



## 1. STRATEGIC CONTEXT

### The Trust

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is a health and social care organisation, providing integrated community, mental health and learning disability services across Cambridgeshire and Peterborough, and children's community services in Peterborough.

CPFT supports around 100,000 people each year and employs more than 3,400 staff. Its biggest bases are at the Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge, but staff are based in more than 90 locations.

The Trust is a designated Cambridge University Teaching Trust and a member of Cambridge University Health Partners; one of only eight Academic Health Science Centres in the UK.

### Our mission

To offer people the best help to do the best for themselves. To put people in control of their care, we will maximise opportunities for individuals and their families by enabling them to look beyond their limitations to achieve their goals and aspirations.

### CPFT vision

We want to give those people who need our services the best possible chance to live a full and happy life, despite their condition or circumstances.

- **Recovery** – we will adopt the principle in all our services of empowering patients to achieve independence and the best possible life changes removing dependence and giving them and their families (in the case of children) control over their care.
- **Integration** – we will work closely with providers along pathways to deliver integrated person-centred care and support to local people close to their homes, principally in non-institutional settings. We will integrate with key partners to improve efficiency and effectiveness and simplify access.
- **Specialist services** – we are one of England's leading providers of key specialist mental health services, with particular expertise in eating disorders, children and young people's mental health, autistic spectrum disorders and female personality disorders.

### Values - PRIDE

- **Professionalism** - *we will maintain the highest standards and develop ourselves and others by demonstrating compassion and showing care, honesty and flexibility*
- **Respect** - *we will create positive relationships by being kind, open and collaborative*
- **Innovation** - *we are forward thinking, research focused and effective by using evidence to shape the way we work*
- **Dignity** - *we will treat you as an individual by taking the time to hear, listen and understand*
- **Empowerment** - *we will support you by enabling you to make effective, informed decisions and to build your resilience and independence*

### Changing healthcare landscape

CPFT operates within the Cambridgeshire and Peterborough local health and social care economy with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) as the main commissioner. Other commissioners include NHS England and two local authorities. CPFT serves a fast-growing, ageing and diverse population with significant inequalities. At the start of 2015, the population registered with GP practices within the region was 913,000 and continues to increase.

Demographic analysis shows a growth in population of 5.3% over the next five years, with the greatest absolute increase in adults of working age. In relative terms, the population aged over 65 is growing fastest, with the most significant increases being recognised in the over-85s. Information from the Office of National Statistics illustrates the following changes:

- Cambridgeshire population is forecast to increase by 4.4% between 2014 and 2019 (28,000 people in total), with most of the increase in South Cambridgeshire.
- Peterborough population is forecast to increase by 5.7% between 2014 and 2019 (10,900 people in total).

There are also other factors that are creating rapid changes in the population growth and health demographics, including:

- The student population of Cambridge City (about 25,000) equates to nearly a quarter of the city's resident adult population.
- Changes in the migrant population add to the complexity of commissioning services. The region has a high international migrant population from different socio-economic backgrounds. In the past ten years, there has been a particular influx from Romania, the Baltic States and the USA (mainly armed forces).
- There are significant areas of deprivation in areas of Cambridgeshire and Peterborough. The latter is predominantly urban, with 26% of the population living in areas that are amongst the 20% most deprived in the country.
- Life expectancy figures illustrate significant differences across the region for both men and women.
- Over the duration of the last five-year plan, the acuity of the population's health need increased by 2.5% per annum and is now forecast to increase to 3% in 2016-17. This in part reflects the increase in growth of our elderly population.

In 2014 the health system alone was identified as one of 11 'challenged health economies' nationally, with an estimated £250m financial 'gap' identified over the next five years. The root cause of this is identified to be a mismatch between capacity and demand, which affects all parts of the system and is significantly affecting all providers. The CCG reports that by 2018-19 if there has been no change within the health system it will face a deficit of at least £250 million. In addition, the budgets for adult social care for both councils are under considerable pressure. This manifests itself not just in a reduction in funding for care packages, but in contracting care home and home care markets – a common issue within 'shire' areas of the country and where reductions are forecast in funding for the voluntary sector. Discussions with the CCG have started although these are not yet finalised.

The demand for mental health services continues to increase, particularly the number of people presenting with dementia. The focus on community-based recovery services to alleviate the pressure on acute provision places significant pressures on community services and the voluntary sector (referred to above). Work is underway with Cambridgeshire County Council (CCC) to develop an overarching strategy to protect and invest in preventative and early-intervention services and to focus on building independence and resilience, via a number of actions under the umbrella of a Health Impact Assessment plan.

At present, CPFT anticipates a cost improvement (CIP) requirement of £6.3 million in 2016-17. The twin challenges of growing demand and financial constraint has led the local health and social care system over a number of years to move towards an integrated health and social care model, primarily in mental health services. More recently, the CCG tendered the older people's and adults community health services, which was won by UnitingCare Partnership (a Limited Liability Partnership established by CPFT and Cambridge University Hospitals NHS Foundation Trust). This led to about 1,300 staff transferring to the Trust on 1 April 2015 to deliver integrated physical and mental health care for older people and adults with long-term conditions.

The contract between the CCG and UnitingCare was terminated by the partnership on 2 December 2015, although CPFT continues to deliver the services to patients within their scope under a direct commission from the CCG. As a result of this expansion, the Trust's annual turnover increased from £127m in 2014-15 to £190m in 2015-16.

We remain committed to the integration of services with our partners to alleviate pressure on the system, facilitating better patient care and making the best use of available resources. This includes working with the CCG and our local councils to lead on the Vanguard programme to remodel urgent and emergency mental health services. The programme seeks to provide a universal, 24/7, mental health crisis care pathway that can be accessed directly by patients and carers.

CPFT has worked hard over the last year to strengthen its relationships with the third sector and is launching in April 2016 its first contract with the third sector that formalises our relationship as partners often working with and supporting the same individuals.

### **2015-16 performance review**

CPFT has invested significantly in infrastructure improvements in-year, with capital expenditure of £4.3m in 2015-16; all of which has been internally funded. Improvements in the year have included investment in technology to improve IT resilience and performance, investment in mobile working to support clinical staff in the community, and a comprehensive review and reorganisation of the facilities and estate to enhance and ensure a continued safe clinical and working environment.

Over the course of 2015-16, CPFT has continued to experience demand and capacity issues, with ongoing challenges for inpatient service capacity and a significant increase in referrals in some service areas. Additional investment will be sought as part of the 2016-17 commissioning round to secure the sustainability of these services.

The Board has been satisfied during the year that sufficient plans have been in place to ensure on-going compliance with all existing national targets.

### **Strategic delivery – progress**

During 2015, there have been many changes in the system and the services provided by the Trust. The Board has used this opportunity to review its core values and sense of strategic direction. It has realigned its objectives based on the challenges and opportunities ahead, successfully establishing the Trust as an integrated services provider of both physical and mental health services for the patient and user population that it serves. This transition will help the organisation to build on its successes and ensure a sustainable future going forward.

Four strategic work streams form the basis of the five-year strategy, each with an executive lead, clinical sponsor and project management support from the Change Team. These work streams will continue into 2016-17.

#### **a) The development, commissioning and implementation of a new integrated service**

CPFT has worked in partnership with key stakeholders to deliver this component of the strategy and linked this to the system-wide transformation programme being led by the local CCG. The local health economy-wide redesign programme is consistent with the *NHS Five-Year Forward View* principles, with success being measured by the breaking down of barriers between mental and physical care; how the care is provided across the system; and greater use of technology and the provision of care closer to home.

In 2015, 1,300 staff transferred to CPFT as part of the Integrated Care for Adults and Older People work stream. Following a detailed mobilisation and transformation plan, services safely transferred to the Trust's responsibility and, since then, the gradual service integration and culture change has made good progress. Adult mental health services have worked extensively with the third sector and primary care to bridge the gap between primary and secondary care to create a seamless service for patients.

In 2016-17, CPFT will continue to support the redesign of integrated care for children and families work being led by local authorities as part of the system-wide transformation process, which will include co-location of some Trust services in Peterborough with the resident social care teams, as a precursor to potential vertical integration. There remains the potential that CPFT could run these integrated services in the future on the basis that we build strong partnerships with third sector organisations - e., Barnardo's.

CPFT will continue to work with its commissioners, Cambridgeshire Community Services (CCS) – another local provider of children's services across a large part of the CCG's geography - and third sector providers to support a new care delivery model and ensure that we are central to the development.

#### **b) The design, development and implementation of the future CPFT workforce**

There has been a significant amount of work undertaken to redesign the clinical and corporate workforce to support the delivery of a service model based on the wider principles of recovery. The model ensures sustainability of a service provision that is affordable and delivers high quality care that meets the needs of patients.

An agile working strategy is being implemented, which includes the use of mobile working to drive productivity gains, along with an ongoing review of skill mix. The Trust continues to engage with both private and third sector partners in delivery of specific services as part of the redesign of the clinical workforce. Other key workstreams include:

- The Apprenticeship Scheme
- Safer Staffing Review – inpatient ward focused on and following national guidance on appropriate model
- Enhanced 'Grow Your Own' programme, working with Anglia Ruskin University (ARU)
- Internal leadership and development programmes for corporate and clinical staff

#### **c) Maximising the contribution of IT and the CPFT estate**

This work stream focuses on the development of highly innovative and effective ways to use technology and the Trust estate in support of person-centred care, whilst maximising the financial benefit for CPFT.

A five-year Estates Strategy was approved by the Board in 2015 setting out a number of long-term programmes to support the development of CPFT – eg, agile working programme, delivery of the integrated care strategy and redevelopment of the Fulbourn site.

CPFT has undertaken an extensive review of its sites to ensure that, wherever possible, care is provided close to patients' homes and communities. An agile working project is in place to support staff to deliver care in those communities. The transfer of CCS services has opened up opportunities to make better use of the estate, support co-location of services and closer working as part of the health and social care system.

Information technology is also an essential enabler to delivering care close to patients' homes and communities and in reducing administrative costs, improving efficiency and supporting agile working. Detail about the Information Technology approach is set out in the Trust's IT strategy. We have now commenced a number of pilots supporting the mobile working for community clinical staff and these will be extended to cover a broader range of services and staff groups in the coming year.

#### **d) A commercial and financial sustainability strategy**

The Trust will seek to deliver financial stability and sustainability over the lifetime of our strategic plan through a mixture of organic growth, selected acquisition and tender success (subject to option appraisal). Following the integrated care for adults and older people bid, CPFT's annual turnover has increased by 33% over the past year, to £190m in 2015-16.

Building on its Commercial Strategy, CPFT is supporting a number of key priorities:

- Working with Cambridge University to (i) develop a Clinical Neurosciences Private Patient Centre in Cambridge and (ii) develop specialised 'apps' for use with mobile technology
- The ongoing development of an International Commercial Directorate to actively seek opportunities abroad via the provision of management consultancy advice and support focused on the design of mental health services.
- The investigation of potential new service lines in emerging markets that are consistent with the Trust's five-year strategy and successful development of integrated older adult community health services. This includes developments for the Integrated Care Directorate and the forthcoming children's services tender.
- Responding to existing services that are subject to procurement to maintain existing core services – eg, CAMH Tier 4 services, eating disorder inpatient services, Peterborough Prison Services, GP mental health and wellbeing service and the children's community eating disorder services.
- To explore the opportunities around the development of new services – eg, a female Psychiatric Intensive Care Unit (PICU) service to provide both a local and regional service and a perinatal unit as part of the system-wide redesign work.

## **2. ACTIVITY PLANNING**

CPFT takes a robust approach to activity plans being driven by operational services, ensuring that there is sufficient capacity to deliver the required services, whilst aligning this with our commissioners' plans.

Monthly contract meetings are held with commissioners to review performance, demand and capacity and to ensure that performance is aligned with the agreed plan. As part of this ongoing work, CPFT will obviously respect the forthcoming Monitor guidance on activity planning and mental health outcome focussed commissioning models.

## **3. QUALITY PLANNING**

The Quality and Safety Strategy is led by the Director of Nursing and is founded on the '*Three Pillars of Quality*' approach, each of which has its own strategic objectives, priorities and work programmes. The quality priorities for 2016-17 are in line with both local and national commissioning priorities and fall under the following three categories:

- Patient safety
- Patient experience
- Clinical effectiveness

In developing these indicators, the Association of Medical Royal College guidance on the 'Responsible Consultant' has been taken into account. The indicators under each of these headings is set out below and includes any unachieved objectives from 2015-16:

### **Patient safety**

1. *To reduce avoidable harm through:*
  - Improved falls prevention and reduction in harm from falls
  - Reduction in the number of avoidable pressure ulcers acquired in CPFT
  - Reduction in the number/proportion of self harm (moderate to severe) incidents
2. *To improve practice and Trust processes relating to the management of violence and aggression:*
  - Use of restraint
  - Physical assaults
  - Seclusion and long-term segregation
3. *To improve processes for embedding learning in the Trust from:*
  - Incidents and complaints
  - Audits and service improvement projects
  - Service reviews (accreditations, etc)

### **Patient experience**

1. *To ensure that our patients are treated in the best possible clinical environments:*
  - Improvement in Patient-led Assessments of the Care Environment (PLACE) scores  
Note: overall Trust-wide 2015-16 scores for mental health wards met the target of scores equal to or higher than national average, but individual wards had scores lower than national average. Also, Integrated Care Directorate (ICD) community wards were excluded from the target. Target for 2016-17:
    - Mental health – all wards to have scores equal to or higher than national average
    - ICD – to show an improvement in 2015-16 scores
  - Therapeutic environments – relevant scores in patient experience surveys to be no less than 95%
  - Improving our physical environments:
    - Improving signage, especially in ICD wards
    - Full compliance with mixed-sex accommodation standards in all our wards – privacy and dignity, safety ligature etc
2. *Friends and Family Test – address specific areas that show consistent low scores in the patient experience survey:*
  - Food
  - Weekend activities
  - Medication side-effects
3. *Increase the number of patients and service users who leave our services with meaningful occupation.*

This will be achieved by developing more opportunities to volunteer internally within the Trust's services and by developing closer ties to the local volunteer councils so that volunteering can be part of a pathway to return to employment. Details are set out in the Trust's Volunteering Strategy.

### **Clinical effectiveness**

1. *To implement the Clinical Effectiveness Strategy across the Trust:*
  - All services will be using a Trust-approved Patient Reported Outcome Measure (PROM) that is recorded and reported upon by the end of the year
  - To strengthen evidenced-based intervention processes in CPFT
  - To strengthen the culture of research among frontline staff
  - To improve physical health monitoring processes in our mental health services
2. *To improve processes for identifying learning and embedding change from:*
  - Incidents, near misses and complaints
  - Audits, service improvement and research projects
  - External service reviews

CPFT achieved a 'green' rating overall when it was assessed by the CQC in May 2015 against the 'well-led' domain, and is committed to sustaining this rating for 2016-17. In particular, the CQC commended the following areas:

- The Trust Board had developed a vision statement and values for the Trust; most staff were aware of these
- good governance arrangements were in place, which supported the quality, performance and risk management of the services
- Key performance indicators were used to gauge performance
- CPFT had undertaken positive engagement action with service users and carers
- Team managers had sufficient authority to manage the service effectively
- There was effective team working and staff felt supported by this
- Staff knew how to use the 'whistleblowing' process and could submit items to the risk register
- There was a commitment to quality improvement and innovation.

## Quality review of 2015-16

### a) Patient experience

Thirty wards/units were assessed in the 2015 PLACE assessment, which included those transferred from Cambridgeshire Community Services. The Trust's overall organisational scores for PLACE for 2015 were above the national average for all five assessment domains, which was an improvement on the previous year. However, local improvements are needed for some wards/units – eg, those that relate to the age and condition of some of the general buildings.

CPFT has made good progress in identifying and developing improved support for carers, including the launch of the 'Triangle of Care Assessments' for the mental health services in the Trust; setting up of a Carers' Board within the Trust; and the launch of the carers' experience survey.

### b) Patient safety

The Trust has made excellent progress in 2015-16 in meeting the objectives of 'Positive & Proactive Care' (PPC), which is overseen by the PPC group and chaired by the Director of Nursing. We have significantly reduced the incidents of prone restraint and are confident of completely eliminating this practice by April 2016.

During 2015 we have strengthened our incident recording to enable the capture of more detailed information on restrictive practice incidents and include this data on ward monthly dashboards for staff to see progress. In 2015 the Trust also introduced a more robust process for post-incident debriefing for both service users and staff, which will be evaluated in 2016.

Our ward managers continue to lead their teams in adopting innovative and proactive care approaches to reduce the need for restrictive practice and have presented their respective ward initiatives at both regional and national events during 2015. These initiatives continue to be mapped through the Trust's 'Promise Project', which has gone from strength to strength during the year.

### c) Clinical effectiveness

Improving documentation around diagnosis remained a quality priority for the Trust in 2015-16, with an incremental target of 65% from 47% at the end of 2014-15. At December 2015, performance was recorded at 58%. Other key achievements include maintaining accreditation status in National Quality Improvement Programmes for our services, with a number of our services achieving 'excellent'.

For 2015-16, CPFT committed itself to the development of a Trust-wide Clinical Effectiveness Strategy, taking account of our new services, with the aim of embedding a quality improvement culture in the Trust to support our vision of providing the best possible outcomes for the people who use our services. As part of the strategy, we identified four key priorities for the next three years: research and development, evidence-based interventions, outcome measures and physical health.

## Quality improvement

CPFT will map its indicators against national requirements, including CQC standards, Monitor targets, commissioning requirements, CQUINs and other national quality standards such as National Institute for Health and Care Excellence (NICE). In addition, the Trust will have its own local (internal) indicators, which will be based on the strategic plan.

There will be a governance framework in place to ensure we monitor our progress and performance, including dashboards that are fit for purpose and processes for reporting and monitoring these, as well as a range of monitoring activities – eg, audit, regular team-based monitoring activities such as the Integrated Compliance Assessment Tool (InCA), monthly checks, service reviews, staff and patient surveys, research, and service improvement/development projects.

Improvements identified for 2016-17 will include:

- strengthening engagement with the directorates
- improving the monitoring processes
- ensuring there are adequate resources to support the plan.

### Seven-day services

Seven-day services are a fundamental foundation that underpins the urgent and emergency care Vanguard programme that CPFT is engaged in. The Trust already offers a range of services under the banner of seven-day services (see Table 1 below); through redesign of our services we now provide Crisis Resolution and Home Treatment, Liaison Psychiatry, Personal Wellbeing Services (PWS); and an enhanced medical rota covering the county. CPFT is seeking to extend and enhance these services in 2016-17.

CPFT is engaged in the delivery of the system-wide Vanguard programmes, which are of fundamental importance to our business plans for 2016-17. The workstreams will help transform urgent and emergency care requiring a fundamental shift in the way services are provided to all ages; improving in-hospital and out-of-hospital services so that the directorate and system partners deliver better care, closer to home. Further detail of the programmes is set out in Table 3.

**Table 1: Seven-day services**

24/7 MH crisis response: Schemes	Comments	Compliance
Tele-coach	Patients calling NHS 111 in mental health crisis will be accessed by a tele-coach to understand the issue(s) and attempt to de-escalate the crisis or make a referral via the DOS	Yes 24/7 (subject to funds)
First responder	To respond to patients accessed via the tele-coach as vulnerable and needing face-to-face support	Yes 24/7 (subject to funds)
Safe place	A safe place, called The Sanctuary, for people experiencing a mental health crisis to take time out, provided by the voluntary sector (MIND)	Yes 7/7 1800 - 0100
Psychiatric liaison	Increased provision at Cambridge University Hospitals and Peterborough and Stamford Hospital.	Yes 7/7 0800 – 0100
Integrated Mental Health Team	Mental health staff in the police control room advising and assisting the police to support people in a mental health crisis.	Yes 7/7 0800 – 2200

### Quality Impact Assessment (QIA) process

All Cost Improvement Programmes (CIPS) are identified through the annual business planning process via a bottom-up approach, led by each directorate. This information is gathered and triangulated to inform the Trust-wide Business Plan.

The QIA is an integral part of the overall planning process. Standardised QIA templates include a range of categories – eg, patient safety, patient experience, impact on staff, etc. These are completed by service managers and clinicians with support from the Trust's Programme Management Office (PMO). All data is captured centrally by the PMO and ownership for each QIA is held with the clinical directors. QIAs are discussed and ratified by Director of Nursing and Medical Director at the start of each financial year.

The Trust's System Change Committee (SCC) has dual responsibility with the Performance and Risk Executive (PRE) for managing the overall CIP programme. Discussions on quality related issues are escalated from these fora to the Quality, Safety and Governance Committee (QSG - a Board sub-committee). The Board is informed of any



outstanding risks and mitigations via a report from the QSG.

In-year monitoring of QIA is co-ordinated by the PMO and all CIP projects are regularly reviewed for performance against target and, where appropriate, the QIA is reviewed and updated as necessary. There is an exception reporting process to the SCC and PRE for in-year changes. Directorates have responsibility for reporting all above threshold risks (including clinical risks) to the Corporate Risk Register, via the directorate risk registers.

### Outstanding quality concerns

CPFT received its final CQC report in October 2015 and was praised for the significant improvements made since the last inspection. As a result of the inspection there are three key areas that require improvement at directorate level and requirement notices:

- Reg 13: Mental Health Act and Mental Capacity Act compliance around section 58 - consent to treatment and seclusion
- Reg 15: Ligature risks and observations
- Reg 18: Staffing

There were also recommended actions in two other areas, one of which remains outstanding:

- Availability of psychological therapies

There are a number of action points that require commissioner support, particularly those in relation to staffing and resource requirements.

To mitigate the risk, there are a number of steps already in place:

- Each directorate has a specific action plan that feeds into the strategic action plan
- A CQC Oversight Group has been established to oversee the implementation of the action plan, with clear lines of reporting to the Performance Risk Executive, the Quality, Safety and Governance Committee and ultimately the Trust Board
- Long-term monitoring will be integrated into the performance review processes
- Action points around funding requirements will be monitored at agreed intervals through quality, contracts and performance meetings with the commissioners
- Monitor has offered to support CPFT in its discussions and negotiations with the commissioners around funding issues to bring the relevant Trust services in line with the CQC recommendations to deliver safe, effective and responsive services.

The Trust has put in place detailed plans to address these concerns and robust governance arrangements to monitor progress, check completion of the actions and the desired outcomes.

### Triangulation of indicators

The Trust adopts a directorate-based approach to performance reporting, triangulating indicators, breaking these down by services and engaging clinical and corporate functions in the analysis and review of the data.

The data forms part of a monthly reporting cycle to inform the Board of performance in the period. Exceptions and areas of under-performance are scrutinised further, as required.

CPFT is a member of the NHS Benchmarking Network and participates in various national benchmarking initiatives throughout the year. This data is used to inform areas for development within the Trust – eg, quality of care and productivity. We also triangulate with the HSCIC published data which is extracted from our mandatory and statutory returns.

## 4. WORKFORCE PLANNING

The overarching Workforce Strategy is underpinned by a suite of supporting strategies:

- Organisational Development (OD) Strategy
- Health and Wellbeing Strategy
- Recruitment and Retention Strategy

These suite of strategies will support the Trust in achieving the key aims of the Workforce Strategy by delivering on the following six key workforce objectives across 2016-17:

- **Integration**

*To develop the workforce to be fully integrated to support future Trust strategies and enhance the skills, knowledge and experience across all staff groups and disciplines, developing new integrated roles*

- **Resourcing and recruitment**

*To attract, recruit and retain high calibre, appropriately skilled and experienced staff who share our values and demonstrate supporting behaviours to ensure the provision of safe integrated care of high quality.*

- **Organisational development**

*To strengthen the leadership and management development ensuring values are role modelled for all staff and appropriate plans are in place to support talent management and succession planning*

- **Workforce planning, education, training and development**

*To develop a robust workforce plan to support the Trust strategy. To support the Trust through the learning and development process, in achieving a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.*

- **Supporting staff**

*To strengthen staff engagement, reward and recognising achievements, and maximising the value of our workforce whilst supporting and improving our staff well-being*

- **Quality and safety**

*To improve patient experience by ensuring staff are appropriately trained, equipped, supported and can perform at their optimum level improving efficiency and productivity.*

The Trust already measures a range of key workforce performance indicators via a monthly Workforce Dashboard and the Trust Board receives quarterly workforce reports which will include progress against the workforce strategy. The following table details the Key Performance Indicators (KPIs) that will be used to measure the outcomes of the strategy

**Table 2: Workforce Strategy Key Performance Indicators (KPIs)**

KPI's	FY17	FY18	FY19	FY20	FY21
*Turnover	<10.5%	<10.5%	<10%	<10%	<8%
*Vacancy levels	<5%	<5%	<5%	<5%	<5%
*Recruitment time to fill	10wks	9wks	9wks	9wks	9wks
*Reduction in bank & agency spend from FY16 figures	5%	7%	10%	15%	15%
Number of apprenticeships	60	60	65	70	80
*National staff survey engagement scores	3.81	3.85	4.00	4.25	4.5
*Sickness absence rates	<4.35%	<4.35%	<4.35%	<4%	<4%
*% of staff to recommend CPFT to family and friends	60%	65%	70%	75%	80%
*% of staff to recommend CPFT as a place to care for	60%	65%	70%	75%	80%
*Mandatory training compliance	95%	95%	95%	95%	95%
*Appraisal compliance	95%	95%	95%	95%	95%
*Appraisal quality as per staff survey scoring	3.05	3.15	3.25	3.30	3.45

*\*Indicates a national indicator, or Staff Survey requirement*

The suite of strategies, actions, risks and workforce plans are all overseen by the Workforce Executive; a sub-committee of the QSG. CPFT is focused on supporting staff to deliver excellent care and high quality leadership, whilst maintaining a healthy and highly satisfied workforce. This programme of work is set out in the Health and Wellbeing strategy (to be ratified in March 2016) that identifies the key actions to support staff well-being.

In 2015-16, CPFT put in place a robust action plan in response to the 2014 Staff Survey results. This centred on five core themes; staff safety, work pressures, management support, culture and values and general communications. The results of the 2015 survey show that 34 of the 35 key findings were improved or the same, when compared to

2014. The survey also shows that our top five improvements include more staff who would recommend the Trust as a place to work and would be happy for a friend or relative to be treated here. A comprehensive action plan is being drawn together to ensure that there is ongoing improvement.

The Trust's approach to workforce planning is aligned to the business planning process, which involves the opportunity for input from all clinical and corporate leaders in line with Health Education England East's recommendations. The Trust is aligning its workforce plans with the Sustainability and Transformation Plan via its engagement with the East of England-wide Planning and Transformation Committee work streams.

The Trust is part of the local Workforce Partnership Group (WPG), which leads on system-wide planning and transformation. As part of this the Trust is committed to working with its local and Health and Social Care partners to ensure that there is a positive impact on identified staff groups. The Trust also works with the Local Education and Training Board (LETB) to identify priorities and risks for training and workforce supply. The Trust actively engages in system-wide workforce initiatives – eg, recruitment and retention campaigns. It is also leading with the CCG on the mental health Vanguard, as part of the Five-Year Forward View.

CPFT has an e-rostering system in place that supports most inpatient units (excluding the physical health element of the Integrated Care Directorate) in effective management of rosters. This supports CPFT's plan to reduce the use of agency staffing to a minimum and aids the skill-mix review work being undertaken. It is the intention for all services to use the e-rostering system within the next 18 months. The Trust is also working to ensure it falls within the agency usage cap set by Monitor, whilst ensuring that services remain safely staffed.

The monthly Trust performance dashboard provides detailed information on workforce information that is triangulated with financial and quality metrics. This data is reviewed and analysed as part of the monthly Performance Review Executive meetings.

## 5. FINANCIAL PLANNING

### Financial summary

The key strategic financial focus of the Trust continues to be the development of the Integrated Older People's Services following the success in securing the adult and older people's services tendered by the Cambridgeshire and Peterborough CCG during FY16.

The financial year FY16 was a significant transitional year for the Trust, with the transfer of staff and services from Cambridgeshire Community Services and the implementation of the new Integrated Care Service Models taking place over the course of the year. The FY17 focus will be on consolidating our financial position, embedding new service provision, ensuring that income is sustained and seeking conservative growth within existing or related service areas.

In line with published planning guidance, CPFT is negotiating a base tariff inflator of 1.1% with key commissioners, recognising the 2% national deflator and the national inflation uplift of 3.1%. This is reflected in the Financial Plan. The plan also includes recognition of unavoidable cost pressures and agreed elements of service change.

The Trust's key contracts in FY17 will be with Cambridgeshire and Peterborough CCG for local mental health and community services and adult and older people's integrated care services, and with NHS England for specialist services.

The FY17 plan includes a limited number of service developments, as well as a focus on cost reductions throughout the Trust. CPFT continues to explore international opportunities, with continued engagement regarding the provision of specialist support for the development of mental health services overseas.

### Income

Cambridgeshire and Peterborough CCG, which covers the Trust's core geographic area, is the main commissioner of Trust services. CPFT's other main commissioner is NHS England, which is a range of specialist services.

CPFT has a range of smaller commissioning agreements with bordering CCGs and with local authority commissioners under clinical partnership arrangements. The Trust's non-NHS income is primarily from research and development, and education and training activities.

The table below highlights the summary income and expenditure position for the Trust for 2016-17:

**Table 3: Income and expenditure**

<b>INCOME STATEMENT SUMMARY</b>	<b>FY16 Forecast outturn</b>	<b>FY17 plan</b>
<b>Income</b>	<b>£m</b>	<b>£m</b>
Healthcare income	176.162	179.385
Other income	15.006	13.337
<b>Total income</b>	<b>191.168</b>	<b>192.722</b>
<b>Expenditure</b>		
Pay costs	(134.455)	(138.619)
Other operating costs	(48.111)	(45.469)
<b>Total operating expenditure</b>	<b>(182.566)</b>	<b>(184.088)</b>
<b>EBITDA</b>	<b>8.602</b>	<b>8.634</b>
Non-operating costs	(8.167)	(8.634)
<b>Operational surplus / deficit</b>	<b>0.435</b>	<b>0.000</b>
Gain / (loss) on joint ventures	(4.135)	0.000
<b>Surplus / deficit</b>	<b>(3.700)</b>	<b>0.000</b>

#### Efficiency savings for 2016-17

In developing the 2016-17 Financial Plan, CPFT continues to address significant financial challenges within the local health system, whilst at the same time continuing to provide a range of safe and effective services with restricted funding.

The Trust's financial planning assumptions for the period include responding to the national efficiency requirement for 2016-17 of 2%; addressing the undelivered elements of 2015-16 savings plans and unavoidable pressures within the Trust's financial cost base.

The Cost Improvement Programme (CIP) for the year has been developed by directorate leads, with support from corporate services, and includes a range of both transformational and traditional savings plans. Plans have been developed through executive-led directorate business planning meetings, chaired by the Chief Operating Officer, with support from the Project Management Office (PMO). The development of detailed CIP project plans has been supported by the Trust's PMO to ensure each CIP is deliverable and has had a Quality Impact Assessment (QIA) undertaken.

There is a robust governance structure in place to manage the delivery of the CIP, with the System Change Committee (SCC), chaired by the Director of Finance, having oversight and scrutiny of the collective development of business plans.

The Trust has a number of activities planned for 2016-17 to ensure future sustainability of our services. These include:

- Recognising that in the community setting, there is a focus on using data in real-time to support the effective and efficient delivery and design of services. This allows localities to be more responsive and localise the way in which services are delivered to meet local need. This approach will drive out inefficiencies, improve patient care and ensure that staffing is aligned to the need of the local population. It will also highlight any future demands that the Trust is not resourced to meet to inform discussions with commissioners and service redesign
- A review of the Trust's Advice and Referral Centre (ARC), to align this with a single point of access for integrated care services. This will focus on how referrals should be managed in the medium-term and links

with the mental health Vanguard to improve access to emergency care for mental health. This review will include a revised workforce model, including skill mix and a potential estate saving

- Continuing to work with commissioners, CCS and social care to support the system-wide redesign of children's and physical and mental health services in the community. This will facilitate a revised model of care that supports greater integration with the third sector and other providers around Tier 2 services
- Completing the integration of the older adults' community and mental health services. This will continue to ensure that the model will help to support the system pressures, as well as improving patient care and delivering savings
- A comprehensive review of recovery, clinical roles and skill-mix to improve productivity, patient experience and facilitate the smooth transition of patients from inpatient and community settings into primary care
- The pilot of an enhanced primary care service to better meet the needs of people with a serious mental health illness and prevent referrals into secondary mental health services
- Accepting a joint lead with the CCG for the mental health Vanguard, which seeks to improve access and response for urgent mental health needs in the system. This will be linked to '111' services and is anticipated to reduce A&E admissions and referrals into secondary mental health services, thereby making financial savings as well as improving services for patients
- Reducing agency spend through adoption of the new agency rules and focusing on targeted recruitment and enhancing staff bank function.

**Table 4: CIP plan**

<b>Cost Savings Schemes</b>		
<b>Workforce Savings</b>	<b>Value £m</b>	<b>Value £m</b>
<b>Savings Proposals</b>		
Medical Staffing	0.101	
Inpatient reconfiguration	0.200	
Inpatient Skill Mix	0.100	
Apprenticeship Scheme	0.439	
Community Services Skill Mix	0.514	
Agile Working - Staff Savings	0.100	
Back Office Savings	0.300	
Workforce Productivity	0.607	
<b>sub-total</b>		<b>2.361</b>
<b>Non-Pay Savings</b>		
	<b>Value £m</b>	
Procurement Savings	0.200	
Telecommunications Savings Plans	0.250	
Implementation of estates strategy	0.816	
Other Estates Savings	0.500	
Third Party Contracts Rebasing	0.700	
Secondary Commissioning Costs	0.150	
Agile Working - Travel Costs	0.150	
Other Savings Plans	0.065	
<b>sub-total</b>		<b>2.831</b>
<b>CIP Savings identified</b>		<b>5.192</b>
<b>REVENUE GENERATION PLANS</b>		<b>0.597</b>
<b>OVERALL SAVINGS/REVENUE GENERATION IDENTIFIED</b>		<b>5.789</b>
<b>CIP Savings not yet identified</b>		<b>0.566</b>
<b>TOTAL CIP SAVINGS REQUIRED FY17</b>		<b>6.355</b>

### Capital planning

The Capital Plan has been developed via the Trust's Finance and Capital Infrastructure Group and supports the directorate business plans for FY17. Membership of this group includes executive directors as well as clinical and corporate directorate representation.

CPFT intends to continue to finance its capital expenditure plans from internally generated funds. The funding available to support capital expenditure in FY17, based on forecast depreciation levels, is £4.6m. Expenditure at this level will therefore have a net impact of zero on the Trust's liquidity position in FY17. The outline Capital Plan includes a range of schemes aimed at improving the Trust's estate and infrastructure.

This work builds on the capital programme in FY16 in ensuring our in-patient, community and corporate facilities are fit for purpose, and that our IT systems provide support to clinical staff in delivering safe and effective patient care. The capital investment is aligned to, and underpins, the Trust Clinical Strategy supporting the sustainability of services.

The Trust has a five-year Estates Strategy that sets out the plan for improved utilisation of current sites, working with partners to co-locate and to exit sites that are no longer deemed fit for purpose. An agile working project is in place to support this strategy and facilitate better patient care provided closer to home and the community.

### Lord Carter's provider productivity programme

The Trust has taken into account the national Lord Carter Review on how efficiencies can be made in the NHS and has built these recommendations into the development of its CIP plans, identifying areas where savings can be realised and further efficiencies can be driven out. This work is supported by the NHS Benchmarking Network that the Trust is a member of, which enables CPFT to identify other areas of potential development. There are also long-term strategies in place to assist the Trust in making best use of its resources – eg, in estates and workforce.

### Agency rules

CPFT has fully engaged with the new agency rules issued by NHS Improvement. This includes working only with recommended suppliers; monitoring usage and spend; and adhering to the hourly cap on rates.

The Trust has had variable use of agency expenditure throughout 2015-16. To mitigate this for 2016-17 a number of actions have been put in place:

- Weekly report on agency spend by ward to be provided to the Chief Operating Officer
- All consultancy costs to be reviewed by the executive board
- Review of Trust bed usage to ensure that the agency rules are adhered to and that services are delivered in a safe and managed way
- Implementation of e-rostering in the Integrated Care Directorate

It is anticipated that these control measures will contribute to a significant reduction in 2016-17 on agency spend.

### Procurement

CPFT outsources its procurement function to specialist providers and works closely with them to review procurement activity and prices/benefits achieved. We adhere to nationally agreed procurement frameworks and spend is monitored via a monthly procurement report, which is reviewed centrally. Additional measures are planned for 2016-17 to provide further focus and control expenditure. These include:

- Review of the top 100 most common non-pay items
- Clinical focus group established to review and reduce the range of clinical supplies throughout the Trust, in order to reduce spend and deliver consistency
- The Trust has an online ordering system and will seek to extend utilisation of this system to cover a wider range of procurement activity, thereby enhancing control
- Procurement spend to be reviewed by the Business and Performance Committee (a Board sub-committee) to ensure that adequate governance controls and scrutiny is in place.

## Costs

The plan recognises the impact of specific cost inflation factors on the cost base of the Trust over the planning period. The assumptions include the following for key cost categories, recognising the challenging economic environment:

- Pay costs – assumes pay uplift of 1% in FY17, additional pension costs, and an allowance for Incremental drift
- Other costs – inflationary increase of 1.1% on specific costs – eg, third-party contracts, etc.
- PFI – assumption that the RPI uplift will be 1.1%

The other main changes to the cost base are related to the cost saving plans for the year. The key components of the Cost Improvement Programme are outlined in the CIP scheme table on page 13.

## Liquidity

The plan for FY17 is to maintain the liquidity position, with an affordable Capital Plan as outlined above.

## Financial Sustainability Risk Rating (FSRR)

The Trust delivered a FSRR of 2 in FY16 due to the non-recurrent costs of the settlement agreement for UnitingCare Partnership. The Financial Plan for FY17 sets out plans to return the Trust to an FSRR of 3 for the year.

## Key financial priorities and investments

The Trust's key financial priority is to deliver the Financial Plan as presented for FY17. This will require ongoing review of the financial assumptions, continuing review of the implementation of the new integrated service models, and ensuring the CIP plan is delivered. The Strategic Change Committee (SCC) will take on an overall CIP monitoring role during the year to ensure that the plan is delivered, or mitigations are put in place to address any shortfalls. The monthly Performance and Risk Executive Meetings will also have a clear focus on CIP delivery and mitigation for any shortfall.

CPFT will continue to work with the local CCG to take forward the implementation of a more 'sensitive' contracting currency model for mental health services and the potential to move away from a block contract. This will result in a more acceptable form of contract, reflecting work undertaken. A key element of this will be to improve the activity data recording and clustering, and linking this to financial systems to develop improved service line reporting and management. This work will enable the Trust to determine the appropriate funding level for current and any agreed future activity levels from FY17 onwards. Initial discussions with the CCG indicate a preference for a non-block contract for FY17. CPFT is therefore currently working with the CCG to understand the implications of such an approach.

CPFT will also continue to support the development of the Vanguard programme in the local health economy during the year. At this stage the proposals are under development and the financial impact on the Trust is not yet known. CPFT is also continuing to explore international business development opportunities in Qatar and associated areas. The financial plan does not currently reflect any income or expenditure related to these proposals for Vanguard or international developments; both of which are likely to have positive impact.

## Risks and mitigation

CPFT has identified a range of risks to the financial plan for FY17, along with mitigations to offset these risks:

**Table 4: Risk and mitigation**

Risks	Mitigation
Variable Income is not recovered at planned levels	Make in year non-recurrent cost saving opportunities and seek additional opportunities for new business growth – eg, the Trust is bidding to provide support to the Qatar Government in developing Mental Health services. The Trust is in the final shortlist and the award of tender is anticipated in Spring 2016.
Failure to deliver CIP savings	Additional efficiency savings through greater integration opportunities, as well as exploring further estate rationalisation possibilities
Change in demographics continuing to impact on service demand	Discussions with commissioners to address the service capacity and acuity challenges
Weak liquidity level	Implementation of the Estates Strategy Review and rationalisation of the estates portfolio.
Level of contingencies available to mitigate any in-year changes	The Enabling Fund and CIP risk reserve
Resource and capacity to deliver the identified programmes of work.	A comprehensive staffing and skill-mix review will be undertaken

## Sustainability and Transformation Plan

There is a comprehensive Sustainability and Transformation Plan (STFP) that health and social care have signed up to across the system. The plan sets out the working groups, along with timescales and governance arrangements for delivery of the plan. The areas of focus and the impact on the Trust's 2016-17 plan are set out below:

**Table 5: Sustainability and Transformation Plan**

Summary objectives and scope	Affects CPFT plan for 2016-17?
<p><b>Clinical Advisory Group</b></p> <ul style="list-style-type: none"> <li>To recommend a sustainable clinical five year vision for health and care, including the transformation required to deliver it.</li> <li>To recommend short term opportunities to improve the effectiveness and efficiency of care, and medium term options for service configuration (including primary, community, mental health, acute, specialised and social care delivered in Cambridgeshire and Peterborough.)</li> <li>To assure clinically a) consultation documentation b) a Cambridgeshire &amp; Peterborough mental health strategy and c) a Five-Year Sustainability and Transformation Plan.</li> </ul>	Yes
<p><b>Proactive care and prevention (including Long Term Conditions, mental health and primary care at scale)</b></p> <ul style="list-style-type: none"> <li>To develop the long-term vision for proactive community based care (including the sustainability of primary care, mental health, social care and community services) and care for people with LTCs</li> <li>To identify, quantify and deliver a set of short term opportunities to reduce admissions amongst rising-risk Long term Conditions (LTC) and Serious Mental Illness (SMI) patients, including the delivery of priority public health schemes that will have short term (1-3 years) and longer-term impact (5+ years)</li> <li>To propose localised delivery plan(s) for executing against the proactive care and LTC</li> </ul>	Yes



care model over a 3-5-year period (covering self-care, primary care, SMI, community pharmacy, UnitingCare Wellbeing service, hospice care and population health management).	
<p><b>Urgent and emergency care Vanguard</b></p> <ul style="list-style-type: none"> <li>To develop the long-term vision for sustainable urgent and emergency care that will reduce preventable A&amp;E attendances and admissions by implementing physical and mental health services that implement the national urgent and emergency care vision (covering 111, ambulance, mental health crisis, Joint Emergency Teams, integrated care teams, neighbourhood teams, acute care, supporting IT platform/ directory of services)</li> <li>To identify, quantify and deliver a set of short term opportunities to improve the cost-effectiveness of urgent and emergency care</li> <li>To propose and evaluate a set of reconfiguration options for urgent and emergency care, taking into account national standards, key clinical standards and delivery of seven-day services across all settings.</li> </ul>	Yes
<p><b>Elective Care Design Programme (including specialty specific sub-groups)</b></p> <ul style="list-style-type: none"> <li>To develop the long-term vision for elective care (including all cancer care), with further detailed specifications on a vision for elective pathways including orthopaedics, cardiology, Ear, Nose and Throat (ENT) and ophthalmology (including care models, standards and pathways)</li> <li>To identify, quantify and deliver a set of short term opportunities to improve the cost-effectiveness of elective care</li> <li>To propose and evaluate a set of reconfiguration options for elective care, as well as detailed options for orthopaedics, cardiology, ENT and ophthalmology.</li> </ul>	No
<p><b>Maternity and neo-natal Clinical Working Group</b></p> <ul style="list-style-type: none"> <li>To develop the long-term vision for sustainable maternity and neonatal care, in line with the national review's recommendations</li> <li>To identify, quantify and deliver a set of short-term opportunities to improve the cost-effectiveness of maternity and neonatal care</li> <li>To propose and evaluate a set of reconfiguration options for maternity and neonatal services.</li> </ul>	No
<p><b>Children and young people Clinical Working Group</b></p> <ul style="list-style-type: none"> <li>To propose a care model and service specifications for acutely unwell children and young people, children and young people with long-term conditions and children and young people with life limiting conditions</li> <li>To identify, quantify and deliver a set of short-term opportunities to improve the cost-effectiveness of children and young people's services</li> <li>To propose and evaluate a set of long-term reconfiguration options for paediatric and children's health services in primary, secondary and community, linking in to the joint commissioning strategy.</li> </ul>	Yes

There is a collective commitment to deliver these work streams via shared demand, capacity and cost assumptions and forecasts, (facilitated via a system modelling group), whilst engaging in a system-wide communications and engagement strategy and benefits realisation programme.

Key outputs for the plan include:

- Incremental organisational form changes at Hinchingsbrooke and Peterborough hospitals to reduce duplication
- System-wide cross-organisational efforts to optimise efficiency
- End-to-end pathway redesign
- Demand management and delivery of preventative schemes
- To progress system-wide financial incentives alignment
- Accelerating in-hospital service changes
- System-wide cross-organisational efforts to optimise efficiency.

## Membership and elections

CPFT holds Governor elections on an annual basis. In collaboration with the Electoral Reform Service, a timetable is collated in January each year with final Governor ratification occurring at the May Council of Governors' meeting.

Information regarding the election process is communicated to all Trust members in a members' newsletter and Governor nominations are encouraged. Once elected/appointed, each Governor is invited to an internal Trust induction day where they receive a comprehensive resource pack and presentations from staff about the Trust and their role. They are also required to attend the NHS Providers Core Skills course. Their development progresses with a bi-monthly internal training programme, as well as invitations to attend external courses.

**Table 6: Governor elections**

Year	Number of seats in election	Number of seats filled by election	Number of seats remaining vacant	Total number of elected seats
2016	12	TBC	TBC	25
2015	10	6	4*	25
2014	15	11	4**	25

\*Public Peterborough: 1 vacancy; Staff: 1 vacancy; Service User - Cambridgeshire: 1 vacancy; Service User - Rest of England: 1 vacancy.

\*\*Public Peterborough: 2 vacancies; Service User - Cambridgeshire: 1 vacancy; Staff: 1 vacancy.

In 2014, CPFT produced a three-year strategy to recruit and sustain an engaged membership. The programme was split into three phases, with some immediate actions identified as well as longer-term goals. The first phase of the strategy consisted of a data cleanse (an ongoing task) and membership analysis. A recruitment and engagement plan was then developed and working papers were, and continue to be, submitted to the Council of Governors on a twice yearly basis.

CPFT successfully recruits to, and actively engages with, its membership. Members are invited to attend quarterly member talks from Trust experts, Council of Governor meetings, mindfulness sessions, training courses, charity/awareness events as well as participating in consultations and surveys. Governors are asked to attend these events to enable regular communication between the Trust's Council of Governors and membership. They also receive a newsletter every six months and regular e-mails.

To maintain a diverse membership, the Trust communicates with, and promotes events to, its local constituencies through libraries, GP surgeries, community centres, ethnic minority groups and colleges, etc. Staff leaving the Trust are contacted with the intention of retaining them as public members, and volunteers joining the Trust are asked if they would like to join the membership.