Operational Plan Document for 2014/2016

Cheshire and Wirral Partnership NHS Foundation Trust

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	**4th 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.**

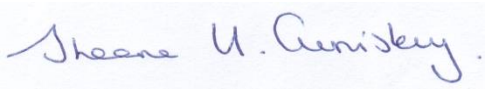
Approved on behalf of the Board of Directors by:

Name *(Chair)*	**David Eva**

Signature 

Approved on behalf of the Board of Directors by:

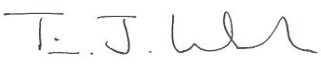
Name *(Chief Executive)*	**Sheena Cumiskey**

Signature 

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	**Tim Welch**

Signature



1. Executive Summary

This document sets out Cheshire and Wirral Partnership NHS Foundation Trust's plans for the next two years between 2014 and 2016 and how the Trust intends to deliver safe, high quality and cost effective services for the population of Cheshire and Wirral.

The Trust continues to deliver an excellent track record of providing high quality services and care to its population and for developing and delivering innovative and effective services across the area. The Trust has a clear commitment to delivering recovery orientated services that value the expertise available from service users and carers themselves, which means focusing on enabling people to be the best that they can be.

Overall, the strategic framework in which the Trust operates is complex. This results from the significant financial and demographic challenges faced in all localities, the Trust's large geographical footprint and the complex commissioning framework in place. Despite this, there is agreement amongst all stakeholders of the scale of the challenges. The Trust continues to maintain its good relationships with local commissioners and other providers and is playing an integral role in the local drive towards integrated working and developing collaborative partnerships to deliver services.

In response to this landscape, the local transformation agenda and the internal changes to the locality structure of the clinical services rolled out in 2013/14, the Trust has developed locality and specialised clinical strategies. These three year strategies (detailed in this plan) also reflect and drive the Trust's on-going strategic vision of *'Leading in partnership to improve health and well-being by providing high quality care.'*

Trust wide, CWP has a number of challenges, primarily around maintaining the balance between ensuring quality and access to services, while ensuring services are provided within the cost envelope, delivering higher quality care and service improvements. With the emphasis and drive towards large scale transformation, the development of effective long term joint plans, including cost improvement programmes (CIP) is crucial. Particularly important to the Trust is maintaining its position as a preferred provider of services, and ensuring that there is capacity and scope within the Trust to continue to deliver high quality services, to develop innovative services, and to identify new opportunities to enhance sustainability.

CWP plans to deliver a 4% efficiency saving in 2014/15 and 4.5% in 2015/16. The financial strategy of the Trust will ensure that it remains a viable Foundation Trust as a going concern, so that sustainable and effective services will continue to be delivered. The strategy supports and underpins the clinical service strategies and the efficiency requirements that are needed as a result of the NHS income it receives and to provide for investment in innovation and quality where required. It also seeks to cover risks where they are known. The Trust continues to maintain its strong position as a provider of high quality, value for money services against a continued backdrop of financial, legislative and commissioning changes.

2. The Operational Plan 2014/16

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides a range of both mental health and physical health services. These include community based physical health care services in western Cheshire, inpatient and community Mental Health services for adults and children, Learning Disability and Drug and Alcohol services within Cheshire, Wirral and neighbouring areas. The Trust also provides a range of specialist services within Liverpool, Bolton, Warrington, Halton and Trafford.

The Trust employs approximately 3,400 staff and has 15,000 Foundation Trust members. Principally the Trust operates across three local authority areas and works with 5 Clinical Commissioning Groups (CCGs) and 4 acute hospital trusts.

The Trust continues to deliver an excellent track record of delivering high quality services and care to its population, and for developing and delivering innovative and effective services across the area.

In response to learning from the Francis public inquiry and supplementary reports, the Trust adopted the Department of Health's 6 Cs (Care, Compassion, Competence, Communication, Courage and Commitment) as our Trust values in June 2013**.** The 6 Cs demonstrate the Trust's emphasis on the quality of services for patients and carers and highlight the qualities that the Trust looks for in its staff.

The Trust also has a clear commitment to delivering recovery orientated services that value the expertise available from service users and carers themselves, which means focusing on enabling people to be the best that they can be.

Understanding and analysing the local health economy and external landscape continues to be a crucial part of the strategic planning cycle for the Trust Board. Locally there is a continued emphasis on the move towards integrated working, and developing collaborative partnerships to deliver services. In response to this landscape, the local transformation agenda and the internal changes to the locality structure of the clinical services rolled out in 2013/14, the Trust has developed locality and specialised clinical strategies. These three year strategies (detailed later in this section) also reflect and drive the Trust's on-going strategic vision of *'Leading in partnership to improve health and well-being by providing high quality care.'* This vision is underpinned by 7 strategic objectives:

1. Deliver high quality, integrated and innovative services that improve outcomes.

2. Ensure meaningful involvement of service users, carers, staff and the wider community.

3. Be a model employer and have a caring, competent and motivated workforce.

4. Maintain and develop robust partnerships with existing and potential new stakeholders.

5. Improve quality of information to improve service delivery, evaluation and planning.

6. Sustain financial viability and deliver value for money.

7. Be recognised as an open, progressive organisation that is about care, well-being and partnership.

The Trust continues to be fully committed to improving engagement and working in partnership with service users and carers to empower them in their care, and to improve their experience of services.

Working closely with our Governors and Members is also important to the Trust. CWP's Governors have contributed to the development of the plan through both presentations and discussion sessions at Council of Governors meetings, and at sub group and committee meetings. We have recently reconfigured our Governor sub committees to enable a greater focus on strategic planning and have introduced a

programme of seminars to enable Governors to have a greater role and influence in the Trust's strategic plans.

We continue to progress our membership and engagement plans which are to focus on maintaining current total membership levels and to target specific areas to ensure we are representative of the communities that we serve. Our aim is to maintain staff and public membership numbers and to focus on recruiting to areas of under representation. Particular target areas are service users and carers; people based in eastern Cheshire, males, people aged 16 or under and those aged over 60.

- **The Local Challenge**

The Cheshire area is home to approximately 700,000 residents, across a mix of urban centres, smaller towns and rural communities. Whilst the area has pockets of relative affluence, there are a number of local challenges. The population of west Cheshire is ageing, with the number of people aged 65 and over forecast to increase by 19,500 (26%) from 2010 – 2020, and the number of residents over 85 estimated to grow by 3,000 (41%).

This challenge is mirrored in east Cheshire which has the fastest growing demographic of residents over 65 and 85 in the north west of England. This translates into a financial growth pressure of £19.1 million in west Cheshire over the coming five years, and for organisations in east Cheshire, the financial challenge is in excess of £36 million over the coming three years. In broad terms, this group represents approximately 30% of the population, but consumes 70% of the total health and social care spend.

Within east Cheshire particularly, there are significant financial pressures that exist within the health and social care geographies in this locality and this is due in part to a relative lack of deprivation against national benchmarking. This can make it difficult for local organisations to individually draw resources to create the headroom for innovation.

In Wirral there is a similar mix of urban and rural areas, again with some affluent areas mixed with areas of deprivation, some of which have a higher emergency hospital admission rate than the rest of Wirral. The area also scores lower on the employment indicator of the Index of Multiple Deprivation (2010) which again reflects some of the challenges that the area faces.

Consistent with the national trend, the Wirral health and social care system is under increasing financial pressure, and it is becoming more challenging. There will be an approximate 22% reduction in total spend across health and social care, which has galvanised the need for more effective integrated working.

Alongside the financial pressures, the demand for local services is increasing. Wirral’s overall population is projected to increase by 1.4% by 2021. The older age population (aged 65 years and above) are expected to increase at the fastest rate, with an 18% increase projected by 2021. This group are also more likely to have a long term condition. The 2011 Census reported that there are about 36,000 (57%) people living in Wirral aged 65 years and over who have a long term condition or disability that limits their daily activities.

Overall, the strategic framework in which the Trust operates is complex. This is the result of the significant financial and demographic challenges faced in all localities, the Trust's large geographical footprint and the complex commissioning framework in place. Despite this, there is agreement amongst all stakeholders of the scale of the challenges and the Trust continues to maintain its good relationships with local commissioners.

Changes to the commissioning environment are now working through, particularly in respect of drug and alcohol services now being commissioned by Public Health. The Trust is responding to these tendering

opportunities and is working with partners to respond innovatively.

Trust wide, CWP has a number of challenges primarily around maintaining the balance between ensuring quality and access to services while ensuring services are provided within the cost envelope, delivering higher quality care and service improvements. With the emphasis and drive towards large scale transformation, the development of effective long term joint plans, including cost improvement programmes (CIP) is crucial. Particularly important to the Trust is maintaining its position as a preferred provider of services, and ensuring that there is capacity and scope within the Trust to continue to deliver high quality services, to develop innovative services, and to identify new opportunities to enhance sustainability.

CWP plans to deliver a 4% efficiency saving in 2014/15 and 4.5% in 2015/16. As the majority of the Trust's income is via block contract arrangements, the application of the national deflator results in the potential reduction in the resources being invested in our services. We have been working with all our partners across our footprint to agree the case for the deflator to be reinvested in the Trust for the benefit of patients, and to support the transformation initiatives that we have been developing, as set out later in this document. This is in line with national expectations regarding parity of esteem for mental and physical health services.

In response to the cross Cheshire challenges, the local stakeholders including local authorities, CCGs and providers including CWP, overseen by the health and well-being boards, have successfully attained Integrated Pioneer Status. This programme aims to provide an improved standard of health and well-being through the delivery of new models of care and support based on four principles - integrated communities, integrated care management, integrated commissioning and integrated enablers. The focus of the programme locally is on providing for those with long term conditions and for families with complex needs, as well as for those whose needs are not currently well provided for.

CWP has played a key role as one of the main providers of care in the development of the pioneer bid and continues to undertake a central role in the integrated care pioneer programme, reflecting the Trust's involvement in shared commitments within the footprint. An example of this is within the West Cheshire locality and the whole place community budget national pilot work (Altogether Better programme) that led to the full case for integration.

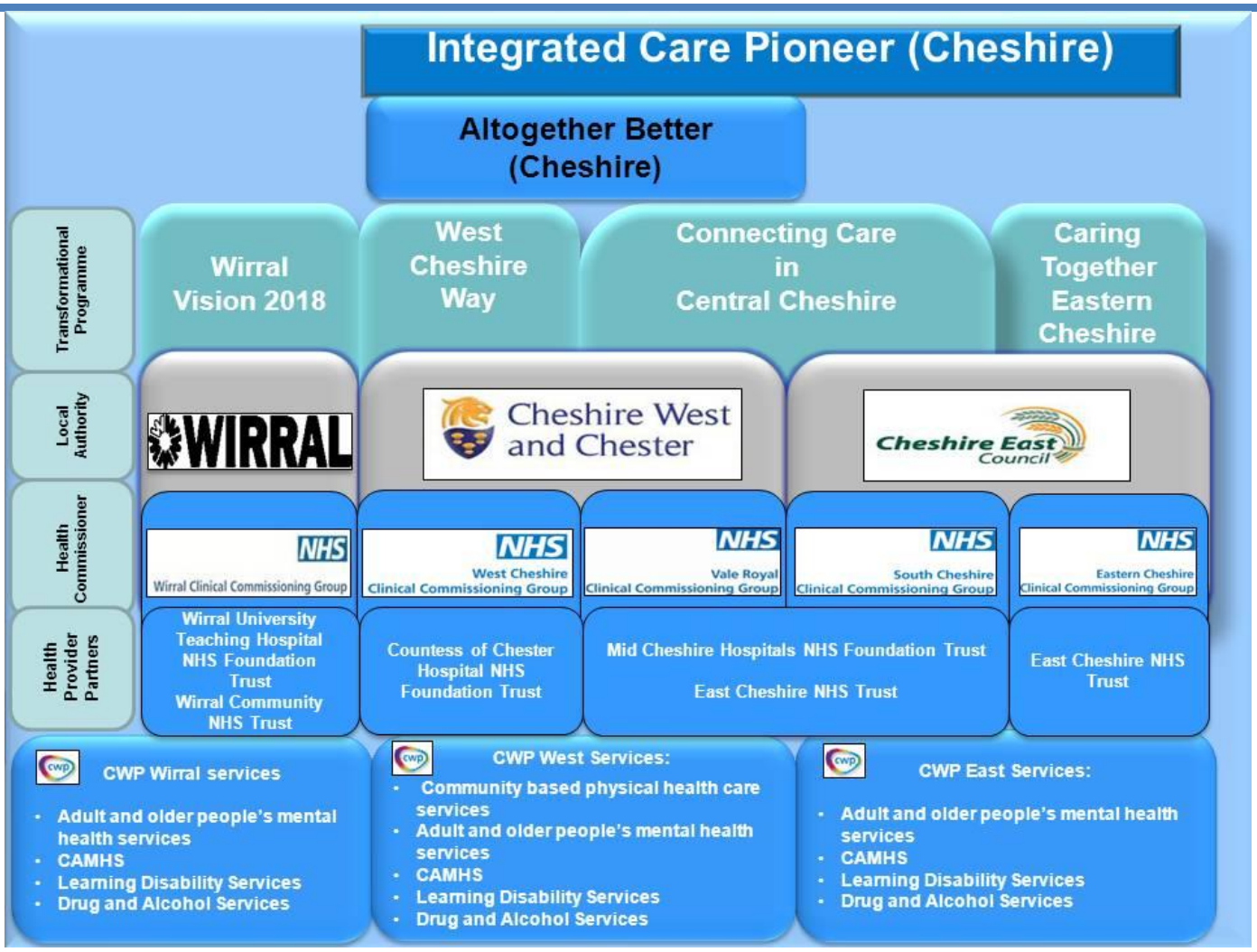
Underpinning the pioneer programme across Cheshire are three large scale transformational programmes - 'the West Cheshire way', 'Connecting Care' in Central Cheshire and 'Caring Together' in East Cheshire.

Similarly in Wirral, a transformation programme entitled the Vision 2018 programme is driving forward strategies in response to the local challenges in which the Trust is playing a key role in progressing.

The most significant element of the transformation programmes focuses on initiatives to reduce the demand on the acute hospitals in line with *The NHS Outcomes Framework,* and to invest in meeting demand, improving quality and securing sustainable change.

To support this, the Trust has adopted a new model – the Stepped Approach to Recovery – across its community mental health teams so that service users are cared for in the part of the service which best meets their needs. In providing care and treatment to the service users using this model, staff continue to deliver evidence based interventions, use the framework of the Care Programme Approach and the ethos of recovery that is unique to the individual. This was introduced in May 2013 and is subject to continuous monitoring by the Board of Directors in 2014/15 as part of its business cycle.

The diagram below sets out the complex environment in which the Trust is operating.



In addition, the specialist services that the Trust provides are commissioned by NHS England via the local area team. The Trust is working proactively with specialised commissioners on their national reviews, in particular that of tier 4 CAMHS services.

- **Better Care Fund**

The transformational programmes have also been the fora in which partner organisations have discussed the Better Care Fund proposals. In the main this has been seen as a vehicle to support and enhance the work that was already underway, and in particular to support the development of a whole person, multi-agency approach for the care of patients and service users in the most appropriate setting. At the time of writing, the full detail of the schemes that will be in place from 2015/16 is being developed. However, it is expected that our existing approach to developing integrated community services will be built upon.

- **CWP Locality Clinical Strategies**

In response to the complex operating environment and the local transformation agenda, the Trust has developed locality strategies which recognise the key drivers for change on a national, local and internal basis. These three year strategies which commenced in 2013/14 provide momentum for the service redesign and transformation required to meet the needs of our population and our commissioner's strategic intentions.

The locality clinical strategies also reflect the Trust wide focus on quality, and reiterate the importance of patient safety, patient outcomes and patient experience. Each strategy has been discussed locally with stakeholders, including commissioners and Governors and has been approved by the Trust Board. Key actions and schemes have been summarised in a 'plan on a page' as set out in the following sections.

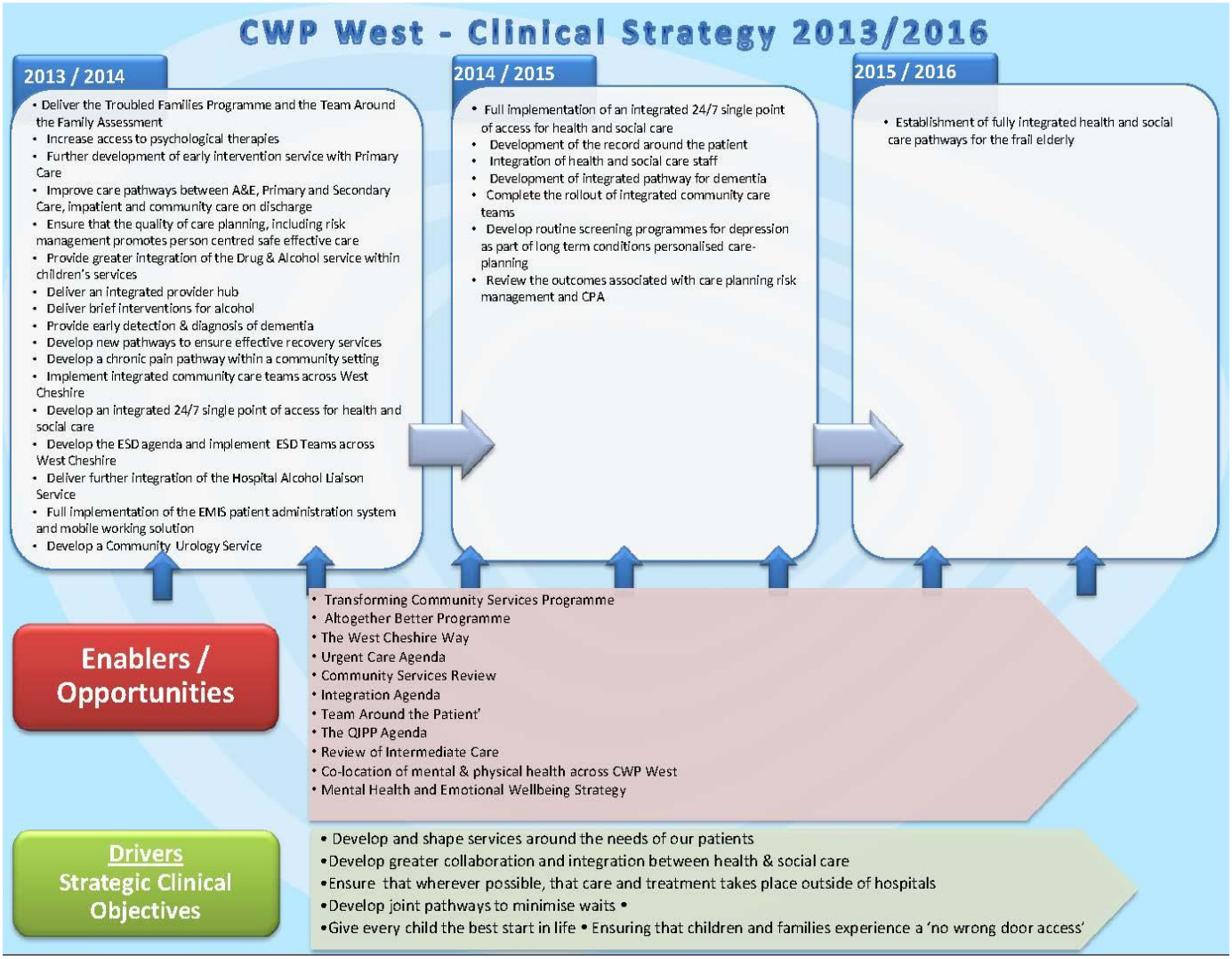
Each locality has identified the key performance indicators (KPIs) and risks which will enable the Trust to monitor the progress of the strategies. The top three KPIs and overall risk rating will be reported to the Board via the corporate performance dashboard. The locality teams will monitor performance against all clinical KPIs and provide exception reports to the Board should there be significant variance in performance or risk.

- **West Cheshire: Current Position and the Local Health Economy Challenges**

In western Cheshire, there is a strong focus on integration and partnership working, supported by both the CCG and the local authority led 'Altogether Better' programme. Across 5 domains, the programme aims to pool collective expertise and resources to provide cost effective benefits for the local population, along with an improved value for money position for providers. In addition, the CCG plan focuses on more outcome driven services provided through a partnership approach across 6 clinical outcome areas, which include mental health, dementia and alcohol related ill health.

The CWP West clinical strategy is framed around the West Cheshire CCG commissioning intentions and evidence based best practice, along with the demographic challenges identified in the joint strategic needs assessment. The Altogether Better programme is an additional driver to the integration agenda across health and social care and internal integration of physical and mental health within CWP. The Trust is working closely with the local authority to offer smooth pathways of care across services through the integration of mental and physical health services, providing a 'team around the patient' approach. During the next year, CWP will complete the implementation of the 9 locality integrated teams bringing together health and social care services in the community around groups of General Medical practices to provide person centred care. These will support our work with health, social care and third sector partners to deliver the locality transformation programme, 'the West Cheshire Way'.

The CWP West Clinical Strategy is set out below:

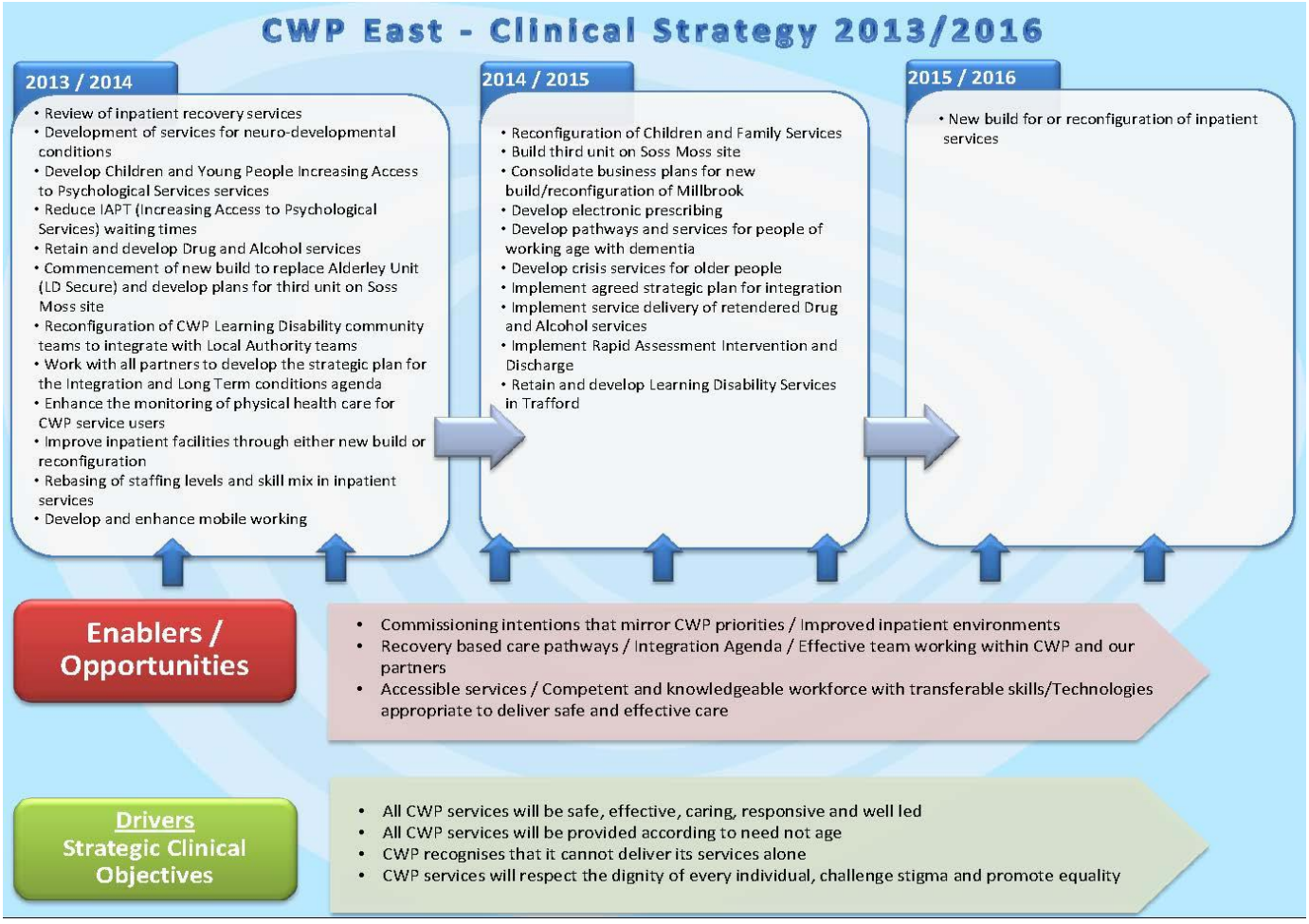


- **East and South Cheshire including Vale Royal: Current Position and the Local Health Economy Challenges**

Within the Cheshire East locality, due to the CCG boundaries, there are two integration programmes. In east of the county, covering the eastern Cheshire CCG footprint, a partnership of health and social care organisations including CWP, have developed a shared vision called 'Caring Together' to provide joined up local health and social care. This is aimed at bringing about a shift in care from a reactive hospital based approach to a proactive community based care model. The approach is patient-centred and will use a new and enhanced primary care approach as the foundation. The model builds out from this using a locality team approach and specialist in-reach services to support primary and community care more effectively. Caring Together aims to deliver benefits in four areas - patient experience and care outcomes, staff experience, service utilisation and financial resources.

In south Cheshire and the Vale Royal areas, the CCG has embarked on a similar strategic programme, called 'Connecting Care.' A Programme Board provides strategic leadership to the work streams and will stimulate the local health and social care economy, ensure close partnership working and ensure robust risk management. CWP will provide a key role in partnership working to bring providers together so that care is person centred and is based in local communities. This includes the development of innovative contractual models between all providers to support the delivery and the management of the shift of care from hospital to more appropriate settings.

The CWP East Clinical Strategy is set out below:



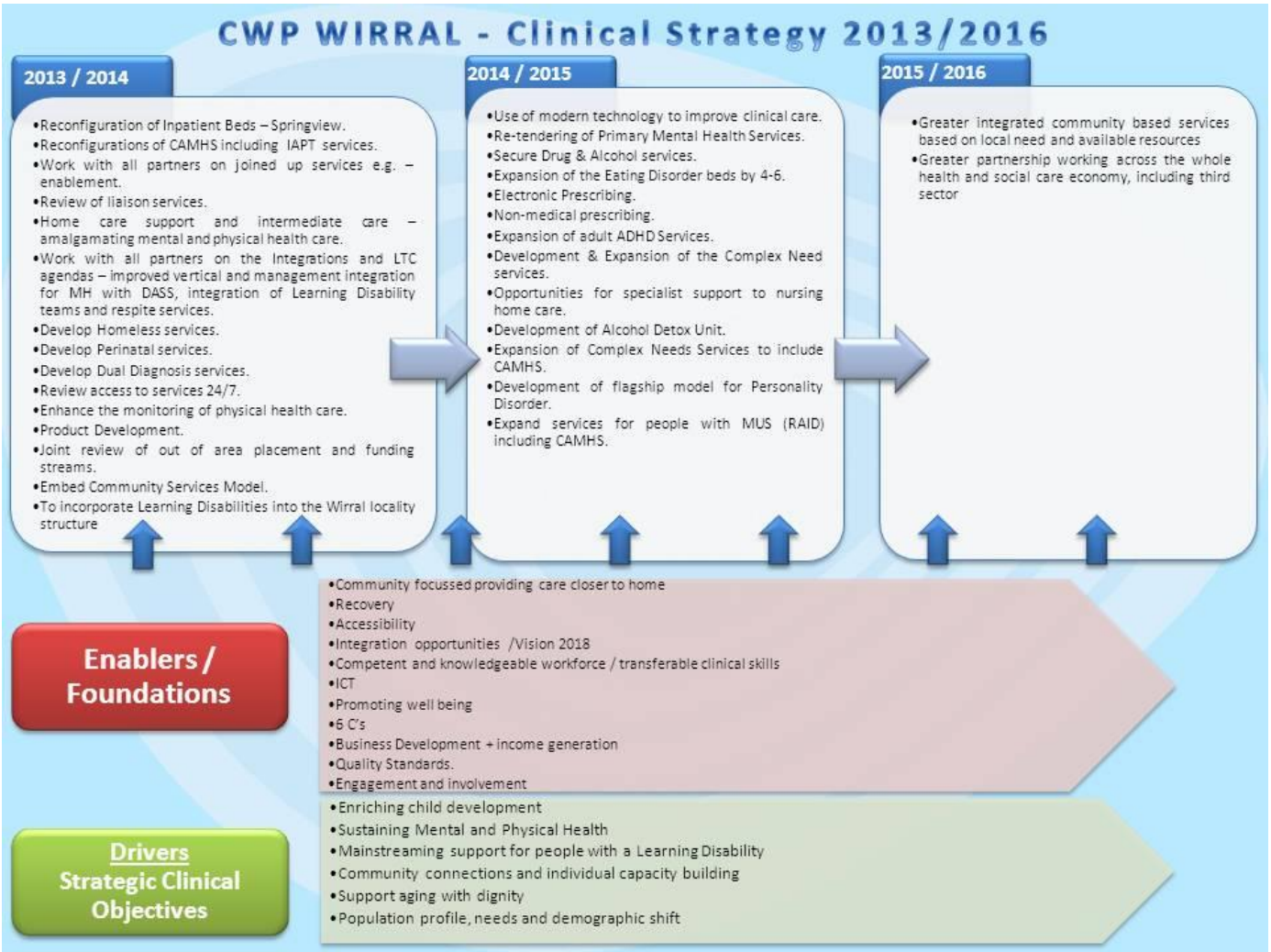
- **Wirral: Current Position and the Local Health Economy Challenges**

Locally, leaders of health and social care have agreed to work in partnership to develop a health and social care strategy called Vision 2018. The group consists of health and social care leaders, working in partnership to address the challenges together with an agreed vision.

The aim is for the quality of care and outcomes to be protected and enhanced, despite the increased costs and a potential reduction in funding. This whole system approach will be overseen by the Vision 2018 Programme Board and its supporting work streams. CWP is an integral partner involved in all work streams and is leading on the 'quality outcomes' work stream. The CWP Wirral clinical strategy dovetails with the overarching principles of the programme.

Partnership working with third sector, voluntary and other organisations will be the vehicle to develop services and innovate, along with capitalising on the locality model within CWP. This is as well as relocating service provision such as psychological therapies into community settings and ensuring that robust pathways to voluntary and other organisations which have strong user led initiatives are developed. As part of our work with the third sector and Public Health, the Trust is engaged in a pilot around the ABCD (Asset Based Community Development) initiative, which will seek to understand all of the community assets on Wirral to develop 'community connectors' to direct service users as part of their recovery to those community assets.

The CWP Wirral Clinical Strategy is set out below:



3. CWP Quality Plans

CWP's quality goals are defined annually within the Trust's Quality Account, which requires quality improvement priorities to be set in the domains of patient safety, clinical effectiveness and patient experience.

The focus of this year's priorities is on 'continuously improving care delivery to reduce error and harm'. This quality improvement priority responds to Professor Don Berwick's review into patient safety in the NHS that calls for a culture of 'zero harm'. The Trust appointed its own 'Clinical Expert Champion for Zero Harm' in September 2013 to advise on this priority, achievement of which will help to reduce avoidable variations in the quality of care, outcomes and the experience of patients.

In January 2014, the Board of Directors approved continuous improvement plans to help deliver the ambitious challenge of achieving a culture of 'zero harm' and in doing so endorsed them for the next 3 – 5 years. The quality improvement priorities will therefore remain unchanged for at least the next three years. These will be reviewed as part of the annual quality account process.

One of the principles of Berwick's recommendations was to primarily focus on better care rather than quantitative targets. As such, the three quality improvement priorities for 2014/15 through to 2016/17 do not set targets – instead they aspire to deliver continuous improvement year-on-year. These are set out below.

CWP Patient Safety Quality Goal:

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

This quality goal echoes the Trust's strategic goal of having an aspiration of zero harm that drives the Trust culture. It reflects the *NHS Constitution,* the *NHS Outcomes Framework*, the NHS 'Sign up for Safety' campaign, and one of *NHS England*'s objectives for 2014/15 . It also reflects the *NHS Constitution,* the *NHS Outcomes Framework* and one of *NHS England*'s objectives for 2014/15 to protect people who use NHS services from avoidable harm. This includes taking action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. The Berwick review on patient safety recommends a continual reduction in patient harm through an ethic of learning. All clinicians have a professional responsibility to report incidents of actual or potential harm, and improved reporting of incidents helps to better identify risks and provides better opportunities to improve patient safety. In addition, raising awareness of error provoking conditions and unsafe situations through the promotion of the understanding of 'human factors' will help to reduce avoidable harm**.**

CWP Clinical Effectiveness Quality Goal:

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

This quality goal reflects one of the Trust's strategic objectives of delivering high quality, integrated and innovative services that improve outcomes. Freeing the NHS to innovate in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2014/15. One of the indicators of the Trust's strategic goal of having an aspiration of zero harm that drives the Trust culture is that interventions should lead to the maximum number of people achieving good outcomes and positive recovery, and the smallest number of people experiencing adverse outcomes. This quality priority

aims to ensure that systems within the Trust promote, support and facilitate delivery of best practice and to learn from outcomes, whether positive or adverse, to ensure that service delivery consistently delivers best practice.

CWP Patient Experience Quality Goal:

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

Ensuring that people have a positive experience of care is one of the Government's ambitions for the health service for 2014/15. Also, one of the indicators of the Trust's strategic goal of having an aspiration of zero harm that drives the Trust culture is the prevention of unacceptable variations in healthcare experience. Compassionate care and patient experience are just as important as clinical outcomes. People who need the support of healthcare services expect to be treated with compassion, respect and dignity. To enable excellent care, the workforce needs to have the right values, skills and training. Achieving a continuous improvement in health outcomes requires healthcare services to measure, understand and respond to the needs and preferences of patients and communities locally, through a regular programme of feedback looking at how people feel about the care they receive.

The Board receives the Trust's quarterly Quality Reports to evaluate progress towards delivery of its quality goals. Through quarterly review of the Trust's self-assessment of compliance with Monitor's *Quality Governance Framework*, the Board identifies on a regular basis how quality drives the overall Trust strategy. This is supported by a Board review of the corporate performance report and quality dashboard exception reporting from the Quality Committee. The Trust's Quality Committee includes in its business cycle a review of the quarterly Quality Report, and is the delegated committee that identifies any necessary action plans required to manage the risks associated with the delivery of the Trust's quality goals. The Quality Report is also shared widely with partner organisations, Governors, members, local groups and organisations as well as the public.

- **National and Local Commissioning Priorities**

National and local commissioning priorities expressed as 'intentions' are schemes and initiatives to be delivered in year and are expressed in terms of key areas of work for development over the coming year. This includes specialised services for which NHS England prescribes commissioning priorities and intentions. Discussion around national and local commissioning priorities provide the context for constructive engagement with the Trust, with a view to achieving the shared goal of improved patient outcomes and service transformation within the fixed resources available.

Commissioning for Quality and Innovation (CQUIN) arrangements for 2014/15 are focused on an updated national menu of schemes with associated measures, as well as local schemes. The CQUIN framework aims to support operational improvements in the quality of services, whilst creating new, improved patterns of care. They also align with the *NHS Outcomes Framework*. Participation in CQUIN indicates that the Trust, with its commissioners, is actively engaged in quality improvements.

The Trust will continue to report progress to its commissioners against national and local CQUIN milestones. The local and national CQUIN schemes are still to be finalised, including the in-year milestones which are usually agreed in quarter one of the financial year. These are in the Trust's annual Quality Account.

Compliance against the NHS Standard Contract and CQUIN goals are reviewed through the contract

monitoring processes in place with the Trust's commissioners.

- **External Inspections**

The Trust welcomes external inspections as an opportunity to learn and further improve its services. During the period 1 April 2013 to 31 March 2014, the Trust has participated in a series of unannounced inspections and responsive reviews by the Care Quality Commission (CQC) in the following areas:

- Review of compliance: Eastway in September 2013. The Trust was compliant with all standards reviewed: 1, 4, 7, 13, 16 & 21.
- Review of compliance: Springview Hospital in November 2013. The Trust was compliant with standards 1, 4, 7, 13, 16 & 17, with minor concerns in relation to standards 5 (meeting nutritional needs) & 21 (records).
- Review of compliance: Bowmere Hospital in January 2014 (responsive visit). The Trust was compliant with standards 4, 6 & 10, with a minor concern noted in relation to standard 21 (records).
- Review of compliance: Greenways in February 2014. The Trust was compliant with all standards assessed 4, 7, 9, 12 & 17.

The Trust will have completed all actions relating to standards 5 and 21 by the end of March 2014 and is in the process of seeking assurance that these actions have been embedded into practice prior to confirming compliance with CQC.

In addition to the above inspections, in October 2013 the Trust also participated in a CQC monitoring visit regarding *Mental Health: Assessment and Application for Detention and Admission* to the Wirral locality. The monitoring visit assessed the Trust along with a number of other providers including the local authority. A robust action plan was developed in collaboration with partner agencies to address the recommendations made within the report and is being monitored by the Trust's Compliance, Assurance & Learning Sub Committee.

In January 2014, the Trust was involved in a CQC review of services for looked after children and safeguarding in Cheshire West and Chester. The review commented on the positive improvements made following the previous Ofsted inspection, and the agencies involved are currently developing a robust action plan to address the recommendations for both commissioning and provider services.

- **Managing Risks to Quality**

Through quarterly review of the Trust's self-assessment of compliance with Monitor's *Quality Governance Framework*, the Board identifies on a regular basis how quality drives the overall Trust strategy; this includes risks to quality and plans in place to mitigate them. The Board receives the Trust's quarterly Quality Reports to evaluate progress towards delivery of the quality goals. This is supported by a Board review of the corporate performance report and quality dashboard exception reporting from the Quality Committee.

The Trust's Quality Committee includes in its business cycle a review of the quarterly Quality Report, and is the delegated committee that identifies any necessary action plans required to manage the risks associated with the delivery of the Trust's quality goals. Clinical service performance reviews also look at any risks to delivery of the Trust wide quality plans associated specifically with each clinical service locality.

The corporate assurance framework is reviewed at Board of Directors meetings as a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic objectives, in relation to the quality of its services and safeguarding patient safety. The assurance framework document contains information regarding internal and external assurances that strategic objectives are being met. Where risks are identified, mitigations and subsequent action plans are mapped against them in order to reduce the risk to an acceptable level (also known as a target risk score).

Risk is managed at all levels, both up and down the organisation. As well as having a strategic risk register as part of the corporate assurance framework detailed above, each locality has its own risk register, with the accountable officers for risk management being the Clinical Director and Service Director of each locality as appropriate. The locality risk register is reviewed within the local governance structure. Risks are managed and monitored within localities but are elevated appropriately, dependent on the severity of the risk.

- **Quality Plans and Workforce Planning**

Successful delivery of the Trust's quality plans is supported by the Trust's organisational development and enablement (ODE) plan, and is also underpinned by the Trust's essential learning programmes and leadership strategy.

The principles regarding human factors, which underpin the Trust's quality plans will educate and empower the Trust's workforce to be aware of quality and safety related issues, and to be able to confidently respond. Additionally, specific training will be provided to the workforce in the following areas relevant to the quality goals:

- Training in approaches to zero harm;
- Training for managers in continuous improvement, celebrating good practice, and encouragement to deliver innovative solutions to complex problems;
- Training in understanding of the importance of clinical risk assessment/ management/ formulation, care planning and HoNOS (heath of nation outcome score);
- Training in HR/ basic employment law for all line managers;
- Training to enhance the skills of managers in having difficult conversations with staff.

- **Key Strategic Risks to the Delivery of the Plan**

The risks to delivery of key plans, as strategic priorities, are modelled as part of the risk treatment plans identified for the Trust's strategic risks as managed by the corporate assurance framework. These risk treatment plans ensure that there are appropriate risk reduction and mitigations in place. Work will continue throughout 2014/15 to improve the dynamism of the strategic risk register, including the identification of target risk scores for all strategic risks. This work will bring a more objective, evidence based and strategic decision making approach to the archiving of risks based on a structured understanding of risk tolerance. The Trust's current strategic risks rated as 'red' (risk score of 15 or greater) and subject to risk treatment plans to reduce their score to an acceptable residual level are set out below. Further detail on the key operational risks and how these are managed is described in section 4.

- Risk of harm to patients as a result of increased rate of stage 3/4 pressure ulcers being reported and evidence of recurring themes in RCA reports relating to pressure area care.
- Adults, children and young people are not protected through safeguarding training and practice.
- Risk of harm to patients due to lack of staff competency to manage changing physical conditions.
- The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury.
- Lack of a robust ligature management programme within the Trust may result in harm to patients with associated reputational and financial impact on the organization.
- Risk of harm to patients due to CARSO risk assessment not being completed as per policy.
- Risk of harm to patients and staff due to staffing levels across inpatient services in the three localities.
- Risk of adverse clinical incident due to dual record keeping systems (electronic and paper).
- Risk of not being able to deliver planned financial risk rating due to incomplete CIP plans, resulting in potential breach of terms of the Trust's Licence and reputational damage.
- Risk of not being able to deliver safe and effective services due to inadequate attendance on mandatory training. This may result in harm to patients, litigation claims and breach of legislation.
- Data quality may have an adverse impact on external (regulatory, contractual) monitoring and governance ratings and on effective internal decision making regarding service planning and development.
- Risk of harm to patients, carers and staff as well as reputational and litigation risks due to being: a) unable to show consistent investigation of incidents; b) unable to show learning from actions of incidents, claims etc; c) unable to be assured investigations are carried out in a timely manner d) unable to communicate in a timely manner with partners.
- Risk of breach of Trust Licence as a result of external scrutiny.

4. Operational Requirements and Capacity

The success of our locality clinical strategies is reliant on an effective infrastructure and enablers to underpin the delivery of safe, effective and patient centred care. The three main areas of focus are - better use of technology, workforce and environment.

a. Better Use of Technology

With the need for the Trust to meet increasing demand, improve the quality of services and become more efficient, it is increasingly important that we have technology and supporting processes that assists our staff to do so. In response to this, the Trust has a number of priority IT related work streams to support the effective delivery of the clinical strategies. These include:

- Improving our record keeping - to ensure that the CAREnotes system has the full functionality the Trust requires and that staff are fully trained to use it
- Mobile working in the community - a project to be led by clinical services to support service redesign. In the short term, the focus of the work-stream is on the EMIS system due to its better functionality.
- Supporting care in hospital settings - a project to be led by clinical services to support service redesign and to release time to care. This will see two pilots introducing mobile technology to improve the quality and safety of the care provided.

The delivery of the three work streams will be overseen by a Programme Board, chaired by the Director of Finance, reporting in to the Trust Operational Board**.**

b. Workforce

The Trust continues to implement a number of workforce and organisational development strategies to support delivery of the Trust's objectives. This is in addition to specific training that will be provided to the workforce to support the achievement of the Trust's quality goals. The principles regarding human factors, which underpin the Trust's quality plans, will educate and empower the Trust's workforce to be aware of quality and safety related issues and to be able to confidently respond.

Clinical leadership and engagement continues to be a strong aspect of the Trust. A new clinical and professional structure has been implemented at locality level to strengthen clinical and professional input into decision making at all levels of the Trust. The clinical and professional roles within the structure will have overall responsibility for the delivery of care within each locality. They will influence the on-going development of their locality clinical strategies through engagement with the Trust-wide clinical engagement and leadership forum, which from 2014/15 will extend its membership to these new roles, whilst the scope of each agenda will be broadened to facilitate the development of clinical and professional leadership capacity.

The broader workforce priorities include improving productivity and effectiveness of staff by reducing staff sickness absence and actively promoting healthy lifestyles for employees. Additionally, the Trust seeks to increase the overall flexibility of the workforce and reduce reliance on temporary staffing as recommended in a recently undertaken review of ward staffing levels. This recommended that permanent establishment levels are increased, along with the implementation of a continuous improvement programme to ensure that improved quality outcomes and value for money is achieved. There will also be the need to manage the impact of CIP on reduced pay expenditure. This will be managed by the application of appropriate HR policies which aim to minimise compulsory severances and the associated costs.

In particular the Trust will be focusing on:

- Building clinical and managerial leadership capacity by improving the skills of existing managers and by identifying and offering developmental opportunities and coaching to future managers. A locality approach is being taken to workforce planning and will include the impact of integration plans with other providers to ensure continued responsiveness to the local health economy.

- Embedding values and social responsibility through the Trust's commitment to its social responsibilities around offering apprenticeship schemes, and to support unemployment schemes to widen access to employment.

- Improving the quality of service delivery and service user experience by driving forward the plans already in progress. These have particular emphasis on medical workforce revalidation and ensuring the robustness of performance management processes. They will additionally seek to ensure that staff appraisal processes link into clinical strategies and to individual performance, alongside the further development of the 'behaviour related' incremental pay progression initiative. This will provide a visible line of sight between staff behaviour and improved user experience of our services.

To support the transformation of the workforce across the western Cheshire health economy, the Trust has developed an enhanced Director of Human Resources role. The post holder will play a key part in the integration of health and social care, working closely with partners to ensure that workforce matters are at the forefront of our plans.

c. Environment

The clinical strategies will also require the Trust to review its physical capacity to be successfully implemented. Further detail on our capital plans are in section 6 and appendix 1.

- **Managing Operational Risk**

The operational requirements and capacity required to deliver the operational plan are subject to a number of key operational risks. The Trust's strategic risks are detailed in section 3. The key financial risks to the Trust are set out in section 6.

The Trust's integrated governance strategy details that where risks have identified resource requirements to address them, they are referred to the Operational Board. This gives the Trust the ability of adjusting inputs to match different levels of demand. The current risks in this respect (as they specifically relate to physical capacity, workforce and beds) as detailed in the corporate assurance framework, are:

- **Risk of harm to patients as a result of increased rate of stage 3/4 pressure ulcers being reported and evidence of recurring themes in RCA reports relating to pressure area care.**
  A training programme for tissue viability is scheduled for review early in 2014/15 and will subsequently become mandatory across the Trust's clinical workforce once the programme is agreed by the Trust's pressure ulcer action group. This will allow the workforce to respond to the clinical management of pressure ulcers more robustly in order to reduce the rate.

- **Adults, children and young people are not protected through safeguarding training and practice.**

  Improvements were made to safeguarding training in 2013/14 and training compliance for safeguarding met all contractual targets. However in 2014/15, there is a potential financial adjustment for non-achievement. This is monitored on an ongoing basis by the Quality Committee, which as part of its business cycle receives a safeguarding exception report detailing safeguarding training compliance. Where compliance demonstrates a downward trend, remedial actions are identified, implemented and monitored to ensure control measures are in place and effective in assuring continuing performance against contractual targets.

- **Risk of harm to patients due to lack of staff competency to manage changing physical conditions.**

  A review of physical healthcare training has been undertaken by a physical healthcare network that reports to the Trust's Patient Safety & Effectiveness Sub Committee. Improvements have been made to the Trust's essential training, including new physical health training which will be implemented across the workforce throughout 2014/15.

- **The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury.**

  An external acute falls nurse specialist undertook a review of falls prevention and management in 2013/14 to inform how to manage this risk from 2014/15. This includes implementation of systems to manage slips, trips and falls, environmental improvements and training.

- **Lack of a robust ligature management programme within the Trust may result in harm to patients with associated reputational and financial impact on the organisation.**

  The Trust updated its environmental clinical risk assessment policy during the latter half of 2013/14 to reflect an update to the process to include protocols for visual inspection and clinical risk assessments, scoring principles and a survey template. This was undertaken with full consultation and agreement of clinical groups. This will be implemented in 2014/15 to promote a more joined up and flexible response by the workforce to environmental clinical risk management.

- **Risk of harm to patients due to CARSO risk assessment not being completed as per policy.**

  Completion of CARSO risk assessments will continue to be monitored by the Trust's patient safety metrics programme. In 2013/14, the Quality Committee endorsed the appointment of an internal clinical advocate to act as a catalyst to help the Trust achieve synergies in promoting safe and effective services, including thorough risk assessment. Proposals for a training role to take forward this agenda were approved by the Board of Directors in January 2014 and strengthened training for the workforce will commence in 2014/15. This will promote less variation in completion of CARSO risk assessments as per policy.

- **Risk of harm to patients and staff due to staffing levels across inpatient services in the three localities.**

  Staffing levels, including safety and skill mix across all professional types – to ensure an effective response to acuity and demand – will be monitored and reported at least twice per year to the Board of Directors as per the requirements of the National Quality Board.

- **Risk of not being able to deliver safe and effective services due to inadequate attendance on mandatory training. This may result in harm to patients, litigation claims and breach of legislation.**

  A review of the Trust's training strategy was undertaken following a corporate services review in 2013/14. This followed planning priorities and linked to responses to the national Francis and Berwick reports and the Trust's 'always events' framework. A revised mandatory employee learning programme was subsequently presented and approved by the Trust's Operational Board. An implementation plan will continue to be delivered in 2014/15.

5. Productivity, Efficiency and CIPs

The current economic climate and on-going NHS efficiency requirements continue to present real challenges to the provision of high quality, effective services. In response to this, the Trust has developed a number of cost improvement programmes to enable the Trust to sustain financial viability and to support development priorities.

As with previous programmes, these initiatives focus on service redesign to allow greater efficiency in the delivery of services through improved care pathways across health and social care. These deliver better outcomes for service users and increase the flexibility of the Trust's workforce to respond to future opportunities. The Trust approach to this is one based on aligning the staff skills required, with the needs of our patients and wherever possible, by people working in multi-disciplinary health and social care teams around individuals and their families.

The Trust is planning to deliver cost improvements of £5.3m in 2014/15 and £5.5m in 2015/16. This broadly equates to an efficiency requirement of 4% in 2014/15 and 4.5% in 2015/16. The Trust's processes to deliver this whilst maintaining high quality and safe services is set out below.

The oversight of the CIP programme has been reconfigured from that of a traditional PMO function to a more robust performance management regime being led by a newly appointed Associate Director of Performance and Redesign. Weekly meetings with key budget holders and finance leads have been established to monitor progress of CIP scheme identification. Schemes are RAG rated, in terms of certainty of scheme delivery. All schemes require a quality impact assessment, which are reviewed by the locality management team, and any schemes valued over £100,000 are amber rated until approval of the scheme has been given following the quality impact assessment review by the Medical Directors and Director of Nursing, Therapies and Patient Partnership. All red schemes require alternative schemes to the same value, should the scheme fail to progress through the review stages outlined.

In developing the CIP proposals, the executive team receive weekly reports highlighting the following:

- CIP identified and the current gap to control totals.
- RAG rating of schemes.
- Percentage of schemes that provide recurrent savings.

CIP actual monthly savings against planned (profiled) savings will be monitored on a monthly basis during 2014/15, and the executive team will receive a monthly performance and exception report.

- **Quality Impact of CIPs**

The Trust has a quality impact assessment process to monitor the impact of all CIP and service development schemes.

There are four categories of service changes, which are: budget clipping, 'Just Do It' (<£100,000, less than 1 quarter to deliver), Standard Improvement Projects (up to £1million and up to a year to deliver) and Complex Projects (>£1million and run across a year). Each one of these categories of projects has an accountability framework and a governance process attached. An early impact assessment process looks at financial and operational issues and the impacts on patient care. This early impact assessment and approval process determines whether the service change can go forward to the next stage, with Standard

Improvement Projects and Complex Projects requiring full, worked up business cases.

Each category of service change has a governance process, with Standard Improvement Projects and Complex Projects (i.e. those service changes likely to be included in the annual plan) requiring Executive, Operational Board and Board of Director approval, such as the clinical strategies. There are also consultation processes, both internal and external outlined for these service changes.

As part of the impact assessment on patient care, there are a series of quality indicators identified, linked to patient safety, clinical effectiveness and patient experience. These indicators are monitored pre service change, during transition and post service change by the Trust's Quality Committee, to ensure any service change does not negatively impact on patient care. Any risks in relation to this are then reported to the Board via the strategic risk register and corporate assurance framework.

The Trust's process for impact assessing service change in relation to quality and patient care has been scrutinised by commissioners via Board to Board meetings with Clinical Commissioning Groups. In year scrutiny will continue with agreed contractual reporting.

- **Overview of CIP schemes**

The Trust has identified 60 schemes in total. The transformational schemes are aimed at supporting the modernisation of services, and will be managed centrally. These schemes are:

- The adoption of modern technological solutions to facilitate mobile working is essential for the Trust to achieve CIP. By increasing the productivity of staff thereby enables the Trust to reduce headcount, or deliver increased activity levels for the same cost, to meet the increasing demands on our services.

- A further review of inpatient capacity. The Trust has previously reviewed and reduced its inpatient capacity. The needs of people accessing our inpatient facilities continues to change and we have increased our ability to manage patients safely in the community. The purpose of this review is to assess the demand on services and our capacity to meet those needs within the community, and identify the optimal inpatient facilities required to support the needs of the people within our populations and across our geography.

- Estates rationalisation which aims to reduce the cost of the estates budget, by working with clinical teams to review the location and number of delivery points. The drivers for changes could be increased cost of premises; poor utilisation, attendance figures, and a strategic relocation of services to facilitate integration of health and social care teams. The key deliverables for the estates rationalisation is to reduce cost and improve utilisation of facilities.

There are two key incremental schemes. These are:

- A review of medication usage to manage and reduce the cost of medication to the Trust. The medicines management team have established an agreed prescribing formulary which ensures all prescribed medication is effective and cost efficient. The prescribing of drugs not contained on the formulary requires approval of the chief pharmacist. The medicines management team annually reviews the formulary to ensure that the Trust's prescribing costs are managed effectively and reduced appropriately.

- Continuing to review the skill mix of teams. All services within the Trust regularly review the skill mix of the teams they manage, challenging the need for like for like replacements when vacancies are authorised. Clinical services have been redesigned to align with CCG localities, and this has afforded the opportunity to review and restructure the locality clinical management teams and reduce management costs.

6. Financial Strategy and Plan

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

The strategy reflects very much the same principles that have been in place and have been defined by on-going discussion by the Trust's Board since the organisation was authorised by Monitor and pays due regard to the financial and compliance framework, the key financial risks faced by the Trust and puts into place appropriate mitigation.

The Trust has continued to maintain its strong position as a provider of high quality value for money services against a continued backdrop of financial, legislative and commissioning changes. The Trust is projected to end 2013/14 with a surplus of circa £2.5m and a Continuity of Services Risk Rating of 4.

The general principles that the Trust continues to work to are as follows:

1. To achieve a Continuity of Services Risk Rating of a 3 or above on aggregate over the period.
2. To apply a long term efficiency programme that is tailored to the income profile of the Trust where all proposals are impact and risk assessed to ensure the outcome is true efficiency, delivered either by:
    a) Delivering more for the same financial value.
    b) Delivering the same service for less operating cost (the main material focus over the period of the plan).
    c) Attracting additional income in niche markets where a contribution to efficiency can be sustained (marginal over the period of the plan).
3. To cover where possible risk that is pertinent to the Trust in terms of workforce change, contract risk or any other corporate risk.
4. To utilise resources such as CQUIN payments made to the Trust to enhance and reward quality improvements in relation to the services provided for our patients.
5. To utilise the Trust’s cash position to maximise effective investment in the provision of fit for purpose facilities without compromising basic good practice regarding liquidity cover for normal operations.

The key actions required to support the delivery of this strategy are as follows:

- Trust wide delivery of the reduction in operating costs as set out in the plan.
- The adherence to approved business plans where there is a shortfall on income due to contract reduction or growth in a new niche market which is being underpinned non-recurrently.
- Establishment and embedding of the performance and redesign agenda to support robust planning and delivery.

- **Financial Plan**

The key drivers in our base income assumptions are listed below:

- The base plan assumes an initial 1.8% deflator for 2014/15, and is then adjusted for any differing agreements reached with commissioners as part of this year's contract negotiations. 2015/16 assumes a deflator of 1.8%.
- CQUIN funding at 2.5% will be available in both years of the plan, and it is assumed that it will be fully achieved and fully utilised.
- There is no significant growth in recurrent income forecast for 2014/15 from service developments.

In addition, it is worth noting that the main drivers of income in the forward plan still rest with the Trust's portfolio of block contracts. 99% of the Trust's income covered under contract has either been signed off (45%) or agreed (54%) as at 1st April 2014 and therefore the risk surrounding variability of income is very low.

With the transfer of commissioning responsibilities for Public Health to local authorities, a number of tendering processes have begun. The main areas affected by this are the Trust's Drug and Alcohol services. The plan assumes that CWP will successfully retain these services; however the potential loss of these services has been tested through our downside modelling.

CWP recognises the income risks associated with the current market environment and the potential for commissioners to seek further competitive tendering for clinical services.

Other income issues that have been considered include:

- Western Cheshire Clinical Commissioning Group income expectations in respect of QIPP of £1.3m over and above national requirements from 2015/16. The Trust is leading in the development of an Integrated Provider Hub approach that will demonstrate in 2014/15 how these efficiencies may be delivered across the totality of the CCG's mental health expenditure. However, there is a risk that this may all fall to CWP's services and therefore have been modelled as a potential downside.

- 'Altogether Better' – CWP is working with partners in Cheshire West and Chester in respect of a whole budget approach (see page 9). Initially discussions identified re-ablement staff and associated services moving across to CWP. The scope has now broadened to include mental health provider staff and therapists and social workers, however the end model has not yet been decided upon. As the financial impact of this transfer is still unknown this has not been factored into our financial template.

- Better Care Fund – As indicated earlier in the document, the Trust is actively engaged with commissioning partners in the development of their Better Care Fund proposals. At this point, no financial impact has been included in this plan.

- Payment by Results/Development of local tariffs in Mental Health – CWP continues to work with commissioners to refine tariffs with agreement to run a shadow tariff in 2014/15. As yet no financial values can be confirmed in respect of the impact of this process. A downside model has been developed which factors in a 2% potential income reduction.

- The loss of the drugs contract in Trafford of circa £700,000 from 1 April 2014. The income loss will be largely offset by a corresponding reduction in expenditure as staff TUPE to the new provider.

Income generation schemes are included within year 1 of the plan to the value of circa £0.7m. These are detailed within the financial template.

Non-recurrent income of £2.9m was received in 2013/14, of which £2.4m has been agreed for 2014/15. This reduction in income does not however, affect the underlying surplus of the Trust as funding streams such as this are only built into the plan when values are known and any associated costs would also only be committed to on a non-recurrent basis. Within our 2014/15 plan, there are non-recurrent 'transitional' monies of £1.2m from Western Cheshire CCG, which pump primes schemes to generate efficiencies within the local health economy and support 'the West Cheshire Way' transformational programme.

All planned recurrent expenditure is covered within baseline budgets and planned non-recurrent expenditure has also been provided for. The key elements of our expenditure plans are as follows:

- Although the recent pay award announcement identifies that 1% will only be paid to staff who are not entitled to further incremental progression, the plan includes the provision of 1% pay uplift to budgets to take into account pay awards and any other pay pressures such as incremental drift.
- Pay costs in 2015/16 take into account planned increases in the NHS Pension Scheme.
- All other prices are assumed to rise in line with inflation as experienced by current service delivery.
- Year on year movements in expenditure categories are detailed within the subjective movements tabs of the financial template.
- The Trust's CIP requirement and approach as set out in the Productivity, Efficiency and CIP section of this plan (section 5).

As the majority of the Trust's activities are covered by block contracts, the Trust has successfully absorbed additional work with local redesign and service improvement. It is expected that this will continue across the life of the plan.

- **Liquidity and Capital Expenditure Plans**

The Trust continues to plan for a strong and robust cash and liquidity position. Our cash projections take into account the forecast cash impact of our financial plan, as above, and the impact of our investment plans as set out below.

The Trust's Estate Strategy continues to provide a framework for maintaining and developing the estate to meet service delivery targets, service delivery plans and strategic goals. This ensures full utilisation of premises which are functionally fit for purpose, are safe and meet the required environmental standard for the provision of our healthcare services. Capital plans are developed working closely with clinical services in localities to ensure that the capital strategy plans and the clinical strategies are closely aligned.

The capital programme concentrates on initiatives that:

- Address key clinical needs. These have been identified by the localities as key priorities and are required to ensure accommodation meets current clinical standards.
- Make urgent environmental improvements.
- Continue the building rationalisation programme (as identified in the Estate Review and approved in support of CIP). The objective of this initiative is to reduce overall estates running costs while at the time ensuring that the remaining properties occupied by CWP are of the best possible environmental standard.
- Address key issues relating to ICT Infrastructure.

The key schemes across this period are the reprovision of the Alderley Unit, the development of a new Tier 4 CAMHS inpatient facility and the acquisition of the Springview Inpatient Unit. The latter is subject to the conclusion of negotiations with Wirral University Teaching Hospital NHS Foundation Trust. Details are included in appendix 1.

- **Financial Risks**

The baseline financial model developed by the Trust has been subject to a set of scenario 'tests' which look at a range of material risk variables that could impact on the overall financial performance of the Trust. These are set out below.

Model 1. A tariff deflator of an additional 0.5% above the 2014/15 agreed percentages.

Model 2. Risk of non - delivery of CQUIN targets and resulting non-payment.

Model 3. Additional £1.3m savings requirement for Trust mental health services in western Cheshire in 2015/16.

Model 4. Non-delivery of 20% of CIP plans.

Model 5. 2% adverse impact on income following the introduction of Payment by Results.

Model 6. Loss of Drug and Alcohol contracts following competitive market testing during 2014/15.

Model 7. The combined impact of all downside scenarios above.

Each downside has modelled the impact on the Trust's forecast cash position for the next two years and the impact on the Continuity of Services Risk Rating.

The impact of these downsides is shown within the supporting templates to this document. Even without developing plans that fully mitigate the impact of the above; the Trust would retain sufficient cash headroom to be able to meet its expenditure commitments under all individual downside scenarios. The combined downside represents an extreme scenario and would require potential utilisation of the agreed working capital facility. Should any such scenarios develop, the Trust would implement a number of initiatives including:

- Review of capital schemes both in terms of expenditure profile but also the source of funding.
- Utilise the available contingency and apply robust controls on the utilisation of the central reserves.
- Review future period cost improvement programmes and bring forward as appropriate.