Pennine Care NHS
NHS Foundation Trust

Operational Plan Document for 2014-16

Pennine Care NHS Foundation Trust

Operational Plan Guidance – Annual Plan Review 2014-15

The cover sheet and following pages constitute operational plan submission which forms part of Monitor's 2014/15 Annual Plan Review

The operational plan commentary must cover the two year period for 2014/15 and 2015/16. Guidance and detailed requirements on the completion of this section of the template are outlined in section 4 of the APR guidance.

Annual plan review 2014/15 guidance is available here.

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
    a. The short term challenge
    b. Quality plans
    c. Operational requirements and capacity
    d. Productivity, efficiency and CIPs
    e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans to Monitor (Years one and two of the five year financial plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

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)*	**Mr John Schofield**

Signature

Approved on behalf of the Board of Directors by:

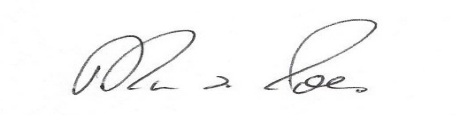
Name *(Chief Executive)*	**Mr Michael McCourt**

Signature

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	**Mr Martin Roe**

Signature



1.0 Executive Summary

The Operational Plan 2014-16 sets out Pennine Care NHS Foundation Trust's (the Trust's) approach to managing the challenges of the next two years within the context of the Trust's refreshed, 5-year Service Development Strategy. The Plan is set out in five sections:

- Section A describes the range of short-term challenges faced by the Trust over the next two years. These have been identified during extensive discussions with commissioners, providers, patients and carers, other stakeholders and staff across the local health economy, and have been identified as the key drivers for change. This section also seeks to describe the Trust's approach to responding pro-actively to these challenges, giving examples of service developments and new initiatives that form elements of the organisation's programme of transformation.

- Section B covers the Trust's quality plans set within the context of its Quality Strategy and Quality Account. It also describes how the Trust has consulted with its staff on the recommendations of the Francis Report and used that feedback to formulate a robust action plan that captures our commitment to providing safe and effective care, with a focus on positive patient experience. The Board Assurance Framework ensures that the Trust Board is well-supported in respect of its quality and patient safety responsibilities.

- Section C provides a high-level assessment of the physical capacity, inpatient beds and workforce that the Trust will require to meet the anticipated demands of the next two years. Although the Trust's current commissioners are not procuring significant levels of additional activity from the Trust, it is recognised that the demand for both physical and mental health care continues to grow against a backdrop of decreasing resources. This section of the plan describes the risks that this creates and what the Trust's mitigation plans are to actively manage them.

- Section D describes the Trust's approach to productivity, efficiency and the cost improvement programme (CIP), which is performance managed within a robust governance framework to ensure the safe delivery of service redesign schemes. It also illustrates the transition from traditional CIP schemes to a more strategic programme of transformation.

- Section E provides an overview of the Trust's financial plans, covering income, costs, capital plans, liquidity and risk ratings. It illustrates that the Trust has robust financial plans to deliver its services efficiently and ensure that the Trust delivers a level 4 Continuity of Service Risk rating.

In summary, the following Operational Plan describes the Trust's approach to managing the challenges of the next two years, set within the context of the Trust's longer-term strategic direction, to deliver sustainable service transformation whilst maintaining robust financial management. There is a clear recognition that this will only be achieved by exploring further opportunities for service integration and/or partnership working where they bring patient benefits and mutual organisational benefits.

2.0 Operational Plan

A. The Short term challenge

1.0 Strategic Context

The Trust has developed this 2 year Operational Plan within the context of its refreshed 5 year Service Development Strategy (SDS). Its purpose is to set out how we intend to improve the quality of patient care and make efficiencies over that period. It describes the context that the Trust is working within, identifies key themes, priority programmes of work and specific key deliverables for the coming two years. It has been developed through a series of communication and engagement opportunities with commissioners, partner agencies, governors, the Trust's user and carer forum and the Board.

1.1 Trust Vision

The Trust has recently developed a new vision statement:

'Our vision is to deliver the best possible care to patients, people and families in our local communities by working effectively with local partners, to help people to live well.'

Achievement of the vision will be enabled by delivery against five strategic goals, which guide the Trust in its strategic and operational planning and service delivery. The strategic goals are:

- Strive for excellence;
- Use resources wisely;
- Be the partner of choice;
- Be a great place to work; and
- Put local people and communities first.

Achievement of the strategic goals will be supported by nine priority programmes of work:

- Redesigning services according to patient need;
- Delivering person-centred, high quality care;
- Maximising productivity;
- Building community resilience;
- Promoting independence and empowering patients to self-manage;
- Developing clustered/neighbourhood teams;
- Integrating services based on care needs;
- Continuing to support and build a skilled and motivated workforce; and
- Maximising technology.

The Trust's vision, strategic goals and nine priority programmes will shape the delivery of services over the next five years and have provided a framework for planning in both the short and long-term at Trust-wide and divisional level.

1.2 Organisational Structure

Over the last three years the size and scope of the Trust has changed significantly, starting with the transfer of three community service providers to the Trust in April 2011 and followed by the successful bid for Trafford community services, which transferred with effect from April 2013. This has effectively doubled the size of the organisation from a turnover of £138M in 2010/11 to a forecast turnover of £274M in 2014/15. The Trust now delivers a diverse portfolio of services across six geographical boroughs of Greater Manchester.

This has provided opportunities to develop more integrated services across physical and mental health, improving outcomes for individuals and communities, particularly vulnerable groups. The Trust has taken a relatively measured approach to physical and mental health integration so far but has recognised the need to focus its service planning and delivery at a town (or borough level), delivering clear benefits for local communities. This also facilitates stronger relationships with other key stakeholders in those towns/boroughs, such as the respective Clinical Commissioning Groups (CCGs) and Local Authorities (LAs), and promotes partnership working with a common purpose.

Consideration of the growth in size and diversity and the need to provide a clear focus on local transformation/reform agendas underpinned by strong relationship management, the Trust has recognised that a centralised management and governance structure was no longer fit for purpose. It has, therefore, spent the last few months preparing for a move to an organisational structure and culture of '*devolved autonomy'*. This will allow the Board to focus on strategic development, setting direction and quality/performance assurance, whilst the six divisions of the Trust deliver against their local business plans, developed within the strategic context set by the Board. This will enable a clear line of sight between Board and service delivery, facilitating greater local decision making rights and a stronger sense of local ownership for their own deliverables.

The six divisions are:

- Bury community services;
- Heywood, Middleton & Rochdale community services;
- Mental Health;
- Oldham community services;
- Specialist services; and
- Trafford community services.

The six divisions have a responsibility to work together to plan and deliver services effectively in each of the six geographical boroughs where there is co-terminosity of physical, mental and/or specialist service provision. In addition, there is an enduring responsibility for divisions to continue to share experience, expertise and best practice across the whole Trust footprint, to ensure that we continue to maximise the benefits of the size and scope of the organisation.

2.0 The short-term challenge

As described above, the Trust has been working with a range of commissioners and other key stakeholders across the local health economy to assess the short-term challenges over the next two to five years. These include:

- **Growing demand for care**

  Population demographics and the health problems we face as a society are changing rapidly. Increased life expectancy and the growth in lifestyle related conditions mean that the way that care is delivered currently cannot continue.

  In particular, the Trust is working on its approach to managing long term conditions, in respect of both physical and mental health and the inter-relationships between the two. This includes the development of service models that maximise efficiency and effectiveness through partnership working and/or service integration where that brings patient/service user benefits, reduces duplication/increases productivity, promotes independence through self-management empowerment and builds community resilience.

- **Changing populations**

Not only is the population growing, it is also becoming more diverse. The Trust currently provides services to a wide range of diverse populations. We know that significant health inequalities exist in many of these communities and that access to services and care is not always sufficient or appropriate enough to have the necessary impact.

The Trust is reshaping its community service delivery into neighbourhood teams designed to meet the needs of the communities that they serve.

- **Economic Climate**

Current spending projections suggest that significant financial pressures will remain for the next 20 years. NHS England has estimated that an additional £30 billion will need to be found on top of the 'Nicholson Challenge' of £20 billion by 2015. More than one in five NHS hospitals are set to be in deficit by the end of this financial year and more than one in three Directors of Adult Social Care are also forecasting deficits. Whilst the NHS has its own substantial targets, these are relatively modest compared with the scale of the reductions that most of the LAs in our geographical footprint are subject to. This presents additional challenges as health and social care providers need to work together to ensure that service changes are coherent and do not place each other under additional pressure. In addition, LAs have a commissioning role in respect of a range of our services, including health and well-being, sexual health and substance misuse services, many of which are being subject to rigorous service reviews and/or budget reductions.

The Trust is working closely with LAs, and other private and third sector providers in our local health economy, to identify opportunities for service integration or partnership working, aimed at managing the on-going efficiency requirements whilst maintaining service delivery. In Trafford, for example, the Trust has approved a Section 75 agreement with the LA for the development and implementation of integrated adult health and social care teams. This service integration will be delivered through a single-line management structure, whilst budgets will be retained by the respective organisations. It will provide holistic and seamless care, wrapped around four neighbourhoods, with staff co-located in neighbourhood bases. This model has already been successfully implemented with children and young people's services in Trafford and will ensure the release of further efficiencies. The learning from Trafford is informing our discussions with LAs and other service delivery partners across the Trust's footprint.

- **Early Intervention and Early Help**

Whilst the overall service offer is reducing there is an increased focus on changing the relationship between public services and the communities that use them. This requires services to act early and appropriately with clear pathways to professional advice, support and/or interventions as soon as possible, to tackle emerging issues before they escalate to acute and/or complex problems.

The Trust is committed to the principles of early intervention and early help and recognises that this needs to be a core mechanism for managing increasing demands within the context of reducing resources. For example, the Trust's mental health services are working with a wide range of organisations that are in contact with young people to support the identification of, and early interventions for, first onset psychoses.

- **Integrated out-of-hospital care**

The separation between general practice and hospital specialists and between health and social care can often inhibit the provision of timely, high quality integrated care for people who need to access a range of services relevant to their needs. Care needs to be based on the co-ordinated delivery of support to individuals in a way that enables them to maximise their independence, health and well-being.

The Trust is working hard to enable care co-ordination across its geographical footprint in a range of service areas. In Oldham, for example, the CCG is leading the Oldham Alliance Partnership, previously known as the Urgent Care Partnership, which includes the Trust, Pennine Acute Hospitals NHS Trust, Oldham Council, and the out of hours primary care provider. The partnership is focussing on redesigning pathways that will reduce the demands for urgent/acute hospital care and provide well-co-ordinated care in community settings that facilitate self-management, early interventions and the pro-active management of exacerbations. We are supporting the CCG to develop innovative contracting arrangements to deliver improved patient outcomes and shared targets for system-wide efficiencies for 2014/15.

The Trust's RAID (rapid assessment, interface and discharge) model provides another example of the Trust's proactive approach to managing the demands placed upon the acute sector in both A&E departments and inpatient wards. The RAID model is working to ensure that people presenting to A&E departments with mental health issues are assessed in a timely and appropriate manner, thus far we have achieved our 95% performance target in terms of provision of A&E assessments within the national 4 hour target. The RAID team has also been very successful in working with smaller cohorts of service users who are frequent attendees to A&E with alcohol related issues. Case studies demonstrate that this has reduced the demand for urgent care and resulted in improved patient outcomes. In terms of inpatient beds, the RAID team specifically works with older people with dementia, delirium and depression to support appropriate care planning, mental health diagnosis and prescribing to facilitate robust discharge planning and reduced re-admissions.

- **Greater Patient Voice**

Patients are calling for a more person-centred, better co-ordinated approach to their care. National Voices have described this as: *'I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me'.*

As described above, delivering person-centred, high quality care and empowering patients to self-manage are two of the Trust's nine priority work programmes. Examples of how the Trust is achieving this include:

- Introduction of the '*Ask three questions'* approach to support patient-led consultations and decision-making. This has been implemented by the integrated health and social care teams supporting adults in Oldham and will form a vital element of the Trust's self-management toolkit (currently being developed for Trust-wide implementation).
- Implementation of NWAS (North West Ambulance Service) community care plans to better co-ordinate the care of patients with complex needs across all local service providers.
- Utilising experience-based design methodology to ensure that the patient voice is present at the earliest stages of service planning and development.

- **Increased focus on self-management and shared decision-making**

  There is a large and growing body of evidence that, done properly, a system that supports people with long-term conditions to manage their own health has benefits for the person, their health and for health services. Creating such a service requires shifting the habits of clinicians from focusing on managing disease to helping patients stay as healthy as possible. This is a fundamental culture shift that requires a new understanding of the role of the patient, clinician and the system itself. It has gained significant traction amongst patient groups as an opportunity to gain greater control of their care. It is also widely recognised as one of the key enablers to reducing the demand on services.

  As described above, this has been identified as one of the Trust's nine priority work programmes and the Trust has engaged in several successful pilots, working across geographical and organisational boundaries, and is now developing a strategic approach and delivery plan to expand the learning at scale and pace. In addition, the Trust is developing the Living Well Academy, which is a partnership approach to supporting individuals and carers to manage their long-term conditions confidently and effectively. This will include the provision of carer education modules across six care pathways and an interactive on-line resource to support both carers and service users.

- **Closing the gap**

  In January 2014, the Department of Health issued an update on the national mental health strategy document *No Health without Mental Health*. It identifies 25 aspects of mental health care where they expect to see tangible improvements, in particular: -

  - increased access;
  - integration of physical and mental health care;
  - early intervention; and
  - improved quality of life.

  As a provider of both physical and mental health care in three of the six boroughs that it serves, the Trust is currently working on the increased integration of physical and mental health care. For example, the Physical Health Matters project was established to support mental health practitioners to meet the physical health needs of service users with mental health problems by raising awareness, improving knowledge and skills and addressing any resource requirements. Following on from the success of the programme the Trust initiated the Mental Health Matters project, designed for non-mental health practitioners with the aim of raising staff awareness of mental health issues at a personal level, promoting workforce health and wellbeing; helping to identify and signpost presenting mental health issues that non-mental health trained staff may encounter at a professional level and to help reduce mental health stigma.

  These programmes will continue and be expanded upon over the next two years, which will include the development of mental health e-learning tools. As a combined community and mental health organisation, the Trust has been able to use the extensive clinical expertise available across the Trust to deliver these programmes.

- **Change at scale and pace**

  All of the above issues highlight the need to transform the way that care is delivered at both pace and scale. This will be challenging in the context of financial constraints, an increasingly competitive environment and rising demand. The Trust is working with local communities and key stakeholders within the local health and social care economy to develop a shared vision for service delivery in each borough that will facilitate greater community resilience and effective use of resources for the maximum health impact.

The recent tender for community services in Oldham illustrates this approach. The Trust's successful bid was built upon a partnership model that included Oldham Council, the local GP provider partnership and the voluntary sector, with a recognition that each of the partners has something to contribute to the patient pathway. This ensured that service models were innovative, integrated and efficient and the newly established Partnership Board will ensure that all parties are held to account in respect of delivering what has been promised.

- **Competition**

A key aspect of the recent health reforms has been the extension of competition in the NHS, with the expectation that commissioners will routinely 'test the market' and tender for services. Over the last two years, the Trust has been involved in an unprecedented number of tenders in order to protect its existing business and to grow its market share. This competitive activity has been particularly focused on whole community service provider units, individual community services/pathways and drug & alcohol (substance misuse) services. There is a recognition that responding to formal tenders is resource intensive and may be less efficient than more collaborative means of service redesign and improvement.

The Trust has undergone significant organisational learning in respect of its approach to tenders over the last two years and has been successful in growing and retaining business in key strategic areas. Nevertheless, it has been less successful in other areas where third sector providers have been able to offer more innovative, locally responsive, cost-effective models. The Trust is currently considering whether the organisational form of a Foundation Trust is the best vehicle for some of its less clinically specialist services that have been subject to competitive losses.

- **Quality and Safety**

Nationally there has been a number of substantial failings in care over the last couple of years, including mid-Staffordshire NHS Trust and Winterbourne View. This, rightly, has had a significant impact on the way that services and service changes are monitored and delivered. Commissioners, and other local stakeholders, have a duty to ensure that service changes and service efficiencies do not have a detrimental effect on quality.

This is covered in more detail in the next section, but the Trust has implemented a robust approach to Quality Impact Assessments, which ensures that proposed service changes are reviewed rigorously to protect quality standards.

- **Growing role of LAs**

LAs have an increasing role, with responsibility for public health commissioning transferring to them on 1st April 2013. We have already seen a greater focus on wellbeing services, a move away from the NHS being seen as the 'provider of choice' and also a significant reduction in budgets, resulting from the financial challenges that LAs face.

The other key change is the development of Health and Wellbeing (H&WB) Boards, an important feature of the 2012 Health and Social Care Act. However, in spite of many being chaired by senior elected members, most of those in the Trust footprint have not started to grapple in a meaningful way with the immediate and urgent strategic challenges facing local health and care systems. Although, the requirement for H&WB Boards to sign off Better Care Fund plans will be a key test and could led to them overseeing the total health and social care budget. The Trust is working in all local areas to shape and influence the Better Care Fund planning and implementation.

- **Increased use of technology**

  With 90% of people now doing their Christmas shopping online and 50% using online banking we are at the point that health care needs to catch up with public expectations. We expect to see significant growth and improvements in the use of technology for diagnostics, assessment, treatment and information sharing, all of which requires investment.

  The Trust has piloted the deployment of Telehealth technology for a range of long term conditions, including COPD and chronic heart disease. Evaluation of these pilots has demonstrated significant efficiency savings from avoided admissions and the Trust is currently in discussion with CCG commissioners about future investment and a broader strategy. In addition, the Trust has invested in a pilot of simple telehealth, which uses text messages as part of a programme of support to change patients' behaviour. This is currently being piloted in three service areas: smoking cessation; primary mental health; and diabetes; with the aim of improving quality, efficiency and patient outcomes. SMS text messaging is also being used as a more dynamic method of gaining patient feedback.

  In addition, the Trust is currently implementing a new clinical information system (Paris) which will bring significant benefits to the delivery of safe and effective patient care, through the creation of a single patient record across the organisation. The roll-out programme for Paris is being harmonised with the deployment of mobile devices for community based clinical staff, which enable access to patients' records and other relevant IT infrastructure from all clinical delivery points, including patients' homes. The Trust has identified the initial investment required to support this deployment and is currently seeking financial support for the associated revenue costs from commissioners, to fully enable this major transformational change in working practices.

- **Healthier Together**

  Originally starting as a reconfiguration of acute hospital care in Greater Manchester, Healthier Together has now developed into a review of health and social care across the local economy and is part of the wider public service reform agenda. The Healthier Together programme is clinically-led, is managed by a Service Transformation Team that is accountable to Greater Manchester's twelve CCGs, and 'aims to develop a model of care that will help the NHS and other care providers in Greater Manchester provide quality services that are safe, accessible and sustainable for future generations'.

  The Trust is engaging with the Healthier Together programme through a range of clinically led groups and is influencing a shift in focus towards community models.

3.0 Meeting the challenge

The Trust has taken account of the strategic and local context in which it is operating and the challenges that it faces and, in response, has developed its nine priority programmes within the principles of its vision, values and strategic goals. These will form the basis of a transformational programme, to be delivered through a robust programme management approach, that will be supported by some key enablers:

- Getting change right – through effective staff engagement, a commitment to organisational development and robust project management.
- Focus on quality and safety – incorporating a robust quality impact assessment process.

- Clearly defining our core purpose and ambitions – articulating the improved outcomes from physical and mental health integration whilst preserving the patient benefits of specialist care, where appropriate.
- Relationship management – ensuring effective communication, engagement, participation and commitment with and from a range of key stakeholders in support of a common purpose.
- Evidencing the value of out-of-hospital care – to enable the shift of resources to support 'care closer to home'.
- Improving access to our services and better co-ordinating care – through more centralised, back-office functions supported by integrated telephony and a single clinical information system.
- Partnership working with a wide range of organisations – where it brings patient benefits, efficiencies and strategic advantages.
- Focus on productivity – supported by our in-house demand & capacity tool (InSight).
- Flexibility and responsiveness – retaining the ability to respond to changing circumstances and priorities without losing our grip on programme delivery.

B. Quality Plans

1.0 National and Local Commissioning Priorities

CQUINs have been developed in line with the commissioning intentions and areas of quality improvement jointly agreed between the Trust and its commissioners. The excellent working relationships that exist between the Trust and commissioners have helped ensure the mutually agreed CQUINs really focus on improving the quality of patient care.

The Trust is fully involved in and committed to the development of CQUINs and reports against the National Safety Thermometer, Greater Manchester and locally agreed CQUINs on a quarterly basis. Working in collaboration with the local quality groups and linking into the Greater Manchester workshops, CQUINs indicators and improvement goals are agreed on an annual basis focussing on key areas for quality improvement and innovation. All locally agreed schemes have a clearly identified measures and targets including evaluation of agreed outcomes.

In 2013/14 the Trust agreed with commissioners to develop quality services which will provide our population with access to treatment that keeps patients closer to home and removes the need for hospital admission. These principles have been agreed across all locally developed CQUINs in Community and Mental Health services. Using CQUIN to develop and change a service provision, to demonstrate quality improvement, is testament to the relationships forged with Commissioning Quality Groups.

The Trust has developed sophisticated reporting processes with commissioners and the Greater Manchester Commissioning Support Unit. The reporting template demonstrates not only compliance against CQUIN but facilitates deep dive discussion at Commissioner Quality groups on the quality impact of the programme.

To further enhance our focus on quality at a local level, we work closely with both our mental health and community services to develop and implement a range of key performance indicators as part of our quality schedule.

2.0 Quality Strategy and Quality Account

Quality continues to underpin all existing services and service improvement initiatives, and this commitment is set out in the Trusts Quality strategy 2013-16. The Quality Strategy is a high level document explaining the Trust's approach to quality. Although our priorities may change from year to year according to national and local pressures, our strategy remains the same – to provide continually improving and high quality services which provide safe and effective care to improve the patient experience.

The Quality strategy is underpinned by High Quality Care for all which states that quality should include the dimensions of:

Patient safety – the first dimension of quality must be that we do no harm to patients. This means ensuring the environment is safe and clean, that patients shouldn't fear violence, and that avoidable errors such as drug errors are minimised.

Patient experience – the quality of care is the quality of caring, this means how personal care is, and the compassion dignity and respect with which patients are treated.

Effectiveness of care – this means understanding the outcomes of different interventions, providing real challenges for mental health and learning disability services. Outcomes need to be real for patients and for their families, getting back to work, freedom from disabling symptoms or the ability of people to live independent lives.

The Trust's Clinical and Quality priorities and milestones over the next three years are fully detailed in the Trust's Quality Strategy 2013 - 2016. These are reported on annually through the Trust's Quality Account, but are monitored via the Quality Group on a regular basis.

Last year's Quality Account outlined priorities for quality improvement covering the core areas of safety, clinical effectiveness and patient experience and set out the Trust's ambitions and goals to improve care. The priorities were debated at the Trust Quality Group and then chosen by the Board after consultation with clinical and operational staff, patients, carers and members. The chosen priorities cover both mental health and community services and have been set to expand on previous priority areas and to fit in with national and regional CQUIN indicators. Work is well underway in relation to meeting the quality improvement targets against this year's priorities. Future priorities will continue to be set to reflect national, regional and local quality initiatives and drivers.

The Quality Account also contains mandated quality sets that measure our performance against key national priorities and national core standards; comparing the trust's performance against national averages.

The Quality Account is made publicly available on an annual basis and is published on NHS Choices.

The Trust has engaged in National programmes, including Safety Thermometer, and Advancing Quality, and initiated a number of internally driven Trust wide quality initiatives.

3.0 Outline of Quality Concerns

The Trust has a robust approach to managing the quality of its services and this is the main priority of the organisation from the Board to frontline services. Where quality issues occur and are identified, the Trust acts swiftly and decisively to ensure improvement.

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "Registered". The Trust has no conditions on registration.

The CQC has not taken enforcement action against The Trust during 2013/14.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC publish a Quality and Risk Profile (QRP) for the Trust that is refreshed almost every month. This indicates to the CQC and the Trust potential areas of concern. It shows where we are achieving better, average or worse than other similar organisations against a range of indicators, including the patient survey and the staff survey.

The Trust uses the QRP as part of its quality monitoring processes. This allows the organisation to ensure compliance with the regulations and where this is not the case take appropriate action.

Within the context of the wider LHE we are aware of the potential for other providers care pathways to impact on the care we deliver however our local knowledge and clinical expertise ensures we consider and put remedial action in place.

4.0 Key Quality Risks

The key quality risks relate to the requirement to achieve CIPs across services while maintaining quality in the redesigned service provision, and the continuing need to implement an electronic clinical information system to support delivery of high quality care.

In terms of CIPs, the Trust's approach to monitoring the quality impact of CIPs is outlined in section (D below).

In terms of development of the clinical information system, a robust project management framework is in place, reporting to Board Level sub-committee on progress, with any identified risks to the programme mitigated and actively managed.

The Trust actively manages risks through its Risk Register. Themes that are identified on the Risk Register, such as the monitoring of attendance at mandatory training and clinical supervision, are prioritised for remedial action and effective risk management plans put in place.

The Trust's Risk Register analyses any risks that have been identified relating to patient and staff safety and service quality. The Risk Register is dynamic, fed by a thorough risk assessment process across all Trust departments and is subject to monthly review at our Integrated Governance Groups at Trust, division and borough levels.

All clinical incidents are recorded on the Trust's Safeguard System and are subject to a review by the governance team. All grade 4 and 5 incidents are circulated to the Board of Directors for review. All actions are captured and presented as part of monthly governance reporting.

5.0 Overview of how Board derives Assurance on the quality of its services and safeguards patient safety

The Board Assurance Framework captures the range of risks identified by the Trust in terms of achieving our business objectives. This includes quality and service delivery risks and is cross referenced against the Risk Register.

The Trust has a comprehensive audit calendar which ensures that the Trust's services, policies and practices comply with relevant corporate and clinical evidence based standards such as NICE guidance, CQC quality standards, Monitor standards and all other key national priorities and core standards. Where results are less favourable, an action plan is put in place to address these issues. The audit calendar also links directly to the Strategic Business Plan to provide quality assurance around all service development initiatives.

Service user and carer feedback play's an essential part in how the Trust shapes future service delivery and gains assurance regarding current service provision. To ensure timely feedback the Trust has introduced patient satisfaction kiosks; these will allow real time feedback on individual service areas and help inform improvement schemes.

The Trust produces an annual Quality Account which is publicly available and scrutinised by local commissioners, Overview and Scrutiny committees and local Healthwatch**.** As recommended in the *Francis Report*, the Quality Account is independently audited and assured by the Directors of the Trust.

Moving forward as we progress towards devolved autonomy we have developed a robust approach to ensure that operational services have the required information (clinical/non-clinical) to consider and take remedial action where necessary to ensure services and care we deliver are safe, effective and with a focus on positive patient experience.

6.0 What Quality Plans Mean for workforce

We believe that all the services we provide should be clinically effective, safe and provide a positive patient experience. We live these values and behaviours through the 10 Principles of Care developed by our staff:

1. Safe and effective services
2. Meaningful and individualised
3. Engaging and valuing
4. Constructive challenge
5. Governance procedures enable
6. Focused and specific
7. Competent skilled workforce
8. Clear and open communication
9. Visible leadership
10. Shared accountability

Through the People Strategy and its supporting strategies (HR strategy, Organisational Development strategy and Learning and Development strategy), a vision for the clinical workforce has been developed. The HR strategy identifies current workforce and forecasts the clinical workforce required to deliver current services and future requirements. This is based on planned service changes reflected in the SDS. The workforce strategy ensures that patient safety and quality are central to all service workforce plans with a strong Quality Impact Assessment process in place for service and workforce risks.

In order to ensure we provide quality care that is safe, effective etc. we have worked closely with all our clinical non clinical staff to ensure they have the skills, knowledge, experience and support to allow them to effectively carry out their roles. Based on lean principles we have rolled out the productive series as our service improvement methodology across all clinical services.
We have promoted a culture of openness, transparency and innovation that values everyone's contribution in delivering high quality patient care. This is backed by a drive to ensure personal responsibility and accountability in the delivery of principles of care.

7.0 Trust's response to Francis, Berwick and Keogh

The Francis report outlines serious failings in patient care which occurred at Mid-Staffordshire NHS Trust, detailed within the report are 290 recommendations for all NHS trusts, commissioners and external regulators to ensure similar failings in care and safety are not repeated.

As a Trust, from front line staff to our Trust Board, we have actively consulted on (including a major staff survey with over 1000 individual staff responses) and considered the recommendations contained within this and other reports such as Keogh, Berwick, and developed a Trust-wide action plan to ensure that we keep quality care central to all we do. Our action plan outlines our commitment to providing safe and effective care, with a focus on positive patient experience across the following areas:

- **Putting the patient first**

  We will ensure that patients receive effective services from caring, compassionate and committed staff, working to a common culture. Patients must also be protected from avoidable harm and any deprivation of their basic rights.

- **Common Culture**

  We have a commitment to a common set of values and accessible basic care and treatment standards, which we will embed through our Principles of Care.

- **Values & Standards of service**

  Fundamental basic standards of care will be applied by all those who work and serve in healthcare.

- **Openness, transparency, candour and effective complaints system**

  We will work to ensure a culture of:

  Openness: enabling concerns to be raised and disclosed freely without fear;

  Transparency: allowing true information about performance and outcomes to be shared with staff, patients and the public; and

  Candour: ensuring that where patients may be harmed they are informed of that fact and that an appropriate remedy is offered, whether or not a complaint has been made or a question raised about it.

- **Leadership**

  We will provide common professional training on leadership and management to promote healthcare leadership and management as a profession and promote research best practice.

- **Nursing**

  The 6 C's of nursing, as outlined in the national strategy: care, compassion, competence, communication, courage and commitment, will continue to underpin and direct our fundamental approach to how we deliver nursing care.

- **Performance Management & Information**

  We will work to ensure that detailed and essential information is available to frontline services, and progress with introducing an electronic integrated health records system through the implementation of Paris.

  Key objectives from this action plan will form the basis of Divisional Business Unit objectives for 14/15. We will continue to review our effectiveness in relation to our action plan throughout the coming year and were necessary will take any appropriate actions to ensure we continue to deliver high quality care across all our Mental Health and Community services.

8.0 Risks to delivery of key plans and contingency that is built into the plan

As part of our close partnership working with Commissioners we have joint Quality Groups, these offer a high level of scrutiny and challenge to both the services we currently provide and any service improvement/redesign initiatives. These forums facilitate early detection of any risks against quality plans, allowing mitigating actions to be agreed.

We have also continued to ensure that as services develop, quality is maintained and against any CIPs, the Trust has a clear governance and accountability framework in place to manage these. All relevant service redesign schemes are subject to a quality impact assessment and are measured in terms of patient experience, patient safety and clinical effectiveness. Schemes are assigned a risk rating and are monitored closely through identified corporate structures.

A risk has been identified within the local commissioning environment in respect of the clinical and economic performance of local acute trusts across our footprint. There is a risk that commissioner resources will be focussed on these issues, which will reduce commissioner attention and transformation resources or 'invest to save' opportunities for the Trust. This may also impact on the commissioners' capacity to focus on community/mental health issues.

C. Operational requirements & capacity

1.0 Strategic context

Working in the context of the Trust's service development strategy (SDS), which takes account of national, regional and local priorities such as Care Closer to Home, Healthier Together and the New Health Deal for Trafford for example, the Trust has identified the following key drivers in respect of demand and capacity over the next two years:

- Growing demand for services due to demographic changes (aging population and increasing numbers of people with long-term conditions and dementia, for example) plus changing patient expectations, not matched by increased investment.
- Requirement to provide increased and enhanced service delivery in the community and reduce demand upon acute hospitals, including extended working hours and/or 7-day week service delivery.
- Requirement for more service integration e.g. health and social care and/or other delivery partners, wrapped around neighbourhoods and/or GP clusters.
- Reductions in mental health beds (1500 beds closed nationally since April 2011) have led to increasing numbers of patients being placed in expensive, private sector provision and/or in mental health hospitals that are significantly distant from the patients' homes.
- Increased market testing by commissioners in a number of specific service areas may well lead to increases and/or decreases in the range and scale of the services that the Trust provides, with associated gains/loss of income and staff (experience and expertise).
- Financial pressures on the health and social care economy expected to continue for the foreseeable future, resulting in a Trust CIP target of £14.238million over this 2 year period.
- Reducing workforce, resulting from service redesign to meet above CIP requirements.

2.0 Assessment of inputs

As a Foundation Trust since 2008, the Trust has significant experience of planning and managing its resources within the context of on-going efficiency requirements and ever-evolving service change to ensure the delivery of quality standards, innovation and emerging best practice. It is recognised, however, that the challenges facing the health and social care economy are unprecedented in their scale and impact. Taking into account the drivers detailed above, the Trust is working on the following planning assumptions for the next two years:

- No significant increases in contract income to procure additional activity from existing services, in spite of anticipated increasing demand.

- Expected decrease in physical capacity required as a result of the reducing workforce, increased service integration with co-located partners, the introduction of mobile working and extended working hours (see section 2.1).
- No planned decrease in bed capacity, with some potential to increase mental health bed numbers to attract additional income (see section 2.2).
- Expected decreases of approximately 291.27 WTE staff identified within the CIP schemes for 2014/15 and 2015/16 (see section 2.3).

2.1 Estates capacity

The Trust currently delivers its services from 117 sites, spread across six geographical boroughs of Greater Manchester. These include sites that are owned or leased by the Trust, back office and clinical delivery/inpatient facilities, offering sole occupancy or co-location with delivery partners. Ensuring that these properties remain fit for purpose, compliant with all relevant standards and legislation and meet patients'/service users' access needs, whilst providing value for money, is both complex and challenging. The Trust already has in place established working relationships with each borough council across its foot print and works closely to ensure it shares premises where this provides increased service benefits and efficiencies.

Nevertheless, the Trust recognises that it needs to review and rationalise its current estate in the context of the strategic drivers and planning assumptions identified above. This will involve taking a borough by borough approach and considering the changing pattern of service delivery in each area, the current or planned programmes of integration of our own community and mental health services and/or health and social care integration, the roll-out programme for Paris and mobile working technology and any planned reduction in workforce numbers. This will be a significant programme of work during 2014/15, with the expectation that a targeted reduction in overall estate and estates costs is delivered from 2015/16 onwards.

2.2 Inpatient bed capacity

Due to the increasing financial constraints being placed on NHS providers, many Mental Health Trusts are working to reduce inpatient bed numbers in a bid to release financial efficiencies. The impact of this is increasingly evident in the number of requests we receive for access to our beds by other mental health providers, who are now unable to contain their local demand within their reduced bed base.

This issue has been recognised and debated at a national level. The Trust has considered reducing the number of adult acute beds in order to deliver against the challenging efficiencies required both last year and in coming years. However, this has always been viewed as a last resort and the Trust has been keen to explore alternative schemes, particularly options to income-generate from its bed stock, rather than reduce bed numbers. Currently, the adult acute inpatient service is managing its bed capacity effectively across the Trust's footprint and, although occupancy levels are high, the Trust has had little need to commission out-of-area beds or beds within the private sector. This has been supported by work to develop robust gate-keeping procedures and to decrease length of stay.

Given the national picture, the Trust is keen to capitalise on the shortage of adult acute beds and is working to increase the number of adult beds it provides. In 2013/14, the Trust has attracted new income by providing an additional eight adult mental health beds and discussions have commenced regarding the opportunities to pursue a similar initiative within the older people's inpatient service.

2.3 Workforce

The Trust employs 5,554 (whole time equivalent) staff. Our workforce planning activities are supported by detailed demographic information which has recently been submitted to NHS England.

The Trust remains committed to developing its workforce by ensuring that the right people have the right skills and are in the right roles, whilst seeking to reduce overall Trust pay costs in a way that aligns with our Trust values. One mechanism for achieving this has been to produce a range of 'Christmas tree' representations of the pay bands within the workforce, which assists managers in visualising and planning for the redesign of teams. This methodology has facilitated workforce redesign with increasing efficiency and the creation of innovative new roles.

The focus remains on workforce productivity and workforce transformation programmes. The Trust is working in support of its staff teams to ensure greater integration of mental health and community service delivery, whilst also pursuing integration opportunities between health and social care. This work is facilitating the identification of some broader core competences for all front-line staff so that physical and mental health issues can be supported through individual contacts with service users/patients. For example, undertaking baseline psychological assessments and promote smoking cessation whenever it is appropriate to do so, regardless of specific job role.

The Trust's workforce priorities are aligned to the SDS and will ensure that the workforce is appropriately sized and skilled to meet current and future service demands, is engaged and motivated to provide excellent patient care/experience and is affordable.

Future workforce demand is reviewed on an on-going basis within the context of the Trust's programme of service transformation and redesign schemes, which are developed and taken forward in partnership with staff-side colleagues and, where appropriate, in consultation with service users and patients. This approach includes the Trust's senior management and corporate support roles, which are also subject to rigorous efficiency reviews, ensuring the right balance between robust leadership, organisational sustainability and affordability.

Through the use of the Trust's new, in-house demand and capacity tool, 'InSight', and bespoke service analyses of pathways, activities and competences, the Trust's CIPs are being designed to support the achievement of real service transformation. This includes skill/grade mix reviews, the implementation of more effective systems of working and the identification of core competences for a planned increase in generic worker roles. Appropriate competency-based skills development programmes will be designed and delivered to meet these requirements.

In conjunction with this, a number of other management activities are being actively pursued to further increase workforce efficiency where it is safe and appropriate to do so. This includes the proactive reviewing of any vacancies as they arise and the careful management of recruitment on a case by case basis. This also supports our strategy to retain our skilled workforce and safeguard employment as far as possible.

To enable a flexible and timely response to varying levels of demand, the Trust has prioritised the need to modernise and improve its approach to temporary staffing and is investing in a project to achieve this. Building upon recent improvements in the governance and quality assurance processes for appointing temporary staff, the Trust will seek to maximise the benefits of new

technology to streamline processes and improve remote access. It will also seek to maximise efficiencies by harmonising systems and processes between Finance, HR and services, ensuring the best use of resources, linked to better communication with staff registered and working on the bank.

3.0 Risk and mitigation

The Trust has identified four key risk areas in respect of managing its resources in the context of the operational requirements placed upon it:

- Economic position of the health & social care economy;
- Demand exceeds capacity;
- The competitive environment;
- Changing commissioner relationships, including increased scrutiny.

These risks are all described in detail in Section A: The short-term challenge. Mitigation and risk management will be achieved by delivering on the Trust's programme of transformation, as covered above. In particular, the following enabling work streams will be key to our management of the challenges and risk anticipated over the next two years:

- **Capacity and Demand modelling**

  During 2013/14 the Trust has invested in enhancing its ability to fully understand service capacity and demand with the development of a bespoke tool, 'InSight'. The tool provides service managers and clinicians with a detailed analysis of a service's capacity and resource needs, whilst creating a realistic caseload that is both manageable and will achieve the required clinical outcomes. It also supports the Trust's Transformation programme by providing assurance that service redesign will not impact on the quality or safety of clinical services.

  The roll-out of the InSight tool has commenced and services are being prioritised based on their current stage of transformation.

  In addition to facilitating internal service planning, the InSight tool and its outputs are already proving to be an invaluable means of sharing information and demand and capacity risks with commissioners. This will be one means of managing relationships with commissioners in respect of the greater degree of scrutiny and increased level of transparency that they expect to have.

- **Integration, partnership working and neighbourhood models**

  The Trust recognises that for many services, working together in integrated or partnership models will facilitate more cost-efficient solutions whilst providing risk share opportunities in respect of demand management. Furthermore, many of these integrated or partnership service models have been developed as neighbourhood models of delivery, with the composition of multi-professional, multi-agency teams designed around the needs of the people they serve. This approach will also build upon the Trust's programme for community resilience, including partnership working with small, local third sector groups and self-care, self-management and shared decision-making initiatives.

  In addition to formal integrated working between health and social care in Trafford, the Trust has developed a relationship with Age UK that has facilitated investment in work to reduce social isolation for older people, which can have such a detrimental impact on their physical and mental health and well-being. We are also establishing a mechanism for encouraging a number of small-scale partnership schemes in Oldham, as part of our revised community service offer.

- **Commercial Strategy and managing the competitive environment**

  As described above, the Trust has been subject to an increasingly competitive environment over the last two years, which is likely to continue for the foreseeable future. In response, our Commercial Strategy seeks to provide clarity on the Trust's future ambitions in respect of retaining existing business and expanding into new service or geographical areas, whilst providing a toolkit to support the relevant systems and processes. This includes a developing approach to service line analysis in the context of the market, best practice guidelines for effectively managing tender processes and a competitor analysis process that facilitates the identification of competitive advantages. By having a strategic approach to managing the competitive environment, the Trust will be better placed to respond to competitive threats and opportunities.

- **Utilisation of innovative technological solutions**

  To ensure that our workforce operates in the most productive manner possible, we need to maximise the wide range of technology available to us – often this also enhances quality and the patient experience. Paris will provide the platform for a single patient record, improving data collection and reporting to support management decision-making and contracts reporting. Coupled with the introduction of mobile working devices, clinical staff will be supported to work more productively.

  The utilisation of technology in support of patient care (see the examples of telehealth and simple telehealth solutions in section 2.0) will also enable greater patient self-management, improve the patient experience through greater control and reduce demand upon services.

D. Productivity, efficiency and CIPs

1.0 CIP Programme

In line with our strategic goals, the CIP takes responsibility for the delivery of key targets outlined within the Long Term Financial Model 2014-19.

1.1 CIP governance

The Trust has delivered financial efficiencies year-on-year since 2008. These have been achieved without significant disruption to service delivery and without detracting from the expectations of commissioners for quality and value. However, the current financial climate and changes in commissioning expectations mean the Trust has to change and develop a new strategy and associated Transformational Programme.

The Board takes responsibility for ensuring that a full appraisal of the quality impact assessment is completed and recorded and that arrangements are put in place to monitor work going forward. Given the dynamic nature of the CIP schemes, this exercise is part of the Trust's core business and a feature of our Quality Governance Framework.

This process has been informed in part by *Delivering Sustainable Cost Improvement Programmes* (Audit Commission/Monitor, Jan 2012) *and Quality Impact Assess Provider Cost Improvement Plans* (National Quality Board, July 12-Mar 13).

All appropriate CIP schemes are subject to an assessment of their impact on quality. This is undertaken and led by the relevant clinical team and covers an analysis of patient safety, clinical effectiveness and patient experience. The Trust has developed a range of documentation to support this process, these include the:

- Quality Impact Assessment; and
- Quality Assurance Evaluation Template.

All CIPs are managed via a robust performance management process. All CIPs require a named lead and in the majority of cases this will be a Service/Corporate Director. All CIPs are assessed for the impact they have on quality. Regular reports on progress are then made into the Divisional Business Unit, Long Term Financial Model Group, Strategic Planning Group, Financial Strategy Group and Service Development Transformation Committee (Board sub-committee) and actions taken promptly in response to any variance.

Additional scrutiny is also provided through the Quality Assurance Panels and the Trust's Quality Assurance and Clinical Governance structures. Specifically the Quality Group, chaired by the Medical Director, has a crucial role in reviewing, approving and monitoring CIPs and Quality Governance Frameworks and where quality risks are identified, ensuring effective mitigation plans are in place.

Externally regular monthly reports are made into the CCG Mental Health and Community Quality Groups in respect of any impact on Clinical Effectiveness, Patient Safety and Patient Experience.

1.2 CIP Profile 2014/15 and 2015/16

The tariff adjustment has been a negative figure in recent years and the current national estimate of the savings required to fund the cost of inflation (when income is reducing by an estimated 1.5%) is a requirement of at least 4%. The Trust acknowledges the requirement to assure quality and patient safety in line with the recent Francis and Keogh publications; in addition to being responsive to the local transforming agenda of Public Service Reform; Healthier Together and the emerging Primary Care Strategy.

In line with this the Trust is required to deliver £7.86 million efficiencies (2014/15) and £6.38 million (2015/16).

Appendix 1 sets out the detail of each CIP scheme 2014/15 and 2015/16, highlighting whether it's (traditional) or (transformational).

1.3 Transformation Programme

The Transformation Programme under development for 2014 onwards will provide the vehicle to drive the transformation of the Trust's community and mental health services at pace and scale. The Trust has a range of work streams underway that will contribute to further productivity and efficiency gains. See sections A, 3.0 and C, 3.0 for further details.

E. Financial and investment strategy

1.0 Overview

The Trust's financial strategy is to develop a prudent long term financial model that utilises efficiencies generated from service redesign and cost reduction to support the delivery of a level four Continuity of Service Risk Rating (CoSRR). As in 2013/14 this position continues to be challenged by the commissioning environment with a number of commissioned contracts being for one year 2014-15.

The key assumptions contained within the plan, and reflected in the signed contracts with commissioners are highlighted in the following table:

Key assumptions	2014/15	2015/16
Tariff adjustment:		
Mental Health	-1.5%*	-1.1%
Community Services	-1.5%*	-1.1%
Pay inflation	1.0%**	1.0%**
Incremental drift	1.0%	1.0%
Non pay inflation	2.45%	2.45%

* The tariff adjustments are net of the national non acute deflator of 1.8% and local agreed CCG arrangements to fund 0.3% for the delivery of Francis/Keogh indicators to ensure that parity is achieved with the national deflator for acute services.

** 1% increase for all staff not receiving an incremental pay point increase.

The guidance issued by the Department of Health for national tariff adjustments for 2014/15 assumed that there was no impact on non-acute services for the recommendations on quality following the Francis and Keogh reviews; as a result the original guidance instructed a deflator of 1.8% which was 0.3% higher than the deflator applied to acute services.

This guidance was challenged locally by the Trust and it was argued successfully with the local CCGs that the recommendations by Francis and Keogh applied directly to all the Trust's services. An additional 0.3%, with associated quality indicators, has been agreed as recurrent for the local CCGs and non-recurrent for the NHS England Area teams. Specialist Commissioners have not agreed the additional funding and this remains subject to challenge.

Guidance for 2015/16 indicates there will be a reduction of funding of 1.1% but there is also a 0.7% increase in pension contributions. The net impact on available funds is therefore a 1.8% reduction.

1.1 Income

The following table highlights the operating revenue income streams over the next two years:

	2014-15 £m	2015-16 £m
Community services	110.185	109.698
Mental Health	131.333	128.799
Other operating revenue	28.349	27.006
Education and training	3.125	2.666
Operating revenue	**272.992**	**268.169**
Non-operating income	**0.060**	**0.060**
Total income	**273.052**	**268.229**

1.2 Costs

The following table highlights the Trust's forecast costs for the next two years following application of the key assumptions and after CIPs have been achieved:

	2014-15 £m	2015-16 £m
Raw materials and consumables	10.799	10.777
Employee expenses	210.008	205.410
Other operating expenses	46.687	48.343
Operating Expenditure	**267.494**	**264.530**
Non-operating expenditure	3.545	3.600
Total	**271.039**	**268.130**

1.3 Cost Improvement Plans

To address the challenges raised by the above assumptions, the Trust has developed a detailed two year CIP for £14.24m which supports the operational plan. The CIP plans are consistent with the Trust's Service Development Strategy and sit within Divisional Business Units that will operate under a model of devolved autonomy from April 2014. The CIP includes both traditional and transformational schemes and they have been developed to release sufficient efficiencies for the Trust to achieve its strategic financial aims.

The Trust has identified £7.86m CIP schemes for the 2014/15 CIP and £6.38m for the 2015/16 CIP. Where schemes cannot commence on the 1st April 2014 alternative non recurrent measures have been identified to ensure the saving target is achieved. Plans to ensure that CIP identified for 2015/16 will be delivered from 1st April 2015 are already in development. Robust monthly monitoring of the Trust's financial position to the Board is well established which includes the delivery of CIPs.

The following table highlights the Trust's commitment to introducing transformational CIP schemes which include income generation over the two year period:

CIP type	**2014/15 £m**	**2015/16 £m**
Traditional	6.240	1.450
Transformational	1.622	4.926
Total	**7.862**	**6.376**

1.4 Continuity of Service Risk Rating

The following table highlights the Trust's forecast normalised positions:

	2014/15 £m	**2015/16 £m**
Income	273.052	268.229
Costs	271.039	268.130
Surplus	**2.013**	**0.099**
Forecast CoSRR	**4**	**4**

The Trust's plan provides confidence that the strong CoSRR of a level 4 achieved in 2013/14 can be maintained. The Trust plans to achieve a Capital Servicing Capacity rating of 3 and a Liquidity rating of 4 in both 2014/15 and 2015/16.

1.5 Capital

The Trust's 5 Year Estate Strategy, in line with the Service Development Strategy, is to ensure safety and maximise the functionality and efficiency of the Trust's fixed assets.

During 2014/15 the Trust is continuing its roll out of mobile technology, which started in 2013/14, and plans to spend £3.7min year. The investment into technology will allow a more flexible use of the estate and give greater opportunities to rationalise and share premises to give better patient access to services whilst reducing premise costs.

The Trust's major investment in 2014/15 into mobile technology and the review of the estate following the move to increased mobile working will ensure that, with partners, the Trust sees increased effectiveness and efficiency of the estate and services. The following table highlights the Trust's capital programme over the next two years:

Capital Plan areas	2014/15 £m	2015/16 £m
Estates development projects	2.120	0.395
ICT – mobile working	3.675	0.858
ICT – other projects	0.615	0.080
Minor improvements	0.410	0.385
Lifecycle maintenance	0.949	0.800
Equipment	0.258	0.050
Total	**8.027**	**2.568**