



Strategic Plan Document for 2013-14

Derbyshire Healthcare NHS Foundation Trust

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

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Date	31 st May 2013

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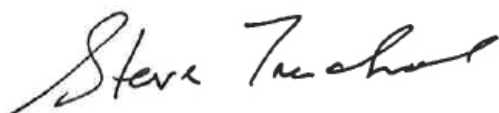
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Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Steve Trenchard
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Approved on behalf of the Board of Directors by:

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Strategic Context and Direction

Executive Summary

Derbyshire Healthcare NHS Foundation Trust's Strategic Plan Document reflects the aspirations and ambitions as set out in our new Trust Strategy *Improving Lives, Strengthening Communities, Getting Better Together* (2013-15). Our Strategy has been formulated with the people who use our services at its heart including their families and carers. During a period of widespread consultation, people have told us that they want us to view them as whole people with strengths, ambitions and goals to have a life worth living beyond their illness, and to remember their physical and mental health needs are combined. People want safe, recovery enhancing services that support inclusion in communities of their choice. Above all, people want to be at the centre of decisions made about their lives. They want to be fully and actively involved in their care and to have positive experiences of the care they receive. They also want the organisations that support them to work closely together so that pathways of care feel seamless and easy to follow.

Our strategy therefore sets out our commitment to providing excellent quality services – with people at the centre of them. We are doing this against a backdrop of an increasing and changing population, most notably the varied service delivery impacts of an ageing population. In addition the market in which we operate will continue to be challenging as a result of on-going financial constraints and a focus on quality standards, and a desire by our local commissioners to further develop key care pathways.

We believe however that despite these challenges, we are well positioned to make a real difference to people's health and wellbeing. Our Strategic Plan aims therefore to demonstrate financial sustainability, exemplary governance and quality standards with an overarching focus on standards of clinical care. We will continue to work closely with our local commissioners, to ensure that we are able to respond to their requirements and be flexible to ensure differing clinical priorities across the county can be met. In addition we will continue to build successful partnerships to deliver integrated care pathways.

Our Vision

As part of the development of our Strategy, we felt it was essential to articulate the sort of organisation we hope to be in future in order for us to put in place the necessary plans to achieve our ambition. This vision must resonate and inspire our staff to ensure their full engagement and support as we embark on what will be a challenging journey towards our ultimate goal of becoming one of the country's top five providers of health care. Our vision is aspirational, yet realistic, and is based on a thorough understanding of our strengths and weaknesses as well as those of our competitors.

Our vision as an organisation is *To improve the health and wellbeing of all the communities we serve*. Our Trust will become the provider of choice within Derbyshire and beyond for the delivery of high quality services that improve the health and wellbeing of the people we serve.

We have given some significant thought about what our vision will mean to the people who receive our services and have developed four strategic outcomes that are all about the nature of care that people who use our services should experience. These strategic outcomes represent

the direction of travel and things we must do to achieve our ambition. They will help us to become better across all service areas and differentiate us from other providers. As a result, the strategic outcomes are all about the people who receive our services. They are:

1. People receive the best quality care.
2. People receive care that is joined up and easy to access.
3. The public have confidence in our business and developments.
4. Care is delivered by empowered and compassionate teams.

Sitting below these outcomes are a set of enabling strategies or work programmes that have specific objectives and resources allocated to them. We have called these our 'pillars of improvement' (see below) and they will guide the work of senior managers and the Board of Directors. The pillars of our strategy will enable us to deliver the Trust's Vision and to enable us to provide consistent care in the right way, at the right time and in the right place.

Pillars of Improvement:

- Quality of Services
- Integrated Care Pathways
- Service Delivery and Design
- Promoting Public Confidence
- Relationships & Partners
- Financial Performance
- Workforce and Leadership

Market Assessment

We believe it is everyone's responsibility within our Trust to foster public confidence in the services that we deliver. Therefore, it is important that all our people, no matter where they work, understand and are able to articulate their contribution to providing high quality care. It will be all our business to promote the excellent care and work we undertake. We want our brand and reputation to be one of delivering compassionate care, care that is safe and responsive to our patients and carers needs. We want to be recognised nationally for our work on quality, organisational development and our contribution to research. We want to be acknowledged regionally for being a leader of integrated pathways of care and locally as a provider who delivers high quality care and excellent patient outcomes at best value. All of this equates to a well governed, individually focussed health care 'business' that people in our local communities choose to use, and will recommend to their friends and family.

Whilst we expect all of our people to be Trust ambassadors we recognise that they will need be supported to enable them to undertake this role. Therefore, we will be seeking to strengthen the infrastructure around our communication and market-promoting capabilities. Communication is a vital component in this strategy. Engagement with our patients, staff, partners and other stakeholders is vital. Promoting the excellent work that our workforce deliver day-in and day-out is key for our future success in the competitive environment that we now operate in.

In addition we have also recently commissioned an independent review of our commercial position within the local health community, which as well as helping us to externally assess our

strategy, we also developed a bespoke structured framework that we now routinely use to assess the viability of pursuing new commercial opportunities or continuing to provide existing services. The framework we have developed is called the Commercial Opportunity or Existing Business Assessment Framework (COEBA).

During this period of challenge in the NHS economy our prime imperative is to maintain the quality of our services, whilst complying with the requirement to deliver efficiency savings. However, in a well-managed and financially viable organisation with effective procedures providing effective governance and control of risk, this does not mean that sensible opportunities for growth should be ignored.

When all NHS commissioners and providers are dealing with a common significant problem, such as providing improving healthcare within finite financial resources, it is essential that we all work together in a spirit of partnership if we are to continue delivering success. We therefore commit ourselves to this collaborative approach.

So our ambitions are firmly grounded in three simple principles:

1. We will only seek to win new business in services where we can demonstrate an affinity with our existing services and strategic direction and where we can provide quality and a positive financial return.
2. Our opportunities are likely to arise from outside Derbyshire but in easily accessible locations close to County boundaries.
3. Capitalise on any opportunities for pathway integration leading to improved quality and economies of scale as they arise through new commissioning arrangements such as mental health payment by results.

Forecast Health, Demographic and Demand Changes

a) Current Situation

- Derbyshire has an older than average population, though the age profile of the City is younger than that elsewhere in Derbyshire.
- Derbyshire has above average deprivation, though rates vary between wards.
- BME population differs between the city and the rest of Derbyshire, with the overall average being a lower proportion of BME people than the national average.

b) Developments likely in next 3 years

- Rapid population growth in the over 65s will make the age profile of Derbyshire older.
- Difficult economic conditions mean deprivation is likely to remain at present levels.
- Derbyshire's BME population is likely to grow, though the profile will not change dramatically.

c) Situation after 3 years

- Elderly population will have increased to 20% of Derbyshire's population by 2016 (against national average of 18%).
- Deprivation will remain higher than the national average in certain urban wards, driving continued demand for services.
- Ethnic mix will remain broadly similar, with a slight increase likely in BME population.

We therefore believe demand for dementia services in Derbyshire will expand, and there will therefore be a focus on the development of an integrated pathway for dementia. In addition, the above national deprivation in Derbyshire will mean that end user demand for general mental health services will remain high. The introduction of AQP for IAPT services will expand access and may increase demand for higher tier services as diagnosis rates increase.

We are therefore committed to continuing to work proactively with our commissioners to ensure that we are able to respond effectively to changes in demand for services, including the delivery of specific local solutions to address specific local issues. Whilst our strategy covers a three year period therefore, we remain focused on addressing the needs of our population well beyond the lifetime of the strategy.

Impact Assessment of Market Share Trends (Over the Life of the Plan)

a) Market Assessment

The market in which we operate will continue to be challenging as a result of on-going financial constraints and a focus on quality standards, and a desire by our local commissioners to further develop key care pathways.

In addition we anticipate that other developments in contracting and reimbursement are likely to make our broader set of services more contestable by a greater number of providers, potentially eroding the security of some of our revenues but also increasing the number of opportunities for us to compete for new business.

Focussing on organisation-level and service-level profitability rather than absolute revenue will therefore be vital for our Trust in this environment as it is the metric that will be most closely scrutinised by our regulators. If we maintain the quality of care we provide however and our high standards of operational performance and efficiency, then we do not anticipate threat to the independent future of the Trust. The main reasons for this are:

- We have a strong Financial Risk Rating and we consistently achieve good quality performance; and
- Our commissioners view us as a key player in the Local Health Economy (LHE). While they continue to view us as stronger at 'core' mental health services they do also recognise that we can play a broader leadership role in the LHE.

The imperative therefore for our Trust is to optimise our service delivery models to allow us to

compete effectively but selectively, focussing on profitable services that represent a good strategic fit for our Trust.

b) Market Share

We have been a Foundation Trust for the last two years and during this time have maintained a healthy financial position and retained a very positive rating of green for our quality. Our core values provide the foundation from which we continue to build on our strong track record of delivering a number of services.

1. Hospital and Community Mental Health and Wellbeing Services

We are the largest provider of all age mental health services across Derbyshire. We will continue to improve and grow these services ensuring that the pathways provided to patients are easily accessible, have minimum transitions and are close to home. We will continue to transform our community and inpatient services to ensure that they reflect the on-going needs of our local communities and the best evidence available to ensure they remain recovery focused and promote hope, personal control and opportunities for living a meaningful life.

2. Community Learning Disability Services

We deliver Multidisciplinary Community Learning Disability Teams serving Derby City and Southern Derbyshire along with 24 hour non bed-based Assessment and Treatment Services, also serving Derby City and South Derbyshire, working with clients in their own homes. To support people with a learning disability to access mainstream services we work closely with GPs and other health and social service providers through our health facilitator programme.

3. Substance Misuse Services

Our City and County services are delivered with independent sector partners providing high and low intensity drug treatment services. Clinical leadership is offered throughout our service provision for those people with a dual diagnosis. We also support the local health system through our HALT (Hospital Alcohol Liaison Team).

4. Children and Young People Services

As part of the Transforming Community Services initiative a number of targeted, universal and specialist Children's services joined the Trust in 2011 (through a combination of competitive tender and managed transfer processes) and we actively promote an approach that supports early detection and early intervention across all health conditions and all age groups. Many people who come into contact with mental health services do so as a result of distressing or traumatic life experiences in their childhood and we believe that having these services in our portfolio strengthens our ability to build healthier communities for Derbyshire in the future and to reduce the future demand on adult mental health services. By working in a public health model with young people and their families at an early stage we aim to tackle the known contributors to mental distress and mental illness that may show in later years. The Trust has well-established Child and Adolescent Mental Health Services (CAMHS) in Southern Derbyshire

and our priority is to ensure that young people receive local care and when needed have a positive transition to adult services.

We will look for continual quality improvements and opportunities to increase the market share of all of these services. We will be proactive in seeking new opportunities for healthcare development and growth in areas of healthcare that complement our core service portfolio. We will continue to defend, develop and invest in our core services.

Threats and opportunities from changes in local commissioning intentions

Key Changes to Local Commissioning Intentions

Despite a challenging financial environment, our Trust has continued to expand the range of services that we offer, addressing both the expectations and requirements of our commissioners, patients and our primary care colleagues. This has been achieved through the competitive tendering for new services and the evolutionary growth of our existing services, utilising third sector organisations as partners where appropriate and ensuring that patients, carers and family are always consulted. We are seeing an increased expectation from our commissioners that they want providers to be able to respond to challenging demands and to work with them to develop services and drive efficiencies whenever such developments become a commissioning priority. We are therefore working closely with our local commissioners to ensure that:

- We remain flexible and proactive in our response to service change;
- We remain committed to partnership working and integrated care; and
- We support our commissioners by providing accurate data and evidence.

Whilst we will deliver this mandate through the existing close working relationships with our local commissioners, which we have worked hard to maintain, we have also implemented a much greater level of clinical engagement into the contracting process. We have appointed Clinical Directors for each of our operational divisions, who are supported by a number of Associate Clinical Directors, with responsibility for specific service areas. We have therefore created a robust structure of clinical leadership within the Trust, to support the interface with clinical commissioning colleagues and General Practitioners.

We feel it is important to put the needs of our patients and carers at the centre of everything we do; this interface will be important therefore in terms of helping us to determine local needs.

Changes to Contracting and Reimbursement Processes

The expansion of the Any Qualified Provider (AQP) scheme to include our Improving Access to Psychological Therapy Service (IAPT), patient choice and the introduction of Mental Health Payment By Results (MHPbR) and expansion of activity based payment systems will potentially make our revenues more volatile and transfer demand risk from our commissioners to ourselves. Due to the significant level of preparatory work we have undertaken however in relation to AQP and MHPbR, we do not see these initiatives as risks, rather opportunities, for example it is likely that our local commissioners will favour a PbR lead provider model. If they nominate our Trust as the lead provider (which we think is likely), this would afford us greater influence over the entire mental health care pathway.

QIPP & Demand Management

Our Trust continues to significantly contribute to the CCGs (previously PCTs) QIPP requirement, which we have delivered through reducing the need for expensive out-of-area treatment and also acute inpatient care. This has been achieved through the development and implementation of creative and innovative alternative models of care, such as extending the role of our home treatment service and through the use of bespoke care packages. The net impact of these initiatives has resulted in a significant saving for our commissioners and an investment into Trust services. For the lifetime of this plan we anticipate this continuing.

We will, for example, continue to actively repatriate patients from out-of-area placements back into Derbyshire, ensuring that local services can respond rapidly to specific individual needs both in terms of inpatient and community based care. In addition we will continue to plan for the expansion and development of particular community services, particularly around Eating Disorders Services, Autistic Spectrum Disorder Services and Attention Deficit Hyperactivity Disorder Services, where there is a direct correlation between the lack of community investment and an increasing level of out-of-area inpatient costs. This will be undertaken jointly with clinical commissioning colleagues.

During 2013/14 we will also implement the Rapid Assessment, Interface and Discharge Service (RAID) into the Royal Derby and Chesterfield Royal Hospitals. The investment into the service is predicated on the fact that whilst reform of core mental health and specialist services, as well as social care, is probably not in the immediate term the central priority for CCGs, input from our Trust will be needed to support priorities that are otherwise focussed on the secondary acute sector, including admissions management. Therefore whilst this will represent a significant investment for our Trust, the net result will be a significant saving for commissioners and improved quality of care for patients and carers.

Decommissioning

We do not anticipate any services being decommissioned during the lifetime of the plan; although we are currently preparing for a small number of Trust services to be competitively tendered during 2013/14.

Diversifying our Income Streams

Although we will use the COEBA tool to ensure we pursue new services in which we can demonstrate an affinity with our existing services and strategic direction and where we can provide quality and a positive financial return, we do not, during the period of the plan, anticipate significant diversification from our core portfolio of services. Instead our strategy is based on a need to expand and adapt to meet growing and changing demand for our existing services. Investment in capacity and skills, particularly in dementia, personality disorders and depression services over the next three years will mean we are well placed to meet the needs of the future population of Derbyshire.

To support this, we have recently created a Research and Development Centre, which as well as

	<p>allowing us to remain at the forefront of innovation and changing clinical approaches, will also generate increased income and costs in years 2 and 3 of the plan.</p> <p><u>Collaboration, Integration and Patient Choice</u></p> <p>As is the case with all NHS organisations we are facing some significant challenges over the next few years both financially and from the changing demography of our population. Therefore, it is important that we work with other providers to support closer working and better integration of services to meet these challenges. We want to be at the forefront of influencing and setting the pace around the integration agenda.</p> <p>Our approach to integration is one that is wrapped around the patient and the patient pathway to support early detection, easy access and effective treatment. Our first step on this journey is to provide integrated pathways of care internally. We will be reviewing our pathways to optimise clinical synergies between services. Our aim is to ensure that all our pathways are easy to navigate; they avoid duplication as well as unnecessary delays and provide the best patient outcomes.</p> <p>The second stage of this approach will be to work proactively with our commissioners to identify pathways to see how best patients can be managed seamlessly between care settings and providers. This will require us to have an increased focus on partnerships, including the private and voluntary sector, ensuring that the most appropriate evidence based care is followed.</p> <p>The third strand to this strategic aim is information integration. The use of information and technology in providing excellent care to our patients is fundamental. Information will be the glue that binds the pathways both internally and externally and allows our patients to move effectively between services. Therefore, we must develop information services that not only interface amongst our internal services but also allows information to be shared safely and securely linking care providers.</p> <p>To ensure that care is joined up and that we have Integrated Care Pathways we will support our teams to work better and working closely with external partners to ensure flexible and responsive care is delivered as close to home as possible.</p>
<p>Approach taken to quality (including patient safety, clinical effectiveness and patient experience)</p>	<p>We put our patients first and foremost not only in the quality of services that we deliver but in the way we assess the quality of our services. We strive to give every patient, service user and carer who comes into contact with us the safest, most effective care and the best experience possible. We do this by ensuring that we listen and learn directly from our patients and carers. By listening to our patients and carers experiences we can continually improve and provide care that is experienced as positive and safe. Therefore, we will continue to use a range of interventions to ensure we are systematically obtaining and acting on the feedback from our patients and carers in real time.</p> <p>For many years we have had in place a robust process whereby concerns can be raised to the highest level. We want to ensure that we fulfil our ‘duty of candour’ which means we are open and transparent in the way the trust is managed and services are delivered. Whilst the ‘raising concerns at work’ process has been accessed and utilised on a number of occasions in the past we will undertake a review with our staff, patients and carers to make sure that anyone who has concerns about the quality and safety of our services can raise their concerns in a supportive way. This will help to ensure that improvements can be made and we can continue to support</p>

	<p>organisational learning.</p> <p>We have put in place the foundations from which to build our quality culture such as the publication of our Quality Framework and our Integrated Quality Governance arrangements. The Quality Framework articulates how we will sustain and improve the quality of care we provide from the perspective of each and every person. We are proud of the external recognition from Monitor and the Care Quality Commission for our quality systems and processes. However, we will not be complacent and will use the outcomes from external reports (such as Francis) to make continual improvements.</p> <p>Core to our approach to quality is setting and maintaining professional standards. The Multi Professional Philosophy and the Nursing People to Health and Wellbeing Strategy details clearly how we plan to improve nursing across all our settings. Creating a compassionate caring culture will be central to this work ensuring that care is delivered in accordance to our values, behaviours and attitudes.</p> <p>One of the cornerstones in striving for continual improvement and quality is the creation of our Research and Development Centre. A key tenet of our Research and Development activities will be to put research into practice to ensure we are providing the most innovative, contemporary services as possible to our patients. Our people, patients and carers will play a key role in shaping our thinking in the areas of research and development.</p> <p>To improve the Quality of Services we want them to feel personalised, outcome-focussed and delivered to the best evidence and highest standards.</p>
<p>Clinical Strategy</p> <p>(Consistent with information contained within the Trust's published Quality Account).</p>	<p><u>Service Line Management and Reporting</u></p> <p>Our Service Line Management (SLM) strategy for the next three years (and beyond) is to continue to progress our programme of on-going viability testing for all our service lines, which we call our VIBE process. This is a rolling programme of assessment of the strategic fit, clinical viability and financial sustainability for all our services.</p> <p>The Trust has been successfully generating Service Line Reporting (SLR) for the whole of 2012/13. Our reporting and performance management will continue to evolve to further embed SLR information and associated business intelligence.</p> <p>We also utilise benchmarking information and are active members of the NHS Benchmarking Network.</p> <p><u>Clinical Workforce Strategy</u></p> <p>The relationship between people working in well-led teams who are engaged and empowered to work autonomously within clearly accountable systems and positive patient care outcomes is well known. We will continue with our approach to leadership and management development based on our Trust's values to encourage compassionate relationships, compassionate teams and a compassionate culture of care. We will continue to strengthen the organisational performance framework to strengthen service line management leading to further de-centralisation, bringing decision making closer to teams and patient care.</p> <p>Over the next three years the Trust will be shaping processes that will ensure that the</p>

organisation has the right level of capacity, the right people, with the right skills, values, attitudes and behaviours that are in tune with those of the Trust, in the right place. This will require our entire workforce to undertake a value based assessment at some point during this time. In addition, our talent management framework will identify our people who exceed both in demonstrating the values, as well in their technical competence.

The structure of the organisation will be transformed in a way that enables decision making to be made closer to direct patient care. The organisation design and culture will facilitate explicit clinical leadership that is linked into the senior operational management and will be clearly involved in decision making at a service level. Operational managers and clinical leaders will have the freedom to make service improvements and determine resources in line with service line management best practice.

This system of delegated authority will move teams to become more empowered and have greater authority in a model of earned autonomy. This results in operational managers and clinicians becoming more empowered and in executives becoming more strategic and externally facing.

We will create leaders at every level of our organisation who are able to continually improve the quality of care provided and enhance our patients' experience by driving forward innovation, transformation and modernisation of our services. Therefore, we will continue to build on the work of the Leadership Strategy launched in 2010.

Coaching competencies and development will form a significant facet in our leadership approach by developing a culture where coaching is the preferred leadership and management style. Fostering this preferred approach, we will be continually equipping our leaders with the skills and competencies to develop a compassionate culture.

In addition, and as stated in our Quality Account, we will continue to hold Listening Events to allow staff the opportunity to voice their opinions and have a say about their working lives, their working environment and their everyday work experiences. The Listening Events will provide individuals with ownership, responsibility and accountability for generating ideas for improvement. Progress will be monitored through the Workforce Strategy Group.

The Key Priority areas from the Staff Survey for 2013/14 include:

- Health, safety and wellbeing; and
- Communication, involvement and engagement.

In addition, we will keep staff updated of progress of some of the local initiatives planned to improve the staff experience and the health and wellbeing of our workforce.

We will continue to encourage as many staff as possible to take part in the 2013 National NHS Staff Survey later this year. In addition, we will use the Listening Events to discuss and explore alternative ways of how we maximise the number of staff taking part in the next Staff Survey.

	<p><u>Clinical Sustainability</u></p> <p>There are no adverse indicators relating to the on-going clinical sustainability of any of our services.</p>
<p>Productivity & Efficiency</p>	<p><u>Productivity and Efficiency Gains</u></p> <p>The overall level of planned activity for the period remains generally stable, with the exception of the number of occupied bed days within adult acute mental health inpatient services, where the activity in the plan is increased to reflect the additional bed capacity that will be available from Autumn 2013. For all inpatient areas however we have forecast a reduced length of stay during the period of the plan, although given the way inpatient activity is currently commissioned this will not directly impact on our income projections.</p> <p>The plan assumes lower levels of bank and agency cover as the costs are included in the permanent staffing budgets.</p> <p>Activity targets relating to service developments have not been included as they will be agreed during the year with Commissioners as baselines are assessed and agreed.</p>
	<p>1. <u>CIP Governance</u></p> <p>CIPs are embedded within a single organisation-wide efficiencies programme and process, with a dedicated Programme Assurance Office and governance structures reporting to the Board of Directors. This system is now in its fourth year and has to date delivered 100% of its CIPs to plan, with no assessed decrease in quality over 110 projects. The 2013/14 CIP has begun delivery across a number of projects.</p> <p>Efficiency Themes and Schemes are identified and developed from three main domains:</p> <ol style="list-style-type: none"> 1. National initiatives; 2. Externally Harvested technology innovations and benchmarks; and 3. Continuous internally generated and harvested ideas and innovations from across all Clinical, Non-clinical, front line and non-front-line staff and teams. <p>2. <u>Ensuring Alignment with our Trust's Strategic Objectives</u></p> <p>Once identified, schemes are managed, reported delivered and assured in one of the following three categories which directly support strategic objectives. The key objective for all projects is to protect/improve quality whilst realising efficiencies. If this is not possible an alternative that does not adversely affect Quality will be sought.</p> <ul style="list-style-type: none"> • <u>Transformational Projects</u> People and Pay, directly supporting the Workforce Strategy and Business Strategy. • <u>Transactional Projects</u> Non-pay, directly supporting the, Estate Strategy, IM&T Strategy and Procurement Strategy. • <u>Enabling Projects</u> Bespoke pieces of work in projects which analyse, develop guidance, policies etc. which are

specifically required (mainly by Transformational projects) to “enable” them to further develop their efficiencies.

3. Assurance

Throughout the life-span of the projects, all adherences, scrutiny, monitoring and reporting is managed through a single Programme Assurance Office and process which is supported by sophisticated project management software which facilitates continuous audit and risk analysis. The process is one of evidence based triangulation between plan-reported position-evidence.

CIP Profile

As noted above the 2013/14 CIP has begun delivery across a number of projects, covering a variety of clinical, service and pathway areas plus support and other non-clinical services.

Process for the development and Approval of the Forward Plan CIPs

1. Harvesting

- Our Trust has an embedded business process across the organisation to harvest internal ideas and innovations.
- There are Quality visits to every team which are part of the quality governance process, to tiers 2 and 3 monthly leadership events at which there is an inspirational, innovation and practical component to each event from nationally acclaimed external speakers.
- Continuous informal e-mail/drop in to the Efficiencies Programme Assurance Office.

2. Categorising

- Once identified, a ‘Seedling’ project, it will be categorised under 1 of the 3 categories previously identified as directly linking with our Trust’s Strategy:
 - Transformational
 - Transactional
 - Enabling
- This allows for the correct corporate support services to be dedicated to every project, who are then responsible for the provision of information and expertise to that project under the direction of the project manager. This is mandatory and not optional; it is a core part of the role of support services (Finance, Workforce, IM&T, Governance, Estates, Assurance).

3. Developing

- Pre-validation
Once harvested, an idea will journey through a process of increasing scrutiny and information gathering as part of a pre-set up, set-up and planning process. This will include the identification of a project Sponsor at Executive Level, a project manager and project team. The project team has all corporate support services as core members (above). There are measurable milestones throughout the planning phase at the core of which sits a quality impact assessment. Any assessed decrease in quality will result in the plan being rejected. If project plans are complete and validated by the assurance office as being deliverable within the agreed programme tolerances of Quality, Time and Benefit, the project will be presented

	<p>to Programme Assurance Board (sub-group of Board of Directors) for approval.</p> <ul style="list-style-type: none">• Post-Validation Once approved, the projects enter a set of post validation phases with reportable milestones as per their plan. These are Consultation, Implementation and Evaluation. (Evaluation takes place post Implementation at months 1, 6 and 12 against the original agreed project plan, a project can still be halted and reviewed in this period i.e. if there was an assessed reduction in Quality). <p>4. <u>Clinical Involvement/Leadership</u></p> <p>Every project that is Clinical in nature or may affect clinical quality or delivery will have a Clinical Project Manager or members respectively (providing a high level of clinical leadership across all projects). All Quality Impact Assessments are scrutinised and validated through a clinical governance process.</p> <p>5. <u>Resourcing Projects</u></p> <p>As part of setting up the Programme Assurance process and Office, the Trust decided not to make a separate investment by recruiting ‘Project Managers’. The construct of the process and its detailed step by step approach provides a sufficiently robust and user friendly framework to nurture and develop operational skills already within the organisation into those required to manage projects. This is predicated on a ‘PRINCE-lite’ approach underpinned by Programme Office expertise and regular briefing, sharing and training events.</p> <p>This was therefore a cost neutral model with the benefit of embedding efficiencies into business as usual whilst benefiting organisational development through the transferable skill set of the project managers.</p> <p>Additionally, and of paramount importance in the protection and improvement of quality, is having those who are experts in their own areas owning the changes through identifying and managing them through the project and into operational delivery.</p> <p><u>Quality Impact Assessments, Quality Risks, Monitoring and Mitigations</u></p> <p>1. <u>Development</u></p> <p>The construct of the Quality impact assessment that all projects must undertake as part of the pre-validated project planning is derived from a number of evidence bases measurable indicators across the following domains (refreshed annually):</p> <ul style="list-style-type: none">• Monitor Compliance Targets• Commissioning for Quality and Innovation agreements• Core KPIs• NHS Operating Framework• CQC 16 Essential Standards of Quality and Safety <p>Additionally there a number of ‘Project Specific’ KPIs which follow the S.M.A.R.T. format. If there</p>
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	<p>is an assessed decrease in Quality for any project it would not pass the approval process for graduation from planning to implementation.</p> <p>2. <u>Monitoring</u></p> <p>ALL projects report their status monthly to our Trust's Programme Assurance Board via an electronic reporting system across the three domains of Quality, Time and Finance. Any change whether a decrease or increase in any of these three domains will turn a project's status to red, requiring a full report and recovery plan.</p> <p>3. <u>Risks and Mitigations</u></p> <p>The Quality assurance component of our Trust's programme is sophisticated enough to not only identify through project reporting assessed reductions in quality, but also the subtle difference between an assessment of no impact and no change:</p> <ul style="list-style-type: none"> • No impact requires no action • No change requires a positive mitigation to prevent a quality reduction • A worsening of quality halts the change and requires a positive action <p>4. <u>Demonstrating Quality Assurance (Grip)</u></p> <p>As part of the wider organisational Governance arrangements, a monthly assessment of all projects quality status is routinely made in the context of the wider operating environment to ensure synergy between CIPs and daily/future operating requirements. Throughout the entire Programme Assurance process, Amber is not used as a status, only Red and Green. This is a further measure which removes ambivalence and strengthens assurance.</p>
Financial & Investment Strategy	<p><u>Current and Future Financial Position</u></p> <p>The Trust ended 2012/13 with a financial risk rating (FRR) of 3 as planned; this included full delivery of our cost improvement programme. We are planning for a FRR of 3 in the first year of our forward financial plan building to a FRR 4 in the latter two years. Continuity of service risk rating (CoSRR) will be 3 in the first two years, building to a 4 in the final year of the plan.</p>
	<p><u>Financial Priorities and Investments</u></p> <ul style="list-style-type: none"> • The main investment in year 1 is the Rapid Assessment Interface and Discharge (RAID) Service Development which is a model of mental health support into Derbyshire Acute Trusts. • There are other smaller service developments which Commissioners have re-invested QIPP efficiencies back into our Trust.

	<p><u>Key Risks to delivery</u></p> <ul style="list-style-type: none">• PbR in years 2 and 3 – potential risk around the volatility of income which was previously paid under block arrangements. This will be mitigated through transitional arrangements agreed with Commissioners through contract negotiations. Joint meetings with Commissioners to monitor activity levels and to understand the impact of both the activity and finances.• IAPT AQP – potential risk around possible income loss due to loss of market share. This will be mitigated through strengthening market position and will be monitored through contract performance meetings.• Achievement of CIP plan – potential risk in not achieving CIP requirements. This will be monitored through a robust project management process.
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