



Cheshire and Wirral Partnership 
NHS Foundation Trust

Operational Plan Summary for 2016/2017

Cheshire and Wirral Partnership NHS Foundation Trust

This Operational Plan for 2016/17 sets out how Cheshire and Wirral Partnership NHS Foundation Trust, working closely with its partners, will provide safe, effective, caring services in a sustainable way for the population of Cheshire and Wirral and the surroundings areas it serves.

The Trust continues to act as a central stakeholder in a complex local health economy supporting the implementation of the new models of care vanguard programmes in Wirral and West Cheshire, and the transformational strategic plans developing in East Cheshire (Caring Together) and South Cheshire and Vale Royal (Connecting Care). Nationally, the Trust is playing a central role in the implementation of the regional strategy to transforming care for people with learning disabilities.

Strategic and Transformational Footprint

In response to the Five Year Forward View mandate for health and social care systems to come together to create local health system Sustainability and Transformation plans (STP), CWP continues to play a key role in local systems leadership, to identify and influence transformation footprints and the geographic scope of the STP, with an implicit focus on sustainability of services.

The CWP approach defines the Cheshire and Merseyside area as the overarching STP footprint with three underpinning delivery levels which are set out below, identifying population needs based on the right critical mass for effective planning and to ensure consistent clinical standards within the resources available.

- **Level 1:** *Encompassing locality transformation plans - Healthy Wirral, West Cheshire Way, Connecting Care and Caring Together.*
- **Level 2:** *Reflecting regional sector plans - South Merseyside (Wirral, Cheshire West and Cheshire, Cheshire East and Warrington)*
- **Level 3:** *Cheshire and Merseyside regional plans*

As a subset of this, CWP also identifies clinical services within the three levels approach. Level 1 services are those linked to local transformation and integration plans, such as physical community services, improving access to psychological therapies (IAPT) services and primary care. Level 2 services are those requiring a larger delivery footprint to ensure sustainability, such as community mental health teams and learning disability teams and acute in-patient mental health and learning disability services. Level 3 services are those more complex and specialist services, with a high level of acuity, requiring a more significant critical mass for sustainability.

Using this approach, the guiding principles for the Trust's forward planning is shifting the emphasis to delivering person-centred, population outcomes that can only be achieved through the provision of services that the Trust has the skills, competencies and capacity (the critical mass) to deliver safely and effectively, working in partnership with service users, carers and other providers.

Approach to Activity Planning

For 2016/17, activity planning has again been aligned with the annual refresh of locality clinical strategies. The Clinical Engagement and Leadership Forum has offered an opportunity to explore and agree service planning levels and to define what constitutes seven day services. Informed by commissioning intentions, national strategies and the contract negotiations to date, clinical services are progressing work to firstly identify the levels of service provision in line with the Trust approach to the STP described earlier.

The Trust broadly defines seven day services as services being available over seven days and delivered consistently with equitable clinical standards. Linking into the service level planning work to mitigate variation in outcomes and experience, using the ten Clinical Standards framework set out by NHS England, and underpinned by the NHS Constitution, the service level planning work will progress into the identification of coherent clinical standards for each service area regardless of the locality in which it is delivered. This, along with the resource, capacity and competence (knowledge, skills and behaviours) to deliver will enable the consistent achievement of these standards.

The conclusion of the first phase of this work has been the identification of a number of priority service areas that the Trust is confident it has the right capability (capacity and competence) and resources to deliver.

These include:

- Child and Adolescent Mental Health Services (CAMHS) Tier 4 services.
- Further development of integrated community services provision.
- Local implementation of the transforming Learning Disability services strategy.
- Developing potential options for enhancing inpatient provision.
- Improving IAPT (improving access to psychological therapies) performance.

Additionally, the Trust is prioritising the delivery of the new models of care vanguard programme in West Cheshire where the Trust is working in partnership with Primary Care Cheshire to develop multispecialty community provision. The Trust continues to play an active role in the Wirral vanguard, Caring Together in East Cheshire and Connecting Care programme in Central Cheshire.

Approach to Quality Planning

- **Approach to quality improvement**

CWP undertakes a self-assessment of its approach to quality on a quarterly basis, to ensure that it is sound and robust and to identify areas for continuous improvement. An annual governance statement is also produced at year end to describe the Trust's system of internal control which is an ongoing process designed to identify and prioritise the risks to the achievement of the Trust objectives. It also sets out the plans in place to ensure continuous improvement of the system on an annual basis.

To meet these quality standards, CWP sets out a number of annual quality priorities which are agreed by the Board of Directors. These priorities are set out as detailed improvement plans (including milestones and performance indicators) in the Trust's quality improvement strategy, known as 'Zero Harm'. CWP's strategic goal of having an aspiration of zero harm that drives the Trust culture is designed to facilitate the delivery of quality orientated services.

The quality goals described in the Trust's Quality Account are aligned to the NHS Mandate, which expects key progress to be made in protecting people from avoidable harm when they are treated and cared for. They are also aligned to local commissioning priorities and the needs of the local population and national priorities, including the recommendations in the Academy of Medical Royal Colleges' 2014 report which describes the accountability of clinicians and expectations around communication with patients and families.

The quality goals are also informed by the key quality risks which are detailed in the Trust's corporate assurance framework and which respond to any quality concerns identified through independent assessments of CWP and what people have said about the Trust, as described in the Trust's Quality Account.

- **Quality improvement governance systems and methodology**

The Trust's integrated governance framework enables risk to be managed at all levels, both up and down the organisation and, equally as important, across organisations as the drive towards systems planning gathers pace. This will be especially important throughout 2016/17 (as described earlier in relation to activity planning for the year ahead) as CWP works with all providers of services to deliver person-centred care over seven days, to avoiding fragmented, uncoordinated care that only deals with one problem at a time. Our plans for delivering seven day services are described in the activity planning section; how the quality priorities for 2016/17 will be maintained with the introduction of seven day services is described below.

The Trust's quality improvement governance system facilitated CWP achieving a 'good' rating in its organisation-wide Care Quality Commission (CQC) inspection of the Trust in June 2015 (published November 2015), a system which it will continue to implement throughout 2016/17 in order to maintain this

rating and further improve. These improvements will include the implementation of recommendations made by the CQC during their inspection, which, having been reviewed during organisation-wide roadshows in early 2016, will be addressed throughout 2016/17 with frontline engagement.

A thematic report of actions being taken to bring about continuous improvements to quality will be presented to the Trust's Quality Committee three times annually. An organisational quality improvement report will also be produced at the end of 2016/17, which will be more thematic in its style, linking to improvements needed to organisational and strategic planning to bring about continuous improvements and to facilitate better service delivery of high quality care.

- **Quality priorities for 2016/17**

The focus of the Trust's quality priorities for 2016/17 remains to 'continuously improve care delivery to reduce error and harm', reflecting the national call for a culture of 'zero harm'. CWP's specific three quality priorities for 2016/17 are:

1. To achieve a continuous reduction in avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents (patient safety).
2. To achieve a continuous improvement in health outcomes for people accessing the Trust's services by engaging staff to improve and innovate (clinical effectiveness).
3. To achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring, through implementation of the Trust's values (patient experience).

These quality priorities are set out in the Trust's 'Zero Harm' quality improvement strategy and will be set out in the Trust's annual Quality Account 2015/16 (with progress monitored throughout 2016/17 in the Trust quarterly 'quality improvement report'). They will also be put forward as the Trust's three priorities/ pledges for 2016/17 towards the NHS England "Sign up to Safety" campaign.

The Trust recognises that the wider seven day services agenda incorporates mental health and community services provision, with the evidence particularly highlighting variation in outcomes and experience of people accessing these services during weekends. Each of the three quality priorities for 2016/17 have been established to monitor performance and impacts on outcomes and experience, using the means of measurement identified above, to ensure maintenance of high quality care with the introduction of seven day services.

- **Top risks to quality and plans for mitigation**

Risks to quality are identified using a planned and systematic approach as part of the Trust's corporate assurance framework and integrated governance framework. This assesses organisation-wide risks to quality which consequently informs mitigation plans. The top three risks to quality for the Trust are as follows:

1. Risk of harm to patients due to the lack of staff competency to manage changing physical conditions.
2. Risk of harm to patients due to ligature points and environmental risks within the inpatient setting.
3. Data quality may have an adverse impact on external (regulatory, contractual) monitoring and governance ratings and on effective internal decision making regarding service planning and development.

Each of the risks described above has a full risk treatment plan in place for 2016/17.

- **Review of governance using the well-led framework**

Following the CQC inspection of the Trust in June 2015, CWP achieved a 'good' rating on an organisation-wide basis for the 'well-led' quality of service domain. As approved by the Board of Directors in November 2015, CWP plans to commission an independent 'well-led' governance review, using the Monitor framework for NHS foundation trusts. It is anticipated this process, including specification development, self-assessment and the wider detailed review, will be completed by September 2016. The Board continually seeks opportunities to review effectiveness and recently undertook a one day externally facilitated session to explore Board effectiveness and performance against some of the well-led criteria.

- **Quality impact assessment process**

CWP has an effective quality impact assessment (QIA) process for efficiency schemes/cost improvement programmes (CIP) and all affordable improvement programmes funded by partners through the year. The structure and governance of the Trust's current efficiency programme was developed in 2014/15 and has been subject to further refinements during 2015/16.

This QIA process will continue throughout 2016/17 and will again be subject to further refinements and developments, while ensuring the focus is on identifying true efficiencies.

Following implementation of a CIP or improvement programme, the impact on quality will be monitored by reviewing a number of metrics including complaints received by the Trust, incidents reported by staff, caseload numbers, waiting times data and staff sickness levels. This is to ensure and assure that the implementation of the improvement programme has not had a detrimental impact on quality.

- **Triangulation of indicators**

CWP produces a monthly organisation-wide performance dashboard report, which provides an overview of the Trust's performance against quality, workforce and financial indicators. In order to effectively use and triangulate this information, CWP has commenced a programme of 'deep dive' reviews at the Board, which will form part of the 2016/17 Board business cycle. The Board dashboard continues to be refined and reflects the current range of key performance indicators (KPI) to monitor performance. These are subject to review and are likely to change during 2016/17. This is to ensure the Board has appropriate assurance on the delivery of the Trust's objectives and the Operational Plan.

Approach to Workforce Planning

The Trust's aim in respect of its workforce is 'to enable our people to be the best that they can be'. In order to achieve this aim of maximising workforce capability and to address the workforce and culture challenges identified within the Five Year Forward View, the Trust will continue to deliver its evolving People and Organisational Development Strategy for 2015-2020 via a delivery plan for 2016/17. The strategy identifies the following priorities:

- **Our People** - *We attract and develop skilled, knowledgeable and innovative people who live out our values.*
- **Our Leaders and Our Managers** - *We encourage all our people to lead; we enable those who manage our people to do so with confidence and ability.*
- **Our Environment** - *We provide a workplace in which people can be at their best.*
- **Our People Services** - *We support our people with expertise and advice they can trust.*

These priorities are underpinned by the Trust's values (the 6 Cs) and the principles of 'human factors'. This is a commitment to creating an environment in which everyone is encouraged and supported to take responsibility for delivering great care to service users, for continuous improvement and for shared learning, all of which is echoed in the Trust's Zero Harm strategy. Clinical leadership and engagement continues to be a focus for the Trust in addition to continuing to ensure the alignment of the CWP workforce agenda to the local health economy.

In 2016/17 the Trust is committed to building workforce capability, consisting of the following three dimensions:

- **Capacity:** *the right numbers of the right people in the right place at the right time.*

- **Competence:** *a workforce which possesses the knowledge, skills and behaviours required to deliver high quality person-centred care.*
- **Confidence:** *to take responsibility and make decisions at the point of care.*

The Trust continues to deliver on its commitment to its social responsibilities by offering work placements, traineeships and supporting unemployment schemes to widen access to employment. In 2016/17 the Trust will also collaborate with other providers and higher education institutions to develop a range of apprenticeships within CWP (in line with the national apprenticeship levy) and the wider health and social care economy.

- **Safer Staffing**

In response to the introduction of the National Quality Board (NQB) requirements to undertake six monthly reviews of ward nursing staffing establishments, the Trust has introduced a programme of comprehensive reviews reporting directly to the Board of Directors.

The focus of safer staffing to date has been on mental health and learning disability inpatient areas; however there is a growing recognition that this needs to expand into community teams including physical health services. In order to progress this, the approach will be to consider, in the first instance, the areas that directly impact on inpatient wards, namely Crisis Teams and Single Point of Access, and incorporate Physical Health teams into the safer staffing review group to explore and implement review methodologies.

A range of benchmarking activity including existing staffing levels across localities will be undertaken and then considered against a range of quantitative impact indicators such as admissions, discharge and length of stay data. This will support the development of a model for understanding safe staffing in community and physical health settings

Financial Planning

The financial strategy of the Trust continues to aim to ensure that it remains a viable Foundation Trust as a going concern so that sustainable and effective services can continue to be delivered.

A deficit income and expenditure position of £1.9m is currently forecast for 2016/17.

CWP will deliver a small surplus (excluding discontinued operations and exceptional items) in 2015/16. Within this position are some key financial pressures that have been mitigated in year by ceasing funding previously earmarked for developmental issues in the Trust. The three main areas are inpatient services, income generating beds and the cost improvement programme.

A number of key assumptions support our income and expenditure forecast. These include:

- Inpatient Services and Income Generating Beds continue to be pressures.
- CIP of £5.6m is required.
- Central reserves will be fully utilised, but not exceed values set.
- National pay award and living wage will not exceed 1% of pay bill.
- Additional Employers NI costs of 3.4% will be incurred.
- Gap on contract retractions will be met in year and recurrently going forward.
- Any increase in drugs costs can be managed by the Trust.
- No impact of local contract negotiations as these are still on-going.

Other risks potentially impacting on the delivery of the financial plan 2016/17 include, contract pressures, non-achievement of Integrated Provider Hub (IPH) expectations, drugs expenditure and IT Investment. All risks have mitigating actions to minimise any impact on the financial plan.

- **Capital Planning**

The proposed capital programme for 2016/17 continues to be aligned to the core objectives of the Trust's Estates Strategy. The proposed capital programme, informed by locality clinical strategies and developed in consultation with clinical service directors, has undergone a robust priority assessment process. Priority ratings are assessed between 1 and 3 and identify the status of the scheme, either approved or proposed, and the level of risk incurred if the scheme was deferred.

- **Cash and Liquidity**

The capital programme along with a deficit control total of £1.9m (without any support from the Sustainability and Transformation fund), results in a significantly reduced cash balance by year end. The Trust is pursuing all the options available to ensure that this returns to a more healthy level during the course of the year.

- **CWP Efficiency/ Cost Improvement Programme (CIP)**

To enable the Trust to maintain financial viability going forward, the efficiency savings requirement in 2016/17 will be £5.6m, which reflects the 2% national requirement and the carry forward of non-achievement of savings.

The continued delivery of savings, in the region of 4% annually, has proved challenging and this will continue to present significant demands on the Trust to maintain the provision of high quality care and will require candid discussions with commissioners regarding the range and level of services offered this financial year. This is further compounded by the impact of future service tendering on the organisation.

To mitigate this, the Trust is progressing work in a number of areas including reviewing efficiency savings as a whole identifying savings in terms of quality, productivity gains, cash-releasing and cost avoidance, rather than just focusing on cash-releasing savings. Building on the 2015/16 approach, this continues to inform contract negotiations whereby commissioners are asked to recognise these efficiencies, particularly in terms of productivity improvements.

Additionally a non-direct care cost programme commenced in 2015/16 to deliver a 30% reduction in expenditure across non-direct care services over 3-5 years, through the delivery of a mixture of transactional and transformational schemes. A governance framework with full QIA process (described in the approach to quality section) is in place and methodology has been developed for all corporate support services with programme delivery captured and monitored by project vision software. Progress in this area is expected to gather pace in 2016/17 and will deliver through a mixture of schemes including clinical support service department reviews including estates and facilities, and efficiencies arising through procurement initiatives.

- **Procurement Strategy**

A procurement strategy has been agreed and has set out a number of other priorities for 2016/17. These include implementation of a standardisation programme including stock control and improved ordering functions, full implementation of the electronic completion of all quotes and tenders, improved tender processes to ensure compliance with agency rules described below, completion of commodities catalogues throughout the Trust, transfer of all regularly purchased non-stock items to third party distributor and ensuring that anti-inflationary measures are adhered to.

- **Agency rules**

Following a review of bank and agency staffing in line with the Department of Health toolkit, the Trust is in the process of centralising all bank and agency usage through the Temporary Staffing team. A master vendor contract has been awarded for medical agency locums and neutral vendors for other clinical and non-clinical, non-medical agency bookings. This will ensure that all agency bookings in 2016/17 will be via the Crown Commercial Service frameworks and comply with agency caps.

Membership and Elections

Governors play an important role in ensuring robust governance in the Trust and in safeguarding local accountability. There are 34 seats on the Council, across 3 elected constituencies (staff, public and service user/carer) and the partnership constituency. The service user/ carer constituency is the largest constituency of governors on the Council.

Election activity for 2016 is planned to be one by-election to offer the four currently vacant seats and the annual summer election. Planning for this will start early in 2016 and a targeted campaign for the by-election seats in particular will intensify efforts to fill the vacant seats.

In 2016, the Trust will offer electronic voting as an option to members. It is hoped that this will increase member turnout and also reduce the costs through a reduction in printing and postage in the longer term. The costs in facilitating governor elections is a concern for the Trust and an options appraisal of providers for governor elections will be undertaken in 2016/17 to try and reduce the cost burden of the election process.

The approach to governor training and development has improved in recent years to enable governors to have a greater understanding of their role and duties. The local training and development offer to governors includes induction and a mix of internal and external training opportunities such as engagement with members and a governor duties refresh. A programme of seminars is also offered on a topical basis including a number of sessions on strategic planning offering governors dedicated time to inform and influence the Trust planning process. These opportunities have all had a positive impact on governor engagement and on the relationships between the Board of Directors and Council of Governors.

Continuing to develop approaches to membership engagement remains a priority for governors but is an issue which remains challenging. A specific subcommittee (the Membership and Development subcommittee) has been established, reporting into the Council of Governors, and a key element of its terms of reference is to identify and develop communication channels with members. Work driven by the subcommittee to date includes meetings in community venues and changes to the governor pages of the website making it clear for members to know who their governors are. Many Trust governors are active in their local area and promote a dialogue between members, governors and the Trust and the governors question time at

COG is often well utilised by governors as a vehicle for member queries.

Membership engagement is a key aspect of the Communications and Engagement Strategy 2014-17 which sets out a commitment to enable governors to hear their members' views and to make membership meaningful. The current membership levels of approx. 14,700 is felt to be sufficient overall, however the Trust continues to target under-represented groups within constituencies. Current target areas include people aged 17 – 21 or over 75, males and people of mixed ethnicity. In 2014/15, there was a 1% increase in membership across these target groups. Further areas to progress in 2016/17 will be increased engagement with service users and carers.