



Summary Operational Plan Document for 2015/2016

Cheshire and Wirral Partnership NHS Foundation Trust

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Strategic Context

As set out in our 5 year Strategic Plan, CWP is continues to be committed to developing and delivering high quality, safe and sustainable services.

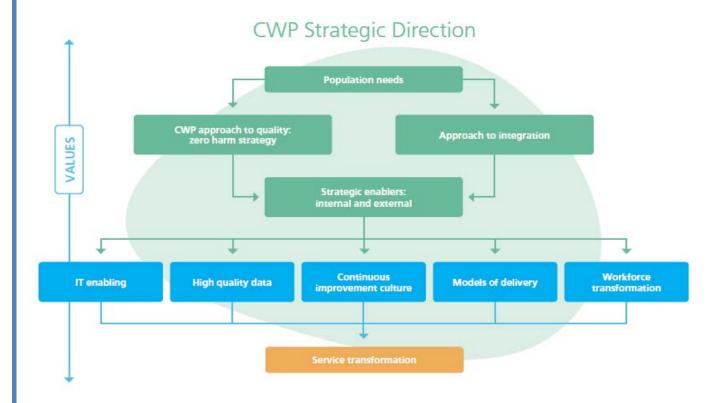
CWP will provide a key role in partnership working to bring providers together so that care is person centred and is based in local communities. This will mean empowering and educating patients, service users and carers to make informed decisions about their health, developing services that have the patient at the centre of the care process and developing integrated services that delivery the right care, first time. The environment in which the Trust operates continues to be complex and is rapidly changing. The Trust's geographical boundaries coupled with complex commissioning arrangements and the continuing significant financial and demographic demands, means that the Trust's operating landscape remains a challenge.

There is widespread recognition of the challenges across the Trust's geography and the Trust continues to maintain good relationships with all commissioners. There is agreement amongst partners of the need to progress plans for integration and to develop new ways to deliver services through collaborative partnerships and new models of care. These integrated services are patient centred and empower and educate patients and carers to make informed decisions about their health.

The 5 Year Forward View sets out the requirement for CCGs to invest to at least the level of growth they have received in mental health services. To progress this, CWP has proposed a number of areas to work in partnership with CCGs during contract negotiations, in addition to the existing commissioning intentions. These include developing and agreeing service development and improvement plans to facilitate the introduction of access and waiting time standards, encouraging investment in adequate and effective levels of liaison psychiatry and community child and adolescent mental health services (CAMHS), and the delivery of the crisis care concordat. The Trust also seeks to work together to continue to progress integrated physical community services and the development of community based specialist teams for children and young people with eating disorders. Additionally, the Trust is committed to exploring ways to reduce reliance on inpatient care for people with learning disabilities or autism.

The strategy for the Trust set out in the Strategic Plan 2014/19 remains largely reflective of the Trust's current position and strategic direction. The Trust has two high level strategic drivers. These are our approach to quality - the delivery of our zero harm strategy and our approach to integration across all our localities. Underpinned by a series of enablers and our locality clinical strategies, the approach had essentially been developed in conjunction with stakeholders to provide momentum for the service redesign and the

transformation required to meet the needs of our population and our commissioner's strategic intentions, while detailing the local focus on quality and patient experience. Ensuring patients and carers remain at the centre of care remains our top priority. In light of this, the Trust intends to **recommit** to the strategy as set out in our Strategic Plan for 2014/19. Our strategic approach is reflected in the diagram below.



Sustainability and Resilience

As confirmed in the Strategic Plan 2014/19, the Board continues to declare that on the basis of the plans set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time. As described above, the ongoing sustainability of CWP is underpinned by the Trust's recommitment to the strategy developed for 2014/19. This is driven by two key approaches — our approach to quality and the Zero Harm Strategy, and our approach to integration. Underpinned by a series of enablers and the locality clinical strategies which have been refreshed to ensure that they fully reflect the changing local health economies and the needs of the local populations, the Trust has confidence in its ability to ensure that services are provided in a person-centred, effective way with a focus on quality. Notwithstanding this, the Trust finds that the financial challenge facing organisations across the local health economies to be unprecedented and presents a considerable level of risk to individual organisations and to the local health economies as a whole. Our financial planning has therefore taken a prudent view on the impact of potential reduced levels of funding from commissioners resulting in a dip in financial performance in 2015/16 before improvement in later years.

Progress against the Delivery of the Strategy

In the context of the challenging operating environment, the Trust is making progress in delivering the strategy. The Trust is well placed to respond to the strategic direction set out in the 5 Year Forward View, in particular to ensure that whole-person-care is provided and for as much of that provision to be provided as close to home as possible.

The Trust continues to progress the two high level key strategic approaches - our approach to quality and Zero Harm strategy and our approach to integration identified in our Strategic Plan 2014/19. These are underpinned by five key strategic enablers, which are a mix of internally led transformation programmes and the external transformation programmes in which CWP continues to play a key role. The quality strategy and the overview of our locality clinical strategies set out our progress in implementing and further developing these two approaches.

Clinical Strategies

CWP West

The CWP West clinical strategy continues to be developed alongside West Cheshire's 'Altogether Better' programme. This programme being an additional driver to the integration agenda across health and social care and internal integration of physical and mental health within CWP. The past year has seen the Trust working closely with the local authority to offer smooth pathways of care across services through the integration of mental and physical health services, providing a 'team around the patient' approach. This has included the implementation of the nine locality integrated teams bringing together health and social care services in the community, around groups of general medical practices to provide person-centred care. A second phase will see the extension of the specialities to include mental health services. In addition to the nine Community Care Teams, a further integrated team will be developed to manage the community step-up and step-down beds across the West Cheshire locality. The model for the community care teams ensures that care is fully integrated with a person-centred and flexible approach to meet local needs. A risk stratification process enables the integrated teams to target the delivery of holistic care in a proactive way to meet individual needs and to potentially avoid admissions. It is this model that has been selected as a 'vanguard' site for the development of multi-specialist community providers (MSCPs), as set out the 5 Year Forward View.

As part of the West Cheshire CCG two year plan, 'Setting Out on the West Cheshire Way: 2014-16', CWP is working with its partner organisations, including the Countess of Chester Hospital NHS Foundation Trust, to develop ways to work more closely together. The programme of work introduces the approach whereby key provider organisations will become jointly accountable for achieving a set of commissioned outcomes for a

specific area of pathway development and service delivery. Through this model, CWP will primarily focus on the Ageing Well pathway with the aim of changing the model of care so that through patient-centred care, we enable people to be to be the best they can be within their own homes which will in turn help reduce avoidable admissions.

CWP Wirral

In Wirral, the clinical strategy continues to respond to the direction of the Vision 2018 transformation programme and supports the health and social care agenda of the local health economy. This continues to drive initiatives to reduce demand on the local acute hospital with a move to providing more community based hospital services on a 7 day week basis. Integrated health and social care services will be provided by professionals working together to provide one assessment, one care plan and one key coordinator.

As well as contributing towards the development of the vanguard integrated primary and acute care systems (PACS) model, other priority areas for CWP Wirral in 2015/16 include implementation of the local elements of the Trust-wide reconfiguration of inpatient bed provision, re-provision of learning disability respite services and the implementation of locality access services.

CWP East

The East Cheshire clinical strategy continues to respond to the two integration programmes, Caring Together and Connecting Care running across the CCG boundaries. Both programmes aim to bring about a shift in care from a reactive hospital based approach to a proactive community based care model. CWP is providing a key role in both areas to develop partnership and working bringing providers together so that care is integrated, person centred and is based in local communities. This includes working with the health and social care providers that offer services to the population of Vale Royal and South Cheshire in the development of a Provider Board that is taking responsibility for the development of integrated community teams. These teams aim to eliminate the current fragmented service offering between care agencies and reduce the level of emergency admissions to hospital in line with better care fund requirements. It is expected that this type of joint working will form the basis of an alliance contract in future years.

The key principles of the CWP East clinical strategy continue to be centred on establishing and developing a continuous improvement programme for all services in the locality, while ensuring that service delivery continues to be adaptable and flexible to meet local needs with care delivered in the most appropriate settings for service users and carers. Strategically, there is a drive to ensure that the strategy influences local policies and initiatives and in line with this, there is an appetite to develop local intentions for future business development.

Capital Programme

The capital programme continues to concentrate on initiatives that have been identified and developed via the clinical strategy process. This ensures all projects respond to and address key clinical needs ensuring that accommodation meets current clinical standards. Key achievements for 2014/15 included the completion of a new 15 bed low secure facility to replace the Alderley Unit in Macclesfield and the acquisition of the Springview Unit in Wirral.

CWP Efficiency Programme

The Trust's current productivity and efficiency plans are a combination of locality cost improvement plans and a number of programmes intended to deliver transformational change and efficiencies over the medium term, in line with our clinical strategies. Over time, most of our efficiencies are expected to be derived from transformational change. Some examples of the current programmes being developed are a single point of access which is focused on the streamlining of contact points and processes for service users and a review of non-direct care costs. This is focusing on reducing costs that do not directly impact on patient care such as the purchasing of goods.

The continued delivery of savings, in the region of 4% annually, and current economic climate within the NHS continues to present real challenges for the Trust to the provision of high quality care; this is further compounded by the impact on the organisation as a direct consequence of services being tendered. The application of the deflator is a significant pressure for the Trust as there is little opportunity under block contracting rules to generate significant income to offset the impact of reduction in income. In response to this the Trust is reviewing efficiency savings as a whole identifying savings in terms of (quality, productivity gains, cash-releasing and cost avoidance), rather than just focusing on cash-releasing savings and establishing two efficiency work streams to focus on clinical and non-direct care costs.

Plan for Short Term Resilience: Quality Priorities

The focus of the Trust's quality goals for the period 2014/17 remain to 'continuously improve care delivery to reduce error and harm' reflecting the Berwick review's calls for a culture of 'zero harm'. These were endorsed by the Board of Directors in January 2014 for the subsequent 3 – 5 year period and will remain unchanged for at least the next two years to 2017. Progress against these priorities is reported as part of the annual quality account process.

One of the principles of Berwick's recommendations was to focus primarily on better care rather than quantitative targets. As such, the three quality improvement priorities through to 2016/17 do not set targets, instead they aspire to deliver continuous improvement year-on-year. These are set out below.

CWP Patient Safety Quality Goal:

 To 'achieve a continuous reduction in avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.'

This quality goal echoes the Trust's strategic goal of having an aspiration of zero harm that drives the Trust culture and reflects the NHS England's continuing objective for 2015/16 to protect people who use NHS services from avoidable harm. This includes taking action to identify those groups known to be at higher risk of suicide, such as people in the care of mental health services and criminal justice services.

CWP Clinical Effectiveness Quality Goal:

• To 'achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate.'

This quality goal reflects one of the Trust's strategic objectives of delivering high quality, integrated and innovative services that improve outcomes. Freeing the NHS to innovate in order to get the best health outcomes for patients is also one of the Government's continuing ambitions for the health service for 2015/16. This quality priority aims to ensure that systems within the Trust promote, support and facilitate delivery of best practice and to learn from outcomes, whether positive or adverse, to ensure that service delivery consistently delivers best practice.

CWP Patient Experience Quality Goal:

 To 'achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.'

Ensuring that people have a positive experience of care is one of the Government's continuing ambitions for the health service for 2015/16. Also, one of the indicators of the Trust's strategic goal of having an aspiration

of zero harm that drives the Trust culture is the prevention of unacceptable variations in healthcare experience. Compassionate care and patient experience are just as important as clinical outcomes and people who need the support of healthcare services expect to be treated with compassion, respect and dignity. To enable excellent care, the workforce needs to have the right values, skills and training. Achieving a continuous improvement in health outcomes requires healthcare services to measure, understand and respond to the needs and preferences of patients and communities locally, through a regular programme of feedback looking at how people feel about the care they receive.

Key Risks to Quality

The corporate assurance framework is regularly reviewed as a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic objectives, in relation to the quality of its services and safeguarding patient safety. An overview of the Trust's current (and therefore future) risks are set out below:

- Managing physical healthcare (including falls).
- Managing environmental risks.
- Consistent implementation of safeguarding practices and procedures.
- Consistency and quality of investigation processes and learning following Serious and Untoward Incidents (SUIs).
- Data quality and measurement to better inform service planning and delivery.
- Ensuring appropriate staffing levels.
- Managing efficiency requirements.

Each of the risks described above has a full risk treatment plan in place for 2015/16.

Plan for Short Term Resilience: Operational Requirements

The success of our locality clinical strategies and the Trust's strategy as a whole continues to be reliant on an effective infrastructure and enablers to underpin the delivery of safe, effective and patient centred care. The three main areas of focus are:

- · People and organisational development.
- Capacity and environment.
- Better use of technology.

People and Organisational Development

The Trust's aim in respect of its workforce is 'to enable our people to be the best that they can be'. In order to achieve this aim and to address the workforce and culture challenges identified within the 5 Year Forward View, the Trust has developed a revised People and Organisational Development Strategy for 2015-2020, which is underpinned by a delivery plan for 2015/16. This strategy has identified the following priorities:

- Our People attracting and developing skilled, knowledgeable and innovative people who believe in our Values.
- Our Leaders and Our Managers encouraging all our people to lead and enable those who manage our people to do so with confidence and commitment.
- Our Environment providing a workplace in which people can be at their best.
- Our People Services supporting our people with expertise and advice they can trust.

These priorities are underpinned by the Trust's values (the 6 Cs) and the principles of 'human factors', namely a commitment to creating an environment in which everyone is encouraged to take responsibility for delivering great care to our service users, for continuous improvement and for shared learning echoed by the Zero Harm strategy. The strategy also links closely with our continued work on safe staffing and our bed review programme.

Capital Programme and Estates Strategy

The Trust's estates strategy continues to provide a framework for maintaining and developing the estate to meet the needs of the locality clinical strategies. This ensures full utilisation of premises which are functionally fit for purpose, are safe and meet the required environmental standard for provision of our healthcare services.

As set out in the CWP West clinical strategy for 2015/16, the CAMHS tier 4 project will be a market-leading development representing the most significant capital investment made by the Trust in over 10 years. This serves to demonstrate the Trust's commitment to continuous quality improvement and providing the highest

quality care for patients. This is intended to improve patient safety, service quality and financial efficiency for both commissioners and the Trust. The development will help eliminate inappropriate admissions to adult mental health PICU wards or transfer of young people many miles from home.

The 2015/2016 programme mainly drives the continuation of developments within the previous year. These include the ligature programme of remedial works following full re-inspection of all Trust inpatient facilities in November 2014, the extension and refurbishment of first floor wards at Springview and continued work on the backlog maintenance programme in line with the Department of Health 'Estate Code standards' and the programme of planned investment to replace essential equipment

IT Enabled Strategy

The Trust continues to progress significant changes to the ways in which IT systems support clinical services, moving from the traditional working pattern to a broader 7 day working period. These plans are principally centred on utilising agile working solutions to enable our community staff to deliver their services to the needs of the patient, with remote access to clinical and administrative systems enabling staff to plan their visits around the requirements of the patient. This will allow access to real-time patient information at the point of care and will support improved clinical decision making.

For 2015/16, the programme will expand to include the procurement and implementation of an Electronic Prescribing and Medicines Administration system to replace our current paper-based system, improving our digital maturity and moving closer to the paper light goal.

Key risks to the delivery of the plan

Through the process undertaken to develop the Strategic Plan 2014/19, three strategic risks were deemed to be the most significant to the overall delivery of Trust plans. These are:

- Fragmentation of commissioning leading to fragmented patient pathways.
- Capacity and skills of the workforce to respond to emerging and new models of care and evidence based interventions.
- Loss of current services due to risks associated with the market environment and the potential for commissioners to seek further competitive tendering for clinical services.

The common elements of these strategic risks are their interfaces with the Trust's local health economy partners including both commissioners and other providers. The Trust will work both internally and externally with partners to continue to mitigate the impacts of these risks moving forward and risk treatment plans are in place.

Plan for Short Term Resilience: Financial Forecast

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

Key Assumptions

The Trust selected the Enhanced Tariff Option and taking into account the implications of the 2015/16 National Planning Assumptions, the Trust's 2015/16 base income and expenditure statement forecast position has a deficit of £1.4m. Within the above position, additional resources have been earmarked for ward staffing and IT strategy investment.

Financial Risks

In developing the Trust's financial model for 2015/16, a number of risks to the delivery of the plan have been identified. These are:

- The financial gap created by drug and alcohol contract retraction.
- New drugs recently approved by MHRA and CHMP.
- Significant investment required to support the Trust's ongoing IT strategy.
- Contract pressures and the need for the Trust to continue to clearly outline the case for appropriate funding to commissioners going forward.
- Non-achievement of CIP plans.
- Achieving new waiting times standards— 'Achieving Better Access to Mental Health Services by 2020' set two new waiting times targets to be implemented in 2015/16.

Continuity of Services Risk Rating (CoSRR)

The base position for 2015/16 forecasts a capital service cover rating of 3 and a liquidity rating of 3 by the end of the financial year, resulting in an overall CoSRR average of 3 for the year.

	2015/16			
	Q1	Q2	Q3	Q4
Capital Service Cover	3	2	3	3
Liquidity of Service Cover	4	4	4	3
Continuity of Services Risk Rating	4	3	4	3