

**Strategic Plan Document for 2013-14**

**Lincolnshire Partnership 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):

Name	Jane Marshall
Job Title	Director of Strategy, Performance and Information
e-mail address	jane.marshall@lpft.nhs.uk
Tel. no. for contact	01529 222244
Date	

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

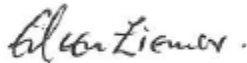
In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Eileen Ziemer
-----------------	---------------

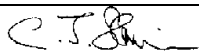
Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Chris Slavin
---------------------------	--------------

Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Karen Berry
----------------------------	-------------

Signature



## LPFT's strategic position

Forecast health, demographic, and demand changes

The Trust serves a population of 735,000 people within a predominantly rural area of 2,350 square miles. The overall population density is low, with an average of 300 people per square mile, compared to 723 in the East Midlands and 1010 for England as a whole.

The population within each locality has its own characteristic mix of health needs and issues, from the high seasonal influx of population and higher than average elderly population along the coastal strip, to the growing University population and high deprivation indices of Lincoln. Since the EU enlargement in 2004, the county has seen a large inward migration of people from the ten accession countries.

90% of parishes in Lincolnshire have no daily bus service and overall the transport infrastructure is fairly poor with only 41 miles of dual carriageway out of 5,600 miles of roadway in the county, making access a dominant issue.

There are significant health inequalities across the county, with large differences in life expectancy and death rates across the county. In the Boston District Council area, life expectancy for men and premature death rates are significantly worse than the national average. Percentages of healthy eating and physically active adults are also significantly lower.

The key health challenges identified by Public Health Lincolnshire and particularly those that are relevant to LPFT, are highlighted below:

- Changing demographics - inward migration, increasing birth rate, ageing population, health inequalities
- Economic and health inequalities with low wage economies and ill-health being related
- Children's health and lifestyles e.g. obesity smoking, sexual health & mental health
- Poor transport and highways infrastructure
- An ageing population: long term health conditions; residential/hospital care and mental health, most notably dementia.
- Inequalities for people with disabilities, including those with learning disabilities
- Prevention relating to smoking, alcohol, obesity and maintaining independence

### Strategic Landscape

The NHS environment is changing very significantly and the continued success of this Trust requires resilience and flexibility.

#### *Clinical Commissioning Groups*

There are four authorised Clinical Commissioning Groups (CCGs) in Lincolnshire. Each CCG will be responsible for commissioning the vast majority of NHS funded services.

- NHS Lincolnshire West CCG
- NHS Lincolnshire East CCG
- NHS South Lincolnshire CCG
- NHS South West Lincolnshire CCG

In Lincolnshire, the four CCGs are working together and have established a CCG council. This body works to co-ordinate activities between the CCGs. NHS South West Lincolnshire is the lead CCG for mental health.

Two of the CCGs have long-established localities, which pre-date the CCG arrangements:

- NHS Lincolnshire East: Boston; East Lindsey; Skegness and Coast
- NHS South Lincolnshire CCG: South Holland; Welland

NHS Lincolnshire West CCG is also developing five localities.

#### *NHS England – Area Team*

NHS England is operating with four regional offices. Lincolnshire lies within the NHS Commissioning Board's Midlands and East Region. Beneath the regional structure, there are 27 Area Teams (ATs). Lincolnshire falls under the remit of the Leicestershire and Lincolnshire AT, which covers seven CCGs and four health and wellbeing boards. All ATs will assume direct commissioning responsibilities for GP services, dental services pharmacy and certain aspects of optical services. The Leicestershire and Lincolnshire AT is one of ten ATs taking a lead role on specialised commissioning.

#### *Lincolnshire County Council – Health & Wellbeing Board and Public Health*

Lincolnshire County Council is leading the process of shaping social care to meet local need including ensuring the integration of the Public Health function, a focus on health and well-being in local communities and the development of the provider market to stimulate resilience and dynamic responses to support vulnerable people closer to home and to respond to the increasing focus on personalisation of care to reflect personal choices.

Lincolnshire's Health & Wellbeing Strategy has five themes, which are based on the five priorities identified in the Joint Strategic Needs Assessment. These are detailed below along with associated priorities/measures of related to LPFT's service portfolio:

- **Promoting healthier lifestyles**
  - Improve people's sense of mental wellbeing
  - Support people to drink alcohol sensibly
- **Improving the health and wellbeing of older people in Lincolnshire**
  - Spending more on helping older people to stay safe and well at home
  - Enhancing quality of life for people with dementia
- **Delivering high quality systematic care for major causes of ill health and disability**
  - Minimise the impact of long term health conditions on peoples mental health
- **Improving health and social outcomes and reducing inequalities for children**
  - Emotional wellbeing of children looked after
- **Tackling the social determinants of health**
  - Employment of people with mental illness
  - People with mental illness or disability in settled accommodation
  - Proportion of adults with learning disabilities who live in their own home or with their family
  - Proportion of adults in contact with secondary mental health services living independently, with or without support

One of the cross-cutting issues, which is reflected in all or most of the themes is mental health –

the JSNA identified mental health issues as major cause for concern. It is intended to address this through inclusion in all of the themes to ensure that it is a consideration for all organisations

One of the sub-groups of the HWB is the Excellent Ageing programme, which was developed to improve outcomes for older people in the county and reduce social and financial costs. Key themes are complex case management and dementia care.

#### *Partnering with providers*

Lincolnshire Community Health Services and United Lincolnshire Hospitals NHS Trust are partnering with Lincolnshire Partnership NHS Foundation Trust to ensure that the patient is placed at the centre of integrated services and integrated decision making by the NHS. Volunteer partners, voluntary sector organisations, charities and independent sector partners are key allies in this.

#### *Summary*

LPFT recognises that mental health and community services have an important role to play in this financially challenged post-Francis environment, by contributing to the Total Care Pathway for patients, community infrastructure, recovery, gatekeeping of acute care and admissions avoidance.

We are part of this changing landscape and are working with our partners on the future design of services.

The Trust Board of Directors at LPFT has moved to assert that, in the coming five years, it is the needs of patients that transcend the needs of organisations.

As the single Foundation Trust in the Area Team, LPFT sees a strong case for this brand to continue to thrive. It is within the context of the previous paragraph that the future configuration of care in Lincolnshire will be determined.

The Trust provides an ever-increasing range of services, both in Lincolnshire and beyond. While its core services cover mental health, learning disability and substance misuse, the Trust's portfolio is broadening all the time to include other health and social care services.

Mental Health	
Adult	<ul style="list-style-type: none"> <li>- Integrated Community Teams</li> <li>- IAPT – Improving Access to Psychological Therapies (Lincolnshire; Derbyshire)</li> <li>- Inpatient (acute; rehabilitation)</li> </ul>
Dementia	<ul style="list-style-type: none"> <li>- Community</li> <li>- Inpatient</li> </ul>
CAMHS	<ul style="list-style-type: none"> <li>- Community</li> <li>- Inpatient</li> <li>- North East Lincolnshire</li> </ul>
Specialist care services	<ul style="list-style-type: none"> <li>- Eating disorders</li> <li>- Sexual assault</li> <li>- CFS/ME</li> <li>- Dynamic Psychotherapy</li> <li>- Military/veterans</li> </ul>
Learning Disabilities	
Inpatient (assessment & treatment; rehabilitation)	
Community	
Substance Misuse	
Adult – Drug & Alcohol Recovery Team (DART)	
Children & young people	
Criminal Justice System	
Prison healthcare	
Community forensic	
Partnership services	
RAID/A&E Liaison	
Admission prevention	
Discharge support	
Palliative care	
Managed Care Network	
Other community services	
Healthcare	
Social care	

Given the increasing pressure on resources and the emphasis on integration and collaboration, the Trust will continue its strategy of diversification and 'connecting care', which promotes prevention, earlier intervention, self-support and more home/community-based services.

#### **Strategic focus 2013-16: Connecting Care in Lincolnshire**

LPFT's strategy for the next three years is to:

- continue to focus on recovery and rehabilitation, to integrate care and services and to strongly push for prevention and interventions that keep people in recovery and out of services where possible
- be the single and best out of hospital provider of community based services in the county of Lincolnshire.
- work closely with partners and others to develop connected care – services that are about the person and not the organisations
- take account of the need to ensure patients are treated at all times with dignity and respect, that they feel safe in the care of the Trust and that their needs are met
- take account of the commissioners of our services, as representatives of local need, and to align services with clinical commissioning groups to ensure a local flavour to service delivery

This will mean working with a variety of partners in different ways as we make best use of the resources invested in our services.

### **Key competition**

- Spot-purchased beds (Rehabilitation, low secure and CAMHS Tier 4: Independent sector and NHS Trusts)
  - Potential impact: reduced income on marketed beds
- Substance misuse: Addaction
  - Potential impact: lower market share; fewer referrals and reduction in income
- Psychological therapies in Derbyshire's Any Qualified Provider (AQP) market: Various NHS, independent and third sector providers who are also AQP qualified
  - Potential impact: lower market share; fewer referrals and reduction in income
- Prison healthcare: various NHS, independent and third sector providers
  - Potential impact: loss of contract
- The local community health trust, an aspirant Foundation Trust, is expected to be a future potential key competitor of LPFT particularly in the area of older people's services.

### **Strengths and weaknesses**

#### *Strengths*

- The Trust has a strong reputation within Lincolnshire and the Midlands and East region
- It is the only Foundation Trust within the Area Team boundary
- Service quality e.g. strong performance in recovery rates for Improving Access Psychological Therapy services and drug service KPIs
- User satisfaction – Care Quality Commission surveys
- Positive relationships with commissioners
- Partnership working – development of SHINE/mental health support network
- Developing track record for long-arm management of services
- Part of national liaison & diversion programme
- Military personnel/Veteran expertise
- Discovery House, which is developing a reputation nationally for being a centre of excellence in specialist mental health rehabilitation

#### *Weaknesses*

- Quality of environment of some inpatient wards
- Information systems not integrated
- Waiting times for some services (e.g. IAPT)

- Service delivery costs (e.g. IAPT and locked mental health and learning disability inpatient rehabilitation services)
- Non-commissioned service gaps e.g. perinatal services; eating disorders; older adult community services; self-harm; ADHD; ASD; Personality Disorder; fulfilling the Bradley requirements; crisis service for children; services for adult survivors of sexual abuse

### Market share trends

Given the Trust's current portfolio, there are two services which are subject to market share implications:

- DART (Drug & Alcohol Recovery Team) - community substance misuse services in Lincolnshire
- *steps2change* - Primary Care Psychological Therapies in Derbyshire

#### *DART*

Historically, LPFT provided substance misuse services in Lincolnshire in partnership with Addaction. LPFT provided Tier 3 services and Addaction provided Tier 2 services. This service was re-commissioned and a year ago this partnership model was replaced by limited competitive market comprised of the two existing providers.

The legacy of the previous partnership delivery model meant that LPFT started with a significant disadvantage - Addaction, as the Tier 2 service provider, fielded all referrals and awareness of their substance misuse services was far higher.

Over the first 12 months of the new competitive market, LPFT's market share of referrals has steadily risen from 0% to around 50%. Over the next three years, LPFT expects to consolidate this position and will seek to increase market share through engagement of key referrers and gateways.

#### *steps2change*

From October 2009 to March 2013, LPFT provided the *steps2change* IAPT services for Chesterfield & North East Derbyshire (CNED). The contract was funded via a non-tariff block funded arrangement with agreed targets for activity and key performance indicators. *steps2change* was the sole provider of IAPT services in CNED.

Local commissioners decided that Primary Care Psychological Therapies (PCPT) should be provided on an 'Any Qualified Provider' (AQP) basis from April 2013. LPFT is now a qualified AQP provider of PCPT services in the whole of Derbyshire.

As part of LPFT's preparations for the transition to an AQP market, developed a strategy maximising business retention. The county was segmented into three localities and specific plans have been developed for each. In summary, LPFT's approach is based on retaining existing custom whilst achieving incremental growth by focussing on the concentrated pockets of population. Following worst/most likely/best case scenario testing, three year market share targets have been set for the three localities. These are monitored on a monthly trajectory.

## Threats and opportunities from changes in local commissioning intentions

### Key changes to local commissioning strategy and intentions



### *CCG Strategy/Intentions*

NHS South West Lincolnshire is the lead CCG for mental health and learning disabilities.

Each CCG has identified specific issues based on demographic pressures, but there are some common priorities across the county:

- Dementia care
- Quick access to psychological therapies
- Long term conditions
- Reablement

### *Adult mental health: Transforming Mental Health Services in Lincolnshire programme*

The main commissioning driver regarding adult mental health is the *Transforming Mental Health Services in Lincolnshire programme*

In light of the structural reform, financial challenges and evolving healthcare needs at both a national and local level, LPFT is working very closely with health and social care commissioners to re-design the county's adult mental health services to ensure that they deliver better outcomes for the population of Lincolnshire and better value for money. The objectives of this programme are to:

- Agree the new professional vision for adult mental health services in Lincolnshire, through a process which embodies clinical leadership and local solutions. Services will be redesigned to deliver that vision
- Identify the values and principles that will underpin the future delivery of mental health services in Lincolnshire
- Redesign and innovate service models/care pathways, and plan the transformational change that will:
  - Improve service quality and outcomes for service users and continue to assure quality in meeting all regulatory and quality standards
  - Effectively integrate health and social care, removing duplications and gaps between provider organisations
  - Release the resulting productivity gains and deliver sustainable efficiencies

Detailed business cases are being developed for dementia services and for acute in-patient beds. Public Consultation will commence once the Gateway and National Care Advisory Team reviews are completed.

In the meantime, the Trust is implementing the first raft of new initiatives arising from this clinical redesign work which include:

- Single Point of Access (one number/address/email for all referrals and information)
- New Integrated Community Teams (the core adult community mental health services)
- HIPS - Hospital Intensive Psychiatric Service (liaison mental health services in acute hospitals)

### *Children's mental health and wellbeing*

From 1st April 2012, Lincolnshire County Council (LCC) was transferred the lead commissioning function from NHS Lincolnshire for:

- Tier 2 CAMHS
- CAMHS Looked After Children Team
- Community Forensic Psychology Service

- CAMHS Lincolnshire Secure Unit Team - NHS Commissioning Board responsibility from 1st April 2013  
(Lincolnshire Clinical Commissioning Groups have continued to transfer this function to LCC from 1st April 2013)

From 1st February 2013, LCC extended its commissioning to include:

- Therapeutic Services for Children; Sexually Harmful Behaviours and Victims of Sexual Abuse (including for those with non-diagnosable mental health concerns)

From 1st May 2013, the lead commissioning function for CAMHS was transferred from Lincolnshire's Clinical Commissioning Groups (CCGs) to LCC, including:

- Tier 3 Specialist Community Services
- Tier 2/3 Youth Offending/ CAMHS Nurse Specialist Services
- Tier 3 Learning Disability Services
- Input to Diabetes Service
- Tier 2/3 Self-Harm Assessment and Intervention Services

The existing contract between LCC and Lincolnshire Partnership NHS Foundation Trust (LPFT) for all of these services is due to expire on 31st March 2014. The option to extend to 31st March 2015 exists.

Both LCC and the CCGs agree that the new local centralised commissioning of CAMHS provides an opportunity to review current service provision holistically for the first time and to work in partnership with LPFT to re-shape services where required.

#### *Specialised Commissioning*

LPFT's prison healthcare contract is due to expire on 31st March 2014 and it likely that, following the change in commissioning arrangements for offender healthcare, this service will be retendered in 2013/14.

#### *Any qualified provider*

LPFT currently provides Primary care Psychological Services as an AQP provider in Derbyshire, but does not provide any services under AQP in Lincolnshire.

When AQP was first introduced, NHS Lincolnshire carried out a public consultation on potential AQP services and it was decided that Primary care Psychological Services should not move to AQP at that stage. However there is a possibility that this situation could change.

LPFT regards its AQP service in Derbyshire as an opportunity to develop and test innovative business solutions that are 'fit for purpose' in a new competitive market environment. Successfully modifying the *steps2change* IAPT service model would provide valuable lessons for planning the corresponding transition in Lincolnshire, in terms of both service delivery and promotion.

#### **Demand profile and activity mix**

The Trust's demand profile has changed over recent years for a number of key reasons.

Firstly, inpatient activity has increased since February 2012 following the opening of a new 45 bed Adult Rehabilitation Inpatient Unit.

Secondly, certain services have experienced increased activity due to new contract comprising commissioner-led revisions to service specifications e.g. Adult Social Care services, Drug and Alcohol Recovery services, CAMHS and IAPT services (the latter contract being commissioned under AQP terms in Derbyshire).

Further changes are anticipated in respect of increased access to mental services for people with dementia (based on local demographics), greater partnership working with commissioners e.g. Local Authority and exploring opportunities to expand services under the AQP programme

### **Diversification of income streams**

LPFT's Business Development Strategy maps out a clear route for growth and identifies a number of income diversification targets beyond the Trust's core portfolio of contracted services and spot-purchased beds. These include:

- Service development – winning new services in existing markets where the Trust has developed a specialist niche e.g. offender personality disorder services; mental health services for sexual violence; services for military personnel and veterans
- Market development – selling existing specialist corporate/clinical services to new markets e.g. Staff Wellbeing Services; Learning & Development/HR training: (Prevention and management of violence and aggression; HR; Deprivation of liberty safeguards; mental capacity; mandatory training); Dementia training for care homes
- Integrated community services for frail older people

The Trust has developed a new Innovation Implementation Plan in 2013, which has been informed by "*Innovation Health and Wealth: Accelerating Adoption and Diffusion in the NHS*" (DH 2011). This plan supports the delivery of the 2013/14 CQUIN prequalification requirements identified in *Innovation Health and Wealth* for mental health and LD providers, which include '*International & commercial activity - exploiting the value of commercial intellectual property*'. LPFT is liaising with the local Academic Health Science Network to achieve this objective. The Trust is currently focussing on the market development of a suite of products concerned with the implementation of an outcomes-orientated approach to the delivery of mental health services. Products include service transformation toolkits, e-learning and software.

Research generates two incomes streams for the Trust:

- Recruitment to National Institute of Health Research portfolio studies
- Grants from Department of Health research funding streams

### **Collaboration, Integration and Patient Choice**

As indicated above, LPFT's strategic approach is to:

- continue to focus on recovery and rehabilitation, to integrate care and services and to strongly push for prevention and interventions that keep people in recovery and out of services where possible
- be the single and best out of hospital provider of community based services in the county of

Lincolnshire.

- work closely with partners and others to develop connected care – services that are about the person and not the organisations
- take account of the need to ensure patients are treated at all times with dignity and respect, that they feel safe in the care of the Trust and that their needs are met
- take account of the commissioners of our services, as representatives of local need, and to align services with clinical commissioning groups to ensure a local flavour to service delivery

This will mean working with a variety of partners in different ways as we make best use of the resources invested in our services.

Given the increasing pressure on resources and the emphasis on integration and collaboration, the Trust will focus on 'connecting care', which promotes prevention, earlier intervention, self-support and easing pressure on A&E/acute services with more home/community-based services.

### **Integrate services to provide better care and/or increase efficiency**

#### *Single Point of Access*

The development of a single point of access will improve the speed, access and service efficiency to the most appropriate care and treatment for service users. The SPA will provide a first point of contact for all new referrals seeking LPFT's clinical services. The SPA team is a multi-disciplinary service which will offer mental health screening and triage with onward sign posting to enable service users to be directed to the most appropriate service to meet their needs.

The overall aims of the SPA are to:

- Improve service user access and activity across the current service provision
- Reduce inappropriate waits
- Reduce the number of inappropriate referrals
- Gather relevant data prior to sign posting. Once the information gathering stage is completed the most appropriate professional can commence the assessment and treatment phase.
- Reduce duplication with one assessment therefore freeing up clinical staff to increase productivity
- Increase service efficiency by directing each referral to the most appropriate treatment pathway
- Make it easier for GP's to access and refer to the service

#### *Integrated Community Teams*

The Trust will be integrating the former Recovery, Assertive Outreach (AO) Support Time in Early Psychosis (STEP) and Adult Psychology teams into one team that is configured to meet each of the Clinical Commissioning Group (CCG) boundaries, the team will become the integrated team. The aim of the team is to provide a mental health service to the community, which is responsive to local needs.

### **Development of partnerships and collaborations with other providers**

#### *'Sustainable Lincolnshire'*

LPFT is working closely with local commissioners and providers in the to develop a clinical blueprint for the future which enables the Lincolnshire health community to meet the challenges of static budgets, soaring demand, increasing expectations from patients and carers and growing clinical standards.

<p>The partnership's first joint work programme is to carry out a whole system sustainable service review which will identify:</p> <ul style="list-style-type: none"> <li>• the opportunities for reducing demand and shifting care out of hospital that can be delivered in both the short and medium term</li> <li>• further levels of efficiency improvement that can be achieved within existing services</li> <li>• external factors and opportunities (within and outwith Lincolnshire) that should be taken into account when designing the future characteristics and pattern of service provision</li> <li>• key risks that will need to be jointly managed by the health community and suggested mitigation plans</li> <li>• short term opportunities that can be exploited in 2013/14</li> </ul> <p>As part of this ambitious programme to deliver better coordinated care and support that is centred on the individual, the 'Sustainable Lincolnshire' partnership is considering getting involved in the Health and Social Care Integration Pioneer scheme, which was launched by the Department of Health in mid-May 2013.</p> <p><i>Hospital Intensive Psychiatric Service – HIPS</i></p> <p>The Government's mental health strategy (No Health Without Mental Health (2011)) recognises and emphasises the importance of improved services at the interface between mental and physical health where co-morbidities present a broad spread of specific problems. There are a number of facets to this, one of which is encapsulated by liaison mental health services in acute hospitals.</p> <p>LPFT is working with United Lincolnshire Hospitals NHS Trust to pilot a Hospital Intensive Psychiatric Service (HIPS) at Lincoln County Hospitals</p> <p>The key features of LPFT's HIPS service will be:</p> <ul style="list-style-type: none"> <li>• Provision of a comprehensive range of mental health specialities within one multi-disciplinary team, so that all adults are assessed, treated and signposted</li> <li>• 24/7 service with a key emphasis on rapid response</li> <li>• Meet the mental health needs of all adult service users in acute medical care</li> <li>• Strong emphasis on diversion and discharge from A&amp;E and on the facilitation of early but effective discharge from general admission wards</li> </ul> <p><i>PACT – Prevention and Avoidance Community Team</i></p> <p>PACT is made up of three independent not-for-profit companies with charitable status: Adults Supporting Adults, Age UK Lincoln, Lace Housing Association and the Lincolnshire Home Improvement Agency. LPFT's HIPS team is working with PACT to reduce admissions of older people with mental health problems who are presenting at Lincoln County Hospital A&amp;E. PACT services include support for patients with a social need, support for patients with personal care requirements and transportation assistance. The aim is to get people home promptly, with support where needed, once their medical needs have been met.</p> <p><i>Partnership working with St Barnabas Hospice</i></p> <p>This is to support the strategic development of services for people at end of life or who are receiving palliative care (in hospital) and for whom in reach and joint training may improve the quality of services provided. This will also provide wrap around support to the HIPS service</p> <p><i>Partnership working with Louth and District Medical Services (LADMS)</i></p> <p>LPFT is working in partnership with LADMS to develop an integrated service model for dementia, dovetailing primary care with specialist mental health services</p>
--

	<p><i>Managed Care Network and Shine</i></p> <p>The Managed Care Network is funded by the Mental Illness Prevention Fund. The Fund has been established by Lincolnshire County Council and is managed by Lincolnshire Partnership NHS Foundation Trust. It helps people who have already experienced mental health problems, or who are having their first experience of mental illness. Unlike Personal Budgets, people will not need to be eligible under Social Care Eligibility Criteria.</p> <p>The Managed Care Network can be described as a co-ordinated, managed and integrated network of groups and organisations providing preventative support and services to people who have experience of mental health issues. These organisations have close operational and developmental links with each other to help people prevent, manage and recover from mental illness in order to enjoy the best quality of life as they possibly can.</p> <p><i>Shine</i> is an independent network of people, groups and organisations that share an interest in supporting people with mental health problems. Priorities for 2013/14 include:</p> <ul style="list-style-type: none"> <li>• Positive About Mental Health</li> <li>• Prompt (telecare)</li> <li>• Peer Support project</li> <li>• Promoting Physical Activity</li> </ul> <p><b>Impact of proposals in relation to competition rules and patient choice</b></p> <p>There are no competition issues regarding the integration/collaboration projects identified above. The emphasis is on integrated/complementary pathways rather than precluding choice.</p> <p>With regards to patient choice, the Trust has developed a Patient Choice Protocol, which provides guidance and support to staff on acceptable offers/levels of choice to patients and their advocates within the constraints of service delivery. It also outlines when a waiting time clock starts, pauses and stops.</p> <p>The principle objectives of this protocol are to:</p> <ul style="list-style-type: none"> <li>• Define why choice is important to the Trust and to patients</li> <li>• Explain different types of Choice booking</li> <li>• Definition of acceptable/reasonable Choice offer</li> <li>• Explain what starts, pauses and stops the waiting time clock</li> <li>• Explain service constraints</li> <li>• Define recording requirements</li> </ul>
<p><b>Approach taken to quality</b> (including patient safety, clinical effectiveness and patient experience)</p>	<p><b>Quality</b></p> <p><b>Outline of existing quality concerns</b></p> <p>LPFT is subject to periodic reviews by the CQC and a number of units were visited during 2012/13. All actions identified by the CQC are monitored and assurance is given to the CQC on completion of these actions. All teams are expected to maintain an evidence folder locally showing how services are complying with the CQC essential outcomes. This is reported to the Quality Committee, which is a sub-committee of the Board.</p> <p>LPFT has not participated in any special reviews or investigations by the Care Quality Commission</p>

over the last year.

The following units were visited during 2012/13:

Rochford, Boston – May 2012

Discovery House, Lincoln – June 2012

Peter Hodgkinson Centre, Lincoln – July/August 2012

Francis Willis Unit, Lincoln – October 2012

HMP Lincoln – October 2012

Manthorpe, Grantham – December 2012

All units were deemed compliant and any actions identified have either been addressed or are on track and being monitored through Operational Governance meetings and Quality Committee.

### **Key Quality Risks**

#### *Risk 1: Adult Social Care & Secondary Demand*

The Managed Care Network as a preventative/enabling strategy may not deliver a reduced demand on secondary health and social care services

- ▶ Mitigation: A framework of outcomes for the Managed Care Network is being implemented. This includes at minimum quarterly reporting against the 30 contracts. Including pre agreed key performance indicators according to the nature of the contract activity

#### *Risk 2: Lack of commissioned pathway for personality disorder, perinatal care and eating disorders*

The lack of commissioned pathways for treatment may impact on the Trust's ability to deliver quality care and outcomes.

- ▶ Mitigation: Project commissioned by the Director of Nursing & Operations and General Managers. Discussion with commissioners has identified all gaps in services for decision in 2013/14

#### *Risk 3: NICE Guidance Compliance*

As a result of capacity and skills constraints, a failure to meet NICE guidelines – including those for physical healthcare. Ensuring the work programme of the physical healthcare steering group is aligned to NICE guidelines, CQUIN targets and findings of the recent internal audit into the Quality Account.

- ▶ Mitigation: The Medical Director is reviewing all current NICE compliance with the audit/clinical effectiveness committee leads. Acknowledging that some areas would require significant service change, e.g. specialist depression clinic and personality disorder services. MD is meeting the regional NICE implementation consultant to help identify actions and support

#### *Risk 4: Quality Healthcare Environments*

Failure to provide healthcare environments that fully meet clinical needs and quality expectations

- ▶ Mitigation: Monitoring statutory compliance and improvement against benchmarks through the Quality Committee; Ensure that short term capital expenditure is targeted in accordance with compliance matters and the medium term estate plan priorities; Ensure that environmental factors are adequately considered in onward mechanisms for the Quality Strategy; Review the line of sight for assurance against CQC environment related standards; Ensure that the pending estate strategy and plan is informed by improved quality measures and experience for service users.

#### *Risk 5: Quality Impact of Cost Improvement Plans*

Workforce reduction and service changes (clinical and non-clinical) related to the delivery of the clinical strategy and efficiency plans adversely impact the safety and quality of patient care including outcomes.

- ▶ Mitigation: Completion of inpatient skill mix review and benchmarking; Heat map development and reporting (including patient safety/effectiveness and experience benchmarks); Achieving contemporaneous service user experience data; Independent clinical review of cost improvement plans – as per Monitor Good Practice Guidance; Pre and post cost improvement benchmarks for onward costs improvement plans – reporting to the Quality Committee; Announced and unannounced visit programme; Specific service improvement plans; Evidence based and data informed change programmes.

#### *Risk 6: CQC Outcome Evidence*

Internal assessments suggest weaknesses in the evidence of compliance

- ▶ Mitigation: Prison Healthcare added to the current Heat Map framework; Monthly care plan audits addressing standards of care planning, consent and nutrition will be completed until compliance can be demonstrated; Thematic improvement plans will be taken forward in the following areas; medicines management, care planning and nutrition

#### *Risk 7: Mental Capacity Act & Safeguarding*

There is a risk that the lack of clear multi-agency working and threshold agreement for referral of vulnerable adults, may impact on LPFTs ability to safeguard vulnerable adults. And variation in the knowledge of staff regarding the Mental Capacity Act (MCA) & related issues such as Deprivation of Liberties (DOLs) impacts on robust application.

- ▶ Mitigation: Review MCA training and bring it in-house to ensure relevant practice examples are used for staff to relate to; Bring MCA training into the mandatory requirement; Develop a communications strategy for MCA; Consider utilising the MCA Champion model; A threshold for alerting to the LA has been proposed and is subject to ratification by the Lincs Safeguarding Advisory Board; LPFT will remain a member of the threshold / procedure group hosted by the PCT and continue to escalate concerns to the safeguarding executive NHS Steering Group; LPFT Safeguarding Team to continue to support operational services with protection plans for vulnerable adults who at risk; Ensure that all operational managers are aware of the new thresholds for safeguarding and reiterate the importance of safety planning as a single and multi-agency to LPFT clinicians; Audit of self-harm NICE compliance; Case review report provided to Safeguarding Nurse Exec group

#### *Risk 8: Prescribing Practice*

Current policy and procedures are failing to ensure patients are receiving the correct medication.

- ▶ Mitigation: Current procedures allow for significant variation in practice across service teams in the Trust. There is a need for more clarity around prescribing, dispensing, and administering medications, in terms of responsibility and accountability. The Medical Director, Director of Nursing, together with the chief pharmacist, are undertaking a review of current policy and practice, looking at this specific risk, and in addition other areas of practice, which is potentially compromised by, lack of pharmacy provision and expertise, and capacity and capability issues in service teams

#### *Risk 9: Learning Lessons*



There is a risk that lessons learnt from serious incidents do not translate to required changes in practice, and reduce the likelihood of re-occurrence

- ▶ Mitigation: Tracked actions on main themes reported to Quality Committee; Clinical engagement in developing practice and policy change; Assurance reviews following profiled incidents; Regular thematic review of SUIs; Published lessons learnt.

### Quality management system

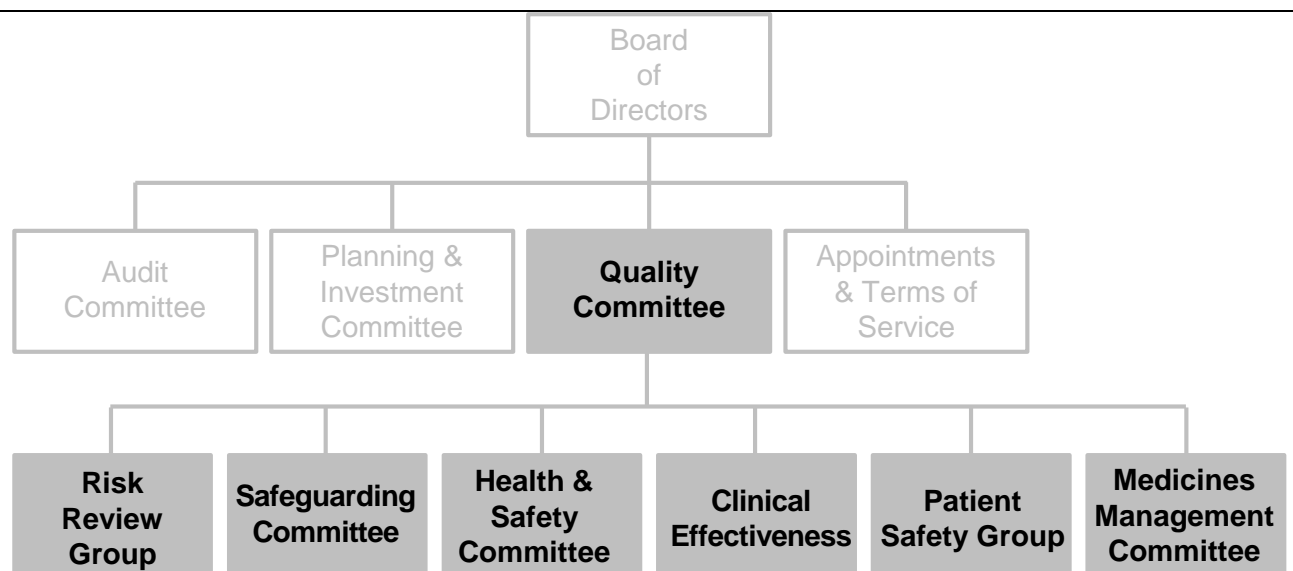
The Trust develops and embeds quality in the organisation, using a number of quality managements systems which work hand in hand with the three domains of quality.



PricewaterhouseCoopers – Quality reporting evaluation 2009

### CLINICAL GOVERNANCE STRUCTURE

The Trust has a robust system of clinical governance which underpins all LPFT services and provides the Board with the requisite assurance on service quality and patient safety. An independent audit of LPFT's clinical governance processes found "substantial levels of assurance" across the Trust. The system is summarised in the diagram below.



### *Quality Standards*

LPFT actively works with the Care Quality Commission to monitor compliance with the 21 Essential Standards of Quality and Safety. Each team has a local evidence file and self-assessment process to understand their individual level of compliance and inform service improvements as required.

Supported by Modern Matrons, the Trust's Head of Clinical Quality monitors and supports teams to evidence compliance and make changes as required. Updates on current compliance are regularly provided to the Board of Directors. This approach and the overlap with QAF self-assessment standards will be exploited for the benefit of this contract and its performance schedule.

➡ Monitored by the Quality Committee

### *Risk Assessment and Management*

The Trust has developed a focused iterative process of assurance that provides the Board of Directors with the evidence that achievement of the organisations strategic objectives is being met.

➡ Monitored by the Risk Review Group

### *SUI reporting*

The Trust utilises an electronic incidents reporting/risk management system to capture and analyse incident data. All serious untoward incidents are investigated and monitored by a Trust's Risk Review Group as well as monitoring the implementation of internal and external action plans/lesson learnt.

➡ Monitored by the Risk Review Group

### *Safeguarding*

Like all public sector organisations, the Trust has a legal duty to protect children and vulnerable adults from harm. In addition to operational polices and a safeguarding committee to oversee and progress the agenda, the Trust has a Safeguarding Nurse Consultant who works strategically with stakeholders across the county.

➡ Monitored by the Safeguarding Steering Group

### *Pharmacy*

	<p>In accordance with the requirement of the Duthie Report – “The Safe and Secure Handling of Medicines: A Team Approach “(Royal Pharmaceutical Society March 2005) LPFT has designated a senior pharmacist to be responsible for medicines management systems in the Trust. The Chief Pharmacist has Board designated responsibility for organising, monitoring, reporting and to maintain an effective and economical system by which medicines are managed safely and securely to meet the service user’s clinical needs.</p> <p>➡ Monitored by the Medicines Management Committee</p> <p><i>Audit and Clinical Effectiveness</i></p> <p>The LPFT Clinical Policy and Practice Improvement Committee led by the Trust’s Medical Director is responsible for the project management of all aspects of the implementation of both audit and clinical effectiveness.</p> <p>An annual audit programme is developed each year covering all ‘must do’ NICE technological appraisals, a range of other NICE guidelines and service specific audits to support service improvement. The Trust’s Research and Effectiveness team works with services and other organisations to identify advances in clinical practice and realise greater benefit for our service users.</p> <p>➡ Monitored by the Quality Committee</p>
<p><b>Clinical Strategy</b> (Consistent with information contained within the Trust’s published Quality Account).</p>	<p><b>Service Line Management Strategy</b></p> <p><b>The Trust’s overall quality strategy over the next three years</b></p> <p>Improving service quality is one of the Trust’s three strategic objectives and in the current climate this ambition will be challenging to effect over coming years.</p> <p>The Trust’s Quality Strategy 2013-16 sets out how we will meet this objective, ensuring we maintain our compliance with CQC essential standards whilst recognising the need to meet both the health and social care requirements of the local population effectively and safely. As a Trust we need to be able to evidence positive treatment outcomes and continuously seek to improve services.</p> <p>Patients must be the first priority in all that we do and all staff have a responsibility to ensure provision of safe, compassionate and caring services. Fundamental standards of safety and quality must be maintained and staff have a duty to speak out if they have concerns about standards of care. Leadership and accountability at all levels is required to reinforce these values and standards.</p> <p>The key drivers that have shaped this strategy include:</p> <ul style="list-style-type: none"> <li>• Publication of the Francis Report, which highlights that: <ul style="list-style-type: none"> <li>- Patients must be the first priority in all that we do</li> <li>- Every single person serving patients must contribute to a safer, committed and compassionate and caring service</li> <li>- All staff have a duty speak out if there are circumstances in which they cannot deliver safe care</li> <li>- Fundamental standards of minimum safety and quality must be maintained.</li> <li>- Leadership and accountability at all levels is required to constantly reinforce values and standards of compassionate care</li> </ul> </li> <li>• National Nursing Strategy and the launch of the 6C’s (Care, Compassion, Competence,</li> </ul>

Communication, Courage, and Commitment)

- Transforming Mental Health Services in Lincolnshire - Clinical Transformational Plan
- The strengthened NHS Constitution

As a Trust we want to work closely with partners and others to develop connected care and strongly link prevention and interventions that keep people in recovery and out of LPFT services, wherever possible.

The Trust's quality programme will focus on:

- Placing the service user experience at the heart of quality improvement plans
- Increasing service user feedback – listening, responding, changing and improving
- Improving in all areas of the national patient survey and expanding the use of the Friends & Family test
- Providing harm free care and preventing hospital infections
- Embedding the six Cs throughout our workforce
- Developing self-awareness and personal ownership of clinical quality by all staff
- Consistency in providing high quality care and treatment across the Trust
- Developing and implementing national and local initiatives within the Patient Safety, Clinical Effectiveness and Patient Experience domains.

## QUALITY PRIORITIES

### *Patient Experience*

- Capturing more direct patient feedback and taking action on this
- Monitoring and improving indicators of patient involvement in care
- Having the right staff, in the right place with the right skills to deliver a high quality experience
- Achieving dignity and respect markers
- Delivering timely access to services

### *Clinical Effectiveness*

- Driving improvements through a heat map of service quality across all services.
- Implementing our clinical transformation plan
- Meeting annual CQUIN requirements and the quality schedule agreed with commissioners
- Continuing to participate in national, regional and local research
- Pursuing national and recognised accreditation for our services

### *Patient Safety*

- Provide harm free care through monitoring and improving care and services
- Continuing the Older Adult Safety Thermometer – looking at pressure ulcers, falls, and urine infections in people with catheters, and taking improvement action
- Implementing the Mental Health Safety Thermometer - looking at falls, violence & aggression incidents, suicide/self-harm and medication incidents and taking improvement action
- Reviewing and implementing a formulation approach to clinical risk assessment, and improving our competencies in this.

### **The Trust's service line strategy over the next three years**

To ensure the momentum is maintained to take the Trust forward to a Monitor Level 4, the Service Line Management Implementation Team will remain in place, with a revised programme of work.

An exercise will take place in May to carry out a full re-assessment against the Monitor guidance to ensure the Programme remains robust and new work streams included;

The following key actions have already been agreed:

- Improving Clinical engagement by:
  - Developing 'Clinical Champions' for SLM (service line management)
  - Developing and rolling out a Clinical Engagement Plan
  - Promoting the importance of accurate and timely data inputting
- Commencing the roll out of an OD training plan of 3 levels of training.
- Commencing roll out of PbR Implementation, with particular emphasis on having all patients in the scope of PbR clustered.
- Rolling out a Trust wide SLM Communication Plan to ensure relevant levels of awareness of SLM across the organisation.
- Once work has been completed on developing SPA and integrated community teams; sign off service lines and take action to align all key Trust systems.
- Agreeing a 'Decision Rights' framework to include earned autonomy and roll this out
- Developing the performance framework further which will include:
  - How performance will be reviewed
  - How poor performance will be addressed
  - How good performance will be rewarded
- Working with Clinicians to develop the portfolio of service line reports, refining those in place from April 2013, using a balanced scorecard/ dashboard approach and then develop Service Line Reporting beyond two basic reports, to include all service lines.
- The development of corporate SLAs.
- A review of the annual planning process to ensure it reflects SLM
- Refresh of the Trust's SLM Strategy

### **The inputs the Trust used to develop the SLM strategy**

- Executive Team led exercise to assess ourselves against the Monitor Service Line Framework in Spring 2012.
- SLM Strategy devised by the Director of Strategy, Performance & Information.
- SLM Programme put into place to deliver SLM at Monitor Level 1, approved at P&I committee.
- The Programme is overseen by the 'SLM Implementation Team' and reports monthly to BPG and quarterly to P&I
- Programme consists of:
  - Project 1: Data Quality
  - Project 2: Tariff Design
  - Project 3: Service Line Budgets

- Project 4: Performance Management
- Project 5: Organisational Development
- Project 6: PbR

This has delivered to plan and basic Service Line Reporting was in place from May 2013, reporting on April's data.

As the Trust is in the middle of some major transformational work (Single Point of Access, Integrated Community Teams, North East Lincolnshire CAMHS), further work is required to finalise the service lines/delivery pods and this should be complete in June 2013.

## Clinical Workforce Strategy

### **An overview of the clinical workforce strategy (covering doctors, nurses and other key clinical groups)**

The Clinical Workforce Strategy will ensure that workforce planning can become more effective within strategic decision making and ensure workforce plans are focussed on results, actions and subject to constant review.

It is clear that the successful implementation of the recommendations from the Francis report will hinge on the professionalism and commitment of the workforce as a whole and its motivation and capacity to deliver change.

The following areas relating to the workforce implications of the inquiry will be implemented:

- contributing to the development of a shared culture where patients, service users and the public are the priority by examining how patient voice contributes to key workforce policies
- ensuring recruitment, training and retention policies and practices support the need for a workforce motivated to be compassionate and caring with shared values of transparency, honesty and candour.

Workforce planning is an integral part of the business planning process and services have been provided with robust workforce information to support the development of their plans. The Trust plans cover the total workforce and will deliver:

- Sufficient workforce numbers to ensure that high quality services are delivered safely and efficiently.
- The appropriate skill mixes along care pathways
- The planned reductions or additions in staffing for each area and the resulting redeployment, redundancy, retraining or recruitment requirements for the Trust as a whole.
- Taking into account patterns in turnover, recruitment and vacancy rates to maximise permanent staffing and a flexible workforce but reducing reliance on bank and agency staff
- Highly skilled, competent staff who are clear about their role and the leadership qualities and behaviours required to deliver effectively.

**Key workforce pressures and plans to address them;**

The following identifies the workforce risks and their mitigating factors:

*1. Workforce Supply*

Lincolnshire is a net exporter of young people and experiences recruitment difficult for specialist skills. There is a national shortage in psychiatry due to low recruitment into training posts.

Funding has been made available through the Local Education Training Board (LETB) to develop a recruitment strategy to recruit vacancies and promote students undertaking professional education in Lincolnshire. The Trust is using external recruitment as well as NHS Jobs to recruit externally.

*2. Vacancy Factor*

The vacancy factor as at 31 March 2013 (percentage variance between establishment and contracted in post) is 6.23%, however 5.75% of these vacancies are being recruited to which confirms that the Trust is investing in recruitment and actively filling vacancies.

The Trusts integrated finance and workforce plans will address the correlation between turnover, vacancy rates and bank/agency usage.

*3. Age profile*

The Trust has an ageing workforce in key professional groups and in particular medical staff. The impact of these age profiles have been analysed along with patterns in turnover in order to improve recruitment and retention strategies.

*4. Turnover*

Annual turnover is 10.86% (85% of this being voluntary leavers) a turnover figure between 10 to 12% is considered 'healthy' for an organisation overall and the Trust benchmarks.

The Trust will balance the cost of recruiting staff, and developing skills against the need to reduce staff and lose them through natural wastage.

*5. Maintaining safe staffing levels and achieving required efficiencies.*

The planned CIPs have meant reductions in posts, whilst there has been a reduction in managerial and administration roles these make a modest contribution to the CIP's and therefore clinical staff have also been revised.

The Trusts CIP's in clinical areas has focussed on reviewing skill mix, developing and enhancing roles and challenging variance in clinical practice. Staffing has been utilised more flexibly to increase efficiencies across integrated pathways both within the Trust and across the organisational boundaries.

**The impact of the Workforce Strategy on costs (short-term and long-term);**

The Trust monitors the progress of the workforce plan on a regular basis and its impact on financial costs. In the short term the impact of planned CIP's will be closely monitored and the

quality impact assessments reviewed. The longer term implications are likely to bring further efficiencies and opportunities for cost reductions. This includes review of shift patterns across the Trust and the application of LEAN working within all teams.

**Findings of benchmarking or other assessment (eg using the DH Workforce Health Tool).**

The Trust benchmarks itself on a quarterly basis for the following HR/Workforce metrics against all East Midlands NHS organisations:

- Actual FTE against plan
- Management FTE against plan
- Paybill
- Redundancies
- Sickness Absence

The Trust is currently working with colleagues within the East Midlands Local Education and Training Board to implement the National Workforce Assurance Tool, which integrates workforce, performance, financial and patient information and benchmarks against other Trusts, however this is currently acute focussed and needs to be developed further to support Mental Health Services.

During 2012/13 detailed workforce reviews have been carried out within the services in all in-patient wards. The benchmarking undertaken resulted in a cost neutral plan to increase establishment staffing levels to support appropriate skill mix and staff per bed ratios. This has led to lower sickness absence levels and a reduction in bank and agencies spend.

**Clinical Sustainability**

The key following key strategic documents within the Trust have workforce as a key factor and identify the importance of workforce engagement and development in order to ensure clinical stability:

- Quality Strategy
- Business Development Strategy
- Clinical Strategy
- Organisational Development Strategy
- Nursing Strategy
- Estates Strategy

**Identification of which of the Trust's services could potentially lack critical mass (defined by Royal Colleges etc.)**

None identified

**Identification of which services have consultant cover below those recommended by Royal Colleges etc. (link to financial template);**

None

**Innovations in care delivery developed at the Trust or in conjunction with partner organisations**

The following innovation projects relate to the development of Outcomes Orientated Approach to the Delivery of Mental Health Services):



	<ul style="list-style-type: none"><li>• Implemented across Child and Adolescent Mental Health Services (OO-CAMHS) in Lincolnshire and N.E. Lincolnshire. Local commissioners have incorporated OO-CAMHS into their local Commissioning for Quality and Innovation Payment Framework (CQUIN). Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme has endorsed the use of the ORS and SRS in their routine outcome monitoring. An OO-CAMHS Service Transformation Toolkit has been published and an 8 module e-learning package developed to support implementation locally and nationally. NICE has recognised OO-AMHS as an example of Quality and Productivity in Health and Social care (QIPP). The NSPCC have rolled out OO-AMHS nationally.</li><li>• Development of a multimedia eight module e-learning package to provide online access to training and educational resources to support mental health teams in the development and clinical delivery of a OO-AMH service. See<a (2011):="" (heic)="" an="" and="" approaches="" award="" clusters="" delivery="" e-learning="" east="" education="" health="" health,="" href="http://www.innovationforlearning.com/LPFT/\" in="" innovation="" managers="" mental="" midlands,="" of="" oo-amhs="" orientated="" outcome="" package.\""="" services:="" staff,="" supervisors="" the="" to="" training="">http://www.innovationforlearning.com/LPFT/\"East Midlands, Health, Education and Innovation Clusters (HEIC) Innovation Award (2011): OO-AMHS Training Staff, Supervisors and Managers in Outcome Orientated Approaches to the Delivery of Mental Health Services: An e-learning Package.\"</a></li><li>• An award for dissemination of the e learning package in partnership with the NSPCC: "East Midlands, Health, Education and Innovation Clusters (HEIC) Innovation Award (2012): National Role Out of the OO-AMHS e-Learning Package: Training NSPCC Clinical Practitioners and Managers in an Outcome Orientated Approach to the Delivery of Face-to-Face Services for Looked After Children."</li><li>• An innovation award from Medipex (a company that supports the development of innovations across three regions in the UK) in recognition of all the innovation developments above. See <a (2012-13)"="" and="" champions="" east="" href="http://www.medipex.co.uk/content.aspx?Page=2012_Innovation_Champion: Medipex - \" humber="" innovation="" midlands="" of="" the="" year\"="" yorkshire,="">http://www.medipex.co.uk/content.aspx?Page=2012_Innovation_Champion: Medipex - "Yorkshire, Humber and East Midlands Innovation Champions of the Year" (2012-13)</a></li></ul>
<b>Productivity &amp; Efficiency</b>	<p><b>Overview of potential productivity and efficiency gains</b></p> <ul style="list-style-type: none"><li>• <b>Single Point of Access</b> (SPA: The SPA's main function is to screen, sign post and arrange assessments for all new referrals for LPFT 's clinical services, agreeing with individual's quicker assessment and treatment slots for each clinical team, this has the potential to increase the patient flows and productivity. Through the service transformation that the SPA will bring, the SPA team will undertake some of the initial functions currently performed by the clinical teams, freeing up clinical staff's time and therefore increasing capacity which can be used to increase service productivity. The use of the Cloud technology will reduce the Trusts telephone costs, as all calls will be routed through one low cost number via the internet, saving the service user/referrer telephone charges. The introduction of the SPA will also reduce the data quality errors and clinical staffs time inputting and amending clinical data again freeing up their time to focus on treatment and care.</li><li>• <b>Integrated Community Teams</b> will bring together a number of clinical teams onto one site in a designated locality, allowing the Trust to review its estate requirements with the potential to</li></ul>

dispose of buildings no longer required. The work carried out by the Trust identified specialist teams had reduced in staffing over recent years, leaving them as less resilient, and with large geographical areas to cover. This results in high travel costs, and wasted time in travel, in particular when service users fail to keep appointments. The PIG reviews have identified deficits in delivery of recommended interventions, in particular psychological treatment, due to a lack of skill base within teams, and high demand on the stand alone psychology service. Clients who could benefit from services are prevented from doing so due to the barriers between teams. For example: Psycho-educational groups are not delivered due to a lack of critical mass of clients within STEP, when there are young people within Recovery services who could make use of the same interventions. There is an overlap between client groups between the teams, and great overlap in relation to the interventions that it is recommended that they deliver. Bringing the teams together will engender co-working, which will be more efficient, and increase understanding of the functions within the team. It will also support a more streamlined care pathway for the service user who moves through the team from entry and possibly high intensity contacts to develop engagement, through to active treatment, and then to discharge.

- **Estates:** the estate has been reviewed and proposals have been made for each location to ensure a progressive, proactive approach is taken to renewal and optimisation of assets. Detailed work is being carried out to assess agile working and asset utilisation to continue the programme of cost reduction and further reduce life-cycle costs.
- **Modifying staff rotas:** The Trust is currently undertaking a review of the implementation of its electronic rostering system in inpatient areas. This has identified the potential for further efficiencies due to the variance in patterns of working within wards and the need to fill shifts more efficiently.
- **ICT projects:** The Trust's services are delivered over a wide geographical area and many community services are delivered in the homes of service users. The Trust recognises the benefits to staff productivity and costs that can be achieved through the provision of technology. The Trust's IT strategy is geared towards a number of crucial functions including enabling clinical staff to use ICT equipment in a more mobile and flexible manner, which will allow delivery of assessment, treatment and care in the least restrictive environment; a reduction in the need to return to base to maintain clinical records; the ability of staff to use additional communication technology such as OCS allowing the workforce to interact and communicate without meeting face to face. Community-based clinicians with the right technological support can achieve 20% more visits
- **DNA reduction** projects are being focussed on IAPT services, medical outpatient clinics and CAMHS services in North East Lincolnshire (where it is linked to a CQUIN)
- **Application of Productive Ward:** Productive ward is currently being reintroduced to ensure a sustainable approach of engaging staff locally to identify areas of efficiency and improved patient care.

- **Application of a lean approach:** The Trust currently has two projects underway to review lean working, one in the development of integrated community teams and one in administration within corporate services. Once these are complete these will be rolled out in a consistent way across the Trust. The Trust has engaged with other NHS and private sector organisations to understand the impact of introducing a wholesale approach to LEAN across the Trust and is currently reviewing this position.
- **Outpatient clinics** have been reviewed to ensure that consultant time is focussed on the most complex/relevant caseload and integrated into the community team provision
- **Admin review:** The Trust has commenced a review of all administrative resources within corporate services. The review will incorporate all administrative roles, banding, numbers and whole time equivalent of staff, ratios of staff within teams and the impact of new technology and flexible working. The findings will be rolled out across all services.
- **Medical agency management:** The Trust works in partnership with the 5 East Midland NHS Mental Health Trusts in a hub arrangement securing the most cost effective rates through a collective Tier 1 arrangement with one agency where an agency is required; With regards vacancies, the Trust does not have a high vacancy factor and is actively recruiting for any vacancies as a result of natural turnover. There are occasions through long term absence or through an external vacant junior doctor post as part of a rotation that an agency is required.

## CIP governance

### Assessment of historic performance, including main drivers, and necessary further action to ensure future delivery

The Trust has a good track record of delivering CIPs (shown below) which has allowed the Trust to deliver its overall financial targets consistently each year since its inception.

Year	Plan £m	Actual £m
2012/13	2.8	2.8
2011/12	4.9	4.6
2010/11	3.0	2.9

CIP performance is driven by ongoing reviews of efficiencies, workforce requirements, back office functions, IM & T solutions, estates and service delivery models in accordance with its clinical strategy. The Trust adopts a rigorous approach to identifying and assessing CIPs from both a quality and financial perspective, and these are monitored monthly. There is a regular review of

<p>future year schemes in order to ensure continued delivery, and to allow an element of contingency where future schemes may be progressed more quickly, should the need arise.</p> <p>In the context of a financially challenged local health economy, the Trust will need to continue to work closely with its health and social care partners in order to promote more efficient healthcare models within the county and to ensure the delivery of sustainable CIPs in future.</p> <p><b>An overview of PMO, leadership and assurance arrangements</b></p> <p>The Trust is managing the three year forward plan by:</p> <ul style="list-style-type: none"> <li>• Tracking and monitoring of schemes on a RAG rated basis</li> <li>• Weekly reporting</li> <li>• Weekly performance management of schemes</li> <li>• Executive Leadership of the process</li> <li>• Clinical and General Manager engagement on quality assessment and sign off</li> <li>• Monitoring through a Programme Management Office (PMO)</li> <li>• Regular reporting to Trust Board through the Finance Report</li> <li>• Intervention when PID progress is off track</li> </ul> <p>Maintaining and improving quality whilst delivering the requisite level of savings represents a significant challenge and a potential risk for the Trust. LPFT's CIP management process seeks to identify the potential risks to quality that could result from the Trust's plans.</p> <p><i>Management through the PMO</i></p> <ul style="list-style-type: none"> <li>• All CIPs will be included in a CIP programme on the PMO</li> <li>• Small CIPs are recorded for reporting purposes</li> <li>• CIPs that are either high value, or difficult to execute or carry risk will be managed as a project with a named lead and project delivery plan</li> <li>• All CIPs are subject to a Quality Impact Assessment. In addition, all project CIPs have to maintain a risk assessment</li> <li>• There is regular CIP reporting to the Business Planning Group and Trust Board</li> </ul> <p><b>CIP profile</b></p> <p><b>Key CIP schemes</b></p> <p>The top five CIP schemes are:</p> <ul style="list-style-type: none"> <li>• General workforce redesign</li> <li>• Non-pay-efficiency savings</li> <li>• Medical savings</li> <li>• Income generation</li> <li>• Estates utilisation savings</li> </ul> <p><i>Risk assessment</i></p> <p>All potential CIPs are subject to a Quality Impact Assessment. The proposed CIP is subject is assessed against a number of quality indicators and is risk assessed</p> <p>The Executive Team (ET) approves both the CIP proposal and the supporting risk assessment. ET also advise and take forward as appropriate whether the risks are such that they should be included either on the divisional or corporate risk registers.</p>
--

The financial aspect of CIPs is monitored through regular financial reporting structures (both divisionally and corporately), while the quality impact is monitored through the Quality Committee.

### **Outline of transformational/service redesign CIP schemes**

LPFT's principal transformational CIP schemes are:

- Single Point of Access
- Integrated Community Team
- Step-down support for rehabilitation and acute services
- ICT - Agile working
- Inpatient reconfiguration

Delivery of these transformational CIP schemes is dependent on effective change management. Training staff in process review methodology and change management processes will enhance skills, develop important staff engagement and credibility, involve those closest to the point of impact and create momentum for continuous improvement.

Robust change management processes will be embedded to ensure that projects are well planned and fully realised and that there is clear accountability for delivery. Whilst day to day change management will be managed through the line by effective face-to-face communication, the Programme Management Office is the key vehicle for complex and/or strategic programmes.

As technology advances at speed so will the Trust to ensure that technology is embedded into the ways of working to become the enabler. The IM&T plan will ensure that the technology enablement required for the Trust to successfully implement changes and developments arising from the review of the Quality Strategy and Clinical Transformation Plan are in place. The plan is designed to provide a strong focus on supporting staff through more effective use of technology to deliver more direct patient care by freeing up operational staff to spend time with patients and less time on administration. It also creates the space for those that can drive technological advancement forward in a way that continues to meet patient expectations in a world where the use of social networks and other creative means of communication continue to evolve and develop.

## **CIP enablers**

### **Clinical leadership and engagement in identifying and delivering CIPs**

The Trust has refined and evolved its business planning process so it delivers:

- a systematic approach to innovation and develop new ways of thinking and working
- detailed plans at a service line level
- Directorate business plans that feed into the Trust IBP
- robust, evidence based Trust Strategies
- integration of activity planning, resource planning and financial planning.
- a clear and achievable set of Trust priorities which are understood and believed in by all staff

It is imperative that this business planning process has a meaningful level of involvement and input from all LPFT staff groups. Clinical leadership and engagement is fundamental.

The Trust's divisions have processes for identification of potential CIPs built into their divisional structures (i.e. operational management team meetings), with clear lines of responsibility regarding management of CIPs. All prospective identified CIPs are discussed initially at the regular Directorate meetings where operational, financial, performance, and quality perspectives are gained.

The Trust's Strategy team works in partnership with the divisions using a phased approach

1. Situation Overview – Where are now?

- Objectives:
  - Market overview
  - Portfolio summary (Implications for the Trust; Assumptions)
- Output
  - Marketing Environment Review

2. Strategy Development – Where do we want to be?

- Objectives:
  - Developing LPFT's strategies to tackle the issues raised in the environment review
  - Strategic choice and decisions at the corporate level and service line level
- Output
  - Identification of strategic priorities:

3. Detailed Planning and Design – How are we going to get there?

- Objectives
  - Assess future demand (including new service proposals)
  - Calculate activity – agreed packages of care
  - Establish resource requirements
  - Financial cost planning
- Outputs
  - Operational plans (Service development; clinical quality; staffing and workforce; IM&T; estates; stakeholder management; skills and leadership)
  - CIP plans
  - Milestones, measures and accountability

Clinical leadership and engagement is facilitated through business planning sessions with both operational management team meetings (which include Clinical Directors) and with clinicians at service level.

### **Enabling investment in infrastructure**

#### *Standardise Printing*

Standardise Printing aims to provide and prove a cost saving of 30% of the current Trust spend on printing. This must be done by reducing the number of printers where possible, reducing the cost-per-page of printing and ensuring that a secure and well managed document management solution is available.

The aims of the project are:

- To implement a standardised printing solution across all LPFT sites
- To increase security of printing/scanning on all devices
- To eliminate the risks involved with unsecured printing of patient data
- To reduce the cost of printing across all services by at least 30%

The objectives of the project are:

- To raise awareness that the new system will replace the existing system
- To ensure that changeover has minimal disruption to staff and services
- To provide training for all users on the new devices

- To use any 'lessons learned from each phase of the project to ensure a smooth transition for the next area.
- To create user guides and disaster recovery for the devices and the managed solution

#### *Agile working – Roll out of mobile devices*

The Trust has agreed to introduce processes that allow staff the option to work more flexibly. Lincolnshire is a large rural county and the Trust has, by default a mobile workforce that delivers services within operational bases and to the service user's own home, as well as support services across the county. The result of this is that the Trust has high travel costs and a workforce that can spend large amounts of time travelling. There is a requirement for staff to have access to clinical systems, particularly with the roll-out of Clinical E-Noting, and there is a desire from the staff themselves to have new ways of inputting data back into systems that are easier and more mobile and flexible.

The roll out of mobile devices to community staff including training on how to get the optimum from these devices will support staff in being able to work in a more agile way.

#### *Agile Working – Tele-health consultations*

The aim of this project is to be able to hold a one to one consultation between Service User and Consultant/clinician via Live Meeting/Skype (video conferencing). This will provide more options for Service Users to receive treatment in a way that they feel is comfortable to them, save on travel time and expense for clinicians, giving more time for direct patient care and make use of technology which the Trust has already invested in, in innovative ways and ensure return on investment.

### **Quality Impact of CIPs**

For each proposed CIP, a quality impact assessment is completed and scrutinised by the Senior Management prior to submission.

The quality impact assessment covers five key areas:

- Patient safety (e.g. Infection control, cleanliness of environment, and equipment, waiting time, possible increased incidents, etc)
- Clinical Effectiveness (e.g. compliance with NICE guidance, other clinical outcomes)
- Patient Experience (e.g. patient feedback, patient and carer engagement, privacy & dignity, length of stay, delayed transfers of care)
- Workforce (e.g. staff satisfaction, mandatory training, vacancies, sickness absence, increase in staff incidents)
- Regulatory (e.g. CQC registration, Monitor compliance, NHSLA)

The Trust's Business Planning meeting provides further assurance and ongoing monitoring. Any issues are escalated to the Quality Committee on an exception basis.

Members of the Board of Directors also provide further consideration of the quality impact of the

proposed CIPs for each year where the lead for quality on behalf of the 4 CCGs in Lincolnshire and also on behalf of NHS Lincolnshire is present to support the detailed discussion.

In April 2013, the Director of Nursing for the South West Lincolnshire CCG joined a Board of Directors development session, where the quality impact of CIPs was discussed.

**Financial & Investment Strategy**

**Financial & Investment Strategy**

The Trust's financial and investment strategy is to manage its resources effectively and accumulate a cash surplus in order to support the delivery of its clinical strategy and subsequent estates requirements. In so doing, the Trust aims:

- To meet all quality and performance requirements
- To meet all financial governance and quality governance requirements
- To maintain a recurrent financial balance position
- To manage cost pressures and deliver efficiency targets
- To create financial headroom for recurrent investment in the clinical strategy to 2016
- To grow the future business with sufficient EBITDA returns for recurrent investment
- To provide a fund for contingency and any unforeseen problems that may arise in year
- To achieve a Monitor financial risk rating of at least 3 consistently each quarter.

**Financial Position**

The Trust's income statement over the next three years is summarised below:

	2013/14 £m	2014/15 £m	2015/16 £m
Operating income	(98.8)	(95.3)	(94.7)



Operating expenses	94.6	91.0	90.3
<b>GROSS OPERATING (SURPLUS) / EBITDA</b>	<b>(4.2)</b>	<b>(4.3)</b>	<b>(4.4)</b>
Non-operating items	4.2	3.9	3.6
<b>NET (SURPLUS)</b>	<b>0</b>	<b>(0.4)</b>	<b>(0.8)</b>

The net surplus position as after the effects of impairments (£0.6m in 2013/14 and £0.2m in 2014/15).

Underpinning the financial position are the following financial components:

Financial Area	2013/14 £m	2014/15 £m	2015/16 £m
Cost improvement programme target	3.7	3.7	3.3
Capital expenditure	4.0	3.0	2.8
Total non-current assets	47.4	45.6	46.1
Year-end cash balances	12.5	12.9	12.9
Financial risk rating *	3	3	3

*\* Based on the existing ratings methodology which will be replaced in October 2013.*

The key risks are around delivery of CIPs and the receipt of income under cost per case arrangements, should the expected activity levels not be delivered. The Trust mitigates against these largely through holding a level of contingency funding, and having cost improvement plans that may be started earlier than planned, should the need arise.