



Strategic Plan Document for 2013-14

Birmingham Women's NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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

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Date	29 th May, 2013

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Elisabeth Buggins
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Ros Keeton
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Tim Woodhead
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Signature

Annual Plan Review 2013-14

1.Strategic Context and Direction

The Trust's refreshed Strategic Plan 2103 – 2017 was discussed and agreed at the March 2013 Board Meeting. The plan develops and enhances the objectives previously agreed in April 2012.

The Trust's strategic objectives were developed through a structured process by which clinical directorates defined their clinical ambitions. As part of this process commissioning strategies, plans and relevant markets were examined and evaluated.

The Trust's operating environment is both at local health economy level and a regional level where the key competitors and their strengths and weaknesses will vary dependent on the service.

For Maternity and Gynaecology services the Trust's main operating environment is predominantly the local health economy (although the Trust also provides some specialist/tertiary services in both these directorates).

Maternity Services

The Trust's main competitors are the Birmingham and Black Country based Trusts e.g. Sandwell and West Birmingham Hospitals NHS Trust, Heart of England NHS Foundation Trust, and Dudley Group of Hospitals NHS Foundation Trust. Compared to these Trusts BWNFT currently enjoys a good clinical reputation with significant numbers of women expressing a preference to give birth with BWNFT [500 more than the Trust had capacity to accommodate in 2012/13].

The Trust has recognised that the other local Trusts provide some enhanced choices for women e.g. greater availability of water births. The Trust has responded to this and is currently taking steps to ensure that the experience for our women is at least the same if not better, in this respect, than other local NHS Trusts in all areas.

The new maternity pathway tariff will mean that the Trust will need to bill providers who are the first point of contact (primary provider) for the service provided to these women by the Trust. It is anticipated that this will be in the region of £3.6m (£1.8m for Sandwell and West Birmingham Hospitals NHS Trust). BWNFT are currently in negotiation with neighbouring Trusts in order to minimise the bureaucracy regarding these transactions.

The Trust is participating in the Birmingham and Solihull Maternity and Newborn Capacity Review The demand model developed has analysed the current position [in which the Trust undertakes approximately 33% of the births in this area], and future demographic trends for both the volumes and complexity of services. Birth numbers are expected to increase marginally over the next 3 years and complexity will continue to rise. The review anticipates that birth numbers at BWNFT will increase if the Trust increases its capacity to accommodate patient choice e.g. the 500 women choosing BWNFT but not being accommodated at the moment.

Gynaecology Services

The Trust currently serves 17% of patients in the West Midlands area (which makes it the largest provider of Gynaecology services). It is recognised as being at the forefront of clinical practice e.g. hysteroscopy and urogynaecology The Trust has identified a number of GPs who only refer to BWNFT for specific

conditions and now will be working with these GPs to ensure they understand the full range of services the Trust has to offer. The Trust does not expect to reduce its market share in this area; however no increases are projected for this period above those that have already been experienced in 2012-13 and are therefore factored into contracts for 2013-14.

The Trust also has some competition from the private sector in relation to fertility services and gynaecology; however the level of capacity of these providers is limited. Again the Trust does wish to target these areas for growth in the future, but has not assumed growth at this stage.

Future growth is anticipated (2016/17) once the Ambulatory Care model for gynaecology can be fully delivered with an enhanced estate. Another opportunity that the Trust will pursue is to use its considerable research base in order to bring research proven projects into practice to develop innovative models of care.

Genetics and Neonatology

Clinical genetics, laboratory genetics and the neonatal services are regional specialist services and are currently commissioned by NHS England and do not have local competitors.

The laboratory genetics services has developed specific areas of expertise for which it is recognised nationally and therefore derives work from across the UK e.g. Manchester, Southampton, Cambridge.

The historical trend in both clinical genetics and laboratory genetics has been an increase of 10% per annum. The Trust has agreed a cost and volume contract with NHS England and this has enabled the Trust to make investments in staff and technology with greater certainty these costs can be covered than in the past.

2. Approach to Quality and Clinical Strategy

The main quality and clinical strategic aims for the next three years for the Trust can be divided into the following categories;

- Improve Patient Outcomes
 - Decrease perinatal and infant mortality
 - Improve detection of intra uterine growth restriction
 - Decrease smoking amongst pregnant women
 - Increase breast feeding rates
 - Increase the percentage of mothers who have their first contact before 12 weeks gestation
 - Increase Consultant presence In the Neonatal unit and Delivery Suite
 - Decrease multiple pregnancy rates following assisted conception
 - Maintain our high implementation of translational research
- Patient Experience
 - Improve customer care
 - Delivery of training to support high-quality customer care provision
 - Improve the Net Promoter Score (Family and Friends Test) to be in the top quartile of organisations
- Care Closer to home
 - Increase number of community gynaecology clinics
 - Improve access to home birth service

- Increase proportion of tertiary and quaternary work completed at the main BWNFT site in the following disciplines
 - Laboratory Genetics to increase further its national profile
 - Fetal Medicine to maintain and improve the laser service for twin to twin transfusion syndrome
 - Gynaecology to increase complex gynaecology, including urogynaecology and to develop further the reproductive endocrinology service, including management of the menopause
 - Neonatology to increase the number of intensive care cots and develop further care pathways for neonatal surgical babies

To develop this Clinical Agenda the main initiatives for the Trust will be:-

- Develop the Guardian System electronic record, aiding real time data collection.
- Constant reminders to appropriate clinical staff regarding continuing growth scans until delivery rather than stopping at 36 weeks of gestation.
- Increase direct access from community midwives to the Day Assessment Unit, facilitating rapid assessment
- Increase the number of midwives and doctors able to perform growth scans out of hours
- Re-examine the criteria for serial growth scans
- Investigate the benefit of using the results of first trimester biochemical screening for trisomy 21 as an additional risk factor for IUGR.
- Continue with the Productive Ward principles in all areas, setting up a Trust wide group led by the Director of Nursing and Midwifery. Specific investigation will be done to determine what is blocking more time being released to care, and to address the causes so that the percentage of time spent on direct care is increased.
- Improve ROP screening rates such that fewer than 6 babies miss screening in 2013-14.

The Trust will also maintain established good practice e.g. -

- Overall patient safety programme through maintaining the WHO surgical safety checklist
- Board and Governor walkabouts,
- Weekly publication of key quality outcomes
- Board level reporting of root cause analyses.
- Maintain the corrected stillbirth rate to 2.9 per 1000 deliveries and the corrected neonatal mortality rate to 2.6 per 1000 deliveries
- Increase the percentage of time spent on direct patient care by our clinical teams from 2012/13.

Risks to quality

Last year we developed a detailed clinical ambitions document using a bottom up process whereby the individual directorates worked with external support in order to prepare a series of papers that were presented, debated and agreed at the Board of Directors.

The Board receives information in various forms regarding quality; on a weekly basis the whole Trust receives a set of patient safety indicators, 9 clinical indicators chosen by clinicians that are thought to represent the most significant risks to our patients.

At each public Board meeting a Patient Safety and Quality report is produced that is formatted in three sections relating to the core aspects of quality: Safety, Effectiveness and Patient Experience. This report includes information about the number of serious incidents reported each month, including actions taken to prevent similar occurrences, the latest weekly safety metrics, a Quality and Safety dashboard including data on neonatal and stillbirth corrected and crude rates, the CQC Quality Risk Profile and monthly data on patient feedback, concerns and complaints, and the latest Friends and Family Test results. In addition

periodic reports on Complaints, Infection Control and Safeguarding are produced, as well as an annual Aggregated Data report, which includes an analysis of all incidents, complaints and claims.

Further Board assurance is attained by the circulation of the minutes of the Patient Outcomes (formerly the Clinical Governance) Committee and a verbal update on the work of this Board sub-committee which brings to the Board's attention any key strategic or operational issues.

The Patient Outcomes Committee (POC) examines a wide range of processes and outcomes across the Trust and within each Clinical Directorate, including trends in Incidents, Complaints, Claims, Infection Control practice, safeguarding issues, implementation of national guidance, including NICE guidance, implementation of national and local clinical audits and confidential enquiries, internal audit reports, results of national patient surveys, recommendations made by solicitors following NHSLA claims. The POC also receives reports from sub committees including Research and Development, Health & Safety and Infection Control. Management Board receives reports from sub committees including Theatre Users Group, Hospital Thrombosis and Transfusion Group and Resuscitation committee.

Clinical risks and their mitigating actions are reviewed in detail within each Clinical Directorate, and an overview of the risk register is discussed at Management Board with new red risks are reviewed and discussed in detail.

A potential risk to quality is the Trust's cost improvement programme. We risk assess and score the clinical impact of all these proposals using a RAG rating on a quarterly basis, presenting the results to POC. The majority of CIPs are rated as green for impact on quality of service provision.

On an annual basis the Trust publishes its Quality Report which is signed off by the Board and includes our main clinical priorities. Further work is being carried out by the Director of Nursing and Midwifery and the Medical Director to develop further quality metrics

The Board has declared that there is a risk of not achieving the target related to compliance with requirements regarding access to healthcare for people with a learning disability (line 19, Appendix B).

In previous years, the Board has been assured that, given the small number of patients seen who fell into this category, the Trust would be able to identify them as they came into contact with our services, and they would then receive, on an *ad-hoc* basis, individual care planning to ensure that their needs were met; and on that basis has declared no risk to this target.

Following a review in preparation for this year's submission to Monitor/ DoH, the Board has noted that the number of patients cared for, who present with some level of learning disability, has been increasing; and it is likely that this will continue to increase over the planning period. Given other changes in service provision, and particularly a greater emphasis on out-patient/ home-birth provision, together with greater uncertainty about the ability of staff to recognise the full range of learning disabilities, the Board has felt it prudent to declare a risk and put into place remedial action planning.

The remedial actions that the Board anticipates being undertaken include:

- Reviewing, with other providers and agencies, the pathways into and through care for those with learning disabilities, including the easy passage of identifying information through the system
- Increasing training for staff to enable them to identify the full range of learning disabilities at the first point of contact, if this information is not otherwise available
- Further developing patient and family feedback mechanisms to ensure that they are suitable for all patients with learning disabilities
- Ensuring that the clinical audit plan includes regular auditing of compliance, to support the Board's quarterly declaration on this issue

This work will be led by the Director of Nursing and Midwifery, supported by the Safeguarding team and the Human Resource department.

Workforce Strategy

Our main workforce priorities for 2013/14 are summarised below:

To maintain and develop the midwifery, nursing and medical workforce to:

- Maintain our service at 8,000 deliveries per annum and 39 neonatal cots,
- Increase our midwifery workforce to support the development of a home birth service.

Recruitment is currently taking place and we are well underway in inducting and implementing the new staffing arrangements to ensure delivery to plan. We do not envisage particular risks to reaching our new staffing levels.

Ensuring adequate staffing and training to deliver care, and the Trust's objectives. All of our in-year objectives and CIPs have been formally assessed for both clinical risk and risk to delivery, to ensure that our plans do not negatively impact on clinical care or the Trust's viability. Progress with both in-year objectives and CIPs, and the associated risks, will be formally monitored by the Executive Directors and Directorate Management teams on a monthly basis with the Board receiving quarterly updates. The clinical review was undertaken by the Medical Director and Director of Nursing & Midwifery, who reported no proposals as red-rated.

Improving the health and well-being of staff. The Board recognises its responsibility to support the health and well-being of our staff, and this will be supported by a number of actions including:

- implementing the revised the Attendance Management Policy
- increasing our seasonal flu staff vaccinations
- OWLS contact officer service
- a comprehensive programme of leadership and management development
- re-tendering our Occupational Health Services
- investing in Staff Support and Staff Self-Referral Physiotherapy Services

These actions are also expected to support the continuing drive to reduce sickness absence to the target rate of 2.41% across the Trust. Neonatal and Maternity directorates are expected to be the areas where there is the greatest challenge in achieving this: both directorates will receive additional focussed HR support and management training to support their actions. Achievement of this priority will be monitored monthly by the Executive team, and the Board will receive two-monthly updates.

Ensuring staff are regularly appraised and have a personal development plan in place. We have set an 85% target for all staff to have received appraisal within the previous 12 months; for this year, the Board has set a priority to improve the quality of the appraisal that staff members achieve. This will be supported through further training for managers, whose own objectives will include the completion of quality appraisals for their staff. Progress on numbers of appraisals will be monitored through the Key Performance Indicators, and quality feedback will be sought through staff contacts including the staff survey results.

Compulsory Training. The Trust has set out clear targets for ensuring the completion of the required compulsory training for all staff, and these are monitored regularly at Board and Board Committee level. The Trust continues to review its relevant policies to ensure that compulsory training is fit for purpose and tailored to reflect that which is clearly required; this is supported by continuing development of electronic tracking and training systems.

Agency and bank staffing. The Trust has historically low usage of both and has set a target of a maximum usage equivalent to 2.85% of the pay bill. This will be challenging for some areas, particularly Maternity and Neonatology, who had used agency and bank to support service provision and cover for maternity leave amongst junior medical colleagues.

Modernising Scientific Careers: Following from the Trust's work as an early implementer of this scheme, it will now feed into the skill mix reviews expected to be undertaken in the year.

Cervical Cytology will transfer to Heart of England NHS Foundation Trust on 1 June 2013, and we will work both to ensure the transfer has minimal effect on services, and to ensure the process is as straightforward as possible for the staff affected.

3. Productivity and Efficiency

Cost Improvement Plans

Schemes have been developed following the refresh of the Trust's strategic objectives and clinical ambitions work. These focus on the strengths and opportunities that the Trust has in some areas such as fertility treatment, genetics and further increases in the number of maternity deliveries (including for home births) It also builds on the "Together we Can" work with ideas from staff regarding how to cut out waste and unnecessary bureaucracy.

Areas the Trust is looking to improve upon include agency arrangements and improvements in the Trust's infrastructure, particularly regarding ICT and estates. These will be enablers for CIPs in 2014/15 and 2015/16.

All CIPs have been developed jointly between the Clinical Director of each service (a practising clinician); the General Manager; the lead nurse or midwife and the Executive Directors. These plans were originally set out by each directorate, quality checked via a number of iterations before finally being agreed by the Board of Directors

In total 90 CIP schemes were approved. These ranged from areas that saved £2,000 to £136,000. 70% are recurrent (30% non-recurrent), 38% relate to additional income, 34% relating to schemes effecting pay and 28% relating to non-pay schemes.

All plans have been clinically risk assessed to ensure that any impact on quality is minimised if it exists at all. Schemes are also monitored throughout the year by the Patient Outcomes Committee.

Although the Trust does not have in place a PMO, it has a good record of delivering CIP. This included a significant Management of Change process which reduced the Trust's headcount and the actual expenditure on staff reduced by £1.8m in year. This demonstrates the Trust's ability to deliver real cost reductions.

CIP Management

Income CIPs have only been included where the Trust is clear the capacity exists to deliver the work and that the demand exists. Should risks to delivery be identified, then alternative schemes will be developed and implemented within year.

In 2013/14 the CIP is less than in previous years (3%) and is considered achievable. Strong monitoring from the Executive Team on a monthly basis is in place – with a degree of earned autonomy for Directorates that can demonstrate a good track record of delivery.

Accountability for the delivery of the schemes is delegated to each of the 4 directorates, Genetics, Gynaecology, Maternity and Neonatology

The clinical risk assessment of all CIPs has been reviewed by the Medical Director and the Director of Nursing and Midwifery. This has also been shared with the Accountable Officer for the host CCG. (Birmingham South Central) who also is a clinician. An update on the clinical risk assessment of the CIPs is taken to the Patient Outcomes Committee on a quarterly basis.

Cost Improvement Plans for 2014-15 and 2015-16 are currently being developed, however the Trust has already identified £1.5 million worth of schemes due to the full year effect of 2013-14 schemes, benefits from new pharmacy arrangements, savings from a new neonatal transport contract, the move to CNST level 3 which will be assessed in December 2013 and further development of fertility and genetics testing. Other schemes under consideration include using the improvement in IT infrastructure and opportunities within the private sector market although these are less developed at this stage.

4. Financial Strategy

Current Position

The Trust is currently risk rated 3 under the Financial Risk Rating system. Using the proposed rating system in the draft *Risk Assessment Framework*, the Trust would score a 4 for each of the 4 quarters, giving an overall rating at the highest level. The Trust currently has no long-term debts outside its Public Dividend Capital and has a history of achieving small in-year surpluses, which has continued in 2012/13 with a surplus of £316K. Currently the Trust holds cash of approximately £10m (of which £3m relates to hosted organisations); we intend to utilise approximately £2m of this cash to fund capital expenditure in 2013/14.

The Trust's asset base has a net book value of £45m, of which £36m relates to land and buildings. Recently the Trust has focused particularly on investing in genetics equipment and IT infrastructure, to ensure that our services are based on the latest standards and meet the needs of our patients.

The Trust has 2 major commissioners:

- NHS Birmingham South Central CCG, which acts as our Co-ordinating Commissioner and manages approximately 54% of our income
- NHS England, representing approximately 30% of income, who commission the Trust's regional services including Genetics and Neonatology

Key Financial Priorities

The Financial Strategy is to invest in its estate infrastructure to assist in achieving our corporate objectives. In particular, this investment will support our aims to:

- deliver at least 9,200 births per annum
- provide the neonatal care and fetal medicine care associated with 9,200 births
- increase overnight accommodation for parents and families to 1 room per intensive care cot
- enable expansion of the genetics service by 10% per annum
- provide a one stop ambulatory care environment in gynaecology

The Trust plans to support this investment by obtaining loan finance in the range of £60 million to £70 million, which will then be used to implement a project of significant replacement and refurbishment of the estate. The plans are still under development and are actively being reviewed by the Board; positive discussions have been held with potential lenders. The Board anticipates that the loan would be serviced through income generation by additional activity and efficiencies from the implementation of the scheme,

and at this stage is satisfied that it could be effectively managed by the Trust. The Board is engaging with local stakeholders, including CCG's and local representatives, and will be continuing this engagement through the course of the year.

Key Risks

The key income-related risk for the Trust relates to potential reduction in clinical activity. With Clinical Genetics and Cytogenetics moving to 'cost-and-volume' contracts, nearly all of our income is related to either PbR-listed services, or to services with agreed cost and volume contracts. If activity were to reduce, this would directly impact on the Trust's income.

The Board has made a planning assumption that the net price deflator will be 1% over the period; there is a risk that it will exceed this rate, reducing income from expected levels.

Pay

Non-Planned Absences

The greatest risk is from non-planned absences, normally unexpected sickness; there are also risks arising from requirements for maternity leave, training etc. Sickness rates are currently running marginally above the target for the Trust, with particular pressure in Maternity and Neonatal Directorates. The Board is actively monitoring these areas, and continues to develop its policy approach to ensure that the risk is managed and mitigated effectively, including the implementation of recently-agreed changes to the Agenda for Change scheme.

Recruitment

The Trust needs to recruit staff in a number of specialist areas, some of which suffer from national or international shortages. In order to recruit to these posts, the Trust may need to pay recruitment and retention premium, or recruit at a higher point of the scale than expected. All vacancies are currently budgeted for at mid-point of the scale, giving some flexibility. The Board is also considering the most effective way to utilise the recently-agreed additional flexibilities in the Agenda for Change scheme to support recruitment and retention.

Staff Turnover

The Board has anticipated a level of turnover for the year, based on previous experience. If the Trust's turnover is lower than expected, then the average pay of the Trust's staff may increase through the operation of incremental advancement. The Board is in the process of putting in place arrangements to manage this through the newly-agreed arrangements for Agenda for Change, which change the emphasis from automatic increments to showing satisfactory performance as a pre-condition for advancement.

Establishment Levels

The Trust's Licence includes a condition to ensure it has sufficient staff, with the right skills, in place to deliver its services; this also reflects requirements under the Care Quality Commission licence. If we are unable to satisfy regulators that we meet that requirement, we may be directed to employ additional staff (without additional income) in order to demonstrate compliance. The Board has put in place systems to regularly review staffing levels and gain assurance as to its compliance with the requirements, by reference to national standards.

Non-Pay

The Trust has provided for non-pay prices to increase by an average level of 3%; if they increase by a greater amount, this will generate cost pressures in the system. The Board and management closely monitor increases in prices, and seek to respond by ensuring the best possible procurements are in place.

Cost Pressures

Additional cost pressures may be generated by new statutory or regulatory requirements that had not been foreseen previously. Approximately £1m has been identified as unfunded cost pressures in this area. The Board will continue to monitor this area closely, and respond to any developing challenges.

CNST

The Trust will be subject to regular review by NHSLA in December 2013, and its CNST level for maternity could be reduced from the current Level 2; this would increase the premium in the fourth quarter by approximately £100K. The Board has invested in systems and processes to support a successful review and positive progress to Level 3 (scheduled for December 2013), and continues to closely monitor the position.