



Strategic Plan Document for 33014-19

5 Boroughs Partnership NHS Foundation Trust

Strategic Plan Guidance – Annual Plan Review 2014/15

The cover sheet and following pages constitute the strategic plan submission which forms part of Monitor's 2014/15 Annual Plan Review.

The strategic plan must cover the five year period for 2014/15 to 2018/19. Guidance and detailed requirements on the completion of this section of the template are outlined in Section 5 of the APR guidance.

Annual plan review 2014/15 guidance is available [here](#).

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good strategic plan should cover (but not necessary be limited to) the following areas, in separate sections:

1. Declaration of sustainability
2. Market analysis and context
3. Risk to sustainability and strategic options
4. Strategic plans
5. Appendices (including commercial or other confidential matters)

As a guide, we would expect strategic plans to be a maximum of fifty pages in length.

As a separate submission foundation trusts must submit a publishable summary. While the content is at the foundation trust's discretion this must be consistent with this document and covers as a minimum a summary of the market analysis and context, strategic options, plans and supporting initiatives and an overview of the financial projections.

Please note that this guidance is not prescriptive. Foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans (Years one and two of the five year plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1 Strategic Plan for y/e 31 March 2015 to 2019

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

Name	Donna Sandiford
Job Title	Assistant Director – Strategy & Performance
e-mail address	Donna.sandiford@5bp.nhs.uk
Tel. no. for contact	01925664462
Date	23 June 2014

The attached Strategic Plan is intended to reflect the Trust's business plan over the next five 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 Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name (Chair)	
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	
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Signature

1.2 Declaration of sustainability

The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years' time.

Confirmed

The Trust is committed to ensuring high quality sustainable services, to the patients that we serve as demonstrated by our overall purpose:

"We take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people's lives."

As such we have developed plans for the next five years that are financially sustainable. These plans are clinically driven and are subject to a robust assessment of the impact on quality as outlined in our quality strategy demonstrating the Trust's commitment to the provision of quality services for the population that we serve.

The users of our services are the first priority in everything we do, ensuring that they receive effective care from caring, compassionate, and committed people, working within a common culture and protected from harm.

During the next five years we will continue to deliver quality services as defined and regulated by the Care Quality Commission. We will continue to achieve the standards set by Monitor, our regulator, and plan for a risk rating of four during 2014/15 and 2015/16 and then a three for the remainder of the plan. We will deliver an underlying surplus of £4m for each of the five years and will achieve our cost improvement plans through strong leadership.

Our cost improvement plans are developed through a robust process with final approval which is cognisant of the potential impact on the quality of provision by our Director of Nursing and Quality and Medical Director.

This strategic ambition is underpinned by a sound financial strategy which is intended to generate sufficient surpluses to maintain a Financial Risk Rating of at least three and to generate sufficient cash to support the Trust's five year strategic capital programme of enhancing and improving the safety and quality of the environment for patients and staff

We have tested these plans thoroughly and have a strong process for management and mitigation including clinical sign-off should these be required to deliver our strategy and maintain sustainability.

1.3 Market analysis and context

NOT FOR PUBLICATION

1.4 Risk to sustainability and strategic options

NOT FOR PUBLICATION

1.5 Strategic plans

Introduction

The Trust has used market intelligence, developed good partnerships and relationships across its five health economies and developed clear divisional and clinical strategies which are underpinned by a number of supporting strategies. This enables the Trust to be sustainable in the foreseeable future having developed robust cost improvement plans which are identified through the production of its strategy which are through their nature more transformational.

The Trust's key areas of development over the coming years will be focused around 'whole person care' and in particular recovery as relevant for all of our service users and patients. We will use this to ensure that we address patient needs be they mental health or physical health which we will do through directly provided services or through partnerships with other services providers.

Examples of this include:

- Embedding of liaison services with acute providers, reducing the reliance on in-patient admission and supporting the Better Care Fund agenda.
- Improving Access to Psychological Therapies (IAPT) – gaining market share for IAPT as opportunities arise and improving the quality outcomes for the services we currently provide.
- Children's services - transformation of services for young people to improve outcomes through evidence based treatments that are outcome focused and client informed.
- Integration of pathways in particular in our Later Life and Memory services where pathways overlap with both Learning Disability and Physical Health services, in order to provide clear benefits to patients through reduced wait times and improved patient safety.

Which will lead to and be supported by transformation in the following areas:

- Operational services integration through internal pathways and external strategic alliances.
- A review of the corporate back-office services that support operational services in the delivery of patient care, thus ensuring that corporate services fully support the changing organisational needs while maximising the use of technology and cross functional working.
- The development of an informatics strategy that supports the Trust's requirement to become an intelligence driven organisation meeting and exceeding the needs of stakeholders both internally and externally. To ensure the provision of timely, accurate, electronic information to inform decision making at all levels within the Trust.
- We acknowledge that our workforce is our greatest resource and are developing a workforce strategy including core competencies, innovative workforce solutions strengthened by strong leadership to support the delivery of transformational service changes.

This is underpinned by a 'culture of care' that is Trust-wide linked to the 6 C'. In support of the Trust values and coaching culture, staff will be asked to become 'Care Makers' which recognises where staff go the extra mile and demonstrate the 6Cs during their everyday work.

In doing so the Trust maintains a financially sustainable position validated through the surplus of £4m and maintenance of its financial risk ratings of at least three.

Background

As a specialist mental health Trust we provide community and in-patient services to the people of the Boroughs of Warrington, Wigan, Halton, Knowsley and St Helen's alongside generic community services in Knowsley. The Trust has turnover of approximately £150m a year (covering a population of 938,000).

We are the primary public sector provider of mental health services on this footprint alongside GPs providing primary care support to patients and a number of independent sector providers.

The Trust is committed to ensuring high quality services, as demonstrated by our overall purpose statement:

“We take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people’s lives”

We put quality at the centre of everything that we do. To support this we have worked to produce the following organisational definition of quality with our Trust Board and Council of Governors:

“The users of our services are the first priority in everything we do, ensuring that they receive effective care from caring, compassionate, and committed people, working within a common culture and protected from harm.”

In 2014 we have reviewed, with our Board of Directors, our strategic objectives that demonstrate the purpose statement above. From April 2014 the strategic objectives have been restated to allow the Trust to focus on key questions to ensure that we deliver safe sustainable services to our patients and service users. The seven strategic areas are:

- Are we delivering our services safely?
- Do we have sufficient, highly motivated and skilled staff?
- Are we delivering to our patients and users?
- Are we financially viable?
- Are we delivering our strategy?
- Do our stakeholders support what we do?
- Is the organisation and its services well led?

As with our previous strategic objectives, within each financial year there will be a number of high level objectives supporting the specific strategic area. In 2014/15 these are:

Are we delivering our services safely

- Throughout 2014/15 we will implement the year one actions of our Harm Reduction Strategy. Key actions will include work around Falls, Self Harm and Violence and Aggression.
- Throughout 2014/15 we will implement the year one actions of our Suicide Reduction Strategy. Key actions will include the implementation of a specific Suicide Assessment Tool.
- By July 2014 we will have agreed safe staffing levels across our in-patient services and comply with the safe staffing levels recommendations regarding board reporting. By December 2014 we will have utilised the NICE guidance on safe staffing levels to review community staffing levels.

Do we have sufficient, highly motivated and skilled staff

- During 2014/15 we will continue to develop our organisation by engaging with all staff to embed our Trust Values, our coaching style and the roll out of our Culture of Care. The impact of this will be measured by a range of means including the Cultural Barometer, the Staff Opinion Survey and the Staff Friends and Family Test.
- During 2014/15 we will build on our Career Framework, identifying the staff competencies required to develop a highly skilled workforce able to deliver safe and effective whole person care.
- By October 2014 we will have reviewed our mandatory training requirements to ensure we are clear on what is essential to support our staff to be highly skilled and contribute to the delivery of safe and effective patient care.
- By September 2014 we will have evaluated our approach to staff health, well-being and

engagement, identifying actions to be taken to ensure we promote our Trust as a healthy workplace. This will contribute to a staff attendance rate in excess of 95%.

Are we delivering to our patients and users

- By July 2014 we will have established a programme by which we will have defined the care that patients can expect to receive within our care pathways, ensuring that the care is evidence based and consistent with NICE guidelines. Furthermore, we will deliver defined care for PBR care clusters and for two care pathways within the Trust by December 2014.

Are we financially viable

- During 2014/15 we will deliver the CIP plans for the year and ensure robust plans are in place for further CIP delivery in 2015/16 and 2016/17 to support the on-going achievement of the statutory financial duties and delivery of safe and effective patient care.
- Service Line Reporting will be developed to ensure income streams, direct expenditure, indirect expenditure and overhead contribution can be reported monthly by the end of the year. This will use appropriate currency and activity to understand the financial health of each area of service.
- During 2014/15 we will achieve our statutory financial duties and meet all other financial targets and obligations within our Terms of Authorisation, leading to the achievement of the Financial Risk Rating agreed within the long term financial strategy.

Are we delivering our strategy

- During 2014/15, we will implement year one action of the Informatics Strategy. This means that we will implement our new clinical system (RiO), ensuring that the implementation is consistent with other key priorities of the Informatics Strategy.
- By September 2014 we will have developed our organisation strategy for Recovery which will include our continual rollout throughout the year of Shared Decision Making.
- By June 2014 we will utilise the 2013/14 strategic action areas care pathway/learning from community health service work to inform our strategic approach to collaboration/partnership working.
- By December 2014 we will have commenced a full review of the Trust Estate leading to the identification of opportunities for quality improvement, efficiency and rationalisation during 2015/16.

Do our stakeholders support what we do

- By September 2014 we will establish how and when we involve service users, patients and carers in the recruitment of staff and then implement delivery of this standard during the remainder of the year.
- During 2014/15 we will ensure that our strategy aligns with priorities in our local economies and that work is delivered through open and effective relationships with our partners and commissioners.
- During 2014/15 we will continue to maintain close and effective relationships with our partners through regular engagement.

Is the organisation and its services well led

- We will implement a professional leadership programme for our clinical leaders by October 2014, whilst maintaining the quality of existing Manager and Medical Leadership programmes.
- During 2014/15 we will further develop and implement a range of quality improvement processes which will ensure that board members are aware of quality "challenges" and actions taken.

- During 2014/15 we will undertake a full effectiveness review of the Trust Board and the Council of Governors and their respective sub-committees.

Our Strategic Operational Plan

This operational plan has been developed by the organisation within the context of a challenged health and social care economy and with the following intentions in mind:

- Embed redesigned community services
- Review in-patient infrastructure to maximise efficiencies and clinical effectiveness
- Implement new divisional structure to maximise synergy of services and alignment with Clinical Commissioning Groups and Local Authorities
- Integrate services along pathways of care where appropriate
- Improve access to services
- Implement a new clinical information system
- Review and redesign corporate back office services

The Trust has reviewed and restated its strategic objectives; the operational plan, the quality plan and clinical strategies have been developed in order to deliver against these objectives within the timescales that the strategic plan covers.

The Trusts operational services have been reorganised into a divisional structure, each divisional director has the remit for strategy, business development and relationships within their own operational area and across the Trusts geographical footprint.

The Operational Divisions are:

- **Adult, Secure and Offender Health**
Incorporating Adult Mental Health, Forensic Services and Offender Health across all five local authority areas.
- **Later Life, Learning Disabilities and Physical Health**
Incorporating Later Life and Memory Services, Learning Disability Services both across the five localities and elements of Community services in Knowsley relating to physical health services including nursing and ambulatory care services.
- **Children, Families and Wellbeing**
Incorporating Child and Adolescent Mental Health across the five localities, and elements of community services in Knowsley relating to children and their families, consistent with the whole pathway for children services.

The key operational divisional strategies are outlined below;

Adult, Secure and Offender Health Division

In order to support the Trust's overall purpose of the delivery of whole person care, the Adult, Secure and Offender Health Division has developed four key strategic themes that will guide our work over the planning period:

- Deliver our in-patient and community services to meet the needs of the population we serve, underpinned by a recovery and whole person focused approach to care that provides sustainability of services in the future

- Work with our partners in Health and Social Care and the wider community to enhance and improve the patient pathway and contribute to the effective and safe delivery of care
- Using the clinical expertise we have to develop innovative care solutions that deliver improved outcomes, provide efficient care and are responsive to changing service user and commissioner needs
- Develop and support a flexible workforce that supports new ways of working and delivers enhanced efficiency and productivity.

To support the delivery of these divisional priorities there are number of key focus areas including:

Across our adult in-patient and community offering we will be working with our CCG partners to maximise the benefits that an effective whole-system community pathway can bring in reducing reliance on acute mental health in-patient provision. This will be achieved by working as a wider system to consider opportunities for the adult population to access community alternatives to in-patient admission, improve the service user pathway on discharge by considering intermediate care options for mental health and other similar approaches. It is hoped that this approach will also contribute to a reduction in the rate of delayed discharges and importantly improve the overall service user experience.

Within our secure (forensic) in-patient and community settings we will continue to review our clinical offering to ensure that it delivers safe, recovery based care including where appropriate and in partnership with our specialised commissioners, re-designing our current provision to meet the changing needs of our service user group. Furthermore, the Trust will seek to work collaboratively with NHS England commissioners to identify opportunities to maximise the use of our estate to support more cost effective placements and provision in the future.

A key system-wide driver is to provide high quality provision as close to home as possible. This enhances patient care, ensures effective care and case management and is more cost effective. To support this the Trust is in very early discussions with some of its CCG partners about future plans for those patients placed out of area, including ways in which innovative clinical solutions can be developed to address service gaps that exist plus potential prime vendor models of delivery that will provide system efficiencies and support a more joined up patient pathway.

A partnership approach with our commissioners and partners will be essential ingredients in the achievement of the Adult, Secure and Offender Health Strategy as will the utilisation of key market analysis and understanding of the local health economy demographic and societal challenges.

Later Life, Learning Disabilities and Physical Health Division

The vision of the Trust is to maximise the potential of the people we serve through the delivery of whole person care. This alludes to our status of being both a community and mental health service provider.

In order for the Trust to be seen as a credible mental health and community services provider it is important that the level of services provided is at least maintained and that there is a growth strategy for the division.

We believe that we should develop a growth strategy for the division and consider carefully the partnering opportunities.

The Later Life, Learning Disability and Physical Health Strategy is concentrating on developing and embedding clear clinical pathways that are integrated across the organisation and other providers that deliver clear benefits for patients and service users, reduce delays and improve patient safety

Learning Disability Services

- Review of the in-patient provision including responding to commissioner intentions and market opportunities in the outer three years of the plan.

Later Life & Memory Services

- As a result of the successful implementation of the new clinical pathways and reduced requirements for in-patient admission for organic patients a review is underway of the configuration and need for in-patient services. It is expected that this will enable further efficiencies due to skill mix and location of staff, in the outer three years of this plan.

Physical Health

- Undertake a review of community nursing and ambulatory care to develop integrated teams wrapped around groups of general practices, linking into commissioner intentions and supporting the Better Care Fund. Early reviews of the physical health services show that there is the opportunity to review this service to maximise integration, review skill mix and improve productivity and quality. This will include the use of supporting technologies including agile working and tele-health.
- Undertake a review of clinical leadership within this area of service provision to support redesign and quality improvement.

In Later Life Services with the implementation of the community pathway and its success we are looking at the future requirements for the service given that the prevalence of dementia is on an upward trend and we see the requirement to review current levels of service provision and the role of the specialist team within this. This may require focussing our expertise in particular areas of the patient pathway, different to our current service offering.

This division is looking to build on the reputation that it currently has as a credible community services provider by exploring growth within the current footprint of service provision that we currently provide at a high quality in order to further integrate pathways in the community.

Children, Families and Wellbeing Division

The strategy has the following themes at its core.

- Engage and involve children and young people, service users, their families and carers in developing services that are shaped to meet the needs of the communities we serve.
- Develop and sustain innovative partnerships that enhance and improve the patient pathway and contribute to the effective and safe delivery of care.
- Using the clinical expertise we will develop innovative care solutions that deliver improved outcomes, provide efficient care and are responsive to changing service user and commissioner needs.

- Working with partners in health, social care and the wider health economies support the delivery of integrated care and the principle of parity of esteem.

These themes underpin the movement towards a whole child health pathway both in Knowsley where we deliver aspects of children's physical health and mental health and also in the remaining four boroughs whereby we intend to work in close partnerships with other providers to enable the further development whole child pathway.

Service transformation incorporates four key areas:-

- **Participation** – Heart of the Children and Young Persons IAPT provides true meaningful participation in both their own care and in the design of services. Therapeutic interventions are offered within a transparent, respectful, choice-led partnership between therapist and service user.
- **Accessibility** – Improving access with seamless links between tiers and between partner agencies and the voluntary sector. Including addressing self-referrals.
- **Training** – Evidence based practice – workforce development and training. Offer in Phase one CBT – post graduate diploma. Parenting intervention post graduate diploma. Phase two training in systemic family therapy (SFT) and Interpersonal Psychotherapy (IPT). Training provided for clinical supervisors and service leads.
- **Outcome measures** – Enhancing clinical work – only clinically meaningful outcome measuring improve outcomes. Children's and Young Persons IAPT is a mix of formal measures and bespoke measures (directly relevant to Young People) session by session outcome monitoring. IAPT has the potential to drive efficiencies by supporting the delivery of outcome based interventions and by the reduction of did not attends (DNA's) and ensuring that our children and young people receive the treatment and intervention they need.

Key aims of Children's and Young Persons IAPT

- To transform existing services for children and young people.
- Improve outcomes for children and young people.
- Provide a range of treatments based on best evidence.
- Outcome focussed and client informed.

Pathways

It is our intention to move towards a 'pathways' of care model to support the delivery standard care

- The 'right' treatment with an evidence base.
- At the 'right' time.
- From the 'right' professional.

Shared Decision Making (SDM)

SDM will underpin the way we deliver our care in the future placing our children, young people and their carers and families at the heart of our business, ensuring there is 'no decision about me without me'.

Use of Technology

We will maximise the potential with regard to 'reaching' and communicating with our children and young people carers and families. In order to develop a more responsive and interactive service offer at the same time driving out further efficiencies.

Children and Young People at the Heart of our Business

We will continue to work with our established 5* Forum, user group formed from CAMHS. Building this group by adding representatives from the Universal Child Health cohort. This group will be key in a service development.

Stakeholder Engagement – Internal and External

Externally Focused

The Trust has developed a stakeholder engagement strategy to support, influence and triangulate our current and future services with key stakeholders across the local health economy.

This strategy involves directors and divisional directors attending key stakeholder meetings across the Trust footprint including attendance at Health and Wellbeing Boards, contract meetings at various levels and trust-wide quality meetings.

In addition to formal meetings executive directors and divisional directors have aligned themselves to key individuals across all stakeholders groups, including provider organisations, with whom they meet on a regular one to one basis to discuss current and future service delivery both on a local and strategic level.

As such the Trust can state that key stakeholders have been involved in influencing our strategic direction. We have also made the opportunity to discuss the production of the strategy document with key internal stakeholders.

Internally Developed and Challenged

Within this area we have used scheduled quarterly sessions with the leadership group, made up of the key clinicians, clinical leaders, operational managers and corporate managers to assess and refresh our vision, strategy and strategy objectives to ensure that these remain both clinically and operationally driven and contemporaneous and relevant.

Finally the Trust takes the role of the Council of Governors very seriously, regular sessions are in place to discuss the basis of the strategy and vision and test out key assumptions. Our Council of Governors feed into the operational plan and were part of a “you said we did” session prior to the drafting of the strategic plan, to ensure that issues raised by Governors were addressed within both the operational and strategic plan.

Feedback from the Council of Governors identified the following issues:

- **External influencing by Trust into other provider and commissioners plans** - Governors asked to what extent the Trust has influence in the formation of other organisations plans. This was picked up and addressed through the stakeholder engagement strategy.
- **Pathways & partnerships** – Governors asked if access to and discharge from the Trust’s services could be reviewed and were assured by the pathways work that has commenced in operational services which will look at address access to services.
- **Consistency of service and quality standards** – questions were raised about consistency of services across the Trust footprint, Governors were pleased to hear about the quality strategy and the implementation of this strategy across the whole footprint to ensure that services are delivered to a consistent way across all boroughs in line with commissioning intentions
- **Flexible workforce** – issues were raised about the opportunity to develop a flexible workforce that meets current and future patient needs. This is being addressed through the competency framework where the focus will be on core competencies; this is outlined further in the workforce strategy.

Quality Strategy

Quality Governance

The Trust Board is committed to ensuring high quality services, as shown in the overall purpose:

'We take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people's lives'

And also through the Trust Board Statement:

'We make the best decisions we can in order to advance the best interests of our patients and staff'

During 2013/2014 period, this was demonstrated by the significant changes that have improved the quality governance of the Trust. Board members have been identified with specific responsibilities; the Director of Corporate Services has been identified as the Board member responsible for the Monitor Provider Licence and the Director of Nursing and Governance, has been identified as the Trust Board Member responsible for Quality, which is reflected in the title change to Director of Nursing and Quality.

An agreed definition of quality is in place; created and approved by members of the Trust Board, Council of Members and clinical leaders with the support of the Advancing Quality Alliance (AQUA).

'The users of our services are the first priority in everything we do, ensuring that they receive effective care from caring, compassionate, and committed people, working within a common culture and protected from harm'.

The Trust reviewed its governance arrangements, and in June 2013 set up the Quality Committee as a sub-committee of the Trust Board, with the purpose to provide leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality, ensuring there is a consistent approach throughout the Trust, under the domains of safety, effectiveness and patient experience.

Quality Strategy

During 2014/15 the current Quality Strategy 2013 to 2015 will be replaced. The processes used to establish a new Quality Strategy will be undertaken during 2014/15, to ensure continuation of our Quality Governance arrangements at the Trust. We will undertake an evaluation of the effectiveness of our current strategy and use this to build an effective strategy and work plan. The new Quality Strategy will cover the period of this five year plan, and will build on the existing quality objectives already established (see below), where relevant, ensuring that it meets national commissioning intentions and the requirements of the population we serve.

The Trust's new Quality Strategy will be created to ensure compliance to all regulatory requirements, including the Quality Governance Framework, and use guidance available to ensure that the effectiveness of Quality Governance meets best practice allowing us to easily demonstrate how we are well-led.

Over the next five years we will use the Quality Committee, which oversees the Quality Strategy, and our

high level objectives as key drivers. They will ensure our quality governance arrangements are continually evaluated and updated where necessary to meet the changing regulatory, commissioning, and local healthcare requirements.

Planning for Quality and Commissioning

The Trust ensures that quality initiatives and goals take into account the local health economy and national commissioning intentions. It can demonstrate this by the reporting mechanisms and relationships with our commissioners. The Clinical Quality and Performance Group is a fundamental part of the planning process. The Group meets bi-monthly, and provides the opportunity for the Trust to provide assurance and enter into constructive dialogue with our collaborating Clinical Commissioning Groups on core issues of service delivery.

The Trust provides updates for areas of clinical priority in the delivery of services including models of care and clinical outcome indicators, and is responsible for reviewing the delivery of quality, innovation, developments and improvements within our services. The Group ensure that the contract is aligned to the achievement of national and local quality standards and targets, that robust systems for contract monitoring of clinical quality performance indicators are in place, it identifies new developments, opportunities and threats relating to quality for consideration within the contracting process and agrees Clinical Quality Performance Indicators, CQUINS and Service Development Improvement Plans for future contract years

Quality Goals and Objectives 2014/2015 to 2018/2019

The Trust has established a set of Quality Objectives, contained within our Quality Strategy that outline the Trust's quality goals using the domains of safety, effectiveness and experience, will be reviewed and revised to ensure that these continue to meet the Trust's goals over the next five years.

Safety – our goal is to improve safety and reduce harm to patients

Objective 1 – To improve safety and reduce harm to patients

Objective 2 – To promote a patient safety culture, encourage incident reporting and learning from adverse events.

Objective 3 – To reduce avoidable harm to service users and staff by 20% year on year

Objective 4 – To aspire to reduce service user suicide to zero in five years (2013/14 – 2017/18)

Objective 5 – To review and monitor the management of the serious incident process across the Trust

Effectiveness – Our goal is to demonstrate success in our outcomes

Objective 1 – To improve care and outcomes for our service users

Objective 2 – To ensure compliance against appropriate NICE guidelines

Objective 3 – To ensure compliance and frontline understanding of CQC standards

Objective 4 – To promote quality at an operational level

Experience – Our aim is to ensure that people using our services have the best possible experience.

Objective 1 – To fully engage service users and carers where indicated in their care

Objective 2 – To continue to improve the collaborative participation and engagement of service users•

Objective 3 – Listen and engage with our service users to continue to improve quality of care

All quality initiatives undertaken by the Trust fit within the objectives set out above, and these include the Trust's established Quality Big Dots and Quality Priorities as defined below.

Quality Big Dots 2013/14 – 2017/18

The Trust has established three 'Quality Big Dots' which cover a five year period. These big dots were established by the Trust Board, Senior Leadership Team and Council of Governors, supported by AQuA. The following big dots are supported by programmes of work, as detailed below;

1. *We will demonstrate a year on year improvement in the collaborative participation with, and engagement of, service users.*

This will result in improved collaboration and engagement of service users with a long term condition, thus achieving the Quality Big Dot.

The Trust recognises that Service Users and Carers are Experts by Experience, and wants to ensure their 'voice' is heard in all areas of the Trust from recruiting and training our staff, inspecting our premises, influencing the development of new services and service redesign, monitoring existing services and helping us to identify what we do well and what we can do better.

2. *We will implement our suicide reduction strategy and will aspire to reduce service user suicide to zero in 5 years*

This will be achieved by the implementation of a suicide reduction strategy that will be informed by a suicide audit scheduled for completion by the end of 2013/14.

The outcome of this will be the development of an informed strategy that will aspire to reduce suicide to zero within five years.

3. *We will aim to reduce avoidable harm to service users and staff by 20% year on year.*

To reduce avoidable harm to service users and staff by 20% year on year.

This will be achieved by an initial scoping of the harms that the trust will focus on and the development of a five year trajectory.

Programmes of work include the reduction of harm for patient falls, the prevention and management of violence and aggression, and self-harm.

Clear governance arrangements are in place to manage and monitor the programmes of work associated with all the Quality Big Dots, in addition, quarterly updates will continue to be provided to the Quality Committee.

Quality Priorities

Each year the Trust demonstrates its continual commitment to quality improvement by establishing Quality Priorities under the domains of Safety, Effectiveness and Experience, which meet the requirements of the Quality Report / Account regulations. We will continue to engage with our five Health watch organisations, five Local Authorities, and five Clinical Commissioning groups, Health Boards as well as our service users and carers and the Council of Governors. This engagement activity provides both updates to our stakeholders on current Quality Priorities, and is used to determine ideas and suggestions for forthcoming Quality Priorities. This process has been successful in identifying relevant themes which reflect the local needs of the population we serve, and has received favourable feedback from our stakeholders; we intend to continue to use this process in the future.

Strategic Goals

Each year the Trust's high level objectives establish strategic quality goals, these although high level objectives for a year, become embedded in the care we provide. The Trust will be focusing on the following areas which will reach into the five years of this plan:

- Organisational strategy for recovery that will include the roll out of shared decision making
- Engagement with staff to embed the Trust values, coaching style and 'Culture of Care'
- Implement the first year of the Harm Reduction Strategy, targeting falls, self-harm and violence and aggression
- Implement the first year of the Suicide Reduction Strategy

Monitoring of all Trust high level objectives is via monthly performance reporting, and risk reporting via the Board Assurance Framework.

Risks and Mitigation to the delivery of Quality Goals

The Trust recognises the challenge of securing high quality care within a new NHS system alongside the need to make financial savings, and therefore understands that there are risks to implementing effective and sustainable quality initiatives that improve the quality of care we provide. These main overarching risk areas are highlighted below, along with the associated strategies and plans currently in place to mitigate against them.

Whilst the mitigating plans and strategies identified below cover 2014/15, these risks are inherent to any quality initiatives the Trust would embark upon, and are therefore likely to remain as risks for the period of this plan. However, processes are in place to ensure that risks to implementing quality initiatives are fully reviewed yearly, with their mitigating plans and strategies updated to reflect the Trust's current position and strategic direction.

Staff skills and competencies

There is a risk that we don't have sufficient, highly motivated staff with the right skills and competencies to fully implement the Trust's quality goals.

Over the next year the Trust expects to see a significant shift in its workforce skill mix both as a direct result of the introduction of the career framework and through the review of staff groups/The workforce strategy is the mechanism by which these changes will take place. In addition the Trust's Clinical Strategy will mean staff becoming skilled in new areas and providing new ways of working, that will drive forward the Trusts quality agenda but also provide an internal 'agile workforce' that is more able to adapt to the demands of an ever changing service picture. Monthly monitoring of achievement against the workforce objectives and strategies will be undertaken as part of the 2014/15 Trust High level Objectives reporting mechanisms.

A key objective within the review of corporate and back office functions will be to develop the right skills which will enable the function to be fit for purpose in the future.

Organisational Change/ Operational Capacity / Financial constraints

There is a risk that organisational change and operational capacity will impact on the ability to implement the Trust's quality goals.

These areas of financial constraints, organisational change and operational capacity are intrinsically linked. The plans to manage financial challenges as identified in the annual plan, and financial strategy are reinforced and strengthened by the individual clinical strategies in each of our business streams. The quality goals focus on specific identified areas within these business streams and the Trust as a whole.

The cohesive way in which the quality agenda aligns to operational business allows the Trust to both implement quality goals, and to continue to measure quality in a meaningful way as part of everyday business by quality metrics, performance indicators, clinical audit programme, service evaluations and service user and carer feedback. Monthly monitoring of achievement against the clinical objectives and financial strategy will be undertaken as part of the 2014/15 Trust High level Objectives reporting mechanisms.

Achievement and Monitoring

There is a risk that ineffective monitoring of quality goals within the Trust will lead to failure to make improvements to care in the services we provide.

Effective management and monitoring of the Trust's quality agenda is undertaken by the Quality Committee, who report directly to the Trust Board; the monitoring takes place via the Quality Strategy and Quality Strategy Implementation Plan. All quality goals involve either one or more programmes of work, each with defined aims, objectives, expectations and work plans to deliver each of the quality initiatives. Groups comprising of staff with sufficient expertise, knowledge and skills will drive the programmes of work.

Care Quality Commission

The Trust is expected to maintain its registration with the Care Quality Commission (CQC) to undertake the regulated activities it provides. The Trust is routinely visited by the Care Quality Commission, including the Mental Health Act Commission, as part of their programme of inspections. The Trust will continue to assess itself against the standards of quality and safety, and report these against the CQC rating each month to the Trust Board.

During 2014/15 monitoring will change to reflect the replacement of CQC's Quality and Risk Profile with Intelligent Monitoring reports. Assurances of the quality and safety of care provided by our services will be via the Clinical Quality Assurance cycle that incorporates the following three areas:

- Team Quality Assessment, a team led review of the services they provide, against specific prompts created to reflect the standards of quality and safety and Trust policy, against the domains of; staff and observations, documentation and service user and carer feedback.
- Internal Quality Reviews, a programme of unannounced inspections of teams undertaken by staff, service user / carer volunteers and Non-Executive Directors, against the standards of quality and safety and Trust policy.
- Continuous Clinical Improvement, a review of outcomes from the above elements that identifies areas for improvement, these are either carried out at a local level within teams, or on a Trust wide basis that informs the quality agenda for the Trust.

Next Steps

The Trust is fully aware and welcomes the CQC's new approach to regulating, inspecting and rating healthcare services. We have already started work to adapt our process to their new way of working; and have heard from organisations that were inspected using these new methods. We will continue to evolve our methods to ensure that the Trust is, Safe, Effective, Caring, Responsive to peoples' needs and is well-led. We await the publication of responses from the CQC's Consultation process and the publication of final guidance handbooks, which will help shape our future.

Monitors Quality Governance Framework

The Trust Board is confident and assured that it will continue to comply fully with Monitor's Quality Governance Framework. The Trust will continue to review itself, utilising assurances gained both internally from Internal Audit work to assess against the requirements of the Quality Governance Framework annually, ensuring any actions identified are monitored to completion.

Francis, Keogh and Berwick Reports

The Trust remains committed to striving to continually improve the quality of care it delivers to patients, service users and carers and is committed to listening to them along with staff; and acting upon this information. The Trust Board and Quality Committee are fully aware of the findings and recommendations from the Francis, Keogh and Berwick reviews, and demonstrate this by how these have shaped the Trust's High Level objectives, and the development of a number of initiatives tailored to the Trust that address recommendations from the reports. The Trust remains confident that these tailored initiatives made, will improve the quality of care we provide, and will be monitored throughout the coming years via regular progress updates to the Quality Committee.

The Trust has sufficient robust governance arrangements in place to ensure that all publications are reviewed and actioned appropriately, these systems will continue to shape and develop the Trusts Quality Agenda for the coming years covered by this plan.

Culture of Care and 6C's - Supporting our staff in the years ahead

The Trust has taken a bold and dynamic approach in embedding the Culture of Care within our organisation and will be a significant part of our future plans. The Trust has been recognised nationally; NHS England believes our plans to be the most proactive and innovative. We have taken a whole Trust approach, with an aim to embed the 6C's with all our staff, not just our nursing and clinical staff. The Trust has developed its own branding, and mechanisms for staff to recognise and show appreciation when staff members go the extra mile and demonstrate the 6C's. The Trust will be asking staff to become 'Care Makers' (an idea borne from the 2012 Olympic 'Game Makers') these are staff that 'live' the 6C's as part of their everyday work.

The Trust will officially launch 'Our Culture of Care' in June 2014. Underpinning the 6C's is the Trust's 'Values' together these will develop and grow our 'Coaching Culture' which will form the basis of the strategy. Jane Cummings the Chief Nursing Officer at NHS England who launched the 6C's initiative, has asked to visit our Trust to look at the progress we have made in six months' time. The Trust's Culture of Care will be a significant part of our plans in the coming years, with reporting of progress made to both the Trust Board and the Quality Committee. The planned work includes:

- **Care** – the Recovery Strategy is being developed which will clearly articulate and implement how services will support service users and patients to live their lives well.
- **Communication** – more use will be made of new technologies and social media
- **Competence** – the physical health competencies are being rolled out amongst all nursing staff. This work will be followed up with further work amongst other clinical staff groups.
- **Courage** – the Whistleblowing Policy is being reviewed to enable confidence for and give greater assurance to staff in raising concerns. This provides a response to the Clywd recommendations.
- **Compassion** – the implementation of the competency and values based recruitment
- **Commitment** – following on from the success of the Medical Leadership Development Programme; the promotion of professional leadership across the Trust with the introduction of a

Clinical Strategy

The Trust has made a clear statement in its vision that we are an organisation who takes our responsibilities for supporting whole person care across our footprint very seriously. Our purpose *"We take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people's lives"* shows our commitment to physical health, mental health and wellbeing.

The overarching clinical strategy of the Trust is therefore for us to consider the whole person's needs. This is support by the umbrella of recovery as a concept the implementation of which differs dependent upon the services we provide and the needs of patients and service users within them.

As a previous mental health Trust we had a clinical strategy of recovery, integration and whole person care. We felt that as we are now a combined mental health and community Trust it was timely and appropriate to review the recovery implementation aspect of this strategy.

In April the Trust held a planned strategy event entitled Implementing Recovery, focusing on the concept of 'Recovery' and what this means for our organisation and the opportunities that this affords us. This session was led by the Director of Nursing and Quality, the leadership group made up of clinical, operational and corporate leaders took the time to reconsider the concept of recovery for all our patients and service users. The group considered the concept of recovery and agreed that the Trust would have a broad overarching recovery strapline yet to be finalised from a short list below;

- The way we do things around here
- Supporting people to be the best they can
- Supporting people to live the best lives they can
- Supporting people to make the most of individual opportunities
- Providing a framework for shared decision making
- Helping people identify their own goals and ambitions

This was to ensure that recovery as a clinical strategy was meaningful to all the services that we provide and to those people who deliver and access our services.

A workshop session followed where each business stream worked through their concept of recovery and the opportunities that this gave us. The service strategies outlined in this document incorporate the discussions at this session and ensure that the clinical strategy of recovery and integration are the main drivers for clinical service transformation.

There are a number of projects within the Trust that support this strategy and implement recovery current examples are:

- Culture of Care - 6 Cs
- Person Centred Plans
- Shared Decision Making
- Peer support workers
- Experts by Experience

This element of the Trust strategy will continue to be refreshed through-out the year through the service deliver strategies with key projects due for delivery as outlined within strategic objectives for 2014/15.

Estates Strategy

The Trust's Estates Strategy focuses on supporting operational and clinical service plans to deliver a high

quality, safe and efficient build environment which, in turn, promotes effective and high quality healthcare for service users. Consideration is also given to sustainable development and other environment initiatives such as the NHS Carbon Reduction Strategy and Sustainable Development Strategy 2014-2020.

The Trust's planned capital expenditure for the five year planning horizon 2014/15 to 2018/19 is £52m. This includes the following:

- £27m for a new in-patient facility in Leigh (subject to approval of business case and financing). This is a replacement facility for existing accommodation at Leigh Infirmary which does not meet the requirements of national policy and guidance nor the Trust's vision. The existing accommodation also remains deficient in terms of stakeholder expectations and is not conducive to patient recovery due to limited space for therapy and physical exercise.
- £11m for new / refurbished accommodation for Later Life & Memory Services (subject to approval of business case and financing).
- £10m allocation for discretionary capital schemes (£1m 2016/17, £4m 2017/18 and £5m 2018/19).

The planned capital expenditure for 2015/16 differs from that indicated in the operational plan submission in April. The operational plan submission included £3m in 2015/16 for a refurbishment to create two twenty bedded units for adult in-patients. Due to uncertainties that have since, due to significant demand increases for both community and in-patient services emerged in the system, this scheme has been removed from the plan.

The Trust completed a new Facet Survey of its properties in January 2014. The Facet Survey identified that a high percentage of the estate remains in Condition B ('sound, operationally safe and exhibits only minor deterioration'). The Trust recognises that the quality of its accommodation needs to meet or exceed service user needs and the challenges presented by a modern day mental and community health service. The Facet Survey has informed the Trust that it is well placed to maintain its buildings going forward and backlog maintenance in the 'high' or 'significant' categories has been risk assessed to inform the backlog maintenance schedule. High and significant risks are dealt with in 2014/15 and 2015/16 with moderate risks in the remaining three years. These are the lower risk items as detailed in the Facet Survey and undertaking the works will reduce exposure to backlog maintenance in future years.

Within Knowsley the majority of community health premises are owned or managed by NHS Property Services Ltd. As part of the transition from Primary Care Trust to NHS Property Services Ltd the Trust is securing formal lease agreements for these premises. In addition a portfolio of operational community health accommodation has been sourced from GP's and other agencies such as community groups, local authorities and the fire brigade which are being worked through to give governance of occupancy.

As part of the process to secure leases from NHS Property Services Ltd, and complementary to an estate review, further analysis of the legal and financial responsibility for the condition of the community health premises will follow. The majority of the properties are relatively new or known to be in good condition with little likelihood of significant backlog maintenance.

The Trust is pro-active in how it manages its property assets and since foundation trust status was achieved in March 2010 this has included the sale of six freehold properties realising total receipts of £1.4m. Currently three freehold properties are held for sale. The disposal of these properties is expected to realise another £1.3m in 2014/15. The sale, surrender and consolidation of occupancy has improved estate utilisation and procedures have been put in place to ensure there is optimum utilisation of space

with regular audit.

Tenure is primarily a mixture of freehold and short term leaseholds or licence. The Trust uses these tenures to provide a 'core and flex' portfolio to provide responsive value for money accommodation for the Trust's services.

A high level standard of quality has been achieved. The Patient Lead Assessment of the Care of the Environment (PLACE) took place in June 2013. This is the main indicator for which the results remain high and comparable with previous PEAT scores, together with consistent compliance with Outcome ten of CQC standards. The overall organisational scores for the Trust were all higher than the national average, Cleanliness – 98.95%, Food and Hydration - 93.88%, Privacy, Dignity and Well Being – 91.86% and Condition, Appearance and Maintenance - 90.43%.

The Trust's Estates Strategy is being thoroughly re-freshed in 2014/15 and will have regard to active asset management through the promotion of agile and other new ways of working, supported by new technology, thus delivering quality initiatives and financial efficiencies whilst also enhancing the effectiveness of services.

Workforce Strategy

The Trust recognises the challenges that an ever changing NHS landscape alongside financial pressure brings not only to its service delivery but also to its workforce. The Trust acknowledges that its greatest resource and the key to its current future success, is its people. The challenge for the Trust is to ensure that we continue to recruit and retain the right staff with the appropriate skill mix to ensure that we are able to provide the best possible care to our patients and service users.

Fundamental to the delivery of quality and safe services is the leadership, values and behaviours across the whole of the workforce. The Trust has already taken significant steps over the previous years to address this in order to meet the future challenges. Over the coming years leadership within our operational and corporate business streams will be essential to both our service delivery and results. With this in mind the Trust has concluded a review of our operational leadership teams and is embarking upon a review of our corporate service teams to ensure that our operating models across the Trust are fit for purpose and to ensure we have clarity over leadership and accountability in the organisation. To support the individuals involved with these reviews there will be continuing investment in in-house leadership programmes and development schemes which will be supplemented where appropriate with programmes available through our regional and national leadership academies. The Trust will continue to invest in its development of a 'Coaching Culture' to ensure existing staff are able to support the cultural shift the Francis report called for, ensuring staff have 'a relentless focus on the patients interest and the obligation to keep patients safe and protected from substandard care'.

The organisation defines Quality as

'The users of our services are the first priority in everything we do, ensuring that they receive effective care from caring, compassionate and committed people, working within a common culture and protected from harm'

In support of this definition the workforce strategy will include a number of measurable objectives by which the Trust can demonstrate its commitment to the delivery of safe and effective services in line with the recommendations from Berwick and Keogh.

The Trust will continue to develop and review its education, learning and development offering to ensure that it continues to support the delivery of quality and safe services and reduces risk and harm to service users, patients and staff.

We will also look to maximise the opportunities afforded to us to utilise the E-Rostering system implemented in 2013/14 to support the delivery of safer staffing across our in-patient and community settings in line with NICE guidance and review the skill mix and competencies available within this environments.

The Trust has commenced a piece of work to look at values and competencies in the recruitment and retention of staff and will be working with stakeholders from across the Cheshire and Merseyside region to further develop and embed this tool ensuring that our service users and careers are actively involved in decisions regarding recruitment.

The recruitment and retention of a skilled workforce remains a key challenge for all NHS Trusts and the operational business streams have already completed work to identify roles and occupations where the challenge to retain or attract individuals in these areas may present a challenge in future years. The Trust has engaged with NHS employers to undertake work around the health visitor workforce and is also engaged nationally with the work around 'Working Longer' in the NHS.

Planning and supporting the employment aspirations of all staff will be vital if the Trust is to maximise the benefits of an experienced workforce. We will continually look to review our policies and practices in respect of flexible working in order to ensure that we are able to retain our workforce alongside the development of secondary and tertiary workforce models that will allow us to be more reactive to service requirements.

The retention of staff will be supported by the development of a reward strategy and the development of a career framework for staff at all grades. In 2013/14 work commenced to review clinical roles in band 1-4 however this will be extended in future years to include non-clinical roles and bands 5-9. This will be further enhanced by the delivery of work in support of the Health Education England programme on Widening Participation. The Trust will develop strategies to engage with local employment partners i.e. schools, colleges and job centres with a view to widening access and creating awareness of careers within the health sector including those within psychiatry which remains a challenge in regards to medical vacancies.

The Trust anticipates an unprecedented amount of organisational change and service transformation over the next five years and will ensure that the Trusts Health and Wellbeing Strategy is reviewed and remains fit for purpose during this time through engagement with staff and service users and carers.

The HR and OD team working alongside our colleagues in operational and corporate services will identify opportunities for workforce redesign and skill mix review to ensure that the Trust remains attractive and in the best possible position to meet the needs of an ever changing NHS landscape. Given the predicted demand for in-patient services over the next five years the Trust is not foreseeing an overall reduction in beds across the Trust. Notwithstanding this there may be a requirement to prepare the workforce to work differently as the function and design of wards is reviewed both in response to the needs of service users and as a result of the changes to estate i.e. Leigh new build. This coupled with a shift from in-patient services to community services will need to be supported by a corresponding review of the workforce competencies required both to ensure safety and quality but also to ensure skill sets are kept up to date in line with new ways of working. The development of new workforce models to support the Leigh New Build will provide opportunities for review and implementation in other areas of the Trust however these will need to be supported with the correct learning and development offering and competency framework.

The Trust successfully implemented changes to pay increments as a result of the national agenda for change amendments in 2013/14 by developing a link to core and statutory training completion. This further supports the development of a highly skilled workforce that can drive forward the Trusts quality agenda but also provide an internal 'agile workforce' that is more able to adapt to the demands of an ever changing service picture. The Trust will look to fully realise the benefits of the changes outlined in Agenda for Change in April 2013 through the introduction of a competency framework and linking this to a performance related model for reward.

Information Management & Technology Strategy

The Trust recognises the importance of Information Management and Technology in the delivery of its strategy and that agreed that this can be best achieved through the adoption of an 'enterprise' or 'business focussed' computing approach. This will ensure that the Trusts future systems will be able to support both the organisations needs and integrate with a wide range of providers and as yet undefined new commissioner systems across its operating geography.

Information Management and Technology is a strategic resource and until recently the priority has been focussed only on reliability and availability.

The Trust's decision to implement RiO as its core Clinical Information System with the vision that:

'All Services Users will have a primary electronic record that is comprehensive, accurate and accessible at anytime from anywhere to support efficient, safe and collaborative health care. The availability and access to such records will benefit service users, carers and partner organisations is a clear indication of its commitment to the more strategic positioning of information management and technology.

In supporting this approach the Trust has established a robust governance process to facilitate the implementation of RiO, the Trust integrated patient record system. The project is expected to improve the clinical quality, clinical safety and cost effectiveness of all front line services provided by the Trust. It plans to introduce a single, Trust-wide, robust electronic patient clinical, demographic and administrative system. On completion of the programme, the Clinical Information System will provide 24 hour per day access to a consistent, thorough, view of patient demographic and clinical information across all of the Trust's business streams.

It is expected that the implementation of RiO will enable the Trust to:

- Introduce paper-light working such that new clients attending the Trust will have electronic records only
- Reduce duplicate data entry
- Reduce the number of systems in use (paper, in-house spreadsheets & databases, Otter, Paris and iPM)
- Improve patient experience
- Improve access to records – particularly out of hours
- Improve data resilience against loss or misuse
- Improve staff experience
- Improve organisational reputation
- Improve consistency of terminology and data collection across services
- Improve IT security
- Improve clinicians' workflow management efficiencies (via the use of Care Pathway functionality)
- Improve ability to respond to future service changes
- Achieve financial savings through more efficient working and streamlined processes

The implementation of RiO is due to commence in 2014/15 and conclude in 2015/16 with full benefits supporting the Trust operational and corporate transformation including financial efficiencies following full roll out of the system.

Building on the implementation of RiO a comprehensive Informatics Strategy 2014-2018 is being developed to underpin and extend this vision and set out a clear and comprehensive approach and prioritised Roadmap to achieve this in three phases:

- Enabler
- Transformer
- Innovator

The key components of the Roadmap will be:

- Supports the delivery and requirements of the Trust vision and values;
- Enables the Trust to meet the NHS financial challenges including the achievement of specific cost improvement schemes;
- Enables the Trust to deliver against the national QIPP targets at all levels;
- Builds the Information Management and Technology Framework based on appropriate industry strength enterprise architecture and technical standards;
- Creates an Information Management and Technology organisation with the capability, capacity and experience to deliver enterprise class informatics services through an appropriate mix of internal resources and managed services partnerships;
- Supports the organisation in the redesign of services to meet the delivery of care in mental health and community settings; ensuring that the Trust can respond to NHS England challenges and adapts the services it delivers within the local health economies;
- Prioritises the delivery of an appropriate information technology Infrastructure Services foundation as an enabler to the Trust's Informatics Strategy;
- Delivers a clinical applications and services strategy with RiO at the core;
- Delivers a corporate application and services strategy to enable the delivery of the corporate services review;
- The definition and delivery of an Information Strategy that enables the Trust to become an intelligence driven organisation, meeting or exceeding the requirements of all stakeholder groups, including patients and service users in respect of:
 - Data quality and consistency
 - Alerting and signposting
 - Analysis
 - Performance Management
 - Self Service;
- Supports the Trust to meet the changing and increasing demands from commissioners for integrated care delivery and interoperability between care providers in local health economies;
- Enables service innovations using technology platforms such as Telehealth and develop the capability and capacity to adopt appropriate innovations as a 'Fast Follower' organisation
- Develops and supports all stakeholder groups to become intelligent customers of information technology;
- Enables the Trust to be an easy provider to transact and communicate with, supporting the future development of the business.

A supporting roadmap will describe the overall plan and the investment required to complete the enable, transform and innovate phases over the period of the plan, incorporating the actual delivery position of

existing programmes such as RiO and the corporate services review. The Trust will identify specific programmes for funding via any Technology Funding that is available via NHS England or other funding sources such as CCG initiated collaborative exercises. It is expected that the Trust will review its provision for both internally provided and externally sourced information technology services as part of the corporate services review.

In 2014 the scope of work on Infrastructure Services will include the benchmarking and Market Test of sourcing options against strategic business outputs and the service catalogue to support the achievement of these. This should result in the selection of appropriate strategic managed service partners for the duration of the strategy and beyond.

1.6 Appendices

NOT FOR PUBLICATION