

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

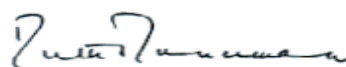
This document completed by (and Monitor queries to be directed to):

Name	John Vaughan
Job Title	Director of Strategic Planning and Community Services
e-mail address	johnvaughan@nhs.net
Tel. no. for contact	020 3214 5755
Date	31 st May 2013

Approved on behalf of the Board of Directors by:

Name <i>(Chair)</i>	Dame Ruth Runciman
-------------------------------	---------------------------

Signature



Approved on behalf of the Board of Directors by:

Name <i>(Chief Executive)</i>	Claire Murdoch
---	-----------------------

Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Trevor Shipman
--	-----------------------

Signature

1. Executive Summary:

1.1. CNWL enters 2013-14 having grown by a further one sixth, reaching a total income of £414m and making it one of the largest community facing Trusts in England.

In agreeing to this growth, through the acquisition of Milton Keynes Community Health Services, the Board has considered the impact of growth on quality, and the centrality of service user experience to our vision. This process is therefore subject to a rigorous programme of governance, both pre- and post- acquisition, with a programme of work going forward over the coming years.

The Board has also considered the impact of growth, combined with the challenging financial and commissioning environment, and rising demand for services, on existing provision. There is to be a review of CNWL's service lines, in line with good practice during 2013-14 and this will include services relating to mental health in Milton Keynes.

CNWL is operating within a nationally complex and demanding environment, which is reflected in a review of the commissioning environment. Our response is a six-point plan of priority workstreams looking ahead to 2016 and beyond. These reflect our vision and values as an organisation and are based around our aim for those who use our services to experience our vision of Wellbeing for Life.

These workstreams underpin our clinical strategy, which is set out in detail in the plan and spans three years. This is to provide existing and potential partners with a transparent view of our aspirations over the coming period.

CNWL retains a strong financial and clinical position, which we will maintain through a robust programme of Cost Improvements (CIPs) and development across the organisation, as reflected throughout the plan.

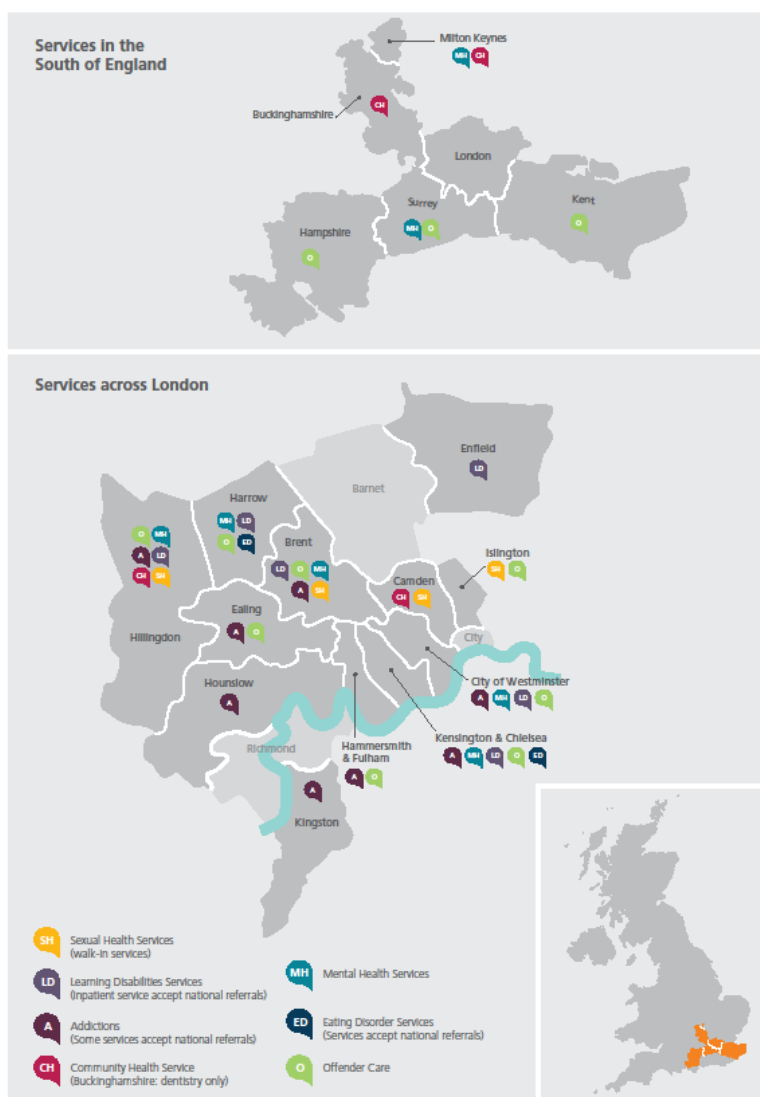
2. CNWL's Strategic Context and Direction

Who we are:

2.1. Central and North West London NHS Foundation Trust (CNWL) is one of the largest community service Trusts in England, caring for people with a wide range of physical and mental health needs. We have approximately 7,000 staff who provide health and social care to a third of London's population and across wider geographical areas, including Milton Keynes, Kent, Surrey and Hampshire.

2.2. CNWL is a well-established Trust, with consistently good outcomes against quality indicators, including achieving Commissioner and Regulator requirements and above average reports from the Care Quality Commission (CQC). It has a wide range of services: as well as mental health and community health services, CNWL provides specialist services, for example psychological medicine, learning disability, offender care, addictions, sexual health and eating disorders. With services across physical and mental health, and a history of working with local authority partners, CNWL is well placed to provide integrated care.

2.3. Over recent years, we have been able to use this broad base to diversify geographically, including outside London. Our commitment to growth set out in the 2012-15 Annual Plan was met through the successful tender for Milton Keynes Community Health Services in October 2012, and their formal acquisition in April 2013.



2.4. Internal strengths and weaknesses:

There are a number of opportunities and challenges for CNWL over the next three years, which are discussed in detail at section 2.4 below (The Trust's strategic position within the local health economy) and again in the enabling workstreams of our strategy at Table 2.

2.4.1. At an awayday to discuss strategy, which took place on 23 January 2013, CNWL's senior clinicians confirmed that **patient care and quality of services is our primary purpose** as a Trust, and that this must be retained. This standpoint, reflected in our vision, is our key focus and strength.

2.4.2. The **Service Line** structure is now in place and we are seeing benefits in terms of consistency and quality of care, as well as savings across the Trust. In line with good practice, a review of service lines will be undertaken in 2013-14, with recommendations rolled out over the coming years. It will look at value for money and efficiency, and will include analytics to examine CNWL's performance through internal comparison and against external partners. The changes will be managed through a co-ordinated approach, built on our learning from the now concluded Service Line Change Programme. The decision to undertake an internal review of the Service Lines and Trust structure has come from two directions:

- The meeting on 23 January 2013 shone a light on the commitment across the organisation to increase productivity and efficiency, to do more around integrated care – physical and mental health; primary and secondary care; and health and social care - and the importance of quality services above all else. Clinicians expressed the importance to them of local relationships – with GPs and others at borough level - and how the service line model has put pressure on these local arrangements. We therefore need to ensure that our structures address this.
- Secondly, the Board has acknowledged that continuing financial pressure and the counterbalancing need to consider growth and diversification, could impact on quality. CNWL's clinical and financial stability must be protected. We must ensure that when new services join us, there is a clear framework for management, integration and quality and that our structure is able to support this.

2.4.3. CNWL has a **strong and experienced Board** which uses the NHS Foundation Trust Code of Governance as best practice advice to improve governance practices across the Trust. The Trust complies with the code in all respects.

2.4.4. A major change for us this year is that Dame Ruth Runciman will step down as Chair in November 2013, a role she has held for twelve years. Throughout her time at CNWL, Dame Ruth has contributed to the growth and stability of CNWL, through a period of major change in the NHS. She has championed developments for vulnerable groups, particularly offenders and those with substance misuse issues. The Appointments Committee of the Council of Governors is in the process of selecting a new Chair who will come into office in November 2013. Another Board level change in 2013 will be the retirement of David Bettle, Director of Human Resources and Organisational Development, who has been with the Trust since 1999. An experienced new HR Director has been appointed and will take up their post in July 2013.

2.4.5. Another strength is CNWL's **active and effective Council of Governors**, which represents service users, carers, the public and staff. Governors play an important role in setting and monitoring the Trust's direction. In December 2012 the Trust's Council of Members changed its name to Council of Governors in accordance with the requirements of the Health and Social Care Act. As in previous years, a sub-group of the Governors has met on several occasions to review the Plan of 2012-13, to provide input to the priorities for 2013-14, and to have a discussion around the financial implications of the Plan.

2.4.6. A key conduit for CNWL to ascertain its position in the eyes of those who use or may use our services, is our **membership**. In early 2013, a new database was implemented to manage the Trust's membership. As a result of the implementation we were able to update and cleanse the data against information held by Royal Mail for records that were no longer valid. While the Trust is now in a better position to communicate and engage with members, this has resulted in a slight reduction in the membership. There is currently a recruitment drive underway across CNWL and particularly in Milton Keynes where we are seeking a further 500 members. There is a focus in all areas on younger members. Initiatives include work with universities in our catchment area to run joint events, and has proved effective. As well as events and our previous channels of communication, the Trust has utilised social media channels, such as Facebook and Twitter, to recruit members and promote the benefits of joining the CNWL membership.

2.4.7. CNWL's **marketing and growth strategy** was developed in 2011 and outlined in detail in our strategic plan for 2012-15. It is reflected in our refreshed strategy at Priority 6 below. The strategy supports the development and marketing of services at corporate and service line level, with particular focus on growth through existing services and acquisitions. It includes protocols governing our pursuit of growth opportunities including 'any qualified provider' (AQP) processes.

Implementation at corporate and local level is reviewed by the Business and Finance Committee and Board on a regular basis. Major acquisitions, such as Milton Keynes, are reviewed by the Investment Committee.

2.4.8. Marketing also requires good **communications processes**. As part of this, a new web site was launched in November 2012 with a refreshed services directory to support service users and carers in navigating services. Further work is planned on this, using feedback, during 2013-14 and beyond. This is reflected in our strategy at Priority 6 below.

2.4.9. CNWL has invested in **business intelligence** over the last few years, employing and developing skills within the Information Team. This is reflected in our strategy at Priorities 3 and 6. We take a leading role in the NHS benchmarking club and in developing business intelligence on which to base our business and clinical decision making. There is ongoing development of an integrated scorecard showing activity, finance, workforce and financial information across the organisation. Closely associated with this is CNWL's work locally and nationally to develop Payment by Results (**PbR**) for **mental health**. The system is now well understood, supported by training programmes for Jade to improve and maintain data quality. Seminars have been provided to CCGs who are interested in how PbR will impact on them

2.4.10. In terms of **areas of challenge** there are three main ones: finding ongoing savings, retaining and developing a workforce for the future, and developing information systems which meet our current and future needs.

2.4.11. **CIPs** pose an increasing challenge nationally, and in CNWL. We have always delivered savings against **Quality, Improvement, Productivity and Prevention** criteria (**QIPP**) to commissioners, and internal cost improvements have been found year on year. In the next year we will be widening our CIP programme to an organisational level, to provide savings at multi-service line level. This will be supported through a Programme Management Office. This is reflected at priority 2 below.

2.4.12. The Trust's **committed and experienced workforce** has always been identified as a key strength. However, as the Francis report has shown, it could also be a potential area of weakness. In order to ensure that we constantly review the skills and experience of our staff, workforce is a development area in our strategy. We know that there is pride and commitment amongst those who work for CNWL, and it is vital that we retain this and ensure that we do not lose our identity as we grow. While the results of our staff survey are positive, there are development areas. CNWL scored in the top 20% in many areas including staff engagement, with staff feeling they are able to contribute towards improvements at work, are highly motivated and would recommend CNWL as a place to work. However, while we are able to celebrate these, feedback on other areas is of concern. In particular, discrimination, perceptions of unequal opportunities and work related stress are reported. A range of actions are in place to address these issues.

2.4.13. Part of supporting our workforce and retaining a focus on quality, is **The Conversation**, launched at the CNWL Annual Nursing Conference in February 2013, and subsequently rolled out to all professions. This is a Trustwide discussion about what values should be at the core of everything we do. While predominantly aimed at clinicians, all staff members have been invited to submit their top four values, which have helped shape our revised values – for example, the word 'compassion' being one that staff, and Governors, associated with good care and which came up frequently during the Conversation. Over the next year, these updated values will be built into our appraisals processes.

2.4.14. Our **Information and Communication Technology (ICT)** requires a significant upgrade to meet current and future requirements of the organisation. There is a seven year **ICT strategy** in place which is also reflected in our priority workstreams. This is to develop systems which provide essential business intelligence to the organisation, support agile clinical working, provide service users with access to their own information and generate the increasing granularity of evidence required for the assurance of our Board, commissioners, regulators and other stakeholders. This is reflected at Priority 4 below.

2.4.15. As a result of the changes to CNWL over the last three years, our name is no longer accurate and does not support recognition of the organisation in our new and growing markets. For this reason, CNWL is looking to change its name during 2013-14.

2.5. **CNWL's vision:**

CNWL aspires to be seen as a provider of services which improve health and quality of life in the context of a changing social and financial environment. Our vision and strategic objectives were developed with those who provide, use and commission our services and are re-examined each year by our Board and Council of Governors in order to ascertain whether they remain a robust expression of intent. They underpin our clinical strategy, which is set out at section 4 below.

Table 1: CNWL's vision, values and objectives

Our vision	
Wellbeing for life	We work in partnership with local people to improve their health and wellbeing. Together we look at ways of improving an individual's quality of life, through high quality healthcare and personal support.
Our values	
Compassion	Our staff will be led by compassion and embody the values of care outlined in our Staff Charter.
Respect	We will respect and value the diversity of our service users and staff, to create a respectful and inclusive environment, free from discrimination.
Partnership	We will effectively engage and communicate with our stakeholders to develop productive relationships, and be regarded as a partner of choice.
Recovery	We will involve, inform and empower our service users, carers and their families to take an active role in the management of their illness. We will ensure our staff receive appropriate direction and support, to enable them to develop and grow.
Our strategic objectives	
<ul style="list-style-type: none"> • We will provide integrated, high-quality, timely services based on the needs of the individual. • We will involve, inform and empower the people we serve. • We will ensure our healthcare facilities are well maintained and fit for purpose. • We will recruit, retain and develop skilled and compassionate people who embody our values of care. • We will spend every penny wisely, to support the delivery of patient care. • We will invest in technology to deliver better patient care and provide the information we need to support our business. • We will develop new relationships, business and partnership opportunities, consistent with our vision. 	

2.6. The Trust's strategic position within the local health economy:

2.6.1. The Provider Environment:

CNWL is one of two providers of secondary mental health care in North West London and the only provider in Milton Keynes. Our neighbouring provider in North West London is West London Mental Health Trust, which is not yet a Foundation Trust (FT). In North Central London we are bordered by Camden and Islington NHS Foundation Trust, and Barnet, Enfield and Haringey Mental Health Trust with whom CNWL is engaged in a piece of work around service improvement. Our neighbour to the south, is South West London and St George's Mental Health NHS Trust in South West London.

The Trust, as provider of Hillingdon Community Services, is one of four providers of community services in North West London. The others are: Central London Community Health Care NHS Trust which covers Hammersmith & Fulham, Kensington & Chelsea, Westminster and Barnet and is an aspirant FT; Ealing Hospital NHS Trust which will shortly join North West London NHS Trust to seek Foundation Trust status, and provides community services to Brent, Harrow and Ealing, via its Integrated Care Organisation, and; Hounslow and Richmond Community Healthcare NHS Trust which is also looking to achieve FT status. CNWL provides community health services outside North West London, to Camden in North Central London and to Milton Keynes. CNWL provides services in prisons in London, Kent, Surrey and Hampshire, and has services which receive patients nationally and internationally, including Eating Disorder and Learning Disability services.

In line with the Trust's growth strategy, CNWL is closely monitoring the FT pipeline for potential acquisitions.

While holding a strong position as an FT within the local economy, and with consistently strong outcomes in relation to internal and external regulation, CNWL is experiencing the threat of operating within an environment of reduced funding for health and social care, within a changing commissioning environment. Significant reductions to health and local authority funding will have an impact on our services and those who provide and use them. As a financially stable FT where much of the income is for block contracts, CNWL will inevitably be a target for savings in the local health economy. Our response to this, as set out in our strategic plan at section 4 below, includes workstreams designed to be as efficient as possible, to anticipate increased competition and to develop alternative income streams. It also includes building on our key strength of partnership work with commissioners, working together to achieve the common goal of patient care.

In making decisions about how to respond to the external challenges, CNWL's Board understands the need to balance the requirement for us to grow and diversify, whilst protecting our core values and the ethos that made CNWL an effective, safe and valued local Trust.

2.6.2. The Commissioning Environment:

2.6.2.1. North West London Commissioning Environment:

North West London Clinical Commissioning Groups (CCGs) have set out ambitious plans for change, described in their overarching strategy for 2012-15, 'Delivering Service Change in North West London' and in the associated 'Commissioning Strategy Plan' (December 2011). The North West London Strategy covers CNWL's mental and community health services in our local core boroughs of Kensington & Chelsea, Westminster, Brent, Harrow and Hillingdon, as well as contracts we hold for some services in Hammersmith and Fulham, Hounslow and Ealing.

North West London spends £3.5bn per annum on health care – 24% of the total health spend across London, and has identified a need for an additional £1bn of funding to keep pace with expected increase in demand. To address this, radical redesign and savings via the QIPP programme is required of over £500m, together with changes to the provision of acute hospitals and A&E, which was described in the out of hospital strategy, ‘Shaping a Healthier Future’, in 2012.

The strategy also includes the intention to address mental health care, and these plans are contained within a separate Mental Health Strategy for North West London – ‘Shaping Healthier Lives: Integrated Adult Mental Health in North West London’. Its three directions were identified by McKinsey working with stakeholders in 2011:

- **Shifting settings of care (“Shifting Settings”)**, which is about moving patients to the least intensive form of care, including out of secondary care and into new primary care structures.
- **Acute psychiatric liaison (“Psychiatric Liaison”)**, which will improve access to mental health care for patients in general acute hospitals and support acute hospitals themselves in early identification and treatment of mental health patients; and
- **Improving adherence to care plans for patients with long-term conditions (LTCs) and mental health co-morbidities**, which will provide tailored support to patients to improve outcomes through improving the identification and treatment of depression and anxiety.

Each of these areas present opportunities and threats for CNWL. ‘Shifting Settings of Care’ in particular is designed to reduce resources to secondary care, with a dramatic shift of patients and funding to primary care – a significant change in service delivery and in patient pathways. The decision to change the configuration of A&E departments in the main NWL Strategy has changed access points for people in crisis, particularly those with mental health needs or long term conditions. At the same time there are opportunities here for new developments which are integral to our strategy workstreams (Table 3). These include the development of Liaison Psychiatry services into acute trusts; and participation in the Integrated Care Pilot (ICP) which provides a recovery pathway for people with long term conditions including mental health problems. CNWL hosts the ICP for the outer boroughs of NWL – Brent, Ealing, Harrow and Hillingdon.

In responding to these challenges and opportunities, CNWL will not compromise on the quality of the clinical services we provide and will not agree to change that is not robustly evidenced through quality impact assessments. We have a clinically-led quality impact assessment process, which requires major transformation and cost improvements to be signed off by the Trust’s Medical and Nursing Directors.

For this level of transformation and change in patient pathways to happen, GPs need to feel confident about taking on new areas of work and we are working together on a range of initiatives, some linked to CQUINs, including focused training, safe and flexible discharge processes, and business intelligence. Success relies on partnership working with GPs and other partners in providing community based care including access to accommodation, meaningful occupation and personalised budgets. In some areas we will establish joint Transition Boards to drive the programme of change over the next years.

2.6.2.2. The North Central London Commissioning Environment:

North Central London does not have a single set of commissioning intentions or a coordinating strategy. Commissioning intentions are provided by each CCG and cover a similar set of areas for each Borough, including:

- Unscheduled care
- Integrated care
- Providing care closer to home
- Prevention, early detection and intervention
- Aligning plans closely with the local authority/ developing Joint Commissioning plans

These areas identified by the CCGs fit well with CNWL's priority workstreams should there be opportunity to develop more business and partnerships in North Central London.

Camden, where CNWL provides Community Health services, set out specific intentions in relation to CNWL, which are:

- Primary care collaboration around LTCs
- The frailty pathway
- Healthy Heart Centres
- Complex children

These are compatible with our strategy for community services in Camden and Hillingdon. They also fit well with our wider agenda to further develop integrated services and develop our work with the Integrated Care Pilot in North West London.

2.6.2.3. The Milton Keynes Commissioning Environment:

Milton Keynes CCG has identified three strategic priorities through its Health and Wellbeing Board:

- To improve wellbeing
- To reduce early deaths and tackle major diseases
- To reduce health inequalities

These are then reflected in three themes in its strategic approach to creating a system which delivers high quality safe services for its population:

- Transformation of Primary and Community Care
- Sustainable Hospital Services
- Both underpinned by: Quality and Inclusion

The priorities will be delivered through five programmes covering

- Urgent care
- Planned care
- Long Term Conditions
- Mental Health and Learning Disabilities
- Children, Young People and Maternity

As with North Central London, the priorities for Milton Keynes CCG are a good fit with those identified by CNWL and its commissioners. This will facilitate development of better integrated services, providing a better and safer patient experience. These will be further scoped during 2013-14 for roll out in subsequent years.

2.6.2.4. The Specialised Commissioning (SCG) and Local Authority (LA) Commissioning Environment

Both SCG and LA commissioning have changed, with services which were under PCTs moving into these structures. The threat posed by specialised commissioning is the lack of clarity both in relation to process and to the amount to be top sliced from CCG budgets for these services. This is affecting the ability of the Commissioning Support Unit (CSU) to confirm budgets for other NHS services, although there are active steps to resolve this.

For Local Authorities, many are facing considerable cuts to budgets which will impact on the whole package of care for vulnerable people, some of whom may, as a result, put greater demands on secondary care services.

2.6.3. CQUINs:

These currently form 2.5% of the contract value and constitute £6m of potential income for CNWL. They present an opportunity for service improvement and partnership. At the same time, the pre-qualification process for North West London has been extended beyond that set out in 'Everyone Counts', the 2013-14 Operating Framework. Qualification for CQUIN funding has not been confirmed at the time of writing, with the potential loss of up to £300k per month and the need to stand down clinical work on the CQUINs. This poor use of clinical time will be addressed robustly in our next round of negotiations with commissioners.

2.6.4. QIPP and CIPs:

Going into 2013-14, CNWL is facing QIPP targets of £7.5m from commissioners, on top of internal CIPs programmes. CNWL is also committed to delivering additional QIPP for commissioners. Together, this represents a savings target of £30m, and is on top of steady year on year pressure on funding. We do not yet have full figures on QIPP and related CIP going forward beyond 2013-14 but in the current economic environment, we do not expect a reduction. Further detail is set out in Appendix 1 below.

CNWL has met its QIPP target every year, and its CIP target for every year up to 2012-13, but not always recurrently. Going forward we will be designing a CIP programme across all services and linked to a programme of analysis of efficiency, productivity and demand management. We are also creating a Programme Management Office, bringing together our existing project support programmes from across the Trust.

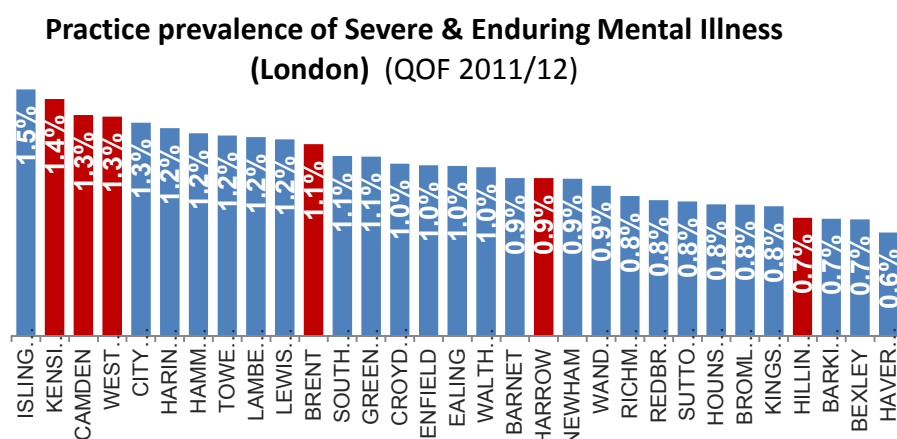
2.6.5. Demographic changes:

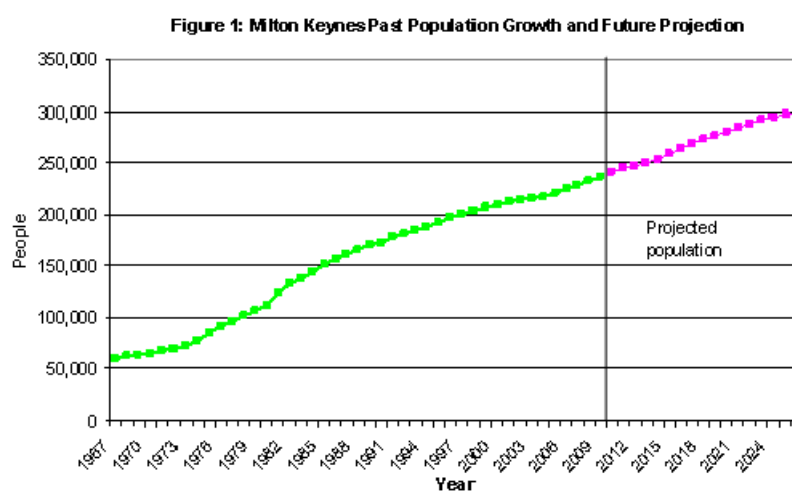
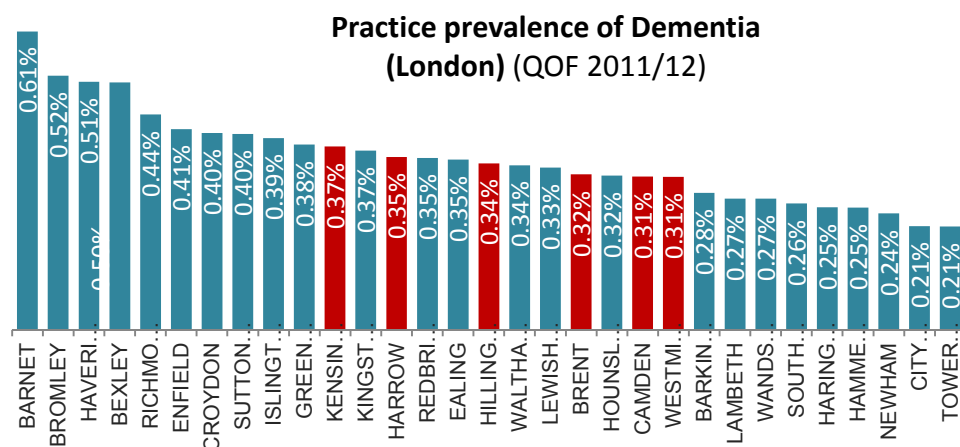
The geographical area covered by CNWL is exceptionally diverse, with areas of both great deprivation and affluence, which is a challenge in terms of meeting need. As some boroughs have not been able to invest in mental health services over the years, issues of equity of access to services need to be considered all the time by the Trust. In spite of this diversity, there are a number of trends, many of which feature in other parts of CNWL and nationally, such as our growing older population. However, there are some outstanding features for CNWL. Information on London and Milton Keynes is given separately as the comparators are different outside London.

Key demographic features for CNWL include:

- There is a 16 year mortality gap across the London boroughs, between the average age at death between those who live in our most socially deprived and affluent areas. There is a similar pattern across the different parts of Milton Keynes, and a mortality gap there of 8.8 years.

- There is an estimated population increase of 7% in our London boroughs from 2011-2031 and 8% in a comparable period in Milton Keynes. with a particular focus on older adults. This is part of a national trend.
- This trend is particularly felt in the historically young population of Milton Keynes, where the increase in those over 65 is expected to be three times the national average between 2011 and 2021.
- These changes are reflected in development priorities in all parts of CNWL– services for dementia, for people with long term conditions and integration of physical and mental health. The lowest growth in the population across London boroughs is in Hillingdon, but again, where there is growth, it is focussed on the older population.
- CNWL's London Boroughs comprise 46% of people from Black and Minority Ethnic Groups (BME) backgrounds, compared with a London average of 40%. This statistic masks significant variation – from 28% (Kensington & Chelsea) to 64% (Brent).
- In Milton Keynes, the 2001 census indicated that 12% of 5-19 year olds came from a non-white background. The 2008 school census shows that figure had risen to 23%. The largest increase is within the Black African population group; within this age-range, population growth equates to a five-fold increase.
- There are more people in CNWL's London boroughs who rent housing, compared with the national or London average. This is not surprising given the value of housing and cost of buying. As well as a lot of rented property, the wealthy inner boroughs also have a large number of older people living alone in privately owned housing, where they are vulnerable to isolation.
- Some of the highest reported levels of severe and enduring mental illness in London are found in the North West , with Kensington & Chelsea, Camden and Westminster occupying the second, third and fourth places. This has given rise to the need for development of services in primary care, particularly in the inner boroughs of Westminster and Kensington & Chelsea (now Central London and West London CCGs)
- In Milton Keynes, despite having a generally lower than national average mental health deprivation score, there are three electoral wards which score significantly higher than the national average. Age is a significant contributory factor in these wards.





2.6.6. Summary of CNWL's position in the local health economy:

CNWL holds a strong position in the local health economy, but is vulnerable to high levels of QIPP, as a provider with most of its activity in block contracts. CNWL is also facing a complex commissioning environment in each of the areas where it works, although that of North West London is the most challenging. There is a strong sense that this is a year when we are learning how the new commissioning environment will operate and CNWL is fully engaged and committed in working with new commissioners to make the new health economy structure a success for them and for patients.

3. The Trust's approach to quality over the next three years:

Quality, safety and financial stability lie at the heart of our strategic planning. Quality governance is based in the Monitor Quality Governance Framework. Governance around quality is embedded throughout the organisation. Care quality groups are in place at every layer of the organisation, providing organisational learning.

3.1. The Quality and Performance Committee (QPC) receives assurance around quality on behalf of the Board, on a monthly basis. The QPC receives a range of reports including the integrated dashboard, exceptions reports, CQC Quality and Risk Profiles, and CQUINs on a monthly basis. There are quarterly or bi-annual reports on quality governance, organisational learning and summaries of the Quarterly Review meetings. The main aim is to triangulate information so that areas of risk and opportunity are identified and actions can be taken in a timely way.

3.2. CNWL's Quality Account for 2013-14 identifies six quality priorities for the current year-three for CNWL as it was at 31st March 2013 and a further three for Milton Keynes, developed before they joined CNWL. These are all areas identified for quality improvement and which are aligned with the NHS Outcome Framework. The reasons and process for agreeing these are set out in our quality account. They are:

CNWL as it was to 31st March 2013:

- Helping our patients recover by involving them in decisions about their care
- Supporting carers to look after their loved one
- Making sure that people who use our services get the best care we can provide (this is a new quality priority for 2013-14 and reflects the Friends and Family test).

More detail is provided from paragraph 3.2.1 below

Milton Keynes:

- Safe transfer of care
- Responsiveness to patient needs and improving patient experience (this reflects the Friends and Family test)
- NHS Safety Thermometer – organisational ambition of zero 'avoidable' pressure ulcers.

More detail is provided from 3.2.4 below

3.2.1. Care Planning:

- Engagement in care planning is key to a recovery-focussed approach
- This is across all service lines, mental health and community. An awareness and training campaign has been developed to deliver these improvements and performance will be fed back to **service users**.

3.2.2. Carer Involvement:

- This continues to be both a priority and a challenge for mental health, in recognition of the pivotal role of carers in recovery. We are now rolling out our learning to community services. The priorities for driving this priority have been identified by a new Carers Council, chaired by a carer.
- Research has been commissioned with Lancaster University, to build on a CQUIN from last year. This work will help us to respond systematically to carer feedback in a way which carers feel directly impacts on their experience in a positive way.

3.2.3. Satisfaction with the services we provide:

- This is a new quality priority and is linked to interpreting national 'Friends and Family' guidance for mental health. A quality healthcare service is one which understands and delivers beyond the expectations of service users.
- We want to know how satisfied our services users are with the services received and what guidance they can offer as to what has led to their satisfaction/dissatisfaction with services. This will be shared as part of good practice across the Trust and as the basis for change and innovation.

3.2.4. Transfer of Care:

This is a priority for Milton Keynes who have recognised that transfer between services (acute to community) is a time of risk, particularly for our most vulnerable service users who need complex arrangements to be put in place. Incidents relating to poor transfer of care between services, have been analysed to identify trends, and lessons learned shared internally and with partners. This is a risk that is local to Milton Keynes, and is not about transfer within CNWL.

While progress has been made in care pathways for people with complex needs, it has fluctuated because of the difficulties in working across organisational boundaries. There has been no measurable improvement in the frequency or severity of the incidents, so the service will maintain their focus on this serious patient safety issue in 2013/14.

3.2.5. *Responsiveness to patient needs and improving patient experience:*

This priority was identified by Milton Keynes before joining CNWL, but reflects a Quality Priority for the wider Trust. Milton Keynes benefited from a CQUIN around this in 2012-13, but it was focussed on inpatients only. In recognition that many people may remain in contact with community services over many years, a programme is to be rolled out to collect standardised data in relation to the Friends and Family test, from patients and staff.

There will be useful lessons for the whole of CNWL from Milton Keynes' experience in this area.

3.2.6. *NHS Safety Thermometer:*

The focus is to use regular monitoring and improvement to reduce to zero 'avoidable' pressure ulcers across Milton Keynes.

These priorities have been identified from a range of information including: our performance against current quality priorities and other quality indicators; our organisational learning themes – identified through a clinically-led process; our feedback from stakeholder consultation, and previous CQC feedback.

3.2.7. Stakeholder engagement around quality themes is through a wide range of local and Trust-wide events including Council of Governor meetings, quarterly workshops with Healthwatch (formerly LINKs) and an annual quality priority consultation process.

3.2.8. During 2012-13, CNWL has had seven CQC Reviews of Compliance. There was an action in one area, which was in respect of staffing. This is subject to an action plan and internal review process. There was also the CQC review of Milton Keynes inpatient services just before it joined the wider Trust, which is subject to compliance actions and to special measures by CNWL. A team has been put in place from CNWL's existing mental health services to manage and oversee the special measures programme.

3.2.9. As set out above, quality priorities and indicators are now set within an **interactive dashboard** accessible to front line staff and to Board members. The acquisition of Milton Keynes poses a challenge to achieving some Monitor targets, principally due to changes in how data is recorded for collection. Monitor will be kept fully informed of any drop in performance in relation to this. Where there are risks these have associated action plans, summarised here and reflected in the financial planning template – targets and indicators:

Monitor Target	Action	Milestones
Care Plan Review (12 months)	Working with the services to ensure clear definitions and processes are in place to support CPA Care Plans review in 12 months.	Achieved by Q1
Learning Disability – Flag	Set up a data capture process which enables accurate data to be collected and reported	Achieved by Q2

3.2.10. The roll out of an **electronic** Provider Compliance Assessment (**PCA**) **system** in 2012 has enabled CNWL to improve monitoring and sharing of information around quality at service line level. This data is routinely updated, subject to local governance, and may be reviewed through mock CQC visits by senior managers and executives to any part of the Trust at any time. Outcomes are fed back to the Board via the Quality and Performance Committee.

3.2.11. The Assurance Framework reflects the priorities established for the Trust. There are corporate and service line level assurance processes which feed into this. Assurance has been undertaken in relation to our strategic priority workstreams and is reflected in our strategy summary at Table 3

3.2.12. The Board regularly reviews its systems and processes for reporting and acting on quality concerns in line with Monitor's Quality Governance framework. The management of the Trust's service lines consists of joint clinical and managerial leads ensuring absolute and transparent clinical ownership of all significant decisions. The Board and its committees have championed an increased use of benchmarking and all business cases are required to include internal and external benchmarking of service outcomes.

3.2.13. As well as the robust system of reporting on performance against agreed quality objectives, the Board receives feedback from service users at each of its meetings and Non-Executive and Executive Directors undertake regular 'Board to Ward' visits where they informally visit services to talk to front-line staff and service users. Any issues or themes arising from these visits feed into the Trust's organisational learning. These processes are constantly reviewed, with projects to improve our ability to hear and act on patient experience, including mechanisms to support real-time feedback.

3.2.14. Staff have a number of ways of raising concerns, culminating in a formal whistle blowing procedure. However it is anticipated that concerns would have been aired and addressed before this is necessary. Each service line has its own embedded systems of clinical governance which enable problems and issues to be considered. Lead clinicians and service directors have a corporate forum where they can raise any issues which cannot be addressed at a local level and the Quality and Performance Committee will direct action to address any issues escalated to it. In addition, each of our priority workstreams has an identified lead Executive Director to whom concerns can be escalated if needed.

4. CNWL's Clinical Strategy 2013-16:

4.1. CNWL's strategy brings together our identified clinical developments around service safety, quality and access, with associated enabling programmes. This is expressed through six priority workstreams for implementation, and through our Quality Priorities as set out in CNWL's Quality Account and described at (3) above. It is an integrated approach encompassing clinical and non-clinical work essential to patient care.

4.2. Our first priority is around clinical care and patient experience. As in previous years, this is underpinned by further enabling priority workstreams – including finance, contracts, ICT, workforce and growth. These enabling workstreams are divided into those which are primarily around **transformation** –and those which are focused around **growth**.

4.3. The Board remains clear that CNWL's priorities must always reflect our vision, quality imperatives, clinical safety and financial sustainability. Each priority is led by an Executive Director,

or more than one where priorities cross more than one of our three business areas. These are set out in the table below.

4.4. In agreeing our priority workstreams, the Trust was mindful of the 2013-14 Operating Framework, 'Everyone Counts'. The five offers, encompassed in our planned work, cover seven day access; transparency and choice; listening to patients and increasing participation; better data driving better outcomes, and; high professional standards.

4.5. The priority workstreams with Executive Lead(s) are set out in **Table 2** below.

4.6. A summary of how these priorities are reflected in plans over a three year period is set out at **Table 3** below. The identified risks are aligned with the Trust's Assurance Framework. As above, each area of delivery is ultimately the responsibility of the named Executive Lead(s)

Table 2: CNWL's Priority Workstreams 2013-16:

Transformation	1	Services designed to provide the best outcomes and experience for patients: <ul style="list-style-type: none"> • Which people want to use and where staff want to work. • Where physical and mental health needs are addressed in an integrated way and where there is a focus on quality of life and recovery. • Which work with partners to improve integration and experience. • Which learn from listening to feedback and analysis of data, and improve services in response. • Which are safe and where service users feel secure. • Where an estates strategy helps to deliver quality of care and CIPs 	Robyn Doran * Andy Mattin Alex Lewis John Vaughan
	2	Maintaining financial stability: <ul style="list-style-type: none"> • A Trust able to manage growth and meet demands of financial pressures with no loss of quality to our services. • Transition to PbR as tariff base achieved with no significant loss of income. 	Trevor Shipman
	3	Actively engaged in responding to new commissioning environment: <ul style="list-style-type: none"> • Partnerships and transformation programmes agreed with CCGs and other commissioners. • Inform and advocate with commissioners for our services and those who use them. • Safe transition of commissioning with no loss of quality. • Responsive to new opportunities with no significant loss of contracts . 	Robyn Doran
	4	Information technology able to support the business: <ul style="list-style-type: none"> • A safe, consistent, accessible system for clinical, management and commissioning decisions. • A system to support front line delivery of data and mobile working. • Technology to support access and self-help. • Providing access for partners and for service users. • Supporting effective engagement and communication with our staff and stakeholders 	Trevor Shipman Andy Mattin
	5	A workforce aligned around the requirements of service lines:	David Brettle

		<ul style="list-style-type: none"> • With the agility and flexibility to cope with change. Including new roles and skills. • Led by compassion and focussed on Recovery and Empowerment • With clear performance and productivity management. 	
Growth	6	<p>A growth strategy</p> <ul style="list-style-type: none"> • Which builds on the strategy for business and marketing established in 2012-13 • Based on access to the right business intelligence about the market, competition and our relative productivity and profitability. • Which will support acquisition with no loss of quality. • Which is supported by an increased organisational profile and brand awareness. • A growth strategy which is well communicated so everyone understands and supports it. 	Ian McIntyre John Vaughan

***Executive Director roles:**

Trevor Shipman – Director of Finance and ICT

Robyn Doran - Director of Operations and Partnerships (Adult and Older Adult Service Lines)

Andy Mattin – Director Operations and Nursing (Specialist Service Lines)

John Vaughan – Director of Strategic Development and Community Services

Dr Alex Lewis – Medical Director

Ian McIntyre – Director of Commercial Development

David Brettle – Director of Human Resources and Organisational Development

Table 3 –CNWL’s Clinical Strategy with high level detail on local implementation over three years:

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
Priority 1: Services designed to provide the best outcomes and experience for patients: <ul style="list-style-type: none"> • Which people want to use and where staff want to work. • Where physical and mental health needs are addressed in an integrated way and where there is a focus on quality of life and recovery. • Which work with partners to improve integration and experience. • Which learn from listening to feedback and analysis of data, and improve services in response. • Which are safe and where services users feel secure • Where an estates strategy helps to deliver quality of care and CIPs 				
Mental Health				
Applies to all QPs 2013-14 <ul style="list-style-type: none"> • Involvement in care planning • Supporting carers • Patient satisfaction/Family and friends • Safe transfer (MK) • Safety Thermometer 	<ul style="list-style-type: none"> • Service line review launched to identify transformation potential, productivity, demand management (Q1) • Establishment of Transformation Boards with CCGs to deliver service redesign and CIPs – linked to strategy of Shifting Settings of Care (SSC) • Ongoing review of efficiencies around beds (Acute, Older People and Healthy Ageing (OPAH), Rehabilitation and Learning Disability (LD) • Review of services for consistency and efficiency eg Home Treatment (Acute, Assessment and Brief Treatment) • PbR care packages being rolled out to support consistency and transparency, as well as tariff basis • Development of services where there 	<ul style="list-style-type: none"> • Implementation of transformation programmes developed in 2013-14, with associated delivery of CIPs • Associated linked programme of quality governance and tracking of CIPs delivery • Potential further reduction of beds (outer boroughs) • PD and MAS services in all boroughs • PbR care packages in place and providing transparent mechanisms 	<ul style="list-style-type: none"> • Refresh of SSC response • Potential site rationalisation and/or new strategic partnerships at inpatient sites • Ongoing programmes to support clinical response to changes in NHS • Potential for new partnerships outside NHS around clinical work and estates • Ongoing development of ICT support to patient 	1:Poor interface across Service Lines <ul style="list-style-type: none"> • <i>Service Line review</i> • <i>Specific programme for diagnostic and improvement (ASIP)</i> 2:Poor interface between service providers <ul style="list-style-type: none"> • <i>Review of borough processes</i> • <i>Monitoring/action around delayed transfers of care</i> • <i>Participation in Integrated Care Pilot</i> 3:Duplication of effort and resource coupled with poor patient experience

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
	<p>are gaps in geographical areas eg Personality Disorder (PD) and Memory Assessment (MAS)</p> <ul style="list-style-type: none">Assistive technology programme pilot (Brent Rehab)Extension of Recovery College to Horton Haven site (Surrey)Direct service user feedback process developed (All). Virtual user forum established (Eating Disorders)Research into carer engagement undertaken with Lancaster UniversityEffective management of estates to deliver a safe, accessible environment for care and deliver essential CIPs	<p>for reviewing consistency and efficiency</p> <ul style="list-style-type: none">Extension of assistive technology programmeExtension of Recovery programme to other sites – possibly outside CNWLIntegration of feedback from user and carer engagement programmes, including Lancaster project for carers.Potential rationalisation of estates	<p>and carer engagement and assessment of satisfaction</p> <ul style="list-style-type: none">PbR basis for tariff, providing transparent frameworkUser, carer and commissioner feedback in place linked to service improvement programmesPotential rationalisation of estates	<p><i>Transformation process</i></p> <p>4: Capital funding for new acquisition building:</p> <ul style="list-style-type: none"><i>5 year investment programme</i><i>Liaison with PropCo</i> <p>5: Engagement and communication with Service Users and Staff:</p> <ul style="list-style-type: none"><i>Priority 6-Growth</i><i>Development of Carers Council</i><i>Annual service user survey and development of real-time feedback</i><i>Service user strategies at local level</i>
Community Health Services Hillingdon Community Health and Camden Provider Services				
<p>Applies to all QPs 2013-14</p> <ul style="list-style-type: none">Involvement in care planningSupporting carersPatient satisfaction/Family and friends (inc MK)Safe transfer (MK)Safety Thermometer	<ul style="list-style-type: none">Integration projects: Camden Neurological and Stroke Service with Royal Free NHS Foundation Trust service to support early supported discharge and reduced Length of Stay; Camden Post Acute Care Enablement Service (PACEs with the Royal Free NHS Foundation Trust; Hillingdon Falls Service with Age UK HillingdonRelocation of wards into CNWL estate, to facilitate improved quality of care within an appropriate clinical environmentHigh profile project to address DNA rates within Hillingdon Diabetes and Musculoskeletal Physiotherapy and Podiatry servicesOne large scale patient experience survey across Camden Providers Services (CPS) and Hillingdon Community Health (HCH). Introduce a		<ul style="list-style-type: none">Further development of intermediate care / urgent care model in Hillingdon in partnership with the acute hospital and the HCH Rapid Response ServiceDevelopment of real time patient experience data	As above

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
	Patient Experience Facilitator post <ul style="list-style-type: none"> • Programme of GP Account Management to facilitate communication, pathways and service improvement in partnership with the Camden CCG • Work with local acute Trust to offer Tuberculosis diagnosis within the community within Hillingdon • Potential appointment of a telehealth manager (Camden) to identify opportunities here and in assistive technology to support choice and recovery • The Patient Experience Facilitator to raise the profile of patient engagement • Further development of associated Patient Reported Outcome Measures 		collection	
Milton Keynes				
Applies to all MK QPs 2013-14 <ul style="list-style-type: none"> • Patient satisfaction/Family and friends • Safe transfer • Safety Thermometer 	<ul style="list-style-type: none"> • Synergy programme with CNWL. Focus Governance, Finance, IT, Informatics, Estates, Communication, HR, Contracts • Innovation programme – quality and delivery, Includes Campbell Centre • CQC registration of all services • Single access point for health/social care • Increased service user feedback • Special measures programme around the Campbell Centre to bring it in line with CQC standards. 	<ul style="list-style-type: none"> • Further programme of synergy • Ongoing innovation programme linked to business plan • Work plan developed in line with integration process and CCG intentions 2014-15 • MK fully operational within FT framework 	<ul style="list-style-type: none"> • Further developments will be defined during the integration processes during 2012-13 	As above
Priority 2: Maintaining Financial Stability: <ul style="list-style-type: none"> • A Trust able to manage growth and meet demands of financial pressures with no loss of quality to our services • Transition to PbR tariff base for mental health, achieved with no significant loss of income 				

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
Three pronged approach: <ul style="list-style-type: none"> Programmes to deliver CIPs Establishment of a Programme Management Office (PMO) Improved contract management through Business Intelligence and effective ICT 	<ul style="list-style-type: none"> Service Line Review Pilot of Operational Improvement Specialists work in key areas to establish model to find CIPs in and across Service Lines Establishment of a PMO to drive work across the service lines in response to CIP requirements and Transformation processes PbR care packages in place with understanding of local value, as basis for potential local tariff Link to managing new commissioning environment to negotiate new systems and reduce unnecessary financial penalty 	<ul style="list-style-type: none"> Potential implementation of PbR Roll out of efficiency work to meet CIP requirements across Service Lines – progress managed by PMO and overseen by Executive Board. 	<ul style="list-style-type: none"> Potential implementation of PbR Ongoing identification of CIPs and efficiency models as set out in detail under Priority 1 	<p>1: Maximising income for services provided:</p> <ul style="list-style-type: none"> <i>Service Line review and operational improvement programme to identify cross-service line savings and creative solutions</i> <p>2: Reduced resource via commissioners impacts on quality</p> <ul style="list-style-type: none"> <i>CIPs management process</i> <p>3: Lack of readiness for PbR in MH</p> <ul style="list-style-type: none"> <i>PbR project</i> <i>New costing system (Autumn 2013)</i> <i>Upgrade to clinical systems</i> <p>4: Poor data quality and lost income</p> <ul style="list-style-type: none"> <i>Contract management capacity bolstered with Associate Director to be recruited in 2013-14</i> <i>Effective Information Team</i> <i>Data Quality Strategy</i> <p>4: Compliance with Monitor licence</p>

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
				<ul style="list-style-type: none"> Effective management by Trust Secretary and Information Team
Priority 3: Actively engaged in responding to new commissioning environment: <ul style="list-style-type: none"> Partnerships and transformation programmes agreed with CCGs and other commissioners. Inform and advocate with commissioners for our services and those who use them. Safe transition of commissioning with no loss of quality. Responsive to new opportunities with no significant loss of contracts Supported by effective Business Intelligence 				
<ul style="list-style-type: none"> Defining and strengthening relationships with different parts of the new system: CSUs as contract managers; CCGs as partners in transformation and customers of the Trust; Developing a relationship with the emerging NHS England as a commissioning body. Restructuring the relationship with local authorities to protect and develop partnership working and integration. 	Q1: <ul style="list-style-type: none"> Establish Transformation Boards (CCGs) Establish revised SLA processes – e.g. monthly and quarterly meetings (CSU) Link new processes to local authority and other partners Transformation processes must link into 3 year QIPP plans and deliver on them Go out to advert for new Head of Contracts (current Head retiring November 2013) Q2: <ul style="list-style-type: none"> Ongoing work around transformation Appointment of new Associate Director of Contracts Q3: <ul style="list-style-type: none"> Agreement of Transformation Strategy 2013-15 Q4:	Q1 <ul style="list-style-type: none"> Embedding of new contract to reflect existing QIPP proposal and transformation plan Implementation of PbR as basis for contracts Delivery of second year of 3-year QIPP plans Q2-4 <ul style="list-style-type: none"> Ongoing transformation process Monitoring of QIPP/CIP delivery Potential move to new ICT systems which will underpin improved understanding of performance against contract 	Strategy over 3-5 years <ul style="list-style-type: none"> The future of commissioning is unclear. Work will continue to build on and learn from work in 2013-14. This will be a fast-moving environment. 	1: Access to accurate data <ul style="list-style-type: none"> Data Quality Strategy ICT Strategy aligned to business needs Ongoing development of Business Information capacity within Information Team 2: Complexity of commissioning environment <ul style="list-style-type: none"> Commitment to commissioner relationships Review of capacity in current Borough Director role to work with CCGs and Local Authorities Appointment of AD for contracts management

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
	<ul style="list-style-type: none"> Transformation programme and QIPP plans to be embedded in new contracts PbR to be embedded in new contract 			and development(2013)
Priority 4: Information technology able to support the business: <ul style="list-style-type: none"> A safe, consistent, accessible system for clinical, management and commissioning decisions. A system to support front line delivery of data and mobile working. Technology to support access and self-help. Providing access for partners and for service users. 				
Programmes to address requirements in relation to: <ul style="list-style-type: none"> Infrastructure Clinical System, Integration and Collaboration Information and Knowledge Management Service User Access 	Q1 <ul style="list-style-type: none"> Clinical Systems Programme commences extensive requirements gathering. Q2 <ul style="list-style-type: none"> Select a specialist technology provider to manage and transform Infrastructure Launch Information and Knowledge Management Programme Q3 <ul style="list-style-type: none"> Transition CNWL's Infrastructure to a high performing service and recognised provider of ICT Q4 <ul style="list-style-type: none"> Commence transformation of Infrastructure Q4 Roadmap for acquisition and transformation of portfolio of Clinical Systems and clinical process defined. Information and Knowledge Management Strategy for CNWL 	Q1 <ul style="list-style-type: none"> Launch Integration and Collaboration Programme Q2 <ul style="list-style-type: none"> Selection of Information and Knowledge Management platforms Infrastructure fully transformed: Staff, service users, and partners can access at any time and physical location Commence transition to new Clinical Systems Q3 <ul style="list-style-type: none"> Selection of platform Q4 <ul style="list-style-type: none"> Service User Access strategy defined allowing digital access 	Q2 <ul style="list-style-type: none"> Predictive modelling and targeted research enabled. Advanced knowledge sharing and content management. Commence transition to new Integration and Collaboration platform allowing seamless and coordinated care across all partners Q3 <ul style="list-style-type: none"> Service user access fully implemented Q4 <ul style="list-style-type: none"> Partnerships: integrated care and service planning enabled with 	1: Large numbers of systems in CNWL, many nearing replacement <ul style="list-style-type: none"> ICT Strategy Clinical systems development process and governance Updated for Sexual Health 2013 2: Lack of capacity in ICT structure <i>Delivery of Strategic Infrastructure Programme</i>

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
	agreed	for users to their records	partners in care delivery <ul style="list-style-type: none"> Seamless electronic transfer in place 	
Priority 5: A workforce aligned around the requirements of service lines: <ul style="list-style-type: none"> With the agility and flexibility to cope with change. Including new roles and skills. Led by compassion and focussed on Recovery and Empowerment With clear performance and productivity management. 				
<ul style="list-style-type: none"> Support Service Lines in developing and implementing workforce strategies Strengthen corporate education strategies to pre-empt future skills development needs Develop relationships with LETB's and academia to maximise influence for future Continue to support implementation of Performance Management linking strategic and individual objectives Develop and implement health and wellbeing strategy for staff 	Q1 <ul style="list-style-type: none"> HR input to service line workforce planning processes Implementation of performance management approach Support to requirements of medical and nursing workforce strategies Q2 <ul style="list-style-type: none"> CNWL Board to consider Health and Wellbeing Strategy Planning to develop relationship management with education funding providers Begin implementation of training strategy Q3 <ul style="list-style-type: none"> Implementation of Health and Wellbeing strategy begun Open Harrow training hub Consolidate workforce plans across service lines taking into account impact of possible NHS policy changes. 	<ul style="list-style-type: none"> Refresh clinical workforce strategy to meet transformation strategy Design Westminster training hub Continued partnership work with education providers Review of progress with implementing Health and Wellbeing and Learning and Development strategies 	<ul style="list-style-type: none"> Open new Westminster training hub, as a flagship Education Centre for CNWL Look to develop integrated education approach across health, social care and third sector providers in line with broader strategic objectives 	1: Unable to recruit staff with right skills and values <ul style="list-style-type: none"> <i>Workforce Strategy</i> <i>Assessment Centre</i> 2: Embedding of values relevant to staff <ul style="list-style-type: none"> <i>The Conversation</i> <i>Recovery focus</i> 3: Capacity/skills to manage performance <ul style="list-style-type: none"> <i>PM approach and support rolled out throughout 2013-15</i> <i>Roll out of LDZ (e-learning) to CPS</i> 4: Staff not understanding/ demonstrating Duty of Candour <ul style="list-style-type: none"> <i>Communications and training focus</i>

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
<ul style="list-style-type: none"> Ensure that training is provided from modern, fit for purpose, education facilities Provide support to clinical workforce mandatory regulation and strategic planning 	Q4 <ul style="list-style-type: none"> Undertake training needs analysis and prioritise education and training investment for 2014/15 Review results of performance management drive and amend guidance as necessary 			<ul style="list-style-type: none"> <i>Integration to JDs</i>
Priority 6: A growth strategy <ul style="list-style-type: none"> Which builds on the strategy for business and marketing established in 2012-13 Based on access to the right business intelligence about the market, competition and our relative productivity and profitability. Which will support acquisition with no loss of quality. Which is supported by an increased organisational profile and brand awareness. <p>A growth strategy which is well communicated so everyone understands and supports it.</p>				
Business and Marketing <ul style="list-style-type: none"> Defend and retain existing core business Grow service – physical and mental health Innovate in service delivery through R&D partnerships and engagement with global economies Initiate or support appropriate service development projects that further business 	<ul style="list-style-type: none"> Programme to support service lines to defend and retain their existing core business where there is a clear market and services are financially viable Provide business development support to service lines to grow existing business in line with Trust priorities Work with Executive Board to identify and support: <ul style="list-style-type: none"> Large scale opportunities including increased geographical footprint, through competitive tender 	<ul style="list-style-type: none"> Implement identified programme of support line support programmes If there is a further acquisition, a programme of work around transformation and integration Programme of work around new opportunities 	<ul style="list-style-type: none"> As in year 2, building on opportunities through service lines and externally to develop new services and defend existing ones. Focus on opportunities overseas Development of R&D/Intellectual property 	1: Capacity: <ul style="list-style-type: none"> Dedicated marketing resource Innovation Fund PMO 2: Challenging commercial and commissioning environment : <ul style="list-style-type: none"> Effective work with commissioners - Priority 3 3: Competition: <ul style="list-style-type: none"> Access to business intelligence – Priority 3

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
and Marketing strategy	<ul style="list-style-type: none"> ○ Acquisition opportunities • Identify innovation opportunities at home and abroad in line with Trust priorities and support service lines to pursue • Initiate and support service development projects • Raise the profile of the Trust Growth Strategy • Annual review of strategy 			<ul style="list-style-type: none"> • Effective information to demonstrate value of CNWL – Priority 4 • Effective Communication process – Priority 6
Business Intelligence Development <ul style="list-style-type: none"> • Development of a Business Intelligence function within CNWL 	<ul style="list-style-type: none"> • Development of business intelligence in order to improve understanding of CNWL's position in relation to quality, performance, workforce and outcomes • BI delivered via integrated quality and performance dashboards on QIS at team and ward level to support clinical decision making • Improved data for external use including commissioners, on which to base contracting decisions • Development of benchmarking reports to identify gaps and opportunities in services. To be used clinically and to support marketing 	<ul style="list-style-type: none"> • Develop Service User involvement and feedback around information provision to CNWL • Increase capacity within the BI function to undertake ad hoc analysis of market, population, deprivation, trends and need to support business development • Development of bespoke reports including for service users 		1: Lack of ICT framework to support BI <ul style="list-style-type: none"> • <i>ICT Strategy</i> • <i>QIS Phase 2 finalised by August 2013</i> 2: Capacity of existing team <ul style="list-style-type: none"> • <i>Appointment of staff to provide more capacity</i> 3: Data Quality <ul style="list-style-type: none"> • <i>Data Quality Strategy</i>
Communications <ul style="list-style-type: none"> • Development of a coordinated communications process across CNWL. 	<ul style="list-style-type: none"> • Review of communications and marketing function to ensure appropriate resource and structures are in place across the whole of CNWL • Focus on brand development and 	<ul style="list-style-type: none"> • Update and refresh the Trust's communications and promotional marketing strategy • Develop Communications and Marketing plans to support the work of the Service Lines at local level • Communication around any further acquisitions or 		1: Communication across a complex organisation and externally <ul style="list-style-type: none"> • <i>Communications Strategy</i> • <i>Develop recognisable</i>

Clinical quality objective and/or enabling role	Actions (2013-14)	Actions (2014-15)	Actions(2015-16)	Risks to delivery and mitigation
<ul style="list-style-type: none"> Able to support Transformation and other processes through clear communication internally and externally 	reputation management across CNWL services and at the corporate level <ul style="list-style-type: none"> Communications Strategy around key transformation areas – service transformation, service line review, ICT development, acquisitions and Further development of information and support via CNWL’s Internet and further development of Trustnet (intranet) 	service reductions <ul style="list-style-type: none"> Scoping and development of a health professionals website, with increased functionality As in previous years 		<i>‘brand’ including new name</i>

4.7 Summary of clinical workforce strategy:

Information around clinical workforce is included in the section on Workforce in the appendices. This is therefore a set of highlights in relation to medical and nursing as professional groups.

4.7.1 Medical Workforce

Key elements of the clinical strategy for 2013-16 are:

- **Revalidation:** The Trust will implement Revalidation for all medical staff in the Trust. A minimum of 60 will be revalidated during 2013-14. It involves robust appraisal processes including 360 degree feedback, and supporting the Deanery with Revalidation for trainee doctors.
- **Out of Hours Project:** Increase senior level cover available beginning with higher trainees and progressing to consultant cover.
- **Recruiting substantively:** This is an important requirement of CCGs and education regulators.
- **Reducing cost of absences/cover:** The Trust is working on several workstreams to reduce the cost of medical absences and locum cover. These include Staff-flow (a new method of paying locums), e-rostering and a piece of work to manage medical sickness absence in acute settings.
- **Developing senior clinical leadership within services:** Doctors in senior positions and those who are likely to develop into these roles.

4.7.2 Nursing Workforce:

- **Use of bank and agency:** Ongoing programme to manage staff sickness and reducing unnecessary bank use. This is linked to the development of an improved performance programme to be rolled out in 2013-14.
- **Recruitment:** The Trust is making continued use of the Assessment Centre process. Potential recruits are assessed before their interview for numeracy, literacy and empathy. Only nurses who pass these tests may proceed to interview. Once successfully appointed, nurses are subject to a programme of mentoring and preceptorship to ensure that standards are retained.
- **Development:** A key strategy issue for 2013-16 is to ensure that the support received by appointed nurses supports the flexibility required as identified by Service Lines for a period of change.
- As a result of pressures within the wider economic and commissioning environment, nurses qualifying are finding it harder to find a post in their area of interest at Bands 4 and 5. This, together with the Assessment Centre process, has impacted positively on the quality of applications and recruitment to CNWL. There are however areas to which it is harder to recruit. These are the focus for recruitment drives at Bands 4-5, particularly: prisons, older adults, community nursing for mental health, health visiting, paediatric nursing
- **Managing reductions in funding:** The Trust is aware that in the current financial environment, it will need to make reductions in posts, particularly management posts, and this will be done where possible through natural wastage, not redundancy. CNWL has now absorbed the impact of the loss of a number of skilled nurse manager posts in the first round of significant reductions and move to Service Lines from 2010.

4.7.3 Clinical Sustainability:

There are no services which could potentially lack critical mass nor with consultant cover below those recommended by Royal Colleges. The one area where there is pressure is around training posts, with the contraction of Local Education and Training Boards across London, leading to less availability of junior doctors. This is a situation for all Trusts and one that CNWL is managing through workforce planning.

5. Productivity and efficiency:

As set out above, productivity and efficiency are an important element in CNWL's plans to meet QIPP and CIP demands and are built into our workstreams. This includes operational improvement programmes and a PMO. Productivity, efficiency and profitability are built into service line reviews over the next year. Over the past two years, CNWL has closed 25 acute beds, with plans to close and relocate a further number in place. A

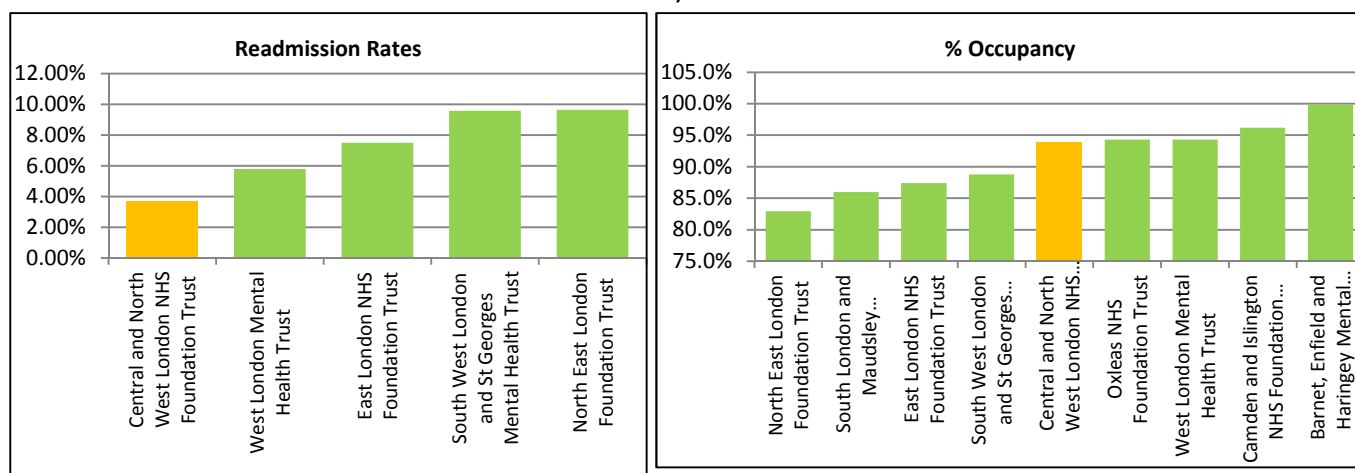
further round of acute bed closure will be needed to meet ongoing CIPs. Twenty rehabilitation beds are in the process of closure and a programme is in place to replace Older Adult inpatient provision with community services, including Memory Assessment Services

Underpinning our decisions around efficiencies, is improved understanding of our business. Part of this is benchmarking. The Business and Finance Committee has a programme of receiving benchmarking information on which to base decisions. Externally, CNWL has been a member of the NHS Benchmarking Club and Reference Group since 2012. We are fully engaged nationally and locally in developing benchmarking strategies. During 2013-14 we will be developing processes to:

- Use a systematic and collaborative approach to develop definitions of services which can then be benchmarked
- Include Financial/staff mapping which is based on comparison of like with like (Early Intervention Teams, Community Mental Health Teams, Children and Adolescent Mental Health Services, Wards) and not generic definitions
- Triangulate results against Quality Outcomes (for example, Length of Stay with Delay Transfer rates and Settled Accommodation/Physical Health)
- Reduce duplication of work and use what is already there (MHMDS, Public Health Reports, Scorecards)

CNWL's performance when benchmarked against those Trusts in London where data is available, has provided valuable information which has influenced our planning looking ahead. A few examples are given here of available data.

Length of stay: CNWL mental health services have traditionally seen relatively long length of stay. Benchmarking has helped to clarify where this is the case, what the reasons and actions should be. As additional support has been developed through triage wards, appropriate alternatives in the community and performance management, these are now falling, While length of stay is dropping, we have not seen a rise in readmission rates or incidents related to it. This is not yet reflected in the data below.



An integrated dashboard developed in 2-12-13 will be expanded to cover HR, Finance and partner organisations between 2013-16 and QIS will form the basis for this.

CNWL is also a member of the Prescribing Observatory for Mental Health (POMH-UK). CNWL undertakes clinical audits as part of a national programme relating to medicines prescribing. The outcome of POMH-UK was built into our CQUINs around dementia for 2012-13, and demonstrated that CNWL is the fourth lowest prescriber of anti-psychotics to people with dementia when benchmarked across England.

5.1. CIPs:

CIPs are subject to a review process around quality impact, which was developed in 2011-12 and is led by the Medical Director and Director of Nursing. Progress against delivery of CIPs is monitored each month by the Business and Finance Committee which has oversight of the CIP programme. Existing performance management structures in the Trust are used, centred around a quarterly review process and a clear escalation process for additional support to those areas which are not delivering the CIPs to programme. Services are held to account and Directors can balance the ability to deliver savings across their portfolio. The Executive Board also has a standing item on CIPs/Savings each month.

The Business and Finance Committee, recognizing the extent of the management challenge in delivering CIPs, has supported the establishment of an additional management group (Cost Improvement Group) with a specific focus on the quality assessment of CIPs and their ultimate delivery

CIPs are identified in the service lines by the Service and Clinical Director – this ensures clinical input to the process. They are reviewed at Service Line level, the intensity depending on achievement. For those able to achieve all savings, this is reviewed at the Quarterly Annual Plan Review for the Service Line, alongside quality impact. It is also the subject of discussion at the regular 2:2 meetings with the Service Director, Clinical Director and the two Directors of Operations (quarterly). For those who are more challenged, there will be more frequent meetings, including weekly where necessary. Where appropriate, specific project management will be asked to work with the service line to identify and deliver savings.

Any negative impact of CIPs is picked up through performance monitoring and feedback from clinicians and service users. Audit, survey, complaints and serious incidents are some of the metrics that are scrutinised at a number of levels, including that of resource in the system. This is overseen by the Quality and Performance Committee for the Board. Soft signs of stress are taken very seriously – for example, if CPA 7 day follow up or 12 month review slips this, may be an early indication of capacity problems in the teams, which are immediately picked up with Service Directors when they appear in data.

Delivery of CIPs to the ongoing level required, will be supported over the next period by improvement in ICT systems which will reduce clinical time spent on recording data. The Trust is also employing a Service Improvement consultancy on a short-term basis to lead work on identifying and delivering CIPs across the service lines. This will be supported by a Programme Management Office to provide project management into service lines.

6. Financial and Investment Strategy

6.1. CNWL's current financial position:

The Trust achieved its financial plan in 2013/14, achieving a risk rating of 4. However due to the revaluation of the estate, there were certain technical adjustments to the balance sheet and income and expenditure due to writing down the value of certain properties. The impact of this was a charge of £5.37m to expenditure. The Trust over-achieved its planned income mainly due to non-recurrent clinical services commissioned in year eg Psychiatric Liaison. These required additional staffing, again, increasing expenditure also. Such a service is however an on-going need and the uncertainty regarding the funding of these staff creates an additional risk for the Trust.

The Trust has carried forward an under-achieved savings target from 2012/13 of £5m and now has a combined savings target of £30m (7.2%) for 2013/14, dropping to [£22m (5.3%)] in the next two years

The merger with Milton Keynes Community services from 1st April 2013 is documented elsewhere and is part of our strategy for growth and to meet our savings targets. The financial impact is to increase the Trust's turnover by approximately £53m. The local health economy in Milton Keynes has financial challenges and the CCG contract is subject to a three-year QIPP of £7.5m. Plans are in place for the initial £2.5m and further work is being undertaken for the remainder.

This has in part heightened the financial risk for a year that was already due to have many financial challenges. At the time of writing, whilst most contract values have been agreed, they are not signed off and there are still areas where negotiations have only started within the last month.

The backdrop is then one of uncertainty and whilst the Trust has flagged with both commissioners and services that this was likely, it is significant in the change from previous years. The Trust has, since becoming an FT planned running a surplus in excess of 5% and whilst the incorporation of Milton Keynes services from 1st April 2013 with a return of 0.9% brings down the overall Trust return, it is the additional QIPPs being required by commissioners, in excess of the 1.3% deflator which brings uncertainty around many income lines.

6.1.1. CNWL's financial strategy going forward:

The Trust has set out its intention through the Board of Directors to maintain an underlying financial risk rating of 4 and to meet its EBITDA of 5%, however given the enormity of the savings and the significant uncertainty that still exists on income has risked down the likely plan this year to an FRR of 3, due to the EBITDA falling to 4.9%.

This still means that CNWL must maintain a rigorous programme of Savings/CIPs delivery, in addition to commissioner demand for high QIPPs as set out above. To counter this, CNWL will seek to continue to expand its services through its marketing development strategy, balancing expansion and economies of scale, with maintaining a focus on our quality priorities.

As well as financial advantage, expansion will facilitate CNWL increasing its ability to bring together mental and physical health care. CNWL aspires to establish itself as the provider of choice for community services. As well as improving integration, it will further support the move from inpatient services to the community, for patients with complex physical and mental health and needs. The Board has determined that any expansion will have a quality impact, as well as an important secondary benefit in allowing reduction of back office costs.

Second, the financial strategy includes the embedding of Service Lines in order to support the move to PbR based on HoNOS diagnostic and outcomes scoring for its adult and older adult mental health services (approx 39% of the Trust). Shadow tariffs developed in 2012-13 will be further established as part of the national development and roll out of PbR. The projection is that during 2013-14, the NHS will establish a mental health tariff, and align clinical delivery with contracts and income in a way which has not been possible with block contracts. Development of PbR care packages with GPs and secondary care clinicians has been a focus for 2012-13, much of which will be written into the one year contract for 2013-14. CNWL is also engaged in pilots around mental health for CAMHS, Offender Care and Sexual Health.

A number of priority workstreams must be delivered for the financial strategy to be successful. The ICT and Marketing Strategies are key corporate workstreams, while local action is required to address productivity and deliver CIPs. Re-working of care delivery is a significant component of delivering QIPP and Trust Cost Improvements. The target set for service lines is to find 20% savings on a rolling three year basis.

6.2. Key priorities and investments:

The first financial priority is the on-going identification and regular delivery of programmes of savings to first meet the Trust's own internal financial pressures and then to release savings to the local health economy. There are a number of actions contained in such an approach. First the identification of schemes,

then the assessment of quality including clinical safety; engagement with users, carers and commissioners; where appropriate there is consultation; and finally there is delivery of the scheme itself. Each scheme has its own complexities and the Trust has identified that it needs to improve certain of these stages to meet the requirements going forward.

The Trust is not only looking forward to meet savings targets in the future, but recognizes that many of its areas of activity may/will be subject to commercial tendering over the next 1-5 years and as such the Trust will not only have to demonstrate the quality of its services but also that they are providing value for money and often that may well be weighted greater than quality by commissioners and so price will be significant. The Trust has a long track record in tendering both successfully and unsuccessfully for existing and new services and recognizes that the unit cost is a key element of evaluation. For this reason and the development of PbR for parts of mental health the Trust is introducing a more sophisticated costing system, together with rigorous review of services and adjustment of the apportionment tables with management and clinicians.

Another key component of the Trust's financial strategy is the investment in IT to enable staff to be more effective and efficient in delivering care and the Trust to be more streamlined in systems to evidence and collect the income due.

The Trust has been in discussion with local authorities alerting them to their potential to pay for services from the Trust. This is mainly around GUM services which are open access and to which patients attend from across London and the Home Counties

On the delivery of savings, directors and managers have been instructed to manage to their reduced budget and for their operational directors to manage across their areas of responsibility where a problem arises. They will still be supported and encouraged to make recurrent savings but they may need to consider non-recurrent options in the meantime. The development of the PMO and the introduction of external experts will also assist in mitigating this risk