



Strategic Plan Document for 2013-14

**Cornwall Partnership
NHS Foundation Trust**

Strategic Context and Direction

Cornwall Partnership NHS Foundation Trust (CFT) is the principal provider of mental health, children's community and learning disability services to people living in Cornwall and the Isles of Scilly. The trust has a strong record in providing integrated health and social care services and has recently extended its provision into the delivery of Improving Access to Psychological Therapies (IAPT) services, after successfully securing Any Qualified Provider (AQP) status.

CFT remains the only foundation trust in Cornwall and the only foundation trust for mental health and learning disability services within the South West Peninsula. Within Cornwall, community health services are provided by a community interest company (CIC), Peninsula Community Health (PCH). The Royal Cornwall Hospitals NHS Trust (RCHT) is the principal provider of acute and specialist care services in the county of Cornwall and is aiming to be licensed by Monitor in the near future. Within the peninsula, Plymouth Community Health (a CIC) provides community, physical and mental healthcare for around 270,000 people in Plymouth as well as some specialist services for those living in Devon and Cornwall. Devon Partnership Trust (DPT) provides mental health and learning disability services in Devon and is also aiming to achieve foundation trust status during 2013/14.

NHS Kernow Clinical Commissioning Group is now the main commissioner of health services for Cornwall and the Isles of Scilly. The Group is formed of 70 local practices which are formed into ten GP localities groups, each with a GP Lead. NHS Kernow is responsible for commissioning the majority of the services provided by the trust. The trust will also want to further develop its relationship with Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group to whom we already provide psychiatric intensive care services. Cornwall Council also takes on an increasing role in commissioning our services and is responsible for commissioning children's public health nursing. The Devon and Cornwall Area team of NHS England leads the commissioning of the health visiting element of children's public health nursing services. In addition, commissioning of specialised services, including our low secure service, is the responsibility of NHS England.

Cornwall Partnership NHS Foundation Trust has a number of competitors in some areas of service delivery. At present, the local health economy consists of NHS trusts, a community interest company, and a number of private health care and voluntary sector organisations. During 2012/2013 the trust received notice for the Community Drug and Alcohol Team (CDAT) Service and this was competitively tendered during the summer of 2012 and contract award made in January 2013. The trust was not the preferred bidder and the service was transferred to a voluntary sector organisation on 1 April 2013.

Forecast health, demographic, and demand changes

Cornwall's population is estimated to reach 633,200 by 2030, an increase of 97,900 (18.3%). This growth is predicted to be driven by migration, largely due to more people moving into Cornwall but also, importantly, due to a decline in the number of people leaving the county. Contrary to common perceptions, migration is predominantly persons of working age.

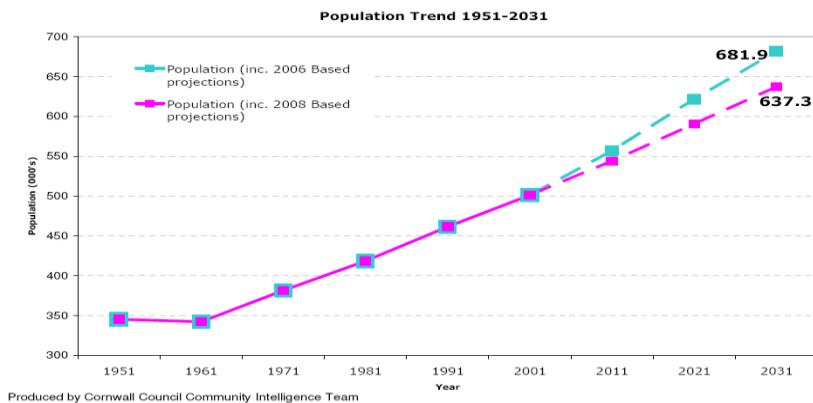


Figure 1: Population Trend 1951-2031

Source: 2008-based subnational population projections and Mid Year Population Estimates, Population Estimates Unit, ONS: Crown Copyright 2010.

The population of Cornwall is gradually increasing and changing demographically. In line with national trends Cornwall's population is getting older as average life expectancy continues to rise. This has been bolstered by the cumulative effect of working age net migration over the last 30 years.

Growth in Demand for Services in the future

Cornwall and the Isles of Scilly have a population of 535,300. Of these 116,800 people are aged 65 and over; this means that 22% of the population is over 65 which is above national average at 16%. This in addition to the impact of the economic recession has resulted in higher levels of demand for mental health services ranging from psychological therapies to acute mental health services. The increasing proportion of over 65 years old will translate from the estimated 9,089 people suffering from dementia today to 15,854 in 2030. The impact of the recession is also creating growing demand for children's mental health services. The trust will respond to this increase in demand and plan for the services we offer today and in the future in partnership with NHS Kernow.

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

Cornwall Partnership NHS Foundation Trust mainly operates in the Cornwall and Isles of Scilly local health economy as the major provider of specialist mental health, learning disability and children's community services. Our **key market position** is summarised below:

- 84% of our income is derived from specialist and community service provision through contracts with our main commissioners, NHS Kernow Clinical Commissioning Group.
- 16% of our income is derived from inter-trust agreements and small service contracts, such as a contract for Low Secure service provision with the local NHS England Area Team.
- The trust lost 4% of market share through the decommissioning of its drug and alcohol service (CDAT) in the last financial year. This loss of market share is partially offset after we gained authorisation under Any Qualified Provider for the provision of Psychological Therapies.
- Reference costs demonstrate the trust has a lower than average cost base compared to the national average.
- Service line reporting indicates that all service lines will be contributing a positive margin in 2013/14 with the exception of the Acute Inpatient Service Line. The Acute Inpatient Service Line experienced considerable cost pressures during 2012/2013 which the trust has sought to mitigate as far as possible.

The trust will continue to build relationships with partners in the sector to exploit opportunities for diversification and to achieve better quality and improved efficiency through more integrated care or

partnership working.

The trust has undertaken a review of both NHS and non NHS organisations that currently operate in Cornwall or have the potential to do so, in the context of specific market segments. The SWOT and market intelligence identifies both the opportunities and potential threats that exist to our current business and future growth that could impact on market share. It is clear that our local CCG is committed to making significant progress in the integration of services and this presents an opportunity for the trust, an integrated mental health provider since 2002, to strengthen its market position.

Threats and opportunities from changes in local commissioning intentions

NHS Kernow has set out its intentions to work across traditional organisational boundaries in order to improve the health and wellbeing of the local population. The CCG has confirmed that decisions will be made based on clinical evidence, local needs and best practice and by developing positive relationships based on trust and confidence. The CCG's commissioning strategy is a draft document at the moment and they are consulting with local people to ensure their priorities are the right ones. NHS Kernow has set out 10 key outcome areas:

- People with long term conditions
- Elective care
- Medicines management
- Improving lifestyles
- Mental health
- Access for people with a learning disability
- Urgent care
- Children
- Patient safety and patient experience
- Organisational development

The trust will continue to engage with NHS Kernow to improve the health and wellbeing of the people we serve. It will be particularly important to continue to drive forward the improvements envisaged in the mental health strategy "No Health without Mental Health" with our new commissioners. We will also work in partnership with NHS Kernow and Cornwall Council to integrate services for both children and people with a learning disability to improve their health and wellbeing.

Locally there is a great deal of support for the development of a specialist inpatient unit for young people. We will work with our commissioners to explore how this can be taken forward in order to deliver better outcomes for young people.

We will also work with commissioners to agree plans to address increased demand on services, particularly in inpatient mental health services and in children's services.

Services for people with dementia will benefit from investment from the dementia challenge fund, supplemented by additional investment from NHS Kernow, which will help us establish and embed new Primary Care Dementia Practitioners into GP practices. These funds will also be used over the next 12 months to work with GPs, care homes and palliative care providers to improve and enhance end of life planning for people with dementia.

The trust will also continue its expansion of BeMe, our IAPT service, to meet the needs of people with emotional or psychological difficulties who want talking therapy. This includes considering AQP opportunities with other commissioners outside of our traditional geographical boundaries.

The trust recognises that it will be increasingly important to look at opportunities and threats outside of

our customary boundaries and, in particular, to work with commissioners across the Peninsula. We also recognise that the competition and commissioning landscape will remain complex and subject to constant change as the impact of the new Health and Social Care Act becomes clear. The trust will assess potential risks associated with competition and commissioning on an on-going basis during the planning period. We will work with commissioners to understand and respond to commissioning intentions. NHS Kernow is yet to fully determine their use of market mechanisms and the trust recognises that market threats may emerge as commissioning intentions are clarified.

The trust continues to actively look for opportunities to develop our services and increase the trust's income. In 2013/14, we will:

- Sustain and develop our relationships across the new commissioning landscape to ensure that CFT remains the provider of choice for mental health, learning disability and children's community services;
- Build relationships with local GPs so that services are co-designed and responsive to patient need;
- Develop stronger mechanisms to ensure that the patient's voice informs our service developments and drives improvements;
- Identify and respond to business opportunities, working in partnership where this can strengthen our service offering;
- Continue to develop BeMe, our NHS talking therapies service;
- Continue to pilot a scheme to improve the health of offenders, diverting people with mental health problems away from the criminal justice system;

Collaboration, Integration and Patient Choice

We recognise that the combination of population growth and an aging population, together with continued restraint in public sector funding, will require a more transformational approach to service planning and delivery than in the past. The trust envisages that it will continue to work with partners to develop service delivery models, strategic partnerships, management structures and infrastructure that support the delivery of care integrated around the individual which effectively supports the needs of our patients and meets the aspirations of our partners and our own strategic aims.

Our mental health services for adults of working age already benefit from the integration of health and social care services. In learning disabilities, we expect to be working with Cornwall Council to integrate services for people with a learning disability, building on the current co-location of services. Our children's services will continue their work with local schools and colleges. We plan to further strengthen this with the co-location of staff on the Penair School campus during the year.

We will continue to pursue and test carefully chosen partnership and commercial opportunities that contribute to the delivery of our vision. BeMe, our new NHS talking therapy service for people with depression and anxiety, has recently launched a service at the Boots UK store in Truro. The in-store launch marks a new way of working that sees clinical service located within a high street store with a complementary offering. We will test and develop this approach. We will also work with partners to develop efficient and effective delivery models for back office functions including IM&T, estates and human resources.

The trust is mindful of the developing approach to cooperation and competition. We ensure that proposals are evaluated in relation to competition rules and patient choice.

Approach taken to quality

The trust has developed a new patient safety strategy, which was approved by the board of directors in April 2013. Our aim is to develop a positive safety culture that encourages and supports innovation in practice and enhances clinical service delivery by empowered, competent and safety conscious front line staff. Our strategy incorporates the elements of the successful productive series, providing an evidence-based approach to delivering efficient and effective working across our in-patient and community settings.

The trust's board of directors will formally review progress against our patient safety performance indicators each March, so that we are assured that we are doing all we can to maintain and improve the safety of our patients. We are targeting improvements in five key areas:

- Medicines management
- Safe and reliable care delivery
- Safe management of medical devices
- Prevention of slips, trips and falls
- Infection prevention and control.

Our approach to clinical effectiveness builds from the relevant NICE quality outcomes and strengthens the use of clinical audit to allow us to interpret and understand the effectiveness of our care. Our revised approach to clinical audit will aid us in identifying key areas for improvement and also demonstrate where an effective improvement to care has been made. The priority in 2013/14 is to focus on clinical audits that provide assurance in relation to CQC essential outcomes. We recognise that it is important to understand our performance and effectiveness in comparison with other providers and the trust's strategy promotes participation in national audits to enable us to better understand our comparative effectiveness and improve our responsiveness.

Our patient experience strategy was approved by the trust's board of directors in February 2013. The aim of this strategy is to develop a culture throughout the trust that places the quality of patient experience at the heart of all we do, where "seeing the person in the patient" is the norm. As a trust, we care deeply about the quality of the care that our service users, their carers' and families receive from us. Whilst we know and accept that we do not always get it right, our plan for the future, with the implementation of this strategy, is to embark on a cycle of continual listening, learning and service improvement; working together with our patients and partners in care, to ensure that important feedback from experience is routinely captured, and put to use most effectively.

Current Quality Position

The trust is required to register with the Care Quality Commission and its current registration status is 'registration without conditions'. The Care Quality Commission has not taken enforcement action against the trust during 2012/13. The trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period. During 2012/13, the trust's short break facilities were deregistered with the CQC and registered with the Office for Standards in Education, Children's Services and Skills (OFSTED). Following their last inspection visits to the Longreach Hospital and Bodmin Hospital sites, the CQC found the trust to be compliant with all standards. The CQC's inspection reports can be viewed at: www.cqc.org.uk.

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

Description of risk	Potential impact	Mitigating actions / contingency plans in place	Residual concerns	How Board will monitor residual concerns	Trust will
Population changes leading to increased demand on services,	<ul style="list-style-type: none"> • Expectation to deliver activity beyond 	<ul style="list-style-type: none"> • Implementation of new model of care for people with 	<ul style="list-style-type: none"> • Insufficient Commission focus 	<ul style="list-style-type: none"> • Regular reporting to: 	

particularly dementia services	<p>commissioned levels without additional resources, creating financial risk.</p> <ul style="list-style-type: none"> Increased demand on Dementia Services Additional Resource implications of meeting complex mental and physical health needs Increase in demand across the spectrum of mental health needs 	<p>dementia</p> <ul style="list-style-type: none"> Redesigned services and workforce to meet population need Close working with social care partners to deliver integrated care Working with commissioners to develop service specifications to reflect changes in demand and model Learning from national and international best practice. Ensure emerging models meet GP needs within resources. Working with commissioners to implement "No health without mental health" Manage service delivery to commissioned levels of service 	<p>on mental health, learning disability services and children's services</p> <ul style="list-style-type: none"> Availability of funding to commission services to meet increased demand 	<p>Quality and Governance Committee</p> <ul style="list-style-type: none"> Performance, Finance and Investment Committee
Impaired reputation as a result of serious incidents or other quality failures	<ul style="list-style-type: none"> Impact on reputation with the general public Adverse impact on relationships with key parties including Monitor, CQC, coroner, police and commissioners. 	<ul style="list-style-type: none"> Patient Safety Strategy Patient Experience Strategy Lessons Learnt reviews Governance and reporting of SIs Quality Governance Committee oversight Collaborative working with commissioners and key parties Council of Governors engagement Post Incident Review Panel and training for panel members Thematic Review and action plans to mitigate SI policy and procedures and 	<ul style="list-style-type: none"> Ensuring that lessons learnt are embedded in practice across service lines 	<ul style="list-style-type: none"> Review of organisational learning reporting to: Quality and Governance Committee

		external reporting to NPSA • CQC Relationship meetings		
Regulated practices are not maintained to compliance standards	<ul style="list-style-type: none"> • Regulatory action • Impact on reputation with the general public • Loss of relationship with key parties • Inability to develop new service developments 	<ul style="list-style-type: none"> • Patient Safety Strategy • Patient Experience Strategy • Proactive compliance monitoring • Staff engagement and communication • Robust Board Assurance Framework • Engagement with regulators 	<ul style="list-style-type: none"> • Ensuring a positive, open culture is embedded across all services 	<ul style="list-style-type: none"> • Reports to: Board of directors Quality and Governance Committee Executive Management Group
The provision of safe and effective services is compromised during physical improvement works	<ul style="list-style-type: none"> • Regulatory action • Impact on reputation with the general public • Loss of relationship with key parties • Inability to develop new service developments 	<ul style="list-style-type: none"> • Patient Safety Strategy • Patient Experience Strategy • Programme management arrangements • Robust governance and monitoring arrangements including clinical risk mitigation planning • Staff engagements • Management of contractors and PFI • Board and committee oversight 	<ul style="list-style-type: none"> • Ensuring contractors meet planned timescales 	<ul style="list-style-type: none"> • Regular reporting to: Quality and Governance Committee Performance, Finance and Investment Committee

Board assurance on the quality of its services and safeguards patient safety.

The trust's board of directors undertook a rigorous review of its governance arrangements in 2011/12 and put in place clear actions to enhance its governance and assurance processes. Progress against these actions has been reviewed in 2012/13 to provide assurance on effectiveness. The board of directors undertake an annual appraisal of its arrangements against Monitor's Quality Governance Framework, which informs any mitigating actions required to further strengthen arrangements.

The trust has an established board assurance framework (BAF), with a clear focus on quality and patient safety; our board assurance framework clearly articulates our strategic risks and principal risks to the achievement of these objectives. The BAF provides a framework within which the board can focus on progress and risk management of these key objectives, along with the controls in place and assurance available on their operation. The BAF clearly identifies any gaps in control or assurance and sets out planned actions with explicit timescales for delivery. The BAF is informed by and is interlinked with our Corporate Risk Register. Our approach is intended to effectively support a culture anticipates

and responds effectively to adverse event and unwelcome trends and significant clinical and business opportunities or threats. The trust's risk management process is underpinned by its Risk Management strategy and regular reporting the board of directors and committees.

The trust's Quality and Governance committee is responsible for monitoring and continually improving the quality of care. The committee maintains oversight of key quality metrics including serious incidents and complaints. The trust continues to strengthen arrangements for monitoring and assuring our compliance with the Care Quality Commission's essential standards and will continue to develop and embed this approach in 2013/14. The trust monitors key quality performance indicators to track patient safety, effectiveness and experience. These include:

- Incident report and trends
- Serious incidents trends and themes.
- PALS enquires and complaints in terms of numbers and themes.

Arrangements are in place to triangulate information to ensure that there are no repetitive themes. All action plans are tracked, and actions evidenced. To provide additional assurance, the trust has commissioned an external review of its serious incidents to confirm learning is occurring following incidents and embedded in practice.

Clinical Strategy

The board approved our Clinical Development Strategy 2013-14 in April 2013. The Clinical Development Strategy supports the delivery of all five of our corporate objectives. It aims to set expectations for quality standards and ensure these are achieved and if possible, exceeded. Where standards are not achieved, our processes should identify and rectify this and when identified, best practice should be encouraged and shared. It is important that clinical development priorities are understood and communicated with all staff, that they are endorsed by clinical and professional leadership and included in the governance structures. Policy and training need to encompass clinical developments as they arise.

Our goal is to ensure that continuous quality improvement is embedded into our culture, delivering high quality services that are safe, effective and accessible and place the patient at the centre of everything we do. As a provider of health and social care services, we are registered with the Care Quality Commission (CQC). Our children's short break facilities are registered with OFSTED. Both registrations are unconditional. Delivering high quality health and social care services remains our focus. We continue to deliver single sex accommodation and maintain a zero tolerance to all avoidable healthcare associated infections

Our priorities for the next year have been set by our members, governors, staff and the board of directors.

Service Line Quality Priorities

Each of our service lines has identified a quality priority for the year. These priorities were chosen by our Governors and cover the key quality areas of patient safety, clinical effectiveness and patient experience. In 2013/14 we will:

- Develop a single point of access for our children's services;
- Create a recovery training programme for clients, within our community mental health services, which will be available as part of a county-wide programme;
- Ensure people on our caseload with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such

behaviour or distress should be recorded in their care plan;

- Develop an effective inpatient care pathway for people with a personality disorder; and
- Increase learning disability awareness across all service lines.

More information on these priorities is set out in our Quality Report.

High quality, safe and accessible services

Ensuring that we meet our registration requirements and the Care Quality Commission's (CQC) essential standards is an absolute priority for the trust. Our approach to quality and safety will remain rooted in Monitor's quality governance framework and, in 2013/14, we intend to:

- Continue to strengthen our organisation by reinforcing and embedding our governance arrangements through strong service line management (SLM), underpinned by improved clinical leadership and ownership, resulting in clearer accountability and responsibility for delivery;
- Continue our work to refocus investment into community services for people with dementia to support them to receive care at home for longer, only going into hospital when absolutely necessary. This includes work to establish and embed new Primary Care Dementia Practitioners into GP practices, utilising additional investment from the dementia challenge fund and East Cornwall, which will help us to deliver these improvement. The trust will also work with GPs, care homes and palliative care providers, over the next 12 months, to improve and enhance end of life planning for people with dementia as part of this development;
- Invest more than £1 million in a programme of improvements to our ward environments in response to patient and staff feedback, including work to divide one of our acute psychiatric units into two 15 bed units. The smaller units will allow staff to build better relationships with clients and more effectively support their recovery;
- Introduce a three shift pattern on our psychiatric intensive care unit. This will improve patient care and safety;
- Implement a new single point of access for children's services supported by investment into a new electronic health record;
- Continue to implement a new peri-natal mental health service to support the mental wellbeing of women during pregnancy and post-natally;
- Promote co-location of our services where there are benefits to the people we serve;
- Continue to support and develop our staff so that they understand, and have due regard to, our obligations to meet CQC essential standards;
- Drive improvements in care planning through targeted training and effective clinical supervision and appraisal;
- Work with our local safeguarding boards to ensure we retain a robust focus on safeguarding ensuring the protection of vulnerable adults;
- Use national tools, including the patient safety programme, productive series and national safety thermometer, to secure tangible improvements in quality, safety and effectiveness;
- Develop the organisational culture to ensure that we learn from when things go wrong and celebrate when things go well;
- Continue to test, and respond to, patient experience

Maximise the potential of our workforce to deliver high quality patient care

We continue to recognise how important it is that we build and retain an engaged and motivated workforce, with the right skills and attitudes to deliver high quality patient care. During 2013/14, we will:

- Continue to develop excellent clinical leadership from ward to board for the benefit of our staff and services;
- Continue to invest in the development and training of our staff to ensure they have the skills to deliver high quality care and services;

- Supporting staff to deliver the 6 Cs (care, compassion, competence, communication, courage and commitment) of compassionate care;
- Support our governors to continue to play an active role, working closely with clinical staff to increase awareness, tackle stigma and generate income to help us deliver new and innovative services;
- Promote health at work, reducing staff sickness, so that we can meet future challenges; Explore the development of clinical scheduling to support community services delivery;
- Further develop health visiting and family nurse partnership to meet the needs of children, young people and their families;
- Develop the Governors' volunteering scheme to enhance and complement the work of staff and to provide a valuable link to our community;
- Continue to implement our new approach to recruitment to attract the best people to work for CFT;
- Develop our induction process so that new staff are inspired and equipped to deliver excellent services;
- Ensure that our corporate curriculum supports staff properly to meet the challenges of their roles;
- Engage with local universities and colleges to promote curricula that meet service needs;
- Strengthen internal communications and engagement through executive safety walk rounds, open staff & executive sessions and cascades.

Achieve best value and ensure the Trust is sustainable and financially sound into the future

It is clear that the increasingly challenging economic environment means that we will need to continue to deliver unprecedented levels of productivity and efficiency. We remain focused on securing improved value for money and quality of service. Our plans are designed to ensure that the trust remains agile and responsive and that we are able to maintain and grow our service portfolio to place us in a clinically and financially sustainable position for the coming years. In 2013/14, we intend to:

- Continue to deliver significant efficiencies and thus ensure that the trust remains financially sound
- Implement a cost improvement plan that is clear, achievable and clinically sound;
- Continue to implement the new Payment by Results (PbR) framework for mental health services, supported by the development of a patient level information and costing system (PLICS), on a block basis for 2013/14;
- Encourage the development of innovative models of care delivery and learning from national and international best practice;
- Engage with staff to ensure that our terms and conditions and staff policies and procedures enable the trust to be efficient, effective and responsive;
- Further develop service line accountability and reporting to further strengthen accountability for service and financial performance;
- Continue to move forward the trust's estate strategy so that services are delivered from premises that are carbon-efficient and fit for purpose for service users and staff;
- Continue to deliver improvements in information management and technology, including enhancing performance reporting and implementing a new children's clinical information system

Diversify and develop services

We continue to actively look for opportunities to develop our services and increase the trust's income. In 2013/14, we will:

- Sustain and develop our relationships across the new commissioning landscape to ensure that CFT remains the provider of choice for mental health, learning disability and children's community services;
- Build relationships with local GPs so that services are co-designed and responsive to patient need;
- Develop stronger mechanisms to ensure that the patient's voice informs our service developments and drives improvements;

- Identify and respond to business opportunities, working in partnership where this can strengthen our service offering;
- Continue to develop BeMe, our NHS talking therapies service;
- Continue to pilot a scheme to improve the health of offenders, diverting people with mental health problems away from the criminal justice system.

Improve mental health and wellbeing by working in partnership to create life opportunities for our clients.

It is important that we continue to develop our services as health and well-being services. We aim to support people to enjoy the benefits of being active members of their local community and look to create life opportunities for our clients by working effectively with local partners. In 2013/14, we will:

- Sustain and develop our partnership relationships and engage effectively with the new Health and Wellbeing Board;
- Explore how we can increase physical health of people with a learning disability with GP practices to improve their overall wellbeing;
- Ensure that our family nurse partnership schemes improves outcomes for the most vulnerable first time teenage mothers and their children;
- Develop our volunteering scheme to increase the opportunities for people to gain employment.

Service Line Management Strategy

Principles

Each service line has developed its own business plan that incorporates quality, productivity and financial requirements. The key principles by which the service lines develop their business plans and ensure on-going monitoring are:

- Continual planning cycle with early formulation of ideas and wide engagement Clear assignment of project lead, milestones and KPIs.
- Robust risk assessment with appropriate mitigations.
- Stringent tracking and monitoring of financial performance.
- Performance review by Executive through monthly meetings, escalated where necessary.
- Detailed risk based reporting to Quality and Governance, Performance, Investment and Finance committees and the Board of Directors.

Service Line Plan Development

The planning process has been supported by Service Line Business Development Groups to address development and testing of plans throughout the year. These groups have been supported by Business Development, Performance & Information, Finance, Human Resources, Estates, IM&T and Capital Planning/Legal, as and when required.

Each service line held Business Development events involving clinical and non-clinical team members to strengthen understanding of the existing clinical, quality and financial position of the service line and to enable people across the service to contribute to its future vision, objectives and development plans. A standard Annual Planning template was used across all service lines, enabling the service lines to clearly describe clinical, quality and financial plans, whilst identifying any associated risks.

- **Children's Services** - the vision for Children's Services in Cornwall and the Isles of Scilly is to strengthen partnership delivery and alignment of provision moving towards full integration, with

practitioners focused on children's health and wellbeing. This is a shared vision of the Children's Trust with an aim to deliver high quality, safe, evidence based and accessible services to all children, young people and their families equitably across the county, delivering on the recommendations of the Kennedy Report.

- **Functional Community Mental Health Service** – the service line intends to reorganise its operating model to ensure that it makes optimum use of the mobile technology, plans staff activity in a methodical and logical manner, ensure service users care is planned in line with recognised best practice and agreed pathways and with all of these elements being achieved whilst ensuring value for money and achievement of all savings targets.
- **Complex Care and Dementia Service** - the vision for the Complex Care and Dementia Service is for a responsive service that supports advance planning and anticipatory care, provided where people live. The service will deliver treatments that will maintain independence and support people to live well with dementia in their own local community.
- **Inpatient Service** - the overall aim of the Service Line is to continue to be viewed as the preferred provider of acute mental health inpatient services in Cornwall and to extend its reputation across the South West Peninsula. The vision is for more people to have a positive experience of the care and support it provides. The Service Line aims to will achieve this by actively engaging with and involving them and their carers' in all aspects of service delivery and service development. The Service Line will continue to make quality and productivity improvements, and exercise financial control and meet its performance targets.
- **Learning Disability Service** - Over the next three years the service will develop as a specialist health and social care resource which is aligned with and works closely with the developing health and social care services in Cornwall. The service aims to deliver a single pathway for people with learning disabilities in Cornwall which prevents relapse and crisis, ensures appropriate access to physical health care and promotes healthy lifestyles and access to mainstream services for people with learning disabilities. The service will also enhance support to community providers in the independent sector and the community management of challenging behaviour.

The inputs the Trust used to develop this strategy

The trust's clinical strategy has been developed with inputs from staff, patients, commissioners, the board of directors and governors. It draws on patient experience information from both national and local sources, supported by clinical engagement arrangements.

The trust has systems and processes in place to regularly review data on the quality of its care across the three dimensions of patient safety, clinical effectiveness and patient experience. The trust uses benchmarking data to analyse and understand our performance. Processes are in place to undertake on-going review of clinical developments, including NICE guidance, and national guidance to determine implementation timescales. The trust also uses established processes to consider themes and issues arising from incidents and complaints to inform the development of our strategy.

The trust is structured into five Service Lines, each of which is responsible for delivering a broad area of its NHS services. Each Service Line's has a governance committee called a Clinical Cabinet. This committee regularly receives and reviews data on the quality of the Service Line's care. Clinical engagement remains integral to delivering clinical quality. Engagement with specialist and professional networks improves awareness of best clinical practice and can support implementation. Each Service Line has a Clinical Lead/Clinical Director, a Nurse Consultant and other allied health professional leads to inform the Associate Director of relevant clinical priorities and hold service line accountability for

clinical quality. Our Quality and Governance Committee undertakes a detailed review the performance of each service line twice yearly.

The board of directors receives trust-wide reports covering a range of data which include the results of patient experience surveys including reports from Link/Healthwatch, safeguarding, CQC outcomes results of clinical audits, complaints/compliments, incidents, medicines management, infection control, clinical risks, coroners' inquests, legal claims, staff training compliance and target performance information. In addition a Patient Safety, Quality and Experience report is received by the board of directors at every meeting. The outcomes of serious incident investigations are reviewed by the board of directors' Quality and Governance Committee to ensure that actions are followed through and changes implemented. The trust's Performance Information Monitoring Meeting receives a monthly report from each service line lead on a number of quality and performance outcomes to enable executive directors to review performance and agree mitigating actions as necessary.

Clinical Workforce Strategy

The trust has set out its commitments and plans for staff and for organisational development within its People and Organisational Development Strategy. This strategy was approved by the board of directors in March 2013. The aims set out in this strategy are wide-ranging and comprehensive, aiming to integrate effective people management across all activities of the trust, ensuring that the experience of staff as employees is a positive one. The strategy also seeks to define behaviours and processes and ensure there is clarity and cohesion between systems, strategies, values, skills, structures and culture. The trust recognises that the staff are key ambassadors for the organisation within the communities that they live and work and also acknowledge the impact a positive employee experience has on the experience of service users.

The trust is working with Health Education South-West within the context of its "Workforce Skills and Development Strategy 2013/14 to 2018/19" to build our workforce to deliver high quality patient care. Working within this strategy will allow us to develop our workforce to be more effective in the business and financial climates that health and social care currently faces, and also support members by working to enable movement of staff and transferability of skills.

The trust's workforce planning is developed against a back-drop of an aging workforce. Whilst the trust values the significant skills and experience within its staff, there is clearly a risk that, over the next five years, this mature workforce may retire leading to the recruitment of a less experienced workforce. Cornwall as a county also suffers from difficulty in recruiting due to its location within England and there is, therefore, a risk that recruitment to key posts may be difficult.

Workforce planning is embedded within the trust's service line business planning process and workforce priorities are reflected the individual service line business plans. Priorities include continuing to develop targeted national and local recruitment campaigns and further enhancement in numbers of Health Visitors as per NHS England investment to enhance universal services and families and children.

For its medical workforce, the trust is in the process of reviewing the recent Royal College of Psychiatrists' document, CR174 Safe Patients High Quality Services, in order to assure itself that medical numbers and configuration are clinically sustainable.

The trust continues to recognise how important it is that we build and retain an engaged and motivated workforce, with the right skills and attitudes to deliver high quality patient care. During 2013/14, we will:

- Continue to develop excellent clinical leadership from ward to board for the benefit of our staff and

services;

- Continue to invest in the development and training of our staff to ensure they have the skills to deliver high quality care and services;
- Supporting staff to deliver the 6 Cs (care, compassion, competence, communication, courage and commitment) of compassionate care;
- Reviewing our medical workforce in light of the recent Royal College of Psychiatrists; document, CR174 Safe Patients High Quality Services
- Support our governors to continue to play an active role, working closely with clinical staff to increase awareness, tackle stigma and generate income to help us deliver new and innovative services;
- Promote health at work, reducing staff sickness, so that we can meet future challenges;
- Explore the development of clinical scheduling to support community services delivery;
- Further develop health visiting and family nurse partnerships to meet the needs of children, young people and their families;
- Develop the Governors' volunteering scheme to enhance and complement the work of staff and to provide a valuable link to our community;
- Continue to implement our new approach to recruitment to attract the best people to work for CFT;
- Develop our induction process so that new staff are inspired and equipped to deliver excellent services;
- Ensure that our corporate curriculum supports staff properly to meet the challenges of their roles;
- Engage with local universities and colleges to promote curricula that meet service needs;
- Strengthen internal communications and engagement through executive safety walk rounds, open staff & executive sessions and cascades.

Productivity & Efficiency

Our productivity and efficiency strategy was approved by the board of directors in October 2012. This strategy provides a foundation for the development of the trust's plans, supported by the further development of our PLICS system. The trust's continued investment into IM&T and mobile working will provide significant productivity and efficiency gains as we implement an electronic health record for children's services. Access arrangements will also be enhanced with the single point of access concept being extended across service lines. An important foundation for improvement will be the continued implementation of care pathways and payment by results. For inpatient services, the embedding of e-rostering will enable productivity and efficiency gains.

CIP governance

The trust enters 2013/14 with a strong track-record of financial surplus and delivering cost improvement targets whilst developing high quality, innovative service provision. The trust has a sound financial position as at 31st March 2013, having successfully managed in-year risks and delivered our CIP programme, and this is reflected in the strength of our plans for 2013/14 and beyond. We are committed to maintaining our focus on both value for money and quality of service.

During the development of the 2013/14 Annual Plan, the trust has adopted a recognised Quality Impact Assessment (QIA) methodology to robustly assess the potential impact of cost improvement plans on the quality of service delivery. The trust has adhered to the gateway system set out in Monitor Guidance.

The assessed CIP plans total £3.5m for 2013/14. The trust has developed an effective planning, delivery and review process for CIPs, which has achieved success to date. This is now part of the overall service line management infrastructure with business and corporate support to the business units to manage forward plans.

The trust will continue to ensure that robust performance management arrangements are in place to

assure delivery. The service line leads/business units are responsible for the delivery of programmes at service line level and in-year performance will continue to be monitored through PIMMs and the trust Board's Performance, Finance and Investment (PFI) Committee.

The trust is committed to strengthening the financial review and business support process and will continue to have exception reporting process to the board as part of the assurance process. The board has agreed a robust risk rating system which is in place to monitor all stages of the planning and execution of schemes.

CIP profile

The delivery of these key CIP efficiency schemes is monitored through the executive led Performance Improvement Monitoring Meeting (PIMMs) which reports directly to the Trust Board. The service line leads are responsible for the delivery of programmes at the service line level, and in-year performance will be monitored through PIMMs and the Performance, Finance and Investment Committee of the trust Board. All the actions to deliver the above are contained in the business plans. The Board have agreed a robust assurance process and risk rating system which is in place to monitor all stages of the planning and execution of schemes.

Our approach to CIPs reflects both service line and corporate assessments of risks to service quality. The major service efficiencies are generated through redesign and improvement, based on evidence, benchmarking information and comparison with best practice to ensure consistent and effective service reconfiguration. Where our quality impact assessment indicates that a service cannot safely deliver efficiency targets in year, our CIP contingency planning takes this into account and targets efficiencies or agreed mitigating actions in other areas where plans can be brought forward.

Quality risks will be monitored by our Board of Directors through the Quality and Governance committee, by our executive team through the PIMMs group, and by our service line clinical cabinets. This will ensure that risks are visible from ward to board and that appropriate mitigation plans are put in place.

Key CIP schemes for each service line are as follows:

Learning Disabilities: The service will deliver workforce changes and service redesign in accordance with demand and capacity planning. A key component of this redesign will include a review of the Nursing Skill Mix.

Children's services: A new operating model which will deliver increased productivity, quality, rationalisation of estates, reduction of travel, rationalisation of administration. This scheme is explained in more detail later in this section.

Community Services: The service will undertake a scheme which will provide a fundamental redesign of the functional community mental health services. It will create a service model that dispenses with the current CMHT model and instigates a service that focuses on care cluster pathways. This aims to ensure greater efficiency in service delivery through correct skill mixes and resource allocation.

Complex Care and Dementia: A redesigned patient pathway which will enhance community provision and reduce the use of inpatient facilities.

Inpatient Services: 2013/14 will see the embedding of centralised e-rostering into operating practise. A trial period of centralising e-rostering commenced in January 2013 with the aim of maximising on the availability of staff across the units to provide flexibility at times of high demands. This will now become established.

The trust will use transformation and service redesign to drive service improvement and efficiency savings. Additional CIP plans will need to be developed to meet financial targets in year 3 of the plan and the trust will continuously keep under review opportunities to develop additional efficiency measures to meet CIP requirements in future years. The trust will also continue to focus on opportunities to reduce back office and estates costs to mitigate the impact of efficiency requirements on frontline services.

The major transformation CIP scheme for 2013/2014 is the development and implementation of a Children's Target Operating Model that will deliver an average increase of approximately 10% productivity, improve quality, reduce the estates requirements, reduce travel, centralise administration. Over the next 3 years the service lines intention is to reorganise its method of operating to ensure that it makes optimum use of the mobile technology that plans staff activity in a methodical and logical manner, ensuring service users care is planned in line with recognised best practice and agreed pathways and with all of these elements being achieved whilst ensuring value for money and achievement of all savings targets.

The trust has invested in the clinical system RiO for Children's Services, providing staff with real time access to unified children's electronic record regardless of their location in Cornwall or the Isles of Scilly. In addition all children's services staff will be equipped for mobile working reducing the requirement to travel to office bases prior to clinical activity. Recent studies have evidenced that this would deliver at least a 10% productivity gain and enabling a significant workforce redesign. Developing a central care coordination centre will enable clinical scheduling to be used to utilise the most economic travel routes, reducing spend on travel and providing more time to care.

This approach will be rolled out across other community services in the future, establishing a single point of contact for the Trust as a whole and delivering whole scale improved productivity and efficiency. The clinical system for mental health and learning disabilities has provided invaluable information regarding clinician activity and will provide an effective performance management tool for the service line in the future.

CIP enablers

The trust, through our service line management framework, has adopted and embedded effective service delivery units with clear decision making and accountability and strong clinical leadership, ownership and engagement. The strategic business plans reflects a bottom up approach lead by the clinicians and managers best placed to understand their resources, costs, opportunities and threats. Our approach aims to empower clinicians and front line staff to take greater charge of the development, performance and quality of their business plans in reshaping service delivery to meet direct patient needs.

The annual planning process has been supported by each service line holding business development events where clinical and non-clinical team members were able to gain an understanding of the existing clinical, quality and financial position of the service line, and to contribute to its future vision, objectives and development plans. The trust has also convened monthly Service Line Business Development Groups that address development and testing of plans throughout the year. A standard Annual Planning template was used across all service lines, enabling the service lines to clearly describe clinical, quality and financial plans, whilst identifying any associated risks. Support completing the templates was available from Business Development, Performance & Information, Finance, Human Resources, Estates, IM&T and Capital Planning/Legal, as and when required.

There are a number of key enablers required to deliver our CIP plans include:

- Continued investment in IM&T and mobile working technology including investment into an

electronic health record for children's services and clinical scheduling;

- Continued investment into our facilities, particularly our inpatient facilities to enable more effective care pathways
- Programme management support to service lines
- Partnership working to deliver integration ambitions.

Quality Impact of CIPs

The trust has undertaken a robust quality impact assessment process to identify potential impact on the quality of service. All business case submissions required a Quality Impact Assessment. The Quality Impact Assessment process is:

- Applied to any significant change in strategy, clinical or corporate service, estate or cost improvement
- Covers the three aspects of quality (effectiveness, safety and patient experience);
- Simple to implement and effective i.e. measure the real impact on quality
- Delivered at clinical/user level but have robust escalation and scrutiny up to Board level where necessary

The trust's executives and service line clinical cabinets have reviewed business plans to systematically identify potential risks to quality, mitigating factors to determine the residual risk and to agree what level of mitigation is acceptable and key performance indicators (KPIs) that would best monitor changes in quality. Our cost improvement plans (CIPs) for 2013/14 have been subject to QIA and the results of this exercise have informed the final development of our plans.

The trust will continue to ensure that robust performance management arrangements are in place to assure delivery and assess quality impacts. The service line leads/business units are responsible for the delivery of programmes at service line level and in year performance will continue to be monitored through PIMMs and the new Performance, Finance and Investment (PFI) Committee.

The trust is committed to strengthening the financial review and business support process and will continue to have exception reporting process to the board as part of the assurance process. The board has agreed a robust risk rating system which is in place to monitor all stages of the planning and execution of schemes.

Financial & Investment Strategy

Current financial position

In 2012/13, the trust achieved its planned surplus and a financial risk rating of 4. The trust has a relatively strong statement of financial position (SOF), with a very strong cash position, low long term debtors and net assets of £30m. The trust's fixed assets have a SOFP value of £43m, generating an annual depreciation value of £2.2m. The trust's strong position ensures funds are available for operational capital investment.

The operational plan and budgets for 2013/14 – 2015/16 were presented to the trust's board of directors in March 2013 and are reflected in this Annual Plan Review. Trust income is expected to be £86m in 2013/14 and this forecast position reflects the outcomes from contract negotiations, impact of commissioning changes and expected educational and training levies. The trust's financial plan assumes full achievement of CQUIN income at 2.5% of relevant contract values.

The Monitor framework states an organisation's underlying financial position, after stripping out non-recurrent income and expenditure, should be planned to be in 2% recurrent surplus by the end of 2013/14. The plan therefore assumes a modest normalised surplus of £2.3m, or 2.7% of income. After exceptional items (impairments), the financial plan will post a net deficit in 2013/14 of £1.0m.

Delivery of our CIP programme will be critical to success in 2013/14 as will the successful management of residual costs arising from contractual changes, including the loss of the Cornwall Drug and Alcohol Team (CDAT) service to a non-NHS provider.

Financial priorities and investments and how these link to the Trust's overall strategy.

The Board of Directors has agreed a plan for 2013/14 that will deliver service improvements whilst maintaining a sound financial position and a financial risk rating of 4. Our three-year operating budget plan covers the period 2013/14 through to 2015/16 and provides us with a firm base so that we can continue to deliver our strategic aims. Substantial progress has already been made in delivering this plan and we will continue to review this each year to enable us to respond positively to future opportunities and challenges.

The trust's board of directors has agreed a significant planned investment into priority capital schemes including improvements to ward environments and continued development of our IM&T systems. The capital programme (£8.1m) will be funded by retained depreciation (£2.2m) and trust resources. In the course of the year the trust's cash balance is expected to reduce from £17.4m to £11.4m.

The trust's 2013/14 expenditure plan reflects the full-year effect of any developments approved during the 2012/13 financial year and the part year effect of 2013/14 investment priorities including strengthening ward staffing and developing dementia services. Inflationary impacts on expenditure have been calculated using local information on specific cost increases, an allowance for general non-pay cost increases, and the actual increase in capital charges arising from our programme of capital investment. Provision has also been made within the plan for the funding of identified cost pressures and agreed developments.

Risks to achieving the financial strategy and mitigations.

This proposed net exceptional surplus of £2.3m (2.7%) is sufficient to meet the trust's financial strategy of achieving a Foundation Trust Financial Risk Rating (FRR) of level 4 in 2013/14. In future years, the plan results in an FRR of 3 in 2014/15 and 2015/16.

In reviewing the business plan for 2013/14 to 2015/16, the trust has identified the several key risks that may impact on the overall delivery of the plan. These risks have been reviewed and mitigating actions developed to ensure that, should they arise, plans are in place to address the identified risks. The table below details the five key risks to the successful delivery of the trust plan.

Key Risks	Mitigating Actions
Workforce changes not achieved	Robust project planning, vacancy management and HR support is in place. Community-wide co-operation with other agencies.
Continued financial and economic slowdown (reduced income, non-pay inflation, disposal losses)	General mitigations e.g. cost reductions, vacancy control, defer investments.

Scale and complexity of change and political issues resulting in delays in investment

Proactive contract negotiations and partnership discussions. Additional CIP's, if needed, as part of downside planning.

Retention of any vulnerable parts of current business

Clinical engagement through clinical cabinets established in the service lines.

Limited opportunities to acquire new business and maximise wider opportunities

Marketing strategy, targeted developments. Development of relationship with specialist commissioners

In addition, there remains a risk in respect of income until contract agreement is reached with all commissioners.

Summary

The expectations for 2013/14 and following years' were set out in the financial strategy and point to:

- Net Tariff reduction of 1.3%
- Cost inflation at 2.7% rising to 2.9% in 2014/15
- Cash releasing savings, minimum 4.0 % p.a.
- Quality up to 2.5% (all years) non recurrent allocation

The trust's financial plan for 2013/14 is to achieve a net exceptional surplus of £2.3m (2.7%), with planned surpluses of £0.9m for 2014/15 and £0.9m for 2015/16. An important factor in meeting this target is the cost improvement plan of £11m plus revenue income generation of £0.6m over the three year period (£3.5m in 2013/14, £3.9m in 2014/15 and £4.1m in 2015/16).

Assumptions which under pin the plan include:

- Income and activity targets will be met
- Pay and non-pay inflation will be contained in planned budgets
- Future service transfers will be, as a minimum, cost neutral and TUPE will apply to any staff affected.
- Outstanding risks will be mitigated through management action

Key highlights for 2013/14 include the following:

- Secured additional resources to improve patient safety and maintain safe quality services;
- Potential to achieve payment of up to 2.5% of contract income to reward quality improvements by delivering on Commissioning for Quality and Innovation (CQUIN) targets;
- Progress towards an integrated Children's services following agreement of a three year contract for children's community health services; and
- Plans in place to deliver efficiency savings of 4.2% (£3.5 million) with many schemes in place and delivering from the start of the year.

The board of directors reviews the trust's financial standing and performance monthly to ensure proactive mitigation of any financial risks as they emerge. Our financial plans reflect prudent assumptions regarding income inflation (-1.3%) and cost inflation (2.7%). With these base case assumptions the trust's cost improvements are 4.2%, 4.4% and 5.1% of operating costs (excluding PFI) in 2013/14, 2014/15 and 2015/16 in order to maintain a financial risk rating of 4 in 2013/14 and level 3 in remaining years. This aligns to Continuity of Service Shadow Risk Ratings (pilot indicators for 2013/14) of level 4 in 2013/14 respectfully and level 3 in 2014/15 & 2015/16.

The trust has established a process to transform services to be more effective and deliver required cost improvements with significant ownership by the trust's clinical leaders. The cost improvement plans in each of the three years has been risk assessed so that mitigating actions can be identified where required. Financing capital investment over the period of the plan (valued at £12.2m in total from 2013/14 to 15/16) for trust cash balances mitigates the need to borrow. However, this level of capital investment does introduce the risk of over-run should actual costs prove more than planned. Mitigation of these risks will be achieved through effective design and procurement of the schemes.

We have recognised the increased risks presented by the current economic climate and the board has debated and agreed contingency plans to address this. The value of the risk is reflected in the assessed movement in the net surplus over the period and is £3.7m for Downside 1, £4.2m for Downside 2 and £7.5m for "local disaster case".

Downside 1 results in cost improvement levels of 5.5%, 7.6% and 8.7% of operating costs (excluding

PFI) in 2013/14, 14/15, 15/16 in order to maintain a financial risk rating of 3 (FRR 3, 3, 3 each year or CSSR of 4).

Accountability to the board of directors for achievement of cost improvement is via the Chief Operating Officer. Accountability to the board of directors for achievement of capital expenditure plans, agreement of contract income, on-going monitoring of financial performance and financial standing is via the Director of Finance, Performance and Information.

Capital

Estate Strategy Overview

The trust has put in place an Estate Strategy covering the period 2008 – 2018. This strategy is intrinsic to the delivery of our strategic objectives and, in particular, supports the objectives of promoting green working and reducing travel, carbon and waste and of providing services from high quality facilities. The Estate Strategy was refreshed in July 2009 and again in May 2011.

Key capital expenditure priorities	Amounts and timing (including financing schedules)	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Development:			
West Cornwall Service Development The Trust's strategy is focused on two major upgrades to existing facilities: <ul style="list-style-type: none"> Longreach House, Camborne – significant upgrade and reconfiguration of Bay Ward (Acute Admissions) from one 30 bedded ward to two 15 bedded wards West Hub – reconfiguration and upgrade of community and administrative facility for the west of Cornwall 	2013/14 £0.7m 2014/15 £0.6m <i>Financed from internal cash resources</i>	Objective 1: High Quality, safe and accessible services Objective 2: Maximise the potential of our workforce to deliver high quality patient care Objective 3: Achieve best value and ensure the Trust is sustainable and financially sound into the future	Actions Business cases developed for approval by PFI Committee Agree investment with PFI provider for Bay Ward scheme Project management of approved schemes Risks Operational limitations including decant options and costs Securing an effective partner Reaching agreement with PFI provider Mitigation Robust management and monitoring of progress via the Estates and Capital

			Group. Quarterly assurance reporting to PFI Committee
Service Line Priority Upgrades and Reconfigurations Service Lines have identified priority upgrades and reconfigurations to support delivery of their service plans and modern working.	2013/14 £1.3m 2014/15 £0.5m 2015/16 £0.3m <i>Financed from internal cash resources</i>	Objective 1: High Quality, safe and accessible services Objective 3: Achieve best value and ensure the Trust is sustainable and financially sound into the future Ensure facilities support delivery of the service line business plans including the potential to expand services to meet client need and contribute to financial targets.	Action Business cases developed for approval by Estates and Capital Group and EMG Risks Changes in commissioning requirements Competition Project management Mitigation Robust management and monitoring of progress via the Estates and Capital Group. Quarterly assurance reporting to PFI Committee
Maintenance:			
Risk assessed backlog and statutory compliance programme. Includes equipment & on-going carbon reduction/energy efficiency measures	2013/14 £0.5m 2014/15 £0.5m 2015/16 £0.5m <i>Financed from internal cash resources</i>	Objective 1: High Quality, safe and accessible services Objective 3: Achieve best value and ensure the Trust is sustainable and financially sound into the future Investment in reducing backlog maintenance alongside a programme of “safe and secure” improvements over the duration of the capital programme. Aid achieving our goals, particularly around “excellent services and high quality facilities”. Ensure on-going CQC compliance with standards required by external	Actions Rolling compliance surveys and actions. Annual backlog review and assessment Project management of approved schemes Risks Project Management Insufficient supply of contractors/equipment to meet the requirements of the schemes. Negotiation of schemes with PFI providers

		regulators and met core operational needs.	<p>Operational limitations</p> <p>Changing legislation</p> <p>Mitigation</p> <p>Robust management and monitoring of progress via the Estates and Capital Group. Quarterly assurance reporting to PFI Committee</p>
Other capital expenditure:			
IM&T Strategy. Includes implementation of RIO across clinical services.	2013/14 £1.0m	Objective 1: High Quality, safe and accessible services	Actions
	2014/15 £0.8m	Objective 2: Maximise the potential of our workforce to deliver high quality patient care	Rio v1, Children's IT solution
	2015/16 £0.8m	Objective 3: Achieve best value and ensure the Trust is sustainable and financially sound into the future	Training and communications programmes
	All financed from internal cash resources	<p>The increased use of mobile technology, home working, and delivering care more enabled technology will enable the Trust to markedly reduce the need for community bases, meeting rooms.</p> <p>This is a key element of the business transformation process which ultimately results in community services becoming more efficient as clinical time is freed up for direct patient contact. In addition this investment will result in significant non-pay savings in future years that contribute to the overall profitability for the organisation.</p> <p>Rollout of the N3 programme</p>	<p>Rollout new equipment</p> <p>Super fast broadband/WiFi</p> <p>Rollout of the N3 programme</p> <p>Implementation of PLICS to support PbR.</p> <p>Risks</p> <p>Transition from BT Rio to a local platform</p> <p>Release of staff for training</p> <p>IMT capacity</p> <p>Technical constraints e.g. migration</p> <p>Staff resistance to change</p> <p>Mitigation</p> <p>Robust management and monitoring of progress via the Estates and Capital Group and IM&T Group.</p>

		<p>is covered within the programme alongside server & data storage solutions.</p> <p>The implementation of Patient Level Information Costing System (PLICS) begun in 12/13 continues within the 13/14 capital programme.</p>	Quarterly assurance reporting to PFI Committee
Other estates strategy			
<p>Property disposals</p> <p>The strategy is to dispose and rationalise up to 30% of buildings in use and to create a hub model with local clinical facilities. There is a rolling programme of disposals, those where service lines are complete are scheduled into the capex plan.</p> <p>Further disposals are planned, but cannot be quantified at this time.</p> <p>Proposals only relate to non protected assets</p>		<p>Objective 1: High Quality, safe and accessible services</p> <p>Objective 2: Maximise the potential of our workforce to deliver high quality patient care</p> <p>Objective 3: Achieve best value and ensure the Trust is sustainable and financially sound into the future</p> <p>Disposal of property releases resources for new, improved but downsized facilities and also releases revenue cost.</p>	<p>Actions</p> <p>Progress rationalisation planning</p> <p>Deploy marketing of properties</p> <p>Engage Partners</p> <p>Utilise local QIPP infrastructure to maximise wider opportunities.</p> <p>Risks</p> <p>Continued volatile property market, depressing prices.</p> <p>Funding restrictions for partners/related bodies</p> <p>Changes to organisations in Cornwall may delay change potential</p> <p>Mitigation</p> <p>Robust management and monitoring of progress via the Estates and Capital Group. Quarterly assurance reporting to PFI Committee</p>
<p>Property / land acquisition</p> <p>There are no plans to purchase assets for expanded services, however one leased, empty property on the Bodmin site (Foster Block) is being</p>	<p>Potential timescale 2013/14 – indicative value circa £4.6m</p>	<p>The successful termination of the lease will contribute to the surplus and reduce carbon foot print.</p>	<p>Actions</p> <p>Engage with partners and access expert planning advice to secure best option</p> <p>Board review through</p>

<p>considered for buy back and onward sale / site re development. This is part of the master plan for parts of the Bodmin site which are surplus to need</p> <p>It is not business critical, the Trust has control of the options, and would only proceed on evidence of proven business case.</p>	<p><i>Financed from internal cash resources.</i></p>	<p>dedicated sub group</p> <p>Continue insurance waiver to mitigate risk of requirement to repair.</p> <p>Risks</p> <p>Depressed market limits interest and value</p> <p>Site complications reduce value and marketability</p> <p>Downside IBP scenarios will reduce cash for buy back</p> <p>Mitigation</p> <p>Robust management and monitoring of progress via the Estates and Capital Group. Quarterly assurance reporting to PFI Committee</p>
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Key Financial Risks 2013/14

Key financial risks for 2013/14 can be summarised as:

- Finalising contractual negotiations with commissioners
- The target level of savings which will require significant changes in clinical pathways.

Provisions and Risks

Material provision has been included for

- Pay award at 1%
- Pay incremental progression at 0.6%
- Non Pay inflation
- Service Developments at £4.8m (£0.9m enhanced observations, £1.8m IAPT, £0.6m Dementia Challenge funding)

Risks, which are not provided for, include

- Slippage or failure on CIP
- Excessive, unexpected cost pressures e.g. agency
- Further liabilities relating to legal and clinical cases.
- Specialist commissioning and local authority commissioned contractual changes.
- Francis report recommendations, financial implications.
- Financial liabilities from service transfers / discounted services e.g. CDAT

