Oxleas NHS Foundation Trust

Operational Plan Document for 2014 – 16

Oxleas NHS Foundation Trust

Operational Plan for y/e 31 March 2015 and 2016

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

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Date	**4 April 2014**

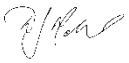
The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name *(Chair)*	**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' Operational Plan Document for 2014-16

A. Executive Summary

We seek to be an excellent local provider of mental health, community health, learning disability and prison services. We currently provide mental health and learning disability care to the populations of Bexley, Bromley and Greenwich, community health care to the populations of Bexley and Greenwich and a number of prison services in Kent.

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 this clear understanding of our focus and drive to improve that has shaped our strategy and informed our Operational Plan 2014 - 16.

Our priorities continue to focus on quality, innovation, productivity and transformational change. Development of the recently acquired Queen Mary's Hospital site in Bexley, integration of service delivery and use of new technologies are all key to us being able to deliver to our priorities in the next two years.

The economic environment in 2014/15 and 2015/16 will be more challenging than we have ever experienced, with a wide range of social consequences. Demand for all services will increase particularly long-term conditions, dementia and mental health. Meeting this demand with decreased levels of NHS and local authority resources will force new ways of working. We are already engaged with Local Authorities and Clinical Commissioning Groups to support plans for the Better Care fund over the next two years.

Integration of services and out-of-hospital care is now central to the sustainability of local healthcare. We will lead 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.

However, we face this challenge from a strong financial position. We have a track record of delivering our efficiencies in full, and have a very strong balance sheet with healthy cash balances. We are planning to deliver a surplus of £2m per year for the next two years, which we will invest in improving local services. These surpluses are underpinned by the achievement of our cost improvement programme which will require us to deliver significant efficiencies. We already have firm plans in place to deliver the target of £6.4m in 2014/15 and have outline plans to deliver the requirement of £8m in 2015/16. 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.

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.

B. Strategic Context and Direction

In order to establish our Operational Plan for 2014/15-2015/16 it has been essential to review our three year Service Development Strategy 2013 – 2016 and our Strategic Plan submitted to Monitor, our regulators, in May 2013. In undertaking this review, we have analysed the national context within which we now operate, taking into account:

- Everyone Counts: Planning for patients 2014/15 to 2018/19 (incl. guidance on the use of the Better care Fund)
- A Call To Action June 2013
- The Francis Report and recommendations, the Berwick report and findings from Keogh
- Deputy Prime Minister's Priorities for change in mental health care and support

We have also paid close attention to planning guidance from our regulator, Monitor, as well as the particular challenges faced by our local health economy (LHE), the direction of travel of our LHE partners and our positioning and ability to facilitate and deliver to these challenges.

In South East London all health care providers and CCGs have been engaged in a substantial reorganisation of services and sites with the dissolution of South London Health Trust (SLHT) on 30 September 2013. As part of this reorganisation Queen Mary's Hospital in Sidcup transferred to Oxleas on 1 October 2013 alongside the transfer of the Bexley Specialist Children's services. Service reconfiguration and tendering is already taking place in order to enable the service improvements needed within these legacy SLHT services as well as to meet the financial challenge to deliver these services within a financial envelope not previously achieved.

We are also challenged, as with all NHS organisations, to deliver to the largest efficiency requirements the NHS has been required to make. The cost improvements set for all NHS organisations require us to deliver improved services for an increasing and aging population, whilst reducing our financial envelope by 4% every year for the next five years (a 20% reduction in 5 years). In addition to this reduction in national funding we have also been set further efficiency requirements by all of our commissioners for 2014/15 and 2015/16 through financial reductions agreed within our contracts. In total we are therefore required to deliver approximately £6.4m efficiencies in 2014/15 and a further £8.0m efficiency in 2015/16.

B.1 Commissioning Authorities and Funding for health and social care

On 1 April 2013 numerous new commissioning bodies were established under the Health and Social Care Act to manage the commissioning of health care, as well as more responsibility being passed to Local Authorities (L.As) to commission certain elements of health care and public health initiatives / services. Elements of these arrangements remain in flux as NHS England has continued interim responsibility for commissioning a number of services which will transfer to local authorities within the next two years, such as health visiting.

We have been working with the new Clinical Commissioning Groups (CCGs), NHS England (National Commissioning Board) and our Local Authority partners to ensure we deliver our services in line with their new approach to commissioning and with a particular focus on integrated care.

From April 2014 a small amount of NHS CCG funding will be transferred to Local Authorities to develop and lead the commissioning of innovative integrated health and social care services. The budget transferred to Local Authorities for 2015/16 will be increased to £3.8bn nationally which will make a significant impact on how our services are funded over the next two years. We have already been working in partnership with our CCGs and L.As to deliver innovative, integrated services across Bexley and Greenwich in advance of the funding changes, as well as engaging with Bromley commissioners to understand their priorities for development.

We already deliver a leading integrated health and social care service in Greenwich that is one of 14 sites nationally awarded pioneer status in 2013. We have also established integrated health and social care services in Bexley aimed at reducing older people's admissions to acute hospitals, acute length of stay and supporting people to be cared for at home through joint delivery of health and social care support. We are fully engaged with our CCG and local authority partners in developing the plans to utilise the Better care Fund to deliver further advances in service integration and the best possible outcomes for patients. In April 2014 we will also be transferring Learning Disability staff from Bromley Local Authority to enable a fully integrated model of service within one integrated health and social care Learning Disability team.

B.2 Competition and the Market place

Provision of NHS and social care services are now governed by the requirement for competition and use of the "market" to drive up quality and value for money of publically funded services. There has been a significant increase in market testing of our services and others' with many new or reconfigured services being put out to tender.

We have had to become experts in the bidding process and establish new ways of delivering services in line with new contracting structures such as prime and sub-contractor models, Any Qualified Provider models, joint ventures and outcome / activity based payment mechanisms. In order to maintain our presence as a leader in the delivery of community and mental health care as well as our expertise in prison health and integrated service delivery it is vital we are able to:

- Defend our current services from competition by continually reviewing best practice, improving quality and efficiency, as well as making links with other providers where necessary to ensure streamlined care pathways and integrated service delivery
- Be flexible and quick to take up opportunities to deliver new services in line with commissioner developed models of care which can benefit our service users and from our expertise

Within the current financial climate we must deliver these new service developments or defend our services in a way which delivers both enhanced quality and innovative new models of service within a reduced financial envelope. Although this environment brings its challenges and risks it also provides us with real opportunities to expand our delivery portfolio, adding to the benefits our current services and new services can deliver to our patients and improving lives.

B.3 Changes in health, demographics and demand

The combined population of the boroughs of Bexley, Bromley and Greenwich (those we provide the majority of our services to) was circa 800k in 2012* and is predicted to grow to circa 850k by 2017, an increase of approximately 6%. There have been improvement in the population's health but there is much more that we can do.

Although in the short term the population is growing there is forecast to be little change in the split between those aged 0-17, 18-64 and 64+. However by 2022 there will have been a more profound increase in the population of over 65s in all three boroughs:

- Bexley 2012 – 2022: Increase of 8.6%
- Bromley 2012 – 2022: Increase of 10.0%
- Greenwich 2012 – 2022: Increase of 25%

National estimates are that 12% of people over 65 will have three or more long term conditions, 34% two or more and 67% one long term condition. Therefore our strategy and operational plans for the next two years must focus on the need for further integration of services and support to primary care to enable co-ordinated management of multiple long term conditions.

There are a number of areas identified as a "high burden" of ill health in south east London:

- Mental health disorders associated with lower life expectancy with many receiving poor physical health care – our operational plan focuses on the integration of physical and mental health care
- Continuing rise in co-morbidities, and dementia within the older people's population which is growing – our operational plan focuses on joined up services for the elderly population
- Increasing burden of ill health from diabetes (in line with the national trend) – we currently provide diabetes services and aim to support their development with commissioners in future
- Childhood obesity (age 10-11) in Greenwich and Bexley are above the national average by approximately 5% and also above the London average. Bromley has the lowest level at 17.3%, which is under the England average – providing universal and specialist children and young people's services requires us to focus on this area jointly with Public Health

B.4 Local Commissioning Intentions

Within contract negotiations with our commissioners we have aligned our operational plans for the next two years to their commissioning intentions. These focus on the following themes:

- Quality and safety must be at the heart of commissioning focussing on improving the quality of care and outcomes for patients (including patient experience) – see section C.1
- Engaging patients and the public in the redesign of services and more effectively in managing their own health conditions by facilitating their use of new supportive technologies to do this – see section C.2
- Developing integration of care; mental health and physical health in partnership with social care as well as streamlining pathways of care throughout various providers – see section C.2 and C.4
- Reducing avoidable hospital and care home admissions through more effective and timely access to community delivered services and social care to meet patients' needs in or in advance of a crisis – see section C.4
- Meeting the financial challenge to deliver high quality care within a significantly reduced financial envelope – see section C.3
- Improving access to emergency care services and specialised services delivered within hubs of excellence – see section C.4

Within our contract agreements, we have agreed specific service developments in order to deliver in line with these overriding requirements. Within this document you will also see how our own priorities and plans to align with those of our local health economy.

B.5 Queen Mary's Hospital

The transfer of Queen Mary's Hospital to Oxleas on 1 October 2013, was supported by commissioning intentions to provide a range of clinical services on the site, providing a clear future for the hospital. Alongside this security, our plans and commitment to invest up to £30m in the site set out an exciting vision for Queen Mary's over the next three years as we develop the site into vibrant healthcare facility delivering primary, community, acute and specialist services for the Bexley population and others.

In order to deliver this vision a detailed operational plan is in place for the next three years to implement capital plans for site improvement enhancing quality health care provision both by those services we deliver but also services delivered by other providers such as:

- Dartford and Gravesham NHS Trust

- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham and Greenwich NHS Trust

The plan takes advantage of the excellent opportunity to integrate services, especially those to treat body and mind together with clear pathways of care delivered from the same location. For example, we have plans to create a new children's centre on the site that will meet the needs of children's physical health and mental health needs. Some of our key plans are to support the delivery of services to the Bexley population and ensure they are delivered closer to home, avoiding travel to tertiary hospital services if possible.

B.6 The Short Term Challenge

Over the next two years our challenge mirrors that of our local health economy. To summarise the current situation as outlined above; we need to continue our focus on delivering high quality services which meet the needs of our population whilst at the same time meeting the challenges of:

- Delivering significant efficiency savings, both national and additional local requirements
- Meeting the growing demands of an aging population with increased co-morbidities, a rise in mental illness and long term conditions
- Taking the opportunities of tendered services and competition whilst defending our services through continual transformation and improvement
- Delivering integrated services to support patients' physical, mental and social care needs effectively working in partnership with others
- Increasing our ability to deliver services more innovatively and embed the use of self-help within the culture of our patients
- Building new and sustainable relationships with our new commissioners and work closely with them as arrangements change
- Achieving success through our plans for the development of the Queen Mary's Hospital site in Bexley for both ourselves and partner providers on the site

B.7 Our Strategic Priorities 2014-16

In light of changing national and local requirements and the context in which we are working, as summarised above, we have reviewed our Strategic priorities and developed our operational plans for 14/15 – 15/16. The four main priority areas continue to be those agreed for our three year strategic plan submitted to Monitor and published for 2013/14 – 2015/16. The specific deliverables for these priorities have been further developed through work undertaken in workshops with the extended Board, a workshop with a subgroup of the Council of Governors and three borough focus groups.

A total of 150 participants attended the focus groups: 31 patients/carers; 62 non – members / public; 23 representatives from associate organisations; 3 Health Watch members; 2 commissioners; and 29 staff. The attendance by borough was: Bexley, 66 participants; Greenwich, 52 participants; and Bromley, 32 participants.

Our Strategic Plan (the basis of our Operational Plan 2014 – 16)
We have maintained the following four strategic priorities, each of which is set out in more detail in this document:

1.	**Enhance Quality:** ensuring excellence for every patient
2.	**Promote Innovation:** redesign services with patients, families and commissioners
3.	**Increase Productivity:** be resilient and resourceful to thrive in difficult times
4.	**Transformational Change:** delivering best practice services, for the future, today

C. Oxleas' Operational Plan

Our operational plan for 2014 – 16 is based on our understanding of our external and internal positioning within the health economy and our history of delivering high quality care. This understanding has allowed us to develop a clear strategic framework for the coming years, as described in section B, which will be underpinned with more detail when our Five Year Strategic Plan is published in the summer 2014.

Our operational plan demonstrates the direct actions we will be taking in 2014/15 and 2015/16 to deliver our vision at Oxleas, for the patient population we now serve and for those we may have the opportunity to serve in the future. This plan is described under our four main strategic priorities; Quality, Innovation, Productivity and Transformational Change, however many of our individual plans deliver to more than only one of these priorities. Our financial plans are also linked to delivery of the same strategic priorities over the next two years to ensure that the financial impact of making the necessary cost improvements further enables progress in line with our strategic aims and do not have a negative impact on delivering in line with our vision and values as an organisation.

C.1 Our Quality Plans

Priority 1. Enhance Quality: ensuring excellence for every patient

At Oxleas we are committed to delivering high quality services and we have worked in partnership with staff, patients, carers, our members, commissioners, GPs and others to identify our Quality Plans.

Our Quality Plans reflect our commissioning priorities, our Service Development Strategy (SDS) priorities for 2014 - 2016 and our quality goals as defined in the Trust's Quality Accounts. Our plans are influenced and defined by analysis of our current position, delivery against current quality requirements, plans and initiatives, Care Quality Commission inspections and our other external and internal influences.

C.1.1 Our first Strategic Priority: Enhancing Quality 2014-16

Our first and highest level priority is focussing on "Enhancing quality – ensuring excellence for every patient". The operational requirements we need to deliver in order to continue improving quality across the board are outlined in this section.

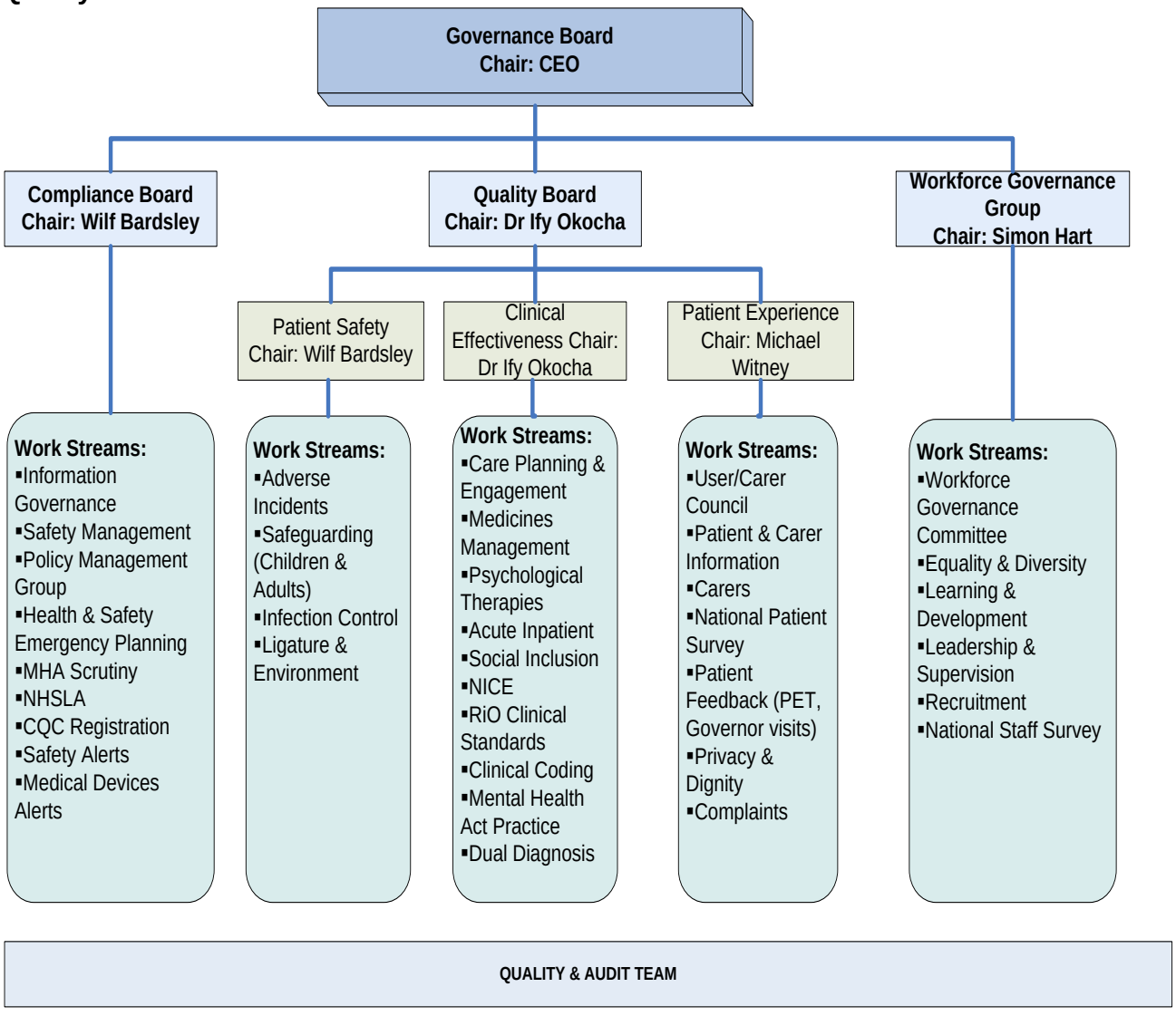
These quality plans are in addition to our continuing focus on Quality which is rooted within our four 'must dos' which have been the backbone of our vision for quality since 2007 and have been a feature of our Annual Plans and Annual Quality Report for many years. We engage our members, service users and carers each year through focus groups to confirm our continuation of these four elements of quality. Our focus groups in February 2014 confirmed that these should remain:

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 form a vital part of our Quality Governance Structure which is aligned with the three domains of quality; Patient Safety, Patient Experience and Clinical Effectiveness and also focusses on the goals of the NHS Outcomes Framework 2014/15.

We have also ensured that our goals for ensuring quality incorporate the findings and recommendation within the Francis, Berwick and Winterbourne reports, reflecting our response to these; additional information is provided in C.1.5.

Quality Governance Framework



C.1.2 Quality Plans linked to National and Local Priorities

Since 2009/10, we have agreed quality goals with our commissioners under the Commissioning for Quality and Innovation Framework (CQUIN); and this year our quality plans reflect both national and local priorities. Our quality improvement and innovation goals for 2014/15 have now been agreed with our commissioners in line with our contracts. These are outlined in our Quality Accounts published this summer 2014 following external audit and submission to Monitor.

For 2015/16 we will undertake further negotiation with our commissioners to agree the annual CQUINs as the contracts move forward. These discussions will of course link into national quality requirements and continuation of local quality priorities to ensure our operational plan continues to focus on the key elements of quality we need to deliver to.

Our CQUIN priorities are only one part of our contractual quality requirements. In addition, each year we agree our quality standard KPIs and our Quality and Safety Improvement Plan (QSIP) as part of negotiations with our commissioners and internal quality standards set by our Quality Board.

The quality measures in these areas are jointly set, based on what we consider to be the quality standards that our services must deliver against in order to assure both ourselves and commissioners that the services we deliver are of high quality and deliver current best practice. These measures are monitored monthly both through our contract meetings and also internally from team level up to the Quality Board to ensure standards are continuously met. Appropriate CQUINs transfer into our QSIP to ensure we monitor and maintain the standards delivered through our non-recurrent CQUIN priorities on an on-going basis.

C.1.3 Oxleas' Quality Account Priorities

Our quality goals are influenced by the feedback we receive from our public focus groups, our members, staff, and our commissioners. Each year, our priority areas are aligned to the 3 Quality Domain areas of Patient Experience, Patient Safety and Clinical Effectiveness. This ensures we are aligning all of our quality plans to our main areas of focus encompassing the range of quality assurance that we must demonstrate. Our Quality Account priorities reflect and broadly demonstrate our delivery against the following areas of focus and align with our forthcoming priorities within these areas too:

- Our Trust 4 Must Dos
  - Increasing support for families and carers
  - Providing better information for our service users and carers
  - Enhancing care planning
  - Improving the way we relate to both our service users and carers
- Monitor key quality (Governance) indicators
- Commissioning for Quality and Innovation goals agreed with our commissioners (CQUIN)
- 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.1.4 Existing quality concerns (CQC) and our plans to address them

The Care Quality Commission (CQC) inspected eight of our service locations in 2013 /14. Out of the eight visited, six were found to be fully compliant with the Essential Standards of Quality and Safety, an excellent confirmation that these services deliver to very high levels of quality. However, two sites were identified as having one moderate and four minor concerns between them. The two sites

identified were Oaktree Lodge, our older people's continuing care unit and our mental health inpatient services at Oxleas' House. In no services were any major concerns found.

At Oaktree Lodge there were two minor concerns relating to service user involvement and a single staffing issue and one moderate concern relating to the application of the Modified Early Warning Scoring system (MEWS) and the lack of Personal Emergency Evacuation Plans (PEEPS). MEWS is a system used to detect deterioration in physical health through the monitoring of vital signs and provides staff with advice to intervene to maintain the health of patients at an earlier stage when any deterioration is found. Action plans and completion dates to address the concerns raised were agreed with the CQC who has been monitoring our progress. The deadline to complete all actions for MEWS and PEEPS at Oaktree Lodge by March 2014 has been fully met.

At Oxleas' House two minor concerns were identified. These were related to the use of *"time-out"* and the procurement of equipment in a timely manner. Again action plans and completion dates to address the concerns raised were agreed with the CQC who has been monitoring progress. The actions for Oxleas' House in relation to 'time out' were implemented with immediate effect and the actions for improved procurement processes are due for completion at the end of September 2014.

No other quality concerns have been raised by the CQC and we continue to deliver our services in line with essential standards, undertaking our own regular peer reviews of services to assure ourselves that standards are fully embedded in practice and maintained.

C.1.5 Our response to Francis, Berwick and Keogh

Since the publication of the Francis, Berwick, Keogh and Winterbourne View reports we have followed a series of processes to ensure staff are aware of the recommendations and actions are in place to meet them. It is essential that our whole workforce understands the absolute necessity to implement these recommendations, if and where we are not already delivering in line with the findings of these reports.

Raising awareness

- The Francis report, Berwick report and Winterbourne View report have all been discussed and presented widely to our Board, Executive Team, Quality Board and its sub-groups at trust level and within directorates, our Safeguarding Adults committee and within team meetings. We have also undertaken discussions with our colleagues and partners in commissioning and safeguarding
- The Francis, Berwick and Winterbourne recommendations have been distilled into an action plan for Oxleas which addresses 5 key areas:
    1. To promote a culture of candour and openness and embed our values
    2. Using feedback from service users, families and carers
    3. Strengthen quality management by introducing measures for performance
    4. Facilitating and ensuring increased patient focus and contact by managers
    5. Actions for nursing: Safe Staffing; implementing nurse appraisal and revalidation that embeds the 6 Cs; a continued focus on Care and Compassion.

Implementation

All services throughout Oxleas have been tasked with developing a clear action plan to address these recommendations to assure ourselves of the quality of services we provide as well as positive patient experience. Clinical Directors for each service directorate have presented these to the Board.

In October 2013 the Board of Directors implemented a programme of monthly 'back to the floor' visits for each service area by groups made up of an Executive, Non-Executive, Clinical and Service Directors. These visits provide our patients and staff an opportunity to give direct feedback about the experience of receiving and working in our services. Each Non-Executive Director provides

feedback of their board to floor visit at the Trust Board. In January 2014 the Board visits were augmented by a programme of night visits providing an opportunity to ensure services out of hours meet the same standards as people would expect at other times. These will continue throughout 2014/15.

We will be publishing and displaying daily nursing ratios. A working group to take forward the National Quality Board's guidance regarding nursing, midwifery and care staffing capacity and capability has been established. The group will utilise an evidence based tool to review nursing establishments across Oxleas and ensuring there are appropriate escalation processes in place to address staff shortages should they arise.

We have also undertaken a review of policy to ensure compliance with "Being Open" guidance including the re-launch of the 'Raising a matter of concern' policy. Alongside this our staff uniform initiative rolling out to all services in 2014/15 aims to help patients and carers to recognise who staff are, their profession and who they can go to for help and support.

Our Nursing strategy

Our new Nursing Strategy was launched in June 2013 and responds to the events at Mid Staffordshire and Winterbourne View setting out the core values of nursing and our priorities over the next three years

- Delivering high quality compassionate care
- Improving the experience of service users and carers
- Keeping people free from harm

The strategy also outlines our commitment to the Chief Nurse's 6c's and makes a pledge of what Oxleas' nurses will always do, called the 'Always Events'

1. *Oxleas nurses always listen to and treat those in their care with compassion, respect, dignity and courtesy*
2. *Oxleas nurses always know the plan for people in their care and seek feedback to make sure the care provided meets their needs*
3. *Oxleas nurses always challenge and report poor practice at the time and learn as a team from the error*
4. *Oxleas nurses are always open and involve people in their care, keeping them informed about their treatment including medication*
5. *Oxleas nurses always ensure patients' fundamental needs are assessed and attended to including nutrition, hydration, comfort and hygiene*
6. *Oxleas nurses always engage in supervision and reflective practice sessions to improve the practice they provide.*

Pop Up banners of our Nursing 'Always Events' have been distributed across the organisation to raise further awareness of our commitment to patients and staff. These will be supplemented by other professional promises to patients in 2014/15.

Heads of Nursing posts have been appointed for each of our clinical directorates. These roles take forward our nursing strategy embedding nursing values, advise directorate management teams on issues relating to nursing and have overall responsibility for nursing quality. Early priorities are to introduce improved nursing appraisal in preparation for re-validation, implement the 'Always Events' and ensure the levels of nursing staff on shift each day are able to deliver safe care to patients.

C.1.6 Our workforce strategy to ensure delivery of our Quality Plans

We aim to be the employer of choice in London and the south east. We will achieve this via the creation of a culture in which a diverse range of employees are recognised and valued for their contributions, are encouraged and supported to develop their knowledge and potential and are actively engaged in the development and direction of the organisation.

In 2014/15 we are undertaking a major recruitment campaign in order to demonstrate the breadth of our services as well as key messages to potential staff highlighting our commitment to quality:

- Our staff rate Oxleas as one of the best trusts to work for
- Awareness of our high quality community health services
- Reflecting our trust values and ethos

The campaign is a blend of printed media across all of our community locations and has been developed in conjunction with marketing initiatives on the trust website. We have also reviewed our approach to demonstrating a targeted and personal approach to potential job applicants, to support the creation of a real connection between the job applicant and Oxleas within the competitive employment market we are part of. The campaign and new practices aim to address needs in all staffing groups.

Improving quality requires a real focus on Staff Engagement:
To date we have worked to build a strong culture of openness and active engagement by staff as evidenced by successive staff surveys; however we cannot be complacent and always recognise the need for improvement. An open culture where staff are supported, listened to and respected has been shown to have a demonstrable positive impact on the quality of the service provided to patients and their carers. Trust that we will treat people equitably, fairly and 'do the right thing' is fundamental to a culture of openness which underpins our wider duty of candour. It is therefore critical that during this period of intense change and financial pressure that we continue to demonstrate to staff that we value them.

As part of our workforce strategy to deliver quality we will:

- Ensure that our newly re-provided staff psychological support and counselling service is fully utilised and embedded into the service.
- Seek regular feedback from our staff via focus groups, staff equality networks and executive director visits and ensure prompt feedback on issues raised
- Provide formal reports to our executive and Board from our Staff engagement team on the morale and feelings of frontline staff
- Ensure regular communication to all of our staff about trust developments and events in the wider health economy
- Ensure all staff have the opportunity to talk regularly to their Directors and staff side colleagues
- Support a culture of openness and transparency by developing multiple routes for concerns and issues to be raised by staff, including our revised 'Raising a Matter of Concern' policy.
- Regularly recognise individual and team achievement across all of our service and corporate directorates via our quarterly awards and annual recognition awards
- Embed the principles of the Equality Delivery System to ensure that we are able to demonstrate to our staff and prospective staff that we provide a fair and equitable workplace that fully embraces and supports diversity
- Expand our approach to partnership working to formally include our staff equality networks and directly engage them in the development of services and staff.

Roles and responsibilities in relation to quality are clearly defined and documented, and incorporated where appropriate into job descriptions as well as being fully integrated within staff appraisal. Recruitment and trust induction are now aligned to our trust values and vision in order to ensure all new staff are not only aware but engage with our vision for quality as soon as they begin to work with us.

C.1.7 Operational Plans to "Enhance Quality"

To support our overall focus on quality we have established the following Operational Plans for delivery in 2014-16

	Oxleas' Priorities 2014 - 16	Operational Plan / Actions and specific service line examples	Directorate Lead	Timescale (Year)
1.	**Enhance Quality: Ensuring excellence for every patient**			
1.1	Improve care planning through better patient and carer involvement	1.1a Ensure all clinical supervisors are trained in supervision of care planning and CPA practice against enhanced core competencies and agreed standards	Quality and Audit	2014/15
		1.1b Improve service user involvement in care planning and establish new ways to measure this	Quality and Audit	2014/15
		1.1c Improve the identification of carers and their involvement in care planning, including improvement in information for carers and number of carers assessment completed	Quality and Audit	2014/15
		1.1d Full implementation of all care standards within the Forensic CPA pathway, including the full incorporation of physical health requirements supporting self-care	Forensic and Prisons Directorate	2014/15
1.2	Improve patient and carer feedback from all services, particularly 'you said, we did' as well as the Friends and Family Test	1.2a Continue piloting use of the friends and family test within services, roll out to all services in line with national guidance, implement action plans for improvements and publish our results	Quality and Audit	2014/15
1.3	Ensure strong leadership in all services	1.3a Develop and implement a specific induction process for new managers and clinical leaders that clearly sets out the attitudes, behaviours and values that we expect of our management and clinical leaders	Human Resources	2014/15 – 2015/16
		1.3b Establish development programmes for middle and senior managers to support the creation and management of a high performance culture	Human Resources	2014/15 – 2015/16
1.4	Building on the Chief Nurse for England's strategy, ensure high quality and compassionate nursing care in all trust services, with a focus on effective supervision and appraisal for all nursing staff	1.4a Implement an online competency testing process to support high quality recruitment	Human Resources	Pilot 2014 Implement April 2015
		1.4b Develop proposals for nurse revalidation and professional portfolios and implement these	Nursing and Governance	2014 Implement April 2015
		1.4c Implement physical health awareness training for all Mental Health clinical staff and mental health awareness training for all community physical health care clinical staff	Nursing and Governance	2014/15
		1.4d Ensure the fundamentals of care are right through continued delivery against nursing action plans, focus on nutrition, hydration, comfort, pain and Privacy and Dignity	Nursing and Governance	2014 -16
1.5	Monitor, reduce and publish waiting times in psychological therapies, therapies and children's	1.5a Publish current Allied Health Professional and psychological therapies waiting times against the 18 week target on our website	Service Delivery Team	April 2014 onwards
		1.5b Each service directorate to produce a plan to reduce and monitor waiting times by service and publish all waiting times on our website	All Service Directorates	October 2014/15

	Oxleas' Priorities 2014 - 16	Operational Plan / Actions and specific service line examples	Directorate Lead	Timescale (Year)
	services			onwards
1.6	Enhance our quality dashboard through use of real time information and electronic report access	Re-develop our Quality dashboard as part of our business intelligence system to allow users to access it via our web based reporting portal viewing the daily updated position	Informatics Directorate	2014/15
		Enable teams to clearly view their position against quality measures against others in a benchmarking report	Informatics Directorate	2014/15
1.7	Deliver our planned response to the findings of Francis, Berwick and Keogh	1.7a Establish our safe establishments criteria and publicise our staffing levels on all our inpatient units	Nursing and Governance	April 2014 onwards
		1.7b Continue Board visits to all services, Monitored through reporting back to our Board	The Board	2014/15 and 2015/16
		1.7c Introduce a programme of unannounced night visits to all bedded units and services delivered 24/7 i.e. Urgent Care Centre	Nursing and Governance & Service Directorates	April 2014 onwards
1.8	Review best practice within adult community health and children's services in order to establish improved quality in our services	1.8a Quality Board to commission four service reviews in Adult community health and two reviews in children's services	Quality and Audit	October 2014
		1.8b Action plans to be developed following reviews to inform development of best practice	Service Directorates	January 2015
		1.8c Agree and implement best practice review findings in service delivery in line with commissioner support	Service Directorates	2015/16

All of these plans are rated Low risk in relation to non-delivery.

C.1.8 Main Plans to Enhance Quality which deliver Cost Improvements

Enhancing quality does not need to lead to ever increasing cost pressures and therefore our challenge has been to ensure whilst we continue to improve the quality of our services we also examine how improving quality can contribute to delivering some element of cost improvements required as part of the mandated national efficiencies and local efficiencies required of us in 2014 – 16. Some of our main quality improvements which deliver cost improvements are outlined here:

	Enhancing Quality: Cost Improvement Plans	2014/15 Financial Impact	2015/16 Financial Impact
1	**Forensic Medium Secure PICU Unit:** Establish a safe and effective PICU service to improve the quality of crisis care for our service users alongside providing additional PICU beds for external purchase	Net Income £105k	Net Income £55k
2	**Improving management of staff sickness:** Delivering enhanced training to all managers in the Adult Community Health services directorate on managing staff sickness, reducing spend on agency and bank	None	Reduced spend of £113k
3	**Delivery of the Nursing Strategy:** Delivering the nursing strategy to improve quality and governance of clinical practice will release costs through reconfiguration	Reduced spend of £68k	Reduced spend of £106k
4	**Consolidation of Dementia in-patient acute beds:** Work to improve the quality of community based care and crisis support for dementia service users in 2013/14 has led to a reduction in the need for inpatient beds	Reduced spend of £800k	N/A
5	**Consolidation of Older People's Mental Health Functional in-patient acute beds:** Continuing to improve the quality of community based care and crisis support for service users with functional mental health problems in 2014/15 will lead to a reduction in the need for inpatient beds	N/A	Reduced spend of £1,000k
6	**Other**: Smaller quality improvement plans leading to cost improvements	N/A	Reduced spend of £406k
	Total	**£973k**	**£1,680k**

C.1.9 How the Board derives assurance on Quality and management of risks

We have an established Quality Governance Framework (outlined in section C.1.2) which underpins the processes of improving our performance on quality. The key processes the framework applies to are:

- 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

Reporting to the Governance Board, our Trust Quality Board provides assurance to our Board of Directors 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.

Each of our service directorates reflects the Trust wide Quality management structure with a local Quality Board overseeing the constituent directorate led 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 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.

Our Trust Patient Safety Group reviews all serious incidents and monitors the actions arising from investigation recommendations. They identify themes arising from investigations and ensure Trust wide learning takes place through an ongoing series of workshops for clinicians.

All identified key risks from the above process are included in our aligned Quality Domain risk registers (patient experience, patient safety and clinical effectiveness) which are regularly reviewed by our quality subgroups, our Trust Quality Board and our Trust Governance Board. None of these risks are rated above moderate.

Our Trust Board has recently undertaken a self-assessment in line with Monitor's Quality Governance Framework. The result of the self-assessment provides us with assurance on the following:

- Quality is at the forefront of everything we do and drives the Trust's strategy
- The Board are aware of the risks to quality as they are presented and reviewed at the Trust Governance Board (a sub-group of the Trust Board)
- The Board has the necessary leadership, skills and knowledge to ensure the successful delivery of the Trust's quality agenda. This involves clarity on the structures and processes of quality governance within the Trust, regular review of quality data presented, and an ability to challenge data when required
- The Board takes an active role in quality and an example of this is seen in the Board of Directors implementation of monthly 'back to the floor' visits for the various service areas
- The Trust has clear roles and processes in relation to quality governance as described above and there are clear processes in place for escalating and resolving issues and managing poor performance

C.1.10 Assurance and Leadership arrangements to deliver CIPs

Our assurance processes for the delivery of CIPs continues to mirror those in place in 2013/14, 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. There is also formal sign off from our Medical Director, Director of Nursing, and Director of Therapies to assure our CIPs do not affect the high quality of the services we deliver.

The delivery of our financial plans and the delivery of the CIPs are the 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	2 meetings per quarter
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 executive directors, the Service Director and the directorate management team, including the directorate Clinical Director	Quarterly
Medical Director, Nursing Director, and Director of Therapies review	Line by line review of CIP progress to ensure that services remain of high quality	Quarterly

Assurance received by	Information routinely provided	Frequency
Director of Finance	Line by line review of CIP progress as part of monthly finance meetings with each Service. Service Director and Business manager present.	Monthly
Service Director/ Clinical Director	Directorate CIP summary discussed at Directorate's Senior Management Team	Typically monthly

Our quality governance structures (e.g. the governance Board, the Quality board, the programme of director level visits to services, the operational 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.

C.1.11 Risks to delivering our Quality Plans and Contingency Planning

All risks identified via our quality governance structures will be reported to our Trust's Governance Board (a formal sub-committee of the Board of Directors). Each Quality Sub-group will ensure that there are clear mitigation plans in place for any identified risks to quality. Our Trust Quality Board will review these regularly as part of its strategic overview of the Trust Quality Plans.

C.2 Operational Requirements, Capacity and Innovation

Priority 2. Promote Innovation: redesign services with patients, families and commissioners

C.2.1 Our review of activity and demand, including forecasts for 2014 – 2016

We are an established mental health, community health, forensic and prison health and learning disability foundation trust. The summary of our overall current service user caseload position is as follows:

Service Areas	% of our caseload		% of our occupied bed days	
	31 Mar 2013	28 Feb 2014*	31 Mar 2013	28 Feb 2014*
Adult Mental Health services	4.7%	2.9%	51%	48.2%
Older People Mental Health services	2.9%	2.1%	15%	13.6%
Child and Adolescent Mental Health services	1.6%	1.1%	N/A	N/A
Adult Learning Disability services	0.5%	0.4%	2%	1.5%
Forensic and Prison Mental Health services	0.6%	0.3%	20%	26%
Total Mental Health and Learning Disabilities services	10.3%	6.8%	88%	89.3%
Adult Community Health services	26.4%	22.1%	12%	10.1%
Children and Young People's Community Health services	63.3%	70.1%	Not reported	0.6%
Prison services – physical health	Not reported	0.1%	N/A	N/A
Total Community Health services	89.7%	93.2%	12%	10.7%
Our Total	**100%**	**100%**	**100%**	**100%**

**The 2013/14 position is taken at end February due to the submission of this document on 4 April 2014 which is prior to the final March activity position completion date.*

The change in the configuration of our overall caseload in 2013/14 has been mainly due to the transfer of Bexley Specialist Children's services (community health) on 1 October 2013 to Oxleas from SLHT. The caseload in Children and Young People's community health services has increased from 304,798 service users, March 2013 to 370,919, February 2014 which on its own is a 21.7% increase in these services.

Caseload increases across the board have reduced the effect of this on the % of the whole trust caseload, but accounts for some of the reductions in other service areas seen between the two years. The Forensic services have seen an increase in occupied bed days as a snap shot 28 Feb 2014 hence the reduction in other areas in the trust.

There has been a drop in the adult mental health caseload slightly above what would be expected by the based on the increased children's community caseload. The reason for this change has been proactive work on caseload data quality within this service in 2013/14 and an initiative within Greenwich to facilitate the discharge to primary care of approximately 200 cases supporting primary care to manage these individuals.

We have undertaken a review of our activity data over the past four years in order to establish the changes that have occurred during this time and used this alongside intelligence of the local health economy, demographics and our service development plans to forecast service demand in 2014/15 and 2015/16. This analysis focuses on specific service lines of activity, covering where demand is expected to grow or reduce in the next two years (see appendix 3).

C.2.2 Service lines forecasting growth

In the next two years the following services we deliver are projecting for an increase in demand:

- Older people's mental health services
- Adult Mental Health services
- Adult Community Health Services
- Children and Young people's Community Health services
- Forensic Inpatient services
- Prison services (in line with new contracts awarded for 2014/15)

For some elements of growth we have engaged with commissioner to ensure we have sufficient capacity to deliver to needs. However, we have also planned to meet this demand through various innovative ways of augmenting our capacity. We are engaging in a newly developed programme of clinical transformation delivered through the development and use of new technologies to aid productivity and improve care provided to patients. Alongside these new technologies we are focused on delivering to the demand through integrated services provision as well as major transformational changes and service redesigns. Plans are highlighted in the following sections of the document.

C.2.3 Service lines forecasting flat positions or reductions

We have no services for which we are predicting reductions in demand over the next two years, however some are expecting demand to fluctuate but remain relatively flat.

- Children and Adolescent Mental Health services
- Learning Disability services

In these services we will also focus on the same initiatives and ways of working to continually improve the way we deliver care.

C.2.4 New Service developments

In addition to the changes in demand and activity forecasts for the services we are already providing, we are also expanding our portfolio of services in line with our strategy to increase the benefits to our patients from the services we offer. This also links with our strategic priority to deliver innovation by further integrating physical, mental health and social care within clear coordinated pathways from primary care to tertiary services when needed.

We have been successful both as a single organisation and by building relationships with other primary care and acute care trusts as well as social services and third sector organisations, in securing contracts to deliver the following services, starting within 2014/15:

Main services with agreed start dates and financial agreement:

- **Bexley Integrated MSK Services (from 28 April 2014):** We will be delivering to a brand new model of Musculoskeletal services, within a sub-contract arrangement with Kings College NHS Foundation Trust. This service model will integrate the patient pathway from primary care and supported self-management, through community led MDT therapy interventions, reducing the numbers inappropriately seen for surgery and streamlining access to surgery and acute care interventions for those who do require it.
- **Primary and community health care and pharmacy services within Medway adult prisons and Secure Training Centre (from April 2014):** We have been successful in our bid to deliver these services for the next three years. We are continuing to work in partnership with a consortium of other service providers delivering an integrated model of services. Within HMP Cookham Wood we have no current experience of the demand. However, we understand the number of young offenders is expected to increase by 25% in the next year. This is a challenging population and we are working very closely with the national commissioning team to roll out specific tools and processes to support this element of service provision. HMP Rochester has a large population that we are familiar with as we provide mental health services here also. We anticipate that the main services required will be for primary care and substance misuse. We have inherited a skilled and well managed workforce and believe we will be able to manage demand.
- **Adult Mental Health care within all Kent and Medway prisons, including Dover Immigration Centre (July 2014):** We have delivered mental health services within these prisons since 2011. Kent and Medway CCGs put these services out to tender, incorporating new elements of service for offenders with learning disabilities in 2013. We have successfully demonstrated that we are able to deliver to the service requirements alongside developing the quality and efficiency of our service model further to secure the contract again for the next three years.

Main developments to be delivered in year:

- **Transfer and TUPE of Bromley community and social care Learning Disabilities staff to enable improved integrated service delivery:** Through negotiation with Bromley Local Authority we have put a plan in place to more effectively integrate Learning Disabilities health and social care staff. These teams already work together within the same location and the next step agreed is for the social care staff to transfer fully through staff consultation and TUPE into Oxleas. This will allow for all staff to be managed together in one integrated team under the same terms and conditions.
- **Co-working to deliver expansion of Greenwich Intermediate Care (start date to be agreed in 2014):** We are working in partnership with a local high quality third sector provider, to deliver to a need to increase capacity of intermediate care bed provision in Greenwich. The aim is to establish this service within Queen Mary's Hospital co-locating it with our current intermediate care facilities to enable peer learning and development within both services.
- **Bexley Integrated Cardiac Services (April 2014):** We are currently providing interim management of the cardiac rehab service within Bexley, following a tender of the whole integrated cardiac service pathway from primary care to tertiary care provision. We are part of the partnership of providers, led by Guy's and St Thomas' NHS Foundation Trust who has been awarded preferred provider status. The new service model is in the process of being formally agreed with the CCG. Once the model is confirmed we will be establishing an improved cardiac rehab service integrated within the whole cardiac pathway for the Bexley population.

C.2.5 Workforce Capacity

As can be seen within our service demand profile and our establishment of new and improved services, we are ever more reliant on our workforce which continues to account for circa 75% of our total budget.

Recruitment and workforce supply is a risk to the delivery of key plans within the trust. The trust continues to experience difficulties in recruiting to specific groups of staff these include:

- Community Paediatrics
- Middle grade medical staff
- Health Visitors
- Prison Health Staff
- Emergency Care advanced Practitioners
- General practitioners
- Physiotherapists
- Intermediate care (all staff groups)

These are all fully addressed through our workforce strategy and recruitment plans as elaborated on in sections C.1.6.

C.2.6 New technologies and Innovations

Our Director of Informatics has established our three year Clinical Transformation Strategy, approved by the Board with funding of £5m for delivery in 2014/15 and 2015/16. This strategy encompasses how we will utilise new technologies and innovative ways of working with both information technology systems and infrastructure in order to facilitate clinical transformation across our many services. The main aim is to enable our clinicians to deliver high quality services in the most effective and efficient way possible whilst improving service user engagement and interaction in their own health care and self-management. This will enable staff to think differently about how to support service users to access care in new ways, such as Skype.

A core element of this strategy is the procurement and delivery of a new Electronic Patient Records (EPR) system across all Oxleas services. Procurement of the new system has involved extensive engagement from clinical staff to ensure we meet demands which span services as well as service specific clinical requirements. The system chosen will ensure all of our services keep records on the same instance which allows appropriate sharing of information between teams where appropriate and required, as well as joint physical and mental health care plans to aid integrated service delivery.

There are many other facets to our clinical transformation plan. Operational plans include:

- Partnership working with our commissioners, primary care, acute care and social care providers to develop a Clinical Portal overlaying all local health and social care records systems. This will facilitate delivery of integrated working practices between different service providers to ensure that integrated teams and services are able to deliver a truly integrated plan and pathway of care to patients. Greenwich CCG is taking the lead on this development which will be delivered in line with requirements for information governance.
- Extending the use of new mobile working solutions to all teams who deliver services within people's homes and at non-Oxleas locations within the community. Use of I-Nurse, digital pens and the mobile working solution available within our new EPR will enable more efficient delivery of patient care, reducing staff trips back to office bases to update notes. It will also support our clinicians to access electronic records and update care plans and notes with patients within their homes, ensuring the care they provide is more effective in meeting patient needs.
- The implementation of FLO within COPD and other Long Term Conditions services will deliver to our objective to engage patients within self-care and self-management of their own conditions. This will allow patients to monitor and report on their own vital signs and indicate to

them when they need to contact services for support prior to any further deterioration which might lead to a crisis.

- We have already started using Buddy App in some of our therapies services. This tool provides therapists the ability to gain a better understanding of patient behaviour between formal sessions. This supports more timely adjustments to be made to interventions and care plans, maintaining patients on an effective pathway to meet their treatment outcomes. Recording activities completed and their own feelings from a patient point of view can also help patients to better understand what interventions and behaviours work for them, enabling increased engagement in their own care.
- We are updating our infrastructure to enable the use of wireless internet access across our estate enabling staff and patients to work interactively together with new self-help tools.
- Introduction and roll out of Doc-man and digital dictation will not only deliver operational efficiencies within our administrative processes but will also improve our ability to electronically manage internal work-flow processes. This will reduce the need for paper and provide robust audit flows through processes such as complaints investigations and responses.
- We have already introduced video conferencing equipment trust wide. This is being expanded upon through the introduction of Skype and text messaging to improve access to services through different models of service delivery for those service users who would like to interact with us in these ways.
- In line with our priority to improve patient choice and engagement in services we are ensuring all of our community services, both mental health and community physical health are available on Choose and Book. The first borough to take a lead on this is Greenwich. We are also working on this with Bexley and Bromley CCGs.

C.2.7 Integrated Care

All of our service directorates have plans in place to establish more integrated services and pathways of care for patients. The aim is to ensure we implement plans that deliver innovatively to the specific needs of the populations we service and the challenges of our local health economy.

Our most developed example of this is our integrated health and social care teams in Greenwich, which were awarded national Pioneer status (one of only 14 sites nationally) in 2013. The future plans for these services and increased integration are documented more specifically as part of our operational plans for transformational change in section C.4 of this document. Our other transformational change plans are all underpinned by taking advantage of our position as a joint mental health and community physical health trust, our wealth of estate and advances in technology. QMH will to support integrated services and teams both internally and with partners in social care, primary care and acute care including the third sector.

Each service directorate is delivering to the following plans in the next two years to deliver to the integration agenda:

Directorate / Service Areas	Programmes of Integration	Timescale for delivery
Adult Mental Health Services	1. MH Redesign programme: Development of Primary Care Plus services and joint working with GPs (see section C.4.2)	2015/16
	2. MH Redesign programme: Embedding services around GP clusters alongside the community and social care teams we are developing (see section C.4.2)	2015/16
	3. Further development of our psychiatric liaison teams working within A&E and on the acute wards at our local acute hospital sites	2014/15
	4. Our section 75 arrangements: Social care workers are integrated within our mental health teams	Current
Older People's	1. MH Redesign programme and Pioneer development: Greenwich and Bexley integrated community health services expansion to include older	2014/15

Directorate / Service Areas	Programmes of Integration	Timescale for delivery
Mental Health Services	people's mental health practitioners within the integrated GP cluster teams (see sections C.4.2 and C.4.1)	
	2. Further development of our psychiatric liaison teams working within A&E and on the acute wards at our local acute hospital sites	2014/15
	3. Our section 75 arrangements: Social care workers are integrated within our mental health teams	Current
CAMHS and Children's and Young people's community health services (one directorate)	1. Integration of community health and mental health Looked after Children's (LAC) teams in Greenwich to deliver one holistic service for LAC	2014/15
	2. Establishment of a new neurodevelopment pathway and integration of our Bexley CAMHS and specialist community services to mirror the integrated pathway provided in Greenwich	2014/15
Adult Community Health Services	1. Delivery of the new Bexley MSK service integrated with acute services delivered by King's College NHS Foundation Trust to deliver a patient pathway from GP to community, consultant, surgical and rehab care.	2014/15
	2. Delivery of the programme of work for the Pioneer initiative (see section C.4.1)	2014/15 – 2015/16
	3. Further integration of the Bexley community health, social care, mental health and primary care teams (see section C.4.1)	2015/16
Learning Disabilities	1. The only LD team in Oxleas which is not integrated with social care is Bromley. We are undertaking TUPE of Bromley LD social care staff to Oxleas in order to fully integrate these teams under our management structure to deliver to core KPIs and an integrated pathway	2014/15
Forensic and Prison services	1. Delivery of personality disorder services for London Probation as part of a London wide consortium of providers	2014/15
	2. Delivery of primary and community health care into Medway prison and secure training centre as lead for a consortium of different providers including GPs, dental, pharmacy, podiatry etc.	2014/15
Human Resources	1. Delivery of new training programmes: Mental Health skills training for Community health clinicians and refresher physical health skills training for Mental Health Clinicians	2014/15
	2. Development of new terms and conditions for use in future joint ventures	2014/15
	3. Support for the development of new, enhanced roles and multi skilled teams as part of the evolution of fully integrated service provision	2014/15 and 2015/16
Estates and Facilities	1. Reconfigure estates to facilitate integrated team working. The first plan will be to deliver this within Greenwich (see section C.4.4)	2015/16
	2. Delivery of the QMH capital programme will facilitate all Bexley Children and young people's services being co-located at QMH to aid integration of mental health, universal and specialist children's services.	2015/16
Informatics	1. Development of a Clinical Portal overlay of all clinical systems across NHS providers and social care in Greenwich	2015/16
	2. Implementation of our new Electronic Patient Records system providing access to all record on the same instance of the system	2015/16

C.2.7 Redesign, innovation and Operational Plans to address future demand

To support our overall focus on demand and innovation we have established the following Operational Plans for delivery in 2014-16

	Oxleas' Priorities 2014 - 16	Operational Plan / Actions	Directorate Lead	Timescale (Year)
2.	**Promote Innovation: redesign services with patients, families and commissioners**			
2.1	Enable patients to access benefits of Patient Choice	2.1a All of our existing and new Greenwich CCG commissioned Adult and Children's Community health, Older People's and Adult mental health services to be available through Choose and Book*	Informatics & Service Directorates	2014/15
		2.1b All new services to be available to book through Choose and Book upon service start date	Informatics Directorate	2014/15
2.2	Promote self-management and self-care across services, including the use of tele-health / tele-care and physical aids equipment	2.2a Template circulated for all services to review and agree appropriate services for the implementation of new technology	Service Delivery Team	May 2014
		2.2b Each directorate to develop a plan for the introduction of self-management in at least two of their long term condition services	Service Directorates	September 2014
		2.2c Service Directorates to introduce and roll out self-management technologies into appropriate services such as FLO, Buddy and Skype	Service Directorates	2014/15 and 2015/16
2.3	Implement integrated care planning and care pathways for all services, including a named professional coordinating the care of those with complex needs, and through the Better Care Fund, integrate in relation to: • A patient's mental and physical health needs • Delivery of health and social care	2.3a Review and deliver to the aims of integrated Older People's services across mental and physical health within Bexley through the Better Care fund and integrated working internally.	Older People's & Adult Community	2014/15 and 2015/16
		2.3b Screening for anxiety and depression in place in all physical LTC services	Service Delivery Team	October 2014 /
		2.3c Establish a Primary Care Plus service through engagement with primary care and social care colleagues to effectively manage service demand in collaboration delivering high quality outcomes	Older People's Directorate leading	2014/15 and 2015/16
2.4	Extend working hours in all relevant mental and physical health community services	2.4a Establish a trust wide set of principles to guide the delivery of local consultations with staff	Human Resources	April 2014
		2.4b Each directorate to develop a clear plan for opening hours within their community based services	Service Directorates	October 2014
		2.4c Implement extended working hours across all relevant mental and physical health community services by redesigning working patterns	Service Directorates	April 2015
2.5	Continue our work on social inclusion through supporting user-led/Expert Patient initiatives (i.e. Recovery / Wellbeing colleges), focus on employment	2.5a Re-procure "Henri's" canteen and catering service within our medium secure unit (Bracton) as a third sector / patient led service to provide job opportunities and qualifications for service users*	Forensic and Prisons Directorate	2014/15 Start service 2015/16

* These plans have a risk rating of moderate in relation to risk of non-delivery. All other plans are low risk.

C.2.8 Main Plans to Promote Innovation which deliver Cost Improvements

As part of delivering to the operational requirements to manage growing demand for services we need to be creative and innovative in delivering increased capacity. Therefore alongside developments and the plans outlined above we have also established cost improvement plans to deliver efficiencies in service delivery.

	Promoting Innovation: Cost Improvement Plans	2014/15 Financial Impact	2015/16 Financial Impact
1	**Use of new technologies:** Implementation of innovative new technology such as I-Nurse, FLO text messaging for self-management, service user apps and Skype, digital-pens and digital dictation as well as video conferencing to reduce staff travel between bases will reduce spend on more out-dated ways of delivering service	Reduced spend of £75k	Reduced spend of £30k
2	**Integration of physical and mental health Looked After Children's services:** Through the establishment of the integrated children and young people's directorate we will establish one integrated Looked After Children's team to deliver a fully holistic approach and care plan to deliver to the mental and physical health needs of all looked after children working closely with social care.	Reduced spend of £59k	Reduced spend of £72k
3	**Management and team review and integration:** Through the use of new technologies in adult community health services and to fit with cross trust standards	Reduced spend of £85k	Reduced spend of £50k
4	**Others**		£127k
	Total	**£219k**	**£279k**

C.3 Productivity, efficiency and Cost Improvement Plans

Priority 3. Increase Productivity: be resilient and resourceful to thrive in difficult times

We are an organisation with a track record of delivering within our financial envelope and are in a strong financial position, having delivered our cost improvement plans in 2013/14 and been successful in opportunities to deliver new services. In the current climate it is absolutely necessary for us to remain focused on increasing productivity, and therefore delivering efficiencies, if we are to continue to be a sustainable healthcare provider now and in the future.

We have provided information on our cost improvement plans in each section of this plan to demonstrate how they align to our four priorities for 2014/15 and 2015/16. In this section, therefore we focus on those plans that specifically relate to increasing productivity. An overview of our main cost improvement plans across all areas can be seen throughout sections C1 to C4.

C.3.1 Our requirements to increase productivity and efficiency

If we are to continue to deliver high quality care and further improve on this, it is vital that we focus on productivity and efficiency plans which ensure the reduction in income we receive does not negatively impact on the services we deliver. We must ensure there is no waste in the way we utilise all of our resources supported through the use of innovative new ways of working as described above. It is important that we ensure our procurement systems, processes and contracts mean we provide value for money for all those items we purchase externally, as well as exploring various contracting options with commissioners and others.

Our staff survey for 2013/14 demonstrates that our staff continue to see us as a good place to work and to receive care. Focus on our vision and values, staff support mechanisms and improved performance management monitoring will aid us in delivering to our recruitment plans and enable us to maintain and expand our high performing workforce. The three main areas of focus in our operational plan to increase productivity are outlined here.

C.3.2 Monitor and improve productivity

In order to deliver effective care throughout the next two years and beyond we must deliver to the productivity challenge. The majority of our CIP plans for 2014 – 16 are to be delivered through productivity schemes, some built on the use of innovative new ways of working and other based purely on productivity plans. It is therefore vital that our key operational target in this element of our plan is to deliver our CIPs. These will be monitored through monthly finance meeting as well as full discussions with the whole executive team at our quarterly operational plan review meetings with each directorate.

In order to improve productivity we also need to have a more robust approach to monitoring the productivity of our services. We have already established a new electronic reporting system which will ensure new monitoring and reporting developments will be easily available (some within real time) to individual teams as well as at a Board and Executive level to enable rapid actions to be taken when services are struggling to deliver.

The new productivity report will become our organisational standard Key Performance Indicators and include:

- Care standards for caseload and contact levels for all professional staffing groups across each service area (already delivered for psychological therapies)
- Waiting time measures with standards expected for both external and internal waits for delivery of care interventions
- Delivery against contracted activity plans for each service area
- Delivery against appropriate Monitor governance indicators by services
- Financial position against budget and delivery of CIP requirements
- Key staffing measures to indicate full roster utilisation, vacancies, bank and agency use and sickness
- Delivery against must dos and other quality indicators in order to ensure productivity does not impact on the quality of service

Development of new measures and the new method of reporting in this joined up way will support us to benchmark teams internally, identify teams which require support and those delivering best practice. By reporting this breadth of measures together the aim is to provide an overview of team / service delivery which does not only focus on one element of performance without taking into account the related impacts upon our other key requirements.

Alongside the above reporting and monitoring mechanisms we will also take part in the NHS Benchmarking Club submissions in 2014/15 and 2015/16 in order to assess our performance against other trusts nationally.

In addition we have recognised the need to improve our procurement processes to allow staff more direct access to order equipment through an Amazon style ordering portal ensuring our procurement service delivers in line with clinical and service user requirements.

C.3.3 Implement our Marketing Strategy

Delivering productivity requires us to have a robust communications and marketing strategy in order to ensure potential staff are aware of Oxleas as an employer of choice. As patient choice comes to the forefront for all health services we need to be assured that the information we provide to

patients and their carers as well as our local population demonstrates the services we deliver and our position as a provider of excellent and innovative services. We will need to demonstrate why we are different and our approach to care through our vision and values as an organisation.

Service users and their carers are key stakeholders in our delivery of care, however it is not only this group of stakeholders whom we need to engage with in the development of our service developments, vision and plans. It is vital that we continue to improve our engagement with GPs, our CCGs, L.As, acute provider trusts, NHS England and third sector organisations. As an organisation it is now more important than ever that we work in a way which overlaps with and supports the aims of the whole health economy. The financial challenge requires us to work in partnership to come up with the best solutions for redesigning services, integrating care and amalgamating patient pathways which are easy to navigate and reduce duplication of work. We need to be understood as a partner in meeting these goals as well as a key player able to deliver to opportunities created by newly tendered services.

In order to meet the challenges over the next two years we will work with our commissioners to support new contracting arrangements where these allow for improved commissioning of services which deliver to quality requirements whist also delivering a focus on value for money. We are in the process of entering into a number of Prime Contractor contracting relationships to aid commissioning of whole pathway approaches to the care of particular conditions such as MSK and Cardiac.

C.3.4 Remaining competitive (Value for money)

We must be able to deliver value for money through all of the care services we provide.

In order to deliver services to a high standard and ensure optimum effectiveness and efficiency we need to have a high calibre workforce. We have a number of areas within the workforce where recruitment has been difficult and it is essential will fill our vacancies with dedicated, high quality members of permanent staff in order to encourage team working and embed our values and vision. In order for us to deliver care underpinned by our values and ethos we must be more careful in our selection and recruitment of staff. In 2013/14 we have already implemented competency testing however we want to roll this forward. In 2014/15 and 2015/16 we will be piloting and rolling out the use of on-line competency based recruitment tools which also allow us to assess whether candidates have an approach to care delivery that maps to our values and ethos.

Alongside employing the best candidates through recruitment we also plan to embed a more systematic and evidence based approach to our performance management framework. Delivery against clear objectives as well as key performance indicators will be integrated with an approach which utilises feedback received by patients and carers as well as colleagues regarding each member of staff's aptitude, skills and ability to develop positive relationships with service users in order to support their recovery and provide to their specific care needs.

We are also examining the use of joint ventures and consortium based entities in order to support integration across providers, especially with the third sector and voluntary providers in response to new service tenders. This will aid us to ensure we can deliver value for money through examining the use of different terms and conditions.

C.3.5 Operational Plans to "Increase Productivity"

To support our overall focus on productivity we have established the following Operational Plans for delivery in 2014-16

	Oxleas' Priorities 2014 - 16	Operational Plan / Actions	Directorate Lead	Timescale (Year)
3.	**Increase Productivity: be resilient and resourceful to thrive in difficult times**			
3.1	Monitor and improve productivity: • Develop a regular productivity report for the Executive, including cost and service levels • Improve procurement processes • Introduce more systematic benchmarking • Achieve our CIPs	3.1a Develop a regular productivity report for the Executive, including cost and service levels	Service Delivery Team	2014/15
		3.1b Improve procurement processes and implement an Amazon style ordering system to be in place for all standard ordering as overseen by the Trust Procurement Group	Finance	March 2015
		3.1c Introduce more systematic benchmarking processes through internal care standards development and taking part in national benchmarking at a member of the Benchmarking Club	Service Delivery Team	October 2014 onwards
		3.1d Deliver in line with all of our CIPs, monitored monthly and reviewed at our quarterly Operational Plan Review meetings chaired by our Chief Executive	All Directorates	2014/15 and 2015/16
3.2	Implement our marketing strategy: • Ensure our values are visible and understandable • Implement a stakeholder management strategy • Develop different contractual frameworks with commissioners	3.2a Develop our website and publications focusing on our values and service specific website portals with information for groups of service users	Service Delivery Team	2014/15
		3.2b Enhance our stakeholder management strategy with a key focus on our relationships with forensic and prison commissioners building on our successes in 2013/14	Service Delivery Team	2014/15
		3.2c Work with commissioners and within tender processes to support the use of new contractual frameworks which best support our delivery of service requirements i.e. for integrated services	Finance & Service Directorates	2014/15 and 2015/16
3.3	Ensure we remain competitive through establishing: • Competitive terms and conditions • Effective performance management • Effective recruitment processes • High levels of staff satisfaction	3.3a Complete costing options for alternative terms and conditions for potential joint venture opportunities	Human Resources	October 2014
		3.3b Implement a new performance management framework into each directorate, monitored through quarterly Operational Plan review meetings	Service Directorates	October 2014
		3.3c Introduction of on-line competency testing within recruitment to assess applicants clinical and non-clinical skills and knowledge in addition to their ability to demonstrate the trust's values and ethos	Human Resources	2014/15 Implement Q1 2015/16
		3.3d Introduce and monitor the response of staff to the Friends and Family test to enhance our approach to partnership working and staff engagement	Human Resources & All	April 2014 onwards
3.4	Ensure new staff are recruited to plan, into the expanded health visiting service	3.4a Continue to recruit to Health visiting posts in line with our trajectory and promote Oxleas as an attractive destination for Health Visitor students qualifying over the next two years in order to fill all posts	Human Resources	2014/15 and 2015/16

All plans in the above table are risk rated as Low risk in relation to risk of non-delivery.

C.3.6 Main Plans to Increase Productivity which deliver Cost Improvements

Many of our Cost Improvement Plans for 2014-16 are aligned to delivering productivity. Main plans are highlighted in this table. It should be noted that many of the innovation initiatives in section C.2 contribute to the delivery of these productivity based CIPs included here.

	Increasing Productivity: Cost Improvement Plans	2014/15 Financial Impact	2015/16 Financial Impact
1	**Efficient rostering for Intermediate Care Wards:** Establish a system of one hour hand overs between shifts rather than three hour hand overs – Clinical risk assessment confirms this will deliver continue to deliver high quality and effective services	Reduced spend of £78k	Reduced spend of £283k
2	**Closure of nine Bromley Adult mental health acute inpatient beds:** Reduced requirements for acute inpatient beds in Bromley will allow us to reduce bed numbers facilitating savings required by the Bromley CCG	N/A	Reduced spend of £900k
3	**Closure of an Adult mental health Rehabilitation Unit:** Review of service users within all rehab units to establish their on-going requirements and rehab needs in order to ensure effective move on into more appropriate services	Reduced spend of £700k	N/A
4	**Increase capacity and productivity in specialist Learning disability units:** Establish space for a further bed for external purchase within our excellent Learning Disability services and establish a business case for a learning disability step down facility with Greenwich CCG	Income £396k	N/A
5	**Review of Greenwich Specialist Children's services:** Improving productivity with the workforce through the use of new technologies and review of team structures	Reduced spend of £81k	N/A
6	**Adult Community Services schemes**: Implementation of a team structure review, alongside non-pay efficiencies and delivery of new pathways of care	Reduced spend of £611k	Reduced spend of £479k
7	**Children & Young People's Services schemes**: Implementation of a team structure review, alongside non-pay efficiencies	Reduced spend of £910k	Reduced spend of £605k
8	**Forensic Services schemes**: Delivery of a new business margin, the forensic lead payment reduction, alongside non-pay efficiencies	Reduced spend of £753k	Reduced spend of £20k
9	**Others**	£793k	£2,565k
	Total	**£4,322k**	**£4,852k**

C.3.7 Our Workforce Strategy to support productivity

Ensuring the most efficient use of the workforce will be a key measure in delivering higher levels of productivity and flexibility without impacting on the quality of care provided. The utilisation of new technologies will inevitably require the development of new roles and ways of working to fully capitalise on the benefits from these tools.

Increasing competition from private and third sector organisations for community and mental health services will require Oxleas to utilise the full flexibilities allowed to it under agenda for change in order to be able to successfully bid for new contracts and retain existing ones. 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.

In the next three years we will:

- Fully embed E-rostering and extend it to cover all medical staff ensuring our workforce is used as efficiently as possible and agency and bank usage is minimised

- Maximise the use of on-line technology to improve the quality and speed of recruitment assessments and processes
- Maximise the use of E-Learning to support both clinical and managerial development
- Develop profession based workforce plans to assist and support the development of care pathways
- Implement job planning and activity management for all Allied Health professionals (already implemented within psychology)
- Work with professions and service directorates to ensure that job planning is used to enhance productivity and performance
- Work with Nursing to review and assess skill mix and nursing establishments across the trust with particular reference to the National Quality Boards staffing guidance recommendations
- Develop and target training programmes to support individual staff to enhance their skills to meet the new requirements of the service
- Support the implementation and development of roles and teams to utilise new technologies for remote working and care.
- Work with professions and service directorates to develop proactive recruitment plans to address areas of staff shortage in substantive and bank staff

C.4 Transformational Change

Priority 4. Transformational Change: delivering best practice services, for the future, today

In 2013/14 our fourth strategic priority was to 'Implement the TSA Plan' in line with the dissolution of South London Healthcare Trust (SLHT). Our key deliverables were the transfer of Queen Mary's Hospital to Oxleas, involvement and delivery of community care transformation plans and relocation of Bromley's acute mental health services. Having reviewed these deliverables, we have expanded upon this element of our priorities for 2014/15 and 2015/16 as we recognise that we are also undertaking other programmes of transformational change alongside those previously highlighted. These fit in line with local commissioner priorities and specific elements of delivering to the six transformational service models defined through 'A Call to Action' which will transform NHS services within the next five years.

The following section covers the main areas of transformational change that we are delivering over the next two years.

C.4.1 Greenwich Pioneer site and embedding learning

In 2011 we pooled resources with the Royal Borough of Greenwich to establish integrated health and social care teams consisting of therapists, other health care professionals and social care staff with shared management arrangements and a new streamlined pathway with shared aims and outcomes. The co-located teams facilitated acute admission avoidance, reduced acute length of stay and allowed effective use of re-ablement services and Intermediate care beds for older frail adults and older people with complex needs. The cost of care packages and number of referrals to residential care reduced by over £900k in the first year of operation. The number of avoided admissions has continued to increase year on year and the co-ordinated approach to care has enabled better outcomes for patients, including improved quality of life as people continue to be able to live in their own home.

We have learnt from our initial integrated teams, and further national and local research into the needs of our population, particularly in relation to the needs of adults with co-morbidities between long term conditions and mental health. We have now developed a partnership of organisations which constitute 'Greenwich Co-ordinated Care (GCC) including ourselves and:

- The Royal Borough of Greenwich
- NHS Greenwich Clinical Commissioning Group
- Greenwich Action for Voluntary Services
- Healthwatch
- Lewisham and Greenwich NHS Trust and
- Greenwich NHS General Practices

Together, Greenwich Co-ordinated Care has further developed our model of integrated care for adults in Greenwich. This model brings together staff and expertise from across the partner organisations around four GP clusters across the borough (neighbourhood clusters). GPs will utilise risk stratification systems to identify patients within their practice who would benefit from an integrated MDT approach to care from all of the agencies available to provide this. Patients and carers will be assessed by the team, enabling the development of a multi-agency facilitated care plan of effective joined up interventions, with oversight and responsibility being undertaken for all care by the most appropriate Lead Professional / Care Navigator. The Health and Wellbeing Board is committed to supporting this system and the continued development of a fully integrated system, based on transparency and openness that stands up to scrutiny and market testing.

The new model is being undertaken within one GP cluster locality and over the next two years our plans will be informed by this test and learn site to roll the most effective service model out across the borough of Greenwich in 2014/15 and 2015/16 delivering person-centred co-ordinated care. Our learning from Greenwich will also influence the further development of our integrated health and social care teams which were established in Bexley in 2013/14. These services have established shared management systems and integrated care pathways through health and social care for older people in Bexley.

C.4.2 Mental Health transformational redesign programme

At the beginning of 2013/14 we began a large programme of work to examine our current adult and older people's mental health services. The main aims of this programme are to establish an agreed redesign plan for these services, in order to meet the challenge to maintain quality of services whilst at the same time ensure these services can be delivered within a significantly reduced financial envelope over the next 3 – 5 years. During 2013/14 we have engaged with commissioners to ensure they not only support this work but can lead this process alongside us. We have engaged our clinical and managerial staff in a review of our current practice, activity and outcomes and investigation into alternative service configurations elsewhere for mental health services.

The review work undertaken in 2013/14 has enabled us to begin to build our plan for service redesign and engage our teams in a small number of pilots investigating the outcomes we could achieve through embedding new mechanisms in service delivery. In 2014/15 we will pilot the CAPA methodology in the way we undertake assessments for referrals into mental health services and care planning in partnership with service users and their carers. This will lead to referrals coming through a central point with service users offered a range of intervention options to support their specific mental health needs once assessment is complete. We will jointly agree the services we can provide and the outcomes expected with service users. The aim of this is to manage demand and improve the quality of care planning. Care Plans will link into four distinct treatment pathways:

- Dementia
- Psychosis
- Affective Disorders
- Personality Disorders

In addition, we will be establishing a service which focuses on the care of those with mental health needs within primary care, bridging the gap between primary and secondary care mental health services and enabling service users who are stable to access the care they need within primary

care. We are engaging with GP locality groups to try to understand their perspective in order to agree how this will be delivered as a Primary Care Plus model.

We aim to facilitate the co-ordination of mental health care around GP locality clusters, as is being done in our community health services. This will ensure real integration of physical and mental health with social care, third sector and primary care supporting those patients with cross service needs to receive integrated care in line with our Pioneer site in Greenwich.

C.4.3 Implementing transformation of Queen Mary's Hospital (QMH)

Within the ambitious estates programme we expect to see the following major developments over the next three years:

- A brand new kidney treatment unit, replacing the current temporary provision, providing local facilities to patients requiring dialysis and other renal services provided by Guy's and St Thomas' NHS Foundation Trust
- Redeveloped main outpatients, diagnostics and urgent care centre, facilitating the co-location of all walk-in services on the site
- A new cancer treatment centre on the site, meaning that local people will not have to travel to London or into Kent to receive radiotherapy treatment, delivered by Guy's and St Thomas' NHS Foundation Trust
- Development of a new, modern theatre suite, ensuring sufficient capacity for the delivery of day case surgery aligned to the requirements of the TSA Report
- Significant investment in the site infrastructure, improving areas such as ventilation and heating and reducing energy wastage to provide site sustainability, reduce costs and safeguard the continuity of service at QMH
- Major refurbishment throughout the site, with consideration given to improving the experience of patients and visitors using new technologies and better design:
  - Introduction of wireless internet access for patients, carers and staff
  - Improving accessible information for patients and visitors through new technology
  - Improving registration for out-patient attendees, reducing duplication and waits

The plans aim to:

- Maximise the use of the retained buildings
- Provide fit for purpose accommodation
- Reduce backlog maintenance
- Remove surplus buildings
- Co-locate and integrate services

We believe that Queen Mary's provides an excellent opportunity to integrate services, particularly those that treat both mind and body. To this end, we intend to create a dedicated children's unit to include physical, therapeutic and mental health services. In addition, we plan to provide a hub for services for older people, particularly focusing on enabling people to live as independently as possible.

We have set budgets for QMH services for the new two years, in line with our financial model. Whilst these include significant budget reductions, we have not included these within our CIP target. The QMH budgets are monitored by the QMH project board which is overseen by the Business Committee, chaired by our Trust Chair as a sub-group of our Trust Board.

C.4.4 Transforming our Estate

The Trust operates from a significant number of sites across three boroughs. To facilitate the delivery of integrated services; to support a more locality focussed model for some services and to generate CIPs, we are reviewing the sites from which services are delivered and teams are based in order to reduce the number but further improve the quality of the estate.

The objective is to create more flexible accommodation that is suitable for the delivery of a wide range of services thus maximising utilisation, and better positioning ourselves to respond to changes in commissioning.

The initial focus has been on Greenwich Community Services, where there are a greater number of properties. This work is most advanced, with implementation planned to commence in 2014/15. The focus incorporates facilitation of co-located mental and physical health as well as social care and primary care services. This delivers to our internal plans but has also involved working with partners in the LHE to align services together, thus reducing multiple visit requirements by service users and carers as well as more streamlined holistic care pathways. A similar exercise will be undertaken in Bexley Community and across Mental Health Services in all three boroughs in 2014/15 and 2015/16.

These estate plans interlink with specific service directorate development plans and CIPs such as:

- the reduction and co-location of Older People's acute mental health wards and extended community services
- the redesign of Adult mental health facilities bringing all acute beds onto two sites rather than three, closure of one of our rehabilitation units through more appropriate move on of service users no longer needing these facilities and bringing together community referral and assessment processes
- Greenwich community health service development plans and further integration of physical and social care service locations supporting whole team working through colocation

The estates strategy also supports the IT strategy, in particular the expanded use of new technologies as noted in our innovation plans. New technologies and opportunities for remote working reduce the need for team accommodation as they facilitate a more flexible, hot desking type arrangement with people having a reduced need to return to base. Not only does this facilitate productivity but it also allows further consolidation of estates.

C.4.5 Operational Plans to deliver "Transformational Change"

To support our overall on transformational change we have established the following Operational Plans for delivery in 2014-16

	Oxleas' Priorities 2014 - 16	Operational Plan / Actions	Directorate Lead	Timescale (Year)
4.	**Transformational Change: Delivering best practice services, for the future, today**			
4.1	Implement the Pioneer initiative in Greenwich and transfer learning to Bexley.	4.1a Evaluation of the affordability and cost effectiveness of the Greenwich Pioneer care navigation system will inform the extension from the test and learn site across Greenwich. This will establish four neighbourhood clusters in geographical patches around GP teams, engaging primary care and mental health services*	Adult Community Directorate aligned to GCC	2014/15
		4.1b Utilise learning to establish co-ordinated care, wrapped around health and wellbeing hub clusters of GPs in Bexley maximising care for older people identified through risk stratification*	Adult Community Directorate with Bexley Better Care Fund Board	2014/15
		4.1c An integrated IT portal will be implemented in Greenwich to enable intra-operability between primary, community, acute, mental health and social care*	Informatics Directorate & Service Directorate led by Greenwich CCG	2015/16
4.2	Implement the mental health redesign programme in our adult and older person's mental health services.	Implementation of the single point of referral utilising CAPA methodology in at least one borough for access to mental health services*	Adult and Older People's Mental Health Directorates	October 2014
		Introduce Primary Care Plus and reconfigure services along the four treatment pathways*	Adult and Older People's Mental Health Directorates	2015/16
4.3	Agree and implement the QMH development control plan.	4.3a Delivery of site revenue cost reductions in line with business case (hard and soft facilities management through re-tendering)	Estates and Facilities Directorate	March 2015
		4.3b Delivery of major capital development schemes in line with the business case including: • Cancer Treatment Centre • Kidney Treatment Centre • Children's Centre	Estates and Facilities Directorate	By December 2015
4.4	Develop an estates strategy to underpin the delivery of integrated services and optimise the use of our estate for service delivery and team accommodation.	4.4a Agree a community services estate strategy with Greenwich CCG	Service Delivery Team	May 2014
		4.4b Greenwich community services estate strategy implementation plan to be presented to our Executive	Estates and facilities	October 2014
		4.4c Deliver the estate strategy in line with exec approval and Greenwich CCG	Estates and Facilities	January 2015 – March 2016

* These plans have a risk rating of medium in relation to risk of non-delivery. All other plans are low risk.

C.4.6 Main Plans to deliver Transformational Change which deliver Cost Improvements

Aligned to our priority to deliver transformational change are the following CIPs:

	Transformational Change: Cost Improvement Plans	2014/15 Financial Impact	2015/16 Financial Impact
1	**Estates:** rent, rates, utilities	Reduced spend of £484k	Reduced spend of £69k
2	**Adult Mental Health:** Move of our acute inpatient services alongside hone treatment and crisis support to two inpatient sites rather than the current three sites	Reduced spend of £38k	Reduced spend of £113k
3	**Adult Mental Health:** Delivery of the mental health redesign programme including the implementation of a single point of access, utilisation of a model similar to CAPA, extending the working hours of community teams, supported self-care and integrated care	Reduced spend of £350k	Reduced spend of £500k
4	Others		£507k
	Total	**£872k**	**£1,189k**

C.4.7 Workforce developments to support delivery of Transformational change

The significant amount of transformational change will mean that we will need to continue to evolve and encourage an organisational culture that is resilient and adaptable to change. We need a culture which encourages confidence 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 within the trust will be one of the key means by which the desired organisational culture above will be created and maintained. Leaders modelling behaviours and the creation of an open environment in which staff feel trusted and 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.

Our recruitment plans and managerial development plans for 2014/15 aim to deliver to this need alongside work undertaken with specific professional groups in planning development of their roles for the future.

D. Our Financial Plan 2014 - 16

D.1 Our financial challenge

As an organisation we are in a strong position from a financial perspective. We have a history of delivering our financial targets and 2013/14 was no exception, with the overall CIPs target delivered in full, and the Trust holding significant cash balances. However, there is no room for complacency.

Our most significant financial challenge is maintaining clinical quality at a time of shrinking resources. We are developing programmes of work to deliver the year on year national efficiency requirements, in conjunction with our commissioners. We are also working with them to see how we can help them meet their financial challenges; these ranges from discussions around further local efficiencies, to helping them reduce spend on other budget lines, and to supporting them reduce acute A&E admissions.

We are confident that we will achieve financial balance in the next 2 years, as we have identified the majority of the schemes to deliver our CIP targets over this period. Clinical buy-in and oversight are critical to the safe delivery of these plans, and we have strengthened our processes in this regard. These are set out in section C.1.10.

D.2 Financial Risks

Our main financial risks can be summarised as follows:

Category of risk	Description of risk (including timing)	Potential impact	Mitigating actions / contingency plans in place	How Trust Board will monitor residual concerns
Delivering CIP programme in 14/15 and beyond	The Trust's CIP target for 14/15 is £6.4m. The trust is confident of achieving this target but it is very likely that the future levels of CIP will be significantly more challenging (approximately £8m in 15/16). There is a risk that if it is not delivered the Trust will not meet its plan and a stable financial base will be compromised.	The impact of this would be that the Trust does not deliver its financial plans.	The Trust has strong governance arrangements in place to identify and monitor CIPs. Clinical staff are engaged in this process and understand why the Trust is required to deliver CIP. The Trust is also further strengthening relations with key commissioners in order to attempt to minimise the level of contract reductions. The Trust is trying to foster partnerships with CCGs and with this should bring a greater understanding of our services, their resource levels, the impact on the wider health economy, and hence the impact of applying local efficiencies.	Close monitoring by the Executive Board, the Business Committee, and the Board of Directors.
Investment programmes do not deliver savings	The Trust is investing significant resources into projects that will deliver future savings. There is a risk that these schemes will not deliver the anticipated savings	The Trust will not meet its savings targets and will not remain financially stable	For the major items of investment, project plans have been developed and progress against the plans and key metrics will be reported to the Board. If the plans are not on track we will seek to understand what can be done to get back on track.	Executive Board to monitor, with updates to the Trust Board via the Business Committee
Shift to a competitive market environment	There is a risk that the Trust commissioners will put more services out to tender and the Trust will not be able to defend these contracts. We are always keen to develop innovative service models, sometimes in partnership with other organisations. However the Board is clear that it will not compromise on the	The impact would be a reduction in the services that the Trust provides and a corresponding loss of income. Commissioners have indicated that the following services will be put out to tender: • Greenwich children services (11m, 14/15) • Bexley Urgent	The trust is working closely with existing commissioners to demonstrate that the services that we provide are of a high quality; and that if the quality was reduced there would be a significant impact on the rest of the local health economy. The Trust has established working groups in order to prepare for the tenders prior to them coming out. If the Trust were to lose any of the contracts it is expected that staff would be eligible for TUPE to the new provider – which significantly reduces the	The Board will monitor this issue through the Marketing group and Business Committee.

Category of risk	Description of risk (including timing)	Potential impact	Mitigating actions / contingency plans in place	How Trust Board will monitor residual concerns
	quality of services offered – which may mean that we are unable to match the lowest price.	Care centre (£3m, currently in process) • Bexley District Nursing (£4.9m, 14/15)	financial risk to the Trust.	

D.3 Our Cash Releasing Efficiency Plans (CIPs)

The Trust had a savings target of £6.7m for 13/14, which includes savings required due to reductions in contract values, as well as internal efficiencies. CIP's to the value of £6.7m full year effect were identified and implemented.

The CIP targets for 2014/15 and 2015/16 are expected to be approximately £6.4m and £8.0m respectively, and the major schemes are set in our more detail in this document.

There are few 'easy' CIPs anymore, so the large majority of our CIPs require significant process changes or re-design of clinical pathways. The major schemes over the coming two years are:

	CIP Themes	2014/15 Financial Impact	2015/16 Financial Impact
1	Enhance Quality: Ensuring excellence for every patient	£974k	£1,680k
2	Promote Innovation: Redesign services with patients, families and commissioners	£219k	£279k
3	Increase Productivity: Be resilient and resourceful to thrive in difficult times	£4,322k	£4,852k
4	Transformational Change: Delivering best practice services, for the future, today	£872k	£1,189k
	Total	**£6,387k**	**£8,000k**

These are set out in further detail in earlier sections of this document.

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 is supported through three main sources of investment:

- Non-recurrent investment funds
- Investment in new technologies and IT infrastructure and systems
- Investment in estates and facilities to support changes in delivering services

Investment in new technologies and IT infrastructure and systems

Over £5m of capital has been allocated over the next 2 years to improve our IT infrastructure. In 2012/13, we created a new director level post, Director of Informatics, in order to drive forward the IT agenda.

This has involved leading on the procurement of the new clinical system, development of live information dashboards; and stepping up the introduction of new technologies into the workplace; all of which 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 £42.3m over the next two years to maintain and improve our estate (including 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. Our Financial Plan 2014 - 16

E.1 Financial Plan Summary

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.

We are planning to maintain a continuity of service risk rating of 4 over the coming two years. However, our Board has taken the decision to reduce our planned level of underlying surplus from £3m (1.4%) to £2m (0.9%) for 2014/15 and beyond in order to keep the CIP target relatively low and ensure that as much resource is invested in front line services as possible.

We have a strong balance sheet with a healthy cash position; therefore there is no internal requirement for us to deliver high surpluses as we already have sufficient capital to meet our requirements over the coming 5 years.

For 2014/15, this translates into an efficiency target of approximately £6.4m. In future years, our planning assumptions are based on delivering national efficiencies of 1.8% and meeting local efficiency requirements. The Board is determined to maintain financial control across Oxleas, to deliver the Income & Expenditure (I&E) plan, and to ensure that recurrent CIPs are found.

A summary of our I&E is set out below:

£m	**Forecast Out-turn 13/14**	**Annual Plan 14/15**	**Annual Plan 15/16**
Activity Income - Fixed	175.3	184.1	179.6
Activity Income - Variable	19.4	18.7	19.4
Education, Training, Research & Other	14.6	22.6	22.9
Operating Income	209.3	225.5	221.9
Pay Expenditure	-148.5	-156.6	-155.4
Non-Pay Expenditure	-51.8	-60.4	-57.8
Operating Expenditure	-200.3	-217.0	-213.2
EBITDA	**8.9**	**8.5**	**8.7**
EBITDA %	***4.3%***	***3.8%***	***3.9%***
Depreciation	-2.6	-2.7	-2.6

Interest Income	0.3	0.2	0.2
Dividends and Other	-3.6	-3.9	-4.2
Underlying Surplus	**3.0**	**2.0**	**2.0**
I&E Surplus %	***1.4%***	***0.9%***	***0.9%***
Impairments	-11.6	-8.2	-11.0
Gain on QMS transfer	22.8		
Total Comprehensive Surplus / (Deficit)	**13.8**	**-6.2**	**-9.0**

A summary of our balance sheet is set out below:

	Actual	Outturn	Plan	Plan
£m	**12/13**	**13/14**	**14/15**	**15/16**
Land, Buildings & equipment	89.3	112.4	123.0	129.8
Intangible assets	0.0	0.0	2.5	3.3
Trade & other receivables (>1yr)	0.0	0.3	0.3	0.3
Non-current assets	**89.3**	**112.7**	**125.8**	**133.3**
Stocks	0.1	0.2	0.2	0.2
Trade & other receivables (<1yr)	6.1	13.2	15.3	19.6
Cash & cash equivalents	82.8	84.1	76.3	63.2
Current assets	**89.0**	**97.5**	**91.8**	**83.0**
Creditors (<1yr)	-31.7	-32.9	-39.0	-38.7
Provisions (<1yr)	-10.1	-11.5	-9.0	-7.0
Current liabilities	**-41.8**	**-44.4**	**-48.0**	**-45.7**
Creditors (>1yr)	-6.8	-10.8	-10.8	-10.8
Provisions (>1yr)	-0.9	-2.0	-1.9	-1.8
Non-current liabilities	**-7.6**	**-12.8**	**-12.7**	**-12.7**
Net assets	**128.8**	**153.0**	**156.8**	**158.0**
Public Dividend Capital	-67.7	-67.9	-78.1	-88.5
Revaluation Reserve	-35.8	-41.8	-41.8	-41.8
Income & Expenditure Reserve	-24.0	-41.9	-35.6	-26.4
Other reserves	-1.4	-1.4	-1.4	-1.4
Total taxpayers' equity	**-128.8**	**-153.0**	**-156.8**	**-158.0**

This reflects the transfer of community health properties from PCTs to Oxleas in 2013/14, as well as the transfer of Queen Mary's. Cash balances are forecast to remain very healthy but to decrease to £63.2m by the end of 2015/16.

E.2 Income and alignment with commissioning plans

The principal driver of our income relates to the commissioning of mental health, community and specialist services by Greenwich CCG, Bexley CCG, Bromley CCG and NHS England. Non-NHS income is predominantly made up by funding from Greenwich, Bexley and Bromley councils, as a

result of our pooled budget arrangements which allow the provision of integrated health and social care services. The 2014/15 income breakdown by our key commissioners is as follows:

Commissioner	%
Greenwich CCG	34
Bexley CCG	21
Bromley CCG	16
NHS England	17
Local Authorities	5
Other	7
TOTAL	**100**

The majority of current services are delivered via block contract arrangements. Financial envelopes for all major contracts have been agreed with commissioners, the only exception being the NHS England forensic contract, where negotiations have almost concluded. Therefore we are confident of the income that we will receive in 2014/15.

We have also agreed financial envelopes with Greenwich CCG and Bromley CCG for 2015/16; which helps us plan with greater certainty. We have been working closely with all of our commissioners to understand and influence their plans; so we can develop services in partnership. We are reasonably confident of our income projections over the coming years, with the exception of our Bexley mental health contract where we have started to discuss the future shape of mental health service provision in the borough; which may lead to a significant reduction in income / mental health resource.

In 2015/16 we have assumed an income reduction of 1.8% national efficiencies and £2.7m of local efficiencies.

We have included the full year effect of the following Queen Mary's (£7.6m), Bexley Specialist Children's Services (£1.9m) and Bexley integrated services (£2m). In addition we have secured new services of £8.6m including Bexley MSK, Secondment of LD staff, Medway prisons and London Probation Partnership income. We have excluded income from the Bexley Urgent Care Centre (£1.8m), as this contract is currently being tendered.

The increased market competition and range and diversity of competitors represent a risk to our income and strengthen the bargaining power of commissioners.

E.3 Costs

2014/15 pay costs, representing around 72% of our operating expenditure budget have been calculated factoring in individual staff banding, scale point, increment date, superannuation costs and any additional allowances received. Non-pay inflation for 2014/15 has been applied on a line by line basis in line with the non-pay contracts that we have in place.

Pay and non-pay inflation assumptions for 2015/16 are as follows:

Financial Year	2015/16
Pay	2.0%
Non-Pay	2.4%

The inflation assumptions are factored into the overall efficiency requirements in 2015/16. The delivery of our CIP programmes, documented in other sections of this document, is key to us operating within the resources available to us.

E.4 Capital Plans

We continue to develop our estate to meet the needs of patients by ensuring facilities are safe, maintaining and improving the quality of the environment, ensuring efficient use of buildings, and enabling the development of services.

Services are provided from high quality and well maintained estate, with minimal backlog maintenance as properties are maintained and upgraded as the work is required.

There will continue to be a focus on maximising the use of Trust properties and sites to drive efficiency; supported by an on-going programme of estate review and re-organisation to enable the disposal of smaller and less functionally appropriate properties, and consolidation and co-location of services to enable integrated service delivery .

In addition to estates capital plans Oxleas also has in place capital plans required to improve informatics infrastructure and technology.

Capital Plan Summary	Plan 2014/15	Plan 2015/16
	£m	£m
QMS project (incl. Cancer Treatment Centre)	12.7	13.6
Children & Young Peoples' project	2.7	0.6
Rio Project	2.5	1.0
Adult Community	1.1	1.0
Adult Mental Health & Learning Disabilities	1.0	1.1
Other capital projects	2.8	2.2
Total Capital Investment Plan	**22.8**	**19.5**

D.5 Liquidity and cash investment strategy

We are forecasting cash of £84.1m at the end of the 2013/14 financial year, so we do not have any immediate concerns regarding liquidity. We have spent time developing investment plans as described above, in order to put our cash resources to best effect.

Our liquidity forecasts are summarised in the table below:

	2013/14	2014/15	2015/16
Liquidity (days)	89	61	58
Closing cash balance (£m)	84.1	76.3	63.2

The Board has considered its cash investment strategy over the next 5 years and has created the following funds:

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*
Organisational development	£5m	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 2 years.*
Estates improvement	£40m - £45m	To fund improvements in the trust's estates – to include potential reconfiguration of inpatient beds and redevelopment of the QMS campus. *Timescale: likely to be drawn down over next 5 years*

D.6 Downside model and mitigations

As mentioned elsewhere in this document, the Trust is keen to ensure that the maximum possible resource is put into front line clinical services. With this goal in mind, and in the knowledge that the Trust has a very strong cash position, the Trust has set a budget with modest levels of contingency.

Contingency

We have included a 0.5% recurrent contingency in our plans. We are confident that, with the majority of the income already agreed, and CIP targets identified, we will achieve our financial plans in 2014/15.

Should we fall behind on CIP delivery, we are confident that there would be scope to make non-recurrent savings/ use non-recurrent resource to manage the gap. Thus far, we have not needed to make non-recurrent savings so there would be scope to consider short term measures that could deliver savings while more sustainable savings projects are implemented.

Local efficiencies and decommissioning of services

Whilst we have agreed financial envelopes with two of our main commissioners that span 2014/15 and 2015/16, it is possible that our other commissioners may look to take out a level of local efficiencies that we would find difficult to deliver. Our plan is to maintain the strong relationships that we have developed with our commissioners and to ensure that they understand the clinical and financial value that our services offer.

If presented with significant local efficiencies, we would seek to work in partnership with them to ensure that they were fully aware on the clinical impact of their decisions; and to ensure that our contracts reflected the new services/ service levels being commissioned.

We would continue to work with them to suggest ways that we can help the whole health system work more efficiently, by investing in new services that would reduce the number of hospital admissions.

Tendering

In addition to our strategic developments to integrate and expand the services we deliver, as documented above, we also have in place robust strategic plans to defend our continued delivery of some of our key services which will be put out for tender in the next two years. We are already aware that the following main services will be tendered:

- Greenwich children's services (during 2014/15)
- Bexley district nursing (2014/15)

Prior to a service being tendered out, we set up a project group to undertake work to assure our bid delivers the best quality services in the most productive way; ensuring an approach that delivers integrated care and innovative ways of delivering care out of hospital and reduces acute service resource requirements.

We have learnt through our experience in bidding for services that it is absolutely necessary to be as prepared as possible including investigation into partnerships which can deliver improvements in the overall delivery of services, bringing expertise of different health professionals together.

However, should we be unsuccessful in defending these tenders, TUPE would apply which would mean that the staff who directly deliver the services would transfer to the new provider of the services; which would limit our financial risk.

D.7 Risk Ratings

We are planning on a continuity of services rating of 4 over the coming 2 years. This consists of the following:

	14/15 Q1	14/15 Q2	14/15 Q3	14/15 Q4	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Capital Service Cover Rating	3	3	3	3	3	3	3	3
Liquidity of Service Risk Rating	4	4	4	4	4	4	4	4
Continuity of Service Risk Rating	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**