

# Board of Directors Meeting

13 May 2015

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**MEETING OF THE BOARD OF DIRECTORS ON WEDNESDAY 13 MAY 2015  
COMMENCING AT 11.00AM IN THE  
BOARD ROOM  
EDUCATION CENTRE, ARROWE PARK HOSPITAL**

## **AGENDA**

- |  |   |
|--|---|
| <b>1. Apologies for Absence</b>                        | v |
| Chairman   |   |
| <b>2. Declarations of Interest</b>                     | v |
| Chairman   |   |
| <b>3. Annual Operational Plan – Monitor Submission</b> | d |
| Director of Finance                                    |   |

### **4. Standing Items**

- |  |   |
|--|---|
| <b>4.1 Any Other Business</b>            | v |
| Chairman                                 |   |
| <b>4.2 Date and Time of Next Meeting</b> | v |
| Wednesday 27 May 2015 at 9.00 am         |   |

Agenda



<b>Board of Directors</b>	
<b>Agenda Item</b>	3
<b>Title of Report</b>	Annual Operational Plan – Monitor Submission <ul style="list-style-type: none"> <li>• Summary version of Plan</li> </ul>
<b>Date of Meeting</b>	13 May 2015
<b>Author</b>	Anthony Hassall, Executive Director of Strategic and Organisational Development Alistair Mulvey, Executive Director of Finance
<b>Accountable Executive</b>	David Allison, Chief Executive
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	<i>All BAF references apply</i>
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	<i>Risks associated with the Operational Plan are identified in the document and are triangulated with the Board Assurance Framework</i>
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	<i>Approval of Monitor submission of Annual Plan – 2015/16</i>
<b>Data Quality Rating</b>	Gold – externally validate
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	N/A

## **Executive Summary**

Each year Foundations Trusts are expected to develop in liaison with internal and external stakeholders their Annual Operational Plan, containing details of their quality, people, efficiency and financial plans for the forthcoming year.

This paper outlines the summary outputs of the development of the WUTH Operational Plan which has been developed since November 2014 and which is due for submission on 14 May 2015.

Through this paper, the Board is asked to

- a) Approve the summary version of the Operational Plan narrative
- b) Agree that any final changes to the summary can be made with Chair and Chief Executive delegated authority prior to submission on or by 14 May 2015

### **1. Introduction**

1.1 The Board has previously been briefed on the development of the Annual Operational Plan. Briefings on progress have also been provided to the Board through the Finance, Performance and Business Development Committee and at Board Development sessions.

1.2 Monitor expects that Operational Plans for 2015/16 will set out how Foundation Trust Boards intend to deliver high quality and cost-effective services for their patients over the next year. This one year plan is intended to build out of the Five Year strategic plan submitted in June 2014. These documents taken together should set out how the FT Boards intend to deliver appropriate, high quality and cost effective services for their patients on a sustainable basis.

### **2. Development of the planning process – Operational Plan**

2.1 In line with the briefing provided to the Board in October 2014 and detailed plan provided to the Finance, Performance and Business Assurance Committee in the same month, the development of the Operational Plan has been driven by an Executive Director led Annual Plan Task and Finish Group, which has included key internal stakeholders from operational and corporate Divisions. This group commenced meeting in November 2014 and has met fortnightly since then. Update reports have been made to the Board and informal Board and Executive Team development sessions throughout this time period.

2.2 Supplementing this Project Management approach individual meetings between Operational Divisions, Finance, Information and HR have been held to ensure that Divisions have activity and financial plans which are understood and owned at clinical level. The Executive Directors of Operations and Finance and Director of Workforce have reviewed these plans through their teams to ensure that they are triangulated with activity, finance (including CIP) and workforce. Clinical Heads of Division and Clinical Service Leads have been briefed to ensure there is clinical buy-in to the plans being developed and agreed.

2.3 All Divisions have produced their own Operational Plans which have been iterated over a number of versions. These include their own 'Plans on a Page', view of risks, activity and financial plans. These have been reviewed by the Executive Director of Operations and through the Finance Team and were presented for review at the Quarterly Strategic Reviews held in January 2015.

2.4 In tandem, strategic planning and contracting discussions have continued with key local health economy stakeholders, in particular for strategic planning through the 'Vision 2018' strategy formulation process and for contracting through regularly scheduled contract review meetings, both of which have been led by Executive Director input.

2.5 At the same time a Governor led Annual Plan Advisory Committee has been established to ensure the statutory obligation to involve Governors in the Annual Planning process is delivered, with supplementary briefings given to formal Council of Governors meetings.

### **3. Development of the financial plan**

3.1 As discussed at Finance, Performance and Business Development Committee at regular intervals over the period of the development of the plan, the financial plan remains subject to the ongoing development of the Recovery Plan.

3.2 For the contract and for informing the Divisional activity and business plans, the Trust will adopt a Payment by results contract for 2015/16, with a number of assumptions being made about the impact of 2014/15 activity into 2015/16.

### **4. Operational Plan – narrative, risks and summary**

4.1 The structure of the Operational Plan is determined by Monitor Guidance. This requires the Trust to submit a commentary on the short term challenges it faces, quality plans and priorities, cost improvement plans and financial plans for 2015/16. The content of the plan has been driven by a description of the Trust's agreed strategy and objectives (particularly referencing the objectives agreed at the Board in January 2015) in tandem with a view to the recently awarded 'Vanguard' status for the development of a New Model of Care. This full narrative will be approved in Part 2 of the Board meeting.

4.2 A summary version intended for publication by Monitor and the Trust is attached at Appendix 1.

4.3 The Board operates a Board Assurance Framework which highlights a number of organisational risks and which drives the Board agenda. The Operational Planning process has specifically highlighted a number of risks for consideration, which are already part of the Assurance Framework, but which will also be highlighted as part of the formal Board Declarations. These will be considered as part of the approval of the full plan in Part 2 of the meeting.

### **5. Conclusion**

5.1 The Annual Operational Plan has been constructed with engagement from the Board, Finance and Performance Committee (in respect of the Financial Plan) and across the operational and corporate areas, including appropriate input from the Annual Plan Advisory Committee.

5.2 The development of the plan has resulted in a number of key risks being identified which are reflected in the Board Assurance Framework and in the plan.

### **6. Recommendations**

6.1 The Board is asked to

- a) Approve the summary version of the Operational Plan narrative to be published by the Trust and Monitor
- b) Agree that any final changes to the summary can be made with Chair and Chief Executive delegated authority prior to submission on or by 14 May 2015





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## Introduction

in the teaching and education of the next generation of clinicians, nurses and consultants.



Welcome and thank you for reading the summary of our Annual Plan for 2015/16. This document outlines the main points in our detailed yearly plan that we have submitted to our regulator, Monitor. It sets out the things we're going to do to provide safe, high quality care for the people of Wirral, between April 2015 and April 2016.

As part of our five year plan to be the provider of 'Locally Focused, Regionally Significant' health services, we're proud to provide 24-hour Emergency Care and acute surgery, supported by diagnostic or surgical specialities for our local population, whilst being a regional leader

In this document we'll outline our key priorities to help us to continue to achieve our long-term objectives.

There's absolutely no doubt that 2014/15 was a tough year for the whole NHS. Across the country, hospitals have been adapting to caring for more people with long-term complex needs, and have been working within a very challenging financial environment. We have not been immune to these challenges.

But we've also made real strides in protecting and growing our front line teams and improving patient care, while making significant financial savings. And our active role with the whole of the healthcare economy in Wirral has seen us progress towards becoming a truly integrated, seamless health system.

We're very excited to have been selected with our local partners in health and social care to be one of only nine sites in England to be supported by NHS England to deliver a new model of care for Wirral, which will begin to take shape throughout 2015/16.

*Munir Qayyim,  
David Allison  
Chief Executive*

*Michael Carr  
Chairman*

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## Appendix 1

### Our vision and achievements in 2014–15

Our overall vision, set out in 2013, is to be:  
Locally focused and regionally significant.

*"We will be the first choice healthcare partners to the communities we serve, supporting patients' needs from the home to the provision of regional specialist services."*

We're now two years into this five-year vision, and have continued to make important steps towards achieving this vision in 2014/15.

#### Key achievements

- We've worked closely with our partners in the Wirral health and social care economy to be one of only nine areas nationally to be selected to create a new model of care for the whole of Wirral.
- We've been recognised for our excellent approach to training the new generation of nurses and clinicians in our role as a major University Teaching Hospital.
- Our Stroke Team was recognised as the best in the North West by the Royal College of Physicians.
- We've continued our commitment to developing the talents of young people in Wirral by being named the national Macro Employer of the Year for Apprenticeships
- We've taken a massive step towards becoming a paperless hospital, with the introduction of our *Wirral Cerner Millennium Phase 2b* IT system – allowing constant real-time access to patient data across the entire hospital Trust, making the patient journey more seamless.
- Many people are seeing through another year with their families, that may previously not have been.
  - Our relationship with our partners in North Wales has developed, by providing more surgical services
  - We've continued to see some of the best national Friends and Family test results for our Emergency Department in the country.
  - We've met key waiting targets like the 18-week referral to treatment (RTT) target and a range of referral times for cancer treatment.
- We've achieved a mortality ratio of 87, meaning that far fewer people die in our care than is nationally expected, and that

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## Appendix 1

### What is the New Model of Care?

Wirral is one of just 9 sites across England to be nominated to deliver a new model of care using our particular model. There was stiff competition for this programme with applications from 266 organisations across England.

Wirral has already been piloting a model of integrated care through its 'Vision 2018' health and social care economy collaboration programme. Vision 2018's aims are to:

- Minimise the need for hospital admission through promoting health and wellbeing and proactively managing those most at risk

- Promote integration of care across primary, secondary and social care to avoid duplication and fragmentation of care

- Improve health outcomes and optimise the patient experience

- Increase efficiency delivering more for less.

This new model of care will make this way of working the norm. It will mean more seamless care for our patients, whatever the stage of their healthcare journey.

In essence, every patient (even though they may go through many stages of primary, secondary, or community care) should feel that they have a more straightforward, more efficient and effective pathway of care – where the traditional boundaries between these levels of care become either unnoticeable, or non-existent. And we will help navigate local people to a range of community based services that will support their health and wellbeing.

It is built on a number of key principles:

- A new partnership**, consisting of ourselves and a range of local, national, and international partners.

**Sharing real-time information**, by sharing the technology we and primary care partners are already using, subject to safeguards.

**A new funding model**, that will see us moving towards a 'capitated' (or 'per person in Wirral') budget, from the current payment-by-results model, over time.

**Seeing fewer people in hospital** through delivering more services in the community We believe that everyone who lives here should have access to the right care, in the right place, at the right time of life, in a way that suits them, and in a way that helps them to manage their own health and wellbeing throughout their lives.

Moving forward with this model of care, will help to make this a reality for everyone in Wirral.

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### Our Objectives 2015-16

We're continuing to progress the five-year milestone plan as part of our 'Locally focused – regionally significant' strategy.

This plan details our long-term strategic aims and underpins everything we're doing between now and 2018.

These are described in the table on the next page, in the 'Strategic Aims' column, alongside our Annual Objectives that describes and governs the specific things we're aiming to do in 2015/16.

There are also a range of priorities that will provide a broader direction for everything we do and how we deliver services, throughout the year.

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## Strategic aims and operational objectives

Our Strategic Aims (What will this mean)	Our Annual Objectives (What will we do in 2015/6 to move towards this)
<b>To be the top NHS Hospital Trust in the north west for patient, customer and staff satisfaction</b>	<ul style="list-style-type: none"> <li>- Continually improve our patient experience to deliver a Friends and Family Test results where over 95% would recommend our care</li> <li>- Create a strong culture of empowered employees, delivering an improved overall score in the NHS Staff Survey.</li> </ul>
<b>To lead on integrated shared pathways of care with primary, community and social care</b>	<ul style="list-style-type: none"> <li>- Work with partners in Wirral to reduced delayed transfers of care to no more than 3.5 per month</li> <li>- Reduce readmissions to 7% of total admissions, by developing a range of plans to deliver care closer to home</li> </ul>
<b>To deliver consistently high quality secondary care services, enhanced through the provision of regional specialist services</b>	<ul style="list-style-type: none"> <li>- Implement our quality improvement strategy to reduce mortality to 85.</li> <li>- Ensure that our harm-free care score is no lower 95% for each month of the year</li> </ul>
<b>To ensure our people are aligned with our vision</b>	<ul style="list-style-type: none"> <li>- Relaunch our values and behaviours strategy and improve attendance rates to 96.3% and appraisal rates to 91%</li> </ul>

## Appendix 1

<b>To maximise innovation and enabling technologies</b>	<ul style="list-style-type: none"> <li>- Implement the next stage of our Wirral Cerner Millennium IT systems and deliver full electronic nursing documentation, piloted paper free outpatients and the ability to share documents with primary care.</li> <li>- Ensure 100% of our research studies achieve their agreed recruitment goals</li> <li>- Ensure that 80% of our research studies achieve NHS permission to first patient in their first visit within 30 days</li> </ul>
<b>To build on partnering for value</b>	<ul style="list-style-type: none"> <li>- Deliver an increased market share to 86% of Wirral CCG referrals, through engagement with local GPs</li> <li>- Continue to develop a range of partnerships with NHS and non NHS providers to secure clinical sustainability, particularly in relation to our regionally significant services</li> </ul>
<b>To achieve by financial, commercial and operational excellence</b>	<ul style="list-style-type: none"> <li>- Fully comply with our registration with the Care Quality Commission Registration</li> <li>- Continue to deliver a Monitor Continuity of Services (CoS) rating of 1 whilst working towards improving our financial stability in the long term.</li> <li>- Achieve a Monitor Green governance rating, meaning we have met all our performance targets, including the four-hour A&amp;E, 18 weeks and cancer waiting targets.</li> </ul>

## Appendix 1

### Our priorities for 2015–16

In 2015/16, we'll continue the important work of transforming our organisation, to ensure that all patients in Wirral get the right care for them, at the right time, and to an excellent standard.

To ensure this, we have some key priorities that will help to guide us in achieving this:

#### Priority 1: Managing capacity and patient demand

2014/15 was a particularly difficult year for the whole NHS in delivering the 95% four-hour A&E waiting target – so we're putting detailed plans in place to manage patient flow more effectively this year. These include:

- **Improving our emergency admissions processes** by ensuring each patient receives senior review at the earliest possible point after they've arrived.
- **Reducing waste in inpatient care** by ensuring each patient gets the right care at the right time, once they've been admitted.
- **Improving patient discharge** by better coordinating the pathway out of hospital for patients needing including ongoing support or care – including patients from Cheshire.
- **Using the 'Better Care Fund'** to divert people who do not require acute care away from our Emergency Department, through schemes such as over-night care packages in the community.
- **Admission avoidance** by focusing on areas of high attendance, and specific pathway work for continence, falls, frequent attenders, and admission to hospital for intravenous antibiotics.
- **Working with our partners** through our New Model of Care to support more people in the community to avoid the need for them to come to hospital.



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### Priority 2: Delivering care closer to home

Working closely with our Wirral health economy partners, we've developed integrated care.

This has introduced integrated care co-ordination teams which provide planned and unplanned care at home, so we can deliver more patient-centred care that is responsive to a patient's health and social care needs – so we can aim to either avoid hospitalisation or minimise the length of time a patient needs to stay in hospital, if they really need to.

Given how busy our services have been, especially over our winter period, we believe that this a very important element of how we will deliver services in the future. We have plans to deliver more care in this way throughout 2015/16.

### Priority 3: Delivering high quality and safe care

This is our fundamental purpose, and in 2015, we're focusing on some key areas:

#### Priority clinical safety areas

Our commissioners and the NHS as a whole has asked us specifically to concentrate our efforts on putting new processes in place to improve our outcomes around acute kidney injury, sepsis, dementia care, and unplanned emergency care. These are all things that

we will be working towards this next year, and we're aiming to be financially rewarded for this work through the national Commission for Quality and Innovation (CQUIN) framework, which will help us develop our services even further.

#### National 'Sign up to Safety' campaign

We've fully embraced NHS England's 'Sign up to Safety' campaign, which has

committed us to adopting a national framework around managing and maintaining patient safety. This means that our approach is based on the 5 elements of:

1. Putting safety first
2. Continually learning
3. Being honest
4. Collaborating
5. Being supportive

This is a very real expression of our commitment to providing a safe and secure patient experience for everyone we care for.

#### Infection Prevention and Control

We're investing in a brand new dedicated isolation ward to better care for those patients that come to us with, or pick up infections whilst we're caring for them.

This is a very important agenda for us, especially given the newer anti-biotic

resistant infections such as Carbapenemase- Producing

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Enterobacteriaceae (CPE) that we're now seeing.

We're also proactively reinforcing good hand hygiene habits to all our team and visitors, to help stop the spread of further infections.

This new investment, aligned with the right behaviours will make a very significant difference to our fight against infections in our hospitals.

### Preventing injuries and accidents in hospital

We're continuing to put in place a range of actions to prevent injuries and illnesses that can result from trips and falls, blood clots, pressure ulcers, and catheter-acquired urinary tract infections.

### Improving the process for raising concerns

We've ratified a new policy for raising concerns in our hospitals, which includes appointing three staff guardians through which colleagues can channel any

concerns in a confidential and impartial manner.

### Preventing needle injuries

We're working hard with our teams to ensure everyone fully understands our processes around the safe disposal of used syringes and the safe cleaning of used surgical equipment.

## Appendix 1

### Priority 4: Growing and developing our team

Our dedicated and diverse workforce is our greatest asset. We're committed to helping them to realise their full potential to deliver our vision, inspired by our PROUD values:

Patient-focus

Respect

Ownership

Unity

Dedication

A big part of this is our new Workforce and Organisational Development Strategy, which employs the following pillars to creating the right environment

#### 1. Healthy Organisational Culture

As a really important part of this, we'll continue to be committed to our award winning Listening into Action programme, which has engaged over 2000 colleagues directly in leading and implementing improvements in efficiency and effectiveness.

#### 2. Sustainable Workforce

Our workforce will need to change to match new ways of delivering services and new ways of working. We need to ensure that people with the right skills, in the right numbers are in the right jobs. We also need to support the health and well-being of the existing workforce and prepare them to meet future service needs

#### 3. Capable Workforce

All staff need to be appropriately trained and have access to learning and development

#### 4. Effective Leadership and Managers

Our managers and leaders are part of the workforce and have a key role to play in driving service and culture change. They also need to be valued, supported and developed

#### 5. Developing workforce

In 2015/16 we will more directly link this to our overall financial recovery programme, to ensure that we continue to empower our colleagues to make changes to operational delivery.

#### 6. Monitoring and Evaluation

In 2014/15, we'll be investing £1.1million in our front line nursing team – creating the right capacity to deal with the demand that we predict for the coming year.

We've also recently employed a dedicated Alcohol Support Team to provide a more coordinated service between hospital and our community services.

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### Priority 5: Returning to financial sustainability

Whilst 2014/15 was a difficult financial year we made some real progress across key planning and delivery areas as well as achieving savings whilst maintaining high quality services to establish a more stable footing from which to move forwards from.

We also continued our investment in more nursing staff across our Department of Medicine for the Elderly and our Emergency Department, as well as investing in Infection Prevention and Control technologies and other parts of our physical and IT infrastructure.

At the end of 2014/15 we achieved a Continuity of Services rating, Monitor's measure of financial performance and stability, of 3 which was slightly improved against the planned position of 2.

2015/16 brings with it an increasing financial challenge, as it does for most other acute providers, and the ground

work we undertook in 2015/16 will stand us in good stead to make sure that the plans we have around financial management are more closely than ever aligned to our service delivery changes, demand and capacity and give us the best opportunity to succeed in a difficult environment.

This doesn't detract from the fact that the financial situation will be pressured but does improve our confidence in delivery. 2015/16, as 2014/15, will see further investment in nursing staff, an investment in an Isolation Unit and the staff to appropriately manage it better to care for patients with infections.

We will continue our investment in Cerner and other leading edge technologies to support delivery of the highest levels of patient care and improve outcomes and experiences for patients, carers and our colleagues involved in delivering services.

The Cerner investments will also act as a cornerstone for the Wirral New Models of Care programme. This programme will

change the shape and costs of care to achieve a sustainable financial position to support further investment in staff, facilities and infrastructure.

Detail	15/16 £m
Income	306.7
Expenditure	(306.0)
EBITDA	0.7
Post EBITDA	(14.2)
<b>Surplus / (Deficit)</b>	(13.5)
<b>CIP Requirement</b>	13.0

## Further information

For more information on our plans or to download the full version, please visit our website at [wuth.nhs.uk](http://wuth.nhs.uk) and search for '**Annual Plan 2015-16**'.

If you'd like to get involved in shaping our plans for the next year and beyond, you can become a member of our Trust.

To find out more:

**Call:** 0800 0121 356

**Email:** [wih-tr.Foundation.nhs.net](mailto:wih-tr.Foundation.nhs.net)

**Visit:** [wuth.nhs.uk](http://wuth.nhs.uk) – search for 'become a member'



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