

Strategic Plan Document for 2013-14

2gether 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

30 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

(Chair)

Ruth FitzJohn

Signature

Approved on behalf of the Board of Directors by:

Name

(Chief Executive)

Shaun Clee

Signature

Approved on behalf of the Board of Directors by:

Name

(Finance Director)

Jason Burn

Signature

Strategic Context and Direction

2gether NHS Foundation Trust is the main provider of mental and social healthcare services in Gloucestershire and Herefordshire

We serve a population of over 760,000 people who live within nearly 1,900 square miles of rural and urban landscape. Our purpose is to make life better for the people we serve.

We are a strong performing NHS Foundation Trust. Our Governance rating is Green and our Financial Risk Rating is 4. In 2012/13, we delivered a surplus of £2.401million with efficiency savings of £5.1m.

Our strategic position over the next three years is formed in consideration of the challenging economic and operational climate, internal resources and our overall desire to deliver our vision, values and purpose.

We will focus on three key strategic priorities:

- Improve quality – safety, outcomes and experience
- Increase internal and external engagement
- Ensure we are sustainable and an effective partner, employer and advocate

To make these priorities a reality, our intentions are to:

- Get the basics right by monitoring service objectives aimed at preventing harm, continuing to meet regulatory requirements and using appropriate technology effectively
- Develop outcome measures based on the quality of care we provide
- Continually evolve and adapt to meet the needs of our chosen markets
- Meet the needs of our commissioners in the wider health and social care market by establishing the Trust as a key partner in maintaining the health and wellbeing of our communities
- Increase value by improving outcomes and delivering financial efficiencies
- Progress our social inclusion agenda, maximising opportunities to engage with our communities
- Constantly strive to remain connected by focussing on engaging with colleagues, service users & carers, partners, commissioners and with our communities

A description of our overall Trust-wide key objectives is included within the service line strategy section of this document.

By listening carefully to all of our stakeholders and building productive relationships with general practice, we seek to deliver the highest standards of quality and professionalism that meet the expectations of our commissioners and our local services users.

Under new commissioning strategies within the national and local healthcare economy, we are expecting and planning for the potential of service tenders, less certainty in referral numbers and greater voluntary and independent provider competition.

We operate in a highly competitive marketplace where the tendering of services is a reality. On 1 April 2013 and following a competitive tendering process, which concluded at the end of October 2012, Community Drug and Alcohol Misuse Services transferred from 2gether to a voluntary sector provider. Aligned to this tender we were successful in our bid to provide enhanced healthcare support including Drug and Alcohol Misuse Services to HMP Gloucester.

Our prison services had already been inspected by the Care Quality Commission whose report showed that we were meeting all essential quality and safety standards, with high levels of service satisfaction. HMP Gloucester was subsequently one of the seven prisons chosen for closure by the Ministry of Justice in January 2013 therefore our service provision ceased at the end of the 2012/13 financial year.

As an NHS Foundation Trust, our ability to respond to opportunities including Any Qualified Provider tenders may mean greater complexity in terms of our risk modelling and pricing. It may also mean that we need to make more difficult decisions on how we qualify and quantify potential opportunities to make sure our resources are deployed safely and efficiently.

We continue to develop sustainable partnerships with appropriate organisations so that we can collectively offer an efficient, effective, economic and equitable service. By seeking relevant opportunities for growth we ensure sustainability for our existing services, staff and help ensure continuity of care. We assess all risks that potential growth opportunities may pose and how we can mitigate these at each transaction review.

We appreciate resources remain constrained for our commissioners and our focus is to consistently prove that we provide innovative service delivery within restricted resources, growing demand and which is competitive alongside organisations working to different costs and governance structures.

Using our clinical expertise, we plan to retain our existing services and work closely with our commissioners to understand, help shape and implement local commissioning intentions. We will, for example:

- Integrate our Improving Access to Psychological Therapy (IAPT) and Primary Mental Health Care Service to establish a single Primary Care Mental Health Service in Gloucestershire
- Extend our Let's Talk Improving Access to Psychological Therapies service to younger people in Gloucestershire
- Prepare processes for the introduction of Payment by Results (PbR) including local prices for all adult and older people services based on HoNOS PbR Care Clusters in both counties
- Prepare for the transfer of Herefordshire's Learning Disability services to the Trust
- Further develop our IAPT service in Herefordshire
- Develop a Psychiatric Liaison Service (RAID) in Hereford Hospital to help reduce admissions and length of stay

The NHS is evolving and through our Foundation Trust status, we will seek greater engagement with our members to make sure that the voice of our communities is heard and acted upon.

Competitive Overview

Our Trust Board considers compliance with Monitor's requirements as set out in the Monitor Compliance Framework, on a formal basis each quarter. The Trust Board considers and assures itself that we are compliant or working towards compliance within Financial Performance, Governance and Exception Reporting requirements. The Board also assures itself that at all times we remain compliant with our terms of authorisation and have regard to the NHS Constitution.

Our key competitors are voluntary and community sector organisations, statutory providers and independent healthcare providers. In addition, commissioning intentions, economic and operational market forces are driving the need for NHS organisations to tender for services in partnership with voluntary organisations.

The following is an overview of our perceived strengths and weaknesses which all services helped to generate as part of our annual service planning and monitoring process.

Strengths	Weakness
<ul style="list-style-type: none"> • Strong operational performance • Excellent clinical performance • Robust internal governance and controls • Well trained and dedicated workforce • Excellent understanding of national priorities including the Equality Agenda • Innovative and proactive in developing new services to meet the needs of our commissioners, service users and their carers • Locally based services covering a large rural and urban landscape • Strong reputation • Good engagement with carers through multiple communication channels • Good working relationships with our partners • Established organisation with a track record 	<ul style="list-style-type: none"> • Limited resources to respond appropriately to external business development opportunities • Narrow track record in delivering services in new markets as a single provider • Difficult to recruit and retain staff in a challenging environment • Less scope than other organisations to compete on staffing cost • Ageing estate • Pace of leadership development training • Unstructured approach to developing partnerships for new business opportunities

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| in managing appropriate resources in reaction to changing demands
• Good relationship with local Staff Side | |
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Forecast health, demographic and demand changes

Gloucestershire

- The population of Gloucestershire is 597,000, an increase of 32,300 people since 2001
- Population growth in Gloucester City nearly doubled the county average and accounted for more than a third of the total growth (up 10.8%, or 11,800 people)
- There has been a higher increase in the county's older population compared to England and Wales (+13.6% vs. 10.9%)
- The county's proportion of 65+ has increased from 17.4% to 18.6% against a national average of 16.4%. Cotswold District has the highest percentage of 65+ (22.3%)
- The population of Gloucestershire will have grown by 10% in 2030. The number of young people (18-24) will have decreased, while every age category over 55 will see an increase. The over 65 population will have grown by 47%, which to an extent, masks large increases in the over 80 category

Herefordshire

- Herefordshire is one of the least densely populated areas of the country
- Provisional figures estimate the county's population is 182,800 (2010 figure) - this represents growth of 4% (7,900 people) since 2001 which is almost double the increase expected from official estimates
- The population growth is less than the 6% growth in the population of England and Wales overall, and the county's annual growth has slowed since 2008-09
- Forecasts predict the population to grow to 205,700 by 2031, 13% higher than in 2010; an annual average increase of 0.5% - Herefordshire's population already has a relatively old age structure and numbers of older people are expected to increase disproportionately to the total population
- The number of people aged 85+ will more than double to 12,700 by 2031
- Herefordshire has a relatively small but growing Black Minority Ethnic (BME) population of at least 10,600 people in 2009 - 6% of total population compared to 3% in 2001

Impact assessment of market share trends over the life of the plan

- A number of factors could impact on our plans; for example we are working in a challenging economic environment yet have the capacity and capability to meet our financial position and CRES targets
- The economic environment is also affecting our partner, in particular Acute Trusts and Local Authorities and especially those where we share service pathways - this may have an impact on current and future commissioning
- There have been a number of changes in services which will come into effect in the new financial year, and the indirect impact of those changes is not yet fully known - in particular the loss of substance misuse services will affect those service users with dual diagnoses
- The move towards more disparate types of commissioning, for example having multiple providers within framework arrangements on PbR tariffs appears likely to develop further and this represents particular challenges to NHS organisations who are typically commissioned on block contract - our focus is on remaining flexible to be successful on these requirements and to adapt governance and assurance processes so as not to inhibit dynamic and creative solutions whilst maintaining or improving quality
- Providing Herefordshire's mental health services has contributed positively to our EBITDA & ROI
- The standing and reputation of ²gether locally and the NHS nationally will continue to increase potential opportunities to develop new ventures that enhance existing services, for example our successful joint work with Action for Children in Gloucestershire
- Overall, the tightening of expenditure may lead to further business opportunities as more and more services are market tested

Threats and opportunities from changes in local commissioning intentions

QIPP & demand management

Gloucestershire CCG has indicated that there are development monies available to support and pump prime QIPP delivery and service change. The Trust is putting a package of proposals together to outline

how it might use these funds and the benefits that could be delivered. Our contract also includes responsibility for the Complex Care Placements budget and we are expected to deliver savings on this budget as part of QIPP.

Decommissioning

We anticipate a number of changes to services in the new financial year however the indirect impact of the changes that Commissioners agree is not yet fully known. We will seek to manage any change through robust financial, workforce and governance planning.

Potential “Any Qualified Provider” Tenders

At present there has been no indication of what Mental and Social Healthcare services the new CCGs intend to put out to tender or whether any of these will take the form of AQP. However the increased use of AQP and the tendering of services could result in loss of business, and/or lack of growth in business if intentions are developed.

Changing health and social care landscape

The change to prevention focused and integrated health and social care will present new opportunities for the Trust as well as threats to existing services based on evolving commissioner intentions.

In Gloucestershire:

Assertive Outreach (AO)

AO transferred to our Gloucestershire Localities Directorate responsibility in January 2013. An existing review recommended a reduction in the number of AO Team Managers. A further review has assessed service productivity concluding enhancing multi-disciplinary community mental health teams with AO working alongside them significantly reduces hospital admission and bed use without increased use of crisis resolution home treatment services

Learning Disabilities (LD)

Agreement has also been reached around the development of a Learning Disability Intensive Support Service (LDISS) to provide intensive support for people with Learning Disabilities with challenging behaviours. The service will offer preventative interventions, crisis response, home support, education and training for providers and families in the community and support to commissioning decisions.

In Herefordshire:

Inpatient bed reduction

At the start of our contract in 2011, our business model included a reduction target in Mortimer Ward, our acute inpatient ward, from 29 to 16 beds. We currently operate with 21 beds. The service model was to increase more care in the community and the community team has been reviewed.

Quality improvements were achieved by reducing dependency upon beds and increasing community capacity to appropriately sustain community living. At contract commencement, Herefordshire was significantly above the national average for the percentage of working age adults admitted to inpatient care. This has been reduced to national average and any further reductions will only be made upon assurance of the ability to sustain appropriate quality at an admission rate below the national.

Demand Profile

In Gloucestershire:

Predictions of changes in prevalence of mental health conditions, Learning Disabilities and dementia show that:

- Levels of mental health conditions within Gloucestershire are fairly static across the next 15 years suggesting a slight decrease that averages 2%
- The levels of people over 65 with dementia in Gloucestershire is expected to increase by 70% in 2030
- Levels of people aged 18-64 with a Learning Disability within Gloucestershire are fairly static across the next 15 years with small increases and decreases within age bands and across years - the overall levels of change are very small, averaging at 1%
- In contrast, levels of people aged 65 and over with a Learning Disability within Gloucestershire show

an increasing trend across all age categories, with an estimated 48% increase by 2030

In Herefordshire:

- Dementia presents a significant and urgent challenge across the county with the number of people living with dementia estimated to be 3,000 but approximately two-thirds of these are undiagnosed. The prevalence is predicted to increase to nearly 3,900 by 2015 and 5,500 by 2030.

Details of how the Trust is diversifying its income streams

In 2010 our Board approved an organisational strategy that was anticipated as having approximately a five year life. Our strategy included diversifying our income stream by competitively tendering for mental health, learning disability and substance misuse service provision in key geographies as well as developing additional service offerings to address commissioner requirements within communities we already served.

In 2013/14 the landscape has changed significantly from 2010. An organisational strategy refresh is ensuring that our strategies for sustainability continue to explore income diversification.

With the strategic backdrop of closer integration of Health and Social Care and the shift to prevention, early intervention and care at, or closer to home, for physical health, new opportunities present themselves.

In preparation for the opportunities and threats posed we are exploring the creation of a wholly owned subsidiary and joint ventures partnerships; discussing coproduction of service pathway redesign that benefits the populations served as well as commissioners and our own organisation.

Collaboration, Integration and Patient Choice

The drivers for our service realignment are contractually required, recommended from subsequent internal review or designed because they have similar and overlapping functions. They are:

Intermediate/Integrated Care

Gloucestershire CCG have stated their intention of creating a primary care facing intermediate care service which will bring together our IAPT and PMHC services into one service. This is described in a draft service specification which will be refined during the year.

Vocational/IAPT/Working Well

The function of vocational services is to secure retention of employment or return to employment for people with mental health problems. Our IAPT service also employs an employment support coordinator, who enables clients to retain employment, return to work, obtain more appropriate work or access employment for the first time. There are potentially further similarities in function with the Working Well Service, which provides an occupational health service to a number of local employers. The vocational service is, however, an important secondary care service.

2gether Call Centre

The Gloucestershire Localities directorate operates a variety of call/contact centres which function similarly and present an opportunity to explore rationalisation:

- The Contact Centre located in Midway House is the entry point to adult secondary care services, One Stop Teams (OST and Crisis Resolution Home Treatment Team) 7am – 5pm
- The IAPT Referral Centre, also based at Midway House, receives self-referral, GP referrals and referral from other 2gether services
- Memory Assessment Services operate a direct referral facility from Charlton Lane
- The Early Intervention in Psychosis service (GRIP) accepts direct referral

Criminal Justice Diversion Service

The appropriate alignment of this service, currently managed within the County-wide directorate, requires consideration with regard to entry level services

Partnerships and collaborations

We are committed to working with our commissioners, partner organisations and the voluntary sector to improve the services our communities receive and at a cost commissioners can afford.

In Gloucestershire:

- Criminal Justice Team work with colleagues in Probation Services to facilitate court diversion
- Working with local statutory agencies to provide Section 136, place of safety
- Exploring the development of the Holly House Site to provide Adult Mental Health Community based inpatient rehabilitation alongside LD Assessment, Treatment and Community Care Services
- Working with local charities to developing dementia-friendly communities to help build awareness of dementia and community support available
- Intergenerational project-funded from the Prime Minister's Challenge, involving and educating young people about dementia through schools

In Herefordshire:

- Drug and Alcohol Services for Herefordshire (DASH) work with the probation service and provide a base within Hereford Police station
- Work with an appropriate registered social landlord to provide accommodation for people with severe mental illness
- Social Services care staff are seconded to the Trust and work as part of our integrated community teams in the care of working age and older adults
- We employ a Housing Officer to work collaboratively with all social housing providers in the County

We do not believe any of our proposals impact on competition rules or patient choice.

Approach taken to quality

The people who use our services, their carers and families are at the heart of our quality strategy.

By listening to the communities we serve and understanding their experiences we can provide a quality service involving them in their care in the ways they want. Our stated purpose as an organisation is "To Make Life Better" and this is fully expressed in our commitment to develop the highest quality services that make genuine and meaningful differences to all those who use our services.

The first principle of our quality strategy is to be honest about the quality of the care we provide, where we meet our ambitions for our service users and where we fall below those ambitions. Through this honest approach and the organisation's Just Culture approach, we can ensure the robust governance of quality, and continue to focus on quality improvement.

Existing Quality Concerns

There are no existing quality concerns. The Trust is registered with the CQC with no conditions.

The Care Quality Commission has not taken enforcement action against 2gether NHS Foundation Trust during 2012/13; however compliance actions were required following one of their inspections during the last year relating to an inspection at one of our in-patient units when the recording of care was found to be non-compliant with the CQC standards and that this was having a minor impact on patients using the service. Within three months of the report, the Trust was judged in February 2013 as being fully compliant. Other inspections took place of our HMP Gloucester Health Care service and one of our Learning Disability Units which were deemed compliant.

There is a robust programme of quality assurance visits across all services as part of the clinical audit programme which reviews clinical practice and patient experience against the CQC Outcomes Framework.

There were two independent investigation reports published during 2012/13 relating to services provided by the Trust. These were commissioned by the Strategic Health Authority following homicides committed by service users who were under the care of the trust at the time of the incidents, these are as follows:

1. The Independent Investigation into the Care & Treatment of Mr A (the incident occurred in 2008).
2. The Independent Investigation into the Care & Treatment of Mr C (the incident occurred in 2010).

Both reports were critical of aspects of the care provided and elements of the Trusts internal investigation processes at the time, and made recommendations in key areas as follows:

- Clinical risk assessment and management
- Care Programme Approach
- Substance misuse
- Safeguarding
- Medication and treatment
- Carers
- Communications
- Serious Incident Procedures
- Clinical supervision
- Joint working with the police and
- Governance and management issues

The Trust developed detailed action plans in response to these, and had already made many changes to systems and practice in the years between the tragic events occurring and publication of the reports. The actions are monitored by the Trust's Governance Committee.

There have been no Department of Health defined "Never Events" within the Trust during 2012-13. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Quality Risks

The key quality risks highlighted in the Trust's Service Plan are included in the Trust's Risk Register and the Board Assurance Framework (BAF), and monitored through the Risk Dashboard. The BAF quality risks include the following:

Risk	Assurance
Risk of service user being involved in a serious incident	Serious Incident process is monitored through Governance and Board – which includes monitoring the rate of Sis
Risk that failure to identify and address potential ligature points within Trust premises may result in a SIRI	Annual ligature risk assessments Capital improvement programme Individual patient risk assessments

The design of the Dashboard allows a range of activities to be considered in a single report through the use of Key Risk Indicators (KRIs). KRIs is the term used to describe indicators that are either numeric or ratings and which allow comparisons to previous reporting periods. The Key Risk Indicators are designed to monitor the mitigation actions and impact on risk and the indicator areas are outlined below.

Risk Area	Risk Area
Risk profile	Serious Case Reviews PREVENT Strategy
Operational <ul style="list-style-type: none"> • RiO and Datix performance • Projects / Contingency Planning • Operational Incidents /Telephony 	Human Resources
Audit & Compliance	Complaints
Serious Incidents / Inquests	Information Governance
Quality & Safety Improvement Programme	Health & Safety
Infection Control	Staff –safety
NICE Guidance	Fire Incidents
Central Alert System	

Board Assurance of Quality

The Trust has a Quality Strategy with a clear quality ambition to *'Make Life Better through the provision of high quality services to people who require our services, their carers and families'*.

Our challenge is to deliver this high quality of care consistently with every person who uses our services, every time they come into contact with us.

Quality is defined as care that is personal, safe, and effective (High Quality Care for All (2008) Department

of Health):

- **Personal** – we will ensure we place the service user and carer voice and experience at the centre of all we do. Our service users and carers will be treated with dignity, respect and compassion. Care will be collaborative in which service users and carers are involved and treated as partners. Individual rights will always be protected and championed
- **Safe** – there will be no avoidable injury or harm to people from the healthcare advice or support they receive. Our staff will be supported and empowered to deliver the safest possible care within the context of personal autonomy of those who use our service, the recovery philosophy, and appropriate positive risk taking
- **Effective** – we will provide high quality, evidence based care that supports and encourages recovery and continuity and ensures the best possible health outcomes. Our service users will have easy access to care at the right time and in the right place

The delivery of high quality services is the responsibility of all staff working in the Trust.

- The Trust Board is accountable for ensuring that the services provided by the Trust are safe and of the highest quality that can be achieved with the resources available. It takes an active leadership role through:
 - Board visit discussions
 - Executives leading Patient Safety Walkrounds
 - Priority on Board agenda of quality
 - Governance Committee of the Board
 - Following the principles in the Burdett Sustaining Quality Report 2011
 - Regular review of Monitor's Quality Governance framework
 - Organisational culture development focussing upon quality, including risk management processes and 'just culture'
 - Investment in a Quality Management Team for the organisation
- The Director of Quality and Medical Director take lead responsibility for quality assurance and reporting of information produced from quality improvement activities
- Other Executive Directors are responsible, and accountable to the Chief Executive, for ensuring that quality improvement forms part of the objectives of all their staff. Executive Directors will ensure that data quality is sufficient to fulfil the requirements of local and national quality frameworks and are accountable for demonstrating improvement in quality metrics
- The Trust Governance Committee is responsible for receiving and monitoring information on quality assurance and improvement activities from governance groups as well as the Trust wide quality improvement sub-groups
- Formal reports and risks are highlighted to the Trust Board on a monthly basis
- Representatives from each of the localities/countywide groups are members of the Governance Committee to enable this process to work effectively
- Quality and the governance processes are also considered by the Audit Committee associated with a programme of internal audits
- The organisational Risk Register collates all risks and monitors progress on mitigation
- Aspects of quality which are considered to be higher risk are included in the annual clinical audit programme
- Specific quality targets are monitored through a monthly performance dashboard
- All members of trust staff (clinical and non-clinical) are responsible for ensuring that patient safety, patient experience and the effectiveness of services provided by the Trust continually improve
- Service users, their carers, friends and families, are encouraged to give feedback on the services they receive
- The Council of Governors' Quality Review Sub-committee gains assurance on the Trust's quality assurance processes and challenges areas of higher risk

Clinical Strategy

SERVICE LINE MANAGEMENT STRATEGY

Overall Clinical Strategy

The focus of the clinical quality strategy for the organisation over the next three years is split into three key areas:

a) Personal Care

AIM: Our service users and carers will report that they are treated with dignity, respect and compassion and this will be reflected in the national service user survey results, with the Trust being in the top 10% of mental health and learning disability comparator organisations. Currently we are on average 'about the same' as other organisations (2012 Community Patient Survey)

To support this we will have:

- Robust arrangements for collating service user and carer feedback, including compliments, comments, concerns and complaints, through the Service Experience Team
- Use of the Friends and Family question
- Strategy for Service Experience
- Strategy for Social Inclusion
- Service user and Carer's Charters
- Specific annual initiatives are outlined in the Quality Account

b) Safety

AIM: CQC assessment of our organisation has been assessed as low – medium risk in the elements of the Quality Risk Profile over the past 12 months

We will also achieve NHS Litigation Authority level 2, which is planned for November 2013.
We also aim to have no Never Events occurring in the organisation.

Our staff will be supported and empowered to deliver the safest possible care within the context of personal autonomy of those who use our service, the recovery philosophy, and appropriate positive risk taking.

To support this, we have:

- Patient safety and proactive risk management systems, including reporting to external bodies
- Robust incident and serious incident reporting and management
- Aggregated learning from incidents, service experience feedback, claims and other staff and patient experiences
- Safeguarding adults and children's processes
- Health and safety management
- Clinical risk management processes
- Integrated Risk Management processes to inform the Board Assurance Framework
- Suicide Prevention Strategy
- Supporting policies, procedures and staff training
- Implementation of the Patient Safety Programme for mental health services

As well as specific annual initiatives that are outlined in the Quality Account.

c) Effectiveness

AIM: To us, effective care means doing the right thing, in the right setting. Quality care encourages recovery and enables the best possible outcomes for those who use our services.

To support this we will have:

- Robust clinical audit and assurance processes to ensure compliance with national and local quality requirements
- Internal processes for assessment of compliance with CQC Essential Standards and the Mental Health Act
- Evolve the use of evidence based local and national care pathways including the alignment of care to evidence based care packages with the development of specific outcome measures and qualitative data.
- Collaborative arrangements with Regional Research Unit and internal assurance. We will also

participate in national audit and research.

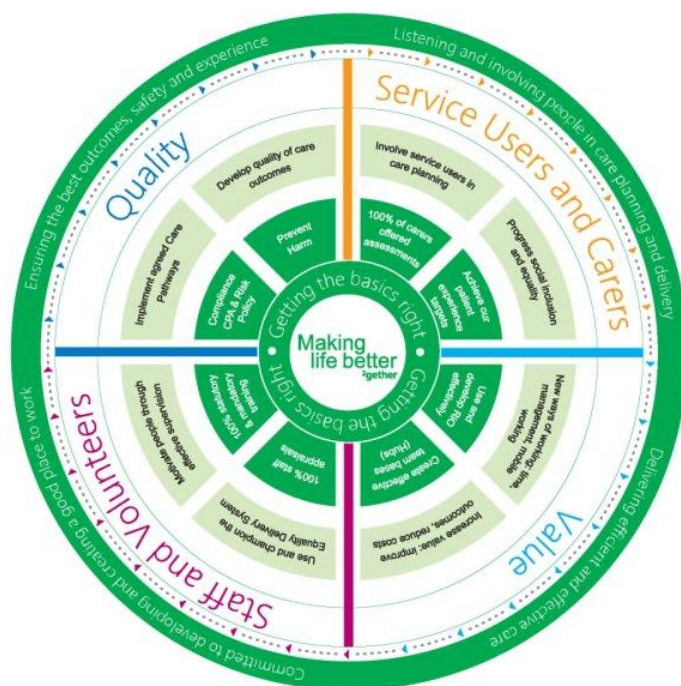
- Library and knowledge strategy
- Learning from benchmarking and best practice
- Workforce plan and on Education and Training Strategy

Specific initiatives are also outlined in the Quality Report.

Service Line Strategy

The process of Service Planning for 2013/14 through our operational Directorates pulls together initiatives that reflect the Trust's service development strategy as noted in the Strategic Context and Direction section of this submission

In order to achieve this there is a focus this year on the elements of the service planning model below:



The key areas of development include:

- Implementation of care packages in accordance with mental health clustering, including outcome measurements that are patient experience focused, patient reported outcomes and clinician reported outcomes
- Implementation of a Health Equalities Framework outcome measurement for people with a learning disability (national leader of this work)
- Continuing to implement a Culture of Compassionate Care
- Ensuring the learning from the Francis Inquiry is gained in the organisation
- Developing a consistent approach to recovery focused work
- Ensure a robust approach to physical health monitoring of people using our services
- Implementing the social inclusion strategy, supported by the volunteer strategy
- Development of a research programme particularly focused in care and treatment of people with dementia

NB. Other key areas of development for the Trust are outlined in the Activity section of Appendix 1

This strategy has been developed reflecting the national strategy for mental health and learning disabilities, informed by comparative performance reported in the developing North East Quality Observatory Mental Health Quality Report.

The Trust also benchmarks itself with other organisations through the South West Mental Health Safety Programme indicators.

Clinical Workforce Strategy

Workforce Changes

To ensure the workforce is in the right place at the right time with the right skills, qualities and competencies to enable effective, efficient and cost effective service delivery.

Actions in 2013/14:

- Continuing to implement changes in the workforce plan from an overall starting point of 1735.83 WTE. This reported WTE reflects the actual staff in post as at 31 March 2013 and does not therefore include staff bank (as no WTE is recorded for bank staff) or current vacancies. The Trust's current Workforce Plan includes services in Herefordshire, Children and Young Peoples Services and Community Services in Gloucestershire that fall under the Fair Horizon's project. It is important to note that the plan relates to the WTE of people in post rather than budgeted establishment. On the 1 April 2013 the transfer of Substance Misuse Services to Turning Point took place and our Prison Service closed. In respect of the latter, a number of staff were supported to find suitable alternative employment within the Trust and also outside of the Trust. The planned WTE at the end of quarter 1 takes account of these changes and the consequent reduction in WTE.
- Continuing to implement changes in our Herefordshire services and to work towards reducing our overall vacancy rate which on 31 March stood at 13.8%
- Given 1 and 2 above, to achieve a workforce of 1717.44 by the end of quarter 1 which means an overall reduction of 18.39 WTE against the 31 March WTE of 1735.83; however, as mentioned in paragraph 1 it also takes into account the transfer of staff to Turning Point on 1 April 2013
- The majority of changes in 2013/14 are in relation to planned productivity and efficiency programmes and the projected workforce WTE at the end of 2013/14 is 1851.93. This is an increase of 116.10 WTE but takes into account the need to reduce vacancies which at the start of the year stood at 240 WTE
- Achieve the change in skill mix and numbers through natural turnover, effective use of fixed term contracts and targeted recruitment. Turnover currently stands at 13.3% and assuming that this figure reduces to an overall average of 10% then the number of staff likely to leave the Trust over the coming year is approximately 160.72 WTE
- Achieve a sickness absence level no higher than the Key Performance Indicator of 4.00%
- That 95% of staff will have received an appraisal by the end of quarter 2
- Changes towards the planned workforce configuration will be monitored through a newly formed committee which will oversee a number of projects in relation to Workforce Planning and Organisational Development. This committee will report to the Trust Executive Committee. Any remedial action deemed necessary will be defined in an action plan.

2014/15

- To implement workforce changes in relation to further planned efficiencies as part of the budget setting process in addition to changes identified as part of the Workforce Planning and Organisational Development Committees work plan, developed during 2013/14. By the end of the financial year 2014/15 the expected WTE will be 1839.67 which is a decrease of 12.26 WTE when compared with the end of 2013/14 and assumes the vacancy rate has been substantially reduced

Clinical Strategy

Clinical Sustainability is being maintained through effective design of services and efficient recruitment and retention to posts both in training grades and substantive appointments. The trust has been successful in recruiting to vacant posts in Gloucestershire and Herefordshire at Consultant level with good fields of applicants generally although the availability of Child and Adolescent Consultants is limited. It continues to be possible to recruit to locum posts where required and sustain appropriate quality and safety in between substantive appointments.

The majority of clinical services provided by ²gether are Mental Health and Learning Disability provision for children and adults including older age adults for the populations of Gloucestershire and Herefordshire with a combination of inpatient and community provision. There are additional specialist inpatient services commissioned for children and adults where required from providers outside ²gether. There is an Occupational Health Service provided to the Trust and statutory sector providers as with contracts to local

private sector employers.

The Royal College of Psychiatrists have approved consultant job plans prior to appointment and provide guidance based on the job plan rather than the population served. This includes descriptions of the scope and breadth of services provided by clinical teams associated with approved job plans. From this perspective no concerns have been identified in any area related to mental health or learning disability provision.

There are some challenges in maintaining the Child and Adolescent Psychiatry (CAMHs) on call rota cover in Gloucestershire and Herefordshire which are being addressed by recruitment to posts covered by locums and review of on call cover arrangements for Herefordshire presently provided by the Working Age adult on call rota. The present arrangements are sustained for cover of on call through access to internal locum arrangements for CAMHs.

The Occupational Health Physician post is a single appointment in the service but includes access to clinical networks within the South West for support and supervision.

There are no services in which consultant cover falls below that recommended by the appropriate Royal Colleges.

The Trust has developed an approach to service delivery in mental health and learning disability aimed at simplifying the access to specialist services for referrers whilst ensuring that services provided do not inappropriately discriminate towards service users by reason of age or intellectual ability in the range of services they can access. This is accompanied by a programme of work focused on ensuring access and provision through reasonable adjustment.

Clinical strategy takes into account the requirement to develop and deliver sustainable quality services including the trust being committed to the provision of high quality training both to develop and maintain clinicians and their skills.

Productivity and Efficiency

The majority of services provided by the Trust are community based. Treatments are provided in the community or in the patients' home. It is our aim to discharge patients under our care at the earliest and most appropriate time on successful completion of their treatment. Where in-patient treatments are provided, services such as Acute In-patients or the Psychiatric Intensive Care Unit have plans in place to reduce length of stay.

For our services in Gloucestershire and Herefordshire, where in-patient beds are provided, our aim is to maintain a minimum 90% bed occupancy while ensuring sufficient spare capacity to support appropriate levels of throughput. Other productivity/efficiency initiatives include:

- A drive across the Trust to reduce bank and agency expenditure. Our high level objectives relating to staff and volunteers include plans to have appropriate ratios of staff and management in place, to reduce sickness absence, improve staff morale etc. all with an aim to reduce reliance on bank and agency staff.
- A digital dictation project aims to deliver organisational efficiencies by providing a centralised dictation platform, which can be accessed by consultants and teams. This investment in technology will result in new ways of working and the need for a Management of Change process for administration and clerical staff affected by this efficiency gain.

CIP Governance

The Trust's savings schemes have been divided under two main project headings, 'Better for Less' and 'Waste Less', with individual work streams for areas covering:

- Patient pathways
- Productivity activity analysis in clinical services
- Workforce
- Procurement

- Corporate savings and efficiencies

In 2012/13, £5.2m of savings were realised in achieving the Trust's end of year position, with a target to achieve £6.8m during the 2013/14 financial year.

In order to provide assurance and aid in the monitoring of delivery, each saving scheme has a Project Initiation Document (PID) and undergoes a Quality Impact Assessment by the Medical Director and Director of Quality, requiring sign-off before it is progressed. The process is co-ordinated by the PMO, which also provides analysis and reporting of progress throughout the year.

The PMO uses Prince2 methodology for all projects, operating to Managing Successful Programmes (MSP). Leadership and assurance for CIP delivery is as follows: -

- Formal Project Board structure and schedules sponsored at Executive level
- Clinical Executive involvement at Project Board
- Project Board membership and Terms of Reference are reviewed at planned Stage Reviews
- Work streams have a designated finance lead, and projected savings control totals
- Progress is planned, tracked and reviewed monthly together with risks and change controls issues
- The PMO ensures that project and programme interdependencies are identified, managed and escalated
- The deliverability and confidence to achieve the forecast efficiencies is assessed continually and reported regularly at Project Boards
- Quality is monitored and maintained with Product Descriptions for each work stream, supported by a Quality Impact Assessment (QIA). Clinical standards, social inclusion criteria and patient experience data forms part of the review

CIP profile

The scope and structure of CIP schemes has been redefined for delivery in 2013/14. As part of a five year efficiency plan, the initiatives support a staged service improvement as well as preparing the organisation for change, providing a link to other strategic targets.

As highlighted above, all CIP schemes fall under 2 main headings:

- **Better for Less**

Under this heading is a productivity initiative which covers clinical services, reducing the length of stay and readmissions and improving patient & carer experience, as well as workforce variations.

A significant part of the transformation agenda concentrates on process improvement, realising substantial benefits for both quality and efficiency, with the target for individual efficiencies relative to previous levels of savings achieved.

- **Waste Less**

The individual schemes under this heading build on the focus started in 2011 to reduce capital and maintenance costs of equipment, and corporate services.

Energy savings will aim to contribute to a reduction in our carbon footprint, and a sustainable development agenda continues with IT rationalisation and economies in printing and training delivery.

The digital dictation project, referred to above, will be piloted in teams to quantify the impact on team efficiency. The system will interface with our RiO data warehouse to provide client demographics and have clear measurement and quality criteria to be met.

CIP enablers

The Trust has strengthened its approach to CIPs for 2013/14, with the requirement for each scheme to undergo a QIA by the Medical Director and Director of Quality. No scheme will progress unless it has received sign-off following this review.

Initially, progress against schemes will be reported, via either the 'Better for Less' or 'Waste Less' project boards, to the overall Programme Board, and subsequently on to Trust Board. The Director of Quality

attends the 'Better for Less' project board and Exec Directors attend the Programme Board.

Investment in Infrastructure

Our information system, RiO, is continually enhanced which has an impact on our pilot for e-prescribing, and further investment in IT will be required to realise the benefits from the digital dictation project.

The Trust's capital expenditure plans over the next three years include the creation of 'hubs', which will lead to more efficient and effective service delivery.

Internal time costs drive all other schemes, with the requirement for external project support reviewed on a project by project basis. At present we are not planning any further requirements.

Quality Impact of Cost Improvement Plans

As highlighted above, all cost improvement schemes require a Project Initiation Document (PID) and a Quality Impact Assessment (QIA), the process for which is managed by the Project Management Office. This enables clarity on the schemes to achieve cost savings, to outline any quality impact, how this is mitigated and arrives at a post mitigation risk rating.

All QIA's require the review and signatures of both the Medical Director and the Director of Quality. Without these signatures the schemes are unable to proceed.

The process has demonstrated to date that there is considerable challenge on the quality risks and assessments, and further information has been requested on 50% of the QIAs before signing them off.

The impact of CIPs will be monitored through agreed key quality contractual requirements, and the measures which have been included in this year's Quality Account. They are as follows:

Effectiveness

Domain 1: Preventing people from dying prematurely

Goal	Target
Minimise the risk of suicide for people who use our services	1.1 Reduce the numbers of deaths relating to identified risk factors for people in contact with services when compared with data from previous years.
Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm	1.2 95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care (This is a local target. The National target is 95% CPA service users receive follow up within 7 days)
Improve the physical health of patients with mental health problems	1.3 70% of community patients with a serious mental illness will have had an annual physical health check

Domain 2: Enhancing quality of life for people with long term conditions

Goal	Target
Improve the experience of people with dementia in Gloucestershire and Herefordshire	2.1 Improved access to dementia services for Black & Ethnic minority communities through training an agreed number of staff (Gloucestershire). 70% of an identified group of registered staff will receive this training 2.2 Ensure appropriate and timely reviews of prescribed antipsychotic medication for people with dementia living in a care home through three monthly reviews (Herefordshire), providing demonstrable evidence of improvement in Quarter 4
People will feedback to us whether the service they have received has improved their quality of life.	2.3 90% of adults in contact with services will describe the impact of interventions on their discharge through the completion of nationally recognised outcome measures
Children and Young	2.4

Peoples Services will use mechanisms to gain feedback on whether the service has improved their quality of life.	Report on improved outcomes of those who use the service
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Domain 3: Helping people to recover from episodes of ill health or following injury

Goal	Target
Ensure appropriate access to psychiatric inpatient care	3.1 95% of people will be seen by the Crisis & Home Treatment Team prior to admission, to ensure appropriate access to inpatient services.

User Experience

Domain 4: Ensuring people have a positive experience of care

The Trust is implementing the Culture of Compassionate Care 6Cs (National Nursing Strategy 2012) throughout the organisation. In our quarterly reports we will report on our development work in this area as well as focusing upon equality and diversity work and partnership working with voluntary agencies in both counties.

Goal	Target
Improve service user experience	4.1 Undertake local surveys of both community and inpatient services by asking the following questions and improve on our 2012/13 scores: <ul style="list-style-type: none"> • Did you have enough time to discuss your condition, treatment and care? (72%) • Did you find talking with a member of your care team helpful? (49%) • Did we involve your family and carers as much as you would like? (50%) • Has your mental health care service helped you start achieving your treatment goals? (54%) • Friends and Family question
Improve carer experience	4.2 Ensure that 100% of carers are offered assessments

Safety

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Goal	Target
Minimise the risk of harm to people who use our services	5.1 To reduce the number of serious incidents as a proportion of patients on the trust's caseload to an annual average of 0.2 incidents per 1,000 caseload (Patient harm serious incidents are reported nationally e.g. pressure ulcers, severe self-harm incidents)
Ensure the safety of patients detained under the Mental Health Act	5.2 Reduce the number of patients who are absent without leave from inpatient units who are formally detained by 50%. Baseline to be established and confirmed in Quarter 1 2013

Financial and Investment Strategy

The Trust enters the 2013/14 financial year in a strong financial position. The Trust achieved a surplus of £2.4m in 2012/13, £0.6m above its planned surplus, and had an overall financial risk rating of 4 based on Monitor's current compliance framework (5 being the best score in a range of 1 to 5).

In preparing our plan for the next three years, we have considered our likely income and expenditure streams, how these may be affected by the current assumptions of funding for the NHS and as a consequence the level of savings that will be required to meet our financial targets. We have also considered investments needs in both revenue and capital terms, and for the latter how this will be financed e.g. retained surpluses, disposal of assets, etc.

As a result the priorities in our financial plan include:

- Delivering a surplus of £1.2m in 2013/14, with similar levels of surplus thereafter
- Maintaining a minimum financial risk rating of 3, based on Monitor's existing compliance framework note – Monitor are due to revise their approach to financial risk ratings in 2013/14
- Addressing quality and safety investment needs e.g. budgets for inpatient wards within Countywide Services have been increased by £1.2m to reflect the requirements identified in 2012/13
- Delivering the Trust's cost improvement programme for 2013/14, generating savings of £6.8m
- Continuing with the strategy of creating service delivery 'hubs' to provide for more efficient and effective delivery of services
- Maximising CQUIN (Commissioning for Quality and Innovation) income through the delivery of key quality indicators

