

Strategic Plan Document for 2013-14
East London 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	Mason Fitzgerald
Job Title	Director of Governance & Corporate Planning
e-mail address	mason.fitzgerald@eastlondon.nhs.uk
Tel. no. for contact	0207 6455 4040
Date	31 May 2013

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)	Marie Gabriel
-------------------------	----------------------

Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Robert Dolan
-----------------------------------	---------------------

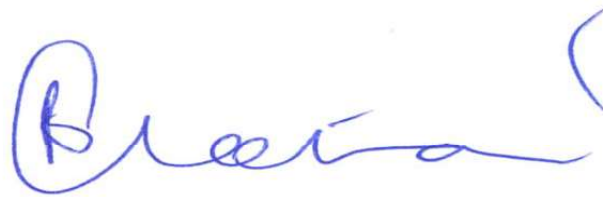
Signature

A handwritten signature in black ink, appearing to read 'Jitesh Chotai', written over a light gray grid background.

Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Jitesh Chotai
--	----------------------

Signature

A handwritten signature in blue ink, appearing to read 'Jitesh Chotai', written on a plain white background.

Section 1

A. Executive Summary

The Trust's vision is to provide high quality community-orientated health care to local communities. The Trust will do this in partnership with service users, their carers and families and statutory and voluntary organisations.

In 2012/13, the Trust continued to make improvements in the quality of services provided. This is evidenced by the following key achievements:

- Maintaining full compliance with Care Quality Commission standards following unannounced inspections of the Community Health Newham and Forensic Directorates
- Achieving Level 3 of the NHS Litigation Authority Risk Management Standards
- Meeting all Monitor Compliance Framework targets
- Meeting all Commissioning for Quality and Innovation targets set by commissioners
- Delivering a number of quality initiatives, such as participation in the NHS London Harm Free Care Mental Health Pilot and the NHS Safety Thermometer

The Trust has an excellent record of achieving Monitor, Care Quality Commission and NHS Litigation Authority targets and standards. It wishes to continue to be one of the highest performing trusts in the country and the provider of choice for mental health and community health services in East London and the City. The Trust's long term ambition is to:

“provide the highest quality mental health and community care in England by 2020”

In 2011/12 the development of new priorities and measures of quality and satisfaction represented a fundamental shift in the Trust strategy and a move away from the existing wide range of 'output' focused performance measures. The Trust agreed three main strategic priorities as a framework for delivery of the annual plan:

- i. Improving service user satisfaction
- ii. Improving staff satisfaction
- iii. Maintaining financial viability

The Trust has decided to keep the same framework for delivery of its priorities for 2013/14, due to the initial success of this strategy and the need for a sustained approach in order to bring about the improvements required.

The Trust's quality, clinical and financial strategies are summarised in this annual plan. They provide the basis for delivering the three strategic priorities, as follows:

Improving service user satisfaction – delivered through implementation of the Quality Improvement Strategy, the overall Clinical Strategy and specific service line strategies

Improving staff satisfaction - delivered through implementation of the Quality Improvement Strategy, the Clinical Workforce Strategy, and the underpinning Workforce and Organisational Development Strategies

Maintaining financial viability – delivered through implementation of the Financial and Investment Strategy, and ensuring continuous improvement in productivity and efficiency

The Trust's overall clinical strategy is to focus on the implementation of recovery orientated practice and interventions whilst providing integrated and holistic care to service users, and ensuring that care is provided in the right setting.

In 2013/14, the Trust is embarking on an ambitious Quality Improvement Strategy, with a long term goal to provide the highest quality mental health and community care in England by 2020. The Trust will use the continuous improvement methodology of the American Institute of Health Improvement (IHI). The Trust has set up a working group to consider the findings and recommendations from the Francis Inquiry, led by the Medical Director. The group will make recommendations to the Board during the year.

The Trust was pleased to secure the contract to provide the Richmond Wellbeing service in 2012/13 (IAPT Primary Care Psychological Therapies and Primary Care Mental Health liaison). Based on the success of the Richmond service, the Trust continues to pursue market opportunities in IAPT services as part of its Business Strategy.

The Trust has revised its Workforce and Organisational Development strategies in line with the Trust's strategic objectives, and consultation with staff. The main focus of the strategies are to improve quality of services by recruiting and retaining educated, trained and motivated staff who are competent in providing safe, clinically effective and patient focused care.

The key financial objective is to maintain the long term financial viability of the Trust and generate sufficient surplus to reinvest in capital schemes to support the other two Trust objectives of Improving service user satisfaction and staff satisfaction by improving the environment for both service users and staff. Based on the current compliance framework and the associated Financial Risk Rating (FRR) assessment, the Trust plans to achieve a FRR of strong 3, with an internal target to achieve a FRR of 4 for the next three years. The Trust has a Cost Improvement Plan target of £9m for 2013/14. The Cost Improvement Plan profile is set out in Section E.

The Trust is committed to ongoing early and effective engagement with the Council of Governors, service users and carers in order to ensure that it meets the needs of local communities and can be held to account for the quality of services provided.

The Trust is working closely with Clinical Commissioning Groups in East London and the City and its Local Authority partners to ensure that a high quality integrated health and social care system is commissioned and delivered.

B. Strategic context and direction

In the context of the new commissioning landscape created by the Health and Social Care Act 2012 and the principles set out in NHS England's Everyone Counts, the Trust has reviewed its market assessment, refreshed its business and communications strategies and is currently updating the marketing strategy.

Trust's strategic position within the Local Health Economy (LHE)

With continued population growth, East London's demographics remain dynamic, and particularly in Newham and Tower Hamlets, with the consequent challenge to addressing health needs and inequalities. While the overall impact over the next year is still unclear there does appear to be an increased level of demand for inpatient mental health care in Newham from service users not previously known to the Trust. Community health services within Newham have already experienced additional demand, for example in wheelchair provision, physiotherapy and general community and primary care.

The Trust is discussing longer term local health economy trends and their implications with commissioners, based on updated analysis of population need and demand for mental health and community services.

The update of the competitor assessment has demonstrated that the Trust's key competitors remain similar to last year, i.e. London mental health and community trusts, key local acute trusts and third sector providers. The Trust is confident that our current local market share will remain similar in 2013/14 by focusing on the retention of existing business and securing new business in other geographical areas where this would build on existing expertise (i.e. Forensic services). Based on the success of the Trust in bidding to provide the Richmond Wellbeing service, the Trust continues to pursue market opportunities in IAPT services as part of its Business Strategy.

In addition the Trust will pursue new partnership arrangements where these can help secure new business and improve the performance and outcomes of existing services.

Changes in local commissioning intentions

During 2013/14, there will continue to be significant changes resulting from the new commissioning responsibilities of NHS England and local authorities. The Trust has already responded proactively to the new local context and has closely collaborated with commissioning partners in the establishment of a new Mental Health Board. With representation from all local Clinical Commissioning Groups (CCGs), it is supported by the Commissioning Support Service.

The Trust is working closely with the new Clinical Commissioning Groups for the three East London Boroughs and the Corporation of London and close links have been developed at Chair and Chief Executive level.

Over the next year, the Trust will continue to strengthen commissioning relationships with NHS England and East London local authorities. This includes working with local government partners on social care priorities to deliver integrated health and social care services.

The Trust remains a key partner of the Local Health Economy's Integrated Care Project, led by the local Clinical Commissioning Groups. This project will cover mental health and community health services across East London and forms a major plank of the local commissioners' Quality, Innovation, Productivity and Prevention and demand management strategy for acute services. As part of this, the Trust is currently working closely with local CCGs and acute Trusts to implement Rapid, Assessment, Interface and Discharge (RAID) services within a whole-system care pathway approach. Evidence from elsewhere in England has demonstrated significant gains in quality and efficiency from these initiatives.

The Trust is also supporting commissioner intentions to transfer activity from secondary to primary care where appropriate, through the continued development of the Primary Care Liaison Service.

The local Clinical Commissioning Groups will also be establishing a joint formal option appraisal of mental inpatient services across East London. The Trust will be an active partner in this work which has been informed by the jointly commissioned Maudsley International's review undertaken in 2012/13.

Detailed planning is also underway in advance of the introduction of Payment by Results and the Trust welcomes the greater emphasis that this will place on patient experience.

Collaboration, Integration and Patient Choice

The Trust has developed a number of partnership projects which meet new national imperatives including listening to patients and service users and their carers, focusing on outcomes, quality improvement, rewarding excellence and improving knowledge and data.

Having recognised the potential for improved outcomes for service users resulting from the commissioner-led East London integrated care project, the Trust is playing an active part in the redesign, and particularly in Newham where we provide both community health and mental health services. To develop more effective collaboration with the key East London acute trusts, we are building a senior level strategic alliance with Barts Health NHS Trust which has six joint work streams across Tower Hamlets and Newham. We are also working closely with the Homerton NHS Foundation Trust on services in the City & Hackney.

To ensure our services remain at the cutting edge of research into practice the Trust is participating in the University College London Partners academic networks.

The Trust recognises the significant financial pressures facing the new commissioning bodies and has identified a number of areas where the use of new healthcare technologies can yield gains in quality and efficiency. With the support of Newham commissioners in the year ahead, the Trust will pilot the use of triage wards in adult acute mental health. The Trust was nominated to be a National Demonstrator site in Newham for Telehealth services in 2012/13, and is expanding use of this technology, as well as working with the London Borough of Newham in relation to its Telecare service.

C. Approach taken to quality

Quality Strategy

In 2012/13, the Trust continued to make improvements in the quality of services provided. This is evidenced by the following key achievements:

- Maintaining full compliance with Care Quality Commission standards following unannounced inspections of the Community Health Newham and Forensic Directorates
- Achieving Level 3 of the NHS Litigation Authority Risk Management Standards
- Meeting all Monitor Compliance Framework targets
- Meeting all Commissioning for Quality and Innovation targets sets by commissioners
- Delivering a number of quality initiatives, such as participation in the NHS London Harm Free Care Mental Health Pilot and the NHS Safety Thermometer

In 2013/14, the Trust is embarking on an ambitious Quality Improvement Strategy, with a long term goal to provide the highest quality mental health and community care in England by 2020. The Trust will use the continuous improvement methodology of the American Institute of Health Improvement (IHI). A Project Board and Team will be set up and led by the Medical Director (executive lead for quality). The focus of the project will be engaging and empowering front-line staff to innovate and change.

In order to measure progress, the Trust has developed a quality indicator set for 2013/14, and a small number of quality “stretch” targets. Progress in meeting CQUIN targets will also be measured. The stretch targets are currently in development but relate to the following areas:

- Improving patient experience
- Reducing harm from inpatient violence
- Reducing falls and harm from falls
- Reducing harm from pressure ulcers
- Reducing harm from high-risk medications
- Improving staff engagement

The Trust is reviewing its strategy for research, including how research can be translated into practice so that service users can benefit more from the research work undertaken by the Trust's Academic Unit. The Academic Unit has recently been accredited as a World Health Organisation Collaboration Centre, and has been awarded a £5m research grant in order to conduct an international review of adult service inpatient configurations, comparing functional splits with integrated teams.

The Trust has set up a working group to consider the findings and recommendations from the Francis Inquiry, led by the Medical Director. The group will make recommendations to the Board during the year. There is governor representation on the working group and there will be a particular focus on improving the culture of caring, openness and transparency, as well as ensuring that action is taken in response to feedback from service users and staff. Related to this, the Trust is working with governors to improve the Trust's complaints process by involving governors in the process.

The Trust is investing £1m in electronic pharmacy medication cabinets. This will allow electronic medication reconciliation and is part of an overall strategy to prevent medication errors.

The Trust sees staff engagement and experience as crucial in delivering high quality services. The Trust's Workforce and Organisational Development strategies are being reviewed to ensure that they support the annual plan objectives, and address the findings of the Francis Inquiry. Improving staff engagement is also a key component of the Trust's Quality Improvement Strategy.

A review of the Trust's information management and reporting systems will be undertaken in order to ensure that the Board and all levels of the Trust have access to the right information in order to plan, review and monitor the quality of services.

An outline of existing quality concerns and plans to address them

The key quality concerns identified by the Trust and its staff relate to bed occupancy levels within the Newham Adult Mental Health Directorate, and this is due to sustained and increasing pressures experienced over the last 18 months. The Council of Governors have also raised the need to reduce sleep outs of patients, increase therapeutic activities, and improve discharge arrangements. The Trust has also recently increased its female Psychiatric Care Intensive Unit capacity, and is piloting an inpatient consultant model in City & Hackney. A project to improve the provision of therapeutic activities was initiated in 2012/13, and will continue in 2013/14.

The Trust will open a triage ward in Newham on an 18 month pilot basis in order to address the increase in demand. This work is led and monitored by the Bed Occupancy Project Board. Commissioners have indicated that they will be undertaking a formal options analysis of inpatient bed configuration in the Trust in 2013/14.

Communication is a key component for delivering high quality care, and is the most common theme arising from our serious incidents. Communication and information is one of the emerging themes identified by the Council of Governors. We will implement a number of projects aimed at improving communication – between professionals and service users, within teams, between teams and across the organisation.

Effective clinical communications needs to be supported by a fit-for-purpose clinical Information Technology system. As the national contract for the Trust's current system (RiO) is coming to an end in 2015, the Trust has set up a Project Board to procure and implement a new system.

The Trust is also in the process of redesigning its website and intranet in order to provide better information about services and support available. Governors have been involved in this project, and ongoing work will take place in order to address the issues raised by the Council of Governors.

The physical health of service users continues to be a priority for the Trust. An action plan is being implemented in Community Health Newham to improve the prevention and management of pressure ulcers, and an action plan is also in place to improve the management of diabetes across the Trust. A focus for 2013/14 will be working with GPs in order to improve the physical healthcare provided to service users in primary care.

The Trust achieved a score of 88% compliance with the Information Governance Toolkit but failed to meet its target of 95% training compliance for Information Governance training, achieving 64%. The Trust has an action plan in place, led by the Director of Nursing (executive lead for training and development) to ensure compliance is achieved in 2013/14.

The key quality risks inherent in the plan and how these will be managed

The key quality risks inherent in the plan are the risks associated with the Cash Releasing Efficiency Savings programme. The Trust has completed Quality Impact Assessment of each proposal and these will be monitored in year. More detail is set out in section E.

Further risks to quality arise in relation to service developments and related change programmes, including risk to staff morale and retention. These risks are mitigated by having robust project management arrangements, and ensuring effective communication and engagement with staff and their representatives. The Board receives reports on organisational change at each meeting.

An overview of how the Board derives assurance on the quality of its services and safeguards patient safety

The Trust's quality and safety strategies have been developed with clinical staff and through consultation with the Council of Governors, and service users and carers. The development has considered Monitor's Quality Governance Framework and the findings of the Francis Inquiry.

The Trust Board receives a monthly Quality and Safety report by the Medical Director (the Board lead for quality). The report is structured according to the three quality domains of safety, clinical effectiveness and patient experience. The Board also receives a quarterly integrated Governance Report which sets out compliance with governance standards and processes (safeguarding, infection control, complaints etc.) and how clinical risk is managed within the Trust.

In 2012/13, a set of quality indicators were developed in consultation with clinical staff (also grouped in the three domains). These were reviewed and refined for 2013/14. The Trust Board routinely review performance against the indicators on a quarterly basis, as part of the Quality & Safety Report.

In 2012/13 the Trust met all national and local contract targets and does not have any outstanding areas of non-compliance as identified by the Care Quality Commission. Risks to quality are captured in directorate risk registers and managed through monthly meetings with each directorate.

The Medical Director is the Board executive lead for quality and safety and chairs monthly quality meetings with directorates. Executive walk rounds and internal CQC-style reviews are also undertaken in order to identify and address any risks.

The Trust's Quality Assurance Committee reviews assurance that quality, safety and other related strategies are in place and working, and that risks to quality are being managed. The Committee reviews the Board Assurance Framework at each meeting.

The Trust Board is assured that it has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of care. This assurance has been gained by the Board's involvement in developing and agreeing this annual plan, and the clinical and quality sections within it, through the receipt of regular reports during the year detailing performance in relation to quality and safety, through the Board sub-committee structure and through internal and external assurance of the Trust's control arrangements and performance.

D. Clinical strategy

Service line management strategy

The Trust's overall clinical strategy over the next three years

The Trust's overall clinical strategy is to focus on the implementation of recovery orientated practice and interventions whilst providing integrated and holistic care to service users, and ensuring that care is provided in the right setting. This is set out in more detail below.

- Implementation of recovery oriented practice

Both the Trust and the Council of Governors have identified the need to focus on the implementation of recovery orientated practice. The Trust will launch a new Social Inclusion and Recovery Group, led by the Associate Director for Recovery and Wellbeing, which will develop strategies and workstreams in this area and monitor progress. A number of service line developments (set out below) support the implementation of the recovery model.

Adult mental health services are also conducting audits of services in order to establish a baseline of recovery oriented practice and interventions, in order to inform Trust and commissioner objectives.

- Provision of integrated care as part of commissioner led Integrated Care Project

Feedback from the Council of Governors has highlighted the importance of providing holistic care which is integrated with other services. The Trust will continue its participation in the Waltham Forest and East London and the City Integrated Care Project, including projects for both adult mental health and older people's mental health services.

Commissioners have agreed to fund Rapid Assessment, Interface and Discharge services in each borough, which will provide increased mental health input to patients in acute hospital wards, ensuring more holistic care and facilitating discharge.

- Further integration of community health services

The Trust plans to further integrate community health and mental health services in the Trust, which is a priority identified by the Council of Governors. Community health services in Newham, previously managed under the Community Health Newham Directorate, will be managed by the Specialist Services and Older Peoples Directorates in order to facilitate this.

The Trust is exploring opportunities for service developments and improvements in children's services in Newham with commissioners and the local authority, in order to provide more integrated and holistic care.

- Transfer of patients from secondary to primary care

The Trust's Enhanced Primary Care Service was established in October 2012, with the aim to transfer patients back to primary care with enhanced support for secondary mental health services. Three teams operate in the local boroughs and provide support to local GPs. A target of 200 cases has been set for transfer in 2013/14, and the Trust is also working with GPs to implement a new Recovery Planning process.

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

Adult Mental Health

- Continue with project to improve functioning of community mental health teams

The Council of Governors have identified the need for good communication and coordination between care coordinators, the care team, and primary care. The Trust has agreed a target for care coordinators to contact carers on a monthly basis.

A main focus for the year is the implementation of a new system for monitoring care coordinator activity at team and borough level, to capture the variance between planned and actual face to face contact with service users and to monitor improvements in this area.

The Trust is rolling out a mobile working strategy for community mental health workers. This involves providing staff with laptop technology and other mobile working solutions in order to improve efficiency and the quality of clinical documentation.

- Other items already mentioned above

As stated above in section C, a major priority for 2013/14 will be addressing high bed occupancy levels in the Newham Adult Mental Health Directorate and making further improvements in other areas of the Trust, through establishment of the female PICU ward in Tower Hamlets and the inpatient consultant pilot in City & Hackney. The Enhanced Primary Care Liaison Service will continue to transfer patients from secondary to primary care, and the Trust will develop Rapid Assessment, Interface and Discharge services in each borough.

Further improvements will also be made to the inpatient environment, including the installation of air conditioning units at the Tower Hamlets Centre for Mental Health and upgrading the seclusion facility at the Newham Centre for Mental Health.

Older Adult Services

The Trust's Older Adult service is developing proposals to centralise functional (mental illness excluding dementia) mental health inpatient services, and this is the Trust's key strategic development for 2013/14. This is the second phase of the older people inpatient strategy, with the first phase being the successful implementation of the centralisation of the inpatient dementia assessment services in 2012/13 which resulted in the opening of a new purpose built ward at the Tower Hamlets Centre for Mental Health. The proposal to centralise functional inpatient services is likely to be subject to public consultation.

Forensic Mental Health

The Trust will continue with its programme to improve the physical environment at the John Howard Centre (medium secure unit). Three wards will be refurbished, with ensuite bathrooms being installed in patient bedrooms. Seclusion facilities will be upgraded, and the final stage of window replacement will take place.

The service will review clinical pathways and processes in order to reduce waiting times and facilitate recovery, ensuring that service users have focused and well planned rehabilitation plans.

Specialist Services

The Trust has been funded by the Department of Health and given Pathfinder Status to develop CAMHS Improving Access to Psychological Therapy (IAPT) services in Tower Hamlets and City & Hackney. The Trust is also bidding to provide services in Newham, in partnership with local authority and voluntary sector agencies.

The Trust is developing the Richmond Wellbeing service following the successful bid to run these new services in 2012. The IAPT element of the service delivered in conjunction with MIND will continue to focus on successful recovery and reaching the whole local population in need of services in 13/14. The psychiatric liaison team in the service is further developing its links with local community mental health teams, in order to support service users to transfer to primary care. Based on the success of the Richmond service, the Trust continues to bid to provide adult IAPT services as part of its Business Strategy.

The Trust is implementing a new model for the Newham CAMHS services in line with a revised service specification. The Trust is discussing with commissioners the development of an Autism Diagnostic and Intervention service in Tower Hamlets, and is working with commissioners and voluntary sector partners to re-design community addiction services in order to promote enhanced recovery.

The Trust is redesigning the community Learning Disabilities service in Newham in partnership with commissioners and the local authority in order to promote access to mainstream services. The Trust is also developing a Learning Disabilities strategy in order to improve the quality of care that service users receive from mainstream mental health services.

The Trust has been commissioned to provide GP services for vulnerable groups in City & Hackney and Tower Hamlets (in addition to the service already provided by the Trust in Newham).

Community Health Services

The Trust is conducting a pilot of district nursing services in Newham that are integrated with GP practices in order to provide more holistic care.

In 2012/13, the Trust commissioned a review of the functioning of district nursing services activity. The recommendations from that review are being implemented, and aim to improve the quality of contacts with service users and the monitoring systems.

As well as expanding the use of Telehealth services, the directorate is implementing mobile working solutions, such as iNurse Mobile Patient Care software for District Nursing services.

Clinical workforce strategy

An overview of the clinical workforce strategy

The Trust has revised its Workforce and Organisational Development strategies in line with the Trust's strategic objectives, the clinical and service line strategies set out in the previous section, and consultation with staff. The overall objective of the strategies is to support the Trust's position as a "clinically led, management supported" organisation. The main focus of the strategies are to improve quality of services by recruiting and retaining educated, trained and motivated staff who are competent in providing safe, clinically effective and patient focused care.

The Workforce Strategy contains four main objectives:

- Build competence and capacity in our workforce
- Optimise skill mix and productivity
- Recruit, retain and develop the right staff
- Improve employee engagement

The OD Strategy sets out three priority areas for development:

- Developing teams and individuals that deliver excellence
- Improving the quality and efficiency of services
- Improving organisational health

In line with feedback from staff and the Council of Governors, there will be a Trust-wide review of training to ensure that it is appropriate and meaningful, a target of 100% compliance in supervision and appraisals, less use of bank staff and increased use of reflective practice.

The Trust has a diverse workforce and local workforce plans are being developed for all directorates and staff groups across the Trust. Brief details of the workforce plans for the larger staff groups are set out below.

- ***Medical***

The Trust has had considerable success in recruiting to consultant psychiatrist posts in the past and expects this to continue. Proposals are being developed to further improve the recruitment process by introducing an assessment centre day as part of the process.

Some changes to the medical workforce will be made in the Newham Adult Mental Health Directorate in order to increase the number of consultant posts (by reducing the number of Speciality Doctor/Associate Specialist posts). This will enhance medical leadership in the directorate and ensure consistency with the other adult mental health services in the Trust.

- ***Nursing***

In the last two years, the Trust has implemented a successful development programme for band 5-8a nursing staff, and this will continue. The Trust is also implementing a development and preceptorship programme for band 3-4 (unqualified) nursing staff, which is in line with the recommendations from the Francis Inquiry.

- ***Allied Health Professionals***

The Trust has recently completed a restructure of the psychology workforce as part of commissioner disinvestment plans. A Trust-wide review of Psychology Therapy services has been completed, and a Project Board is being established to oversee the development and implementation of an action plan. This will include reviewing the skill mix of the workforce and improving job planning in order to increase direct clinical contact with patients.

The Trust established a project in 2012/13 to improve the quality and quantity of Occupational Therapy activities provided to patients, and this continues in 2013/14.

- ***Care coordinators***

As part of the Community Mental Health Team project, the Trust is rolling out a new programme of care coordinator training to enhance the clinical skills of this group. The 12 week programme will be ongoing and available to all care coordinators across the Trust.

Key workforce pressures and plans to address them

The Trust's recruitment of additional health visitors in line with the Department of Health strategy for health visitors (Call to Action) has been successful, but is constrained by the number of qualified health visitors available nationally. The Trust has agreed to pay a local Recruitment and Retention Premium in order to compete against other local providers, is increasing the number of training places in the Trust, and is targeting recruitment campaigns at local universities.

Findings of benchmarking or other assessment

A recruitment trajectory for health visitors was published by NHS London in December 2011 which set out the additional numbers of trained health visitors required in each area to meet the target establishment at April 2015. The Newham service was assessed as needing 100 additional posts by 2015.

Clinical sustainability; Identification of which of the Trust's services could potentially lack critical mass; Identification of which services have consultant cover below those recommended by Royal Colleges

Other than the issues mentioned above, the Trust does not have any clinical workforce issues in relation to clinical sustainability or critical mass.

The Trust meets levels of levels of consultant cover recommended by the Royal College of Psychiatrists.

E. Productivity & Efficiency

Overview

The financial plan for 2013/14 is underpinned by block contracts and therefore no financial gains are assumed in the income plans as a result of productivity and efficiency. However, the Trust has embarked upon a number of productive and efficiency projects which support some of the Cost Improvement Plans (CIPs) and at the same time result in significant improvement in productivity which enhances patient care. Examples of these projects include review of Community Mental Health Teams, Occupational Therapy and District Nursing. Enablers which support these projects include assistance from external consultants and investment in mobile working.

The Trust has successfully implemented an electronic roster system for all staff working in inpatient wards. This has enabled efficient resource planning. The information from the system will now facilitate the next stage of plan to strive to towards full substantive posts on the wards with the aim to minimise the use of bank staff. This will benefit both from a qualitative and financial perspective.

These productive and efficiency initiatives will result in reduced costs and increased activity which will place the Trust in a favourable position when Payments by Results is implemented for Mental Health providers.

Cost Improvement Programme (CIP) governance

Building on the success of the 2012/13 CIP process, the Chief Executive has led the process for 2013/14. The CIP planning has been an iterative process which commenced very early in the 2012/13. The initial plans were formulated with the involvement of the key members of directorate management teams, led by the respective clinical directors and the executive team.

The central principle underpinning the CIP planning process has been a focus on exploring areas that would have the least clinical impact on front line services. In terms of quality impact assessment, the CIP planning process disregarded any areas which were deemed to be high risk from a clinical perspective with reference to the Board Assurance Framework; for example none of the CIPs relate to the acute inpatient service provision.

There is significant clinical experience in the executive team to provide reassurance in terms of quality impact assessment; In addition to the involvement of the Medical Director and the Nursing Director, the Chief Executive and the Director of Operations also have a clinical background.

The formulation of the CIP plans has also involved consultation with key internal and external stakeholders including the Council of Governors, the Joint Staff Committee and the commissioners.

The Trust has various governance structures which will monitor the impact of the CIPs in terms of emerging risks and these structures also have the responsibility of recommending mitigating actions as appropriate. The governance structures include:

- Weekly executive workaround to clinical areas
- Monthly quality review meetings for each Directorate Management Team (DMT) chaired by the Medical Director
- Monthly reports quality reports to the Service Delivery Board
- Monthly quality reports to the Trust Board
- Quarterly quality reviews chaired for each DMT chaired by the Chief Executive
- Quarterly review at the Assurance Committee chaired by a Non-Executive Director

Cost Improvement Plan profile

The table below shows the CIP service lines for the three year plan. These have been agreed with the respective services. The plan for 2013/14 does not include any income generation related CIPs. Income generation CIPs for 2014/15 and 2015/16 will be introduced in 2013/14 with a view to assess its potentiality so that it allows sufficient time for the plan to be re-evaluated and refreshed as appropriate.

CIP Plan - £'000			
Area	2013/14	2014/15	2015/16
Tower Hamlets	772	600	500
Newham	600	600	500
City & Hackney	665	600	500
MHCOP	1,200	1,200	1,000
Specialist Services	600	400	300
Forensic services	600	600	600
Newham Community DMT	1,400	1,000	800
Corporate Services	1,444	1,500	750
Sub-total allocated to Directorates	7,281	6,500	4,950
To be allocated			
- Furniture	300	-	-
- RRP	400	400	-
- Dementia Savings	333	-	-
- Procurement Savings	775	600	600
- Marketing of additional Forensic beds	-	600	600
- Community teams project	-	750	1,000
- Sale of Female PICU capacity	-	100	-
- Development of LD Low secure	-	200	500
Sub-total to be allocated	1,808	2,650	2,700
Total	9,089	9,150	7,650

CIP enablers

As set out in more detail above, all directorate level CIPs have been identified by senior clinicians within the directorates, and have been reviewed by the Medical Director, Director of Nursing and Director of Operations.

An executive director is assigned for each corporate CIP scheme and within the directorates the relevant clinical and service directors are allocated responsibility for their directorate CIP plans.

The governance structure set out above provides the monitoring framework for delivery of the CIP schemes, and ensures that there is regular reporting and review of individual CIP plans.

Quality impact of CIPs

As stated above, the central principle underpinning the CIP planning process has been a focus on exploring areas that would have the least clinical impact on front line services. The Trust has completed Quality Impact Assessments in line with NHS England requirements, and reported these to local Clinical Commissioning Groups. The Trust will monitor the impact of CIPs through the governance arrangements set out above. A formal review of the impact of CIPs will take place at Month 6 and will be reported to the Board, the Council of Governors and Commissioners.

F. Financial & Investment strategy

The Trust has exceeded its plan for 2012/13 and expects to build on the success and learn from the risks identified and lessons learned to underpin the plans for the next three years.

Based on the current compliance framework and the associated Financial Risk Rating (FRR) assessment, the Trust plans to achieve a FRR of strong 3, with an internal target to achieve a FRR of 4 for the next three years. The Trust has adopted this strategy and has achieved the internally stretched target for the past two years. This is part of a contingent strategy to ensure that as a minimum the Trust achieves a FRR of 3.

The key financial objective is to maintain the long term financial viability of the Trust and generate sufficient surplus to reinvest in capital schemes to support the other two Trust objectives of Improving service user satisfaction and staff satisfaction by improving the environment for both service users and staff.

The financial plans are based on sustainable position that is supported by recurrent CIPs.

There are a number of key risks to achieving the financial strategy:

1. **Contract Negotiations.** At the time of writing this report, the contracts for 2013/14 have not been signed. This continues to be a priority for the Trust to ensure that income assumptions included in the plan are not compromised.
2. **Income Assumptions.** For 2013/14 the income is based on block contracts, however, from 2014/15, the move towards contracts based on Payment By Results will present risks which the Trust has not had to deal with in the past. Mitigation plans include:
 - Implementation of Service Line Reporting which will provide better information for planning mitigation strategies.
 - Successful implementation of the schemes identified in the productive and efficiency section above will ensure that the Trust cost base is competitive.
 - The overall cost base of the Trust is very competitive based on the historical reference cost benchmark and therefore the introduction of Payment by Results may offer opportunities to exploit.
 - The income plan for 2013/14 is based on recurrent income assumptions and therefore the potential adverse impact on the long term sustainability is minimised.
3. **Expenditure Assumptions.** The associated risks relate to the delivery of CIPs and the in-year cost pressures. Mitigation plans include:

- A robust budget setting process supported by accurate and timely financial information with precise lines of accountability defined within the governance structures will ensure that the risks associated with failure to manage expenditure within budgets is minimised.
 - Building on the successful planning underpinned by prudent assumptions, the Trust achieved a Financial Risk Rating (FRR) of 4 compared to the official plan of achieving a FRR of 3 in 2012/13. Similarly the plan submission will be based on a FRR of 3, however, internally the targets will be based on achieving a FRR of 4 to give reassurance that as a minimum a FRR of 3 will be achieved.
 - The delivery of the CIPs underpins successful delivery of the financial strategy. Each CIP will have both financial and quality risks assessed and associated mitigation plans identified.
- 4. Demand management.** Pending the introduction of Payment by Results and whilst still operating under block contracts, the financial risk associated with increased demand will need to be managed. The Trust has in the past successfully engaged the commissioners early in the process with the result of securing additional funding in 2013/14 for additional female PICU inpatient provision and funding for a Triage ward in Newham. The Trust will need to continue this process in the future for any demand management issues that arise.

G. Views of the Governors, service users and carers

Council of Governors

The Trust has a detailed process in place for consulting with the Council of Governors. This is summarised below:

January 2013	Review of 2011/12 Annual Plan and initial discussion about priorities for 2012/13
February/March 2013	Two membership consultation events held to discuss the draft priorities
March 2013	Discussion of feedback to date and refinement of priorities
May 2013	Review of draft annual plan document and final comments made.

The Trust Board receives detailed reports of all feedback generated, and a number of Board members attend each Council of Governors meeting in order to hear directly from governors.

A summary of the key themes raised by the Council is set out below.

- Communication and information
- Effective and good quality treatment
- Moving on from services (recovery)
- Holistic approach which is integrated with other services
- Running the organisation effectively
- Promoting our expertise
- What to do when things go wrong

Following review by the Board of Directors, a number of these issues have been incorporated in the Trust's quality and clinical strategies.

The Trust will provide reports to the Council on the progress in delivering the annual plan throughout the year so that they can hold the Board to account.

Service users and carers

The Trustwide Working Together Group had an away day in November 2012 in order to identify issues that they wished the Trust to focus on during 2013/14. The themes were as follows:

- A better service for carers
- Recovery-focused practice/holistic focus
- Positive experience on inpatient wards
- Effective inter-agency working
- Flexible access times for services
- Encourage positive staff attitudes towards service users
- Information about treatment and care
- Safe complaints procedure
- Patient experience in A&E

These issues have also been incorporated into the quality and clinical strategies as appropriate.