

# Central Manchester University Hospitals NHS Foundation Trust

## Operational Plan

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## 1. Executive Summary

CMFT is a large specialist teaching hospital providing acute and community services to the populations of Manchester and Trafford and tertiary services to patients from the whole of the North West and further afield.

Research and teaching are fundamental components of our organisation. The Trust has a long-established successful relationship with the University of Manchester and are both founding members of the Manchester Academic Health Science Centre (MAHSC), sharing a vision of becoming a leading global centre for the delivery of applied health research and education. An important strand of this is our joint plan to establish a translational technology hub on the Oxford Road campus that brings together clinical academics, stratified medicine, clinical diagnostics and bio-informatics in order to make a step change in translational science infrastructure in the North West.

Over the past five years there have been a number of significant changes to the organisation, such as the acquisition of Trafford Healthcare Trust and the move into brand new facilities. We are now in the process of reviewing our vision and strategic aims, and updating our key priorities for the coming year. These are summarised in our plan-on-a-page (see page 4).

Our clinical service strategy remains focused on developing our specialised services. This has been a long-standing priority for the organisation; the rationale for the development of the Oxford Road site was to bring together the expertise, infrastructure and range of co-located services required to care for those with the most complex conditions. We are currently the seventh largest provider of specialised services nationally. The 5-year strategy for specialised services is being developed by NHS England and is only now beginning to emerge, but the early proposals in relation to links to research, working at volume and reducing the number of centres align closely with our plans.

In relation to our local health economy, the challenges around financial and clinical sustainability of the current service models and configuration of hospitals are well recognised and are being addressed through two significant collaborative programmes of work:

- Healthier Together (improving outcomes from hospital services through hospital reconfiguration across Greater Manchester) and
- Living Longer, Living Better (a Manchester programme to develop services that are fit for 2020 and facilitate the shift of activity from the hospital into the community).

CMFT, along with our commissioners, local authorities and other stakeholders, is fully engaged in both.

Our quality and service-related key priorities reflect the areas where we will be focusing our efforts in 2014/15 and 2015/16. They are:

- Delivering safe, harm-free care focusing on evidence based pathways, supervision and clinical leadership.
- Developing, maintaining and consistently deploying nursing and midwifery establishments, which are informed by evidence based acuity and dependency tools and professional guidance.
- Delivering personalised, responsive and compassionate care in partnership with patients and families in appropriate environments safeguarding the most vulnerable.

- Transforming urgent and emergency care for the local populations and beyond with a particular emphasis on frail elderly and developing our community and integrated care services.
- Exceeding all key NHS commissioned standards and deliverables, including access and quality outcomes.
- Developing our specialist services including cardiac, cancer, children's and vascular services.

Detailed operational plans sit beneath each of these priorities and a system for monitoring and managing progress is in place.

The financial position of the Trust remains robust with the Continuity of Service Risk Rating for 2013/14 and the next two years forecast at level 3. Significant growth is projected for 2014/15, driven mainly by the commissioning intentions of local CCGs and specialised commissioners.

The Trust continues to invest in capital to support the delivery of services, with investment over the next two years forecast at just over £100m, and forecast Public Dividend Capital (PDC) funding of £31.5m. This includes investment in the Trust's IT infrastructure and systems, development of a new community hospital in Altrincham, Citylabs (a flagship redevelopment of the former Royal Eye Hospital into bespoke-built biomedical facilities), the development of a new hybrid theatre suite and, as a priority for the wider Health Economy, the re-development of the A&E, outpatient and the main entrance to support the future reconfiguration of services across the Greater Manchester health system.

The new trading gap challenges for the next two years are £28m and £34m respectively. Additionally in 2014/15 there is the brought forward in-year pressures of £10m from 2013/14, for which delivery measures have been identified as part of the 2014/15 planning process. Overall in respect of the delivery of the 2014/15 target robust plans are in place, with half of the target being met from revenue generation measures and the remainder from cost reduction. The Trust fully recognises the challenge it will face in 2015/16 and being well advanced on the delivery of the 2014/15 target means the Trust has developed headroom to respond effectively to the challenge, with four Divisions already making significant inroads into identifying and 'banking' savings for 2015/16 from the work to finalise the 2014/15 plans. Furthermore it is recognised that the economic challenges facing commissioners will mean that the opportunity to deliver trading gap solutions from revenue generation will diminish and there will need to be a greater emphasis on service transformation. A number of workstreams are already in place across the Divisions to implement transformational service changes.

The delivery of the financial plans will be managed through the well-established Trust monitoring processes, developed over a number of years.

## CMFT Plan-on-a-page 2014/15- 2015/16

<b>Vision &amp; Values</b>	Our vision is to be recognised as the leading healthcare provider in the NHS excelling in quality, safety, patient experience, research, innovation and teaching, dedicated to improving health	Our values <ul style="list-style-type: none"> <li>• Pride</li> <li>• Dignity</li> <li>• Empathy</li> <li>• Respect</li> <li>• Consideration</li> <li>• Compassion</li> </ul>
<b>Strategic Aims</b>	<ol style="list-style-type: none"> <li>1. Improving the safety and clinical quality of our services</li> <li>2. Improving the experience for the patients, carers and families that we treat</li> <li>3. Developing our specialist services and providing excellent integrated care to our local populations</li> <li>4. Increasing the quality and quantity of research and innovation across the trust, contributing to improving health outcomes</li> <li>5. Providing the best quality assured education and training</li> <li>6. Developing our organisation and our workforce</li> <li>7. Remaining financially stable and generating a surplus</li> </ol>	
	<b>Key Priorities</b>	<b>Metrics</b>
<b>Quality</b>	Delivering safe, harm-free care focusing on evidence based pathways, supervision and clinical leadership	HSMR/SHMI less than 100 before re-basing Rates of harm per patient bed day $\leq$ 0.001 VTE Risk assessment completed $\geq$ 95%
	Developing, maintaining and consistently deploying nursing and midwifery establishments, which are informed by evidence based acuity and dependency to tools and professional guidance	Board review of ward establishments twice in year Monitoring of staffing levels in real time achieved and reported to Board
	Delivering personalised, responsive and compassionate care in partnership with patients and families in appropriate environments safeguarding the most vulnerable	Friends & Family response rate $>$ 15% achieved Safeguarding targets achieved
<b>Service / Operational</b>	Transforming urgent and emergency care for the local populations and beyond with a particular emphasis on frail elderly and developing our community and integrated care services	Reduced A&E attendances Reduced non-elective admissions Reduced LOS Reduced readmissions for frail older people and adults with dementia adults with long term conditions & adults at the end of life (actual targets being negotiated between CMFT and commissioners)
	Exceeding all key NHS commissioned standards and deliverables, including access and quality outcomes	Delivery of 4hr emergency access target Delivery of all other access targets including referral to treatment time and cancer wait times Delivery of quality outcome measures within national guidance including for stroke, trauma and access to emergency surgery
	Developing our specialist services including cardiac, cancer, children's and vascular services	Achieve designation as major arterial (vascular) centre Achieve designation for paediatric neurosciences and burns Achieve designation as specialist cancer surgical centre for head and neck, colo-rectal, gynaecology & urology Single service model for adult cardiac care achieved
	Reviewing and refreshing Trust administrative processes	Modern customer-facing standards published by March 2015 Recognised as a national exemplar by April 2016
<b>Research</b>	Integrating research into patient choice and the treatment pathway	Annual patient recruitment – 6,000 patients to be recruited to clinical trials Percentage of Trust patients entered into trials – 5% total patients Patient research survey returns - 50% increase in response rate Website analytics – 10% increase in hits on website
<b>Human Resources</b>	Implementing the HR & OD Strategies, focusing on: developing leadership capability; accountability and recognition; values and behaviours (incl. Equality & Diversity and health and well-being); education and training, in particular for medical staff	E & D objective included in the objectives/appraisal for every member of staff 3% improvement on retention figures compared to 2013/14 level 225 most senior leaders completed senior leadership development over next 3 years 5% improvement compared to 2013/14 staff survey results for self-rated health, perceived managerial interest in personal health and well-being, work-related stress and perceived pressure to come to work
	Implementing Workforce Planning, focusing on the medical workforce	Workforce plans produced that are aligned with the Trust's strategic direction and the delivery of our service development plans, activity requirements and high quality services A reduction on the 2013/14 level for the gap between staff in post and establishment achieved 5% improvement on previous year HR KPIs and relative to other large acute teaching hospitals achieved for staff survey key finding 34: " Staff Job Satisfaction"
<b>Finance</b>	Achieving financial stability and generating funds to re-invest in our services	Capital servicing capacity '2' Liquidity '3' Continuity of service risk rating '3' Operating surplus of £6.5m Capital programme £56.0m 2014/15 and £44.7m 2015/16

## 2. CMFT Profile

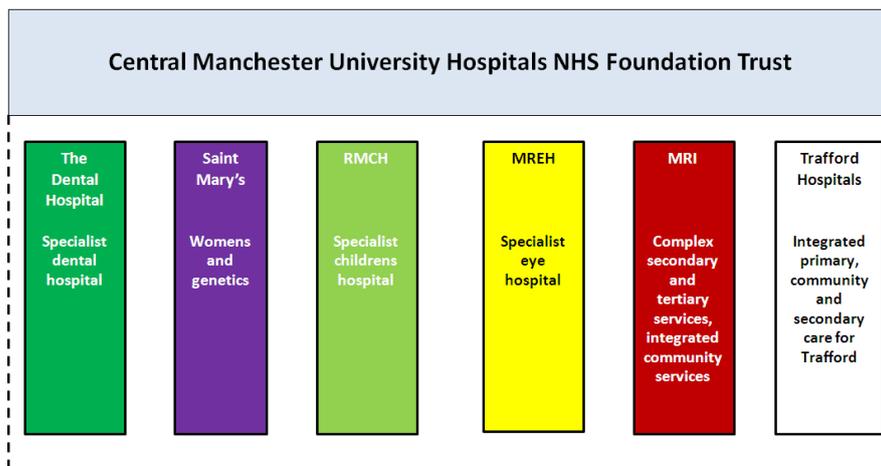
### CMFT Description

Central Manchester University Hospitals NHS Foundation Trust (CMFT) is a large teaching hospitals group. The Trust is made up of six hospitals as shown below. The main campus, the Oxford Road site, is located two miles south of Manchester city centre and comprises the following hospitals:

- Manchester Royal Infirmary – large acute hospital providing complex secondary and tertiary services
- Saint Mary’s – specialist womens and genetics hospital
- Manchester Royal Eye Hospital – specialist eye hospital
- Royal Manchester Childrens Hospital – specialist childrens hospital
- The University Dental Hospital – specialist dental hospital

Trafford hospitals, acquired in 2012, includes Trafford Hospital, a general hospital situated in Urmston and two poly-clinic type facilities in Stretford and Altrincham.

The Trust also provides community services; adults and childrens community services for central Manchester and children’s community services for the whole of Manchester.



CMFT is a fully recognised sector teaching hospital responsible for delivering the clinical years of the undergraduate curriculum (MBChB) for the University of Manchester Medical School.

Research is integral to all that we do. We have a particular focus on translational research; taking new discoveries from the lab and rapidly converting them into practice to deliver benefits to patients. We are a founder member of Manchester Academic Health Science Centre. This is a partnership between CMFT, the University of Manchester and five other leading NHS organisations. It brings together key healthcare providers with world-class academics and researchers to work towards a common goal of giving patients and clinicians rapid access to the latest research discoveries, and improving the quality and effectiveness of patient care.

## Vision, Aims and Values

Since being authorised as a Foundation Trust, CMFT has been through a period of significant change: completion of the new hospital development, transfer of services and research into the new hospital and acquisition of Trafford Healthcare Trust. Our vision is therefore currently being updated to reflect where we are now, and what our ambitions are for the future. Our new vision and aims have been developed through our Board of Directors and Council of Governors and we are in the process of consulting more widely. The version that we are currently working to is:

We are an integrated health, teaching, research & innovation hospitals group with a comprehensive range of services, extensive research portfolio and state-of-the-art facilities.

*Our vision is to be recognised as the leading healthcare provider in the NHS excelling in quality, safety, patient experience, research, innovation and teaching, dedicated to improving health.*

This vision is under-pinned by a series of more specific strategic aims:

1. Improving the safety and clinical quality of our services
2. Improving the experience for the patients, carers and families that we treat
3. Developing our specialist services and providing excellent integrated care to our local populations
4. Increasing the quality and quantity of research and innovation across the trust, contributing to improving health outcomes
5. Providing the best quality assured education and training
6. Developing our organisation and our workforce
7. Remaining financially stable and generating a surplus

Our values underpin all that we do. We have developed a behavioural framework that describes a set of core behaviours and attitudes that defines how all CMFT staff are expected to approach their work and the relationships that they have with others, recognising how important the right attitude and behaviours are to delivering a positive patient and staff experience. Our values are:

- Pride – showing pride by being the best in everything we do.
- Respect – showing regard for the feeling, rights and views of others.
- Empathy – showing empathy by understanding the emotions, feelings and views of others.
- Consideration – showing thoughtfulness and regard for others, showing consideration for their feelings and circumstances.
- Compassion – showing understanding, concern and contributing to providing a safe, secure and caring environment for everyone.
- Dignity – showing respect and valuing all individuals and their diverse needs.

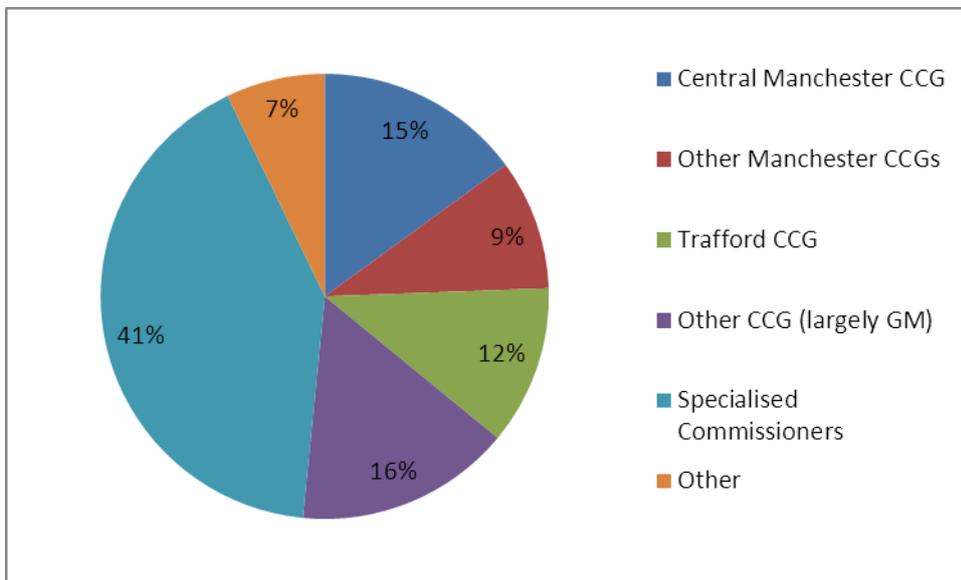
**Context - Local Health Economies**

CMFT is geographically located within two local health economies

- The main Oxford Road site is within Central Manchester LHE (Central Manchester Clinical Commissioning Group and Manchester City Council)
- Trafford Hospitals are within the Trafford LHE (Trafford Clinical Commissioning Group and Trafford Local Authority).

Both are within the larger Greater Manchester health economy.

However, as the chart of income by commissioner shows, our high volume of tertiary services means those Specialised Commissioners (NHS England - Cheshire, Warrington and Wirral Area Team) are our single biggest commissioner.



**Specialised Services**

CMFT is the seventh largest provider of specialised services in England. Development of these services has been our priority since prior to authorisation as a Foundation Trust. This has shaped our organisation, in terms of our physical facilities, our staffing and our research activities so that we are now well-placed to be one of the 15-30 centres where NHS England envisage most aspects of specialised services will be concentrated.

Our specialised services are commissioned by NHS England - Cheshire, Warrington and Wirral Area team (CWWAT). The Head of Commissioning at CWWAT is one of our nominated governors and we have extensive engagement with the team including regular executive to executive team meetings, contract meetings, ad-hoc meetings related to specific issues such as designation/derogation of services.

### Central Manchester Local Health Economy

Manchester is served by three Clinical Commissioning Groups; North, Central and South CCGs. It is covered by one local authority; Manchester City Council. We have long-standing and well developed engagement arrangements in place with Central Manchester CCG and Manchester LHE. They include –

- *Central Manchester Integrated Care Board (CICB)* – chaired by the Chair of Central Manchester CCG brings together health and social care providers and commissioners within central Manchester and reports to the Manchester Executive Health & Well Being Group.
- *Manchester Executive Health & Well Being Group* – chaired by Manchester City Council CEO brings together CEOs of the health and social care providers and commissioners across Manchester
- *Manchester Health & Well Being Board* – chaired by the Leader of Manchester CC and brings together Manchester CC, Manchester CCGs, and the key health and social care provider organisations in the city.

### Trafford Local Health Economy

CMFT has worked extremely closely with Trafford CCG over the last two and a half years on the New Health Deal for Trafford programme. As a result we have well-established personal relationships with senior colleagues at Trafford. More formal engagement mechanisms in place include:

- *Trafford Integrated Care Redesign Board (ICRB)* - oversees the programme to develop integrated ways of providing healthcare in Trafford
- *Trafford Health and Wellbeing Board* - CMFT is also represented on the statutory Health and Wellbeing Board (HWB) which is a sub-committee of Trafford Council.
- *Executive-level Group* – recently established between key partner organisations. This is led by Trafford Council and will sit alongside the HWB, meeting on a quarterly basis.

### 3. Key Challenges

The health and social care system is about to face unprecedented levels of demand as people are getting older and those with long term conditions are living longer. At the same time real-terms funding is projected to fall. In recognition of this, the key stakeholders in the Manchester health and social care system commissioned a study by McKinsey. This showed that the current configuration of services is not sustainable and that income and cost pressures could drive a combined deficit of up to £58m in 2014/15; a gap that could not be bridged by improving productivity alone.

This echoed the findings in other health economies and as a result there has been collaboration at the Greater Manchester health economy level to address the potential gap. Four inter-dependent programmes of work have been established:

- Healthier Together – reviewing the configuration of hospitals
- Integration – provision of seamless services, irrespective of which organisations provides them, that prevent patients from being admitted to hospital unnecessarily (for Manchester this is called Living Longer, Living Better)
- Primary Care Strategy (CCG owned) – strengthening the role of primary care
- Quality, Innovation, Prevention and Productivity (QIPP)

The key programmes for CMFT are described below.

#### **Living Longer, Living Better (LLLb)**

This is a Manchester-wide programme of work involving organisations representing commissioning and provision in the city. It is held to account by the Health and Well Being Board and locally by the Central Manchester Integrated Care Board.

The task is to deliver integrated care programmes that mean that people are only admitted to hospital when they cannot be cared for in the community. Five priority groups have been identified; frail older people and adults with dementia, people at the of end life, people with long term conditions, people with complex and complicated lives and children in their early years.

The delivery of the programme is made up of:

- Care models: the commissioner's core offer to people in the priority groups.
- New delivery models: the services that the providers aim to deliver by 2020.
- Contracting - a Provider Partnership Board has been established. The partnership is a move towards an alliance arrangement where care is the responsibility of all organisations and risk and gain is jointly owned. For 2014/5 we are working together to deliver components of the new delivery models through the Better Care Fund and have agreed a 'pre-alliance contract'.

## Trafford Integrated Care Strategy

A similar strategy for the development of Integrated Care has been developed in Trafford. Their programme for building and strengthening integrated care is based on continued investment in community based services and the development of a Care Co-ordination Centre function, which will support patients in navigating all aspects of health and social care in Trafford, thus ensuring that services are used appropriately and effectively.

The Integrated Care programme is managed by a Project Office that sits within Trafford CCG. It is overseen by the Trafford Integrated Care Redesign Board (ICRB) which reports to the Trafford Health and Wellbeing Board.

## Healthier Together

At the Greater Manchester level, CCGs, providers and local authorities are working together on a programme called Healthier Together. The aim of this programme is to see a significant improvement in outcomes from hospital services. Through a number of clinical congresses, a Future Outline Model of Care (In Hospital) has been developed which proposes:

- Focusing the most specialist care services on a small number of sites across Greater Manchester (Specialist Hospitals).
- Local Hospitals providing high quality hospital care that meets the GM Quality and Safety standards to the majority of patients.
- Local and specialist services will collaborate across a larger geography to provide both local hospital services and specialist care. These groups of collaborating hospitals will be called Single Services and will include 2 or more hospitals.

It is planned that full public consultation on the new model will take place in summer 2014.

A co-ordinated approach to the financial planning related to this work has been agreed with partner Directors of Finance across Greater Manchester. These are summarised as

- Part 1 - Review of the financial challenge across the economy and the extent to which the agreed target hospital activity reductions are attributable to each of the improvement programmes (LLL, Healthier Together, Primary Care, QIPP)
- Part 2 – The expected acute activity impact of efficiency programmes in Manchester
- Part 3 – The reinvestment targets required in alternative health and social care services to deliver the efficiencies and transitional support to providers to enable scaling down of traditional hospital services.

This is reflected in our financial planning for 2014/15 onwards (see section 7).

#### 4. Operational Plans

The following summarises our operational plans for 2014/15 and 2015/16. More detailed plans that show the responsible lead, actions, and resources required, risks and mitigations have been developed through each Division's Business Plans.

The table below shows the three service/operational key priorities.

Key Priority	
1	Transforming urgent and emergency care for the local populations and beyond with a particular emphasis on frail elderly and developing our community and integrated care services
2	To exceed all key NHS commissioned standards and deliverables, including access and quality outcomes
3	Developing our specialist services

The table below sets out our plans and the key priority that they sit under.

Plans	Key Priority		
	1	2	3
<b>Development of Altrincham Community Hospital (ACH)</b> Development of a new community hospital in Altrincham as a hub for community based services. This will include a wide range of outpatient clinics, a minor injuries unit, diagnostics, and rehabilitation facilities.	√		
<b>Urgent Care Plan Implementation</b> Implement the Urgent Care Plan that covers A&E, discharge, the LLLB care pathway for frail older people and adults with dementia, primary care emergency centre.	√	√	
<b>A&amp;E</b> Development of a business case to increase the capacity and reconfigure the A&E department to meet the anticipated change in the case mix presenting, following the changes proposed under Healthier Together.	√	√	
<b>Implementation of LLLB Delivery Models</b> Implement the LLLB new delivery models that covers roll out of the Primary Integrated Care Teams, integrated care pathways, hospice at home.	√	√	

Plans	Key Priority		
	1	2	3
<p><b>Early Years</b></p> <p>Implement the new LLLB early years delivery model by Q4 2015/16 including achieving the health visiting targets and developing the new care model for children with long term conditions</p>	√		
<p><b>Transfer of Renal Dialysis to Community Based Facilities</b></p> <p>Transfer of existing renal dialysis units to more appropriate and cost-effective community locations such as Altrincham Community Hospital.</p>	√		
<p><b>Establishment of Manchester Elective Orthopaedic Centre</b></p> <p>Development of a new dedicated high throughput orthopaedic unit on the Trafford Hospital site. This will be a centre of excellence and, supported by MAHSC, will undertake research into inflammation and repair. This is a collaborative venture with Salford Royal FT in the first instance.</p>			√
<p><b>Development of a single IOG compliant HPB cancer surgery service</b></p> <p>All HPB cancer surgery is to transfer from Pennine Acute Trust into CMFT creating a single IOG compliant centre for Greater Manchester. Preparatory planning has taken place through formal project management arrangements across the two trusts during 2013/14 and the transfer is scheduled for July 2014.</p>			√
<p><b>Vascular surgery</b></p> <p>Opening of new hybrid theatre facility - CMFT has invested in the development of the first hybrid suite in Greater Manchester. This will increase safety for a range of complex procedures and enable more procedures to be carried out minimally invasively. It will also ensure that we are well placed to be accredited as a vascular centre within Greater Manchester.</p>			√
<p><b>Development of a dedicated ENT Centre</b></p> <p>Development of a new dedicated centre which brings together out-patient based ENT-related services that are currently spread across a number of locations. This will strengthen our position in relation to our aspiration to be a centre for specialist cancer head and neck surgery. It is scheduled to be complete by August 2014.</p>			√
<p><b>Retain Major Trauma Accreditation</b></p> <p>Deliver plan to continue to achieve national standards to retain Major Trauma Centre status.</p>			√

Plans	Key Priority		
	1	2	3
<p><b>Bid to be Specialist Cancer Surgery Centre for Urology/Upper GI</b></p> <p>Undertake preparatory work, including capacity planning and ensuring compliance with IOG and other national standards to bid to be an accredited cancer surgical centre for Urology and Upper GI. The procurement process begins in March 2014.</p>			√
<p><b>Completion of Final Phase of New Critical Care Development</b></p> <p>Complete the final phase of the development of the new critical care unit. CMFT has invested in a new critical care unit in order to increase capacity to support our aim of developing our specialist services. Handover of the new unit is scheduled for end of Q2 2014/15. Beds will open as required through developments, such as the Hepato-Pancreato-Biliary Cancer (HPB) transfer.</p>			√
<p><b>Development of a Technology Hub</b></p> <p>Supported by bio-informatics infrastructures, establish a translational technology hub on the Oxford Road campus that facilitates basic research in personalised, genomic technologies and imaging technologies</p>			√
<p><b>Congenital Cardiac Services</b></p> <p>Develop proposals for paediatric cardiac services at RMCH in response to the national review of ACHD.</p>			√
<p><b>Paediatric Cystic Fibrosis</b></p> <p>Develop network model for the provision of cystic fibrosis services in Greater Manchester and Lancashire.</p>			√
<p><b>Paediatric Neurosciences</b></p> <p>Complete transfer of and consolidate epilepsy surgery for children under 5 at RMCH.</p> <p>Develop a business case to explore the feasibility of acquiring an intra-operative theatre and 3T MRI scanner.</p>			√
<p><b>Paediatric Burns Accreditation</b></p> <p>Undertake preparatory work, including ensuring that services currently meet the National Burn Care Standards for the formal accreditation process.</p>			√
<p><b>Paediatric Surgery</b></p> <p>Develop plans for the future provision of paediatric surgery under the various scenarios envisaged in the Healthier Together project.</p>			√

Plans	Key Priority		
	1	2	3
<p><b>Paediatric Operational Delivery Networks</b></p> <p>Develop a joint venture for the hosting of Operational Delivery Networks with Alder Hey.</p>			√
<p><b>Development of a Single Manchester Centre for Cardiac</b></p> <p>Work with Manchester Academic Health Science Centre to develop a single cardiac service across CMFT and UHSM, through the development of a joint vehicle. This will be linked to the cardio-vascular domain of MAHSC.</p>			√
<p><b>Development of Bowel Scoping Service</b></p> <p>Development of a Bowel Scoping Service – CMFT successfully bid to be a wave 1 Bowel Scoping Service. The new service will commence in April 2014 inviting all patients in their 55<sup>th</sup> year within our Bowel Screening catchment to attend for sigmoidoscopy.</p>		√	√
<p><b>Achieve Designated Status as National Genomics Laboratory Service</b></p> <p>Undertake preparatory work such as capacity, workforce and strategic positioning to bid to be designated as a National Genomics Laboratory Service. We expect DH to issue an invitation to tender, however timescales for this are unclear.</p>			√
<p><b>Bid to be Specialist Cancer Surgery Centre for Gynaecology</b></p> <p>Undertake preparatory work, including capacity, workforce and financial planning to be an accredited cancer surgical centre for gynaecology. Specialist commissioners are currently considering the best process to adopt.</p>			√
<p><b>IVF Expansion</b></p> <p>Increase capacity and diagnostics for IVF to improve success rates, meet targets and retain this service as a part of the comprehensive specialist women's services that we provide.</p>		√	√

## 5. Quality Plans

### Trust Quality Strategy

The Trust's key priorities for quality and safety for 2014/15 are set out below.

- The delivery of safe, harm-free care focusing on evidence based pathways, supervision and clinical leadership
- Developing, maintaining and consistently deploying nursing and midwifery establishments, which are informed by evidence based acuity and dependency tools and professional guidance.
- Delivering personalised, responsive and compassionate care in partnership with patients and families in appropriate environments safeguarding the most vulnerable.

The specific metrics used to measure progress can be found in our plan-on-a-page (page 4).

Our quality strategy has recently been refreshed. It is based on the commitments that were agreed as part of the organisation-wide work to develop our values. These are:

- Ensuring compassionate and effective leaders at every level through a focussed *Leadership Strategy*
- *Delivering the best patient care* underpinned by evidenced based practice and leading edge research and innovation activity
- Developing *Effective Communication Strategies* to engage with our staff and users of our services
- Developing a culture of *Listening and Responding* recognising when things go wrong and working quickly to put things right
- Ensuring a culture of being open and honest with staff and people who use our services and holding each other to account for the care we provide. Ensuring *Ward to Board Accountability* to provide assurance to the public, the regulators and commissioners
- Continue to develop a culture which *Celebrates the Achievement* of our staff and people who use our services

The recent refresh of our Quality Strategy has been strongly influenced by our Francis Action Plan, which incorporates our response to the Francis, Berwick and Keogh reports. Some examples of the new systems and processes put in place include:

- Quality reviews – multi-disciplinary review of care delivered by our clinical divisions across the whole Trust based on Keogh methodology
- Candour – the Trust 'Being Open' policy has been revised to reflect the requirements of the new duty of candour
- Focus on staffing levels – CMFT is using the Association of UK University Hospitals (AUKUH) tool which calculates nursing requirements based on patient acuity and for children's services is also exploring the use of the PANDA (Paediatric Acuity and Nursing Dependency Assessment) tool
- Data at the Door – planned and actual staffing levels are published on the door of every ward for each shift

- Values and Behaviours framework – a Trust and Values and Behaviours Framework has been developed by staff that defines how we are expected to approach our work and the relationships that we have with others

### Quality Concerns

The CQC have expressed concern about our record keeping. Many of the issues will be addressed by Chameleon, our electronic medical record project. For the shorter-term a detailed action plan has been developed and implemented. This includes:

- Development of 'Core Standards for Record Keeping' across the whole organisation
- Establishment of an audit team to review the current health record function within the Trust against the Trust core standards (see above) and to monitor performance using indicators based on all aspects of the medical record
- Placing failing wards and departments into 'special measures' and providing a team to work intensively with the managers and staff to bring their performance into line with the requirements.
- Communication of policy standards and their importance through attending standing meetings and distributing Records Matter credit card-type hand-outs which summarise the Policy.
- Introduction of lockable trolleys and secured cupboards and rooms
- Producing and distributing Assurance Monitoring Reports to all Divisions

The CQC has also expressed concern about the choice of food offered to patients. Much work has already been undertaken to improve the patient dining experience. The issues raised will be addressed by programme of work led by the Trust Food and Nutrition Steering Group. Their work will include:

- Review of menus, including choice and nutritional value
- Introduction of electronic food ordering (MAPLE system)
- Roll out of snacks/drinks rounds
- Communication of policy standards regarding completion of the Malnutrition Universal Screening Tool (MUST) and Screening Tool for Assessment of Malnutrition in Paediatrics (STAMP)
- Evaluation of the Galaxy House chef finishing service and roll out as appropriate
- On-going improvement work on specific wards
- On-going surveying and monitoring the impact on patient experience metrics

### Risks to Quality

The following are in place to ensure that our operational plans will not have any adverse effect on clinical quality:

- Plans are developed, owned and implemented by Divisional leadership teams led by Clinical Heads of Division through Management Boards with strong clinical input in every case
- There are no plans which are premised on diluting staffing ratios in front-line clinical areas

- Patient safety, clinical effectiveness and patient experience dashboards are produced and monitored on weekly/monthly basis across all Divisions and bi-monthly at Trust level.
- Scrutiny of plans and implementation progress by Executive Director of Finance and Chief Operating Officer with each Divisional Team and clear escalation measures enacted where delivery milestones have not been met
- The new Trust approach to transformation being implemented initially in the Children's Division, is based on devolved clinical leadership of projects which are all evaluated at the outset, in terms of their impact on quality
- Divisions identified as high risk are required to present to the Finance and Clinical Effectiveness Scrutiny Committees to provide assurance on progress.
- Divisional reviews where Divisions report on progress against all of their targets to the Executive Directors
- Infection prevention and control remains a continuing focus for the Trust. The Chief Nurse is the Director of Infection Prevention and Control (DIPC) and leads an experienced team who proactively manage the emergent risks in relation to communicable infections. As the Executive Lead the DIPC reports regularly to the Board and the Council of Governors.

### Quality and the Workforce

In order to deliver on its priorities and quality agenda, the Trust has a series of underpinning strategies including a Workforce Strategy. This sets out our strategy for ensuring that we have in place a high quality workforce that is confident and competent and, on behalf of its patients, is ambitious to achieve the highest level of patient safety and service quality.

Key short term priorities include:

- Workforce changes associated with Living Longer Living Better and Healthier Together programmes (e.g. 7 day working, development of new roles, improved productivity)
- Cultural change including the development and implementation of core values and behaviours to create an environment of inclusion and participation.
- Maintaining safe staffing levels.

Delivery of these priorities will be supported by plans, strategies and tools such as:

- HR key performance indicators reported to the Board on a regular basis via the HR Committee
- Leadership development including clinical leadership and engagement
- A Values and Behaviours implementation plan for each Division and key Equality and Diversity Workforce and Service Objectives
- Capacity based workforce plans which align workforce capacity and affordability whilst ensuring patient safety at all times
- Workforce plans incorporating staff satisfaction and staff survey improvement plans and how that links in to the patient experience.

## Risks to Delivery of Quality Plans

The key risks to the delivery of our quality plans and their mitigation are set out in the table below.

Risk	Mitigated by
<p><b>Resources</b> It is important that the Trust is able to continue to fund the work in relation to clinical effectiveness and patient experience.</p>	<p>Our financial plans show how investment in quality initiatives, such as clinical records and IT systems, has been prioritised.</p>
<p><b>IT</b> One of the important elements of our quality plans is the introduction of an electronic patient record, and this project must therefore remain on track. The Trust Electronic Patient Record programme is a complex and wide-ranging programme of work. Key risks to the project are cost, speed of change in an organisation the size and complexity of CMFT.</p>	<p>A robust and wide-ranging governance structure:</p> <ul style="list-style-type: none"> <li>- The Informatics Strategic Board is clinically led and prioritises projects and areas to be addressed. It has OD&amp;T and senior finance representation.</li> <li>- The Informatics Strategy crosses five key domains. One of the domains is capability which looks specifically at organisational capability to deliver the strategy from a financial, workforce and technical perspective.</li> <li>- The Patient Record Board reports to the Informatics Strategic Board and is clinically led</li> <li>- Each division within CMFT has its own Informatics governance committee.</li> </ul>
<p><b>Workforce</b> Nursing – there is a shortage in the availability of skilled nurses in many areas including children’s nurses resulting in a risk that we may not be able to recruit sufficient nurses to meet the required staffing levels.</p> <p>Health visiting – the new model for health visiting requires a significant increase in numbers of health visitors resulting in a risk that we may not be able to implement the new model.</p>	<p>Developing new ways of working, recruiting to turnover, return to practice initiatives, working with Health Education England, exploring accelerated training for nurses on other parts of the register prepared to consider children’s nursing and international recruitment.</p> <p>‘Growing our own’ working with Manchester Metropolitan University, establishment of a task-force and establishment of a multi-agency steering group with specific sub-groups reporting to it.</p>
<p><b>Staff Availability</b> Our quality teams are small and therefore there is continuity risk in terms of consistently providing support to embed a culture of continuous improvement.</p>	<p>Our approach to continuous improvement which is based on a devolved model of educating and training staff in the use of improvement methodologies most notably the Trust ‘Improving Quality programme’ (IQP).</p>

## Board Assurance

The Board derives assurance on the quality of our services including safety and patient experience, through our internal mechanisms and through the work of external bodies such as the CQC responsible for regulating quality.

The following are our key internal mechanisms for assuring the Board:

- Leadership Walk Rounds – undertaken by the Board of Directors in all clinical wards and departments and includes talking to patients about their experience at the Trust
- Intelligent Board – key clinical quality and patient experience metrics are provided to the Board of Directors each month.
- Risk Management Process – all risks are identified and scored. Any scoring above 15 is brought to the attention of the Trust Risk Management Committee which is chaired by the Chief Executive. All of the executive directors are members and all non-executive members are invited to attend.
- Ward Accreditation – wards are scored based on ward data, observing practice and gathering views from staff and patients and awarded bronze, silver or gold.
- Board Assurance Framework – maps the key risks associated with achieving delivery to the strategic aims and key priorities. It provides the Board with an overview of the gaps in controls and assurance and the actions required to mitigate them.
- Finance Scrutiny Committee – committee of the Board established to examine the incidence, nature and potential impact of emerging or identified significant financial risks to the Trust’s on-going position and performance, either in-year or forward-looking.
- Clinical Effectiveness Scrutiny Committee - committee led by the Chairman who will identify areas that require more detailed scrutiny arising from: national reports, patient feedback and public interest issues.
- Quality Reviews - multi-disciplinary review of care delivered by our clinical divisions across the whole Trust based on Keogh methodology.

The following are external sources of assurance to the Board in relation to the quality of our service:

- National Patient Survey – this provides feedback in relation to patient experience and clinical quality. It is analysed in depth and the findings are reported to the Board and used as the basis for identifying areas where we need to improve and developing our work programmes.
- Care Quality Commission (CQC) – the Trust must be registered with the CQC who check all hospitals in England to ensure they are meeting national standards.

## 6. Operational Requirements and Capacity

### Activity Planning

The activity plans have been derived using the same planning principles as that of the previous year and Monitor's 2014/15 Planning guidance in that underlying activity levels are determined on a Divisional basis using current levels of demand and movement in waiting list size during 2013/14 plus taking into account:

- Impact of any full year effect of developments during 2014/15
- Non recurrent activity
- Waiting time requirements (e.g. Referral to Treatment) and elimination of long waiters whether on open or closed Referral to Treatment pathways
- Full year effect of service shifts and reconfigurations, particularly the new service model for Trafford.

In line with Monitor's planning guidance the Trust is cognisant of the requirement to take an integrated whole system approach across health and adult social care to ensure the appropriate plans and strategies are in place to meet both the financial and clinical challenges in future years. In conjunction with the CCG it is recognised that the Living Longer Living Better (LLLb) programme will be a driver to develop and improve services across Manchester, working within the framework of the Better Care Fund. The Trust has developed the 2014/15 plans using the principles outlined in the integrated care strategy (LLLb) and worked closely with the key stakeholders to establish principles of an alliance contract model that works towards the delivery of the better care strategy for future years, (as described above in section 3).

The Trust has, in most cases, achieved a high level of synchronicity between internal plans and plans signed off within contracts with Commissioners. However, discussions with NHS England for Specialised Commissioning have resulted in elements relating to prescribing costs being removed from the opening contract value, until the impact of national procurement schemes are better understood. The general contractual terms allow for full reimbursement to the Trust if the internal plans are delivered and if they are not, then the impact on bottom line financial performance is neutral.

### Capacity Requirements

Based on the activity changes for the period 2014 to 2016, an assessment of the operational requirements and capacity has been undertaken. In terms of physical capacity across the Trust, the assessment is that there is sufficient capacity to undertake the activity. The Trust will see a shift in the type of activity it will be undertaking, with a reduction in acute medical activity which will be replaced with complex surgical activity.

## 7. Financial Plans

### 7.1 Introduction and overview

The Trust's overall financial position remains robust; with a forecast out-turn for 2013/14 in line with current performance giving a Continuity of Service risk rating of 3 at the end of the financial year. The Trust's key financial strategy for the next two years is to protect and develop the specialist and tertiary services, whilst delivering all services in the most clinically effective ways to ensure quality of care, excellent patient experience and cost effective services. This will ensure the Trust maintains financial viability for the foreseeable future.

The Trust continues to invest in capital to support the delivery of services with current schemes including the expansion of Adult Critical Care, development of the new Hybrid Theatre suite, the Citylabs project in partnership with Bruntwood plc. and the new Altrincham Community Hospital.

The forecast changes from 2013/14 forecast out-turn to the plan for NHS clinical income arising from growth and investment over the next two years are as follows:

<b>Income Changes - Clinical Income from Commissioners</b>	<b>2013/14 £'m</b>	<b>2014/15 £'m</b>	<b>2015/16 £'m</b>
Community Contract	61.4	64.5	63.9
NHS Tariff	364.6	378.4	384.5
NHS Non-Tariff	342.1	370.6	377.7
Other Clinical income from Commissioners	21.9	9.6	6.2
<b>Total</b>	<b>790.0</b>	<b>823.1</b>	<b>832.3</b>

The key planning assumptions used in the two year Financial Plan are as follows:

<b>Key Inflation/Deflation Assumptions</b>	<b>2014/15</b>	<b>2015/16</b>
PbR and local tariff income	1.6%	1.1%
Education and training	-4.0%	-4.0%
Pay (Inflation, progression and pension costs)	2.0%	2.9%
CNST/NHSLA	18.0%	9.5%
Rates and Utilities	6.7%	6.7%
Various non-pay costs	2.7%	2.8%
PFI operating costs	2.5%	2.5%
PFI Interest	£0.4	£0.3
PFI Contingent rental	-£0.7	-£1.2
Depreciation	£1.7	£1.7
Interest	£0.2	£0.2
PDC	-£1.3	-£1.1
<b>Resultant Trading Gap Required (£'m)</b>	<b>£27.7m</b>	<b>£34.0m</b>

In 2014/15 in addition to the Trading Gap arising from the in-year inflationary pressures, there are run rate pressures from 2013/14 and activity changes in 2014/15, giving rise to a total Trading Gap target of £38m (ie CIPs – both cost reduction and revenue generation).

The Trust's plans for 2014/15 Trading Gap measures have been developed in line with the key themes, as used for the last 4 years, being:

- Income generation schemes (margin on growth) – growth in specific specialties and service areas, as agreed with commissioners (e.g. macular and obstetrics) delivered at marginal cost
- Clinical service reviews – including effective use of capacity and resources to deliver productivity gains (improved theatre utilisation, reduced length of stay and skill mix reviews)
- Cost reductions - Work co-ordinated by the Procurement Team to avoid inflationary cost increases, increase product standardisation and 'medicine and materials' management. In addition there are specific Divisional schemes such as product rationalisation, bulk deals for high cost consumables and A&C staff skill mix reviews.

The key action required to support the delivery of the financial plan and address the financial challenges is the delivery of the Trading Gap measures of £38m which are summarised in the following table. To date measures totalling £34.6m have been identified and reflected in budgets.

<b>Trading Gap Measures</b>	<b>2014/15 £'m</b>
Income generation schemes	19.0
Clinical Service Reviews	4.9
Traditional cost reduction measures	10.7
Implementation plans to identify	3.4
<b>Total</b>	<b>38.0</b>

The measures required to deliver the trading gap as we move into 2015/16 will be significantly different to those of the previous years. The economic challenges facing commissioners will mean that the opportunity to deliver trading gap from revenue generation will diminish and the productivity gains will need to come from cost efficiencies and service transformation projects. These projects will review in detail every aspect of the service and will be led by clinicians working with operational managers, senior nurses and finance professionals. The key outcome being to change clinical practice and working patterns to make the service more effective for patients and more efficient and productive.

The measures identified for 2015/16 are as follows:

<b>Trading Gap Measures</b>	<b>2015/16 £'m</b>
Income generation	5.0
Gains 'banked' in 2014/15	4.0
Transformational measures	15.0
Technology	2.0
Procurement	3.0
Implementation plans to identify	5.0
<b>Total</b>	<b>34.0</b>

The Trading Gap for 2015/16 has been calculated based on the underlying efficiency challenge. The Trust is cognisant of the affordability risk which could potentially lead to either the potential downscaling/decommissioning of treatment programmes or payment denial attempts by Commissioners.

### Forecast Results

The resultant financial forecasts (before non-operating items) and associated risk ratings for the two years 2014/15 and 2015/16 are shown below:

Resultant I&E Position	2014/15 Plan	2015/16 Plan
	£'m	£'m
Income	949.6	957.3
Expenditure	(883.5)	(891.4)
EBITDA	66.1	65.9
EBITDA %	7.0%	6.9%
Operating Surplus	6.5	6.5
Operating Surplus %	0.7%	0.7%

Based on the financial plan the Trust would achieve a Continuity of Service risk rating of 3 for each of the years under the current Compliance Framework, as follows:

Risk Assessment Framework - Continuity of Service Risk Ratios	2014/15 Plan	2015/16 Plan
<b>Turnover</b>	949.6	957.3
<b>Operating Surplus</b>	6.5	6.5
<b>Capital servicing capacity</b>		
Surplus available for capital service - EBITDA	66.3	66.1
Annual debt service costs	47.2	45.5
<b>Capacity</b>	<b>1.41</b>	<b>1.45</b>
<b>Rating</b>	<b>2</b>	<b>2</b>
<b>Liquidity ratio</b>		
Assets for liquidity	(1.8)	(4.6)
Annual Operating expenses	883.5	891.4
<b>Liquidity (days)</b>	<b>0.7</b>	<b>(1.9)</b>
<b>Rating</b>	<b>3</b>	<b>3</b>
<b>Overall rating</b>	<b>3</b>	<b>3</b>

The above demonstrates that liquidity remains above '-7' days for the next two years. The Trust intends to reduce the Working Capital Facility from £50m to £25m from 1 October 2014.

## 7.2 Key Financial Risks

There are a number of key risks associated with the delivery of the Financial Plan, which will be monitored through the Trust's Risk Management Committee:

Risk	Mitigation
<p>Failure to agree full funding of 2014/15 activity plans/ failure to deliver the Trading Gap in 2014/15</p>	<p>In terms of the funding risk, the normal process of engagement and meetings with Commissioners has ensured a contract agreement that allows the Trust's plans to be affordable to Commissioners.</p> <p>In relation to the delivery of the Trading Gap target for 2014/15 these were set in August 2013</p> <ul style="list-style-type: none"> <li>○ Meetings to review in-depth progress and implementation plans were held in November 2013 between each Divisional Team and the Executive Director of Finance, Chief Operating Officer and Director of Financial Strategy, with escalation measures enacted where delivery milestones have not been met</li> <li>○ 4 Divisions were identified as 'high risk' and 2 of these Divisions were required to present to the Finance Scrutiny Committee on 5 February as part of a 'confirm and challenge' process, to provide assurance on progress.</li> <li>○ Detailed activity, capacity and operational delivery plans have been completed, with extensive review processes in place to ensure realistic and deliverable plans are fully implemented for 2014/15.</li> </ul>
<p>Failure to plan for the financial challenge in 2015/16, including the potential funding risks within the health economy due to the economic outlook</p>	<p>The expected financial challenge arising in 2015/16 has been assessed, taking account of the changing environment in which the Trust operates. The initial calculation of the Trading Gap for 2015/16 puts the target at £34m, although the downside target could be as high as £50m. Divisional targets are due to be shared with Divisions in early April 2014. Four Divisions are implementing plans in 2014/15 which will generate further savings in 2015/16 from margin on growth.</p>

	<p>A number of service transformation work-streams have already commenced in certain Divisions to deliver productivity and efficiency gains over the next two to three years.</p> <p>Furthermore, the Trust is actively involved and supporting the economy wide projects including integrated care, LLLB programme, Healthier Together Project and the Better Care Fund to ensure solutions can be found to ensure sustainable, affordable services across the whole of Manchester. The Executive Director of Finance is having regular discussions with the Trust's main commissioners to understand the likely economy position for 2015/16 and beyond and develop a joint management approach.</p>
<p>The full savings from the implementation of the new clinical model for Trafford are not realised.</p>	<p>An Operational Delivery Group has been established by the Chief Operating Officer to oversee the implementation of the plans. The Director of Financial Strategy is a member of the Operational Delivery Group and is leading on the financial aspects of the new model. Work streams are on-going with the relevant Divisions to ensure the required savings are being delivered.</p>
<p>Failure to protect liquidity, so the Trust is unable to invest in capital to support delivery or development of services.</p>	<p>The timing and delivery of projects will be reviewed through the Capital Programme Monitoring Group and the Trust Management Board.</p> <p>Business cases continue to be rigorously evaluated against Trust overall priorities as they progress through the Trust's approval process.</p>

Within the Trust's overall financial plan the forecast surplus provides sufficient headroom to ensure the Trust delivers the Monitor metrics, remaining at a level 3 rating.