1. Summary

Mersey Care is three years through a five year programme of organisational and service transformation in order to significantly improve the quality of the services we provide and safely reduce cost as we do that. We call this continuous improvement in quality and cost striving for perfect care for the people we serve.

Our transformation programmes are designed, planned and delivered alongside our commissioners and with considerable input from service users and carers, colleagues and our clinical leaders. We are a responsive, accountable organisation and we recognise it will be more important than ever to continue to account to our stakeholders as we implement significant change in our services throughout 2016 and 2017.

As we make the necessary improvements to our services, we support our frontline teams to maintain the quality and safety of our services during a period of increased demand for all mental health trusts. The task of balancing this need for service continuity and safety with the need to deliver necessary transformation of our services is never underestimated, and will be a strong theme for our organisation throughout the coming year.

This plan prioritises the delivery of our transformation programmes in local and secure services. Alongside our considerable investment in new buildings and information technology to save for the future, we will standardise our interventions and pathways to reduce waste and make our services more consistent. We will simplify access and discharge arrangements, and develop more productive community-based ways of working. We will develop integrated networks of care in primary care to make pathways for people with mental health needs and learning disabilities more effective. The ‘Our People’ and ‘Our Resources’ programmes enable this transformational change to happen. Quality remains a big priority in the plan as it was last year, building on our ‘Good’ CQC rating whilst tackling areas where we still need to improve to deliver on our vision of striving for perfect care.
2. Striving for perfect care: Highlights from 2015

2015 was a remarkable year for Mersey Care in our efforts to continuously improve care for those we serve.

1. CQC ‘Good’ rating

Mersey Care received a rating of ‘Good’ from the CQC in 2015, putting our Trust in the top 20per cent of trusts nationally. The trust’s services were rated as good for being effective, caring, responsive and well led. Mersey Care’s staff and management of falls were rated as outstanding and the CQC found there were impressive levels of co-production (working closely with patients, carers and service users).

2. Zero suicide and zero restraint implementation

Following the launch of the zero suicide strategy and policy in September 2015, we are adopting the approach across all our services. This includes suicide prevention training for all staff, agreeing a safety plan with all service users, and working collaboratively with partners such as primary care to prevent suicide in those at risk.

3. Redevelopment of Walton Library

In addition to retaining some popular library services, Mersey Care has funded a restoration of Walton Library into a base for a range of life opportunities for service users and carers and services to the wider community in a way that challenges stigma and promotes positive mental health and wellbeing. The much-loved building on Evered Avenue, off Rice Lane, Walton, will host a variety of ‘life rooms’ alongside library facilities including an employment and enterprise hub to help Mersey Care service users get back to work, through volunteering opportunities and further education.

4. Innovative Dr Feelwell project

Dr Feelwell takes the health messages most of us hear in everyday life – eating well and keeping active - and turns them into lesson plans that can be put in practice within a secure environment. The design, with its cheery caricatures, was created by a graphic design group of patient recovery champions, supporting inpatients to make healthy choices.

6. Services move to better buildings

We moved several services to better buildings this year, to improve quality for the people we serve but also to reduce cost. Successful service moves include the move of community mental health teams to new hubs at Baird House and Norris Green, and the move of the psychotherapy service to Haigh Road.
3. Strategic Direction and Priorities

The Trust is striving to provide perfect care for the people we serve and make a positive difference to the lives of service users and carers. We also aim to play a full part in the local health and social care economies we serve by promoting and driving greater integration between mental and physical health and social care. Our plan for the coming year is based around four aims and underpinning objectives of our strategy:

**Our services** - we will improve the quality of our services, and strive to provide safe, timely, effective, equitable and person-centred care every time, for every service user. This means getting the basics of care right consistently, repeatedly and predictably.

**Our people** - we will have a productive and high performing workforce that work in great teams, and we will work side by side with service users and carers.

**Our resources** - we will make full use of our resources, continuously finding ways to save time and money, ensuring our buildings work for us, and using technology to help improve our care.

**Our future** - we will create opportunities for improvement and grow in the future, by working more closely with primary care and other organisations, delivering the benefits of research, development and innovation, and by growing our services. Our plan maintains a focus on research, development and innovation and business development.

**Transforming our Trust**

Mersey Care has a strong track record of financial management and good governance. In 2012, we recognised the scale of the challenge for us in continuing to improve services and their quality in the context of a more competitive, financially constrained environment. As a result, we embarked on a co-ordinated programme of strategic change.

Our strategy is set within a long term financial framework which entails Cost Improvement Plan requirements of £12 million in 2016/17 and £11 million in 2017/18 from service and workforce model redesign in local and secure services, and investment of £82 million in local services estate and £9.6 million in secure services estate. In addition, a business case for a secure campus is being developed.

We will deliver these objectives through our transformation programmes in local and secure services, through our quality improvement work, and through continuing to support business development, research and innovation. Achieving our vision of striving for perfect care at a time of unprecedented demand for mental health services and financial constraints on all NHS organisations requires a clear strategy based on clear aims and objectives, and effective implementation across all our services.
4. Our Services: Quality priorities for 2016/17

Providing high quality services in safe environments is our core purpose. As such, we start from a strong underlying position on quality. This is reflected in the mental health benchmarking recently undertaken by the NHS Benchmarking Network (Benchmarking Network, 2015) and in our CQC ‘Good’ rating. Ensuring safe, high quality care means reducing unwarranted variation that is not due to clinical need or service user preference. Standardising our approaches to care through, for example, the use of explicit care pathways, decision support systems, guidelines and their audit and information technology solutions will make the care we provide safer and more effective. Our transformation programmes in local and secure services, described in detail in this plan, tackle variation in care to improve outcomes and patient experience.

Safe care

It is essential that we maintain safe services whilst we deliver the transformation programme in our clinical services.

Mersey Care has a mixed picture for safety. Whilst we have excellent practice in many areas - which was recognised by our ‘Good’ rating in the Safe domain of the CQC full inspection - there is still considerable scope for improvement.

Priorities for our safe care objective will be to fully implement our zero suicide strategy and policy, and to roll-out our zero restraint programme to all wards. Consistency of falls prevention will be a focus across older people’s services. We will ensure that maintaining safety whilst delivering large-scale change is prioritised and this includes tackling variation in care.

Timely care

New national standards for access to IAPT and treatment through Early Intervention in Psychosis teams in 2016/17 and will drive a focus in the ‘timely’ domain for all mental health trusts. Mersey Care’s IAPT service for Liverpool is currently underperforming against a number of targets, reflecting waiting list challenges inherited from the previous service provider and problems in training and recruiting adequate numbers of suitably trained practitioners to deliver the service model.

Data and service user feedback also tells us that accessing tier 3 and 4 psychological therapies and psychotherapy is sometimes difficult, with some people waiting too long for therapy in local services, high levels of clinical variation and too much focus on one to one delivery of therapy. In low and medium secure services, our service users do not experience timely access to psychology and CBT in line with the recommendations made by NICE.

This year new targets for access to treatment for first episode psychosis have been introduced by NHS England. Benchmarking for early intervention in psychosis teams suggests that Mersey Care at 1.9 weeks had slightly lower than national average waiting time of 2.4 weeks for a routine EIT appointment in 2014/15. In the same period, Mersey Care EIT had a considerably higher DNA rate (at 15.7per cent) than the national average of 10.1per cent.

Priorities for our timely care objective for 2016/17 will be to address access issues for our Talk Liverpool IAPT service and improve access to tier 3 and 4 psychological therapies and psychotherapy. We will also focus on meeting new targets for access to treatment for first episode psychosis and access to CBT and psychology in our secure services.

Effective care

Mersey Care has experienced increased demand and pressure in our services and quality indicators reflect the need for more fundamental service redesign to improve our effectiveness. This year we will make improvements in patient ‘flow’ to increase our service effectiveness. This means taking a standardised approach to admission, bed management and discharge in our local services, increased demand management in primary care and developing alternatives to inpatient care both in terms of step up and step down. It will be key to engage service users and carers throughout the transition to the new model of care.
In secure services, Mersey Care has an excellent track record in enabling maximum flow and efficiency for high secure services, with rapid access and average lengths of stay that are considerably shorter than Rampton and Broadmoor. Our lengths of stay in medium secure also compare favourably to peers, but length of stay in low secure is longer than comparator services with other providers. This will be addressed throughout our plan in 2016/17 to develop standard assessment, bed management and discharge arrangements throughout the secure division.

Physical health for people with mental health problems or learning disabilities is also an important indicator of effectiveness in mental health. Mersey Care continues to underperform against a number of physical health indicators, including smoking cessation support, patients with hypertension who have blood pressure recorded in previous nine months, percentage of community service users on CPA reviewed with BMI recorded, the recording of smoking status and screening for malnutrition on admission. We will set stretch targets in these areas.

We will comply with guidance on how we should monitor the number and type of deaths that occur involving service users in our care with the aim of learning from avoidable deaths and making appropriate improvements to practice to prevent further similar incidents occurring. We have a mortality review process that considers the causes of deaths that have been identified as being avoidable. We will also participate in a Mortality Network Collaborative.

Priorities for our effective care objective for 2016/17 will be to improve the ‘flow’ of service users in local services through our community and inpatient transformation projects. In secure services we will implement a division-wide approach to assessment, bed management and discharge. We will also focus on improving physical healthcare.

Equitable care

Our analysis by protected characteristic tells us that the experience for someone who is ‘not white’ is poorer than for other service users. We need to further understand the possible indirect/direct discrimination people within our services may be experiencing.

In particular, in the secure division people from particular ethnic groups experience a disproportionate level of deteriorating health whilst in local services, with people identifying as ‘black other’ experiencing this. There is evidence that service users in the age range 50-59 are affected in particular, thus directing the need for positive action for this group who are experiencing the negative impact of long term mental health conditions on their physical health.

Staff in local services report that there is scope to improve the care we provide in community services through improved access to translation and interpreting services. In secure services, women service users are negatively affected by the impact of being within a predominantly male environment, where the services provided are not gender specific. Staff in secure services also report that gay rights are an issue of concern for service users. In addition, addressing the risk of radicalisation in a culturally-sensitive way has been highlighted as a priority.

Priorities for our equitable care objective for 2016/17 will be the development of a sensitive and comprehensive understanding of the needs of service users at service level and to address the priorities identified.

Person centred care

Patient experience scores have remained consistent across all themes for inpatient services at Trust-wide level. In this year’s CQC patient survey, Mersey Care’s community teams had the third highest levels of patient satisfaction in the country at 73per cent, compared to a national mean of 68per cent. In secure services, we are participating in the development of national patient reported experience measures, which will allow improved benchmarking of patient experience for these service users. We use self assessment against the Triangle of Care toolkit as our key measure of responsiveness to carer issues. Whilst we have maintained consistently high levels of compliance throughout 2015 (over 80per cent compliance at Trust-wide level for inpatient care and over 70per cent for our community care) we are aiming for 90per cent compliance in 2016/17.

Priorities for our person-centred care objective for 2016/17 will be to improve the experience of people with particular protected characteristics in our inpatient and community services. We will also focus on achieving 90per cent compliance with the Triangle of Care and establish peer-run carer support groups throughout the Trust.
5. ‘Our People’ : Leadership and team development priorities 2016/17

Our strategy for perfect care requires service and workforce transformation and evidence tells us that leaders are the major influence on the success or failure of strategy implementation. We have adopted the collective leadership model, where it is acknowledged that all staff are leaders, impacting either positively or negatively on the outcomes of delivery processes and will involve teams in decision-making.

We have already invested significantly in the Aston team support programme and will target this programme to enable our transformation programmes within the clinical divisions, to support managers and build effective teams. We will work towards the establishment of team objectives, building on our process.

We are introducing a strategic, proactive approach to identifying and aligning all training education and development to the delivery of our strategy for Perfect Care and develop a culture that is truly focused on learning and improvement. Our Learning and Development Plan has been developed to support the Trust’s quality strategy and transformational change. The development of new care strategies, and service models will require new ways of working, and our ability to proactively address skills gaps. We will identify the immediate and future education and development needs, prioritise and agree a programme for provision.

Our Staff Engagement Plan will continue, building on the established Your Voice, Your Change, Mega Conversations, Tell Joe and other initiatives informed by strategic themes of safe staffing, staff health and wellbeing and transformation.

We must review our workforce and ensure that the trust has the right pathways, right treatment, right staff and right skill mix available, both now and in the longer term. We recognize that workforce planning cannot be done in isolation and can only be developed alongside the transformation plans within the clinical divisions and implementation of the target operating model in the corporate division. Planning the size and configuration of the workforce has been divisionally led with specialist advisory support from relevant corporate teams to ensure models are aligned with our strategic framework, long term financial models and CIP plans.

Our focus on reducing sickness absence through robust systems and processes will be maintained with particular attention placed on sickness in inpatient settings across both secure and local services, where our analysis identified higher sickness absence rates that in our community services. Long term sickness is also a main area of concern and we will maintain our initiatives that focus on this, informed by intelligence from the clinical divisions. HR, staff sickness and occupational health teams will work together to identify innovative ways to help our people stay well.

Working side by side with service users and carers and taking a human rights approach to providing services is embedded in our Trust values of continuous improvement, accountability, respect and enthusiasm and is of critical importance if we are to deliver large-scale transformation. Our social inclusion and participation programme is based on the principles of volunteering, recovery and social inclusion which enable transformation in clinical services through the development of our recovery college programme, peer support and volunteering programmes.

We will continue our progress to date in increasing service user and carer participants and evaluate our pilot peer support worker programme to establish a targeted roll out plan. We are a member of the Triangle of Care scheme (good practice in carer involvement and support in mental health services) and service user and carer support groups will be established in services across the Trust.

In early 2016, we opened ‘Life Rooms’ in Walton and our focus is to embed Recovery into care and discharge planning in local and secure services and to secure a Sefton-based hub for the service.
6. Our People: Transformation programmes in local and secure services

As we have described, in 2016/17 we will prioritise the delivery of the transformational programmes in local and secure services. The ‘Our People’ and ‘Our Resources’ programmes are enablers of this transformational change.

Considerable changes will be made to our care and workforce models in the coming year in order to fulfil our strategic objectives, making key quality improvements and releasing savings of £10 million. Transformation projects for 2016/17 are set out in the diagram below.

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<thead>
<tr>
<th>Local services transformation projects</th>
<th>Secure services transformation projects</th>
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<tbody>
<tr>
<td>Inpatient service redesign, including standardised assessment, bed management and discharge</td>
<td>Secure pathway effectiveness, including standardised assessment, bed management and discharge</td>
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<tr>
<td>Community service redesign, including integration in primary care</td>
<td>Redesign of rehabilitation services in high secure</td>
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<tr>
<td>Specialist services review for LD and addictions</td>
<td>Implement psychology review</td>
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<tr>
<td>Efficiency savings from these projects £6.7m</td>
<td>Efficiency savings from these projects £4.9m</td>
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<tr>
<td>Corporate enablers</td>
<td>Corporate enablers</td>
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<td>RIO implementation</td>
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<td>HR support to organisational change</td>
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<td>OE support to clinical teams</td>
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<tr>
<td>Liverpool and Southport inpatient builds</td>
<td>Secure campus capital development</td>
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7. ‘Our Resources’ for 2016/17

Our resources are enablers of the transformation programmes in our clinical divisions.

Finance

Mersey Care has a long-term financial model which will ensure our ambitious service plans are delivered within an economic climate that requires efficiency savings of 15 per cent over the next five years. We plan to generate higher efficiency savings in the earlier years of our plans as we redesign our care and workforce models. For 2016/17 this translates into a CIP of £12 million. We have an excellent track record of CIP delivery without reducing service quality or performance, so we are confident that delivery of CIPS for the coming year is achievable. Within divisions, CIP plans are agreed by multi-disciplinary teams and all budget holders. The multi-disciplinary teams include clinicians, managers, service users and carers. The majority of our CIPS are delivered from our pay bill. Pay savings have been generated from service redesign and from changes to additional staffing costs. We have moved from the user of high cost agency and overtime to using bank staff rates.

Activity and demand management

Like many mental health trusts, we have seen a steady increase in demand for our services that is not funded through a block contract. We have agreed with CCGs to move to a PBR cluster based contract for 2017/18, and in the year ahead we will accelerate our efforts to manage demand. Key to demand management is our transformation programme in local services, whereby we will standardise access, bed management and discharge arrangements to increase the flow of patients through our services. We have also recognised the need to work with other parts of the health economy to manage mental health demand in A&E, in primary care and in the criminal justice system, and we are looking to build on our pioneering liaison work in these settings through additional CCG investment.

Estates and IM&T

High quality buildings are critical to the delivery of our transformation plans and to our goal of striving for perfect care for the people we serve. We plan to make considerable capital investment in local and secure services estate in 2016/17. In addition, a business case for a secure campus is being developed. Specific capital schemes for 2016/17 include:

- Inpatient builds in Liverpool and Southport
- Refurbishment of Kevin White Unit
- Redeveloped medium secure provision in a secure campus at Maghull
- Centre for Perfect Care, a state of the art learning and research facility
- Pharmacy relocation
- A trust decant facility.

Our five year digital strategy sets out the way in which we will put in place technology that helps us to provide better care. We envisage a future in which service users are digitally empowered with access to digital services to enhance how they connect to our services and apps for mental health and wellbeing, enabling digital inclusion, personalisation and access to their NHS records. Our priority to date has been on establishing firm foundations; we have invested in new clinical information systems in local and secure services and in an electronic prescribing solution. Implementation will continue in 2016/17 and we will support our staff to maximise these systems to support patient care and integrated working as we focus on delivering interoperability; sharing information and starting to offer service users life enhancing digital technologies.
8. ‘Our Future’: Research, innovation and business development

Research and innovation

The Centre for Perfect Care and Well-being was established in January 2014. It brought together the following areas: quality governance, quality improvement, innovation, research and development. This promoted sharing of resources and an opportunity to engage clinicians in delivering perfect care across the six domains: safe, effective, positively experienced, timely, equitable and efficient care. It was agreed that better coordination and planning would help improve quality, along with sufficient investment. The mission for the centre is:

• To deliver perfect care and enable well-being in those whom we serve
• To design and deliver perfect care pathways
• To lead Mersey Care’s research and development agenda to address the mental health and wellbeing challenges facing the population and healthcare providers
• To stimulate, incubate and support innovation in future service models in mental health and wellbeing.

The centre has stimulated new ways of thinking about the quality of care and enabled non-recurrent resources (£2 million) to pump prime novel and ambitious quality and innovation programmes. We plan to build on and accelerate the research and innovation work of the centre this year, focusing on achieving critical mass with programmes such as zero suicide, zero restraint and improving physical healthcare, whilst continuing to innovate in models of care for the future through our partnership with Stanford Risk Authority and through our Innovate

Research and innovation priorities 2016/17

Key deliverables:
Capital plans for the development of an R&D centre of excellence as part of the secure campus in Maghull

No Force First
Apply No Force First approach on all wards

Zero suicide
Fully implement zero suicide policy and strategy

Physical health
Increase Trust-wide compliance with Lester tool and help services meet physical health targets

Self harm and frequent attenders
Mainstream pilot self harm and frequent attenders service at Royal Liverpool University Hospital and ensure service is funded recurrently and commissioned for Aintree University Hospital and Southport & Ormskirk Hospital NHS Trust

Lockton, Mills-Reeve and Risk Authority Stanford partnership
Implement a modern clinical enterprise risk management and safety system in the UK and US. Using Innovence Pulse determine what interventions a health care entity should take to reduce risk, improve safety, as well as create or expand on the value of risk management initiatives.

Innovate Depression
In partnership with MIND and a range of local partner organisations through our Zero Suicide stakeholder platform, develop a range of innovative service options for people with depression.

Measures
• Number of suicides
• Use of restraint
• Compliance with Lester tool and other physical health targets
9. Our 2016/17 plan on a page

As we have described, in 2016/17 we will prioritise quality improvement and the delivery of the transformational programmes in local and secure services. Considerable changes will be made to our care and workforce models in the coming year in order to fulfil our strategic objectives, along with big improvements to our estate and IM&T. Delivering our objectives this year will result in key quality improvements such as striving for zero suicide, zero restraint and improving access to psychology. We estimate that these improvements will release savings of £12 million.