Oxleas NHS
NHS Foundation Trust

Strategic Plan Document for 2013-14

Oxleas NHS Foundation Trust

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NHS Foundation Trust

improving lives

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

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

Name	
Job Title	
e-mail address	
Tel. no. for contact	
Date	

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:

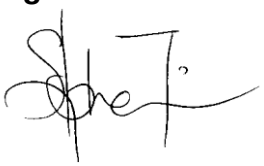
Name *(Chair)*	**Dave Mellish**

Signature

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	**Stephen Firn**

Signature



Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	**Ben Travis**

Signature

Oxleas NHS
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Monitor Strategic Plan 2013/14 – 2015/16

A. Executive Summary

We are an organisation that is fully committed to our purpose:

To improve lives by providing the best quality health and social care for our patients and their carers.

And our values:

- **Having a user focus** (we try to see things from your point of view)
- **Excellence** (We are never content with a service that is second best)
- **Learning** (We constantly review and improve how we do things)
- **Being responsive** (We try to care for you as quickly as possible in the way that suits you best)
- **Partnership** (We work with others to ensure you get the help you need)
- **Safety** (We seek to protect you and our staff from harm)

It is from this clear understanding of our focus and drive to improve that we have developed our Strategic plan for 2013/14 to 2015/16.

This strategic plan provides a clear picture of how we are performing on quality, compliance and financially at the close of 2012/13, our understanding of the challenges both nationally and locally and how we have already delivered to our priority plans and developed our strategy going forward in order to meet the needs of our patients, carers and commissioners. We also lay out our priorities for 2013/14 to 2015/16 and how we expect to deliver to these priorities through reconfiguration and development of new services, innovation, integration, a focus on productivity and a continual drive to deliver efficiency in the way we provide care, whilst maintaining and improving our high quality services and delivering within our financial envelope.

The economic environment in 2013/14 to 2015/16 will be more challenging than Oxleas has ever experienced, with a wide range of social consequences. Demand for all services will increase particularly long-term conditions, dementia, mental health, prison and forensic services. Meeting this demand with decreased levels of NHS and local authority resources will force new ways of working and in time, may change the nature of what we offer through the NHS.

However, we are facing this challenge from a strong financial position. We are planning to make surpluses of £2.7m per year for each of the next 3 years to invest in improving local services. These surpluses are underpinned by the delivery of our cost improvement programme which will require us to deliver significant efficiencies over the 3 year period. We already have firm plans in place to deliver the target of £6.7m in 2013/14 and have outline plans to deliver the requirements in future years. However, it is critical that we continue to ensure that delivery of CIPs does not have an adverse impact on clinical quality; we are confident that the governance structures we have established will ensure that this is the case.

Integration of services and out-of-hospital care is now central to the sustainability of local healthcare. Oxleas will lead with new service models with primary and secondary care, new financial models with commissioners and ensure internally, that all patients benefit from being within an integrated mental health and community health trust.

As with any organisation we face a number of risks which we set out in more detail in this plan, however we believe we have the necessary focus and structures in place to deliver any mitigation plans required. This will ensure the risks we face do not have an adverse impact on our patients and carers and the services we deliver.

We will be working closely with colleagues in the local health economy to facilitate and support the administrator of South London Healthcare NHS Trust. As part of this our Board will be considering the transfer of the Queen Mary's Hospital site and Bexley Specialist Children's Services to Oxleas during 2013/14.

Our Priorities 2013/14 – 2015/16

During 2012/13 we reviewed our previous 3 year development strategy in order to re-design our Service Development Strategy for 2013/14 – 2015/16 and ensure our plans for the future meet the needs of our patients and carers. Based on the analysis summarised in the following sections of our Strategic Plan and a thorough process of review and consultation with our Governors, members and staff, our Board has agreed the following priorities in order to deliver best care to our communities over the next three years.

No.	Priority and Actions 2013/14 - 2015/16
1	**Enhance QUALITY: offer a guarantee of excellence for every patient**
1.1	Improve care planning through better patient involvement and give patients real time access to their care plan.
1.2	Improve patient feedback from all services.
1.3	Introduce a set of 'patient promises', including standards around waiting times and treatments.
1.4	With reference to the findings of the care and treatment in Winterbourne and Mid Staffs ensure strong clinical leadership throughout trust services.
1.5	Building on the Chief Nurse for England's strategy, ensure high quality and compassionate nursing care in all trust services.
2	**Promote INNOVATION: redesign services with patients, families and commissioners**
2.1	Devolve power to front-line professionals to design and tailor services with their patients, through using: • assistive technologies (e.g., daily online monitoring, tele-care) • real time feedback on service use, cost and outcomes • personal budgets (when introduced)
2.2	Implement integrated care pathways, offering 'whole person' care for older people, children & young people and people with long term conditions
2.3	Introduce teams that offer physical and mental health care for older people and people with long term conditions (e.g., depression and long term conditions; district nursing and dementia care)
2.4	Continue our work on social inclusion through supporting user-led/Expert Patient initiatives (such as Recovery or Wellbeing colleges)
2.5	Change our ways of working to match patient and GP needs through extended opening hours
3	**Increase PRODUCTIVITY: be resilient and resourceful to thrive in difficult times**

No.	Priority and Actions 2013/14 - 2015/16
3.1	Monitor and improve productivity in all services
3.2	Implement our marketing strategy: • ensure each directorate has a marketing programme • put in place an action plan in response to the 2012 GP survey • ensure that our values and approach are visible and understandable (what is it about our culture and our costs that we want to tell people?)
3.3	Introduce a financial framework with commissioners, linked to standards in waiting times and clinical outcomes
3.4	Ensure our workforce keeps the trust competitive through establishing: • competitive terms and conditions • effective performance management framework • innovative use of skill mix and flexible membership of teams • high levels of staff satisfaction
4	**Implement the TSA Plan**
4.1	Develop Queen Mary's Hospital into a vibrant health resource for Bexley
4.2	Be involved in implementing the TSA community care transformation strategy
4.3	Plan the relocation of Bromley's acute mental health services

B. Strategic Context and Direction

In order to develop the most pertinent priorities for 2013/14-2015/16 and establish the actions we must take to deliver to these priority areas, we have undertaken an analysis of the national context within which we now operate, as well as our local health economy and our position within it.

B.1 National and local context and our plan

On 1st April 2013 Clinical Commissioning Groups (CCGs) were established and authorised alongside commissioning support services, in place of previous PCT commissioning bodies, with the authority to commission local health services and a duty to provide patients with choice including, where appropriate, choice of any qualified provider. Alongside the establishment of new clinically led local health commissioning bodies, Local Authorities now have responsibility and budgets to commission public health services and activity and the National Commissioning Board (NCB) has been established to manage the commissioning of specialist and national services.

Commissioning of health visitors has moved to the NCB until 2015, when this responsibility will transfer to the local authority. Commissioning school nursing passed to the local authority in April 2013. The NCB also has responsibility for commissioning offender inpatient services and primary medical and dental services, alongside other specialist services.

Other services within the Trust affected by the change include:

- Our Kent Prison Services
- Our Court and Police Liaison & Diversion Services
- Medium Secure In-patient beds
- Low Secure In-patient beds at the Memorial Hospital
- Forensic Community Services
- Specialist Personality Disorder Services

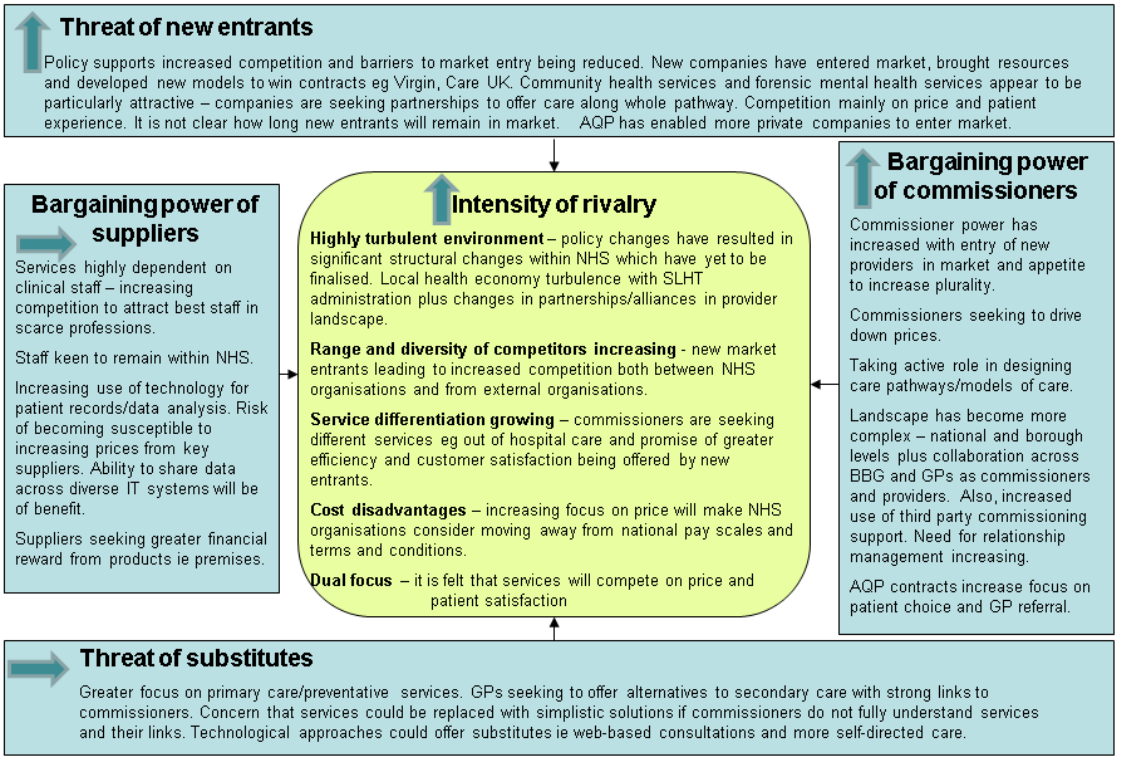
Our strategic plan therefore takes account of the financial impact of these changes alongside the changes in national commissioning.

B.2 Increase in market competition

In line with the NHS Mandate to open up delivery of NHS health services to a wider set of providers the interest of the private sector in providing NHS services is increasing and is seen as an opportunity for growth. Competitive tendering and Any Qualified Provider has increased the provision of NHS services by private or community interest companies.

The majority of our current services are delivered through block contract arrangements although we are seeing a shift in services being commissioned individually through local tenders. There has been a significant increase in market testing of our services and we can no longer expect to carry on providing even core mental and community health services without challenge.

Competitive environment analysis



In order to continue to maintain our market share in health service delivery over the course of the next three years as well as expand our position in the market into areas in which we believe we can deliver the highest level of quality services of most benefit to patients and their carers, we have assessed above how we can make the most of current market share and trends and have encompassed this within our overall strategy.

B.3 National and local changes in health, demographic and demand

Throughout 2012/13 and previous years there have been some significant changes in the health needs of the population. These have been demonstrated at a local level and within local service demands. It is recognised that demand will increase for:

- Older adults with increasing levels of co-morbidity
- Older adults with dementia and mental health conditions
- Those with long term conditions who are living longer through the advances of medicine
- Integrated children's services with an even greater emphasis on safeguarding
- Acute episodes of mental health care linked to the wider socioeconomic position

In order to deliver to these needs in the most cost effective way with high levels of quality, healthcare provision needs to shift to:

- More care delivery out of hospital
- Integrated whole person centered care avoiding duplication from different agencies and streamlining care delivery
- A greater emphasis on health promotion and public health initiatives
- Partnership working across different public sector services

The position locally does not differ from this national profile and as a provider of mental health, community health, children's, forensic and learning disability services we are well placed to deliver to these needs and lead service development in line with the national direction of travel. Our 4 key strategic plan priorities clearly demonstrate our proposals to meet this challenge.

B.4 Local Commissioning Intentions and our Strategic Plan

Bexley, Bromley and Greenwich CCGs have all published and shared their commissioning intentions and priorities for the coming year. The priorities for each borough are similar in nature and therefore have allowed us to develop our overall plans within an overall direction of travel. As our plans progress, our focus on quality, innovation and productivity will ensure that developments for each CCG are delivered with the flexibility to meet the specifics of their population needs and link effectively with the differences inherent in each borough's overall health and social care service provision. We are responding to commissioners' priorities in the following way:

	Commissioners' Priorities	Our plans	Our Priorities
1	Develop **older people's services** in the community, reducing inpatient needs, delivering a whole person approach to care and increased access to memory services	• Implementing an older adult's home treatment and crisis team across all CCG areas in order to deliver a reduction in older people's MH acute inpatient beds (CIP) • Delivering training and processes of joint working across our community health teams and mental health services for older people to support person centred care • Partnership working with commissioners to increase memory service provision • Establishing whole person care plans encompassing all care delivered to each individual from all health and social care teams	1. Enhance Quality 2. Promote Innovation
2	Improving the **integration of community based care** for long term mental and physical health conditions, increasing collaboration with primary care and avoiding hospital admissions	• Joint working groups in place in Bexley, Bromley and Greenwich, with CCG and Borough leads to develop integration of community physical health, mental health and social care services linked to local hospital and primary care services • Programmes in place to increase out of hospital services reducing the need for hospital admissions, such as neuro-rehab, cardiology, MSK, foot surgery etc. • Programme to establish productivity, access and performance indicators, alongside patient feedback and quality measures to assure benefits of integration • Establishing integrated single point referral management processes	1. Enhance Quality 2. Promote Innovation 3. Increase productivity
3	**Re-commissioning specialised CAMH** services to meet local needs and ensuring further development of **safeguarding** practices	• Transfer of Bexley Specialist Children's Services to Oxleas including more robust safeguarding provision • Working with local GPs and commissioners to reconfigure CAMHS for the future, developing new access processes and greater guidance to GPs linking in with all children's service provision, including preparation for market testing of Greenwich CAMHS in 2013/14	1. Enhance Quality 3. Increase Productivity
4	Co-ordinate the provision of **urgent care and out of hours care** within a whole systems model avoiding unnecessary hospital attendances	• Development of Bexley Urgent Care Centre (UCC) linked with GP out of hours • Extending opening hours for services including weekend and evening times • Integrated teams established and further developed within Bexley and Greenwich • Delivering mental health services closer to GP localities – avoid admissions • Developing best practice care packages and pathways through MH PbR	1. Enhance Quality 2. Promote Innovation 3. Increase Productivity
5	Implementing demand management processes, decommissioning and reconfiguration of services to deliver **QIPP**	• Supporting Bexley and Greenwich incorporate our mental and physical health services into their Referral Management Services and population of Choose & Book • Established three borough working group to examine how national efficiencies can be delivered by 15/16 through reconfiguration and decommissioning of MH services • Joint operational group in place to implement MH PbR linking care to outcomes	All 4 key Strategic Plan Priorities

B.5 Impact of the Trust Special Administrator (TSA) Report for SE London

In addition to the above key priorities the Secretary of State initiated the Regime for Unsustainable NHS Providers in relation to South London Healthcare NHS Trust (SLHT) in summer 2012, and a Trust Special Administrator (TSA) was appointed. The Secretary of State has approved the report which includes specific recommendations which are pertinent to Oxleas locally within South East London and form a key aspect of our 2013/14 – 2015/16 strategic plan:

1. It has been proposed that Bexley Specialist Children's Services transfer from SLHT to Oxleas. This will make the most of integration opportunities with universal children and CAMH services within the same directorate supporting a whole patient centred approach to care.

2. The Queen Mary's Hospital site in Sidcup will transfer Oxleas. A range of services will be delivered on the site by both ourselves and different providers. Within the next 3 years the site will be fully refurbished to meet the requirements of the local health economy and we will deliver the following services on site:
   - The Urgent Care Centre (aim to ensure this is aligned to GP out of hours services),
   - Intermediate care beds,
   - Neuro-rehabilitation beds (from August 2013)
   - Long term conditions community services,
   - Specialist community children's services (from August 2013)
   - Bromley's mental health inpatient services (relocated from the PRUH April 2015)
   - Integrated health and social care community teams supporting our aim to bring care out of hospital, closer to home (also to be delivered within Darrent Valley Hospital)

3. The transfer of Queen Mary's gives us the opportunity to consolidate local services and properties onto the site. This is an important component of our estates strategy, which includes plans to rationalise our estate across the whole of BBG.

4. There will be a transformation in how services are delivered through implementation of a community based care strategy and changes to emergency and elective care provision

We have established a project board to manage the implementation of the TSA report recommendations and have established this as one of our 4 key priorities for 2013/14 – 2015/16. The transfer of Queen Mary's Hospital will offer substantial opportunities to increase awareness of Oxleas and develop new services. Over the coming year, the full implementation of these actions and their evaluation will be important, as well as making the most of the Queen Mary's opportunity.

In the context of the TSA programme, we have agreed in principle to enter into 5 year contracts with local commissioners for our mental health services.

This strategic plan does not include the financial assessment of acquiring the Queen Mary's hospital site as this will be provided to Monitor through a material transaction review once the current due diligence process has been completed and there has been a formal outcome from the current judicial review.

B.6 Delivering within a more competitive marketplace

In order for Oxleas to continue to be successful in delivering services in line with our vision and values in 2013/14 and onwards we have built our understanding of our increasingly competitive environment into our overall priorities going forward.

Within 2012/13:

- We have reorganised our directorate structure to promote the integration of children's community and mental health services and have established an adult community directorate to maximise the advantages of providing services across two boroughs.
- We have revised our board sub-committee structure to ensure effective oversight of marketing and bid activity.
- Our review of the finance directorate and establishment of a bid team is increasing capacity to support bid submissions. The senior management development programme is increasing awareness and skills within the organisation.

These developments provide us with a base upon which our strategic plans can be supported to extend our market presence. As well as at least maintaining, if not, increasing income, our aim is to diversify our income streams. In 2012/13, mainly as a result of changes to the commissioning landscape, our reliance on Greenwich commissioners reduced significantly, from providing 48% of our contracted income to providing 36% as we enter 2013/14.

In order to achieve diversity in our income streams we have established our marketing strategy, which forms part of our priority to increase productivity. Our priority to promote innovation also requires us to think differently about the types of services we may deliver in future and how new models of care could deliver benefits to NHS and local authority commissioners as well as other purchasers of services. We are therefore engaged in the following developments to diversify our income and increase our profile:

- Delivering services for non-NHS commissioners such as probation and the clinical justice system
- Reviewing service tendering opportunities in a wider geographical field and engaging in building relationships with commissioners further afield
- Engaging in the development of partnership approaches to delivering innovative bids for new services out to tender
- Communicating our services to the public in new ways through provision of AQP MSK services in Kent and choose and book
- Developing and marketing a successful Doctor revalidation system across the NHS, which is delivered by a joint venture in which we own a 51% stake

We also have clear criteria agreed by the Board to agree where and when our patients may benefit through our delivery of private services. Where benefits are clear for our patients and carers we will pursue the delivery of services for private income.

B.7 Quality, Innovation, Productivity and Prevention (QIPP) plans

As expected our strategic plan incorporates the national efficiencies required year on year to 2015/16. In addition to national efficiencies, both Bexley and Greenwich require further local QIPPs. These have been openly discussed with commissioners with the establishment of joint working groups to understand the impact of any CIPs taken forward, the risks of any decommissioning and how we might mitigate these. Our 4 key priorities are the corner stones to our proposals to deliver to these challenges looking ahead. The delivery of these efficiencies require us to establish longer term reconfiguration of our service models which are explained in further detail within section F of this plan.

B.8 Potential Any Qualified Provider (AQP) tenders

In 2012/13 we began to deliver any qualified provider Muscular skeletal services within Kent. Our local commissioners have designated future services which they may put out to interest for AQP such as audiology and wheelchair services, there are also potential AQP opportunities outside our immediate locality although there seems to have been a reduction in this style of tendering services.

Our marketing strategy, processes for agreeing proposed tendering opportunities and bid team are well established and will continue to be key to how we approach further opportunities throughout the life of this plan. In addition each of our service directorates have developed their own marketing strategy and have therefore identified the service models we already deliver which lend themselves to expansion through AQP opportunities such as our well established psychological therapies services.

B.9 Shifting care delivery outside hospital

It is very clear through Bexley, Bromley and Greenwich commissioning intentions (see table above) and the future vision within the SE London TSA report that shifting the delivery of care outside of hospital is absolutely essential, not only for the delivery of QIPP but to ensure improvements in the quality of treatment pathways we provide. This is a main focus in our strategic plan and features in all 4 of our key priorities. Some of our specific workstreams to deliver this priority are highlighted in the table demonstrating our response to commissioning intentions.

B.110 Demand Profile and Case mix

Over the last 3 years we have changed significantly into a provider of both mental health and learning disability services as well as community health services which now make up the largest component of our patient caseload.

2010/11:	Bexley Adult and Universal children's community health services joined Oxleas
2011/12:	Greenwich Adult, Universal and Specialist children's community health services joined Oxleas
	We began delivering mental health in-reach services to all Kent prisons
2012/13:	We began delivering health services into West Kent prisons
	We began delivering additional specialist children's services in Greenwich

Services	% of current caseload at 31st March 2013	% of Oxleas Occupied bed days in 2012/13
Adult Mental Health services	4.7%	51%
Older People's Mental Health services	2.9%	15%
Child and Adolescent Mental Health services	1.6%	0%
Adult Learning Disability services	0.5%	2%
Forensic Services and Prison	0.6%	20%
Total Mental Health and Learning Disability services	10.3%	88%
Adult Community Health services	26.4%	12%
Children and Young people's Community Health services	63.3%	0%
Total Community Health services	89.7%	12%
Oxleas' Total	100%	100%

We are often still viewed as a mental health provider when in fact the profile of services we offer is very different in 2013/14 and it is a necessary part of our market development over the next three years to change this perception. Reconfiguration and ownership of the Queen Mary's hospital site and the visibility of the services we deliver to the community will support this aim as well as our continued focus on developing innovative ways of delivering services for our population.

The biggest areas of demand growth are in our older people's mental health services (11% over 2 years) especially for memory services and hospital liaison services and we expect this demand to increase further over the coming years with greater identification of dementia and diagnosis. We have also seen significant growth in demand for long term conditions services and hospital avoidance community unscheduled care services. Attendances at our Bexley Urgent Care Centre have increased by 7% in just one year 2011/12 – 2012/13. We expect these trends to continue as we work to support the move from hospital based care into the community and we see the growth in complex health requirements of an aging population and those living longer with multiple comorbidities.

Our focus on delivering integrated care, both internally within our own services as well as integrated working with social care, primary care and acute hospital services is essential if we are to meet these growing needs in a way which is both affordable and provides the best possible experience of care for patients and delivers the best possible outcomes.

B.11 Collaboration and Integration

Integration of both health and social care as well as physical and mental health care is a key element within our overall strategic plan priorities and is embedded in our quality, productivity and innovation development work. Many of these plans require us to work in partnership with and collaborate with other service providers as well as working jointly with commissioners to ensure these developments deliver in line with their commissioning intentions. The following table provides a summary of the key schemes being undertaking over the coming three years:

	Integration	Description and Outcomes	Time frame
1	Bexley Integrated Services	Integrated social and community health care teams, under joint management arrangements, delivering innovative new and extended service to: • Reduce acute hospital admissions • Reduce acute length of stay • Avoid crisis care requirements for those who can be better managed in the community • Increase joint working with GPs for their most complex client groups • Increase access to shared information and assessments between social and health care • Increase access to the most appropriate care closer to home delivered within an integrated team and pathway	01/08/13: Start Date October 2013: Teams fully in place
2	Greenwich Total Care Services	Further development of the Greenwich integrated social and community health care teams in place since 2012 to: • Implement a joined up complex case management team working with GPs, including community geriatrician, social worker, therapy, community nurse, psychiatric nurse and psychiatric consultant input • Integrate psychiatric nursing input into the integrated community teams • Implement a more streamlined central point of referral for these integrated services • Coalesce services around GP localities to support primary care more closely	April 2014 Summer 2014 Summer 2014 Summer 2014
3	Bexley Universal and Specialist Children's community Services	Transfer the Bexley Specialist Children's services to Oxleas from SLHT (part of TSA recommendations) will: • Provide for more collaborative working with our current universal children's services to stream line patient pathways and avoid duplication • Enable learning between Greenwich and Bexley Specialist children's services to improve quality • Develop closer working relationships with CAMH services as all of these children's services will be delivered within the one directorate • Enable greater oversight of children's safeguarding through more robust methods of sharing information and safeguarding leads within Oxleas for Bexley	August 2013 April 2014
4	Partnership working with other MH trusts to deliver PD services to London probation	We have established and are leading a consortium of forensic mental health providers in London in order to deliver an innovative new programme of training to the London probation service to enable: • Better understanding of techniques to work with probation clients with a diagnosis of Personality Disorder • A programme of work prior to prison discharge for prisoners with a personality disorder to support better integration into the community on release	June 2013 Sept 2013
5	Partnership working to deliver	We have established a partnership with a Kent GP in the provision of healthcare services into West Kent prisons. • Successful delivery of healthcare services into Kent	On-going

	Integration	Description and Outcomes	Time frame
	healthcare into West Kent prisons	prisons • Potential expansion of the partnership into other areas which would provide benefits to patients in streamlining the delivery of our services.	On-going

A key element of the market analysis and development work undertaken by our bid team and directorates is identifying where and how we may best be able to develop and deliver services through partnership or collaboration arrangements with other service providers. Key to delivering this is a clear understanding of our strengths and those that other organisations may be able to provide putting both organisations in the best place to deliver the highest quality seamless services possible in response to commissioning intentions and tender requirements.

These arrangements are always agreed through our bidding processes which are overseen by the Business Committee, a sub-committee of the Board to ensure there are no possible negative implications for competition rules. These new groups and processes also allow us to identify our competition and the threats to our services as well as opportunities to increase our market share and mechanisms to develop innovative ways to deliver high quality productive services.

B.12 Patient choice

We need to interact with patients and the public in a more active way including directly bookable appointments, access to personal health records and further development in the way we market our services.

In addition, to meet the requirements of commissioners and the needs of our patient population we are engaged in increasing the accessibility of our services through increased opening times in the evenings and at the weekends. Each directorate must deliver improvements within this area in line with the innovation and productivity requirements of our strategic plan.
We are also in the process of increasing the visibility of our services on Choose and Book, not only those for which we have an AQP contract but for others also to ensure GPs, patients and carers have more visibility of the services we provide and how these can be booked into in line with their needs.

C. Focus on Quality

C.1 Board and management oversight of Quality concerns and risks

We have an established quality governance framework which underpins the following quality performance processes of:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing and ensuring delivery of best practice
- identifying and managing risks to quality of care

Our Governance Board is a formally constituted sub-committee of the Board of Directors. It is chaired by the Chief Executive and membership includes the Chair, Non-Executive, and Executive Directors, Trust Secretary, Risk Manager and representation from internal audit. The sub committees of the Governance Board are the Compliance Board (chaired by the Director of Nursing & Governance); the Quality Board (chaired by the Medial Director); and the Workforce Learning and Development Group (chaired by the Director of HR & OD).

Reporting to the Governance Board, our Quality Board provides assurance to the Board on the quality of services and promotes a culture of continuous improvement and innovation. It has clear lines of responsibility for the three domains of Quality across the Trust: patient safety, patient experience and clinical effectiveness. Issues pertaining to the three quality domains such as Serious Incidents, complaints, compliance with NICE Guidance, compliance with CQC requirements are discussed and monitored via the appropriate quality governance groups and reported to the Governance Board by the identified Executive Director or Medical Director.

Each Directorate within Oxleas reflects the Trust wide Quality management structure with a local Quality Board overseeing the constituent Patient Safety, Patient Experience and Clinical Effectiveness Groups.

The quality of our performance and all quality indicators are assessed and measured at directorate and Trust level on a monthly basis with clear accountability on our progress reported back to the Governance Board and Board of Directors by the Medical Director, Trust lead for Quality. We have ensured that the framework of having a clear trust strategy and promoting a culture of quality throughout the organisation has been maintained.

C.2 Existing Quality concerns and Risks

We are fully compliant with the registration requirements of the Care Quality Commission and are “Registered with no conditions applied.”

We have participated in several reviews or investigations by the Care Quality Commission relating to the following areas during 2012/13:

- Kent Prisons HMP Elmley, May 2012
- Kent Prisons HMP Rochester, January 2013
- Green Parks House, January 2012/13 – Our inpatient mental health unit in Bromley

These inspections by the CQC formed part of their targeted programme of unannounced visits to NHS providers. No compliance issues were raised. Furthermore, assurance is obtained routinely on compliance with *Essential Standards of Quality and Safety* at all CQC registered Locations. A process has been established to ensure areas for improvement are recorded within the risk registers and mitigation plans are progressing.

Our Short Breaks Service is registered with both Ofsted and CQC. The interim visit undertaken by Ofsted in February 2013 was extremely positive in relation to the progress against the recommendations made following their visit in July 2012 where the Trust received an adequate Ofsted rating.

Our risk register does contain some risks relating to the quality of the services we provide to patients and carers which are overseen by our Quality Board and our Board. These also feature within the quality priorities we set each year as specified in section C.3 below. The risks currently relate to:

- Embedding support for carers within our community health services and the need for staff training in this area
- Further improving information available and communication with patients regarding their medication which has featured within the 2012 patient survey results
- Providing clearer information about the availability of our services, treatment and what to expect to service users
- Increase our service users involvement in care planning across all services and improving care plan documentation in community health services
- Improving the way in which some of our staff communicate with our service users and carers where complaints have indicated concerns

We have already delivered significant improvements in these areas of risk in 2012/13 and none of these risks are considered to be high level. Further mitigation and improvement plans are in place going forward and all of these areas are monitored through our Quality Board providing formal reports on progress or concerns to our Board. Information on mitigations can be seen in appendix 5.

C.3 Our Quality Improvement Priorities for 2013/14

Our public focus groups took place in January with Bromley and Bexley boroughs, however due to adverse weather conditions the Greenwich focus group was cancelled. As an alternative, questionnaires were sent out to confirmed attendees and other members to comment on our Trust priorities and make suggestions for 2013/14. The feedback we received reinforced the need to continue our focus on the Trust's 4 must do's:

1) Increasing support for families and carers
2) Providing better information for our service users and carers
3) Enhancing care planning
4) Improving the way we relate to both our service users and carers

These have therefore been chosen as the quality improvement priorities for our patient experience indicators.

Our priority areas for patient safety and clinical effectiveness domains are influenced not just by contributions from the public forums but also by our engagement with our local health commissioners, through our regular quality meetings, our Council of Governors, review of our compliance framework, patient experience surveys and lessons learned from incident reporting. We have also engaged with staff via quality away days, staff meetings and annual planning events; their views have been input to our trust service development strategy and our internal quality improvement initiatives.

Our quality improvement priorities for 2013/14 have been reviewed and agreed by our Quality Board (a sub group of our Governance Board) and are broadly summarised as follows:

- Our 4 'Must dos' (see above)
- Monitor key quality indicators
- Commissioning for Quality and Innovation goals agreed with our commissioners
- Current priorities where trend data is available to measure improvement year on year.
- Are linked to the NHS Outcomes Framework and the 5 domains
  - Domain 1 - Preventing people from dying prematurely
  - Domain 2 - Enhancing quality of life for people with long-term conditions
  - Domain 3 - Helping people to recover from episodes of ill health or following injury

- Domain 4 - Ensuring that people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

C.2.1 Patient Experience Quality Priorities 2013/14

	Quality Improvement Goal for 2013/14	Area applicable to	How we will monitor, measure and report progress?
PATIENT EXPERIENCE	Trust Must Do - Increasing support for families and carers		
	65% of registered carers of patients on CPA have been offered a carer's assessment	Mental Health	This will be monitored on a monthly basis by the Trust Executive and bi-monthly by the Quality Board as part of our QSIP*
	80% of patients reporting that their carer/family have been supported	All Oxleas Services	This indicator will form part of all our patient experience surveys. This will be monitored by the Trust Patient Experience Group
	Trust Must Do - Providing better information for our service users and carers		
	80% of patients reporting they have been provided with enough information about care and treatment?	All Oxleas Services	This indicator will form part of all our patient experience surveys. This will be monitored by the Trust Patient Experience Group
	Trust Must Do - Enhancing care planning		
	80% of patients reporting that they been involved in decisions about their care and treatment?	All Oxleas Services	This measure will form part of all our patient experience surveys. For Mental Health Services - This will be reported from the results of the National Patients Survey. This will be monitored by the Trust Patient Experience Group
	Trust Must Do - Improving the way we relate to patients and carers		
	80% of patients reporting that staff have treated them with dignity and respect?	All Oxleas Services	This indicator will form part of all our patient experience surveys. For Mental Health Services - This will be reported from the results of the National Patients Survey. This will be monitored by the Trust Patient Experience Group.
	80% of patients reporting that they would recommend our service to friends and family if they need similar care or treatment	All Oxleas Services	This indicator will form part of all our patient experience surveys. This will be monitored by the Trust Patient Experience Group

C.2.2 Patient Safety Quality Priorities 2013/14

	Quality Improvement Goal for 2013/14	Area applicable to	How we will monitor, measure and report progress?
PATIENT SAFETY	100% of patients on CPA discharged from hospital followed up within 7 days	Mental Health	Progress on these measures will be monitored monthly by the Trust Executive and bi-monthly by the Trust Quality Board and Patient Safety Group
	Patients admitted to hospital following self harm followed up within 48 hours of discharge	Mental Health	
	Maintain no incidences of MRSA*	All Oxleas Services	
	Maintain no incidences of Cdiff* (threshold of 6)	All Oxleas Services	
	80% of staff are trained in level 1 safeguarding children	All Oxleas Services	
	80% staff are trained in level 2 safeguarding children	All Oxleas Services	
	80% of staff are trained in level 3 safeguarding children	All Oxleas Services	
	Participate in the NHS Safety Thermometer to improve collection of data to promote harm free care through reductions in falls, pressure ulcers, urinary tract infections in people with indwelling catheters and venous thromboembolism (VTE)	Adult Community Health Older People Mental Health	

C.2.3 Clinical Effectiveness Quality Priorities 2013/14

	Quality Improvement Goal for 2013/14	Area applicable to	How we will monitor, measure and report progress?
CLINICAL EFFECTIVENESS	Ensure our patients have a recorded care plan:	Measures for the following services: Mental Health & LD- 95% District Nursing - 55% Community Services LTC -	This will be monitored on a monthly basis by the Trust Executive and bi-monthly by the Quality Board as part of our QSIP*
	95% of our patients on CPA to have received a review in the last 6 months	Mental Health & LD Kent Prisons	This is an internal measure and is different to the Monitor target which states a review is done in 12 months. Progress on this measure will be monitored monthly by the Trust Executive and bi-monthly by the Trust Quality Board
	50% of patients with mental health illness diagnosed with hypertension and diabetes to have an individualised care plan in place to support them and include lifestyle, diet, nutrition, medication advice and ways of accessing help within primary	Mental Health	This is one of our CQUIN goals for 13/14 and will be monitored bi-monthly by the Trust Quality Board and quarterly by our local mental health commissioners
	To record the smoking status of patients and refer on to NHS stop smoking services for support	All Oxleas Services (Referral on exclusions - Prisons and Forensics)	This is one of our CQUIN goals for 13/14 and will be monitored bi-monthly by the Trust Quality Board and quarterly by our local mental health commissioners
	Improving Practice in line with NICE Guidance: Prescribing for ADHD	Children's Mental Health Adult Mental Health Community Paediatric Services Kent prisons	This will be measured through undertaking a national POMH audit and monitored by the Oxleas Clinical Effectiveness Group

D Our Clinical Strategy

D.1 Overview

We want to be at the forefront of shaping services which deliver safe, effective care with both exceptional clinical outcomes for patients as well as providing patients with a positive experience of care which provides the health and social outcomes our patients and their carers expect from us. In doing this we need to ensure:

- Our clinical workforce is highly trained, engaged and supported to deliver high quality care to our patients
- We utilise the skills of our broad workforce to enable cross training between professional disciplines in addition to delivering care to patients
- We invest in the provision of newer technologies and clinical equipment pertinent to delivering care to patients
- We engage and listen to our patients and their carers when we design and develop our service models to meet their needs
- We work in partnership with other agencies and where necessary adopt a multi-professional and inter-agency model of care delivery
- We develop streamlined care pathways that prioritise home based treatments and reduce the need for crisis interventions
- We will deliver efficiencies in ways that do not detract from patient care
- We maintain our focus on clinical leadership throughout Oxleas and ensure our culture is one of collaboration between professional groups
- We continue to focus on our patients, putting them first and treating them with care, compassion, dignity and respect.
- We promote our values as an organisation and our duty of candour to patients, their families, the public and regulatory and professional bodies.

D.2 Service Line Management

In order to deliver our clinical strategy we have established and are in the process of further developing our approach to service line management. By approaching the delivery of our clinical strategy through a better understanding of our service lines, their individual quality markers, efficiency potential and scope for innovation especially to deliver integrated care, we are able to assign mechanisms for measuring the delivery of the strategy.

In October 2012/13 we reconfigured our community service management and clinical leadership structures to bring together services delivering similar or the same services within new directorates. We now have a directorate responsible for the delivery of adult community health services to both Bexley and Greenwich and have amalgamated children's community services for Bexley and Greenwich with our Children and adolescent mental health services in order to create a Children's and Young people service directorate. In May 2013 we also amalgamated our two adult mental health directorates and learning disability services into one large directorate with a more robust management structure in place.

The aim of these service line reconfigurations is to enable the delivery of the following initiatives over the next three years:

- Improved methods of benchmarking the quality of like for like clinical services, ensuring cross pollination of ideas to improve clinical practice and deliver robust joined up clinical oversight of services
- Improved mechanisms to ensure service productivity in line with clinical best practice
- The ability to provide commissioners with greater transparency of service line delivery and effectiveness to support improved market testing and tendering processes
- Ensure we are able to demonstrate the benefits of our clinical models in responding to tendering opportunities as well as linking clinical service line experts within clear management structures enabling innovative clinical models to be developed and robust clinical challenge to take place
- Clearer mental health service lines spanning the whole patient pathway both in acute and recovery services to enable streamlined delivery of PbR packages of care and clear responsibilities for the delivery of PbR outcome requirements. This also includes the need to make necessary savings by 2015/16 and delivery of further integrated services with community and primary care
- Robust whole child and patient centred services which provide integrated services around the individual child's needs

With clear service lines in place this also enables each directorate to understand how and where integration with other service lines can improve the delivery of whole person centred care.

D.3 Productivity and Efficiency

Our understanding of the productivity and efficiency of our services not only informs our cash releasing efficiency plans each year but is also a key element in understanding how our clinical strategy needs to support continuous quality improvements through the productivity initiatives we undertake.

As members of the NHS Benchmarking Club we have engaged in a number of national benchmarking audits to understand how our mental health services compare with others throughout England. In 2013/14 we are expanding our involvement in benchmarking initiatives and submitting information for the CAMHS benchmarking audit, the intermediate care and community services benchmarking audit. These audits will report results in autumn 2013 and will be undertaken on an annual basis going forward. We have therefore committed to using the outcomes of the benchmarking information to help identify productivity, efficiency and quality improvements we will endeavour to deliver each year for the next three years.

By arranging our services in clearer service line directorates this makes it more possible to benchmark the productivity and efficiency of our services internally. Productivity is one of our 4 main strategic plan priorities. The following provides an overview of the productivity initiatives and measurements we aim to embed in our performance management structure in the coming years.

Productivity and Efficiency Initiatives

Initiative	Actions	Outcomes Expected	Delivery Measures	Timescale
Optimising our workforce: Hours worked	• Continue development of e-rostering • Improve managers understanding and input in e-rostering	• Increase in productive working time across all staffing groups • Reduction of unused contracted hours per annum	• 10% increase in productive work time • Reduce % of unused contracted hours	April 2015 Annual Reductions
Optimising our workforce: Clinical productivity	• Establish caseload / clinical work time standards for all service teams • Link productivity measures to CIP plans within services • Provide service line reports	• Greater level of clinical activity delivered / team in line with safe standards which maintain and improve quality of care • Increased service efficiency • Information to inform tenders	• Monitor actual caseloads or clinical contacts delivered / expected levels • Review impact of set productivity levels and contracted activity	December 2013 2013/14 – 2014/15
Improving access to care: Waits and availability	• Introduce waiting time processes and thresholds across all services • Introduce service availability out of hours in each directorate	• Reduction on waiting times to be seen or treated • Increased availability of out of hours services to decrease DNAs and decrease use of crisis services • Improve patient choice	• Waiting time thresholds and reporting in place for all services • Reduction of 20% in access waiting times • 20% of all current in hours services providing out of hours appointments	April 2014 April 2015 April 2014
Improving recovery focus	• Introduce throughput time lines within recovery based services • Develop innovative and integrated community services to reduce admissions and length of stay	• Clear routes to discharge to primary care, offering support as required • Reduce length of stay and admissions to acute beds both for mental health and acute hospital	• Reduce number of Older people mental health inpatient beds • Reduce acute spend for CCGs in additional acute length of stay	2014/15 (See CIP plans) March 2014
Integrating working practices	• Training to ensure mental health and community health teams can undertake whole person assessments	• Fewer visits required for each individual patient • Reduce assessment duplication and ensure joint	• Nurses and other professionals trained in standard physical and mental health assessment techniques from their opposite	December 2013

Initiative	Actions	Outcomes Expected	Delivery Measures	Timescale
	• Integration of physical, mental and social care teams with joint management and KPI responsibilities	working • Joint approaches to providing care which keeps patients out of hospital and crisis	professionals • Joint teams in place • Reduction in acute hospital bed utilisation	April 2014 Summer 2014
Implementing effective technology solutions	• Pilot digital pens for remote working and updating clinical records • Pilot digital dictation • Pilot I nurse as a mobile solution to access and update clinical records • Introduction of further tele-health solutions into service delivery	• Improved clinical records upkeep • Faster completion of records and correspondence regarding patients for others involved in their care • Decrease in unnecessary patient visits and increased ability to pick up health risks early	• Increase in completed activity outcomes for district nursing records • Reduce time between patient seen and letter provided to GPs / others • Improved effectiveness of patient visits	October 2013 and on going October 2013 and on going December 2013 and on going
Introducing Productivity Reports	• Development of inpatient, community and access productivity reports for all services • Board level productivity report combining activity, finance, workforce, quality and access	• Ability to compare team productivity across different service areas • Ability to identify which elements within services are preventing them being productive in order to address these • More productive services	• Productivity thresholds in place for all teams • Reports in place and provided monthly to all teams • Board report produced demonstrating comparable productivity of services	December 2013 September – March 2013/14 December 2013

D.4 Quality Improvements

See quality priorities above in section C.3 which are integral to our Clinical strategy.

D.5 Clinical Workforce strategy

The strategic context has changed radically since the last HR strategy agreed by the Board in 2010. The Health Act and the highly fluid situation arising in South East London as a result of the SLHT TSA process present a competitive, changeable and challenging landscape in which the trust must operate. At the same time the requirements of the Francis Report are a strong imperative for the trust to continue to maintain high standards of care and strong staff engagement.

Whilst we are in a financially robust position, the need to achieve further savings inevitably requires a continued and relentless approach to improving the performance and productivity of the workforce. The provision of new services and the reprovision of old services will require new innovative approaches to the provision of care with a strong focus on integration of services. There will be an ongoing process of organisational change and remodelling of roles to support this.

Our organisational workforce priorities are:

- Improving performance and leadership
- Increasing productivity and flexibility
- Staff engagement
- Delivering CIPs and new income / services
- Assurance that quality is not adversley affected through workforce changes

D.6 Workforce pressures and plans

The changing nature of the wider health economy and the position that we find ourself in will inevitably have a significant effect on our workforce, given that staffing continues to account for circa 75% of the total organisational budget.

We will need to continue to evolve and encourage an organisational culture that is resilient and adaptable to change, is confident in innovating and delivering new ways of working and strives for excellent performance from every member of staff.

The quality of leadership within the trust will remain a critical factor in ensuring the organisation's long term survival and prosperity. Strong organisational leadership at all levels will be one of the key means by which the desired organisational culture above will be created and maintained. Role modeling of behaviours and creation of an open environment in which staff feel confident to articulate views and actively participate in the development of new models of care will nurture and embed the desired culture. There are already a wide range of examples where this is the case, but to be a truly embedded culture this needs to be both universal and second nature to how things are done and how managers operate.

Organisational change is likely to become a regular process for all members of staff as we adapt and flex to respond to the demands of commissioners and the changing health economy. Our processes that underpin organisational change must be smooth and efficient whilst maintaining the opportunity for staff to genuinely be able to comment and input on matters that will affect their working lives. Maintaining the sense of fairness when changing services will be critical if our staff are to retain a level of trust and confidence in Oxleas as it changes to meet external pressures and demands.

The multiplicity of contracts and in particular the increase in AQP will necessitate the development of a wider set of contracts for staff as the need to fulfil service contracts in different ways increases. The application of TUPE is likely to result in a far less homogenous workforce with staff working to a number of different sets of terms and conditions. The

current Agenda for Change terms and conditions may not be suited to deal with this increased flexibility and alternative provision may be needed to ensure that where circumstances dictate, staff can be employed in a manner best suited to win and deliver contracts. The developing national debate around regional pay and the progress of national discussions between employers and trade unions will influence the approach we take.

Service developments will need to be aligned with profession plans and all placed in the context of providing a balanced and skilled workforce that is appropriate to the cost base. The ability to generate credible workforce plans for 2-3 years ahead will be a particular challenge in the light of uncertain commissioning intentions and the evolution of new clinical roles and integrated teams.

Nonetheless, despite the significant changes in the wider health economy and within Oxleas, we are in a strong position with regards taking forward our future workforce strategy. National staff surveys have, despite increasing levels of workforce reorganisation, increased numbers of redundancies and the inclusion of community staff, continued to demonstrate very high levels of satisfaction with Oxleas as an employer. High satisfaction levels amongst staff have been directly linked to improved outcomes for patients. Furthermore, Francis places a strong emphasis on organisations to monitor and maintain staff morale as one of its areas of assurance for the quality of patient care.

Maintaining the level of satisfaction indicated by staff to date will be a significant challenge and key part of our workforce strategy over the next three years. Trust and satisfaction will only be maintained if our staff feel included, engaged and supported through the changes that we will have to undergo and have trust in our leadership at all levels to act with fairness, in the best interests of our patients and staff.

Turnover of staff has remained at a low level. We continue to be able to attract high quality candidates for consultant medical staff, therapies staff and mental health nursing staff. Some specific areas have proved more problematic in terms of numbers and quality of applicants. These areas such as middle grade medical staff, community paediatics, health visitors, intermediate care nursing and prison health staff are supported by innovative recruitment initiatives

D.7 Impact of our Workforce strategy on our costs

In order to deliver our workforce strategy there will need to be investment made to ensure our priorities can deliver the outcome improvements we expect. Although investment will be required both in time and focus on these workforce priorities and in funding, many of these priorities will deliver overall reductions in costs in the longer term through the delivery of a highly multi-skilled workforce delivering services more efficiently.

Performance

To continue to succeed in the new health economy we will depend on our ability to continue to deliver high quality care to those who use our services. The imperative to deliver consistent high quality care is more challenging when set against our priority to reduce costs whilst meeting the challenges set by the Francis report.

The ability to deliver and maintain a vigourous performance culture will rely on us being able to recruit the right calibre of staff with the right attitude and values to deliver high quality care. The performance of managers and investment in managerial development will be critical to our success.

Productivity
Ensuring the most efficient use of our workforce will be a key measure in delivering higher levels of productivity and flexibility without impacting on the quality of care we provide.

Increasing competition from private and third sector organisations for community and mental health services will require us to utilise the full flexibilities allowed under agenda for change. The development of alternative terms and conditions will need to balance the need for competitiveness with the appropriate level of reward and incentives linked to performance delivery. The development of the national picture with regards the future of national and regional pay bargaining will determine the speed and scope of this work.

Staff Engagement
To date we have had a strong culture of openness and active engagement by staff as demonstrated by successive staff surveys. An open culture where staff are supported, listened to and respected has been shown to have a demonstrable positive impact on the quality of services provided to patients and their carers. It is therefore critical that during this period of intense change and financial pressure we continue to demonstrate to staff that we value them. The need for staff to have a voice is particularly important during periods of considerable upheaval, the more so to support the development of a proactive and performance focused culture.

Delivering CIPs and new income / services
HR and OD resource as well as service and clinical management engagement and time is vital to delivering these changes in workforce through consultations, recruitment processes, development of the temporary workforce, clear staff performance management and staff transfers and TUPE arrangements. There are also requirements for investment in new staff to allow for service changes which will lead to reduced staffing costs in future. This requires us to be proactive and focused on the HR and OD support required to deliver our plans.

Quality Assurance
Our workforce strategy will be monitored by our Board and the Workforce Development group reporting to the Governance committee. Key measuresand reports used to monitor and assure quality is not adversely affected by workforce changes include:

- National Staff Survey
- Workforce KPIs
- Profession and service workforce plans
- Staff Engagement reports
- Supervision audits
- Equality Delivery System rating

E Clinical Sustainability

E.1 Trust services impacted by lack of critical mass
None of the services we deliver are impacted by not delivering within a certain critical mass.

E.2 Services with below recommended consultant cover
We do not provide any services with below levels of recommended consultant cover.

E.3 Innovations in care delivery developed at the trust or in conjunction with partner organisations

Within 2012/13 we have developed a number of innovative solutions to improve the ways in which we deliver care to our patients. The main innovations that have impacted positively on the quality of the services we deliver are:

- Delivery of new one stop shop clozapine clinics which utilise new technology to assess each patient, provide blood results within the clinic and therefore allow clozapine to be administered on the same day avoiding risk for patients and reducing clinics and visits required.

- Introduction of a pioneering scheme unique in English and Welsh prisons to improve the health of prisoners through pulmonary rehabilitation. The service is currently being delivered to 12 identified prisoners in Maidstone Prison, Kent all of whom have chronic obstructive pulmonary disease (COPD) and delivers the same standard of service to those in prison as is provided in the wider community to support improvement and management of this condition.

- Provision of a school nurse texting service which allows queries and communication with our school nurses by text message from all those who have attended school nurse or CASH services. The service reaches about 450 young people each year, who have tended to be the 'hard to reach', meaning young people who would not access main stream services.

  Young people text the mobile number with a wide range of subject matter, self-harm, drugs/alcohol advice, child protection, anorexia/bulimia and concerns about friends' activities/behaviour. The most common queries are in connection with sexual health advice/support. Feedback from young people has been very positive and the service is to be piloted with Year 6 children in primary schools to support their transition to secondary school also.

- As part of our Care and Compassion programme which began in early 2011/12 we have developed a process of ward co-design with patients and carers for our mental health inpatient units. This process has engaged current and past patients in feedback of their experiences throughout their admissions, challenged staff to experience our wards in the same way our patients do in order to demonstrate small changes in practice which can significantly impact on patient experience and well-being. Ward co-design meetings now take place every week encouraging patient feedback and actions are taken quickly to resolve areas of concern in a joint staff and patient approach. This programme of co-design work is being rolled out to other services having witnessed the benefits it has delivered to date as part of the continued Care and Compassion Programme.

- Our Police custody liaison team who have worked jointly with Metropolitan police staff to develop a pathway to screen and identify individuals with mental health issues in police custody with an aim to improving the custody environment and avoiding re-offending through ensure access to the appropriate care pathways.

  In the last 6 months over 2,000 detained people have been screened of which 10% have had further assessments with various interventions including; changing cell observation

levels, arranging formal Mental Health Act assessments, signposting to GP or specialist drug/alcohol service, re-establishing contact with community mental health teams or referring to court diversion service.

- Reconfiguration of our ADHD pathway through the integration of CAMHS and Specialist Children's service in Greenwich has decreased waiting times from over a year (with the previous provider) to less than 6 weeks. All new services brought into the children's directorate are undergoing the same level of scrutiny and pathway design to deliver similar benefits in other areas.

F Cash Releasing Efficiencies

F.1 CRE performance 2012/13

The Trust had a savings target of £6.1m for 12/13, which includes savings required due to reductions in contract values, as well as internal efficiencies. CIP's to the value of £6.2m full year effect were identified and implemented and the in-year saving was £5.7m. The gap between the savings target and 12/13 in-year saving was met by non-recurrent savings.

The CIPs which were not delivered recurrently within 2012/13 have therefore been incorporated into the CIP plan expectations for 2013/14.

F.2 Assurance and Leadership arrangements to deliver CREs

Our assurance processes for the delivery of CIPs continues to mirror those in place in 2012/13, however there is an even stronger link with commissioners in place to ensure CIPs are aligned to commissioning intentions and the consequences of any CIPs are fully agreed by commissioners; and more formal sign off from our Medical Director and Director of Nursing to assure our CIPs do not affect the high quality of the services we deliver.

The delivery of the our financial plans and the delivery of the CIPs are responsibility of the Trust Board. Processes are in place to give the Board assurance with regards to the delivery of CIPS. These are set out in the table below:

Assurance received by:	*Information routinely provided*	*Frequency*
Board of directors	Risk rated CIP summary, by directorate; including narrative of major variances	Every 2 months
Business Committee (sub-committee of the Board; Chair: Trust Chair)	Risk rated CIP summary, by directorate; including narrative of major variances Each month the committee focuses on the progress of one service (6 in total) in delivering its CIPs in line with financial and clinical quality requirements	Monthly
Executive Board	Risk rated CIP summary, by directorate; including narrative of major variances	Monthly
Executive Directors	As part of the annual plan review process, line by line updates on each of the directorates CIP plans. In depth discussion involving all exec directors, the Service Director and the directorate management team, including the directorate Clinical Director	Quarterly
Medical Director and Nursing Director review	Line by line review of CIP progress to ensure that services remain of high quality	Quarterly
Director of Finance	Line by line review of CIP progress as part of monthly finance meetings with each Service.	Monthly

	Service Director and Business manager present.	
Service Director/ Clinical Director	Directorate CIP summary discussed at Directorate's Senior Management Team	Typically monthly

Each directorate is set a CIP target before the start of the year based on the national expected CIP which is then added to where local efficiencies are known to be required by commissioners. The Service Director and Clinical Director take responsibility for identifying and delivering schemes to deliver these targets not only for the coming year but through the development of two to three year plans based on projected CIP requirements of 5%. Corporate CIPs are the responsibility of the corporate directors for each department.

The plans developed are aligned to a clear line of management and clinical responsibility within the directorate or between directorates and have clear timescales and risks identified for delivery. All CIPs, both corporate and service level, are signed off through the annual planning process and through detailed discussion within monthly finance meetings. Additional local CIP requirements are also part of joint discussion and planning including Service Directors, Clinical Directors and Commissioning colleagues to ensure changes to service delivery models fit in line with commissioning plans for individual patient populations.

If a directorate does not deliver the entirety of its CIP target in one financial year, the unachieved part of the target is added to the next year's target. As part of the budget setting process, recurrent contingency is built in to cover any slippage or non-delivery of the CIP. This is to ensure that the Trust is able to deliver its financial plan.

F.3 Key CIP schemes 2013/14 – 2015/16 and Transformational Redesign

In order to deliver to both the national efficiencies required of all NHS service providers and the local efficiency requirements set within our contracts for 2013/14 we need to deliver total CIPs of £6.67m. In 2014/15 we have projected a CIP target requirement of 5% and in 2015/16 4.2% reduction of our pay and non-pay expenditure budgets.

In 2012/13 our CIPs were classified under six key themes, these themes plus an additional theme covering productivity and efficiency continue to be the main areas of focus for the plans we have put in place for 2013/14 – 2015/16:

	Key Themes	Main Plans	Time scale	Delivery Risk
1	Care closer to home: Inpatient services reconfiguration	• Reduction of Older People's mental health beds the redesigning community and home treatment services • Reduction of Adult mental health beds through redesign of home treatment and community services	2014/15-2015/16	Medium
2	Care closer to home: Community services reconfiguration	• District nursing service redesign • Integrated community teams redesign	2013/14 2013/14	High Medium
3	Organisational development: integration and improved systems and processes	• Estates reviews to improve use and integrate services • Delivery of E-rostering throughout Oxleas	2013-16 2013/14	Low/ Medium Low

	Key Themes	Main Plans	Time scale	Delivery Risk
		• Integration of adult mental health services and reconfiguration around GP localities across BBG	2013-16	Medium
4	Productivity and Efficiency	• Delivery of front line and back office productivity plans	2013/14	Low
5	Workforce efficiencies and skill mix reviews	• Corporate staffing reviews • Service integration skill mix reviews	2013 - 15	Low - Medium
6	Efficient procurement practices	• Reduction in drug costs • Soft Facilities maintenance contract • Savings on rents and reactive estates maintenance	2013/14 2013/14 2013/14 onwards	Low Low Low - High
7	Other small schemes	• HR scheme reduction	2013/14	Low

It is clear within the table above that a significant amount of our CIPs going forward are based around transformational service redesign.

- Reconfiguration of our adult mental health services across Bexley, Bromley and Greenwich (BBG) to coalesce services around GP localities supporting GPs to feel supported when patients are discharged from services. We will need to completely transform the way we deliver services, our practices, our workforce and our patient pathways to ensure significant savings are made without affecting quality and outcomes.
- The reduction of inpatient mental health beds for older people is based on redesigning the delivery of these services and investing in the development of a specialist Older People's Home Treatment Team. This is a step change in the way services are delivered and has been agreed by all of our commissioners.
- Redesigning service delivery across our adult community healthcare teams, particularly those delivering long term conditions services and district nursing is a key element of our CIPs. This will change how services are delivered and linked with GP localities in a more productive structure whilst still improving patient outcomes and the quality of care received.
- Integration of our health and Local Authority social care services in Bexley building joint teams to deliver combined pathways of care to reduce hospital service requirements and load on GPs, as well as further integration of our Greenwich services. Integration of children's services will be key to delivering improved more efficient services too.

In order to achieve these transformations in our services we have established robust project management structures to deliver each of these main plans. This will assure us throughout these changes that all aspects of transformation including risks and mitigations are being fully accounted for and assessed to enable successful achievement of the aims and objectives of each programme of work. These projects report into the Executive Board and are overseen by the Business Committee.

F.4 Investment in infrastructure to support CIP delivery

We are in a strong financial position with significant cash resources. This will continue to enable us to invest in programmes which will assist in the delivery of savings, without having to compromise the quality of the services that are provided. This will allow the CIPs to be delivered in a planned and measured way.

The delivery of our CIPs are supported through three main sources of investment:

- One off non-recurrent investment funds
- Investment in new technologies and IT infrastructure and systems
- Investment in estates and facilities to facilitate changes in delivering services

One off non-recurrent investment funds

We have allocated £2.5m towards our discretionary fund for 2013/14. Services are invited to put forward bids for funding which are considered on a monthly basis by the Executive Board. The discretionary fund covers a range of headings, one of which is invest to save. Examples of bids that have been approved for 2013/14 include:

- Establishment of a Home Treatment Team in the Older Adults Service £400k; this will assist the Trust in delivering savings by reducing its bed base
- £150k of pay costs to support 'New Ways of Working' (tele-health / mobile working agenda), which is expected to reduce the amount of admin time spent by our front line staff, leading to efficiencies

In addition, £400k is being invested to enhance the Home Treatment Team for the Adult Mental Health Service, which in the short term is expected to reduce expenditure on third party placements and in the longer term lead to a reduction in our inpatient acute bed base.

Investment in new technologies and IT infrastructure and systems

£6.1m has been allocated over the next 3 years to improve our IT infrastructure. In 2012/13, Oxleas created a new director level post, Director of Informatics, in order to drive forward the IT agenda. This will involve leading on the procurement of the new clinical system, and stepping up the introduction of new technologies into the workplace; both of which (particularly the latter) should enable us to become more efficient without impacting on front line services.

Investment in estates and facilities to support changes in delivering services

Oxleas has approved outline plans for £13.7m over the next 3 years to maintain and improve our estate (excluding the potential investment in Queen Mary's). A number of these schemes will lead to reductions in cost, for example consolidation onto fewer sites and energy saving schemes (e.g. the introduction of LED lighting).

F.5 Clinical leadership and engagement in CIPs

Each directorate has to develop CIP plans, in line with the trust's annual plan priorities, through its senior management team, including the directorate clinical director and the directorate leads for patient experience, patient safety and clinical effectiveness (each directorate has a designated group which meet on a monthly basis).

In order to ensure our CIPs do not have a negative impact on the quality of our services and where possible, support improvements in quality there is a robust sign off process which involves clinicians and quality leads throughout. This process is imbedded within our Annual Plan Quarterly Review process which has been in place for many years and continues to improve year on year.

Each directorate management team has to prepare detailed plans as to how their set of services will meet the trust's annual plan priorities for that year. On a quarterly basis, each directorate management team (including clinical directors, service managers, therapy leads,

heads of nursing and quality managers) present progress on their annual plan objectives and CIPs and identify risks to delivering current plans.

At the end of the review process, each corporate department also has to present its plans, in light of the progress reported by each service directorate; this meeting is attended by all service directors and clinical directors can attend if they wish.

The Annual Plan quarterly review process is chaired by the chief executive and includes:

- The Director of service delivery (also the deputy CEO)
- Medical director, who chairs the Trust Quality Board, which oversights the governance structure within each directorate, which provides assurance to the Board on patient safety, patient experience and clinical effectiveness
- Director of Nursing and Governance, who provides an oversight of the impact of CIPs or other plans on quality, especially in relation to governance and our compliance requirements
- Director of Therapies, who represents all therapies staff across our organisation as well as leading the Patient experience group and initiatives
- Director of Finance
- Director of Facilities & Estates
- Director of HR & Organisational Development
- Associate Director of Business and Planning

It is at this meeting that the formal sign-off of the CIP plans by the Medical Director and the Director of Nursing takes place.

F.6 Assuring Quality is not negatively impacted by CIPs

All CIPs have to undergo a quality impact assessment and the results are presented within the annual plan review process. The annual plan review process allows for robust oversight of any risks to quality of our future plans and identifies when different decisions may need to be made concerning whether we continue with a CIP or otherwise manage its implementation. The process also allows for stops and measures to be agreed to oversee the management of potential risks.

In addition to provide a more robust oversight of the impact of CIPs on quality our Medical Director, Director of Nursing and Director of Therapies attend each directorates monthly finance meeting on a quarterly basis to review CIP delivery and any concerns regarding quality.

F.7 Measures to assure CIPs do not impact service quality

As set out in the sections above, we have robust processes place to ensure that CIPs are planned and delivered in a way that does not have an adverse impact on clinical quality.

Our quality governance structures (e.g. the governance Board, the Quality board, the programme of director level visits to services, the annual plan review process, complaints and incident reporting to the Board), all combine to give assurance to our Board that if there were issues regarding quality that these would be picked up promptly.

G Financial and Investment Strategy

G.1 An assessment of our current financial position

Oxleas is in a strong position from a financial perspective. We have a history of delivering our financial targets and 2012/13 was no exception, with the overall CREs target delivered in full, and the Trust holding significant cash balances. However, there is no room for complacency.

G.2 Key financial priorities and investments and how this link to the trust's overall strategy

Oxleas' Board has spent time over the past six months focussing on our financial strategy. The current economic environment is challenging and it is clear that the reductions in income experienced over the past three years will continue as the government reduces national borrowing.

It is also clear that providers be expected to meet the increased costs of providing services from within their existing resource allocations. This combination of falling income and rising costs will lead to us having to deliver significant efficiencies over the coming years.

We are committed to maintaining Oxleas' financial stability in what is currently a very challenging environment. The national efficiencies combined with the local efficiencies requested by some local commissioners mean that funding is tighter than ever before.

Our Board is resolved to ensuring that as much resource as possible remains on the front line, delivering services to patients, and is committed to keeping Oxleas' CIP targets as low as possible – whilst ensuring that we retain financial balance, a strong grip on our finances, and continue to plan for the challenges ahead.

Our strong cash position ensures that sufficient funds are already available to invest in capital schemes over the next three years, without a necessity to generate significant additional surpluses (our estate is in very good condition with no backlog maintenance).

The Board has decided that it is content to plan for a Monitor risk rating of 3, as there is no requirement to significantly increase our investment reserves. In practise, this means a surplus of £2.8m/ 1.4% in 2013/14; and similar levels of surplus for 2014/15 and 2015/16.

For 2013/14, this translates into an efficiency target of £6.7m. In future years, our planning assumptions are based on delivering efficiencies of 5% p.a. in 2014/15 and 4.2% in 2015/16. The Board is determined to maintain a strong grip on financial control across Oxleas, to deliver the I&E plan and to ensure that recurrent CIPs are found.

Cash investment strategy

The Board has considered its cash investment strategy over the next 4 years and has created the following funds:

1	Working capital/ cash buffer	£25m	To act as a cash buffer to cover any unforeseen issues/ late payments from commissioners. *Timescale: likely to remain in place for the foreseeable future*
2	Organisational development fund	£10m	To fund organisational development – to include projects to support the IT strategy, clinical systems replacement/ development, and other projects. *Timescale: expected to be drawn down over the next 3–4 years.*

3	Estates improvement	£30m - £40m	To fund improvements in the trust's estates – to include potential reconfiguration of inpatient beds and redevelopment of the QMS campus (both of these subject to business cases). *Timescale: likely to be drawn down between 13/14 and 15/16.*

G.3 Key risks to achieving the financial strategy and mitigations

Although well placed financially, the Trust faces a number of risks, particularly:

- Ensuring the CIP programmes are delivered over the coming years without an adverse impact on clinical quality
- Ensuring that the programmes of investment deliver the savings that are expected of them
- Ensuring that the administration of SLHT and the TSA process do not compromise the Trust's finances
- The changes in commissioning structures and the impact of this not only on us but also our local commissioners, who may look to pass funding reductions on to us
- The shift to a competitive market environment, in which commissioners routinely tender out services that we currently deliver
- The design and implementation of a tariff for mental health services.

We are well sighted on the above risks and believe we have plans in place to mitigate these risks. The key to the safe and effective delivery of our CIP programmes is strong clinical leadership and engagement, and we are confident that we are well placed in this regard. The continued development of partnership working with commissioners and other local stakeholders is also essential.

The final three risks set out above present opportunities as well as threats and we will be looking to ensure that we are able to harness these to deliver the best outcomes for the Trust.