its CIP.

The Trust's CIP is challenging but relatively low risk. It aims to ensure all income due to the Trust is received and recurrent savings are effectively planned and delivered whilst allowing headroom to develop robust savings plans for 2015/16 and beyond.

Of the £11m CIP required over the next two year period, schemes totalling over £12m have been identified, of which £5.6m will be delivered in 2014/15. This relates to schemes rated as Blue, Green and Amber (Blue = retracted in budgets; Green = confident of delivery by 31 March 2014/delivered; Amber = some risk of delivery) and represents a part year effect:

CIP work-stream 2014/15	£000's
Business development and commercial growth	411
Pay costs	749
Non pay costs	1,357
Tariff and income recovery	3,083
Grand Total	**5,600**

Details of each scheme are given below:

a. Business development opportunities (Market share, transformation and growth)

Business development opportunities comprise the expansion of the Trust's In Vitro Fertilisation service to a broader geography in the UK, in particular Manchester and London, supported through joint venture working. This expansion is supported on the basis of excellent, well above average clinical outcomes and a high level of positive patient experience.

b. Commercial (Market share and growth)

The Catharine Medical Centre is the Trust's private healthcare facility which will be utilised more fully by providing a wider range of treatments and procedures.

A targeted approach to providing termination of pregnancy services to Irish patients is also being undertaken.

The Trust's market share in genetics is being increased.

c. Estates and Combined Heat and Power strategy (Cost reduction and efficiency)

The efficiency on this programme will be delivered through the utilisation of a combined heat and power plant that will deliver lower cost energy.

d. Information Technology modernisation (Cost reduction)

IT modernisation will result in a reduced reliance on external consultants, which will reduce costs. There are also additional savings to be achieved through improved contract negotiations on the supply of services.

e. Medical staffing (Cost reduction)

Medical staffing cost reductions will result from reduced SPAs and improved medical productivity. The Medical Director is focusing on improving direct clinical care as a proportion of total paid time.

f. Nursing workforce (Cost reduction)

The Nursing and Midwifery workforce scheme will review non-direct posts and those posts that do not impact on patient care. A systematic review will zero base the workforce assumptions based on the professional judgement of the Head of Midwifery.

g. Outpatients (Transformational)

The outpatients' initiative will look at all aspects of outpatients activity including clinic management and administration. It will also include the population of clinic templates and the management of waste in the form of cancellations and DNAs.

h. Pathology (Cost reduction and efficiency)

Savings in pathology will be generated through purchasing efficiencies with another provider. These savings more accurately represent the level of demand the Trust makes with other NHS suppliers.

i. Procurement (Cost reduction)

Procurement savings are being delivered through purchasing efficiencies and through the standardisation of clinical supplies. The Trust is also reducing the reliance on external contractors in delivering these savings.

j. Tariff and income recovery

Tariff and income recovery includes a wide range of schemes for most aspects of the Trust's services. The Trust is developing plans to increase its market share through attracting patients through improved outcomes, high quality care and excellent patient experience. The Trust is engaging in a concerted marketing campaign across and beyond Liverpool through building solid working partnerships with the GP practices that are on the periphery of the local catchment areas.

There are also projects to improve the accuracy of the clinical coding including the recording patient complications and co-morbidities.

9.3 Commissioner contracts

At the time of writing the Trust has received initial offers from both Specialised Commissioning and the main commissioner Liverpool CCG and Associates. This covers approximately 85% of Trust income.

The Trusts approach to Commissioning and Contracting in 2014/15 has been very much a joined up approach between Clinicians, Operations and Finance. This has enabled the links between finances, clinical outcomes and risks to be explicitly discussed and understood by all parties around the table and an approach to risk sharing agreed and documented within the contract between commissioners and the Trust.

Inherently a number of the services supported through specialised commissioning funding are operating at a loss. The negotiations this year focus on ensuring the Trusts services are

provided in line with the Specialist Commissioning Service Specifications and ensuring the costs of our services and hosted services are adequately recuperated through tariff.

The CCG offer is activity based and it has been verbally agreed that any over-performance will be rewarded following Payment by Results guidance. The Trust continues to negotiate an increased plan value to secure further certainty for its own financial planning purposes.

In addition to the Payment by Results contract proposal, the Trust is also seeking £3.6m for the increased midwife to birth ratio (following its Birth Rate Plus report) and £2m for the significant increase in the CNST premium for 2014/15. The Trust will not agree a contract value with the CCG until a final position of all three elements of the contract proposal are documented alongside the associated risks to safe service delivery and financial viability of the Trust.

9.4 Capital programme

The Trust's two year capital plan has been reviewed and approved by its Service Sustainability Board. Within the two year plan is an underlying capital programme of approximately £2m that provides capacity for the maintenance of the building, medical equipment and Information Management and Technology (IM&T) systems. Significant developments include:

- IM&T – investment into the development of an Electronic Patient Record (EPR) system, the business cast for which was approved by the Board of Directors in February 2014;
- Reproductive Medicine development – regional, national and international schemes to invest and grow the Trust's fertility services business both in the NHS and privately. The business case for this development was approved by the Board of Directors in October 2013;
- Midwifery Led Unit – a scheme to refurbish the Trust's MLU, funded significantly from the national 'Improving Maternity Facilities' monies awarded in January 2014.

Capital Programme 2014/15	2014/15	2015/16
	£'000s	£'000s
Electronic Patient Record	1,858	265
Hewitt Fertility Centre development	2,443	1,229
MLU refurbishment	665	220
Combined Heat and Power	150	0
Building	1,050	0
Estates and Environment	500	500
Medical Equipment	579	299
Genetics	374	351
IM&T	780	520
Hewitt Centre	290	220
Grand Total	**8,689**	**3,604**

9.5 Challenges

Late in 2013/14 the Trust received notification from the NHS Litigation Authority (NHSLA) that its gross CNST premium would increase by £2m from 2014/15 following a change to the way in which premiums are assigned to Trusts within the scheme. Previously, the scheme acted as a pool which shared risk across the NHS whereas from 2014/15, premiums will be allocated based on outcomes actual claims made against individual organisations and known liabilities.

For 2014/15 the Trust's premium will increase by £2m with a known liability of £98m on the horizon. A significant majority of this liability (approximately 30%) relates to a group action in respect of care provided to women by a Consultant Urogynaecologist who was employed at the Trust.

The Trust has responded to this cost pressure in the following way:

- Liaising directly with NHS Litigation Authority (NHSLA) to ascertain whether there are any transitional arrangements to support the Trust to manage its significantly increased premium, at short notice;
- Seeking commissioner support to address both the in-year and outstanding liability by treating it as a health economy pressure as opposed to one the Trust must bear alone; and
- Referring to Monitor guidance with a view to the increased premium being recognised as an 'exceptional item' and therefore excluded from the metrics used to calculate the Trust's CoS.

The Trust is currently in discussions with NHSLA to develop a short term solution to managing this significant increase in premium by deferring part of this increase until 2015/16. However a medium and longer term approach to managing the Trusts continuing viability is currently being considered with PricewaterhouseCoopers.

9.6 Financial risks

The Trust's financial risks are outlined in the table below together with details of planned mitigation. The levels of risk will regularly reviewed throughout the life of the Plan ad if risks reduced the reserve will be used to fund non-recurrent developments.

Financial Risk	Mitigation
a. National tariff changes adversely affect the income of the Trust	• Continue to seek to influence in respect of the national tariff; • Trust is part of the taskforce reviewing the maternity tariff currencies.
b. Liverpool CCG commissioning intentions change	• Continue full engagement with the Healthy Liverpool strategic service review, ensuring that sustainable Women's services are commissioned.
c. Market share	• The Trust has recently seen improvements in market share in both gynaecology and maternity. Specific CIP plans are in place to consolidate and grow this further in 2014/15 onwards. These include improving the quality and patient experience provided by the Trust and improving access to our services; • Ensure that the Trust services are marketed effectively.
d. Failure to identify and deliver levels of cost reduction or income generation necessary for financial viability	• In 2013/14 the Trust appointed an interim internal turnaround director to support the delivery of schemes for 2014/15 and 2015/16. Key components of this are: • Sustainability of this approach is a key part of the CIP to ensure the same practices are maintained on departure; • Robust performance management at Executive and Senior Manager level;

	• Adoption of tools and techniques used in turnaround processes.
e. Business development plans do not deliver at planned levels	• Business development opportunities subject to robust business case prior to commencement with all risks and mitigations identified. • Robust monitoring arrangements during and following implementation.