



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

Strategic Plan Document for 2013/16

Cheshire and Wirral 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):

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Date

31st May 2013

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

David Eva

(Chair)

Signature



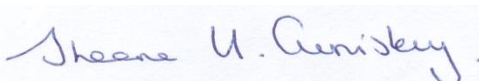
Approved on behalf of the Board of Directors by:

Name

Sheena Cumiskey

(Chief Executive)

Signature



Approved on behalf of the Board of Directors by:

Name

Tim Welch

(Finance Director)

Signature



Executive Summary

The Trust continues to operate from a sound and sustainable basis with a continuing focus on delivering high quality and cost effective services for patients and service users, within a complex and challenging operating environment. There is a continued drive for financial efficiency and we recognise competition drives standards, improvement and choice. Our focus continues to be on developing effective, integrated services in partnership, ensuring this happens with the patient at the centre.

The Trust Board recognise the challenges and potential opportunities that operating within the current local health economy provides and the need to respond to these accordingly. In light of this, the Board has reaffirmed the current Trust vision as fully demonstrable of the strategic direction of the Trust for the 2013/2016 Plan. The Trust vision of *'Leading in partnership to improve health and well-being by providing high quality care'* continues to encapsulate the Trust's position as a values based organisation, with care central to all its operations.

The financial strategy of the Trust will ensure that it remains a viable Foundation Trust that continues to deliver sustainable and effective services. The strategy supports and underpins the clinical service strategies and the efficiency requirements, providing resources for investment in innovation, quality and information where required.

The strategy builds upon the principles established by the Board in leading the Foundation Trust, acknowledging the financial and regulatory environment with robust processes in place to identify key risks and appropriate mitigations.

The Trust has continued to maintain its strong position as a provider of high quality, value for money services against a continued backdrop of financial, legislative and commissioning changes.

Strategic Context and Direction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides inpatient and community Mental Health services for adults and children, Learning Disability and Drug and Alcohol services across 95 sites within Cheshire and Wirral, and neighbouring areas. The Trust also provides community based physical health care services in western Cheshire, and a range of specialist services within Liverpool, Bolton, Warrington, Halton and Trafford. CWP employs approximately 3,400 staff and has 15,000 Foundation Trust members. Principally the Trust operates across three local authority areas and works with 5 Clinical Commissioning Groups (CCGs) and 4 acute hospital trusts.

The Trust continues to operate from a sound and sustainable basis with a continuing focus on delivering high quality and cost effective services for patients and service users, within a complex and challenging operating environment. There is a continued drive for financial efficiency and while we recognise competition drives standards, improvement and choice, collaboration and partnership are key to ensure this happens effectively with the patient at the centre.

Understanding and analysing the local health economy and external landscape is a crucial part of the annual business planning process for CWP. Locally, there is an emphasis on the move towards integrated working and developing collaborative partnerships to deliver services. Although the pace of development varies across the Trust footprint, CWP has identified that 2013/14 in particular, should be a year where health and social care becomes far more closely aligned and in some of our areas, fully integrated. This is in response to a local emphasis from CCGs on developing and shaping services around the needs of patients, developing joint pathways to provide more patient centred care and ensuring that where possible, care and treatment takes place outside of hospitals, with a focus on preventative services and outcomes.

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The 7 strategic objectives have had a slight revision for 2013/14. These are set out below and clearly indicate how the Trust intends to achieve its vision.

1. Deliver high quality, integrated and innovative services that improve outcomes
2. Ensure meaningful involvement of service users, carers, staff and the wider community
3. Be a model employer and have a caring, competent and motivated workforce
4. Maintain and develop robust partnerships with existing and potential new stakeholders
5. Improve quality of information to improve service delivery, evaluation and planning
6. Sustain financial viability and deliver value for money
7. Be recognised as an open, progressive organisation that is about care, well-being and partnership

To deliver the strategic objectives, the Trust has identified a number of priority areas for 2013/16. These demonstrate the Trust's understanding and analysis of the local health economy, the population it serves and their demands. Our priorities include embedding our learning from the Francis enquiries and further progressing our work with partners, to ensure that we respond to the needs of the population we serve in an integrated, holistic manner. We will also further develop our services to ensure that they always have a focus on recovery in enabling people to be the best that they can be.

The Trust is also reiterating its commitment to improving engagement and working in partnership with service users and carers to empower them in their care and to improve their experience of services. Working closely with our Governors and Members is also important to the Trust. CWP's Governors have contributed to the development of the Plan through both presentations and discussion sessions at Council of Governors and sub group meetings. We will also focus activity this year on maintaining current total membership levels and targeting specific areas to ensure we are representative of the communities that we serve. Our aim is to maintain staff and public membership numbers and to focus on recruiting to areas of under representation. Particular target areas are service users and carers; people based in eastern

Cheshire, males, people aged 16 or under and those aged over 60.

Supporting the workforce is a key priority for CWP. The 2013/16 period will focus on blending competencies and skills within the CWP workforce and with our partners, whilst maintaining specialist skills to meet the needs of our service users even more effectively. Investing in the right technology to support the workforce is also important. CWP recognise the need to invest in technology to enable greater mobility, efficiency and to improve ways of capturing patient outcomes now and in the future, to demonstrate long term outcomes. The Trust's approach to embracing technology will also support organisational web developments, as well as effective communication through social media channels. Meaningful and responsible activity online, whilst utilising user driven content, will be essential to maintaining and promoting the reputation of CWP as a leader in clinical excellence, research and development.

The Trust has also prioritised clinical effectiveness with the need to continue to seek opportunities to redesign services, to develop pathways and to improve outcomes and effective use of resources. This will be undertaken in dialogue with Commissioners and our local communities to ensure that we better meet the needs of our population and are better placed to influence plans and commissioning intentions. Our developing locality structures will support this and will enable the Trust to respond even more effectively to the needs of the population, whilst maintaining the speciality expertise across the whole Trust footprint.

Across the Trust footprint there are changing demographic demands, with similarities in terms of trends across the three main areas. In western Cheshire, those aged 65 or above are estimated to increase by over 50% by 2029, with an estimated 4,000 older people with dementia resident in the area. In Wirral the older people population is already higher than the rest of England and Wales and the population is expected to increase by 43% in the next two decades, with the number of dementia sufferers also increasing accordingly. Eastern Cheshire has the fastest growing over 65 and over 85 population in the North West and it is estimated that the number of older people will increase by 50%.

In western Cheshire, the estimated number of people dependent on illicit drugs is expected to rise from just over 7,600 to 7,849 by 2030. The number of problematic drug users in Wirral successfully completing treatment has increased by almost a third since 2009/10. In eastern Cheshire local intelligence suggests that the area also has significantly higher alcohol specific admissions.

In western Cheshire there are a high number of people who are surviving strokes and are living with longstanding health conditions as a consequence. Their life expectancy is expected to increase by a third by 2030.

The Trust's key competitors locally are other adjacent mental health and community trusts and local acute trusts for the delivery of some community services. Private sector healthcare providers predominantly providing specialist services such as eating disorders, brain injury, and rehabilitation services are also local competitors. There are also some third sector organisations delivering non specialist services such as drug and alcohol services. Some local GPs may want to deliver some services 'in house' such as counselling services and some community services.

Intelligence suggests that a precedent has been set in other areas where GP practices are joining to work in federations which form vehicles for directly providing services, taking control of other services and maximising resources around funding, support and quality within general practice itself. For CWP as a provider of predominantly community services, this could be a risk and is a development that the Trust is monitoring.

We are aware that other Trusts delivering acute and community services within our boundaries are aspirant Foundation Trusts. This could be both an opportunity and a threat for CWP and this remains under scrutiny. The local authority budgetary situation in eastern Cheshire and Wirral is particularly significant in terms of impact on services and on vulnerable people within the areas. CWP are advancing discussions where we might work together for opportunities for innovative solutions.

The Trust continues to maintain its good relationships with local Commissioners. Our key position is the range of specialist services that we offer enabling us to offer smooth pathways of care across services. Our

aspiration is that this will be especially demonstrated with the integration of mental and physical health services to establish teams around the patient. We know from work recently undertaken with Commissioners that CWP, in terms of mental health, deliver approximately two thirds of the total mental health budget spend (£21 million out of £35 million expenditure in western Cheshire). For physical health services we are the main provider in western Cheshire; however we only have a small proportion of the market share in mid and eastern Cheshire and in Wirral.

Threats and opportunities from changes in local commissioning intentions

The Trust is aware of a number of potential tendering opportunities arising over the next 12 months. The commissioning of drug and alcohol treatment has now moved into the control of Public Health within the local authority. While the Trust has received confirmation that service provision will be maintained during 2013/14, after this time there will be a re-commissioning process during the financial year to plan the service delivery from April 2014. In addition, the commissioning of some children's services such as Health Visiting and the Family Nurse Partnership that currently sits with NHS England will move to Public Health from April 2014. We are also anticipating the tendering of the 'Caring to Care partnership' in 2013/14. This was established in August 2011 as a partnership between Cheshire West and Chester local authority (CWaC) and CWP to meet the emotional and psychological needs of children in care in western Cheshire. In Wirral, the tendering of primary mental health care services is expected within the next year.

In western Cheshire, both the CCG and CWP are committed to the Altogether Better programme (Cheshire West and Chester local authority is 1 of 4 pilot Community Budget sites). As a result, commissioning intentions and the required outcomes for 2013/14 have been organised under the four main areas of the project - Starting Well, Working Well, Living Well, and Ageing Well. The aim is to make 2013/14 the year where health and social care services become fully integrated in the geographical area. The CCG has identified four key work streams integral to the success of the project:

- developing and shaping services around the needs of patients
- developing greater collaboration and integration between health and social care teams to provide seamless patient journeys
- ensuring that where possible, the care and treatment of patients takes place outside of hospitals
- developing joint pathways to minimise unnecessary waits

In response, the Trust has developed the integrated 'cluster' based teams which will see health and social care provision delivered side by side. An approach that will be further enhanced by the proposed transfer of social care provider services to the Trust in the western CWP locality. The new locality management structure which integrates mental and physical health internally will further aid the integration process.

In eastern Cheshire, both CCGs have reflected the increasing over 65 and over 85 populations within the localities in their commissioning intentions. They note that the proportionate increase in the healthcare needs for age related conditions will impact on social care and the health economy. Their plan is to implement the integrated care programme and associated initiatives with the Trust fully engaged in the project teams for implementation. This population will also increase demand on liaison services and priority is being given to the development of enhanced liaison services at both Leighton Hospital and Macclesfield District General Hospital.

In Wirral, CWP and the CCG have worked together on a range of commissioning intentions leading to the development of a complex needs service supporting people with mental health, personality disorder and /or Attention Deficit Disorder (ADD) avoiding numerous presentations to GP practices, A&E and Out of Hour services, as well as interactions with other agencies such as the Police. CWP is also an integral part of the Long Term Conditions Programme in Wirral. As well as focusing on risk stratification, self -management and the creation of integrated teams, this group is linking into work in the wider QIPP agenda which includes the Mental Health QIPP and the Dementia QIPP sub group.

Work is also progressing within the wider health economy on initiatives around reducing the demand on the acute hospital. The Trust is also actively involved in admission avoidance schemes particularly around the elderly population. The creation of a Single Point of Access for adult and older peoples Mental Health

services in conjunction with GP colleagues ensures that all referrals are sent to one place, with dedicated practitioners who are highly trained in assessment skills. This ensures that service users are placed on the correct pathway from the initial assessment.

We are undertaking two significant internal restructuring programmes coming on stream during 2013/14 in respect of our community mental health team provision and in the configuration of our Learning Disability services to provide more of a community focus influenced by the Winterbourne report and by local commissioning intentions. The Trust is also mindful of the recommendations from the Francis enquiries detailed later in the plan.

Across the locality areas, the Trust has a number of Child and Adolescent Mental Health Service (CAMHS) demand management plans. These include the development of increased access to psychological therapies such as interventions for medically unexplained symptoms, specialist parenting programmes for children with behaviour problems, inpatient psychiatric intensive care beds for young people across Cheshire and Merseyside and neuro-developmental services for children and young people in eastern Cheshire.

Collaboration, Integration and Patient Choice

Our strategy within the local health economy is to be a key player in terms of driving the integration agenda and where possible, doing this in partnership with other organisations that may be better placed to deliver certain services along the pathway.

The Trust is currently reconfiguring its clinical services into geographical localities, which will better integrate all clinical services currently sitting as discrete service lines under three locality structures. Each locality will have a service director, a clinical director and organisational structures fully reflecting local service delivery priorities. This will facilitate closer collaborative working along patient centred pathways. In western Cheshire this will include physical health services, social care and mental health services in the form of integrated teams, while retaining specialist skills across CWP and our partners.

In western Cheshire, there is a particularly strong focus on integration and partnership working supported by the both the CCG and the local authority led 'Altogether Better' programme. Across the 5 domains, the programme aims to pool collective expertise and resources to provide cost effective benefits for the local population, along with an improved value for money position for providers. In addition, the CCG plan focuses on more outcome driven services provided through a partnership approach across 6 clinical outcome areas which include mental health, dementia and alcohol related ill health.

In addition, in western Cheshire for mental health services, the Trust is exploring with the CCG the method of commissioning programmes of care by working together to provide an Integrated Provider Hub. This is done by developing an outcomes based contract across care pathways rather than commissioning episodes of care. This approach enables the provider to transform and integrate the pathway across all levels of service and allows Commissioners to commission outcomes for the overall population.

In eastern Cheshire, CWP is fully engaged as a key partner in the local CCGs plans to provide integrated care programmes and the Healthy Communities Programme for age related conditions, in response to the locally identified demand for these services. Eastern Cheshire has the fastest growing over 65 and over 85 population in the North West with an increasing old age dependency ratio. This will have a significant impact on social care and the overall economy wide co-ordination of care. It is also anticipated that there is likely to be a proportionate increase in healthcare needs for people with age related conditions such as falls, degenerative long term conditions and end of life care.

In Wirral, the pace of full integration is different with the financial constraints of the local authority having an impact on the move to integrated models of service delivery. CWP maintains the commitment to deliver integrated services in this area. The locality management structure currently under implementation will afford the opportunity to focus our services on a locality basis, while working closely with our key partners to continue to develop strategic and operational partnerships. CWP is working with all partners around the long term conditions agenda, using a risk stratification tool to identify those patients who could be managed in a more integrated way. This is to enhance the patient experience and avoid unnecessary hospital admissions. This is supported by a self-care/self- management strategy.

The Trust is keen to develop partnerships with other providers and has a successful history of this with drug dependency services and a primary mental health care provider. We are currently in talks with other private sector organisations about potential partnership opportunities.

We expect more services to be put out to tender in the future with a number of new entrants entering our traditional services. Part of our approach is to continue to partner with private and third sector organisations. We are keen to redesign our services to be fit for future and to have a strong recovery focus. This will be our main goal during 2013/14 ensuring our services are robust and ready for a competitive market.

Approach to Quality

The quality focus of the Trust's strategic vision reflects our continued emphasis on safety, effectiveness and patient experience despite the challenging financial position nationally and locally, and takes account of the outputs of the Francis enquiries. How the Trust intends to deliver this vision during 2013/14 is set out in the Trust's annually published Quality Accounts. This sets out the Trust's commitment to setting quality improvement priorities that the Trust intends to continue to review its performance against in future years and to sustain improvements in quality. Supporting achievement of the Trust's clinical and quality strategies requires sub strategies and an integrated governance framework to be in place. These work programmes include:

- Building the capacity and capability for quality improvement through the Trust's workforce, which will further contribute to reinforcing a culture of continuous quality improvement across the Trust – this will be captured as part of the Trust operating/ accountability framework and be achieved through more robust workforce planning. A Staff Health and Well-Being Strategy and Organisational Development and Enabling Plan (ODE) were approved in spring 2012 with implementation on-going during 2013/14.
- Development of an Information Strategy– to further develop the Trust's information and data flows to meet the strategic objectives and clinical and quality strategy requirements, as well as reflecting changing external reporting e.g. to Clinical Commissioning Groups.
- Implementation of the Trust's Clinical Effectiveness Strategy, underpinned by the Trust's Clinical Informatics Strategy, to ensure effective measurement, analysis and use of clinical outcome data, to ensure that patients benefit from evidence-based practice, underpinned by current clinical research and innovative ways of working.
- CQUIN quality improvement programmes and goals agreed with Commissioners, which enables them to reward excellence, by linking a proportion of the Trust's income to the achievement of local, regional, and national quality improvement goals.

The main clinical quality priorities and milestones for 2013/14 are outlined below. The quality priorities for 2013/14 were developed and chosen based on:

- Identified risks to quality and reflective of what is relevant to patients and staff, e.g. impact of service redesigns; patient expectations of high quality and safe care.
- National priorities, e.g. recovery, protection from avoidable harm, patient reported outcome measures – as detailed in *The NHS Outcomes Framework 2012/13*.
- Specific feedback received in-year from consultation with each clinical service unit, the Quality Committee, and the Patient Safety and Effectiveness Sub Committee.
- General feedback received throughout the year from service users, staff and stakeholders such as work with Commissioners, the Scrutiny Committees and Local Involvement Networks – LINKs (scrutiny procedures are being reviewed in light of the transition of LINKs to Healthwatch).

Patient Safety

1. Improve the safety, effectiveness and efficiency of patient care and services through the development of a dashboard to monitor safety and quality indicators, during the transition through and after the community mental health team and learning disability service redesigns.
2. Improve patient safety and experience through the development of priority Trust 'never events' and implementation of associated preventative, positive and patient focused 'always events'.

Clinical Effectiveness

3. Improve outcomes by implementing clinically effective practice through the development of evidence based care pathways, including transitional pathways.

Patient Experience

4. Improve service user and carer experience by developing and implementing patient/ carer reported outcome measures and patient experience measures across care pathways, linked to Payment by Results (PbR).

The Board, Commissioners, Governors and public will receive the Trust's quarterly Quality Reports to evaluate progress towards delivery of the quality priorities. The Trust's Quality Committee includes in its business cycle a review of the quarterly Quality Report as it is the delegated committee that identifies any necessary action plans required to manage the risks associated with their delivery. Clinical service performance reviews also look at these quality goals and wider quality issues, linked to service business plans. This includes any risks to delivery of the Trust-wide quality priorities associated specifically with each clinical service unit. Some additional ways we monitor quality of care are as follows:

- A robust clinical audit programme is in place, which encompasses Inpatient and Community Safety metrics, undertaken across all wards/teams on a bi-monthly basis.
- An in-depth review of learning from incidents, complaints, PALS and Claims is undertaken 3 times a year to ensure that any learning is identified and shared. It also helps pick up any themes and trends for teams and services across the Trust. The report is presented to the Board of Directors, Quality Committee, and Governors and externally to Commissioners. Each report follows up on recommendations made in the previous trimester, to ensure that assurance is gained that staff have implemented recommendations and actions.
- Unannounced inspections on all inpatient units. Non-Executive Directors, Executive Directors and senior management visit a ward unannounced and check that evidence is in place around quality. The visits are focused with the Non-Executive Directors talking to patients and executive/governance leads reviewing evidence with nurse in charge. Follow up actions are then taken and reported against. This is being extended to Community Teams in 2013/14.
- Lived experience advisors working within the Trust to maximise patient feedback.
- Patient stories presented to Board of Directors.

The Board's business cycle and Integrated Governance processes are structured as such to ensure that the Board receives information to assure itself on the safety and quality of the services in the Trust. Through quarterly review of the Trust's self-assessment of compliance with Monitor's *Quality Governance Framework*, the Board will identify on a regular basis how quality drives the overall Trust strategy and whether there are any areas requiring improvement. This is supported by the Board review of the corporate performance report, which includes the quality dashboard which is being further developed and implemented in-year. It is also supported by a robust external audit programme.

The Trust has examined the Francis enquiries and has agreed that it would be using the recommendations outlined within the report to help support the development of the Trust's strategic and quality priorities for the forthcoming year. Five main areas of focus were highlighted:

1. Strong patient centred clinical and managerial leadership (including leadership development, competencies and performance)
2. Improved support of compassionate care
3. Openness, transparency and candour
4. Promoting high standards of care for patients
5. Ensuring accurate, useful and relevant information

Work on these areas will be taken forward in line with and as a part of our quality improvement programme described above.

As part of the planning process, the key risks are identified to delivery of the plan and are modelled to ensure that there are appropriate risk reduction and mitigations in place. These risks are as follows:

Operational Risk - Threats and opportunities from changes in local commissioning intentions may impact on the Trust maintaining current breath of services: This includes changes in specialist commissioning, QIPP and demand management, potential Any Qualified Provider tenders and changes to the commissioning body for Drug and Alcohol services. The Trust is working closely with all Commissioners, linking into QIPP networks and leading on work-streams around integration and pathway redesign. The Trust has also aligned its management structure to take into account the changing commissioning landscape to ensure that it can be more responsive to commissioning needs.

Workforce Risk - Risk of not meeting internal targets set with Mandatory Employee Learning Programme (MEL) due to operational pressures: The MEL framework was reviewed and an updated version agreed by Operational Board. Performance reporting intensity has increased with reports to Board of Directors, Operational Board and included as part of performance reviews. The Electronic Staff Record (ESR) Self-serve module has been rolled out across the Trust so that from April 2012, all managers can make MEL training bookings directly, track & monitor the training completions of their own team members and access progress reports designed by them. Other mechanisms to deliver training e.g. e-learning opportunities have been increased. The Trust is planning to introduce a 'behaviours related' incremental pay progression scheme during 2013/14. Improving the take up of MEL opportunities will be one of the criteria included within that.

Clinical Risk - The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury: Falls incidents and trends are monitored on an on-going basis and the Trust has implemented the Royal College of Physicians 'Fallsafe' programme across older adult wards as a pilot from December 2012 to March 2013, to assess the impact on falls prevention and management.

Regulatory/Reputational Risk - Risk of breach of terms of authorisation due to external scrutiny: The Trust has an action plan in place which is monitored internally at Board of Directors and Quality Committee.

Financial and Quality Risk - The significant savings to be made in NHS in the next few years, which will potentially impact on Trust staff, provision and quality of services provided: The Trust is having on-going discussions with Commissioners and Clinical Commissioning Groups on this issue. Cost Improvement Plans are in place and these are impact assessed to ensure that there is not a significant adverse impact on patient care. The Trust is working with other local Trusts as part of the QIPP agenda.

Contractual Risk - Timeliness of SUI Reporting and completion of action plans within agreed timeframes: The Trust has made significant improvements in the quality of the investigations being undertaken identified by feedback from Commissioners. In order to improve the timeliness, the Trust is investing in additional training for staff and a protected resource to support investigations across the Trust.

The Trust has participated in special reviews or investigation by the Care Quality Commission (CQC) relating to the following areas during 2012/13:

Review of compliance: Kent House

Review of compliance: Greenways

Review of compliance: Eastway

This was a review of compliance with the Care Quality Commission's essential standards of quality and safety. The Trust was compliant with the requirements of the Care Quality Commission relating to the reviews at Kent House and Greenways.

In relation to Eastway, the Care Quality Commission identified moderate concerns relating to compliance in 5 outcome areas.

In response to this, the Trust has developed an action plan which has focused on strengthening leadership, strengthening clinical practice and strengthening compliance with regulatory standards on the unit. This action plan has been shared with Care Quality Commission, the local authority and Commissioners. Feedback has been gained on the robustness of the action plan to address the concerns and issues raised. The Trust remains to have no restrictions on its registration.

Clinical Strategy

In line with the recent changes to the locality management structure described above, the Trust is refreshing its clinical strategy and its supporting approach to service line management. This will include ensuring that the Trust's approach to service line reporting better supports local clinical decision making.

Clinical leadership is a strong aspect of the Trust with senior level clinical leadership meeting regularly with the executive team and through the provision of clinical networks. We have initiated a dialogue with senior managers and clinical leaders about the development of an accountability framework that will determine the appropriate levels of autonomy that will be afforded to service lines.

This will be enshrined in our new framework rolled out during 2013/14 with further refinements and adaptations over the three years of the plan. Many aspects will need to be transitional and tested in terms of accountability, performance management and the mechanisms in place to provide assurances up to the Board and onwards to external organisations. These include CCGs through 'star chamber' or Board to Board arrangements and to Monitor in its regulatory capacity.

Clinical Workforce Strategy

83% of the Trust's total workforce is medical or clinical staff and the Trust's workforce strategies for these groups are solidly founded on a core theme of continuing to build on the cornerstone of its 'model employer' reputation. This is reflected in low staff turnover, positive promotion of training opportunities, generally high levels of applications for vacancies, increasingly positive staff survey results and a number of national service quality awards. The Trust consistently gets positive feedback from junior doctors on placement, does not currently have 'hard to fill' medical / clinical roles and has, from the outset sought to engage with the identification and development of early priorities for the Local Education and Training Board (LETB) arrangements within the North West.

The key focus for the Trust over the next 3 years will be on looking to further improve the quality of service delivery and service user experience by driving forward the plans already in progress. These have particular emphasis on medical workforce revalidation, ensuring the robustness of individual employee appraisal (and moving toward all clinical staff having personal performance plans linked to service plans). In addition, developing clinical leadership / service marketing capacity and engaging positively will help to ensure the effectiveness of the region's newly formed LETB.

The Trust has a proven record of service redesign and uses a variety of workforce strategies to ensure that services remain safe whilst changes are implemented. This includes the identification of extra posts and access to Occupational Health services for staff affected by change. With the number of changes to the NHS being implemented, as highlighted above there is a particular emphasis for the Trust of at least monitoring the health and well-being of our staff.

At present there are no services at risk due to lack of critical mass, with consultant medical staff encouraged to use part of their job plans to develop and deliver improvements in services.

Productivity & Efficiency

The current economic climate and on-going NHS efficiency requirements continue to present real challenges to the provision of high quality, effective services. In response to this, the Trust has developed a number of cost improvement programmes to enable the Trust to sustain financial viability and to support development priorities. As with previous programmes, these initiatives focus on service redesign to allow greater efficiency in the delivery of services through improved care pathways. These deliver better outcomes for service users and increase the flexibility of the Trust's workforce to respond to future opportunities. The Trust approach to this is one based on aligning the staff skills required, with the needs of our patients and wherever possible, by people working in multi-disciplinary teams around individuals and

their families.

The rationalisation of estate will also bring efficiencies by bringing together community teams and clinical support services into centralised locations. This will result in cost savings but also enable more collaborative and effective services to be provided. Examples of the redesign schemes are included in Appendix 2 and reflects the service redesign and integration opportunities outlined earlier in this document supported by the emerging clinical Information Strategy.

CIP governance

The Trust is developing a Programme Management Office (PMO) function to assist and empower localities to achieve against their business plans and to standardise and simplify project processes. It will assist localities to manage their projects, principally service development projects (including QIPP and CIP) in terms of monitoring delivery and project quality. The PMO would also serve to give the Board assurance that services are on track with annual business planning and that we have clear processes in place to provide assurance to external bodies such as CCGs. Progress on CIP delivery will be reported to the Board via the Operational Board.

The objectives of the PMO are to:

- Assist CWP in moving towards standardised approaches and processes (without introducing unnecessary bureaucracy).
- Prioritise staff workload.
- Establish a centralised capability helping facilitate the management of our key programmes, projects and joint working.
- Provide a combination of reporting and active assistance for the organisation in moving towards delivering real value through commissioning / contracting cycles.
- Align programmes and projects with the CWP and locality business planning cycle.
- Give assurance to the executive team that annual plan projections inclusive of CIP are on track.
- Embed the discipline of on-going service development.
- Each locality team produces an annual business plan which is informed by commissioning intentions which will have been collaboratively developed with CCGs, informed by the Joint Strategic Needs Assessments (JSNAs). These plans underpin the CWP annual plan.

From this, we will have a programme of works to enable us to achieve our projections be that cost improvements, developments or both. In year however, there will be an understanding that opportunities will arise which will enhance locality plans and will also become projects.

In 2012/13 the total CIP delivered was £4.1m, which resulted in a shortfall against the planned savings target of £1.4m. This outturn was largely as a result of extended public consultation requirements associated with the Community Mental Health Team redesigns which will now go live during quarter 1 of 2013/14. The adverse financial impact of this was successfully mitigated through the deployment of an impact based vacancy management process. The additional project management rigour that will come with the development of the PMO function will support localities with similar future service developments.

Quality Impact of CIPs

The Trust has developed a quality impact assessment process to monitor the impact of all CIP and service development schemes.

There are categories of service changes, which are budget clipping, 'Just Do It' (<£100k, less than 1 quarter to deliver), Standard Improvement Projects (up to £1million and up to a year to deliver) and Complex Projects (>£1million and run across a year). Each one of these categories of projects has an accountability framework and a governance process attached. An early impact assessment process looks at financial, operational and impacts on patient care. This early impact assessment and approval process determines

whether the service change can go forward to the next stage, with Standard Improvement Projects and Complex Projects requiring full worked up business cases.

Each category of service change has a governance process, with Standard Improvement Projects and Complex Projects (i.e. those service changes likely to be included in the annual plan) requiring Executive, Operational Board and Board of Director approval. There are also consultation processes, both internal and external outlined for these service changes.

As part of the impact assessment on patient care, there are a series of quality indicators identified, linked to patient safety, clinical effectiveness and patient experience. These indicators are monitored pre service change, during transition and post service change by the Trust's Quality Committee to ensure any service change does not negatively impact on patient care. Any risks in relation this are then reported to Board via the strategic risk register and Board Assurance Framework.

The Trust's process for impacting assessing service change in relation to quality and patient care has been scrutinised by Commissioners in 2013 via Board to Board meetings with Clinical Commissioning Groups. In year scrutiny will continue with agreed contractual reporting.

Financial & Investment Strategy

The financial strategy of the Trust will ensure that it remains a viable Foundation Trust as a going concern so that viable and effective services will continue to be delivered. The strategy supports and underpins the clinical service strategies and the efficiency requirements that are needed as a result of the NHS income it receives and provide for investment in innovation and quality where required. It also seeks to cover risks where they are known.

The strategy reflects very much the same principles that have been in place and have been defined by on-going discussion by the Trust's Board since the organisation was authorised by Monitor and pays due regard to the financial and compliance framework, the key financial risks faced by the Trust and puts into place appropriate mitigation.

The Trust has continued to maintain its strong position as a provider of high quality value for money services against a continued backdrop of financial, legislative and commissioning changes. The Trust ended 2012/13 with a surplus of £3.2m and a Financial Risk Rating of 4.

2013/14 is a further shadow year for the implementation of Payment by Results (PbR) for Mental Health services and the Trust maintains a robust project governance structure and continues to make progress in this area, both internally through strong clinical engagement and through collaborative working with its Commissioners. Although our financial model reflects a steady state in respect of the impact of PbR, differing scenarios have been tested that look at potential income gain or loss resulting from the implementation of PbR.

The general principles that the Trust continues to work to are as follows:

1. To achieve a Financial Risk Rating (FRR) of a 3 or above on aggregate over the period.
2. To apply a long term efficiency programme that is tailored to the income profile of the Trust where all proposals are impact and risk assessed to ensure the outcome is true efficiency, delivered either by;
 - a) Delivering more for the same financial value.
 - b) Delivering the same service for less operating cost (the main material focus over the period of the plan).
 - c) Attracting additional income in niche markets where a contribution to efficiency can be sustained (marginal over the period of the plan).
3. To cover where possible risk that is pertinent to the Trust in terms of workforce change, contract risk or any other corporate risk.
4. To utilise resources such as CQUIN payments made to the Trust to enhance and reward quality improvements in relation to the services provided for our patients.
5. To utilise the Trust's cash position to maximise effective investment in the provision of fit for purpose

facilities without compromising basic good practice regarding liquidity cover for normal operations.

The main assumptions within the Trust's income and expenditure for each of the 3 years in the forward plan are detailed below:

- Income is assumed to deflate at a rate of 1.3% per annum (based on the Trust's current block contract portfolio).
- CQUIN is assumed to continue to be paid within contract performance at the 2013/14 level of 2.5%.
- Pay awards are assumed at 1% current pay offer to staff in the NHS.
- Incremental drift cost increase is calculated based on the current staffing statistics.
- All other prices are assumed to rise in line with inflation as experienced by current service delivery.
- Efficiency is assumed to be in line with tariff deflator and balanced with the Trust's needs to operate within its income expectations.
- Service developments are only recognised where they have a material financial impact over the period. This therefore does not reflect those service developments in the early stage of review.
- The Trust will spend circa £5.6m in 13/14 on capital investments to improve and enhance the estate in line with the Estates Strategy. Please note that the Trust's plans exclude any impact of the development of a partnership with a Strategic Estates Partner. The Board has approved the development of this and any subsequent investment (and hence impact on the Trust's financial plans) will be subject to review on a case by case basis.
- Cash assumptions are profiled in line with the current profile of cash flow for the Trust, where the income and expenditure profile is modelled on a monthly basis, and the final 50% payment of CQUIN schemes is not received until June in the proceeding financial year.
- There are no significant changes to highlight relating to the Trust's balance sheet. The Trust acknowledges that there are three properties that had the potential to transfer as freehold by the end of 12/13 as a result of the estate arrangements associated with PCT demise. As the due diligence is pending these are not included in the financial plans submitted.

The key actions required to support the delivery of this strategy are as follows:

- Trust wide delivery of the reduction in operating costs as set out in the plan.
- The adherence to approved business plans where there is a shortfall on income due to contract reduction or growth in a new niche market which is being underpinned non-recurrently.
- Establishment and embedding of the PMO to support robust planning and delivery.