

Operational Plan Document for 2014-16

5 Boroughs Partnership NHS Foundation Trust

1.1 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	2 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)	Bernard Pilkington
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Simon Barber
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Sam Proffitt
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Signature

1.2 Executive Summary

Commitment to Quality

The Trust is committed to ensuring high quality services, 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.

We have worked to produce the following organisational definition of quality with our Trust Board and Council of Members:

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 achievement of this quality definition is defined in a Quality Strategy which has a range of measurable objectives in the domains of safety, effectiveness and experience.

During the years 2014/15 and 2015/16 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 which will reduce to a three in 2015/16. We will deliver a surplus of £4m for each of the two years and will achieve Cost Improvement Plans of £5.74m in 2014/15 and £7.4m in 2015/16.

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.

The Trust has successfully achieved its Cost Improvement Plans historically without the need for redundancies. It is felt that in future this will be unlikely and to meet our obligations and in 2015/16 we will need to put in place a robust process to enable staff to exit the organisation in a planned and managed way.

Our 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 inpatient 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; this operational plan, the quality plan and clinical strategies have been developed in order to deliver against these objectives within the timescales that the plan covers.

From this each business stream has developed individual clinical strategies which are summarised below.

- **Adult Mental Health:** embed the recovery focussed pathway and align inpatient and home treatment teams to enable us to reduce the number of people who need to access inpatient care.
- **Forensic Services:** review our clinical offering in the light of new commissioning specifications and respond to the increasing needs of the prison and criminal justice population.
- **Community, Children and Localities:** the development of a single child health clinical pathway incorporating physical, emotional and mental health in Knowsley.
- **Child and Adolescent Mental Health:** review our clinical offering in the light of new commissioning specifications and development of a consistent pan-borough clinical offering.
- **Learning Disabilities:** review our inpatient and community pathways in the light of commissioning intentions and develop our offering for specialist Autistic Spectrum Disorders.
- **Later Life and Memory Services:** continue to embed the community pathway and deliver significant redesign of inpatient services for organic and functional patients.
- **Rehab, Acute and Targeted Services:** review nursing and ambulatory care services in line with commissioning intentions ensuring a smooth pathway of care with primary health services.

1.3 Operational Plan

1.3.1 The short term challenge

The Health economy that the Trust operates across is diverse in nature ranging from one Borough, according to an Office for National Statistics Wellbeing report, having residents who were the least satisfied with life in England to other areas with some levels of affluence.

A key issue for the health economies across the 5 Local Authorities and Clinical Commissioning Groups that the Trust covers is the significant financial pressures that local authorities face with a 30% - 40% reduction in their budgets since 2010. Whilst the money has reduced, and will continue to do so in the short-medium term, local authority statutory responsibilities have remained broadly the same and, if anything, have increased with the transfer of public health.

All five Local Authorities have adopted broadly similar approaches to delivering their efficiency agendas

- Protecting frontline services wherever possible
- Reducing senior management and back office support
- Developing a more flexible workforce
- Reviewing thresholds to services (e.g. Fair Access to Care Services [FACS] criteria)
- Exploiting digital technologies to a much greater extent e.g. telecare
- Promoting greater self-help and independence amongst residents and communities
- Focusing on core business (which includes prevention) and streamline services
- Developing alternative delivery models that will deliver improved outcomes with better value for money e.g. employee-owned co-operatives; partnering; outsourcing.

The Trust has enhanced its ability to meaningfully engage with its partner Clinical Commissioning Groups (CCG's), Local Authorities and other provider partners via the creation of the 3 Divisional Director roles with a focus on strategic relationship management and development. Although the roles are in their infancy the impact is significant with Divisional Directors working with their Director level counterparts in CCG's and Local Authorities to understand the local economic, social and political challenges that each of the five localities the Trust covers faces.

The Trust is actively engaged in supporting local health economies by engagement in Health & Wellbeing Boards across 4 of our 5 Boroughs, engagement in system transformation groups to assess the potential to deliver transformational service change across our geographic footprints that will provide better and more efficient care.

1.3.2 Quality plans

Quality Governance Arrangements

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.

The Trust Quality Strategy 2013 to 2015, identifies the Trusts quality goals, to include in year quality initiatives at both local and Trust-wide levels, past and present quality priorities as identified in the Trust's Quality Report, longer term goals in the Trust's three Quality Big Dots. The Quality Strategy is overseen by the Quality Committee, which is supported by the Quality Strategy Implementation Plan. The Trust has robust quality governance arrangements in place, which will continue to support the Trust quality initiatives in the future.

Quality Goals 2014/2015 to 2018/2019

Quality Objectives

The Trust has established a set of Quality Objectives that outline the Trust's quality goals, and are the focus of the Trust's Quality Strategy 2013/14 – 2014/15, they use the domains of safety, effectiveness and experience:-

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 5 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 Members, 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 with the aim to reduce service user suicide to zero in five 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 during 2014/15 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 as part of the Quality Strategy Implementation Plan.

Quality Priorities 2014/15 and 2015/16

To demonstrate the Trust's continual commitment to quality improvement we have engaged with our five Health watch organisations, five Local Authorities, and five Clinical Commissioning groups, as well as our service users and carers and the Council of Members to establish the Trust's Quality Priorities. These Quality Priorities will demonstrate improvements in the domains of safety, experience and effectiveness, and will be monitored throughout the coming year. Themes for each area have now been identified as;

- Safety – reduce harm from falls, violence and aggression and self-harm
- Effectiveness – ensure care plans are person centred involving the service users and carers as appropriate.

- Experience – implement and embed our culture of care based on the 6c's; compassion, care, courage, commitment, communication and competence.

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 risk areas are highlighted below, along with the associated strategies and plans to mitigate against them.

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.

Strategy Assurance Framework

Work to ensure the Trust has effective Governance Arrangements in place is constantly on-going. Robust arrangements are already in place for the monitoring of risks in achieving Trust High Level Objectives as part of the Board Assurance Framework; and during 2014/15, we plan to develop and implement an equally effective system that will identify and monitor the key risks in implementing the Trust's overall strategy.

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 meet 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.

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 will be provided by 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.

During 2014/15 this cycle will become fully embedded as outcomes from the first reporting of the Team Quality Assessment will be available for collation and reporting.

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 undertook a review of its compliance to the Monitor's Quality Governance Framework in August 2013, and scored 1.0, which is within the threshold of compliance of 3.5 or less. The Trust has identified the actions necessary to improve scoring in the area of data quality,

and as a result of these actions, it is anticipated that improvements in data quality reporting will follow directly. A recommendation for the use of data at clinician level, as a useful tool for appraisal and revalidation, is an area currently being addressed, with actions identified. During 2014/15 the Trust's Internal Auditors will undertake an independent review of the evidence to support the Trust's compliance to the Quality Governance Framework.

A key action from the development of the informatics strategy is to develop a role of Chief Clinical information Officer in 2014/15 who will promote support the development of informatics within the Trust to improve clinical care outcomes.

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 the development of a number of initiatives tailored to the Trust that address recommendations from the reports.

Key Themes from Francis, Keogh & Berwick	5BP High Level Objectives
Quality, Safety & Effectiveness	Effective and Efficient Organisation
Leadership and accountability	Clinical leadership and Service Improvement
Patient & Public Experience	Service Quality and Patient Experience
Involvement & Participation	Engagement and partnership working
Staff Experience and Feedback	Workforce Management and Experience
Staff training	Organisational Development
Regulation	Well Governed
	Financial Viability

Impact of the Francis Report Enquiry into Care at Mid Staffordshire

Culture, compassionate care, leadership, standards, information, openness, transparency, candour

- Culture of Care Strategy – detailing how the Trust will embed the values and behaviours of the 6C's, compassion, care, competence, communication, courage, commitment.
- Coaching – the continuation of the Coaching Culture Programme to all managers band 7 and above, and introduction of a mentoring scheme.
- Safer Staffing levels
- Service User involvement in Serious Incident Reviews – Service users have received training and work alongside Trust staff to review serious incidents to ensure openness, transparency and candour

Impact of the Keogh Report

Listening to staff and patients, using data to drive quality improvement, openness, learning from mistakes, robust Governance processes

- Policy to practice – Supportive bespoke work undertaken with teams, to improve the practices and review policies to ensure that they meet the needs of staff, patients and their families and carers.
- Physical health in mental health and recognising the deteriorating patient – continuation of work within 3 areas, development of key competencies in mental health and learning disability services, the revision of policies and procedures to support the key competencies, and development of sign-posting to other services, where clinical skills are beyond the basic competencies.

- The implementation and monitoring of the Trusts Clinical Quality Assurance Cycle
- The procurement and implementation of the new electronic patient record
- Review of Clinical Governance Processes to ensure lessons learned from 'Ward to Board'

Impact of the Berwick Report

Quality Control, Quality Improvement, Quality Planning, Patient and Carer Involvement, Staff development, Transparency, Culture of Learning & Improvement

Berwick implores that "*First do no harm*" is not just a slogan in health care; it must be a central aim.

He identified three types of unnecessary risk of harm:

1. Risk of harm due to neglect or wilful misconduct
2. Risk of harm due to failures in the system
3. Risk of harm from error

- Quality initiatives for 2014/15 focus on an overall harm reduction rate of 20% in respect of falls, self-harm and violence and aggression
- The Trusts Suicide Prevention Strategy will be ratified and implemented in 2014/15
- Internal Quality Reviews – Utilising staff and service user/carer volunteers, these reviews assess the quality of care provided by teams within the Trust, against the essential standards of quality and safety.
- Nurse Development and Allied Health Professional Development Days – arenas for sharing good practice across the Trust, and highlighting areas for improvement.
- Staff development –bands 1-4, to provide a career framework, defining competencies, and talent management for staff who demonstrate the right attitudes and behaviours.

The Trust is confident that these tailored initiatives made possible by additional funding in 2014/15 through a reduction in the deflator for some contracts, will improve the quality of care we provide. These will be monitored throughout the coming years via regular progress updates to the Quality Committee.

Patient Voice

The Trust actively promotes opportunities for patient/service users and carers to share their experiences of using our services in order to influence improvements in service delivery and redesign. This includes:

- Membership of our Foundation Trust, including being a Council Governor or attending an Engagement Group aimed at the development of redesign of services through joint engagement between staff and members.
- Attending a Service Users and Carers Forum which we operate in each of our six Business Streams. Meetings include the Take it to the Top session attended by senior managers including the Chief Executive and Chairman.
- Membership of the Trust Involvement Scheme designed to provide a safe and efficient process to enable volunteers to become involved in all stages of designing, delivering and monitoring Trust services.
- Patient Experience is captured and shared through a range of methods including monthly surveys, social media, compliments and complaints and storytelling that is taken to meetings of the Trust Board.

Monthly Patient Experience Reports are produced for each Business Stream. They are analysed locally and actions are reported via 'You Said, We Did' posters.

1.3.3 Operational requirements and capacity

The organisation is a specialist Mental Health and Community Trust providing community and in-patient services to the people of the Boroughs of Warrington, Wigan, Halton, Knowsley and St Helens alongside generic community services in Knowsley, the Trust has a turnover of approximately £146m a year (covering a population of 9,000). 5 Boroughs is 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.

During 2013/14 the Trust has moved its operational structure into three divisions these are:

- Adult and Forensic Services
- Children's Families and Wellbeing
- Later Life, Learning Disability & Physical Health

This new structure is designed to integrate mental and physical health across the Trust footprint and maximise the opportunities for clinical synergy to support the Trusts purpose statement

'we will take a lead in improving the wellbeing of our communities in order to make a positive difference throughout peoples lives'

The revised strategic objectives from 2014/15 onwards have been devised and developed throughout the organisation in 2013/14 in order to meet the operational, clinical and quality challenges outlined in this document. The approved strategic objectives are now across the following areas:

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

We feel that these seven questions are fundamental to assuring the Trust Board identify and deliver against our challenges in the next two years and beyond

The overall operational challenge for the organisation however can be summarised as:

- Embed redesigned community services
- Review inpatient infrastructure to maximise efficiencies and clinical effectiveness
- Implement new Divisional Structure to maximise synergy of services and alignment with CCGS and local authorities
- Integrate services along pathways of care where appropriate
- Improve access to services (e.g. create single points of access)
- Implementation of new clinical information system
- Review and redesign of corporate back office services
- Assessing how the Trust works with commissioners and partners in order to respond to the increased demand for services due to economic environment and changes to patient needs and expectations

The individual clinical strategies for each of our business streams (and their assessment of activity and demand pressures for the next two years) are set out below:

Divisional Clinical Requirements and Capacity

Adult and Forensic Division

It is expected that this new division will give the Trust the opportunity to maximise synergies across the two existing business streams which provide adult in-patient and community mental health services and community and in-patient secure services. This enhanced synergy will improve the quality of care along pathways

The Adult and Forensic Services requirements for the next two years can be summarised as;

Adult Services

- In-patient services – Within the business stream projects are on-going or will commence in 2014/2015 which will enhance the quality and delivery of inpatient care in the future. These projects include: embedding a recovery focused pathway within inpatient services and across our community services; aligning the in-patient and home treatment teams more closely to create a more seamless patient journey and reducing the levels of delayed discharges by closer working with local authorities. Our aspiration is that this work will support our desire to reduce the numbers of people who access inpatient services going forward
- The implementation of newly acquired IAPT services and exploring the opportunity to grow this area of clinical expertise;
- Review and embed existing models of community mental health care delivery including identifying opportunities to contribute to the developing multi-agency and multi-disciplinary approaches to care linked to GP surgeries
- Reduce the number and length of delayed discharges and identify alternatives to admission
- Maximise the opportunities for synergies and improvement in the quality of care along pathways as a result of the new divisional structure
- Develop and embed our approach to the delivery of Psychiatric Liaison Services across our three Acute Hospital economies which will positively impact on A&E and Acute care system demand.
- Maximise the potential of clinical developments to enhance the patient pathway in areas such as inter-agency working and redesign of services such as ADHD.

Forensic Services

- Review of the current clinical model to ensure that this is the most clinically effective and efficient service provision, including internal and external pathways.
- Review the impact of the changes to referral criteria for low secure inpatient provision. As a result of contractual changes in 2013/2014 the Trust's female low secure provision has begun to admit patients with a primary diagnosis of Personality Disorder (PD). Work is planned to review this model of care during 2014/15 to ascertain if this is the most clinically effective service delivery model and how our services might evolve to meet this clinical need
- Responding to the increased demand and changes to the needs of the prison and criminal justice population group.
- Review the use of the psychology service provided by secure services to maximise clinical effectiveness across the division.

The requirements needs and challenges are;

- The skill mix of the workforce is currently being reviewed in order to ensure that we have the

correct skills and competencies to deliver an efficient and clinically effective service. It is the intention of the Trust to review across bands one-four, commencing with a review the ratio of band three and band two in-patient healthcare assistants in line with national skills and competencies and the internally developed career framework.

- There will also be a realignment of the clinical skills of qualified ward based nursing staff which will result in an increase in band five staff nurses and a decrease in band six deputy manager posts across the Trust.
- To support enhanced quality and clinical leadership senior staff presence will be strengthened around the clock via internal rotation of senior staff over the 24 hour period which will result in reducing the costs of our out of hours service. In turn this will be strengthened via senior staff internal rotation, enhanced medical out of hours rotas and enhanced liaison psychiatry teams based within acute hospital Trusts.
- The adult business stream are reviewing the full impact of the pilot police triage pilot with local health economy partners outline statistics demonstrate a reduced requirement of section 136 presentations, which is a significant health economy saving..
- We continuing to review the care pathways which have been specifically redesigned with the view to re-provide in-patient beds in a different way including the provision of functional beds across the Trust. This change will positively impact on length of stay, delayed discharges and clinical management.
- We are currently working within the LHE supported by contract negotiations to develop alternatives to admission which will improve the patient pathway and impact positively on in-patient admissions.
- As a direct response to the changes in admission criteria and the mix of PD patients within our female low secure service the workforce model has been adapted to meet the needs of this client group through the increased use of psychology as an alternative to nursing competencies. Further changes may be required following the review during 2014/15 of the impact of the changes to this client groups needs which will be discussed and action agreed with commissioners.
- The secure services continue to work closely with NHS England, who commissions these services, to enable us to respond to their intentions. We have done this through fostering positive and responsive relationship which has been strengthened since the Trust joined the secure network and have incorporated aspects of their strategy within our own, while proving to adapt services when requested. It is expected that changes to commissioning intent, for secure and Tier 4 services, may impact during late 2015/16 but more certainly within the five year planning cycle. The extent of these changes has not yet been agreed but the Trust continues to discuss this with NHS England.
- Review in 2014/15 the Criminal justice and prison in-reach services who have continued to meet increased demand resulting activity which is expected to continue throughout 2014/15 and 2015/16, with a view to incorporate the increased mental health needs of this population group. As a result referral criteria will be revised in order to deliver targeted services where needs are high.

Children's Families and Wellbeing Division

This division now incorporates elements of mental health and traditional community services that relate to children and their families in order that the Trust can look to provide services in line its vision. Where it is within the Trust's gift to integrate service provision and pathways, i.e. across Knowsley this will be a priority area for this planning timescale.

Community, Children and Localities and CAMHS requirements for the next two years can be summarised as;

- Implementation of the CAMHS IAPT bid for the Wigan partnership. Children's and Young Persons-IAPT is a service transformation project which will transform existing ways of working by the development of session by session outcome measures and provides the opportunity for a true multi agency pathway to be embedded within current practice. Consideration will also be given as to how these benefits can be rolled out across the other four boroughs in partnership where we are not the IAPT provider
- Embedding of the recently implemented of the Single Point of Access for children and young people in order to improve services within existing resource to provide timely and equitable access to child and adolescent services.
- Tier 4 Review is expected to take place by commissioners in 2014/15. Current pressures on T4 in-patient beds have continued throughout 2013/14 and a gap has been identified in services to develop a day service provision offering an alternative or less restrictive option to admissions into hospital. This proposal would enhance the eight beds currently commissioned with an planned expansion of two beds coupled with the use of day services to manage the capacity of our own population.
- Improving the experience for children, young people and their families is a key driver for change and an opportunity to offer a single child health pathway which incorporates Physical and Emotional and Mental Health appointments
- Full integration of mental and physical healthcare needs of the children and young people across the Trusts footprint, commencing in Knowsley by maximising the interfaces within the services provided by the Trust where appropriate.
- The development of Pan Borough services based on expertise in disorder specific treatment plans will ensure equality across the foot print whilst providing the assurance that up to date evidence based treatments are being offered to patients as part of a "shared decision making" process.

The requirements needs and challenges are;

- The Trust plans to manage increasing demands for in-patient Tier 4 beds through a small capital investment resulting in expansion of in-patients beds at Fairhaven from eight to ten during 2014/15. It is expected that this will be sold at a spot purchase rate during 2014/15, the cost of these beds is marginal and is expected to be recovered through spot purchase income.
- It is expected that changes to commissioning intent, Tier 4 and secure services, may impact during late 2015/16 but more certainly within the five year planning cycle. The extent of these changes has not yet been agreed but the Trust continues to discuss this with NHS England
- For community services, it is planned that increased demand for services will be managed through maximising the benefits of agile working increasing face to face clinical time. At this time there is no expectation that additional activity will be generated but that by improving efficiencies in service delivery will ensure that services can be provided to contracted levels.
- Where specialist services are provided pan borough staff will be trained accordingly and work with generic services to co-manage patients where appropriate. Thus ensuring that quality services, where possible, can be consistently provided across the Trusts footprint.

Later Life, Learning Disability and Rehab, Acute and Targeted Services

This Division provides Later Life and Memory Services (LLAMs) and Learning Disability (LD) Services across the full Trust footprint and community physical health services across Knowsley, St Helens and Halton. The physical health aspect of LLAMS and LD services is integral to the mental health of this client group in order to be responsive and provide high quality care.

Later Life, Learning Disability and Rehab, Acute and Targeted Services requirements for the next two years can be summarised as;

Later Life and Memory Services

- Embedding of the LLAMs community pathway. The implementation of the community pathway in 2013/14 required a whole system response with significant commissioner and primary care sign up to support a comprehensive partnership approach to care management and delivery. A flexible and creative approach to the use of existing resources, supported by significant clinical governance guarantees will allowed the fostering of innovative new approaches to care pathways. The business stream will need to shift resource capacity away from review through pathway changes to diagnosis, stabilisation support and discharge, with rapid access re referral, rather than on-going review.
- In-patient redesign is due to take place during this planning period. This includes increasing levels of complexity and challenging behaviour from a larger population of patients with advanced dementia as well as increased physical health needs. Whilst the need for in-patient care is projected to decline as more comprehensive and holistic community based care is developed in patient capacity and clinical resources will need to develop to provide a state of the art care environment for these complex needs. The demographic profiles of the boroughs served will also result in a likely increase in older people with functional mental health problems. A substantial change in the way in patient resources are deployed within the organisation is planned, resulting in a net increase in bed numbers within the LLAMS business stream as functional care is transferred. There will be a net reduction in organic beds to meet the projected demands.

Learning Disability Services

- Review of in-patient facilities provided as resulted in the reduction in commissioned beds for 2014/15 and a redeployment of resources into the community.
- Increase requirements for specialist Autistic Spectrum Disorders. There is currently high demand for assessment and treatment within community provision and we have seen a rise in delivery on a spot purchase to our commissioners over the last two years. This is expected to continue and a reliance on commissioning intent and evidence of demand will help support workforce requirements to meet expectation.

Rehab, Acute and Targeted

- Contractual review of Musculo-skeletal services due to increased demand and subsequent impact on quality.
- Hospital Therapy Services Contract – The Acute Trust who commission this contract have given notice of their intention to take this service back in house. The impact of this is not expected to impact until 2015/16 and will be negotiated and managed throughout 2014/15.
- Review of nursing and ambulatory care is expected to result in changes to services provided in the three Walk-in-Centres across Knowsley, to drive out efficiencies and remove inconsistencies
- Review of Trust-wide on-call to maximise efficiencies and reduce duplication and inconsistencies alignment across all clinical divisions

The requirements needs and challenges are;

- Workforce implications within LLAMs include re focusing of consultant resource on early diagnosis, stabilisation and complex care interventions, and away from routine review. Up-skilling and increasing scope of nursing practice to post diagnostic support and prescribing.

- Key risks to the delivery of the changes in LLAMS are focused on the capacity and willingness of Primary Care to accept the proposed pathway changes and provide appropriate care and support following discharge from the service.
- As a result of the shift in Learning Disabilities service provision in 2014/15 from in-patient to community services there will be a subsequent transfer in resources.
- Demand management discussions are underway across Musculo-skeletal services with commissioners to manage the increased demand for these services while maintaining quality as a result quality indicators have been renegotiated to take account of reduced referral to treatment timescales.

Workforce support for the operational challenges

During 2014/15 the Trust recognises the challenge of securing high quality care within a new NHS system alongside the need to make financial savings. To achieve this will require strong leadership that models the values and behaviours required of the whole workforce. The delivery of an Operational Leadership and Management review will support and enhance the delivery of services but also provide leadership across all of our business streams in a consistent manner. The Human Resources (HR) department has also undergone a review that will allow for a true HR business partnering approach to be in operation across the Trust from mid 2014. This will further support operational management teams in the delivery of some of the key workforce challenges in 2014/15.

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 i.e. Admin and Clerical. Work will continue to identify vacancies that do not require replacing with a view to supporting a reduction in headcount where permissible in order to support the delivery of financial challenges.

Workforce Numbers - WTE

Staff Group	2013/14	2014/15	2015/16
Medical	135.86	140.46	140.28
Nurses and Midwives	967.88	944.10	938.39
Science Technical & Therapeutic	570.72	642.64	517.11
Healthcare assistants	566.80	518.49	492.92
Other clinical staff	7.28	7.78	7.78
Admin & Clerical	648.55	641.44	528.46
Other non-clinical staff	256.51	206.60	223.46
Total	3,153.60	3,101.51	2,848.40

The workforce strategy that underpins these numbers and the Trust's clinical strategy will mean staff becoming skilled in new areas and providing new ways of working, which rely much less on particular professions and more on the most suitable person to deliver the outcomes we are trying to achieve for our service users.

One of the key needs for the Organisation in the coming years will be creating a workforce which is flexible to changing needs of Patients. The Organisation will develop a Career framework for all staff starting with a focus on defining the skills and competencies of Bands 1-4 and developing supporting Training packages for staff utilising apprentice frameworks where appropriate.

The Organisation will continue its work to foster a "culture of care", with a culture of openness, honesty and candour. This is underpinned by a number of initiatives including our Coaching Conversations Programme and coaching and Mentoring scheme. 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'. In addition to this the Trust plans to embark upon the design and implementation of a 'values based' recruitment model.

As described above the Trust will achieve its targeted workforce reductions in a number of ways. During the first year of the plan the Trust will work up final details of how we can deliver against the transformational service changes planned for 2015/16. The Trust has an ageing workforce and whilst staff retiring allows us the opportunity to review posts and consider skill mix options, there is also growing evidence nationally that individuals are remaining in employment longer which will need to be considered. Planning and supporting the employment aspirations of all staff will be vital if the trust is to maximise the benefits of an experienced workforce however we recognise that there will need to be a shift in our practice around flexible working opportunities.

The HR department will continue to provide workforce data to business streams for analysis and planning purposes. The trust will explore and make use of the new national data system (OBIA) (Oracle business and intelligence) to provide managers with real time workforce information that will help to inform decisions and aid planning.

The trust has been successful in the introduction of the national agenda for change amendments in respect of pay increments linked 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.

In order to facilitate the changes to the workforce and to support future workforce plans, Business Streams and Directorates will be provided with learning and organisational development support. This will be facilitated by targeted learning and development training programmes to ensure individuals and teams have the right knowledge and skills to deliver the highest standards of care. Managers and teams will be supported with appropriate team development sessions and leadership development to ensure high levels of leadership and team effectiveness. The Trust will also take a strategic approach to supporting the Health and well-being of staff with an annual plan of activities and support.

Technological developments will also see key changes for our workforce in the coming years. In 2013/14 the Trust embarked upon the implementation of an e-Rostering system. During 2014/15 the Trust should begin to see changes in the way the workforce is utilised to ensure that consistent and efficient care is provided to our service users across all services. Through the introduction of a roster policy we also aim to improve fairness of working patterns and play a role in ensuring staff morale is kept high and sickness absence kept to a minimum.

Ensuring that service users receive the best possible care is the primary concern to staff at all levels and across all staff groups at 5 Boroughs Partnership NHS Foundation Trust. Ensuring that the right staff are available at the right time is a key component. However, making sure the supply of staff is in place to meet the patient demand is not as simple as merely assigning staff to a shift; it is a complex process involving many elements and eRostering provides us with a tool to manage this in a more effective way. At the Trust, effective management of our workforce is paramount to our success in delivering high quality care

in a cost effective manner.

Our eRostering solution can enable the more cost effective use of staff and will provide more in-depth management information to support future workforce costs, as well as supporting the review of how wards and team are resourced and the relevant skill mix that is required to meet the demands of individual teams and wards. It is hoped care Improvements are achieved through the effective utilisation of substantive staff that consequently improve an area's skill mix and through the reduction in administrative processes associated with roster creation, roster maintenance, timesheet and absence returns and reporting, time is released to patient care. Additionally, fairer and more transparent rostering of staff, underpinned by a Trust-wide rostering policy will lead to improved levels of staff satisfaction with the associated impact on sickness

In April 2014 there will also be an upgrade to the Trusts Temporary Staffing system. The management and control of our temporary staffing is currently driven subjectively and via paper based processes. An upgraded Bank system will be utilised for all teams across the Trust and will automate the planning of bank and agency staff, providing controlled management and full reporting across the Trust. Interfaced to ESR it improves continuity of care, ease of reporting, saves time, and reduces errors whilst promoting regulatory compliance and improving financial returns

Other Trust-wide operational changes

Implementation of Clinical Information System - RiO

The Trust aim to replace iPM (a system provided through the NPfIT LSP contract with CSC) and two other electronic patient record systems used by the Trust with RiO and this is an active programme of work planned to complete within the 2014/15 and 2015/16 financial years. The Trust understands that our intentions were taken into account during the most recent contractual negotiations between the DH and CSC and that our Trust was not included in the list of Trust's potentially needing to retain iPM post July 2016. We re-confirmed this position with the Health and Social Care Information Centre in January 2014 in support of their programme assurance requirements.

The Trust has established a robust governance process to support the implementation of RiO, the Trust integrated patient record system, the project is expected 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. The vision agreed by the RiO Board is,

'ALL Service Users will have a primary electronic record that is comprehensive, accurate and accessible at any-time from any-where to support efficient, safe and collaborative health care. The availability and access to such records will benefit service users, carers, staff and partner organisations.'

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

- Introduce paperlight 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

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

Service Users and Carers - Patient Voice

The Trust actively promotes opportunities for patient/service users and carers to share their experiences of using our services in order to influence improvements in service delivery and redesign. This includes:

- Membership of our Foundation Trust, including being a Council Governor or attending an Engagement Group aimed at the development of redesign of services through joint engagement between staff and members.
- Attending a Service Users and Carers Forum which we operate in each of our 6 Business Streams. Meetings include the Take it to the Top session attended by senior managers including the Chief Executive and Chairman.
- Membership of the Trust Involvement Scheme designed to provide a safe and efficient process to enable volunteers to become involved in all stages of designing, delivering and monitoring Trust services.
- Patient Experience is captured and shared through a range of methods including monthly surveys, social media, compliments and complaints and storytelling that is taken to meetings of the Trust Board.
- Monthly Patient Experience Reports are produced for each Business Stream. They are analysed locally and actions are reported via 'You Said, We Did' posters

Capital Plans

The Trust's Estates Strategy focuses on supporting operational and clinical service plans to deliver a high quality, safe and efficient built 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 capital programme also has regard to active asset management through the promotion of agile and other new ways of working, supported by new technology, thus delivering quality and financial efficiencies whilst also enhancing the effectiveness of services.

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 two freehold properties are held for sale with the intention of adding another one in the first quarter of 2014/2015. The disposal of these properties is expected to realise another £1.3m

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.

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.

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.

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.

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 10 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 recognises the need for its accommodation to meet the needs of services and reflect the changes in delivery that this will require. In conjunction with operational services the Trust has outline a number of projects to complement service re-design which will be in line with new care pathways. In this respect the Trust is planning to a capital expenditure plan of £13.0m in 2014/15 and £27.9m in 2015/16.

The Trust intends to invest significant funds in the development of new adult in-patient and community accommodation on a site at Atherleigh Way in Leigh. This will replace the current outdated facilities at Leigh Infirmary. The Trust has secured an option to purchase land and is currently progressing design development, planning and Trust Board approval to a Full Business Case prior to the purchase of the land. 83% of the forecast capital expenditure for 2014/15 and 49% for 2015/16 is attributable to the Leigh project.