



Operational Plan Document for 2014-16

Cumbria Partnership NHS Foundation Trust

A Operational Plan for y/e 31 March 2015 and 2016

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

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Date	4 th April 2014

The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Mike Taylor
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Claire Molloy
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Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Sarah Senior
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Signature

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B Executive Summary

This 2 year plan sets out our main delivery objectives for 2014/15 and 2015/16 in the context of the challenges and opportunities that exist in Cumbria.

We have achieved a great deal in the past, however, we recognise we can do better and we face challenges in improving both the quality of our services and our future financial sustainability.

Our overall approach is to improve our quality governance, invest in care technologies, achieve quality and efficiency improvements whilst working with our health and care economy partners to transform Cumbria's services to be more effective and sustainable overall. We intend to utilise our reserves during the preparation and implementation of more sustainable long term plans. We have started the "health and care system" planning for a transformed future through a strong Alliance of all local health and care organisations. Our 5 year implementation plan will be aligned and cohesive with our Alliance of partners in Cumbria.

Our strategic goals are clear;



In the forthcoming 2 years we intend to make great progress towards each of these by supporting our clinicians achieve the quality of service we all aspire to – implementing our phase 1 improvement plan as approved by the Board of Directors in 2013/14 and creating 4 clinical care groups to support service delivery.

We will prepare a 5 year sustainability plan for all our services demonstrating how;

- 1) We will sustain together both the quality of our services and their financial viability.
- 2) We will be market leading in what we do.
- 3) We will endure/thrive in the health and care system.

Our financial plan includes;

Investing in new technology to enable our clinical services to be effective and contemporary and over time more efficient.

Safely reducing our costs;

- a) Reducing waste and becoming more productive

- b) Transforming the way services are delivered to ensure they are both quality and financially sustainable into the future.

Securing our income by delivering on our contracts with commissioners.

Delivering our ambitious plans will require us to implement improvements to Quality Governance in the Trust. In addition, the Trust will progress our approach to service transformation to be more linked to continuous improvement. Working with the Cumbria Health and Care Alliance Partners the Trust will work with all stakeholders to implement our plans collectively.

C Operational Plan

1. The starting point for this plan

This 2 year implementation plan has been prepared so that the Trust is clear on its overall direction, what priorities we have and how we are going to achieve them. The plan outlines how we will deliver and sustain services into the future, how we are working with partners and what challenges we face and how we will overcome them. The plan enables us to act cohesively, in alignment with others and gives us a point of reference for us to monitor progress and ensure we achieve our overall intentions.

This plan is greatly influenced by the Cumbria Health and Care Alliance of which the Trust is a member. This Alliance of all statutory health and care organisations in the county is committed to sustaining the overall health and care system and ensuring it maximises the health and wellbeing of our population through the most effective use of public resources.

We have formed our plans by;

- Listening to our patients, staff, governors, partners and commissioners
- Analysing our overall effectiveness and our external environment.
- Taking stock of our service quality and financial governance.
- Working with partners to align our plans and overall direction.
- Enabling our clinicians to identify strategic plans for services.

1.1. Things we have done well

We have implemented some important priorities in 2013/14 that give us a platform from which we can deliver this strategic plan. These include;

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| <ul style="list-style-type: none">• A large scale staff listening exercise to consider how the Trust should respond to the Francis review. |
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- Review of all inpatient medical and nurse staffing levels to ensure our services are provided meet the needs of patients.
- Creation and delivery of the North Cumbria clinical coordination centre to support patients access the right service in the right place at the right time – securing improved patient flow through services.
- Building and opening of the new Ruskin assessment and treatment unit for people with dementia.
- Confirmation of the Trust's major investment in IM&T and securing of significant inward investment in the Trust to support the realisation of electronic patient records for all services over the next three years.
- Rolling out to all our 23 inpatient ward and all district nursing teams countywide a patient feedback system that enables us to gauge and respond to what patients tell us about their experience of our services.
- Financial performance that has supported our investment plans.
- Engagement with clinicians through an initial service transformation programme that has highlighted future plans for our services (see later in this document) and established the blueprint for future clinical leadership structures in the Trust.
- A strengthened Board of Directors with new roles reflecting key areas of priority; Quality, Service Improvement, Operational Delivery, Organisational Development and Strategy.

1.2. Things we can improve on

We have also identified areas where we can improve, and these provide early challenges in our forward plans. Areas for improvement are;

- An improved approach to Quality Governance through better clinical governance, corporate governance and operational leadership structures. This improved approach is part of enforcement undertakings the Trust has agreed with Monitor during 2013/14; see Delivery Plan section.
- A need for organisational development and recalibrating of the organisational culture to more fully recognise the Quality of services as our core organising principle and to enable the frontline; see Delivery Plan section.
- An improvement plan covering the implementation of the above and immediate improvements to clinical services based on improved clinical risk assessment. This plan has increased the visibility of and Trust response to clinical issues that need to be rectified before service transformation can be fully realised;

2. Strategic Goals

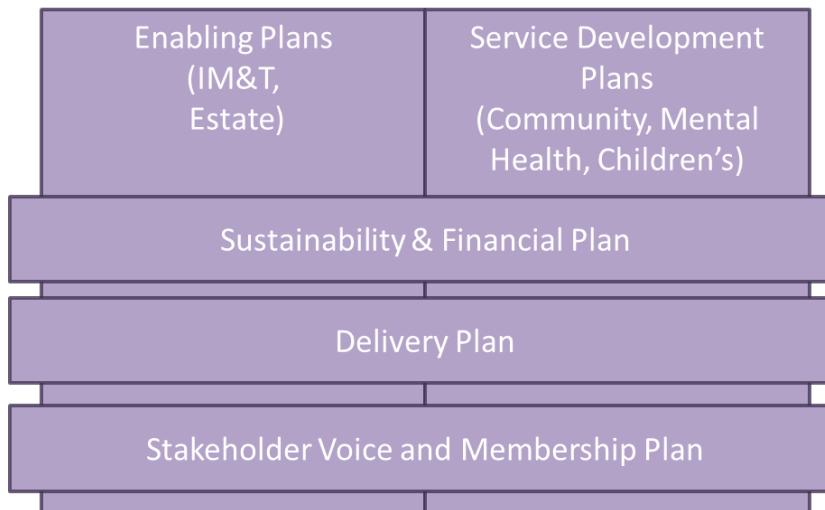
This plan is aligned with our overarching strategic goals as set out below;

Strategic Goals



2.1. Structure of our plan

Our plan has been drafted to respond to the overall health and care market in which we operate. We provide services across Cumbria and north Lancashire. We have set out our strategic priorities as follows;



Each of the above areas has a series of plans that are interconnected. These plans are summarised below;

2.2. Sustainability & Financial Plans

2.2.1.Sustainability Priorities

Our sustainability plan was formulated by the Board during 3 development sessions in 2013. The sessions included detailed consideration of our external environment. We have three key priorities for sustainability;

To sustain together both the quality of our services and their financial viability.

High quality services delivered in ways that are financially sustainable.

To be market leading in what we do.

Being market leading means; creating and adding value for patients/commissioners more than they would expect and more than other similar providers. It also means that we will increasingly select our areas of service to reflect where we can deliver this.

To endure/thrive in the health and care system.

We will seek out opportunities to be an effective partner (with commissioners and other providers) so that we remain relevant. We will shape the health and care system by transforming health and care services successfully into the future.

2.2.2. Specific Sustainability Plans

Our overall plan is defined by the major strands of;

A.	Transforming how services are delivered to make them sustainable for the medium and long term – doing this in partnership with other providers and commissioners to utilise our whole resources more sustainably
B.	Investing in essential supporting infrastructure to achieve (A) above and realising benefits from the improved infrastructure (e.g. quality and productivity gains).
C.	Investing in improving the quality of our services.
D.	Safely reducing our costs – ensuring that costs are reduced without adverse impact on the quality of our services.
E.	Achieving the highest levels of incentives in our contracts through CQUIN, local incentive schemes and risk sharing.

The sustainability plans that will support our services develop includes;

1.	Working within the Cumbria Alliance, we will move to new forms of incentivised contracting with partners and commissioners. This will build on our existing approach to risk/reward share and include closer working between us and both our NHS and Local Authority partners. We will develop new commercial arrangements to support this approach and reduce the risks within our traditional annual block based NHS contracts.
2.	We will utilise the above approach to support our clinicians work “across” traditional organisational boundaries. This will recognise that in our health and care system our “collective potential” is greater than the “sum of the parts”. Cross organisation care divisions and clinical networks will be created as such opportunities arise and are enabled by the Cumbria Alliance.
3.	We will recognise and build on the things which differentiate us from other providers; <ul style="list-style-type: none">• The sheer breadth of our expert service<ul style="list-style-type: none">Providing holistic/whole person centred careSuccessfully coordinating and planning long term care with peopleProviding integrated services across health and social care• Our amazing people<ul style="list-style-type: none">The talents of our staffUtilising generalist and specialist skills effectively in one organisation• Our presence in communities and being rooted in Cumbria<ul style="list-style-type: none">Being a whole Cumbria based organisationBeing present in all our local communities & understanding them
4.	We will identify in our service portfolios those services for which we may not be the best

	provider (for qualitative or financial reasons) and work with commissioners to transition these to new arrangements. We will also identify with our commissioners where we are best placed to respond to them with service offers in line with commissioning strategies. This includes looking beyond Cumbria.
5.	We will optimise our effectiveness and efficiency by Streamlining, Standardising and Enabling through Technology. We will specifically identify qualitative and financial benefits from IM&T investment and systematically realise them. Similarly, we will hone our property portfolio and estate to ensure it is fit for use, utilised well and delivers a return on investment that supports our overall financial plan.
6.	Where appropriate we will optimise our support infrastructure by working with credible partners and developing economies of scale.
We will set out a clear commercial sustainability plan for each of our clinical care divisions that reflect each of the above.	

2.2.3.Financial Plan

Our financial plan recognises a deficit starting position for 2014/15 that we plan to improve over the remaining five year period. This allows for investment in essential staffing and IM&T infrastructure to underpin our services and the potential for us to transform them with our partners. These transformational plans will be finalised within our 5 year plan.

The two year financial projections show a CSRR of a minimum of 3 throughout the period. In the first two years there are significant Income and Expenditure deficits, reflecting decisions to invest in the IM&T strategy and short term increased staffing levels prior to transformation of services.

The Trust will rely on its good liquidity position and asset disposals to provide the cash headroom until the financial benefits of our transformation activities are realised and the I&E deficit reduces over the 3-5 year plan.

Prior to transformation, efficiencies from existing operations have been identified to safely reduce costs. This is identified as 2% in 14/15 and a further 2% in 15/16.

Income is factored into our forecast financial plan on the assumption that the Trust will have the opportunity to earn back any annual deflator. There is also the potential to improve on this position by agreeing extra funding with commissioners. This is being pursued for 14/15 and future years, and, if secured will improve the forecast CSRR in the below table.

The financial plan based on the above is as shown: -

Base case	2014/15	2015/16
I&E surplus/ (deficit) £m	-6.2	-5.3
Year end cash balance £m	18	13
CSRR		
Capital service cover	1	1
Liquidity	4	4
Overall	3	3

2.2.1.Investment plans

This focuses predominantly on realising the Trust's IM&T strategy. Investment in estate is planned for at lower levels than in the past as the Trust intends to fund major schemes externally. These projects will subject to the approval of business cases, and where relevant commissioners, and, thereafter included within any future financial plans.

Capital investment over the next 5 years is profiled in the table below: -

PROGRAMME AREA	2014/15	2015/16
	£m	£m
IM&T strategy	6.0	1.1
IM&T lifecycle	0.8	0.8
Estates & equipment	2.9	2.5
Total	9.7	4.4

2.2.2.Efficiency Plan

Our 5 year approach to safe cost reduction has been discussed by the Board of Directors and is as follows: -

<p>General efficiency</p> <ul style="list-style-type: none"> • Cost control • Eliminating waste • Procurement savings • Increased utilisation of estates and reduction in sites used • Back office services being more efficient • Improved productivity 	<p>Doing things differently</p> <ul style="list-style-type: none"> • Technology (enabler) for less costly ways of working. • Self-care and less dependence on face to face contacts where appropriate. • Care outside hospitals rather than in inpatient settings. • Better deployment of services.
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The financial plan includes assumed cost reductions in operational services of 2% and corporate services of 5% totalling £3.3m per annum for 2014/15 and 2015/16 and 1% per annum (£1.6m) thereafter. All schemes within the base CIP have had a quality and financial impact assessment.

In preparing 5 year plans with our partners we have started the development of transformational plans that continue the move from revenue deficit to revenue surplus over the 5 year period. These transformational changes will require well governed change processes and we have commenced these with partners in Cumbria through the Cumbria Health and Care Alliance that we formed in 2013/14.

2.3. Service Development Plans

2.3.1 Community Health and Local Specialist Services

Our ambition for community services is to be market leading in;

- Integrated frail elderly care in community settings.
- Specialist care for long term conditions and disabilities.
- Primary care communities (extended primary care teams) working in partnership with general practice, social care and local community assets.

This ambition will be realised by partnerships with other healthcare providers and adult social care, via the Cumbria Health and Care Alliance.

Through a detailed engagement process in 2013 our senior clinicians have identified a set of plans for the Trust to take forward over the next five years. The direction of these plans has been discussed with our commissioners, who are supportive. The plans will require joint action (within the Cumbria Health and Care Alliance) as the Trust's community services are symbiotic with the county's other health and care services.

Area	Summary	Year						Sustain ability Plan Ref.
		13/ 14	14/ 15	15/ 16	16/ 17	17/ 18	18/ 19	
Improvement Plan	Implementing immediate actions to secure							

	underpinning high quality services.						
Proactive management for people with long term conditions	Introduce system wide change, working with GPs, acute providers and other partners to provide person centred, coordinated care for people with LTCs based on supported self-care, optimal use of telehealth and co-production of services.						
Supporting people to stay well	With partners, and making optimum use of assets in local communities, support and encourage the development of strong communities and patient populations to enable reduction in inappropriate utilisation/reliance on health and care services by ensuring that people remain healthy and well for longer.						3
Urgent & Unplanned Care	Jointly creating and delivering high performing urgent care systems in both North and South Cumbria.						2,4,6
Primary Care Communities	Creating and delivering a joint approach to extended primary care teams (health and social care) throughout Cumbria to underpin the effectiveness of the whole health and care system in the long term.						1,3,6
Community inpatient and ambulatory care	Clearly defining and sustaining bed based care in community units with partners in acute care, social care and general practice.						2,4,5,6
Electronic support for patient management	Renewing and implementing electronic patient records and other supporting systems for all services to enable the delivery of the right care, in the right place at the right time.						5
Specialist Care	Creating and delivering joint approaches to specialist care covering both hospital and community settings.						1,2,4,6

2.3.2 Mental Health Services

Our ambition is to change the culture and focus of mental health services so that we can offer the highest quality, market leading services for:

- Primary mental health care in partnership with GPs and others

- Recovery focused mental health care for people with enduring mental health problems
- Appropriate acute inpatient and community services with a focus on rehabilitation

This ambition will be realised by partnerships with other healthcare providers and adult social care, via the Cumbria Health and Care Alliance.

Through a detailed engagement process in 2013 our senior clinicians have identified a set of plans for the Trust to take forward over the next five years. The direction of these plans has been discussed with our commissioners, who are supportive. The plans will require joint action (within the Cumbria Health and Care Alliance) as the Trust's mental health services are provided jointly with Cumbria County Council and are also closely networked with other providers in the independent and third sectors.

Area	Summary	Year						Sustain ability Plan Ref.
		13/ 14		15/ 16	16/ 17	17/ 18	18/ 19	
Improvement Plan	A programme of continuous improvement, identified through a jointly commissioned review of all mental health services, and ongoing staff engagement to ensure the continued delivery of high quality mental health services.							
Primary Mental Health Care	Creating and delivering a joint approach to primary mental health care across Cumbria to underpin the effectiveness of the whole mental health and care system for the long term.							2,4,6
Urgent Mental Health Care	Implementing improved services to support people in crisis.							
Acute Mental Health Care	Clearly defining and sustaining a revised and improved approach to bed based care and supported community care in a range of appropriate facilities across Cumbria.							5
Create a recovery focused Mental Health Care system	Systematically implement a recovery focus to all mental health care through developing recovery focused pathways with all providers and community practitioners in Cumbria.							1,3,6
Psychological Therapies	Training the broad workforce to be more able to offer psychological therapies to support the recovery focus.							
Suicide Prevention	Fully develop and support the County's preventative strategy to reduce the number of deaths by suicide.							3

Physical Health	Implement targeted approaches to ensure that the physical health needs of people with mental illness are fully addressed to improve equity of outcomes.								2,3
Older adults	Roll out and refresh of the Cumbria wide Dementia Strategy, to ensure the continued delivery of high quality services for older adults, to meet increased demand from an aging population								
Section 75 Maturity	Developing the current S75 arrangement to more fully cover the joint commissioning and provision agenda within Cumbria.								1
Electronic support for patient management	Renewing and implementing electronic patient records and other supporting systems for all services to enable the delivery of the right care, in the right place at the right time.								5

2.3.1. Children's & Families Services

Our ambition for children's and families services is to be market leading in;

- Delivery of the Healthy Child Programme.
- Specialist community services for children and families.
- Emotional wellbeing services for Children and families.
- Transition and integrated care for Children and families.
- Child safeguarding practice.

This ambition will be realised by partnerships with other providers and local authority children's services, via the Cumbria Health and Care Alliance.

Through a detailed engagement process in 2013 our senior clinicians have identified a set of plans for the Trust to take forward over the next five years. The direction of these plans has been discussed with our commissioners, who are supportive and actively engaged in realising them. The plans will require joint action (within the Cumbria Health and Care Alliance) as the Trust's Children's services are symbiotic with the county's other health and care services for Children. Due to these services being a high priority for all partners for the last three years there is already alignment of plans and momentum in delivery. The Trust's strategy is to continue this successfully to completion.

Area	Summary	Year						Sustain ability Plan Ref.
		13/ 14	14/ 15	15/ 16	16/ 17	17/ 18	18/ 19	

Improvement Plan	Implementing immediate actions to secure underpinning high quality services.							
CAMHS Tier 3	Full delivery of the Trust's CAMHS Tier 3 services in line with commissioning intentions.							6
Transition	Comprehensive management of transition from Children's services into Adult services for children with long term needs.							2

Safeguarding & Children Looked After	Full implementation of child safeguarding requirements and specific health services for Children looked after.							4
Electronic Patient Records	Renewing and implementing electronic patient records for all services that enable the right care, in the right place at the right time.							5
Children's Service Centres	With partners, creating 3 co-located centres for children's and family services to support integrated services and a seamless experience of care.							2,5,6
Patient Focus	Development and implementation of effective involvement of children and families in service learning, development and planning.							
Healthy Child Programme	Full implementation of the healthy child programme in line with commissioning intentions							5
CAMHS Tier 4	Clearly defining and sustaining CAMHS Tier 4 (or CAMHS Tier 3+) care for Cumbrian children.							1,4

2.4. Enabling Plans

2.4.1. IM&T

We will implement in full the Trust's approved IM&T strategy "Enabling Excellence" which has the following key aim; **To ensure our healthcare services are supported by excellent, high quality clinical and business information which is timely, accurate and tailored to requirements.**

IM&T strategic objectives;

1. Develop and implement an integrated electronic patient record for our patients across our Trust and beyond.
2. Provide patient access to their own health information.
3. Deliver reliable business intelligence through new technologies
4. Implement new technologies to support service delivery regardless of location
5. Implement a resilient IM&T infrastructure.

The key benefits we will achieve through delivering these objectives are aligned to the Trust's strategic vision, aims and objectives;

- Safer and more effective care
- More responsive and efficient services
- Equitable and patient centric care
- An information culture supported by a resilient and modern IT infrastructure

Area	Summary	Year						Sustainability Plan Ref.
		13/ 14	14/ 15	15/ 16	16/ 17	17/ 18	18/ 19	
Information Governance	Safe information governance practice in the whole workforce to safeguard against information loss, confidentiality breach and business risk.							5
IT Infrastructure	Moving from substandard outsourced IT infrastructure to resilient in-house IT infrastructure .							5,6
Business Intelligence	Establishing the data warehousing and information analysis to support the Trust's clinicians and wider staff. Creating and roll out of clinical dashboards to all services.							5
Electronic Patient Records	Procurement and implementation of a single EPR solution across all the Trust services that is interoperable and removes the current reliance on paper records.							5

Agile Working	Implementation of the technology required to support agile (no office) working for staff.							5
Public Service Networks	Transition from existing Community of Interest Network (COIN) infrastructure to future standard Public Service Network by working in conjunction with all Alliance partners.							3,5,6

2.4.2.Estates

During 2014 we will finalise the Trust's long term estate's strategy "Building Excellence". Preparatory work on this strategy has highlighted the following key aim; **To ensure our healthcare services are supported by high quality facilities, that the overall estate is continually developed to meet our needs and that we are effective custodians of public assets that instil pride in our communities.**

Estates and Facilities Strategic Objectives;

1. Enabling clinical care – facilities designed to maximise the effectiveness of clinical care for patients and clinicians.
2. Public space/patient experience – facilities that ensure the patient's experience and the community impact of our estate is high quality.
3. Smart office – designing modern working practices into the estate so that the workforce is supported to work smarter.
4. Greener and leaner – making better use of scarce resources such as energy, maintenance, materials and waste.
5. Corporate landlord – taking a more active role in managing the many sites we use so that standards of site management are raised and achieved.
6. Estate services in the field – delivering an exemplar in-house estates and facilities service to support all sites achieve the above.

The key benefits we will achieve through delivering these objectives are aligned to the Trust's strategic vision, aims and objectives;

- Providing an excellent patient experience.
- A more environmentally friendly and fully utilised estate
- Enabling agile (no office) and integrated service delivery
- Enabling flexible and efficient workforce practice
- Building affinity, pride and presence in the health and care of communities

Area	Summary	Year						Sustain ability Plan Ref.
		13/ 14	14/ 15	15/ 16	16/ 17	17/ 18	18/ 19	

Increase quality of estates services	Reduce reliance on out-sourced providers of maintenance and up-keep services.							5
Development Partner	Join the Strategic Partnering Agreement for Cumbria eLift							5
Disposals Stream	Identify and deliver a reduction in the estate.							5
Alliance Asset Mapping	Establish an overall asset map approach for the Alliance so that all partners can ensure overall best use of the public service estate..							3,5,6
Mental Health Inpatient Sites Strategy	Finalise and implement a MH site strategy.							5,6
Community Inpatient Sites Strategy	Finalise and implement a Community site strategy.							5,6
Children's Sites Strategy	Finalise and implement a Children's site strategy.							5,6
Support Services Sites Strategy	Finalise and implement a Support Services site strategy.							5,6

2.5. Delivery

2.5.1. Quality Governance

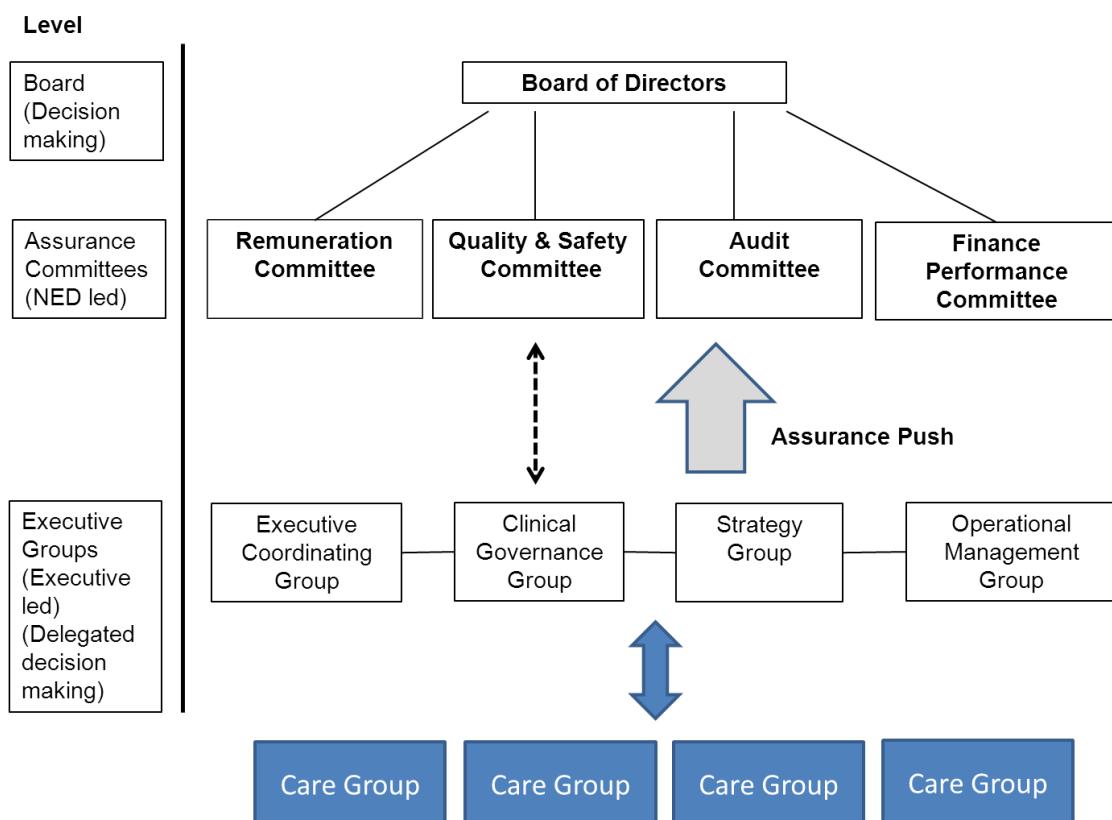
In setting out our plan we recognise that the Trust is required to improve its quality governance. On this basis the Trust is taking forward in 2014 proposals to improve quality governance across the three areas of;

Clinical Governance – a more embedded into services and clinically led approach that will utilise the skills of all practitioners from ward to Board. Greater use of information at all levels to underpin a process of continuous improvement and a culture of learning.

Corporate Governance – a revised set of arrangements for the Board of Directors to receive assurance on the quality of services. This includes detailed resetting of the committees of the Board and the Trust's executive working groups. The outcome from these revisions being a more active assurance push to the Board of Directors, greater line of sight from Board to ward & vice versa and improved use of information at the Board utilising the Trust's outcomes framework.

Operational Structures – a more evidently clinically led approach to the operational structures in place through; a revised and strengthened Board of Directors and creation of care divisions to operationally led services with a medic, nurse, manager trio senior leadership. These care divisions will ensure greater capacity of clinical leadership over our services and also provide a platform for more embedded clinical governance and overall assurance as outlined above.

Board of Directors governance is outlined in the diagram below;



The Care Group leadership model above for all clinical services is based on;

Care Groups;

- **Community Health Services**
- **Local Specialist Services**
- **Mental Health Services**
- **Children's and Family Services.**

The move to this model is in direct response to Monitor's stage 2 annual plan review in 2013/14 which identified that such an arrangement was needed in order to ensure the Trust's transformation programme was successful.

2.5.2.Approach to Delivery

The Trust has set out to transform services during 2013/14. This process has identified the imperatives in this plan. Delivering the plans will require an overall effort which the Trust will achieve through;

- Building continuous improvement capability and capacity across the workforce and targeting this at the areas identified in our plans.
- Being a member of the national "Listening into Action" approach to mobilise the Trust around our key immediate priorities.
- A coordinated/programmed approach in partnership with our Alliance partners to engage the public and staff in the major transformation change programmes that flow from our strategic plans.
- Ensuring that our Quality Governance arrangements are wholly congruent with the above approaches and that our clinical leadership structures are well supported in our overall plan implementation.
- Utilising our new structures to deliver high performance in;
 - Quality improvements
 - CQUIN in all our contracts
 - Local Incentive Scheme agreed with CCG commissioners
 - Safe cost improvement delivery
 - Measured outcomes for patients

2.6.Risk Assessment

The Board of Directors considers strategic risk as part of the Trust's Board assurance framework. In looking forward the below strategy risk areas have been identified and the Trust has in place mitigation strategies for each area.

Principal Strategic Risk Area	Detailed description of the risk
Be fit for the future – delivery of a future-looking IM&T strategy	<p>Competing demands and priorities diverting financial resources away from delivery of IMT strategy</p> <p>Failure to deliver IMT strategy</p>
Be fit for the future – estates & infrastructure	<p>Failure of IMT strategy to deliver interoperable and accessible IT systems (within timescale)</p> <p>Premises stock which is not fit for purpose to meet current and future healthcare delivery requirements</p> <p>Failure to provide clinical and other equipment to meet patient care and operational needs</p>
Be fit for the future – responsive to our changing environment	<p>Failure to deliver transformed and quality services at pace</p> <p>Failure to deliver essential services in the event of major incidents or times of significant disruption</p> <p>Failure to plan effectively for the impacts of financial austerity on long term service continuity</p> <p>Failure to effectively manage existing contracts, seek new business opportunities or be a strong competitor in the open marketplace</p> <p>Failure of the Cumbria Health and Care Alliance to deliver expected benefits to the Cumbria health & social care economy</p>
Quality first time, every time – patient experience and patient outcomes	<p>Failure of relationships or arrangements with healthcare partners to deliver improved experience and outcomes for the population of Cumbria</p> <p>Failure to agree strategies and plans with Commissioners for addressing increased demand and redesign of services</p>
Quality first time, every time – robust clinical governance	<p>Failure to demonstrate quality improvements through robust clinical governance</p> <p>Failure to have an effective continual quality improvement process</p>
Quality first time, every time – efficient and effective services	<p>Failure to move to electronic patient records</p> <p>Failure to tackle bureaucratic and inefficient ways of working</p> <p>Failure of clinical care divisions and clinical governance structures to deliver anticipated quality governance benefits</p>
Quality first time, every time – skilled and suitable workforce	<p>Failure to ensure a skilled, competent and suitable workforce to deliver quality services.</p> <p>Insufficient numbers of staff, and/or staff with appropriate skills in essential clinical and support services</p> <p>Failure to recruit and retain staff with appropriate skills and competencies</p>
Engaged and involved workforce – effective and appropriate	<p>Failure to demonstrate effective clinical and medical leadership in service delivery, redesign and improvement</p>

Principal Strategic Risk Area	Detailed description of the risk
leadership	
Engaged and involved workforce – speaking up safely	Failure to establish a more positive continuous learning culture in the Trust.
Financially viable and sustainable	<p>Failure to achieve cost reduction and cost efficiency requirements</p> <p>Failure to achieve income assumptions and effectively manage complexities of having multiple commissioners with differing priorities and the associated potential loss of income; e.g. risk shares & losing income for services which contribute to overheads.</p> <p>Failure to maintain a suitable Monitor risk rating and demonstrate robust financial management.</p> <p>Failure to realise asset disposals at estimated values and in anticipated timescales</p>
Be well governed	<p>Failure to comply with statutory requirements</p> <p>Failure to demonstrate effective governance at all levels within the Trust (from front line services up to Board level)</p> <p>Failure to effectively manage the transition arrangements for corporate and clinical governance.</p> <p>Failure to implement governance arrangements which are outcomes-focussed</p>

5. Stakeholder Voice & Engagement

To support this strategy the Trust is committed to full engagement with patients, members, staff and the general public. This will focus on the following four areas;

Patient, Carer and Family engagement in services

The Trust will ensure that all services have in place mechanisms to involve and engage the people using them. This will include, but is not limited to;

- Patient, carer and family feedback.
- Patient, carer and family involvement in care planning.
- Patient, carer and family involvement in learning and improvement activities.

Co-production

The Trust will ensure arrangements are in place to co-produce our forward plans (both service developments and enabling plans). This will mean;

- Providing opportunities for patients, carers and families to participate in working groups.
- Canvassing views and responding to these openly and transparently.
- Working in partnership with representative, advocacy and other third sector providers to ensure broad inclusion and representation in the Trust's service planning processes.

Community Engagement & Consultation

Working with Alliance partners we will undertake the following to engage local communities in a joined up and "one system" approach that;

- Raises awareness of the issues prompting our service development plans.
- Seeks people's views on both the direction and specific plans for our services in future.
- Provides opportunities for local people to discuss and debate with us our plans, how they can be improved and how they fit in with an overall health and care approach in Cumbria.
- Formally consults people where this is required and properly accounts for this process within Overview and Scrutiny arrangements.

Membership

We will continue to promote and offer membership in our Trust. We will build modestly on our high membership numbers each year and focus our effort on engaging members (as set out above) rather than increasing membership numbers per se. We will increase opportunities for our Governors to engage with our members.