

<b>REPORT TO:</b>	<b>Trust Board</b>
<b>REPORT TITLE</b>	<b>Strategic Framework Review</b>
<b>DATE:</b>	<b>29<sup>th</sup> January 2014</b>
<b>REPORTING OFFICER:</b>	<b>Louise Edwards</b>
<b>CONTACT DETAILS:</b>	<b>Tel: 0151 473 2767</b> <b><a href="mailto:Louise.Edwards3@merseycare.nhs.uk">Louise.Edwards3@merseycare.nhs.uk</a></b>

**PURPOSE OF REPORT:** To propose aims, objectives, initiatives and outcome measures for the 2014-15 Strategic Framework.

**ALIGNMENT WITH STRATEGIC OBJECTIVE AND CONTEXT:** The Strategic Framework includes all four strategic aims, and the underpinning strategic objectives.

**RECOMMENDATION(S):**

- That the Board approves the aims, objectives, initiatives and outcome measures proposed for the 2014-15 Strategic Framework.
- That the Board approves that detailed plans and trajectories for each initiative will be submitted to the March Board.
- That the Board notes the process for defining the long-term Perfect Care goals, and approves that these goals are signed off by the Board in March.

**SUMMARY OF KEY ISSUES:** The Trust Strategic Framework sets out the aims and objectives that will ensure that the Trust delivers its vision, which is to be the leading organisation in its field with quality, recovery and wellbeing at the heart of everything we do. The first Strategic Framework for 2013-14 was developed with input from stakeholders and signed off by the Board in March 2013. This paper sets out how the Trust has delivered and learned through the Strategic Framework in 2013-14 and

engaged its stakeholders in improving the Strategic Framework for next year; and sets out proposed aims, objectives, initiatives and outcome measures for the coming year. These proposals reflect comments on a draft version from the Performance and Investment Committee, the Board and the Members Council meetings in December.

**IMPACT ON ASSURANCE FRAMEWORK:** The Strategic Framework and Performance Assurance Framework have been aligned.

**IMPLICATIONS:**

**a) Values:** The Strategic Framework is aligned with Trust values.

**b) Quality/ Clinical:** The Strategic Framework sets clear priorities in relation to quality.

**c) Financial:** The Strategic Framework has a number of objectives and programmes that relate to improving the efficiency of our organisation and of the services we provide.

**d) Legal/compliance:** The Strategic Framework complements and supports the Trust's ability to maintain statutory compliance.

**e) Workforce:** Becoming an employer of choice is a specific objective in the Strategic Framework, and empowered employees is a cross-cutting theme through the objectives in the Framework.

## **Strategic Framework 2014-15**

### **1. Introduction**

Mersey Care NHS Trust is already a leading provider of specialist mental health, learning disabilities, substance misuse and acquired brain injury services for the people of Liverpool, Sefton and Kirby and the North West of England for secure services. Our vision is to become the leading organisation in our field with a focus on quality, recovery and wellbeing in everything that we do. We can only deliver this vision by being clear with colleagues, service users and carers, and partner organisations about what we stand for as an organisation. The Strategic Framework is a description of 'what we are about', and from Board to ward it will ensure that we stay focused on what matters most to those who work for Mersey Care and to those we serve.

The Strategic Framework was introduced gradually in 2013-14, as our operations have become more aligned with our strategy through our annual planning cycle and through our Board reporting processes. There were 21 objectives and 49 targets in the 2013 Strategic Framework, and delivery was monitored through the Trust Performance and Investment Committee and Trust Board. The Framework was never intended to be an endpoint, and has been used to create dialogue with colleagues, service users and carers and partner organisations about how best we can all contribute to deliver the vision.

### **2. Delivering the Strategic Framework in 2013-14**

2013-14 has been a successful year for Mersey Care NHS Trust, with colleagues leading and participating in many change programmes that have led to tangible improvements in patient care. It is important to celebrate our successes and build on these in the forthcoming year. Our key achievements against our Aims in 2013-14 are set out below.

## Aim 1 : Quality

We have...

- Developed our **Quality Dashboard** and we are using this to report on quality at every Board and Members Council meeting.
- Improved the **physical health** of our service users – meeting NICE standards
- Developed a **full register of all carers** supporting our service users
- Completed a **comprehensive analysis of capacity and access to local services**
- **Piloted the No Force First programme on 5 wards** covering high secure services, learning disabilities, medium secure, older people's mental health and adult acute. Results so far show evidence of sustained reduction in physical restraint overall in 4 pilot wards, (data not yet available from HSS), with a 50% reduction from the mean achieved by the end of September:
- **Engaged with nearly 1000 staff** as part of Your Voice Your Change programme and have made many practical improvements to care as a result of staff feedback.
- Developed a community services version of the **Triangle of Care**, have developed a resource package for staff and we are monitoring compliance in all service areas.
- Have developed our information systems and processes so the Board and teams within the Trust can see **patient experience information** down to ward level.

## Aim 2 : Better Services

We have...

- Improved secure services by **improving the existing secure estate**
- Developed an outline business case for the **secure campus and are now progressing the full business case**
- Created new **divisional structures**
- Completed a **full review of unmet mental health need** in the communities served by our local division and have used this to make submissions to the Mayoral Health Commission, the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, Liverpool CCG's 'Healthy Liverpool' programme and Sefton CCG's 'Big Chat' events.
- Developed through consultation with 400 clinical and managerial colleagues from the local division a **comprehensive care strategy**, which includes proposals for a single point of access and assessment, integrated community teams, and acute inpatient bed capacity based on a full analysis of demand, cost and staff productivity.

- Completed an **independent review of all research and development activity** in the Trust and are **developing the Centre for Perfect Care and Wellbeing** to create a critical mass of people and resources to further develop our research and development and innovation work.
- Strengthened our role in **Liverpool Health Partners** and the **CHLARC**.
- **Won new business** to deliver offender health, staff support, brain injury and criminal justice liaison services.

### Aim 3: Partnerships

We have...

- **Liaised closely with commissioners** in Liverpool and Sefton, and specialised commissioners throughout the year, playing a key role in the 'Healthy Liverpool' programme, the Mayoral Health Commission and 'Big Chat' programme in Sefton.
- Identified a range of **public mental health programmes** which we will progress through our leadership of the Self Help and Prevention stream of the 'Healthy Liverpool' programme.
- Launched a **Recovery College** which since September has just commenced the first accredited Peer Support Worker Programme with 16 students.

### Aim 4: Our organisation

We have...

- **Engaged 300 service users and carers** in our Your Voice Your Change programme and through our new service user and carer Assembly
- **Created a Clinical Senate**, which brings together senior clinicians from across the Trust to consider strategic issues every month, and which has had a key role in shaping plans for our new divisions.
- Provided **open access to Trust wi-fi** in all service areas
- Enabled all service users and carers to **leave feedback in real-time** on any of our services
- Reduced **sickness absence** in high secure services
- Achieved **cost improvement targets for 2013-14**
- **Delivered financial balance**
- Fully reviewed our **corporate services and designed a new draft structure** which will go out to consultation in January

A detailed breakdown of the Strategic Framework up to quarter 3 is included in Appendix 2. A great deal of progress has been made in delivering against last year's objectives, but we propose to continue our efforts in the following areas in 2014-15:

- **Life expectancy** (and within this, improvements to the **physical health** of those in our care)
- Publish **clear and costed pathways** for our services
- A review of our **values**
- Understanding and improving **access** to our services, particularly in local services
- A **partnerships strategy and plan**, linked to business development

With this in mind, it is proposed that the content of our 2013-14 objectives is, for the most part, carried over into the objectives 2014-15 whilst reducing the overall number of objectives. Our proposals in this regard are explained in more detail in Appendix 1. It is also proposed that we address the themes that were not delivered through 2013-14 in the 2014-15 Strategic Framework as strategic initiatives, which are detailed in section 5 of this paper.

### **3. Stakeholder engagement and key themes from stakeholders**

Throughout the year we have engaged with colleagues at all levels about the Strategic Framework, and from September - November 2013 we have engaged a wider range of stakeholders in reviewing the Strategic Framework for next year, testing emerging priorities with different groups and getting ideas on how the Framework could be embedded more fully in everything that Mersey Care does. Examples of stakeholder engagement that has taken place on the Strategic Framework for 2014-15 include:

- Clinical Senate discussions on priorities in local and secure services
- Members Council discussions on stakeholder engagement on strategy development

- People Participation Group (service users and carers) monthly meetings
- *Your Voice Your Change* Mega Conversations
- Regular meetings with Liverpool and Sefton Clinical Commissioning Groups
- Participation in the Liverpool Clinical Commissioning Group *Healthy Liverpool* programme (July-October)
- Testing our priorities at the Middle Managers Forum with nearly 100 colleagues (September)
- Testing our draft Strategic Framework proposals via the Trust intranet (November-December)
- Involvement in Liverpool City Council Mayoral Health Commission, Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy Development

#### **Dr. Edward Coffey visit and ‘Perfect Care’**

Our thinking about next year’s Strategic Framework has also been strongly influenced by the visit to Mersey Care by Dr. Edward Coffey, of the Henry Ford Health Care system in Detroit. In 2001, the Division of Behavioral Health Services of the Henry Ford Health System (Detroit) launched the "Perfect Depression Care" initiative, which reduced the rate of suicide. by 75% ( $p = .007$ ), from 89 per 100,000 at baseline (2000) to 22 per 100,000 for the four-year follow-up interval (the average rate for 2002–2005). We have established a working group of 30 clinical colleagues from across the Trust who have volunteered to help define what perfect care means for Mersey Care and, more precisely, to agree the long term outcome goals and core processes we would need to achieve these perfect care outcomes.

The following common themes have emerged from our conversations with stakeholders:

- **The number of objectives and targets** – stakeholders have frequently told us that were too many objectives and targets in the 2013-14 version
- Colleagues and service users and carers have fed back that we need **more focus on outcomes and recovery**

- Feedback from the *Your Voice Your Change* Mega Conversations with colleagues and with service users and carers suggests that we need **more focus on teams and culture in our services**
- Colleagues have fed back that they would like to **build on the change programmes already underway in local and secure services**
- **Care planning** – we currently have an inconsistent approach to care planning in the organisation, and best practice suggests service users should be more involved in the process than is currently the norm in Mersey Care. Many frontline practitioners are also dissatisfied with our current systems and processes around CPA and care planning.
- **Care co-ordination and integration** - co-ordinated, joined up care is important to service users and their carers, particularly between our own services and at the interface between primary and secondary care. Commissioners in Liverpool and Sefton have prioritised integrated care in their long-term commissioning plans, and integrated care at neighbourhood level is being piloted in Liverpool.
- **Access** - service users and commissioners have fed back that we need to understand, improve and simplify access to local services.
- **The relationship between our services and primary care** is believed to be very important.
- Strategic intelligence suggests that we need to **invest in research, development and innovation**, in order to improve our current services but also to innovate in service delivery models of the future
- The Trust does not have **sufficiently robust process for identifying new business opportunities, and then taking the new products and services to market**. We also know that there is potential to grow our market share in both local and secure services; and that there is a need to more robustly defend our existing business in key service areas where competition is increasing.

#### 4. The proposed structure of the Strategic Framework

The Strategic Framework is designed to give the Board a 'line of sight' from what we set out to achieve over the long term, through to outcome measures so that we know

whether the objectives are being met and whether the strategic initiatives are being delivered. The goals and aims have a long-term timeframe, the objectives will be delivered over two years, and the initiatives and outcome measures will be delivered over one year. This is set out in the diagram below.



Figure 1: The proposed structure of the Strategic Framework

We have established a working group of 30 clinical colleagues from across the Trust who have volunteered to help define what perfect care means for Mersey Care and, more precisely, to agree the long term outcome goals and core processes we would need to achieve these perfect care outcomes. Proposals will be made to the March Board.

## 5. Proposed aims, objectives, strategic initiatives and outcome measures

Our proposals for 2014-15 are set out in the table below. Appendix 1 details how the proposals for 2014-15 reflect and build on our objectives for 2013-14.

Perfect Care Goal	Aims	Objectives	Strategic initiatives	Outcome measures
-------------------	------	------------	-----------------------	------------------

<i>DRAFT</i> 10 years	5 years	2 years	This year	This year		
<b>No suicides</b> <b>No assaults</b> <b>No falls</b> <b>No restraint</b>	<b>PERFECT CARE</b>	A1 01 Ensure that our care is effective.	SI 01 Improve physical health of people in our care	<ul style="list-style-type: none"> <li>Number of service users who receive an annual physical health check</li> <li>Recovery outcomes measures</li> <li>Number of service users on CPA; number of patients with a care plan</li> </ul>		
			SI 02 Develop outcome measures for recovery			
			SI 03 Develop a consistent approach to care planning			
		A102 Ensure people's experience of our services is always positive.	SI 01 Improve patient experience in services identified through patient survey in 2013-14, and develop a quality kite mark for teams/services	SI 02 Improve the patient environment to deliver privacy, dignity and better care.	<ul style="list-style-type: none"> <li>Patient experience scores</li> <li>Level of access to outside space by service line</li> <li>Score of 6 using ASPECT tool</li> </ul>	
						A103 Ensure people have timely access to care.
		A1 04 Be the safest mental health provider in the country.	SI 01 Reduce suicides for those in our care	SI 02 Reduce use of control and restraint through roll-out of 'No Force First' programme	<ul style="list-style-type: none"> <li>Number of suicides</li> <li>Number of medication led incidents of restraint</li> <li>Number of violent incidents and level of harm</li> <li>Number of service users with a safety improvement plan</li> </ul>	
						SI 03 Reduce violence and harm in inpatient settings
						SI 04 Reduce slips, trips and falls
						A1 06 Treat everyone fairly in our organisation.
		SI 02 Improve clinical outcomes re. access for BME communities, Dementia and Depression register, identification of people who have been on anti-psychotics long term				
<b>BETTER SERVICES</b>	A2 01 A skilled and productive workforce.	SI 01 Increase mobile working and develop fit for purpose clinical support and information systems	<ul style="list-style-type: none"> <li>Utilisation of mobile technology</li> <li>New clinical information system in operation</li> <li>Number of teams with development plans</li> <li>Number of individuals with PDRs linked to</li> </ul>			
				SI 02 Support high performing teams		
				SI 03 Enable a consultant-led service, with changes to medical workforce and roles.		

		A202 Develop integrated pathways.	SI 01 Create integrated community teams SI 02 Create integrated secure pathway that links to criminal justice system. SI 03 Publish clear 'perfect care' pathways for depression, psychosis and dementia care	service plans <ul style="list-style-type: none"> <li>• Waiting times for local and secure services</li> <li>• Perceived levels of clinical integration and MDT working</li> </ul>
		A203 Grow our services based on our specialist expertise.	SI 01 Develop a consistent Trust-wide approach to dementia, in line with 'perfect care' pathway SI 02 Grow IAPT, eating disorders, alternatives to out of area treatment and personality disorder services in the local division. SI 03 Grow the secure campus and offender health services in the secure division.	<ul style="list-style-type: none"> <li>• Turnover/income</li> <li>• Number of successful bids for new business</li> </ul>
	PARTNERSHIPS	A301 Pursue high quality research and innovation.	SI 01 Through the new Centre for Perfect Care and Wellbeing strengthen our role in the Academic Health Science Research Network and the CHLARC; and pursue perfect care through bio psychosocial research and innovation. SI 02 Develop further service user and carer-led research	<ul style="list-style-type: none"> <li>• Income generation from grants and commercial studies over 2 years</li> <li>• Number of innovations brought to market through the Centre for Perfect Care and Wellbeing</li> <li>• Number of active research projects</li> </ul>
Full employment		A302 Create partnerships that support service delivery and recovery.	SI 01 Develop new service delivery models in partnership with the voluntary sector SI 02 Further develop the Recovery College curriculum in partnerships with primary care, local authorities, voluntary sector, housing	<ul style="list-style-type: none"> <li>• Number of new partnerships with voluntary organisations linked to service delivery or participation</li> <li>• Number of Recovery College courses and participants</li> </ul>
		A303 Work effectively with primary care.	SI 01 Extend primary care mental health liaison roles SI 02 Increase capacity and capability of primary care to respond to mental health needs of their patients	<ul style="list-style-type: none"> <li>• Improved discharge summaries sent to GPs within 24 hours of discharge</li> <li>• DNA rates</li> </ul>
	OUR ORGANISATION	A401 Work 'side by side' with service users and carers	SI 01 Improve volunteering systems and processes, and develop new volunteering and employment pathways SI 02 Increase local and secure division compliance with the Triangle of Care, and develop a Triangle of Care mandatory on-line training package for staff. SI 03 Develop a Centre for Participation and Inclusion with supporting programme of development	<ul style="list-style-type: none"> <li>• Number of volunteers with the Trust</li> <li>• Number of service users volunteering or in employment</li> <li>• Carer survey</li> </ul>
No staff work-related sickness		A402 Be a great place to work.	SI 01 Further develop the role of service users and carers in staff development SI 02 Refresh and embed new values in Charter and PDR process	<ul style="list-style-type: none"> <li>• Staff survey results</li> <li>• Staff sickness rates</li> <li>• Turnover and bank</li> </ul>

		SI 03 Implement OD priorities including change and project management support SI 04 Implement recommendations from HR systems review, including improvements to recruitment and selection processes	spend <ul style="list-style-type: none"> <li>• Number of staff with PDRs</li> <li>• Time to hire timeline</li> </ul>
	A403 Be an efficient organisation.	SI 01 Deliver cost improvements without impacting on quality SI 02 Improve Trust environmental performance SI 03 Implement a new customer-focused structure for corporate services SI 04 Improve the Trust's understanding of the value for money provided by its services	<ul style="list-style-type: none"> <li>• CIP plan delivery</li> <li>• EBITDA margin of at least 7%</li> <li>• Monitor financial risk rating of at least 3</li> <li>• Return on investment for assets</li> </ul>

Figure 2: Detailed proposals for the Strategic Framework 2014-15

## 6. Delivering the Strategic Framework

Delivering the Strategic Framework in 2013-14 catalysed transformational change in local, secure and corporate services, but recent surveys suggest that many colleagues do not currently understand our strategy for change. We have recognised that we need to do more to communicate our strategy so that colleagues truly understand and are part of delivering it through every day operations. With this in mind, as well as engaging colleagues in the development of the Framework for the coming year, we have developed a strategy ‘wheel’ that is designed to help colleagues understand all the main elements of our strategy at a glance. The wheel is also designed to help managers and colleagues translate the strategy goals, aims and objectives for colleagues in the annual PDR process. It will also be the basis of quarterly updates to the Board, the three Divisions, and teams to track our progress in delivering the strategy.



**Our strategy to become the leading provider in our field**  
*Quality, recovery and wellbeing at the heart of everything we do*

Figure 3: Our Strategic Framework 'Wheel'

In addition, we will explain the objectives in easy to understand terms so that every one in our organisation understands them and understands how they can take the initiative to help deliver the strategy. This is illustrated in the figure below, which sets out what a sample of the objectives 'mean for me'.

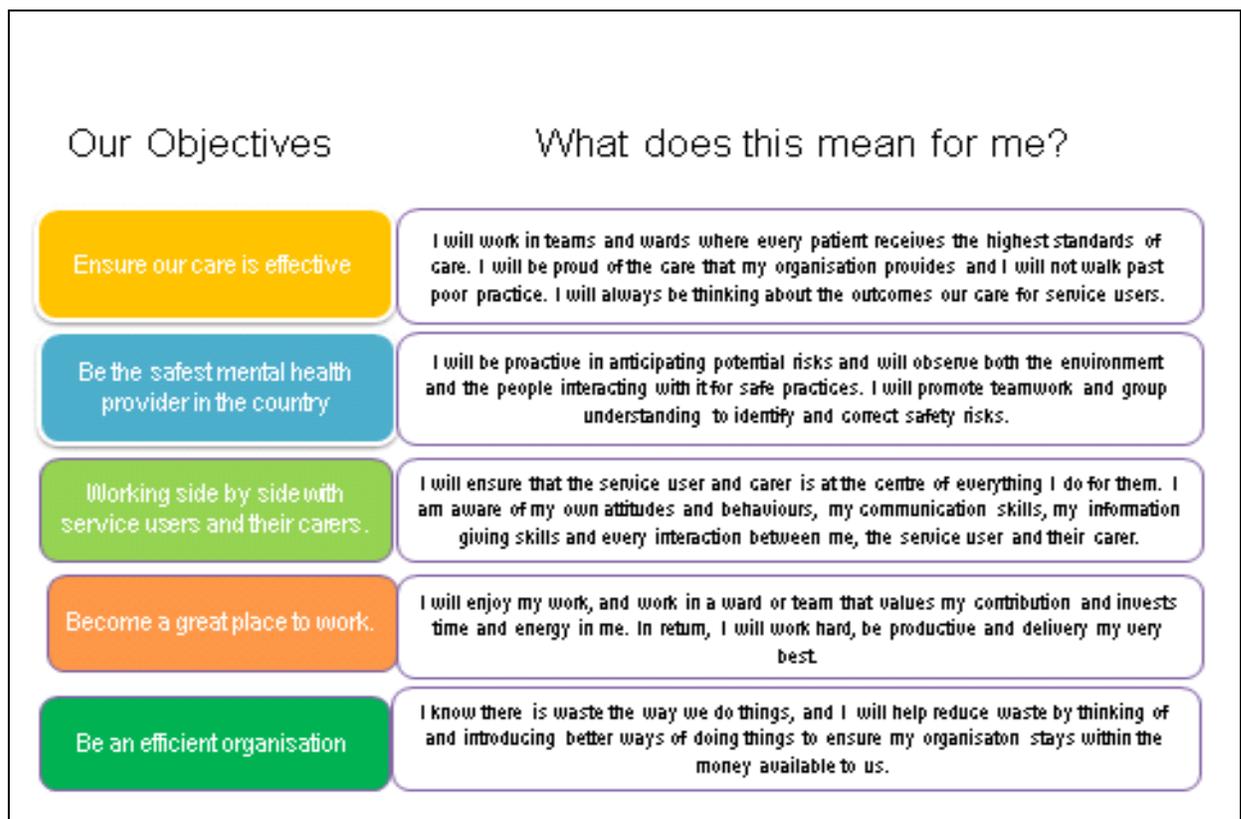


Figure 4: Explaining our objectives to all colleagues

Each member of staff will be supported through the revised PDR process for 2014 to decide personal objectives that link to the objectives in our Strategic Framework. This will be supported by new web-based support for managers. As in 2013-14, we will be assigning Executive Director leads for each strategic initiative, but to ensure alignment with our Divisional plans and to embed the Strategic Framework in our operational delivery, a Divisional lead will also be assigned for each initiative. As per 2013-14, this process will be run by the Programme Management Office, culminating in plans with trajectories for each initiative by the end of March 2014. Delivery of the plans will be reported to the Performance and Investment Committee and the Trust Board using the performance report and dashboard that has been developed in 2013, and will also be monitored through the quarterly Strategic Operations Reviews which were established in 2013. This year there will be an emphasis on whether the plans are on track to deliver the outcome measures rather than on track to deliver the actions set out in the plans.

## Appendix 1 Alignment of Strategic Framework 2013-14 with the proposed aims, and objectives for 2014-15.

Our proposals for the Strategic Framework in 2014-15 build on and reflect what we have learned through the delivery of the Strategic Framework in 2013-14. This section explains how the aims and objectives proposed for this year reflect last year's aims and objectives.

### Aims

Aim 1 has now changed to 'Perfect Care' to reflect our commitment to designing perfect care and wellbeing outcomes, processes and accountability. The objectives proposed under Aim 1 still reflect our quality model as used in the Quality Account and in our Quality Dashboard.

Aims 2-4 have remained the same this year and we anticipate these will be delivered over the next 5 years so are unlikely to change until 2019-20.

### Objectives

The objectives have been reduced in number from 21 to 14 in response to feedback from colleagues that there were too many objectives in last year's Strategic Framework. We anticipate the objectives will be delivered over the next 2 years so are unlikely to change until 2016-17.

Strategic Framework 2013-14 objectives	How this is reflected in Strategic Framework 2014-15 objectives
<b>A1 01 We will ensure the people we care for live longer</b>	Carried over into: <b>A1 01 Ensure that our care is effective</b> Changed slightly to reflect broader outcomes than length of life
<b>A1 02 We will ensure carers receive the best level of support available</b>	Carried over into: <b>A401 Work side by side with service users and carers</b>
<b>A1 03 We will provide care that reduces the need for admission to hospital</b>	Carried over into: <b>A1 01 Ensure that our care is effective</b>
<b>A1 04 We will ensure that people's experience of our services is recognized nationally as best in class</b>	Carried over into: <b>A1 04 Ensure people's experience of our services is always positive</b> Language has been changed slightly in response to colleague and service user feedback, but the level of ambition will still be high and reflected in the strategic initiatives, and associated plans and trajectories
<b>A1 05 We will be the safest mental health provider in the country</b>	Carried over into: <b>A1 03 Be the safest mental health provider in the country</b>
<b>A106 We will ensure every individual is treated fairly in our organisation</b>	Carried over into: <b>A1 05 Treat everyone fairly in our organisation</b>
<b>A1 07 We will ensure people are able to access the care when they need it</b>	Carried over into: <b>A1 02 Ensure people have timely access to care</b>

<b>A201 We will grow and differentiate our secure services from those provided by others</b>	Carried over into: <b>A2 03 Grow services based on our specialist expertise</b>
<b>A202 We will implement a new community model of care with a focus on integration</b>	Carried over into: <b>A102 Ensure people have timely access to care</b> <b>A104 Ensure people's experience of our services is always positive</b> <b>A202 Develop integrated pathways</b>
<b>A203 We will use intelligence and information to identify unmet need and target interventions more effectively</b>	Carried over into: <b>A102 Ensure people have timely access to care</b> <b>A201 Enable our staff to develop the right skills and be productive</b> We propose to develop a much better understanding of unmet need through access to our services, and to develop a fit for purpose clinical information system to improve the quality of our intelligence and information
<b>A204 We will put a new emphasis on research and development</b>	Carried over into: <b>A301 Pursue high quality research and innovation</b>
<b>A205 We will develop Mersey Care Ltd to pursue commercial opportunities from innovation</b>	Carried over into: <b>A203 Grow services based on our specialist expertise</b> <b>A301 Pursue high quality research and innovation</b> Mersey Care Ltd is on hold until Mersey Care is authorized as a foundation trust. In the coming year we will pursue growth opportunities through our enhanced business development function, and through research and innovation in our new Centre for Perfect Care and Wellbeing.
<b>A206 Experts in mental health including people with personal experience of mental health and recovery, will rate our services as among the best in the UK</b>	Carried over into: <b>A104 Ensure people's experience of our services is always positive</b>
<b>A301 We will engage those who commission and directly influence services for people with mental health needs.</b>	This is now being achieved through every day operations by the Executive Directors, the Director of Strategy and our new communications function.
<b>A302 We will build new partnerships to improve quality and support recovery and wellbeing outcomes for people with mental health needs.</b>	Carried over into: <b>A302 Create partnerships that support service delivery and recovery.</b>
<b>A303 We will develop and formalize strategic alliances with other organisations.</b>	Carried over into: <b>A302 Create partnerships that support service delivery and recovery</b> <b>A303 Collaborate effectively with primary care</b>
<b>A401 We will put service users and carers at the heart of everything that we do</b>	Reflected in all objectives under 'Perfect Care' aim <b>A302 Create partnerships that support service delivery and recovery</b> <b>A401 Work side by side with service users and carers</b>
<b>A402 We will fully engage our staff and enable them to be skilled to provide the best possible services to support recovery</b>	Carried over into: <b>A402 Be a great place to work</b>
<b>A403 We will share knowledge and intelligence effectively</b>	Carried over into: <b>A201 Enable our staff to develop the right skills and be productive</b>

	<p>his is now being achieved through every day operations by our new Information function and it will be enabled with the procurement of a fit for purpose clinical information system as described in strategic initiative A201, SI01.</p>
<p><b>A404 Our structures, processes and internal governance arrangements will be designed around the users of our services and focused on improving front line care.</b></p>	<p>Carried over into:  <b>A401 Work side by side with service users and carers</b>  <b>A402 Be a great place to work</b>  <b>A403 Be an efficient organisation</b>  Last year's objective has been achieved through the development of the new clinical divisions and through the redesign of corporate services to make them more customer focused. We build on this through 2014-15 objectives under the 'Our Organisation' aim.</p>

**Strategic Framework Delivery as at December 2013**

This is the third quarter report of the 2013/14 strategic framework during this development year, and this report (prepared for the Strategic Operations Reviews) shows plans that are in exception currently or likely to be in exception in the next quarter. Please note this report does not reflect changes made as a result of the January Strategic Operations Review.

**SUMMARY STATUS OF TARGETS**

- There are four strategic aims, twenty four objectives and fifty targets. Each target is allocated to an Executive Director who is accountable

The following Nineteen targets have been completed against plan;

- Mersey Care will have an annual report that provides analysis of activity based on the protected characteristics together with a supporting action plan to eliminate any identified discrimination affecting staff and service users
- Mersey Care will enable all service users and carers to have the opportunity to leave feedback in real time on any service
- Mersey Care will agree a set of assumptions around PBR tariff prices
- Mersey Care will develop a prioritisation methodology and agree a set of decision making criteria consistent with REID principles, to underpin the decision support process that helps to the Trust to shape its investment strategy and the wider business planning cycle
- Mersey Care will establish a baseline position for the % of patients gate-kept by CRHT teams who go on to be admitted, and, if appropriate, set a target for further reductions
- By September 2013 we will develop with service users and carers an Executive Committee approved plan to identify and share locally best practice in patient experience.
- By December 2013 Mersey Care will have a plan for rapid access to achieve reduced short term admissions, reduced waiting times and a better experience.
- By June 2013, Mersey Care will undertake a review to identify unmet mental health need in the communities served by Mersey Care; and by September 2013 we will have made a compelling case to commissioners for the re-integration of IAPT in Mersey Care's portfolio.
- By December 2013, Mersey Care will research and develop a range of appropriate indicators to ensure that service users are not disadvantaged in terms of their physical health in the following areas - Asthma, Diabetes, Obesity & Smoking. People with serious mental illness have higher morbidity and mortality rates from chronic disease and poorer health outcomes. Rates of smoking for individuals with a serious mental illness are 2-4 times higher than the rest of the population. Individuals on anti-psychotic medications are at higher risk of CVD and diabetes.

- By April 2013, Mersey Care will establish a Quality Innovations Centre and by September 2013 produce a costed programme of work with milestones and metrics linked to the Trust Quality Dashboard (as set out in Aim 1).
- By September 2013, MC will have completed an independent review of its R&D, agreed a plan to develop its R&D capability further, and have agreed a plan to develop collaborative work with the new Academic Health Science Network.
- By December 2013, Mersey Care's Quality and Innovations Centre will establish links with a range of centres of learning through the implementation of bursary arrangements to bring new skills and insights at Division level in the Trust
- By December 2013, Mersey Care will have identified a range of public mental health proposals with local authority partners, based on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- By December 2013, Mersey Care will formalise arrangements for an integrated model of care in Liverpool and Sefton with commissioners.
- By September 2013, as part of the European Institute of Wellbeing, Mersey Care will agree a plan to establish a Recovery College in Liverpool; with implementation of the plan by March 2014.
- By June 2013, Mersey Care will formally establish the European Institute of Wellbeing; with an initial business plan and the first activities of this Institute complete by December 2013.
- By June 2013, Mersey Care will produce an action plan for the Board to address sickness rates in high secure services. The plan will be based on a root cause analysis and will include a service-driven trajectory for improvement.
- By September 2013, Mersey Care will establish a corporate intelligence/decision support function integrating performance information from across the Trust and beyond and will agree an SLA with Informatics Merseyside.
- By December 2013, Mersey Care will ensure that the Vantage Point Corporate reporting is fully operational and the Programme Management Office established.
- By September 2013, Mersey Care will work through the 'More Independent' and '3 Million Lives' programmes to map current use of technology in front-line services and optimise the use of available technology to support service users in the community.

The following targets have been reviewed during previous quarter's strategic operational reviews and suspended. There is no risk associated with suspending these targets. Consideration is being given to how these targets will be represented in the revised strategic framework;

- Mersey Care will assume leadership of 2020 Partnership Decade of Health and Wellbeing campaign; Associated action plan for Partnership Decade of Health and Wellbeing campaign agreed with all partners
- By September 2013 Mersey Care will develop a full business plan for Mersey Care Ltd, including an operating model, governance, legal and workforce proposals, for Board approval

Eleven targets are in exception, three of which are projected to remain in exception beyond the next quarter.

**Exception reporting of SMART targets by Lead Executive Director – quarter three, December 2013**

Red = There are significant problems and urgent decisive action is required  
 Amber = There are some problems where action is needed and mitigating actions are described in an exception report  
 Green = Progress is to plan, no areas for concern

Lead Director	Target Reference	Target elements	Status - current	Status - forward quarter	Comment
Ray Walker	A1OB1ST1 Preventable deaths	<ul style="list-style-type: none"> <li>Plan for each Division approved by Executive Committee to ensure that preventable premature deaths are in the bottom quartile for England by June 2013</li> <li>Premature deaths in bottom quartile for England by April 2019</li> </ul>	A	A	Re-profiled for development of metrics from June 2013 to January 2014. The measure and analysis of premature deaths requires wider connection with public health colleagues in Public Health England and with the Care Quality Commission. It is recommended that this target moves into 2014/15 strategic framework
Neil Smith	A2OB5ST1 Mersey Care Ltd - business plan	<ul style="list-style-type: none"> <li>By September 2013 Mersey Care will develop a full business plan for Mersey Care Ltd, including an operating model, governance, legal and workforce proposals, for Board approval.</li> </ul>	R	R	Due to the requirement to be an FT before developing a Ltd company this SMART Target cannot be progressed. SMART Target A2OB5ST2 is continuing to make progress with the business cases identified as potentially suitable for Ltd company. These business cases are now being progressed to see if they can be delivered without a Ltd company.

					It is recommended that this SMART Target is closed as it cannot be achieved ahead of FT status.
	A1OB6ST2	<ul style="list-style-type: none"> <li>By December 2013, Mersey Care engage comprehensively with employees and other stakeholders, supported by our participation in the Listening into Action programme, to review our organisational values and to clarify expected behaviours in line with these values.</li> </ul>	A	G	<p>first draft of revised Mersey Care Values and associated behaviours produced through consultation with staff YVYC mega and mini conversations. Nov 13.</p> <p>- further consultations with staff and service users underway to further define behaviours and inform a Staff Charter ; Feb 14</p> <p>- Final Staff Charter to be produced ; March 14</p> <p>- revised Values and behaviours to be incorporated within a new PDR ; March 14</p> <p>- full implementation of Values and Staff Charter in all performance man &amp; development policy and practices ; June 14</p>
<b>David Fearnley</b>	A1OB3ST1	<ul style="list-style-type: none"> <li>By September 2013 Mersey Care will publish plans for best practice pathways for people suffering with depression, dementia and schizophrenia (where applicable). Pathways will facilitate resourcing and costing of the three dominant PBR clusters (70%)</li> </ul>	R	R	It is proposed that this work is added to the Care Strategy work within local division no new end date can be set until this has been agreed.
	A1OB7ST1	<ul style="list-style-type: none"> <li>By September 2013, Mersey Care will have reviewed access to all services to ensure that they are clinically appropriate.</li> </ul>	A	C	It proposed that this SMART target is closed and added to Care Strategy work stream.
	A2OB2ST3	<ul style="list-style-type: none"> <li>By September 2013, Mersey Care will develop strong partnerships with complementary organisations by developing an 'Alternatives to</li> </ul>	A	C	It proposed that this SMART target is closed and added to Care Strategy work stream.

		Admissions Policy'			
	A3OB3ST3	<ul style="list-style-type: none"> <li>By December 2013, Mersey Care will develop a Social Value framework and Sustainable Development Management Plan for improving environmental, social and economic performance.</li> </ul>	R	R	It is proposed that this target is closed as executive lead has advised this is not being taken forward.
	A4OB5ST3	<ul style="list-style-type: none"> <li>By September 2013, Mersey Care will agree the care packages within cluster it will offer service users in the future, with evidence-based, costed pathways for each cluster for adult working age and older people.</li> </ul>	R	R	It is proposed that this work is added to the Care Strategy work within local division no new end date can be set until this has been agreed.
<b>Elaine Derbyshire</b>	A2OB6ST1	<ul style="list-style-type: none"> <li>By April 2013, Mersey Care will have an interim communications plan approved by the Board; with a full plan which includes a set of metrics to measure improvement in stakeholder perceptions approved by the Board by September 2013.</li> </ul>	A	G	It is proposed that target end date is extended to March 2014 to enable completion of this target.
	A2OB6ST2	<ul style="list-style-type: none"> <li>By September 2013 Mersey Care will have conducted a 360 stakeholder survey to understand stakeholder perceptions; and by March 2014 will have made demonstrable improvements in areas identified through the survey.</li> </ul>	A	G	The questionnaire has been developed but the target end date needs to be extended to allow completion of the target March 2014.
	A3OB3ST2	<ul style="list-style-type: none"> <li>By December 2013, Mersey Care will map and evaluate existing partnership arrangements and develop a partnership plan relating to our objectives that includes cultural, academic and business partnership development.</li> </ul>	A	G	Existing partnerships and Trust relationship managers identified. Partnership plans under development. Partnership plan in development and then business development plan will be developed. Wider engagement required as it crosses a number of different directorates so logistics of seeking views and seeking contributions so an extension

					to target end date to March 2014 is required.
	A4OB4ST3	Demonstrate that the trust's corporate governance arrangements comply with best practice governance models for NHS trusts. Establish the governance structures and processes to enable the trust to operate effectively and efficiently as a NHS foundation trust. Establish the trust's council of governors and ensure that it has the capacity and capability to discharge its statutory functions. Support the development of the trust's membership. Ensure that there is the capacity and capability within the trust to deliver its corporate responsibilities.	A	A	This SMART target is dependent on TDA timescales and in order to be achieved must be realigned with TDA timetable it is proposed this target is moved into 2014/15 strategic framework to enable completion.