

# CNWL Operational Plan for 2017/18 to 2018/19



**CNWL contact:**

John Vaughan, Director of Strategy and Performance  
[johnvaughan@nhs.net](mailto:johnvaughan@nhs.net)

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## CNWL Draft Operational Plan 2017/18-2018/19

### Overview:

CNWL's Operational Plan for 2017-19 is set within an environment of **continuing extreme financial challenge**:

- The **Control Total** set for the Trust by the Regulator is a surplus of £2.9m for each year. This is because the Trust has received this sum through Sustainability and Transformation Funds
  - The Control Total represents a savings target in excess of 6% (£30.4m) which is in the top quartile for London and part of a year on year cumulative process of cost reduction
  - CNWL's Board of Directors, after careful consideration has accepted this with a number of conditions. The Trust is also continuing its strategy to future proof our environment (£18.9m)
  - There are rigorous processes in place with corporate and divisional services to deliver this process, checked by the QIA process.
- As well as the financial challenge, **population growth and change** will increase demand on NHS services – both physical and mental health
- At the same time, access to the **right people with the necessary training** is difficult and requires new approaches to the kind of staff we require, training programmes as well as recruitment and retention
- Growing and changing demand around **information technology** is a challenge for the NHS, to invest in systems that will support excellent quality of care into the future.
- We must address all of this to maintain and improve the core of our work – the **quality** of our patients' experience and their place at the centre of all we do.

Delivery will be closely tied into **Sustainability and Transformation Plans (STPs)** of which CNWL is engaged in three – North West London (NWL), North Central London (NCL) and Bedford, Luton & Milton Keynes (BLMK).

Our Two- and Five Year Plans are designed to meet the objectives of the **Five Year Forward View (FYFV)** of which the STPs are part of the delivery process. It also encompasses the **Five Year Forward View for Mental Health**, CQC standards and the **Single Oversight Framework**, the **Carter Review** and our role in addressing the **Government's mandate to NHS England 2020 goals**. These are integrated to the plan

To tackle this challenge, we have identified 4 priority workstreams for the next two years, each led by an Executive Director. These have been agreed by our Board and Council of Governors and are aligned with the three STP areas in which CNWL operates and with our strategic objectives.

**Table 1 –Summary of CNWL Vision, Values, Objectives and Priorities:**

<b>Our Vision</b>	
<b>Wellbeing for life:</b> We work in partnership with local people to improve their health and wellbeing. Together we look at ways of improving an individual’s quality of life, through high quality health and social care, and personal support	
<b>• Our Values</b>	
<b>• Compassion</b>	<b>• Empowerment</b>
<b>Respect</b>	<b>• Partnership</b>
<b>• Our Four Priority Workstreams for 2017/18 -2018/19</b>	
<b>• Quality</b>	<b>• Workforce</b>
<b>• Partnership and Business Development</b>	<b>• Finance and Productivity</b>

## 1. Activity planning

### 1.1 Population change:

We anticipate a slightly greater population growth in the CNWL boroughs than in London as a whole (8% against an average of 7%); ageing populations – particularly in Milton Keynes where the young people who settled there in the 50s and 60s are now reaching 65; high levels of child poverty and deprivation together with growing levels of obesity in young people; and more reported violent crime and homelessness in Milton Keynes than in CNWL’s London Boroughs.

### 1.2 Demand management:

CNWL continues to experience high demand. The move towards Accountable Care Partnerships and development of alternative tariffs will be an important element in redirecting and managing demand out of hospital during the period of this plan

We continue to experience very high demand for mental health beds in North West London. While occupancy has reduced from 103% to 100% over this year, there are spikes in demand and areas of consistently high need. Our plan assumes that the extensive piece of shared work with the Like Minded mental health strategy will result in a shared implementation approach for bed reduction and development of community-based alternatives.

### 1.3 Benchmarking:

CNWL is engaged with internal, local and national benchmarking. This is being improved and driven to the front line through the roll out of a new Electronic Patient Record System - SystemOne - and Tableau, across our community and mental health services.

### 1.4 New models of care and development:

CNWL is engaged in developing a number of new models of integrated care which may become **Accountable Care Partnerships (ACPs)**. These are based on partnership working –

to include health, social care, third sector and primary care partners, and to support use of local assets. Current ACPs in which CNWL is engaged include:

- All three **STPs** –Bedford, Luton and Milton Keynes (BLMK), North West London (NWL) and North Central London (NCL) are supporting developments of ACPs
- **Hillingdon** – a developing ACP, initially for over 65s, complemented by a programme being developed by Brunel University to support workforce development. The ACP is due to go live in shadow form in 2017
- **Camden** - CNWL has led an integrated service for children and young people which is to be expanded to cover health visiting and school nursing during 2017/18. There is room for this to become an ACP if local commissioning requires it
- In the three boroughs of **Westminster, Kensington and Chelsea** and **Hammersmith & Fulham**, a partnership between the GP Federations of Central and West London (LMA and CLH), West London Mental Health Trust (WLMHT), London Central and West Unscheduled Care Collaborative (LCW) and CNWL, has won a tender to provide unplanned care to older adults through the **Community Independence Service (CIS)**. This partnership aspires to become a formal ACP over the next 1-3 years
- There are also early discussions in other boroughs, including **Harrow** where there is a strong partnership in place around Integrated Care and Whole Systems and it is expected that **Brent** will be coming on board with plans for an ACP shortly.

### 1.5 Sustainability and Transformation Plans

CNWL is engaged in three STPs:

- North West London (NWL)
- North Central London (NCL)
- Bedford, Luton and Milton Keynes (BLMK)

Currently CNWL is unable to agree to the STPs as there is ongoing discussion around a proposed saving of £11.8m attributed to mental health in NWL. There are weekly meetings involving those developing the Like Minded strategy with CNWL around activity. However, the link between activity and the proposed saving is unclear and is not agreed.

STP leads were asked to identify 3-4 ‘high impact’ actions that would drive delivery. The Key emerging themes and their place in CNWL’s strategic plan are summarised in **Appendix 2** and summarised here:

#### Key themes in STPs where CNWL is active:

- |  |                  |
|--|------------------|
| <ul style="list-style-type: none"><li>• Older Adults</li><li>• Mental Health (all age)</li></ul>   | } Patient groups |
| <ul style="list-style-type: none"><li>• Prevention</li><li>• Primary Care</li><li>• Acute</li><li>• Urgent and emergency care</li><li>• New models – ACPs (changes to commissioning)</li></ul> | } Provision      |

- 
- Workforce
  - ICT
  - Productivity/Carter
- } Enablers

It should be noted that in North West London there are detailed borough level plans as well as the overarching STP.

## 2. Quality Planning

Our main priority for 2017-19 is **quality of care** – to provide care that is safe, effective, caring, responsive and well led to a standard which can be judged to be at least ‘Good’ and always aiming to be ‘Outstanding’.

### 2.1 The frameworks we have focused on in planning the Operational plan are:

- **Sustainability and Transformation Plans (STPs)**
- **The Five Year Forward View (FYFV)**
- The standards introduced by the **Mental Health Five Year Forward View** which will reshape CNWL’s mental health services –prominently through Like Minded in NWL. It includes standards for people with diagnosed mental illness, and for those who are experiencing the psychological impact of physical illness, including long-term conditions.
- The CQC **Quality Framework of Safe, Effective, Caring, Responsive and Well-led** will continue to be our quality framework given that staff and patients have a good understanding of these. The CQC standards have also informed our **Clinical and Quality Strategy** to be launched in 2017.

In this way we aim to provide care in line with the **NHS Constitution** of provision, that is comprehensive; based on need not ability to pay; excellent and professional; with the patient at its heart; able to work across boundaries; value for money, and; accountable. We will also, through our plan, contribute to delivery of the **Government’s Mandate to NHS England 2020**.

### 2.2. Quality Improvement Programme (QI):

As part of our ambition to continually improve and work towards outstanding, CNWL has appointed the Institute of Health Improvement (IHI) to develop a robust QI programme with us. We start the programme in May 2017, supported by a co-designed capability development plan through which we will, over time, deploy a suite of improvement programmes.

### 2.3 CNWL’s Quality Priorities:

The current Quality Priorities are:

- Staff engagement
- Patient and Carer involvement

CNWL engages in identifying and delivering local and national **CQUINs** – which are reported via contracting processes. Contracting also includes negotiation around a schedule of

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**quality indicators** – locally defined and through STPs, the FYFV, Mental Health FYFV, NHSI indicators and other quality findings

#### **2.4 Physical and Mental Health:**

The Trust provides psychological support to people with physical health conditions in a range of settings: psychiatric liaison services in Acute hospitals; services for people with long term conditions including HIV, perinatal, cancer and early stroke discharge, to support psychological wellbeing. The determination of the MH FYFV to increase IAPT support to people with long-term conditions has led to a pilot in Hillingdon with specialised support co-located with GPs.

An important group for us in terms of physical and mental health care are older adults – particularly those with dementia and their carers. As the population ages and dementia becomes more prevalent, there is work to ensure that the multiple conditions that may be a result of old age are considered, as well as the dementia.

#### **2.6 Prevention and early intervention:**

Early intervention is critical to prevention – early in life or in the course of a disease. During 2017-19, CNWL’s prevention work will include delivery of Future in Mind, the national mental health strategy for children and young people. Also, within CNWL we will establish a CAMHS Single Point of Access (SPA); ongoing programmes in schools; development of community eating disorder services for young people (launched in 2016), and; improvement of perinatal community services;

#### **2.8 Implementing 7 Day Services:**

CNWL provides 7 day medical cover and specialty doctors attend all admissions at the weekends as well as in the week. We are engaged in hospital avoidance programmes with partners in all localities and many linked to our ACP developments (1.4).

The achievement of 7 day and crisis access for mental illness is a driver for CNWL’s redesign programme, including the mental health Single Point of Access (SPA) for adults and for children. Development of CNWL’s crisis response for urgent and emergency care is a key part of our STPs in North West London, North Central London and Bedfordshire, Luton and Milton Keynes.

#### **2.9 Improved understanding of patient deaths while under the care of CNWL:**

CNWL’s Mortality Review Group is chaired by the Medical Director to oversee and reviews all data and practice around deaths of patients.

The Group is acting on the directives of the review into the death of Connor Sparrowhawk in 2013. The GP role is pivotal in the care of this client group, and they will be contacted to identify any concerns regarding CNWL services in relation to the patient and any concerns will determine the level of the review

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This process complements the existing Incident and Serious Incident arrangements and will be incorporated within the Datix system to enable reporting and analysis at local and Trust levels. It will support learning and identification of potential risks.

### **2.10 Suicide prevention:**

Suicide prevention is a priority area within the FYFV MH. Key actions include:

- Establishing a programme with Imperial Academic Health Science Network and West London Mental Health Trust to be led by a Darzi fellow
- Accessing Public Health England regional master classes to support local delivery

### **2.11 More community services for people with a learning disability:**

The move of patients from A&T and long-term beds has been reflected in plans over 5 years. The impact of the Placement Efficiency Project in remodelling resource so that patients can be nearer home has been positive. The commitment to learning disabilities in STPs and the MH FYFV may provide a refreshed impetus to funding and development of e.g. high intensity home support services.

### **2.12 QIA process**

The level of savings required is identified as a risk in the plan, To mitigate this, all savings and redesign plans are subject to CNWL's Quality Impact Assessment process (QIA) based on regulatory guidance. This is being updated for 2017/18, based on planning guidance (*Everybody Counts*) following the Francis report into Mid Staffordshire, and its supplementation by the National Quality Board. The underlying principle is that *"any cost improvement programmes must be agreed by the Medical and Nursing Directors of the provider as having been assured as clinically safe."*(*Everybody Counts 2013/14*).

### **2.13 Triangulation of quality with workforce and finance:**

CNWL has developed scorecards and an integrated dashboard which brings together information on quality performance (external and internal standards), finance, workforce and safety as measured through a suite of indicators. This will be enhanced by the rollout of Tableau reporting during 2017/18 to provide real time data to the front line. The dependency between ICT, workforce and estates to deliver financial balance is recognised in individual strategic plans and informs planning at service, delivery and trust level.

## **3. Workforce Planning:**

### **3.1 Working priorities:**

Our 3 workforce priorities for 2016-2020 are **recruitment, retention and redesign**. These priorities are to shape an organisation where people deliver excellence and feel involved, inspired, appreciated, fulfilled and healthier at work. We must simultaneously meet the recommendations of reviews, such as that of Lord Carter, to reduce waste such as unnecessary use of agency staff, and increase productivity in the NHS. These aims are compatible

Workforce planning is triangulated with service/commercial development including estates, and finances for these developments at Divisional and Trust level. This will be influenced during 2017-19 by Sustainability and Transformation Plans (STPs)

### 3.2 Managing Agency use:

CNWL's Director of Nursing is leading a programme of review and management of agency to meet the cap and maintain safety. Agency as part of wider workforce issues is a priority and top risk in all our STPs and is integral to our workforce strategy for 2017-19.

### 3.3 Business Improvement - responding to the Carter Review

CNWL is a pilot trust involved in adapting the Carter Review and measure for mental health and community services. Measures to increase efficiency across the Trust, including streamlining of the back office function will be an important part of CNWL realising its required savings plan. This process is overseen by the Business Improvement Group. The plans reflect the priorities of the STPs and are integral to planning for ACPs.

## 4. Financial Planning:

CNWL's Operational Plan for 2017-19 is set within an environment of **continuing extreme financial challenge**:

- The Control Total set for the Trust by the Regulator is a surplus of £2.9m for each year. This is because the Trust has received this sum through Sustainability and Transformation Funds
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- CNWL's Board of Directors, after careful consideration has accepted this with a number of conditions. The Trust is also continuing its strategy to future proof our environment (£18.9m)
- There are rigorous processes in place with corporate and divisional services to deliver this process, checked by the QIA process.

### 4.1 Financial summary:

**Table 2: Statement of Comprehensive Income:**

	Plan	Plan
	31/03/2018	31/03/2019
	Year Ending	Year Ending
	£'000	£'000
Operating income from patient care activities	453,948	452,854
Other operating income	33,378	33,821
Employee expenses	(337,613)	(336,960)
Operating expenses excluding employee expenses	(138,071)	(138,091)
OPERATING SURPLUS / (DEFICIT)	11,642	11,624
FINANCE COSTS		
Finance income	41.328	41.328
NET FINANCE COSTS	(8,715)	(8,697)



Gains/(losses) on disposal of assets	0	0
Share of profit/ (loss) of associates/ joint ventures	0	
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR PER ACCOUNTS</b>	<b>2,927</b>	<b>2,927</b>

Details of CNWL's financial position in on the NHSI website at:

<https://www.gov.uk/government/groups/central-and-north-west-london-nhs-foundation-trust>

#### 4.2 ICT development

CNWL has made a major investment in ICT over the last five years, in line with a plan which will be realised over the next 3 years. The programme is linked to opportunities to improve staff and patient satisfaction and treatment outcomes in the context of the FYFV and digital vision for 2020.

Key milestones for 2017/19 include:

- Full rollout out of SystemOne
- Ongoing programme lead by the clinical Chief Information Officer to embed and adapt new technology into care programmes
- Systems that are paper free at the point of care
- Launch of the Knowledge and Information module
- Integration of key clinical programmes such as CPA into new SystemOne
- All interoperability standard met

#### 4.3 Estates:

CNWL is refreshing our Estates Strategy in line with STPs and the requirements of ACPs. The Divisions (Services) request capital to support their clinical strategies.

The Trust regularly measures the efficiency of its estate and has undertaken a range of strategies to maximise the use. In operational terms, prioritisation and allocation of resources will continue to focus on essential works to reduce or eliminate health & safety risks, with investment to ensure the estate infrastructure is maintained at an appropriate standard and with resources targeted to maximise the utilisation of our estate to improve efficiency and reduce operating costs. Because of careful planning, approximately 88% of the Trust's estate remains in good overall condition, with a low backlog liability.

## 5. Members and Elections

The Trust currently has over 15,500 members across 13 broad constituencies

There are regular opportunities for both elected and appointed governors to access training. This includes formal induction; workshops by senior clinicians on conditions, treatments and discussion; bespoke training on understanding financial and performance; regular briefings on issues of key importance for example the changing models of healthcare.

A sub-group of the Council of Members contributes to the development of our operational and strategic plans.

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## 6. Looking forward - the next 2 years:

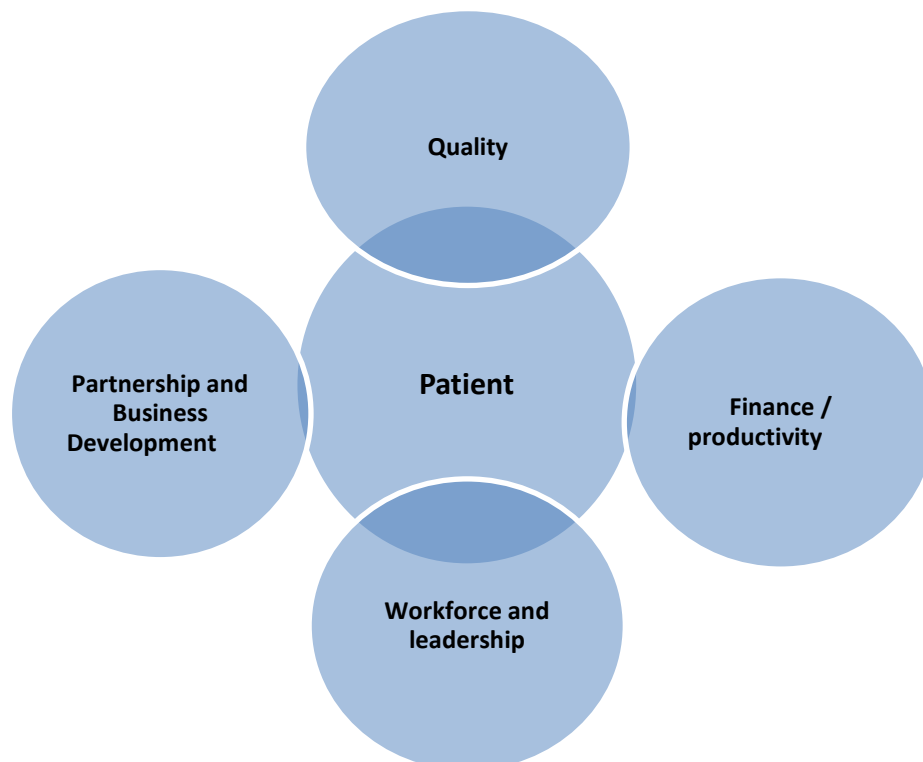
In planning for 2017-19 we have considered the following elements:

- Analysis summarised above
- National Priorities through the FYFV, MH FYFV and regulatory guidance including the single assessment framework and CQC standards leading to a rating of 'good' or better
- STP priorities

Our Board have considered the evidence above against our existing priorities and have refined the five priorities in our 5 year plan, to four, to improve our organisational ability to respond to change. These are:

- Quality – the patient at the centre of all we do
- Partnership - Business development and our portfolio of work
- Workforce and leadership – our staff driving our quality
- Finance – reaching financial balance

**Diagram 1: Summary of Trust Priorities 2017 - 19**



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**Actions against each priority area** are summarised in Table 3 on the next page.

**Table 3: Summary of CNWL Operational Plan for 2017-19**

Priority area		Risk and <i>mitigation</i>
<p><b>Quality</b> – the patient at the centre of all we do</p> <p>Executive Lead: Dr Con Kelly, Medical Director and Andy Mattin, Director of Nursing</p>	<ul style="list-style-type: none"> <li>• <b>Corporate:</b></li> <li>• Engagement with STPs (across all areas)</li> <li>• Establishment of Quality Improvement programme from front line to Board across CNWL</li> <li>• Achievement of ‘good’ or better in internal/external quality reviews supported by lean processes and Single Oversight Framework</li> <li>• Clinical and Quality Strategy – including delivery of Quality Priorities</li> <li>• Integration of physical and mental health care – for prevention and to address the mortality gap</li> <li>• Engagement with experts by experience</li> </ul> <p><b>All Divisions:</b></p> <ul style="list-style-type: none"> <li>• Compliance with CQC standards and Single Oversight Framework</li> <li>• Access to business intelligence</li> <li>• Clarity of offer and reduced variation</li> <li>• Integration physical/mental health care</li> <li>• Research and development/innovation</li> </ul>	<ul style="list-style-type: none"> <li>• STPs implementation under development</li> <li>• Capacity to manage change and meet targets – urgent care, IAPT, CAMHS, perinatal – including back office support</li> <li>• Risk to services if CQC standards not met</li> <li>• ICT to support BI</li> <li>• Variation</li> <li>• Funds for research</li> <li>• large number of metrics – national and local</li> </ul> <p><i>Mitigation:</i></p> <ul style="list-style-type: none"> <li>• Engagement with STPs at Divisional/Borough level</li> <li>• Developing lean back office functions (Carter)</li> <li>• Appointment of physical and mental health lead for the Trust</li> <li>• ICT Programme including SystemOne across Trust with Tableau to drive data to front line</li> <li>• Cascade approach for QI with local delivery and improvement planning to deliver outcomes</li> </ul>
<p><b>Partnership and Business Development;</b> new business models and partnerships. Redesign for change</p> <p>Executive Lead: John Vaughan,</p>	<ul style="list-style-type: none"> <li>• <b>Corporate:</b></li> <li>• Engagement with STP delivery</li> <li>• With partners, develop new models of care and partnerships to improve patient care and use of resource. Includes Third Sector and accessing community assets</li> <li>• Continue to test overseas markets</li> <li>• Refreshed Business Development approach – to encompass FYFV, ACPs</li> </ul> <p><b>All Divisions:</b></p> <ul style="list-style-type: none"> <li>• ACP development and delivery – new models of care linked to STPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning model with repeat tenders is not supportive to partnership development</li> <li>• Financial capacity to deliver Like Minded</li> <li>• Internal capacity to deliver change</li> <li>• Financial stability</li> </ul> <p><i>Mitigation:</i></p> <ul style="list-style-type: none"> <li>• Building new and existing partnerships at Trust, Divisional and Team level to support new delivery</li> <li>• Full engagement in ACPs where opportunities arise</li> <li>• Weekly meeting to model patient moves and finance with</li> </ul>

Priority area		Risk and <i>mitigation</i>
Director of Strategy and Performance	Redesign programme defined locally with central support <ul style="list-style-type: none"> <li>• New models of care and treatment – based on evidence based practice, research and innovation</li> </ul>	Like Minded <ul style="list-style-type: none"> <li>• Refresh of business development strategy to scope opportunity and response</li> </ul>
<b>Workforce and leadership</b>  Executive Leads: Jane McVey, Director of HR Dr Con Kelly, Medical Director Andy Mattin, Director of Nursing and Quality	<ul style="list-style-type: none"> <li>• <b>Corporate:</b></li> <li>• Lean corporate centre</li> <li>• Roll out of Workforce Strategy: recruitment, retention and redesign</li> <li>• Agency management programme including bank development</li> <li>• Innovation of new roles</li> </ul> <b>All Divisions:</b> <ul style="list-style-type: none"> <li>• Implementation of workforce priorities:</li> <li>• Agency use reduction programme Leadership development strategy and development programmes</li> <li>• Recruitment Plan delivered</li> <li>• E-rostering – fully rolled out</li> <li>• AHP leadership structure revised and in place</li> </ul>	<ul style="list-style-type: none"> <li>• Access to quality staff</li> <li>• Hotspots for recruitment</li> <li>• Hard to find staff groups e.g. Band 7 nurses</li> <li>• Inability to meet NHSI agency target</li> </ul> <i>Mitigation:</i> <ul style="list-style-type: none"> <li>• Workforce Strategy – recruit, retain and redesign services and roles</li> <li>• Agency use reduction programme</li> <li>• E-rostering monitoring and development with further roll out</li> <li>• AHP leadership</li> </ul>
<b>Finance and Productivity</b>  Executive Lead Hardev Virdee, Chief Finance Officer	<ul style="list-style-type: none"> <li>• <b>CIPs programme</b></li> <li>• <b>Carter delivery –</b></li> <li>• <b>Demand and Capacity management</b></li> <li>• <b>Capital</b> – Refreshed Estates strategy</li> <li>• <b>Contracts:</b> Ongoing contract renewal and renegotiation including new partnerships and ACPs</li> <li>• <b>Tenders</b></li> <li>• For 2017-19 tenders including IAPT, primary care in prisons, addictions, sexual health and MK</li> <li>• For 2018/19, move to population-based budgets by 2020/21 in NCL STP. CNWL engaged in development in Camden</li> </ul>	<ul style="list-style-type: none"> <li>• Financial balance not achieved</li> <li>• Lack of resource in local health and care economies to deliver change</li> <li>• Delivery of efficiencies – back office, clinical and infrastructure</li> </ul> <i>Mitigation</i> <ul style="list-style-type: none"> <li>• ICT and real-time reporting</li> <li>• QI programme</li> <li>• Business Development Strategy</li> <li>• Estates strategy</li> <li>• New tariff/population planning</li> </ul>