



Strategic Plan Document for 2013-14

Hertfordshire Partnership University NHS Foundation Trust

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

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

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31st May 2013

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1. Executive Summary

The plan period 2013/14-2015/16 represents an exciting but challenging time for HPFT. We start from a strong base both from a service quality and financial perspective. This provides us with the platform to deliver a significant programme of transformational change that has been designed and planned alongside our commissioners with significant input from service users, carers, and staff including clinical leaders from across the Trust.

These changes are about building for the future and ensuring that we can continue to deliver clinically and financially sustainable, high quality services that meet the needs of the individuals we serve.

Underpinning this programme of change is a focus on maintaining the quality and safety of all our services and a drive to continuously improve the experience that service users, carers, referrers and commissioners have of HPFT. Our workforce is the key to this and our plans reflect this. We will work hard over the plan period to develop our workforce, with individuals who have the right skills, knowledge and values. We will develop and implement a customer care strategy that places a positive staff experience at the heart of delivering a positive service user experience.

Alongside this we must also deliver on our financial obligations, particularly an efficiency requirement of £8.4m in 2013/14, £7.0m in 2014/15 and £6.2m in 2015/16. These broadly reflect a 4-5% saving requirement for health services throughout the period and 5% for social care services in years two and three of the plan. A well-managed financial position is critical for the organisation to be able to continue to focus on delivering quality services. We will focus on securing significant efficiency and productivity gains through our transformation programme as well as new services and income streams. Strong relationships and new partnerships will be the key to achieving this.

Our plans are fully aligned to delivering on the Trust's strategy as well as national and local commissioning priorities. We will play a full part in the local health and social care economies that we serve by promoting and driving greater integration between mental and physical health.

2. Strategic Context

HPFT provides mental health (MH) and learning disability (LD) services in Hertfordshire, North Essex and Norfolk. Services are commissioned by Clinical Commissioning Groups (CCGs) in each of these localities and also NHS England via the Midlands and East Specialist Commissioning Group (SCG).

2.1. External Environment

The Trust is subject to a range of external drivers operating at national and local levels. The NHS Mandate was published in Nov 2012 and sets out the objectives for the NHS for the period 2013-15. The Mandate also sets out a direction of travel with respect to the type of health service the Government expects NHS England to promote e.g. in relation to choice, personalisation and the integration of care. Five key themes are threaded through the Mandate that have particular relevance for the Trust:

- Parity of mental and physical health
- Choice and Control
- Person centered, integrated care
- Patient Experience
- Safe Services

These themes build on and reflect those in earlier publications including the NHS Constitution, the Health and Social Care Act 2012, Liberating the NHS: No decision about me without me, and No Health without Mental Health (NHwMH). The strategic direction for HPFT as set out in this plan is fully aligned with these themes. Our plans also informed by other known or anticipated changes in the external environment, in particular:

- Demographic and economic factors that mean a steady increase in demand for our services
- The changing commissioning and regulatory landscape including the role of Clinical Commissioning Groups, Health and Wellbeing Boards, NHS England, Monitor and the CQC
- The extension of PbR to mental health services; and
- The impact of the reports into the events at Winterbourne View and Mid-Staffordshire NHS FT

Our plans also reflect the different local circumstances and priorities within the areas and amongst the customers that we serve:

Hertfordshire

There are two Clinical Commissioning Groups (CCGs) in Hertfordshire, Herts Valley CCG and East & North Hertfordshire CCG. Both CCGs operate a federated model to ensure strong local clinical engagement in CCG decision making. The Hertfordshire health economy as a whole achieved a positive financial balance in 2012/13; however, expenditure on secondary care contracts in the acute sector continues to put pressure on budgets. The need to provide for the cost of retrospective continuing health care claims could also place significant pressure on CCG budgets.

Both CCGs are part of a long standing Joint Commissioning Partnership arrangement with Hertfordshire County Council. The Joint Commissioning Team, which is jointly funded under the agreement and hosted by the County Council, commissions the countywide HPFT mental health and learning disability services contract. Both CCGs have endorsed the Hertfordshire's Joint Strategy for Mental Health which is fully aligned with the Trust's service transformation programme (see below).

The Trust welcomes the fact that the Health and Wellbeing Board has identified 'Improving mental health and emotional wellbeing', 'Living well with dementia' and 'Fulfilling lives for people with learning disabilities' as three of its nine local priorities.

Norfolk and North Essex

HPFT is commissioned by the CCGs in Norfolk and North Essex to provide services for people with a learning disability. Relationships with commissioners in Norfolk have proved to be very stable throughout the changes within the commissioning environment that have taken place in the last year. Our service development and efficiency programme in North Essex fully reflects CCG commissioning intentions and is reflected in a new contract from April 2013.

Specialist Services

HPFT is commissioned by the Midlands and East Specialist Commissioning Group (SCG) to provide Forensic Services (Medium Secure LD services, Low Secure LD & MH services), Perinatal Inpatient services, CAMHS Tier 4 services and national OCD services. We have recently signed a new contract with Midlands and East SCG for 2013/14 and are working closely whilst they develop their commissioning intentions for 2014/15 and beyond. Moving forward, the Trust will align its strategic thinking on the development of its services with commissioners, by developing further what are already positive relationships, so it can be in the best position possible to deliver high quality services that are based on commissioner need and intentions for the future.

2.2. HPFT's strategic position

HPFT is well placed to meet the challenges and take advantage of the opportunities offered over the coming years. The Trust has a track record of both strong financial performance and good governance, however, we do not believe in complacency. We understand the significant challenges of providing improving services in the context of a more competitive, customer driven and financially constrained environment.

In addressing some of the challenges this poses we are making strong progress against our service transformation plans. In 2012/13 we:

- Successfully implemented a Single Point of Access for all our services across Hertfordshire
- Completed a successful evaluation of a range of innovative alternatives to admission, winning the Health Service Journal Award for Innovation in Mental Health for one of these schemes (Host Families).
- Secured planning permission and commenced the build for our new £40m Mental Health and Learning Disability Facility

Together this puts us in a strong position as we enter another two years of significant change for the organisation.

As the only Foundation Trust in Hertfordshire we have embraced the opportunities to work with the wider health economy to meet the QIPP challenge. We are working closely with both CCGs in Hertfordshire and their individual localities to ensure that mental health and learning disability are a significant part of future CCG agendas and priorities. In addition, our strong partnership with Hertfordshire County Council (HCC) has allowed us to continue to have a constructive dialogue around difficult issues and decisions that result from the additional financial pressures faced by social services.

As noted above, both CCGs are committed to a continuation of the existing joint commissioning arrangements for mental health and learning disability services. This provides important continuity for the Trust as does the successful negotiation of a new contract that secures a stable income stream for the organisation over the period of this plan. The contract reflects how we will continue our work with commissioners to deliver on a number of key commissioning intentions including:

- Equitable levels of service and support for all people in all areas of the county
- Developing alternatives to admission
- Greater choice and independence
- Reducing the need for specialist services
- Supporting people with long term conditions
- Improving the employment opportunities for people with mental health

Our transformation programme is fully aligned to these commissioning intentions. There are also opportunities to develop new and innovative services that better meet the needs of our service users, primary care colleagues and the wider system e.g. new A&E liaison services that will deliver significant savings for the health economy. We also recognise that some services may no longer be provided by the Trust going forward e.g. in 2012-13 personal budgets replaced traditional models for day services.

2.2.1. Competitive position

We have seen and expect to see increasing competition from both NHS and independent sector providers e.g. from April 2012 all drug and alcohol services across Hertfordshire (including those previously provided by the Trust) have been commissioned from a third sector organisation. Whilst competition poses a threat it also gives us real opportunities to expand our services within and outside

of Hertfordshire where we can demonstrate excellent quality of care and value for money. We already deliver services in Norfolk and North Essex and we will be looking to see how we can deliver better care to those that require it by seeking opportunities to expand and deliver services in these and other areas

We have developed a growth and sustainability agenda for the next 3 to 5 years that identifies the key areas of vulnerability and areas where we can expand and deliver better quality for our service users and carers e.g. services for people with a learning disability. This will see the Trust retain and develop its services to ensure quality, safety and a sustainable future.

3. Strategic Direction and Priorities

3.1. Trust Vision and Strategic Goals

Hertfordshire Partnership NHS Foundation Trust (HPFT) provides health and social care both for people with mental ill health and those with a learning disability. The Trust cares for people across Hertfordshire, Norfolk and North Essex.

The Trust is committed to providing excellent health and social care for both people with mental ill health and those with a learning disability. We aim to provide services which make a positive difference to the lives of service users and their carers, underpinned by the principles of choice, independence and equality. The partnership arrangements with the local authority provide an excellent opportunity to develop a recovery orientated approach based on holistic assessment of both health and social care needs. We also aim to play a full part in the local health and social care economies that we serve by promoting and driving greater integration between mental and physical health.

Our vision is: **‘To be the leading provider of mental health and specialist learning disability services in the country’.**

At its core this means delivering the highest quality care, with excellent treatment outcomes, which meets the needs of service users and carers within a safe environment.

Our vision is underpinned by eight goals aligned to three strategic themes. Together these set out our strategic direction and how we wish to be viewed both within and outside of the Trust:

Customers and Communities

- To deliver high quality integrated health and social care services in accordance with recovery principles.
- To be the provider of choice for service users, carers, the community and commissioners.
- To work in partnership with the community to promote the wellbeing of others, whilst making a positive contribution to the environment.

People

- To be the employer of choice where staff are highly valued, well supported and rewarded.
- To create a dynamic and flexible working environment where staff are motivated and committed to providing high quality care.
- To embed a learning culture where staff develop their full potential and deliver excellent care.

Sustainability

- To ensure a sustainable future through income growth and efficient use of resources.
- To be an innovative and learning organisation that embraces new and modern approaches to health and social care.

3.2. Objectives 2013/14 – 2015/16

Three key principles underpin the development of our plan for 2013/14 - 2015/16. They are:

- Continuity – The Trust is on a multi-year journey towards meeting the Board's vision. The objectives for 2013/14 and beyond follow a clear path from those set the previous year taking into account key changes in the internal and external environment.
- Alignment – The Trust's Strategic Plan is fully aligned to all other plans and strategies within the organisation e.g. the Strategic Business Unit plans and Quality Account.
- Balancing focus and ambition – 2013/14-15/16 will continue to be a very busy period for the Trust with multiple competing pressures. The plan seeks to strike a balance between maintaining strong performance 'here and now' and building for the future.

The plan is based around eight objectives for the year that set out what we will achieve:

1. We will deliver safe and effective services
2. Service users, carers, referrers and commissioners will have a positive experience of our services
3. We will transform services, putting the needs of service users and carers at the centre
4. Staff will have a positive experience of work
5. We will have a productive and high performing workforce
6. We will embed a culture that promotes our values
7. We will secure the financial sustainability of our services
8. We will develop an enviable reputation for quality and innovation, and strong relationships with commissioners, GPs and our key partners

These Objectives are underpinned by:

- Outcomes that clearly define the result (e.g. from a service user, or financial perspective) of delivering on each objective; and
- Success Measures that set out specifically how we will know that we have achieved our planned outcomes
- A Delivery Plan with key milestones we expect to meet along the way

Each of the objectives outcomes is expanded on further in the sections that follow. Reflecting some of the key external and internal drivers our plans for this three year period demonstrate an increased emphasis on:

- Service User Experience and building a culture based on compassion and care - the development and implementation of our Customer Care Strategy will be key to this.
- Maintaining and where possible raising staff motivation and engagement through period of significant service changes – our Organisational Development Strategy underpins this
- Greater service integration with the wider health and social care economy – this will be driven through our work with both Hertfordshire acute trusts on piloting a new model for mental health liaison services and our work with the community trust on long term conditions

4. Quality and Service Development Strategy

4.1. Quality Context

HPFT starts from a solid underlying position:

- 86% of service users say HPFT services have helped them see a positive future for themselves based on the Trust's 'Having Your Say' surveys;
- 78% of service users say they would recommend HPFT services to family or friends if they needed it;
- The Trust is fully compliant with all CQC essential standards, fully registered with no conditions on registration;
- NHS LA level 2 was retained in [September 2011]; and
- All Monitor targets were fully achieved in 2012/2013.

However, we recognise that there are key areas where we need to improve in order to deliver on the Trust's vision to be 'leading' and we were disappointed by an "average" overall performance in the 2012 national service user survey.

The Trust has developed an innovative service transformation programme to deliver its ambitious clinical strategy. It sets out our plans for how we will deliver consistently excellent services with fewer resources based on:

- Easier, quicker and more streamlined access to services
- Clear and effective care pathways
- Services that are close to communities and where service users live.
- Better and more therapeutic care environments that provide an improved experience for our service users and our staff

We are delivering on these objectives through:

- A new Single Point of Access (rolled out in May 2012) that provides information, advice and triage and where appropriate access to full assessment, across all of HPFT's services;
- The roll out of [23] 'Recovery Care Pathways' that will reduce variation in care and support consistent delivery of best practice
- Broadening access to innovative alternatives to inpatient admissions that we have successfully trialled e.g. our Host families which won the 2012 HSJ Award for Innovation in Mental Health; and
- Putting in place the appropriate supporting estates and IT infrastructure and workforce development programmes

The Trust's Quality Strategy provides a clear framework for how we deliver and evaluate our service transformation programme with respect Customer Experience, Safety and Effectiveness. It describes in detail where we are now with regard to quality of care and where we want to be in three years based on the following aims:

Customer Experience

1. Achieve year on year improvement in service user and carer satisfaction with the services we provide (including annual national service user survey results)
2. Achieve increased evidence each year of improvements made to services in response to feedback

3. Reach a position where stakeholder engagement with what we do is routine, comprehensive and has a demonstrable impact in every case

Safety

1. Implement the patient safety framework
2. Achieve and maintain an excellent record on national indicators of patient safety such as the new Safety Thermometer
3. Continuously reduce serious untoward incidents (as a proportion of all reported incidents), with a particular emphasis on suicide prevention

Effectiveness

1. Promote an approach of “make every contact count” in terms of the effectiveness of all our interventions
2. Nurture a culture of reflective practice at team level – based on a commitment to local audits and evaluations – especially at a time of service changes and/or reductions

4.2. Quality and Service Development Priorities

The Trust will use its quality strategy over the next three years to drive forward its quality agenda at a time of continuing financial challenge.

The Board of Directors review and challenge the quality of all services via a comprehensive quality and performance report, that includes complaints and serious incidents, provided each quarter. The Board and its sub-committees consider all issues relating to the quality of service the organisation provides seriously and monitors trends and identifies any learning required.

Our programme to transform how we work and deliver services encompasses all of the Trust's activities and everyone who works for the Trust. At its core is the need to deliver:

- Consistently excellent care and treatment outcomes that promote recovery and meet the personal needs and expectations of service users and carers
- Productive and efficient services that meet the funding pressures facing the NHS and secure the Trust's future

It is carefully evaluated with monthly reports provided to Transformation Programme Board to offer assurance around progress. Any decision to significantly change, develop or acquire services is based on a careful quality impact assessment. The Trust consults widely on its quality priorities set out in the quality account. This is just one example of how the Trust looks outwards as well as inwards in its approach to quality.

We will put service users, their families and carers at the heart of everything we do. The publication of the Francis Report (2013) has reinforced the need to remain vigilant to this end and we will continue to use a wide range of information and feedback to constantly measure quality of care. We will also look for more opportunities to talk more to service users, their families and the public about what is important to them for their health and social care needs and be open when care and services do not meet the standards we want to deliver. We will also continue to treat partner agencies and commissioners as extremely valuable in providing a different set of perspectives on the quality of our services.

Our quality and service development objectives for the period 2013/14 – 2015/16 are set out below. The outcomes and success measure that support these objectives are fully aligned to our Quality Account for 2013/14.

Objectives	Outcomes	Success Measures	Summary Delivery Plans	Milestones (2013/14-15/16)
<i>"We will..."</i>	<i>"The result of this will be that..."</i>	<i>"We will know we have achieved this result because...."</i>	<i>"We will deliver these results by...."</i>	<i>"The key milestones we will meet in delivering this are...."</i>
We will deliver safe and effective services	Service users will be able to access the right service in a timely way	<ul style="list-style-type: none"> All waiting times will be met Service users will be allocated to right service/pathway first time 	<p>Performance against waiting time targets was good in 2012/13. We will focus on maintaining this good performance and improve access to our enhanced primary care psychological therapies service (EPMHS).</p> <p>We will continue to improve how our single point of access (SPA) manages referrals, including how we follow up with clients referred into EPMHS.</p>	<p>SPA processes reviewed and revised to improve access and improved efficiency (2013/14)</p> <p>SPA operating as a 24/7 service (2013/14)</p> <p>Referral management fully aligned to new care pathways and new model for community services (2014/15)</p> <p>Stronger links and integration with access points of partner organisations established (2015/16)</p>
	Service users will progress positively through our services in line with the principles of Recovery	<ul style="list-style-type: none"> Service users' HoNOS scores will reduce Service users will report that Trust services have helped them see a positive future for themselves 	<p>Delivering the Trust's transformation programme is central to this e.g. through developing and implementing recovery care pathways, remodelling community services for children/adolescents and adults, rolling out alternatives to admission and strengthening community based care for people with learning disabilities. This is set out in more detail below.</p> <p>As part of this transformation of services we will develop more peer support worker posts. Peer support workers have lived experience and can play an important role in helping service users see a positive future for themselves.</p>	<p>Development of all adult mental health, CAMHS and learning disability care pathways completed (2013/14)</p> <p>New, more joined up adult mental health community service model rolled out across Hertfordshire (2013/14 -14/15)</p> <p>New ways of working associated with remodelled community service model and pathways fully embedded (2015/16)</p>
	Service users will feel safe and be protected from avoidable harm	<ul style="list-style-type: none"> The rate of level 3 or 4 incidents as proportion of all incidents will remain low at 12/13 levels Inpatients will report feeling safe 	<p>2013/14 -14/15 is a period of significant service change and our focus will be on maintaining the safety of service throughout this period. Building on work during 2012/13 we will ensure a robust governance framework is embedded throughout all levels of the Trust to support early identification of potential risks to safety.</p>	<p>Revised clinical risk training rolled out (2013/14)</p> <p>Complete and evaluate Safer Clinical Systems project (2014/15)</p> <p>Improvements maintained as demonstrated by NRLS reports</p>

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			<p>We will maintain a healthy culture of incident reporting through checks by practice governance groups.</p> <p>We will continue to work to reduce serious incidents, especially suicides, through revised clinical risk assessment training and the regional quality network project on safer systems.</p> <p>We will also maintain our focus on supporting community mental health service managers to respond promptly to safeguarding alerts.</p>	(2015/16)
	Staff will report that they are able to deliver safe and effective services	<ul style="list-style-type: none"> Staff will report that they would recommend Trust services to family or friends if they needed it Staff will report that they are satisfied with the quality of care they are able to deliver 	<p>In addition to delivering on the wider service and organisational development objectives set out in this plan, we will continue to develop our programme of staff listening events e.g. Big Listens, local listens and CEO breakfasts.</p> <p>We will also develop new channels for staff to send in ideas on improving the quality of care e.g. by email.</p>	<p>New mechanisms in place for staff to raise ideas on improving the quality of care (2013/14)</p> <p>Greater evidence of learning from staff feedback embedded within practice (2013/14- 14/15)</p>
Service users, carers, referrers and commissioners will have a positive experience of our services	Service users will report a positive experience of compassionate and caring services	<ul style="list-style-type: none"> Service users will report that they would recommend trust services to family or friends if they needed it Service users will report that they felt staff were polite and treated them with respect 	<p>Our performance on the "friends and family" test has been good but we want to do better. Delivering the Trust's transformation programme is central to this e.g. through developing more personalised services, improving environments and more joined up care. This is set out in more detail below.</p> <p>Alongside these service changes we will develop and implement the Trust's customer care strategy. A key focus within this will be on embedding values and behaviours that emphasise compassionate care.</p> <p>We will also continue to develop more recovery-focussed approaches in teams with more</p>	<p>Customer care strategy and delivery plan in place (2013/14)</p> <p>New, more joined up adult mental health community service model rolled out across Hertfordshire (2013/14 -14/15)</p> <p>New ways of working associated with alternatives to admission fully embedded across Hertfordshire and North Essex (2014/15)</p> <p>Desired values and behaviours embedded (2015/16)</p>

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			examples of fitting the services provided to the aspirations and goals of service users.	
	Carers will feel supported and valued in their role	<ul style="list-style-type: none"> Carers will report feeling valued by staff 	<p>In February we launched a public consultation on a new carers' strategy that emphasises the Trust's commitment to the Triangle of Care. We will continue to reinforce the importance of engaging respectfully with carers in all aspects of care through clinical risk training and learning notes</p> <p>We will also roll out a specific programme to train all our frontline staff in carer awareness.</p>	<p>Carer awareness training programme built around the triangle of care model rolled out for frontline staff (2013/14)</p> <p>Community Teams have dedicated peer support workers providing a range of advice and support to carers (2014/15)</p> <p>Carer support networks are established as ambassadors for change (2015/16)</p>
	GPs will report a positive experience of our services	<ul style="list-style-type: none"> GPs will report that their experience of HPFT service is positive GPs will report that they would recommend trust services to their patients 	<p>Hertfordshire GPs have told us that they want rapid access to clinical expertise when they need it, effective communication about their patients and planned service changes, and for their patients to be able to quickly access appropriate high quality services. GPs particularly want to see continued improvements around CAMHS in this respect</p> <p>We will continue to develop our single point of access to reflect GPs needs and expectations, including ensuring that there is rapid access to clinical expertise when this is needed.</p> <p>We will deliver a remodelled CAMH service with improved waiting times and outcomes following a re-launch of the service in March.</p> <p>We will also continue to develop our relationships with local GP mental health leads to better understand GPs experience of services, their expectations and engage with them on the Trust's service development plans.</p>	<p>Locality relationship teams embedded and effective two way communication established (2013/14)</p> <p>CAMHS successfully remodelled (2013/14)</p> <p>Service development plans aligned to emerging locality priorities (2014/15)</p>

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<i>"We will..."</i>	<i>"The result of this will be that..."</i>	<i>"We will know we have achieved this result because...."</i>	<i>"We will deliver these results by...."</i>	<i>"The key milestones we will meet in delivering this are...."</i>
	Commissioners will report a high level of satisfaction with HPFT's performance	<ul style="list-style-type: none"> Formal feedback / rating mechanism to be developed 	We will continue to develop our relationships with the NCB and CCGs and County Councils across Hertfordshire, North Essex and Norfolk to better understand their expectations and engage with them on the Trust's service development plans. We will deliver against all our contractual obligations and targets including securing CQUIN funding.	Service development plans aligned to emerging new commissioner priorities (2013/14) Contracts for 2014/15 and beyond secured across all existing services (2013/14)
We will transform services, putting the needs of service users and carers at the centre	Our community services will be built around the needs of service users	<ul style="list-style-type: none"> Service users across mental health services will have reduced HoNOS scores Service users will report that they would recommend trust services to family or friends if they needed it Service users will report that Trust services have helped them see a positive future for themselves 	We will roll out a new model for community services built around the needs of service users. There will be fewer, larger teams with greater continuity of care coordination and fewer handovers between teams.	Development of all adult mental health, CAMHS and learning disability care pathways completed (2013/14) New, more joined up adult mental health community service model rolled out across Hertfordshire (2013/14 -14/15) New ways of working associated with remodelled community service model and pathways fully embedded (2015/16)
	Alternatives to inpatient admission will be available across the county to better support recovery and more personalised care	<ul style="list-style-type: none"> Service users will report that Trust services have helped them see a positive future for themselves <p><i>Note: These measures mirror those for Objectives 1 and 2 above</i></p>	We will develop a second Acute Day treatment Unit (ADTU) to serve the east and north of Hertfordshire. We will recruit more host families so that all parts of Hertfordshire have access to this innovative and award winning service. We will extend our intensive outreach service for people in later life so that more people can be remain in their own home instead of being admitted on to a hospital ward. We will reconfigure our community learning disability teams in North Essex to provide better care at home and further reduce inpatient	Alternatives to admission extended (2013/14) New ways of working associated with alternatives to admission fully embedded across Hertfordshire and North Essex (2014/15) Reconfiguration of inpatient services completed (2015/16)

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			admissions	
	Mental and physical health services will be more joined up delivering better outcomes and a better experience for services users / patients	<ul style="list-style-type: none"> Service users will report a positive experience of mental health liaison services Acute Trust staff will report having confidence in mental health liaison services A&E re-attendance will reduce for patients seen by the mental health liaison service 	<p>We will roll out a new model for our mental health liaison services that integrates more closely with the acute hospitals in Watford and Stevenage as well as with Hertfordshire Community Trust (HCT) services.</p> <p>Starting with COPD, we will work with HCT to deliver more joined up physical care and psychological support for people with long term physical conditions (LTC).</p>	<p>New model for mental health liaison services successfully piloted (2013/14)</p> <p>Model for integrated LTC pathways across HPFT and HCT developed (2013/14)</p> <p>Integrated working across acute liaison and LTC services fully rolled out (2014/15)</p> <p>Integrated pathways for dementia and end of life care established (2014/15)</p>
	We will have modern, state of the art environments that promote recovery and support staff to deliver the highest quality care	<ul style="list-style-type: none"> Service users, carers and staff will report a positive experience of our environments 	<p>We will be on track to open the first phase of our new £42m state-of-the-art mental health and learning disabilities centre at Kingsley Green, Radlett.</p> <p>We will start a programme of renovating our other inpatient units.</p> <p>We will complete and open a new £5m assessment and treatment unit in Norfolk for people with learning disabilities that will support service user's recovery and return to life in the community (Astley Court).</p> <p>We will complete the renovation of the first set of new community hubs that will provide modern environments for our staff to be based and for service users to visit.</p>	<p>Astley Court development complete and fully operational (2013/14)</p> <p>Kingsley Green development complete and fully operational (2014/15)</p> <p>All new community hubs rolled out and fully operational (2014/15)</p> <p>Modernisation and reconfiguration of inpatient services completed (2015/16)</p>

Objectives	Outcomes	Success Measures	Summary Delivery Plans	Milestones (2013/14-15/16)
<i>"We will..."</i>	<i>"The result of this will be that..."</i>	<i>"We will know we have achieved this result because...."</i>	<i>"We will deliver these results by...."</i>	<i>"The key milestones we will meet in delivering this are...."</i>
	We will have information systems and tools that support staff to work productively and deliver the highest quality care	Staff will report a positive experience of our information systems	<p>We will roll out a new electronic patient record (EPR) system across all mental health services in Hertfordshire.</p> <p>We will roll out a fit for purpose business intelligence system that supports more productive working and better decision making.</p> <p>We will provide staff with the tools to support more agile and productive working, reducing travel and increasing the time spent in direct contact with service users for community based staff.</p>	<p>New EPR successfully rolled out across all services (2013/14)</p> <p>'Agile working' solutions successfully rolled out and embedded in practice (2014/15)</p> <p>New Business Intelligence system fully rolled out (2014/15)</p> <p>'Information based' culture embedded and driving continuous improvement (2015/16)</p>

5. Workforce and Organisational Development Strategy

Our workforce are the key to maintaining the quality and safety of all our services and continuously improving the experience that service users, carers, referrers and commissioners have of HPFT. We will work hard over the plan period to develop our workforce, ensuring that individuals have the right skills, knowledge and values. We will develop and implement a customer care strategy that places a positive staff experience at the heart of delivering a positive service user experience.

The vision for our workforce is to create a high performing workforce that operates embracing the values and expected behaviours of the Trust consistently. A workforce that is highly engaged motivated and fully aligned to the Trust objectives and vision. A workforce that is fully aware of levels of accountability for their individual performance delivery in relation to their respective roles. Our organisational development (OD) strategy sets out four strategic themes to address this

- Customer centric
- Leadership capacity and capability
- Culture
- Alignment of process and systems

Our workforce is undergoing significant change and staff morale and engagement levels have dipped as defined in the national staff survey. We have commenced a comprehensive listening exercise to understand the issues that really matter to our workforce. The output of this work will further refresh and update our OD action plan which has a strong focus on improving staff experience and involving the workforce directly in the many change programmes. We regularly hold listening events such as the “Big Listen” and the “Little Listens” to hear from workforce regarding concerns and issues. We also hold engagement events specifically for transformation to ensure that we undertake effective two way communication. We monitor the experience of staff through our quarterly pulse surveys and then share this with both our Board and respective SBUs to target interventions to improve the position.

We strongly believe that a great staff experience leads to an excellent service user experience; to drive this we have commenced a customer care programme to co-create our values with those using our services and those who deliver our services. The output of this work will refresh our values, which will define our accepted/unaccepted behaviours. We will align our recruitment, appraisal and other management process to help embed the values within our workforce and supporting our culture of care and compassion. This work will support us deliver some of the workforce recommendations from the Francis Review, around values, behaviours and compassion in care.

Our workforce and OD objectives for the period 2013/14 – 2015/16 are set out below. The outcomes and success measure that support these objectives are fully aligned to our OD Strategy for 2013 -2015.

Objectives	Outcomes	Success Measures	Delivery Plan and Milestones	
<i>“We will...”</i>	<i>“The result of this will be that...”</i>	<i>“We will know we have achieved this result because....”</i>	<i>“We will deliver these Results by....”</i>	<i>“The key milestones we will meet in delivering this are....”</i>
Staff will have a positive experience of work	Staff will report feeling engaged and motivated, and recommend the Trust as a place to work	<ul style="list-style-type: none"> • Staff will report that they would recommend the Trust as a place to work, • Staff will report feeling engaged and motivated at work 	<p>We will develop and implement a customer care strategy that places a positive staff experience at the heart of delivering a positive service user experience. In developing our plans we will engage with staff through a range of means including a series of listening events.</p> <p>We will re-launch the corporate cascade system to improve communications and introduce change champions.</p>	<p>Customer care strategy and delivery plan in place (2013/14)</p> <p>Communication cascade system rolled out (2013/14)</p> <p>Values and Behaviour framework launched (2013/14)</p> <p>Management and staff charter introduced (2014/15)</p>
	Staff will report reduced levels of bullying, harassment and physical violence	<ul style="list-style-type: none"> • Staff will report reduced levels of bullying or harassment by other staff will fall • Staff will report reduced physical violence from service users will fall 	<p>We will complete the development of an Equality action plan with a focus on preventative initiatives around harassment and bullying</p> <p>We will review our existing approaches and systems for managing harassment and bullying and supporting affected staff.</p> <p>We will launch a proactive communication campaign to promote the interventions that are already available. .</p>	<p>Equality action plan adopted and implementation started (2013/14)</p> <p>HR Processes aligned to behaviour framework (2013/14)</p> <p>Mediator scheme reviewed (2014/15)</p> <p>External accreditation achieved (2015/16)</p>

Objectives	Outcomes	Success Measures	Delivery Plan and Milestones	
<i>"We will..."</i>	<i>"The result of this will be that..."</i>	<i>"We will know we have achieved this result because...."</i>	<i>"We will deliver these Results by...."</i>	<i>"The key milestones we will meet in delivering this are...."</i>
We will have a productive and high performing workforce	Staff will be equipped with the skills and knowledge to provide high quality care	<ul style="list-style-type: none"> • Staff will report having access to relevant training and development • Staff will have had an appraisal and PDP put in place within the last 12 months • Staff will report having received a well-structured appraisal within the last 12 months • Staff will be compliant with mandatory training requirements 	<p>We will build on the progress made over the last 12-18 months by:</p> <ul style="list-style-type: none"> • Increasing awareness and uptake of continuing professional development (CPD) by better publicising the range of available opportunities. • Delivering 'Effective Appraisal' training for first level managers to support the quality of appraisals. • Providing easy access to mandatory training e.g. through blocked training sessions • Targeting underperforming areas and working through the HR Business Partners to develop tailored solutions to increase uptake. 	<p>'Effective appraisal' training for first level managers rolled out (2013/14) Training needs analysis completed (2013/14) Needs analysis fully reflected within training and development programme (2014/15) Lean principles embedded in all training offerings (2015/16)</p>

Objectives	Outcomes	Success Measures	Delivery Plan and Milestones	
<i>"We will..."</i>	<i>"The result of this will be that..."</i>	<i>"We will know we have achieved this result because...."</i>	<i>"We will deliver these Results by...."</i>	<i>"The key milestones we will meet in delivering this are...."</i>
	Band 7 and 8 leaders across the organisation will be equipped with core management and leadership skills	<ul style="list-style-type: none"> Staff will report being supported by their immediate line manager* Staff will report a clear understanding of their team's performance and how it contributes to the organisation 	<p>We will develop our pool of immediate line managers in their roles by continuing with development sessions first commissioned in autumn 2012.</p> <p>We will develop and roll out an induction programme for new managers so that they are better equipped and supported to carry out their new roles.</p> <p>As part of our focus on talent management and succession planning we will provide targeted support to develop individuals already in leadership posts as well as those aspiring for leadership posts at all levels.</p>	<p>New Managers induction programme rolled out (2013/14)</p> <p>Talent management and succession plan in place (2013/14)</p> <p>All Band 7 staff and above have completed talent / succession plan interview (2014/15)</p> <p>Management and leadership competencies full operational and embedded in appraisal and objective setting (2015/16)</p>

Objectives	Outcomes	Success Measures	Delivery Plan and Milestones	
<i>“We will...”</i>	<i>“The result of this will be that...”</i>	<i>“We will know we have achieved this result because....”</i>	<i>“We will deliver these Results by....”</i>	<i>“The key milestones we will meet in delivering this are....”</i>
	Productivity levels will increase across the organisation	<ul style="list-style-type: none"> Average sickness rate across the Trust will fall Specific productivity measures and targets will be defined linked to Trust’s Community Services Review project 	<p>We will build on the proactive approach to managing long and short term sickness absence that has already been put in place. This includes</p> <ul style="list-style-type: none"> Providing accurate, real time KPI data to managers across the Trust. Specific training for managers on managing sickness absence <p>We will conduct an in depth diagnosis of those areas with high agency spend and tighten up the management of annual leave.</p> <p>We will also continue with centralised rostering of shifts for those areas with high spend.</p>	<p>Occupational Health services market tested (2013/14) Alignment of sickness reporting and rostering system complete and operational (2014/15) Rostering system fully operational throughout all parts of the Trust (2015/16)</p>

Objectives	Outcomes	Success Measures	Delivery Plan and Milestones	
<i>"We will..."</i>	<i>"The result of this will be that..."</i>	<i>"We will know we have achieved this result because...."</i>	<i>"We will deliver these Results by...."</i>	<i>"The key milestones we will meet in delivering this are...."</i>
We will embed a culture that promotes our values	Staff will report a clear understanding of the behaviours expected of them	<ul style="list-style-type: none"> Staff will report a clear understanding of the behaviours expected of them All recruitment and appraisals take place against agreed values and behaviours* Service users will report they are treated in a way that is respectful and polite (Note: this is the same measure as for service user experience) 	<p>We will define a new values and behaviours framework for the Trust. This will be co-created with staff and service users through an engagement process that will drive the Trust's Customer Care strategy.</p> <p>We have already piloted a new appraisal process, linked to behaviours. We will develop this further and roll it out across the Trust once the values and behaviours framework has been defined.</p>	<p>Customer care strategy and delivery plan in place (2013/14)</p> <p>All recruitment, appraisal, and management process fully aligned to agreed trust values and behaviours (2013/14)</p> <p>Customer Care metrics fully developed and implemented (2014/15)</p> <p>New performance management system implemented (2014/15)</p> <p>Desired values and behaviours fully embedded (2015/16)</p>

Clinical workforce strategy

One of the underpinning principles of the clinical strategy is to ensure that Trust has the right number of staff with the right skills appropriately deployed to deliver high quality safe services, whilst allowing more clinical time to be spent on face to face contact with service users. We have reviewed our clinical workforce profile against data provided by the Audit Commission, the Sainsbury Centre and others. Whilst the Trust's workforce numbers are broadly in line do have more staff at higher bands in comparison to other similar providers. As part of our transformation programme we are developing new roles including assistant practitioners, nurse prescribers, and employment and accommodation workers as well as investing in new technology and infrastructure to support clinical practice. In line with an expected efficiency requirement of c. £22m over the plan period we expect pay costs to continue to reduce. This will be delivered through the remodelling of services as part of our transformation programme and realising productivity opportunities e.g. through better use of technology (see Section 7). Specific workforce changes over the plan period include:

- We will review the psychological therapies workforce with a view to changing the skill mix towards more staff delivering face to face clinical care and the development of intermediate level skills in psychology across the broader workforce.
- Our community services will be remodelled and built around the needs of service users. A smaller number of larger teams will deliver more joined up care and mean the introduction of extended roles and fewer management posts.
- Alternatives to inpatient admissions will see the development of a second acute day treatment unit to serve the east and north of Hertfordshire, as well as further development of host families. Our workforce will see an increase at band 4, assistant practitioners who will support in this regard.
- Our state of the art mental health and learning disabilities centre at Kingsley Green, Radlett will see the relocation of staff from three different sites from across Hertfordshire. This will allow opportunities for rationalisation of some back office support and efficiencies in the way on-call rotas are designed and staffed particular for middle grade doctors.

Workforce Pressures

The workforce pressures which the Trust faces centre on:

- Recruiting and retaining appropriately qualified and trained staff over the long term
- Reducing pay costs including managing the use of temporary resourcing
- Maintaining staff morale and staff engagement levels during major transformational change (see above)

The Trust workforce profile indicates an aging workforce and as a consequence of both mental health officer status and changes to NHS Pensions, the overall impact is that the Trust remains a net recruiter, for newly qualified mental health nurses, as well as CPNs, social workers and CAMHS staff. We will work actively with the local education and training board to ensure that the workforce for mental health and learning disabilities commissioned and delivered in line with our requirements.

The number of vacancies across the Trust is currently higher than normal, with posts held to support the workforce changes required to deliver the new service model. As a consequence we are having a more flexed approach to the workforce using, a higher number of temporary staff. This is robustly managed from both a quality and financial perspective.

The Trust continues to implement strategies to reduce the pay costs, and increase productivity, much of this work has been around the management of sickness absence, more effective use of temporary resourcing as well as more efficient rostering of staff.

As we implement the various aspect of our change programme, we are ensuring we use this opportunity to embed Lean principles.

6. Financial Strategy

6.1. Current Financial Position

The Trust has performed strongly since its inception in 2007, achieving planned surplus and Financial Risk Rating positions year on year. This is a significant achievement given the well-publicised and continuing financial challenges faced by health and social care organisations since 2010

2012/13 was another successful year with the Trust reporting a year end underlying surplus (excluding exceptional items) of £2.4m (2011/12 £2.7m). The surplus represents an excellent performance by the Trust given the continued challenges to maintain and improve service quality whilst facing significant demands for efficiency savings. This surplus is available for reinvestment in programmes to continually improve the quality of services and service user experience. The Trust achieved a Financial Risk Rating (FRR) of 4 for 2012/13 (FRR 3 after excluding exceptional items) reflecting the strong financial performance of the Trust.

The Trust continues to proactively manage its cash balances and ended 2012/13 year with a strong cash position, partly as a result of our close attention to the collection of income due. This strong position has enabled the Trust to manage its cash flow without recourse to the utilisation of its working capital loan facility during the year. Cash balances are prudently invested during the year in accordance with the Treasury Policy approved by the Directors, with security and liquidity of funds being paramount. The Trust has obtained approval from both Monitor and the Foundation Trust Financing Facility for a 25 year term loan which will be used to support the Trusts continuing investment programme.

Headline information on the key 2012/13 results are set out in the following table:

	2012/13 £000	2011/12 £000
Total Income	203,615	211,684
Surplus for the Year (excluding Impairments and pension income)	2,398	2,661
Capital Charges (Depreciation & Public Dividends)	7,447	7,573

During 2012/13 we invested £10.5m in providing new or improved assets (land, property and equipment) through the capital programme agreed and reviewed by the Directors. The capital programme to date has been met from internally generated resources and therefore there has been no requirement to borrow any external finance on a commercial basis.

Looking forwards the Trust continues to operate from a strong financial base. The commitment of Hertfordshire commissioners to a three year block contract from 2013/14 covering 78% of all income recognises the strength of our partnership arrangements and provides significant financial stability for the Trust across the plan period.

6.2. Financial Strategy and Goals

We have continued to implement our long-term financial strategy in recognition of the significant downturn in the economic environment and the particular challenges for the public sector. This focuses on delivering savings through an ambitious service transformation programme, with planned service change enabling high quality and safe levels of service whilst achieving the required efficiency savings.

Further development of the strategy has continued, focussing on:

- maintaining financial sustainability;
- responding to the more competitive and challenging environment;
- changes introduced through the Health & Social Care Act 2012; and
- planning guidance 'Towards High Quality, Sustainable Services'.

Our financial strategy continues to maintain the balance of service quality and financial performance against the significant efficiency requirement across the plan period. The planned surplus supports our ambitious investment programme and we continue to seek growth opportunities that fit with the Trust's strategic vision through either developmental growth or competitive opportunities. We will seek growth opportunities that help the Trust:

- maintain a sustainable critical mass and contribution
- continue to provide a wide range of integrated health and social care services
- increase operational efficiency and productivity

The financial outcomes of the plan reflect our balanced approach to service quality and financial performance as well as the potential impact of the continuing efficiency requirement and our service transformation programme. The Financial Risk Ratio across the plan period, utilising the new 'Continuity of Service' measure grows from an initial 3 to a 4.

Planning Assumptions

We have reviewed our financial assumptions in light of the NHS Commissioning Board's 'Everyone Counts: Planning for Patients 2013/14', and the 2013/14 planning guidance 'Toward High Quality, Sustainable Services' - NHS Trust Development Agency. In particular the assumptions around implied efficiency requirements going forwards have been reassessed. This also takes into account Monitor's current framework for assessing Trusts and in risk rating Foundation Trust investment and transactions. For the purposes of the plan a prudent approach is taken and efficiency assumptions are set as follows:

Health Care Income

2013/14 health funding for the Trust has been agreed on all key contracts in accordance with the relevant Department of Health guidance, which for 2013/14 is a net reduction of 1.3%.

The value of 'Commissioning for Quality and Innovation (CQUIN)' has been assumed to continue at 2.5% throughout the period. The Trust will continue its investment in a post with the specific target of working with operational teams to deliver the maximum income available from CQUIN schemes. This supported the 100% achievement of targets in 2012/13.

Social Care Income

Planning assumptions include known contractual commitments agreed with Hertfordshire County Council for 2013/14 which is a nil % change, and contractual agreements with other commissioners.

Inflation

The Plan recognises the known pay awards for 2013/14, which is 1% for most groups of staff and this has been included in the two subsequent years. Non-pay budgets have been broadly assessed according to the expected activity, usage or agreed level of expenditure and reflect general inflation forecasts.

Demand

The majority of income continues in the form of simple block contracts. This income accounts for around 90% of the total income which is primarily related to inpatient bed capacity and contact measures for community based services. This kind of block arrangement is not sensitive to changes in patient activity or demand, but is generally fixed through contractual arrangements, over the contract life time. The contract does incorporate the adoption of Payment by Results currencies within the contract in accordance with any national mandated changes. The view is that over the period of the Plan any changes would not have any financial impact (net neutral).

Demographic Changes

The population of Hertfordshire has increased across the last decade and this increase is forecast to continue generally, through to 2035. This is demonstrated by summarised population statistics from the Hertfordshire Joint Strategic Needs Assessment (JSNA), utilising national population census data.

Therefore there has been and continues to be, an increase in population and an increase of the prevalence of mental health disorders within that population, across the plan.

Across the plan period the average annual demographic movement based on JSNA statistics is:

Per annum average 2010-2015	
Under 18	0.84%
18-65	0.69%
65+	2.57%

The main block contract with Hertfordshire has been renegotiated and runs concurrent to the three year planning period. Demographic uplift has been negotiated and included for 2013/14.

Efficiency Requirements

Across the plan period the combined efficiency requirement equates to a savings requirement of c. £21.6m. Internal plans are ambitious and seek to enable efficiency and productivity gains through service transformation.

In order to secure the level of savings required, HPFT continues to operate a central monitoring and review programme through which projects are monitored and any shortfall in schemes or delay or

dilution in implementation can be identified quickly and the responsible managers held accountable to achieve the savings required. The PMO has been modified to strengthen the Quality Impact assessment review to ensure that any schemes do not threaten the quality or patient service elements of any service provision.

Delivering on our Financial Strategy

The actions required to deliver on our financial strategy fall into three areas

- Managing our Cost Base
- Sustaining and Growing income
- Capital Investment

Managing our Cost Base

The Transformation Programme is central to delivering the efficiency savings required of the Trust. The Transformation Programme includes the following key strands that will drive efficiencies whilst maintaining or improving the quality and experience of our services:

1. Making treatment and support more focussed and effective
2. Developing alternatives to inpatient care
3. Back office and support (incl. procurement)
4. More productive ways of working
5. Demand Management

Together these strands will support the delivery of efficiency savings over the plan period.

Sustaining and Growing income

The current contract cycle with all our commissioners commences from the beginning of 2013/14. The Trust committed significant priority to this during 2012/13 resulting in:

- Negotiation of a three year block contract with our main commissioners, providing guaranteed income streams
- Continued flexibility in the use of resources across a simple contract
- Agreed demographic uplift in year one of the contract to reflect demand

This gives the Trust a sustainable income base across the plan period.

From April 2013, secondary commissioning responsibilities and commissioning of other specialised services transfers to the Midlands & East Specialised Commissioning Group (SCG) from Hertfordshire commissioners. The services covered by this arrangement have been agreed under a one year contract, providing a 'status quo' position which is primarily a simple block arrangement.

Our other major contracts have been agreed on a one year block basis.

Whilst there is an element of risk associated with one year contracts, we have devoted significant energy into the relationship with our commissioners and remain confident about future negotiations within the plan period.

We will continue to seek growth opportunities where these align to and support delivery of the Trust's strategy focusing on areas where we believe we can deliver high quality care and value for money. We will:

- Work closely with commissioners and partners to ensure we have equal access to:
 - Transformation funds; and
 - Growth monies
- Explore organic service development opportunities in partnership or on our own
- Tendering for, or acquiring services with a focus on geographies that we already serve or where there are clear opportunities to drive integration across pathways or geographies

Capital Investment

The service changes linked to our transformation programme are far reaching and will be supported by significant changes to the Trust's infrastructure, ways of working, and its support functions. These changes are crucial to enabling the change as well as releasing additional efficiencies and quality improvements.

As a result we have produced an investment programme based on our strategic priorities which amount to circa £57m net of asset disposals. This reflects the need to radically rationalise and modernise the Trust's estate and the requirement for modern fit for purpose informatics to support the new service model and more productive working.

The key areas to support this strategy within our five year Investment programme centre on:

- Replacement of our Electronic Patient Record (EPR) system with 'PARIS';
- Informatics infrastructure and equipment that supports the new service model and more agile and productive working;
- High quality buildings and environments that are in the right place promoting recovery and productive working including:
 - a new 86 bed build at our Kingsley Green site and completion of a 12 bed new build at our Little Plumstead site;
 - rationalisation of our community bases to provide a fit for purpose 'hubs and spokes' model of service delivery to local and natural populations across the Trust; and
 - refurbishment of all inpatient facilities.

To facilitate our investment programme we expect to utilise the borrowing facility agreed through the FTFF of £32m as well as use of the Trust's own internally generated funding subject to maintaining appropriate liquidity to ensure the quality, safety and continuity of service.

7. Productivity and Efficiency

7.1. Cash Releasing Efficiency Savings (CRES) - Summary

The Trust's transformation programme is central to delivering the efficiency savings required by commissioners whilst delivering the benefits to service users, carers set out within our strategy. The transformation programme will result in significant service improvements across all services from CAMHS, through to specialist learning disability services. In addition to delivering significant benefits to those residents who rely on HPFT's services, the programme will also contribute to addressing health and health inequality issues that are important to the wider health economy.

The service improvements are aligned to the priority domains set out in the NHS Outcomes Framework (2012/13) and an overarching evaluation framework has been developed with commissioners and other stakeholders to monitor progress and ensure that the benefits are realised.

The identification and development of key CRES opportunities are driven through our transformation agenda, ensuring that efficiencies and productivity gains are complimentary to, and as a consequence of, innovative service change. Clinical engagement within the framework of the transformation work streams ensures that CIP's are strategic and support service transformation. Detailed planning and delivery of cost savings in line with the identified themes is driven through with the individual Strategic Business Unit Managing Directors and their teams, including Clinical Directors and Professional Leads. It is those teams who have the detailed knowledge of how these cost savings can be achieved whilst ensuring that service quality and service user and employee satisfaction continue to be delivered.

For each year of the plan period we expect to have to deliver recurring efficiency savings of c.4 to 5% or c. £6m to £8m. A brief summary of each of the key savings areas is given below including how the quality of services will be sustained and the key enablers for delivery:

1. Making treatment and support more focused and effective

Streamlined referral, transfer and discharge systems will improve access, service user experience and the utilisation of trust resources. Clear care and treatment plans and pathways will provide focussed interventions which reduce variation and duplication, as well as the overall volume of specialist services needed. The key areas of efficiency over the plan period are:

- Greater team integration - Reduced numbers of community teams, providing the full range of functions leading to reduced transfers of care and greater workforce flexibility
- Clearer care pathways and care management - Consistent clinical thresholds and defined interventions according to need, with specified outcomes and timescales that reduce variation and ensure best practice, best results and best value

Together this will deliver cumulative annual efficiency savings of c. £6.4m by the end of the three year plan period. These changes will be implemented across 2013 – 2015 to ensure changes are managed safely, delivering efficiencies through to 2015/16:

2. Developing alternatives to inpatient care

A number of alternatives to inpatient care have been successfully trialled and will be rolled out further in 2013/14 (see Section 4 above). Together this will deliver cumulative annual efficiency savings of c. £2.9m across the period 2013/14 to 2014/15.

3. Back office and support (incl. procurement)

We will focus on gaining efficiencies from support services redesign so that more resources can be targeted to front line clinical services. New streamlined management structures have been introduced for operational services and will continue to be rolled out to support services in 2013/14, reducing overheads and aligning support functions more closely to the new service model. This will be supported by streamlined administrative processes and investment in better information systems.

More effective use of external suppliers/contractors will release further savings with a focus on developing the procurement strategy and targeting key areas of opportunity identified. Investment

has been made into our procurement function in order to optimise potential gains across 2013 - 2015. Together this will deliver cumulative annual efficiency savings of c. £5.6m by the end of the three year plan period.

4. More productive ways of working

Plans are in place to deliver savings through:

- Remodelling the workforce to make better use of new roles / lower bands
- Increasing activity across community teams
- Reducing spend on bank and agency
- Managing sickness more effectively
- Partnering with non-statutory organisations to deliver aspects of the care pathways

To enable continual productivity improvement we are developing our plans in relation to process review and are working in partnership with Unipart, leaders in this field. The changes we are introducing are supported through our investment in IT infrastructure and equipment enabling frontline staff to work with greater agility, spending more direct time with our service users, and reducing their reliance on office based access to systems and support.

Together this will deliver cumulative annual efficiency savings of c. £3.7m by the end of the three year plan period.

5. Demand management

Savings will be delivered through reducing the reliance on residential placements, negotiated cost improvements with partner providers and further remodelling of services in line with the shift to greater uptake of personal budgets. This will deliver cumulative annual efficiency savings of c. £0.6m by the end of the three year plan period.

7.2. Cash Releasing Efficiency Savings (CRES) - Governance

We have a very strong track record of delivering against our financial targets, including cost improvement plans. In the financial years 2009 – 2011 we fully met this requirement. For 2012/13 we again achieved our target CRES requirement, partially supplementing our financial position through non-recurrent sources. The non-recurrent element is made recurrent through our 2013/14 plans enabling us to successfully meet the tough challenge of continuing to deliver improved high quality services and maintaining waiting times whilst needing to make significant efficiency and productivity savings.

The Trust is clear that the financial and quality aspects of each CRES should be given equal weight, and that lines of accountability and governance arrangements should ensure that this very important balance is maintained. We have therefore strengthened our approach to assessing the impact on quality of care of Cash Releasing Efficiency Savings schemes. Essentially, it is required that the lead for a specific CRES scheme should complete a Quality Impact Assessment (QIA). The QIA paperwork is part of the project paperwork which includes the Project Initiation Document. The QIA section focuses on the quality domains such as safety, clinical effectiveness, patient and carer experience and timeliness. The QIA includes a Risk Assessment using the 5x5 matrix in line with guidance from the National Quality Board.

Following initial completion, the QIA is reviewed by the relevant Strategic Business Unit Managing Director and Clinical Director for agreement. Subject to this agreement the QIA is forwarded to the Chief Operating Officer, Medical and Nursing Directors to review and sign off as being clinically safe if appropriate. If approval to the QIA is deferred, the CRES lead may be asked to produce more evidence of the project and its expected impact. Once a QIA is agreed, on-going quality monitoring is still required, with further iterations of the process being triggered if sufficient threats to quality are found.

For each major scheme, a bespoke KPI dashboard has been developed to monitor the on-going quality, safety and financial delivery of the scheme. We have also recruited a programme lead to focus directly on the on-going quality and safety of each CRES scheme, reporting independently to the CRES PMO on a weekly basis.

The Trust has an agreed stepped process for development and approval of CIPs, supported through the transformation programme, Programme Management Office, and set out within the reporting procedure for Cash Releasing Efficiency Schemes:-

Level 1 – CRES initiatives

These are broad ideas that have been put forward for review. At this level it is agreed what business unit/department the CRES best sits under and who will be the Responsible Manager to start the research into how the ideas can be taken through to delivery. It will also be decided at this level whether it can be delivered within the present financial year or whether it is an idea that possibly will deliver in the future

Level 2 – Pending CRES

At this level the CRES has been agreed as a plan that can be taken forward and if required, a Project Initiation Document (PID) is to be completed. The PID will include a Quality Impact Assessment and sign off process that includes Finance, HR, and Operational Services, Quality and Clinical Governance and finally Executive authorisation.

Level 3 – Active CRES

At this level the CRES has been signed off by all necessary department leads and start and end dates agreed, phasing agreed and risk adjusted figure agreed. If the CRES requires a PID, then this would have been fully completed and signed off at PMO and Executive meeting and would now be included in the individual reports and active CRES monitoring

In order to secure the level of savings required, HPFT has introduced a central monitoring and review programme through which projects are monitored and any shortfall in schemes or delay or dilution in implementation can be identified quickly and the responsible managers held accountable to achieve the savings required. The CRES procedure sets out clear roles and responsibilities of key personnel so that these are well understood in order to achieve successful delivery of projects. Alongside the roles and responsibilities of individuals are reporting procedures developed to form an integral part of the governance of the HPFT programme, they are key to assuring progress, risk management and quality and are designed to:

- Enable the Programme Management Office (PMO) to confirm whether a Cash Releasing Efficiency Scheme (CRES) remains on track to deliver the savings and/or benefits to HPFT.
- Provide a consistent approach to reporting across all projects.

- provide a single framework for assurance against progress that can be reported to the Executive and the Finance & Investment Committee (FIC)
- Provide evidence of an audit trail of all work streams.
- deliver an assurance framework throughout the life time of a project

Plans are monitored by project and broken down by business unit/department to show the financial targets full or part year, the risk adjusted figure (if applicable) derived by applying a probability factor reflecting the projected value and an assessment of risk to delivery, and the phased financial target throughout the year. The Trust has developed a suite of reporting tools which are used to monitor and report against each CRES project. These are structured to provide assurance of performance and to enable escalation and drill-down within the reporting framework.

8. Plan Risks

In this section we set out the key potential risks to delivery of our three year plan as well as the mitigating actions being taken. The table below provides a balanced view of risks that covers quality, workforce and financial elements.

Risk Area	Risk to/impact on the strategy	Mitigating actions and residual risk
Non-Financial Risks (including Quality and Workforce)		
Quality impact of reduced resources	Failure to deliver, recovery orientated, clinically effective services as a result of reduced resources and new financial pressures.	<p>Comprehensive transformation programme designed to make services more effective and efficient.</p> <p>Regular monitoring by the Board of key quality indicators through the performance dashboard.</p> <p>Quality Framework, with agreed Quality Indicators including Outcome Measures, monitored internal through various forms of patient experience feedback reviewed by the Quality and Risk Management Committee (QRMC) and reported to the Board</p>
Managing change	Failure to maintain high quality and safe services through transformation	<p>Robust governance structure in place to support change programme</p> <p>Detailed planning of all changes including double running where required to maintain a safety net</p> <p>Quality Framework, with agreed Quality Indicators including Outcome Measures, monitored internal through various forms of patient experience feedback reviewed by the QRMC and reported to the Board</p>
Workforce skill mix	Trust does not develop an appropriately skilled workforce to deliver the Trust business objectives and	Supervision, Appraisal and Personal Development Reviews / Plans systems operate throughout the organisation are reported to and monitored through Service Line Reporting

	service delivery plans/ high quality care.	<p>and the Board's Workforce and Organisational Development Group (WODG)</p> <p>Leadership Development Framework is in place to ensure the development of leadership skills in key posts reported to and monitored by WODG</p> <p>Training and Development Plan enables systematic development of all staff to the appropriate level of competence reported to and monitored by WODG</p>
Financial Risks		
External income reduction	<p>Financial efficiency levels greater than plan leading to the need for increased level of cost improvements and pressure on:</p> <ul style="list-style-type: none"> - quality of services provided - range of services provided - the ability for the organisation to invest in services and staff 	<p>Our plans reflect current best estimates of the efficiencies needed. In addition to this we will:</p> <ol style="list-style-type: none"> 1. Continue dialogue with commissioners around priorities for service provision and efficiencies 2. Identify and act on income growth schemes <p>The key residual risk to our plans is the need to further manage demand for the services we provide in order to maintain quality. This will be done through working closely with our current and future commissioners</p>
External pay pressures & job market instability	<p>Delivering the planned transformation of services over the next three years requires a change in the roles and skills of our workforce. Recruiting and retaining high calibre staff is central to this plan. Pressure on pay levels represents a key potential risk</p>	<p>To ensure we are successful we will develop reward and recognition processes to attract and retain high performing staff</p> <p>The key residual risk to our plans is the need to identify additional efficiency savings to fund a suitably skilled workforce in a sustainable manner</p>
External – Introduction of PbR	<p>Failure to align our services and care pathways with any changes to the income structures could lead to a loss of income</p>	<p>Our plans take account of the need to realign our services to new payment structures to ensure care pathways are in line with national and local commissioner remuneration. In addition we will also need to:</p> <ul style="list-style-type: none"> - deliver robust data collection systems and processes to

		<p>support payment structures</p> <ul style="list-style-type: none"> - raise awareness amongst staff with respect to PbR and its implications
External – Competitive environment	<p>Commissioners across England are increasingly using competitive tendering as a tool to demonstrate value for money, choice and quality.</p> <p>This process could lead to:</p> <ul style="list-style-type: none"> - loss of income - economies of scale being lost - loss of skills and knowledge - increased competition on patch 	<p>The Trust will continue to seek to understand the needs of its commissioners.</p> <p>We will also:</p> <ul style="list-style-type: none"> - identify high risk areas and develop action plans to retain business - understand and develop positive relationships - understand competition, trends and strategic direction - consider synergies with other organisations and develop partnership working where appropriate
External – Changes to commissioning arrangements	<p>In order for the Trust to retain business and develop its services, positive relationships and increased engagement with clinical commissioning groups and NHS England commissioners are essential</p> <p>Failure to engage and develop positive relationships could lead to:</p> <ul style="list-style-type: none"> - loss of income - fragmentation of services 	<p>The Trust will continue to build more positive relationships with GPs and CCG's.</p> <p>We will also:</p> <ul style="list-style-type: none"> - identify the risk areas associated with clinical commissioning and develop plans to mitigate against risks - involve GPs in the development of the services we provide
External – Policy developments e.g. personalisation	<p>Personalisation of health and social care gives service users and carers increased flexibility and choice on care packages. This choice may lead to:</p> <ul style="list-style-type: none"> - loss of activity and income in community facing services, - additional cost and workload attributed to administering personalised budgets 	<p>The Trust is committed to offering increased choice for service users and carers. To ensure personalisation forms part of our care plans we will:</p> <ul style="list-style-type: none"> - identify resources for direct payment assessments - review Trust services to ensure we are meeting service user needs - understand impact on existing Trust services such as "day services" and plan accordingly.
External - Demand	<p>Managing the demand for Trust services is an inherent part of our sustainability programme to ensure people get the services they need and they are of high quality. Presently the Trust is seeing</p>	<p>The Trust will continue to manage demand in an assertive manner through performance management and offering services on the basis of need. We will also:</p> <ul style="list-style-type: none"> - Develop an action plan to remain within budget.

	<ul style="list-style-type: none"> - Increasing demand for mental health services - Pressures on Secondary Commissioning/Social Care Placement budgets - Increased demand for placements 	<ul style="list-style-type: none"> - Use of contingency reserve. - Use of other budget underspends
Internal	General Budget Performance	The Trust is committed to sustaining good budget performance. To achieve this there is a need for continued close monitoring by Managers and Executive Team/Board
	Achievement of CRES programme	<p>The Trust is committed to achieving its CRES programme. To ensure delivery we will;</p> <ul style="list-style-type: none"> - Monitor progress via reports to Executive Team/Board. - Allocate scheme leads through PMO approach. - Utilise transitional support from commissioners.
	Cost per case occupancy	<p>The Trust is committed to managing cost per case occupancy. To achieve this we will</p> <ul style="list-style-type: none"> - Monitor our services more efficiently - Deliver alternative uses e.g. repatriation of 'out-of-county' placements. - Realise commensurate expenditure reductions.

