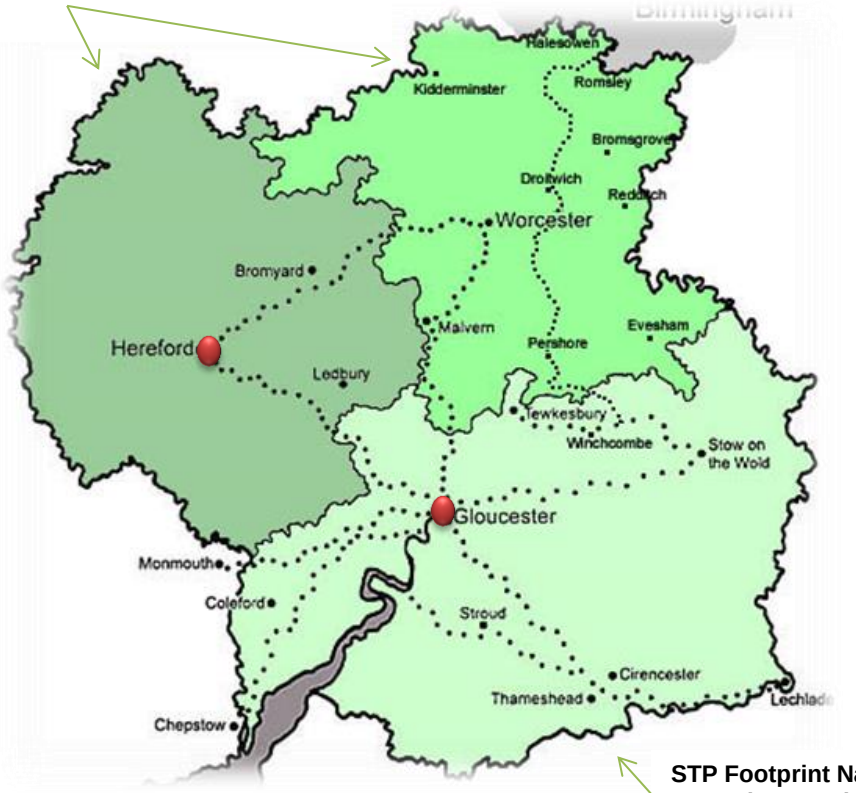
Final Operational Plan 2016/17

‘Good 2 Outstanding’

STP Footprint Name: Herefordshire and Worcestershire
Footprint Population: 0.8million
Number of CCG’s: 4



STP Footprint Name: Gloucestershire
Footprint Population: 0.6million
Number of CCG’s: 1

We are proud to be supporting Time to Change

It's Time to Change...

We're Tackling Stigma 2gether

Operational Plan Context

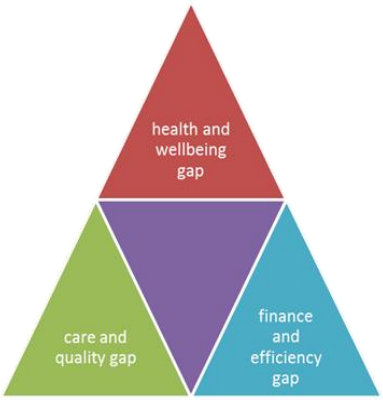
Recommit to our Strategic Objectives:

- Continually improve the **quality** of the services we provide
- Continually improve **engagement** internally and externally to the Trust to support the delivery of a challenging agenda, which to be successful, has to be delivered in partnership with others
- Ensure the **sustainability of services** and the Trust as an effective partner, employer and advocate for services

We confirm that there have been no material changes to the plan from the draft submission. Changes to detail are set out in Appendix F.

For 2016/17 our key focus will be:

- Continue to develop and deliver high quality mental health services across our portfolio
- Continue to be the employer of choice across our portfolio
- Continue to be the provider of choice across our portfolio
- Maintain our CQC rating of 'Good' and demonstrating clear improvement in areas where it is required
- To 'Expand, Embed, Develop' and deliver the scope of our service portfolio via partnerships
- Work with our local health economy partners in Gloucestershire, to deliver our joint vision 'Joining up your Care' which focuses on empowering individuals and their communities to actively contribute to their continual wellbeing, supported by an effective, integrated and sustainable model of health and social care services, central to Gloucestershire's Devolution Application
- Work with our LHE partners in Herefordshire, to deliver our joint vision 'One Herefordshire' and similarly focus on enabling individuals and communities alongside a model of sustainable health and social care services central to Herefordshire's Devolution proposals
- Explore an alliance contracting framework, to sustain working closely between partners within a 'One System' approach
- Playing an active and influential role in both STPs in which we operate
- Work towards implementation of key changes as set out in the Five Year Forward View for Mental Health



Our primary strategic objective remains developing and delivering sustainable high quality services:

- Sustainability – continuing to offer high value for money services
- To further improve the quality of life for people, more closely integrating physical and mental health by forming effective partnerships and where sensible becoming the provider of community physical health care services
- To deliver the above expansion of our portfolio through an agreed acquisition of Physical Community Health Services from Wye Valley Trust, portfolio value circa £30-40m
- To deliver a sustainable portfolio of services through being a key partner within Gloucestershire's Devolution Proposals and transformation of services aligned to 'Joining up your Care'
- To deliver appropriate growth in other specific services, for example Occupational Health and IAPT

Headlines for 2016/17

- Deliver all required quality and performance targets
- Maintain CQC 'Good' rating
- Maintain a Green Governance rating
- Green rated Operational Plan
- Achieve Financial Control Total surplus of £4k
- A Five Year Plan consistent with the STPs for Gloucestershire and Herefordshire
- Achieve a rating of at least 3 in the Financial Sustainability Risk Rating
- Continue to work collaboratively in support of improved patient outcomes
- Continue to explore 'Alliance' contracting frameworks
- Complete the balance of our £500k investment in Herefordshire to support transformation of community services and evaluate the benefits for the community, commissioners and the organisation of a successful partnership acquisition and delivery of the community health services portfolio from Wye Valley NHS Trust
- Explore and deliver new models of integrated Physical Mental Health and Social Care Services

Achieved 2015/16	Achieve 2016/17
A 'Good' Rating – CQC Inspection	Maintain CQC rating of 'Good'
Delivered target financial position	Deliver control total of surplus of £4k
Delivered high quality services	Continue to deliver high quality services
A non-recurrent investment supporting our acquisition and development of Herefordshire Physical Community Health Services	Acquire physical community health services in Herefordshire
Strategic Capital Programme investments in excess of £7m	Refreshed Strategic Capital Programme of circa £12m
Monitor rating of Green and 3	Monitor rating of at least Green and 3
Capital Investment in strategic enablers – IT and Estates	Continued investment in strategic enablers
Achieved good outcome from external 'Well Led' review of our Governance structures	Operational Plan consistent with STPs
	Provide a contingency for further strategic objectives (e.g. acquisition) via use of our liquidity through a capital to revenue transfer

Delivering the key 'Must Dos'

Nine National 'Must Dos'	
1	Develop a high quality and agreed **STP**, rooted in delivery of the **Forward View**
2	Return the system to **aggregate financial balance**
3	Ensure the sustainability and **quality of general practice**
4	Get back on track with **access standards for A&E and ambulance waits**
5	Improvement against and maintenance of **referral to treatment standards**
6	Deliver on 62 day **cancer standards** for diagnosis, referral, treatment and survival rates
7	Achieve and maintain the two **mental health access standards** - **Early Intervention, IAPT and dementia** diagnosis, referral, treatment waiting times
8	Transform care for people with **learning disabilities**
9	Make **improvements in quality** and publish **annual avoidable mortality** rates by trust

These are threaded throughout the document but see table below for specific response

Nine National 'Must Dos'	
1	We are already actively involved in the STP production in Gloucestershire and Herefordshire/Worcestershire
2	We can confirm that we expect to deliver our financial control total for 2016/17 which is surplus £4k
3	We work closely with GPs to enhance and compliment their skills and to enable and ensure integration of primary and secondary care
4	[2]gether does not deliver A&E services, but will play its part in the whole health economy response, as appropriate. We play an underpinning role to the whole health economy response through the provision of psychiatric liaison and crisis resolution / home treatment services
5	We will ensure delivery against the new Mental Health treatment standards
6	[2]gether will deliver our equivalent of the cancer standards for Early Intervention Services - New psychosis cases will be treated within two weeks of referral – target 50%
7	Delivery of these targets is built within our demand and capacity planning
8	Our jointly agreed service development plans will significantly contribute to the 'Transforming Care' proposals for people with Learning Disabilities
9	One of our strategic objectives is continuous improvement in quality, we will ensure this is delivered

Approach to activity planning

Local Commissioning Assumptions and Affordability Restraints

Response to the Five Year Forward View

- Shared set of national planning assumptions to underpin all local plans
  1. Greater consistency between activity and financial trajectories set out in plans
  2. Activity growth
  3. Activity pressure – local demographic assumptions
  4. Develop accurate demand and capacity plans
- Working with Commissioners and patient groups to understand current service delivery and future patient choice over where and how they receive care
- Commissioners and GPs mental health patients are aware of their rights and offered choice in mental health services to make informed choices along the pathway
- Commissioners, providers, local authorities, local education and training boards (LETBs), health and wellbeing boards and other relevant organisations work collaboratively within a defined local health economy – with shared boundaries and an understanding of organisational interdependencies

Demand and Capacity Data (Variance Reports)

There are a few areas to be aware of when reviewing the data below

- Gloucestershire Integrated Care Team (ICT) which combined the Primary Mental Health service with the IAPT therapy service. This is evident from the significant drop of activity within Working Age Adults and the increases within the IAPT Service
- Montpellier incident - effected ward movements and bed days
- Herefordshire Memory Service redesign

Variance 2014/15 and *2015/2016 Outturn						
Gloucestershire Community	Referrals	Discharges	Caseload	Contacts	DNA	Cancellations
Older People Services	-6%	-5%	-1%	-4%	1%	9%
Working Age Adults	-30%	-29%	-16%	-8%	-13%	-8%
Child and Adolescent Mental Health	-3%	8%	-19%	-6%	-15%	-21%
Learning Disabilities	-13%	14%	-3%	3%	-9%	19%
IAPT	65%	53%	63%	28%	45%	31%

Gloucestershire Inpatients	Admissions	Occupied Beddays incl SOL	Occupied Beddays excl SOL	Discharges	ALOS
Older People	-5%	5%	5%	-12%	20%
Working Age Adult Acute	16%	-6%	-2%	18%	-17%
Working Age Adult PICU	5%	19%	25%	-40%	108%
Working Age Adult Rehab	-14%	4%	12%	-9%	24%
Working Age Adult Secure	445%	22%	20%	227%	-63%
Learning Disabilities	9%	-22%	-21%	-45%	44%

Variance 2014/15 and *2015/2016 Outturn						
Herefordshire Community	Referrals	Discharges	Caseload	Contacts	DNA	Cancellations
OP	8%	27%	-9%	-1%	10%	23%
WA	3%	-2%	2%	0%	-8%	5%
CA	-7%	20%	-16%	-11%	-16%	-1%
IAPT	12%	9%	21%	26%	42%	38%

Herefordshire Inpatients	Admissions	Occupied Beddays incl SOL	Occupied Beddays excl SOL	Discharges	ALOS
Older People	-12%	-6%	-6%	-24%	24%
Acute	9%	9%	9%	9%	0%
Rehab	9%	9%	9%	9%	0%

2016/17 Gloucestershire CCG, Herefordshire CCG and NHS England Commissioning Intentions

	Gloucestershire CCG	Herefordshire CCG	NHS England Specialised Commissioning
Contract Length:	• Three Years	• Two Years • The Trust anticipates that the CCG will confirm a substantial extension of this contract through completion of a process to identify the most capable provider by 1 May 2016	• Two Years
Principles and Assumptions to the 2016/17 Contract Round	• People of Gloucestershire to receive the most appropriate services, in the most appropriate place when they need them • National planning guidance has been applied to the 2016/17 contract. The contract will have an agreed tariff inflator in accordance with national guidance regarding provider deficit targets. • CQUIN and quality indicators – developed and agreed through clinically led Quality Review meetings	• Consideration of CCG Operational and five year plans, and also priorities set by local Health and Social Care Transformation Programme • National planning guidance has been applied to the 2016/17 contract. The contract will have an agreed tariff inflator in accordance with national guidance regarding provider deficit targets • QIPP: [2]gNHSFT will collaborate with HCCG, Wye Valley NHS Trust and Herefordshire Council in active management of people with complex and enduring mental health to ensure repatriation and enable local access to rehabilitation as quickly and safely as possible • CQUINS and quality indicators agreed via the Clinical Quality Review Meetings. • Contribution to CCG QIPP programme in delivery of urgent care programmes	• National planning guidance has been applied to the 2016/17 contract. The contract will have an agreed tariff inflator in accordance with national guidance regarding provider deficit targets • A new mandated Information Rules tool to provide a consistent base for all contracts • CQUINs in development • Develop Collaborative Commissioning with CCGs

	Gloucestershire CCG	Herefordshire CCG	NHS England Specialised Commissioning
Continuation of Service Improvements	• Implement the county wide Suicide Prevention Action Plan incorporating findings of the ongoing population wide suicide audit • Reduction in hospital admissions for self-harm, and a new shared pathway for the safe support, assessment and management of people who are experiencing an acute mental health crisis and / or acute psychological distress. • Improve the wellbeing and self-management of young people following a diagnosis of psychosis • Improve the mental health of the long term unemployed • Development and redesign of Learning Disabilities Inpatient Services • Programme for review of Personality Disorder needs • Achieve and maintain the IAPT (Psychological Treatment) recovery target.	• IAPT – maintaining improved access and recovery remains a priority • Dementia - dementia care continues to be a priority in 2016/17 and the CCG will continue with the strategic partnership involving [2]gNHSFT • Improved dementia care (including continued implementation of the specialist memory clinic) • Psychiatric Liaison Services – The CCG will work in partnership with Wye Valley Trust and [2]gNHSFT to continue to develop the psychiatric liaison service across all secondary care settings in Herefordshire including community hospitals. Inpatient crisis response for acute psychiatric illness and self-harm, as well as difficult to manage delirium and dementia, for both medical and nursing support needs • Local Urgent Care Recovery Plan - [2]gNHSFT will work towards demonstrating its contribution in reducing waits in A&E, reducing length of stay and improving inpatient flow • CCG will agree strategic investments to deliver new waiting times requirements and core 24/7 services	• The pre-procurement work on Adult Low/Medium Secure, relevant aspects of the Transforming Care programme, and Mental Health Taskforce recommendation implementation will be co-ordinated as each develops further
New Service Developments	• Develop a new model of service provision for Crisis Services as part of the Crisis Concordat • Strengthen liaison services across Gloucestershire • Improve access and waiting times for national targets • Perinatal Services development • Young Persons Care 24/7 Services	• [2]gNHSFT is in agreement with the CCG that we will work together to continue scoping the following service development improvements - ADHD, Virtual Wards, ABI pathway and support the development of CAMHS services • Improve access and waiting times for national targets	• None

The above sets the context for demand and capacity planning. In addition:

- We responded to the consultation with regard to local PbR tariff for mental health services supporting either Year of Care or Capitation
- We currently undertake shadow activity monitoring with our commissioners
- We are carrying out further work on our service line reporting and implementing a PLICS system which is being developed with significant clinical involvement
- NHS specialised contract is a cost and volume contract for male low secure services only and activity is closely monitored
- We will be putting significant emphasis on our IAPT service during 2016/17, in order to ensure embedding delivery of the access target of 15% of the relevant population and recovery target of 50% of those accessing the service
- All service developments have been fully discussed and agreed with Commissioners before becoming part of our contracts, and are fully funded

Five Year Forward View for Mental Health

Proposed mental health pathway and infrastructure development programme

Pathway		2015/16				2016/17				2017/18				2018/19				2019/20			
Referral to Treatment Pathways	Psychological therapy for common mental health disorders (IAPT)																				
	Early Intervention in Psychosis																				
	CAMHS: Community Eating Disorder Services																				
	Perinatal Mental Health																				
	Crisis Care																				
	Dementia																				
	CAMHS: emergency, urgent, routine																				
	Acute Mental Health Care																				
	Integrated mental and physical healthcare pathways (IAPT / liaison / other integrated models)																				
	Self-Harm																				
	Personality Disorder																				
	CAMHS: School Refusal																				
	Attention Deficit Hyperactivity Disorder																				
	Eating Disorders (Adult Mental Health)																				
	Bipolar Affective Disorder																				
	Autistic Spectrum Disorder (jointly with Learning Disability)																				
Recovery Pathways	Secure Care Recovery (will include a range of condition specific pathways)																				
	Secondary Care Recovery (will include a range of specific pathways)																				

We are picking up all of the above items during contract negotiations with our commissioners in line with or ahead of, timescales within this document.

Operational Services

Response to the Five Year Forward View

- New and important access standards for mental health – to achieve a parity of esteem between mental and physical health by 2020
- By April 2016, personal health budgets will be an option for people with LD (Bubb review)
- Response to perinatal mental health review (Autumn 2015)
- A strong primary and out-of-hospital care system, with well-developed planning about how to provide care for people with long term conditions in primary care settings and in their own homes, with a focus on prevention, promoting independence and support to stay well

Outline of Activity Information

The projected outturn for 2015/16 will result in a 2.2% increase in the number of Occupied Bed Days when compared to 2014/15. Similarly, both External Referrals and Caseloads have increased by 1.2% and 1.4% respectively.

We are paying particular attention to IAPT and dementia services to ensure delivery of all targets around access and recovery.

Given the above and current performance, we are confident that we can meet the new mental health waiting time targets, Nine National Must Do's (where relevant to [2]gether) and our role in 'Improving Care Through Technology'.

With regard to A&E services, although we do not directly deliver, we play an underpinning role within the health economy in various ways, for example via mental health liaison services, crisis resolution treatment team services and core 24/7 services.

Improving Access to Psychological Therapies (IAPT)

We have introduced a number of initiatives in relation to improving our data quality, clinical model, care pathways and clinical processes, service visibility to potential referrers and referral and self-referral arrangements to address concerns over meeting the necessary access and recovery rates in both Herefordshire and Gloucestershire.

We have involved the National IAPT Intensive Support Team in supporting us and our Commissioners in a 'deep dive' of our Services and their formal review reports will help inform our recovery plan as we move into 2016/17.

Early Intervention (EI)
We have fully engaged with our NHSE Early Intervention in Psychosis (EIP) networks in Midlands and East and South, to work through the changes we need to introduce to fully meet the new EIP standards during 2016/17.

We are investing in additional staff so that our traditional EI Services can also support individuals experiencing first episode psychosis who are over their existing age range of 14–34.

We are still awaiting further guidance over how we demonstrate our Services are NICE compliant, but we are confident we will meet these new standards and targets in 2016/17.

Response to Five Year Forward View

- Productivity gains through technological advancement or improvements to service delivery
- Fully interoperable digital health records from 2018
  - The development of fully interoperable information and technology systems
  - Mobile Working Benefits: Develop total cost data for individual patients across health and care settings

Our 2015-2017 transformation programme plan includes a portfolio of projects to ensure delivery of service improvements, estates modernisation, quality improvement, organisational development and engagement/social inclusion projects.

Investment in Technology:	
• Improving Care through Technology Project (information access/communication and recording, clinical systems) • Digital Transcription Speech Recognition • Digital Call Recording	• Clinical system enhancement (Open RiO) • E-rostering • Datix enhancement • Friends and Family Test • PLICS

Progress on Digital Transformation Strategy 2015-2018

Supporting clinicians and operational managers in the delivery of high quality, cost effective clinical services	The programme has reached a key point at the current time with the proposals for the full rollout across the Trust being finalised
Supporting service users in empowering them and their carers so that they are better informed about their health needs and can actively participate in self-management	Part of our key strategic programme is to improve services through better use of technology. This is run in a programme management structure and clinicians are heavily involved with capital programme spending
Supporting clinicians and service users so that we can improve the monitoring of a service user's health and wellbeing and deliver aspects of their direct care in different ways	Part of our key strategic programme is to improve services through better use of technology. This is run in a programme management structure and clinicians are heavily involved with capital programme spending
Support the wider Trust Services in improving the efficiencies of our Corporate Systems	Progress has been made within Finance, HR and Quality/Risk – investments in additional corporate support systems are being progressed (for example Datix, SLR, PLICS)
Whole health system information sharing / interoperability	This has progressed to a fully funded strategy 'Joining up Your Information' in Gloucestershire, with the final stage of procurement being completed by March 2016 including the appointment of a preferred provider. In Herefordshire, the strategy is still being developed with a commitment to interoperability by 2019

Major Interoperability Developments

Integration with Trackcare Project	We are working with Gloucestershire Hospital NHS Foundation Trust to explore any interoperability opportunities arising from the deployment of their new clinical system. As a first step we are working toward diagnostic ordering and results being available electronically to our clinicians
Electronic Correspondence from RiO to GP Systems	Significant progress has been made and the Trust is investigating the potential offered by the DocMan system. This is not straightforward given variations in GP systems and the potential impact of the Gloucestershire JUYI project outlined below
Gloucestershire Joining Up Your Information (JUYI) Project	We are working with all partner organisations in Gloucestershire to develop a shared care record that will hold key clinical and operational information from all health and social care providers in the County. This project is at preferred provider stage
Digital Transcription and Speech Recognition	The Trust is deploying the BigHand digital transcription and speech recognition software which will significantly improve service delivery predominantly around the data entry processes for clinicians updating the written notes elements of the RiO Clinical record and clinical correspondence

Sharepoint

The Trust operates Microsoft SharePoint to enable open access and to present complex information from various clinical systems in a systematic way for managers to help manage their services. It is used as a performance management and data quality assurance tool which allows managers to pro-actively manage team and individual performance and policy compliance. As well as allowing us to share information quickly and securely with key stakeholders within the Trust it also allows us to securely share information to accredited external organisations.

Approach to quality planning

1) Approach to Quality Improvement

In October 2015 the Trust was inspected by the CQC. The table below shows the performance over the ten areas of service provision, giving an overall rating of 'Good' – published in January 2016.

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Outstanding	Good	Good	Good	Outstanding	Outstanding
Long stay / rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Good	Good	Outstanding	Outstanding	Good	Outstanding
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community mental health services for people with a learning disability or autism	Good	Good	Good	Good	Requires Improvement	Good
Overall	**Requires Improvement**	**Good**	**Good**	**Good**	**Good**	**Good**

Overall Provider ↑

How Quality and Safety will be maintained and improved through the year
The quality priorities are grouped under three areas:

Effectiveness	User Experience	Safety

The table below provides a summary of our progress against these individual priorities.

Summary Report on Quality Measures for 2015/16

		2014 - 2015 Actual	2015 - 2016 Q3
Effectiveness			
1.1	To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment	-	On target
1.2	To improve personalised discharge care planning in: a) Adult inpatient wards and b) Older people's wards	-	Baseline audit undertaken
1.3	To increase the number of vulnerable people who are able to access the IAPT service 'Let's Talk' (Improving Access to Psychological Therapies)		Risk that target may not be met
1.4	To develop a measureable data set to improve the experience of service users who make the transition from children and young people's services to adult services	-	On target
User Experience			
2.1	Have you been offered a written or printed copy of your care plan? >72.5%	**72.5%**	**87%**
2.2	Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you? >65%	**65%**	**84%**
2.3	In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? >58%	**58%**	**79%**
2.4	Have you been given advice about taking part in local activities? >51%	**51%**	**78%**
Safety			
3.1	Reduce the numbers of deaths by suicide (pending inquest) of people in contact with services when comparing data from previous years.	**20**	**17**
3.2	Reduce the number of detained patients who are absent without leave (AWOL) when comparing data from previous years. Reported against 3 categories of AWOL as follows: 1. Absconded from an escort 2. Did not return from leave 3. Absconded from a ward	 **27** **30** **69**	 **9** **19** **57**
3.3	**95%** of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care	**94%**	**95%**

Response to the Five Year Forward View
- High levels of patient and community engagement, with an emphasis on how to empower people and patients still further

Key Quality Delivery Priorities
During 2016/17 there will be a clinically led review of the Quality Strategy in order to develop an updated and revised strategy for the next three years.

1.	**Safety** • Expansion of Patient Safety Programme through use of Continuous Improvement methodologies including using clinical leaders to increase staff engagement as a key driver for improving safety • Implementation of recommendations from safeguarding external review • Implementation of our CQC action plan to maintain 'Good' striving for 'Outstanding' and addressing the Must Dos • Embedding and testing of Trust actions relating to the Homicide serious incident and responding to the NHSE homicide review when complete • Delivery of reduction in restrictive interventions through our 'Positive and Safe' programme • Ensuring Safe staffing – responding to updated national guidance when available for MH and LD services in 2016 and implementation of e-rostering • Delivering the Nursing and AHP Strategies including developing skills and expertise of the workforce

	• Implementation of a revised Datix system to ensure improvement in incident reporting and triangulation of information
2.	**Effectiveness** • Building on the successful improving physical health work including embedding the actions for mental health nurses in line with national guidance • Delivering a robust clinical audit programme ensuring follow up action plans are in place and evaluated • Building on current outcome measurement which takes into account specific services areas • Embedding the revised Quality Strategy once completed • Implementation of the Social Care Strategy
3.	**User Involvement** • Continue to improve collaboration with service users in relation to their personalised care • Ensure all service users have robust crisis contingency plans in place • Improving user experience within all our services • Embedding and testing any lessons learnt from complaints

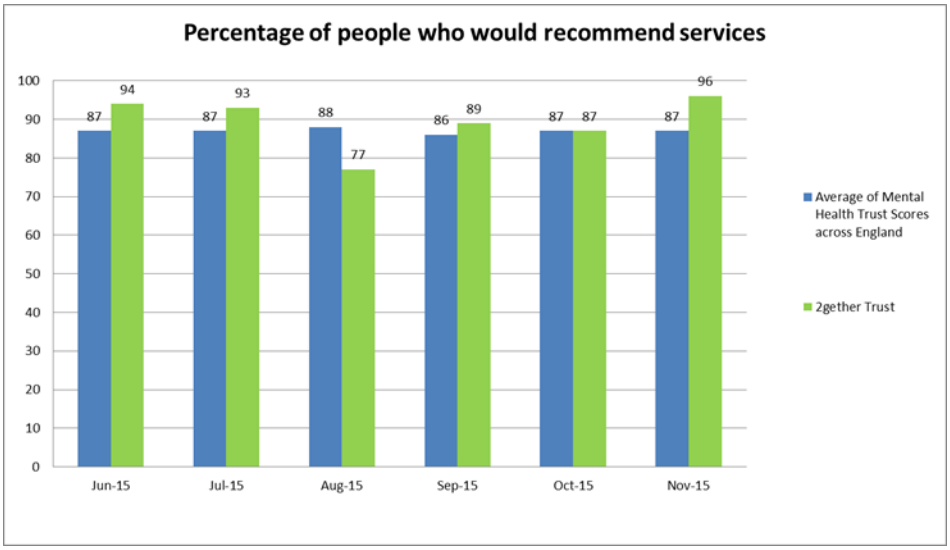
Sign up to Safety

We have set out the following actions we will undertake in response to the Sign up to Safety 5 pledges which form the basis of their patient safety improvement to halve avoidable harm by 50% in three years.

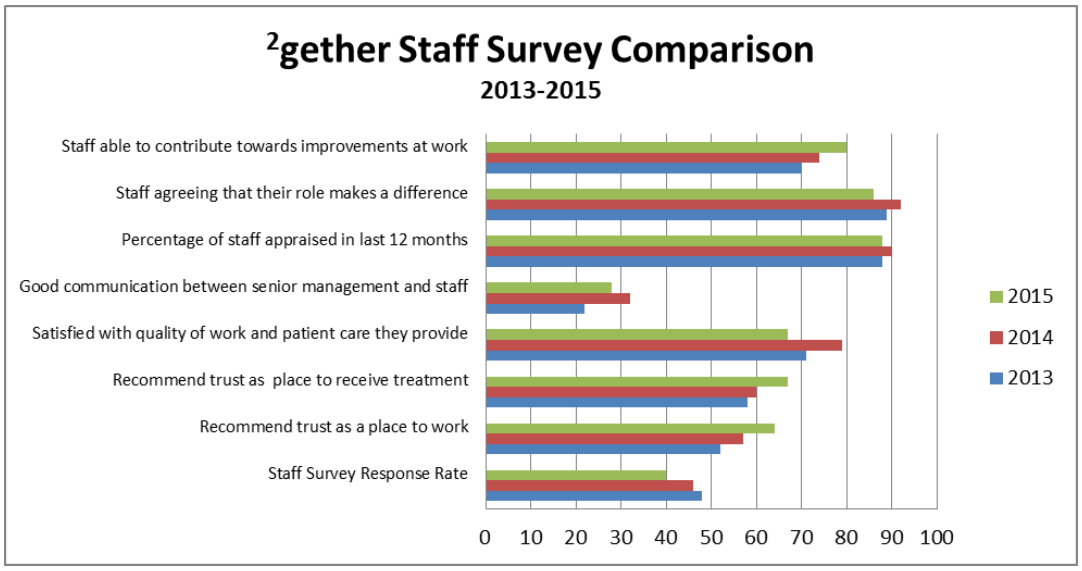
1	**Put safety first** Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally. • Trust board members carry out patient safety visits to wards and teams twice a month to have conversations about patient safety directly with clinical staff. Any actions are then actively followed up • Measures to reduce the number of people who 'abscond' from the Trust's wards are being implemented • Steps taken to reduce missed doses of medication have led to a 48 per cent reduction in such occurrences over a three year period • Harm from falls in older adult inpatient areas have reduced by 50 per cent over a three year time period, due to the introduction of increased safety measures
2	**Continually learn** Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are. • We will continue to act on feedback from those who use our mental health services and their families/carers, alongside hearing our staff voices • Measurement will continue to provide learning in terms of knowing how we are doing • Through building capability and capacity to improve, we will continue to learn through leading the south of England patient safety collaborative
3	**Honesty** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong. • We will develop and ensure that duty of candour guidance is implemented and that staff are supported to be candid with patients and their loved ones not just when something goes wrong, but to continue to be open regarding assessment and treatment. A Duty of Candour leaflet went out to all staff with payslips; Quality forums held on Duty of Candour and embedded in our induction; review of SIRI Policy to ensure we are meeting our requirements under Duty of Candour; families are invited to be involved with all SIRIs
4	**Collaborate** Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use. • We will continue to take a leading role as an organisation within the South of England Improving Safety in Mental Health Collaborative, to support both local and regional learning • We will continue to collaborate with our patients and their families regarding their care
5	**Support** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress. Care and Compassion Conferences, currently delivered to 350 staff with another one planned in the near future. Increase staff engagement leads to improve safety • We will continue to build a culture that supports staff to do the right thing, every time and to speak up when it may not be possible • We will be open and share the learning of serious incidents and complaints

Service Experience

[2]gether NHS Foundation Trust Friends and Family Test scores in comparison with other NHS England Mental Health Trusts - In all but one month, [2]gether scores higher or equal to the national average.



The charts below are the outcomes of internal [2]gether staff engagement, over a three year period.



Outcomes from external review of Governance

Deloitte undertook a review which correlated well with our CQC Comprehensive Inspection and whilst providing a positive outcome, confirmed areas for further development. See Table A.

Table A

A full and detailed action plan has been developed to address the review findings.

No	Question	Self-Assessment	Deloitte Assessment
1. Strategy			
A	Does the Board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?		
B	Is the Board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?		
2. Capability and Culture			
A	Does the Board have the skills and capability to lead the organisation?		
B	Does the Board shape an open, transparent and quality-focused culture?		
C	Does the Board support continuous learning and development across the organisation?		
3. Processes and Structure			
A	Are there clear roles and accountabilities in relation to Board governance (including quality governance)?		
B	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?		
C	Does the Board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?		
4. Measurement			
A	Is appropriate information on operational performance being analysed and challenged?		
B	Is the Board assured of the robustness of information?		

We confirm our compliance with the objectives below:

Objective One

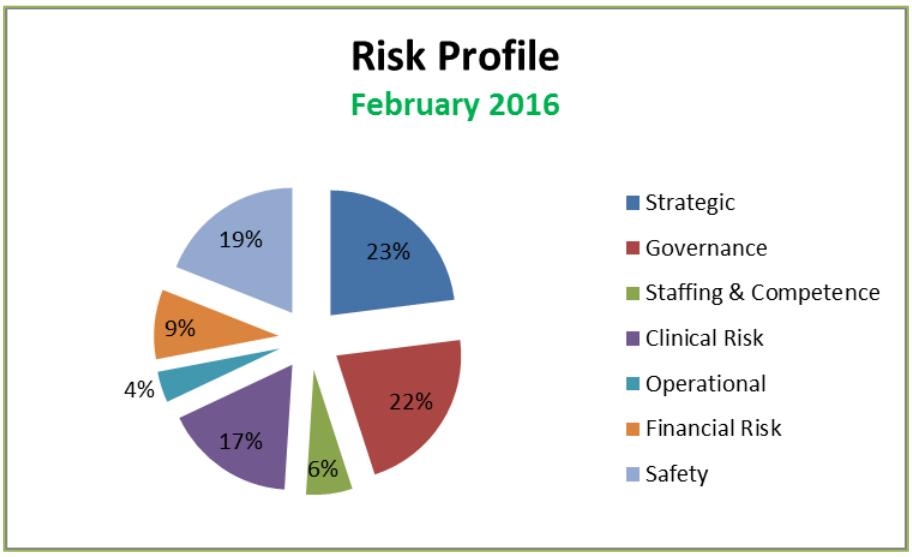
A patient's entire stay in hospital should be co-ordinated and caring, effective and efficient with an individual named clinician – the *Responsible Consultant/Clinician* – taking overall responsibility for their care whilst retaining the principles of multidisciplinary team working

Objective Two

Ensuring that every patient knows who the *Responsible Consultant/Clinician,* with this overall responsibility for their care is and also who is directly available to provide information about their care – the *Named Nurse*

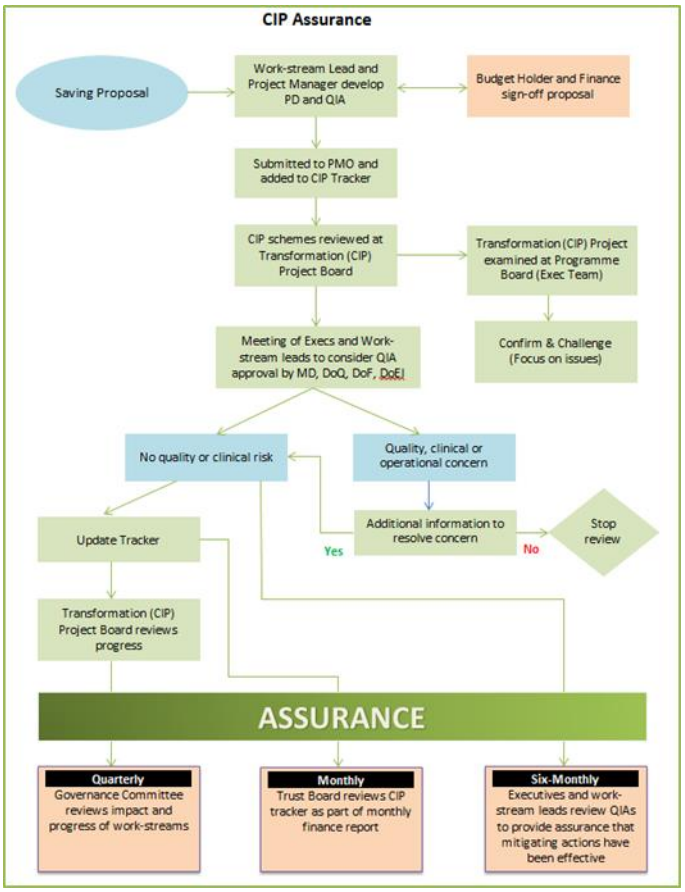
Academy of Medical Royal Colleges
Guidance for taking Responsibility: Accountable Clinicians and Informed Patients
June 2014

The trust has identified its top five organisational risks: all of which have mitigation and a comprehensive governance process, and also understands its risk profile as illustrated below.



2) Quality impact assessment process

Table B



The named executive lead for quality improvements is the Executive Director of Quality, Marie Crofts.

QIA Process

In order to embed sustainability and assure good quality, we operate a CIP programme balancing efficiency and transformational change undertaken with full clinical leadership. Ensuring patient safety is the driver at all levels of the QIA process.

Underpinning the savings programme is the requirement to ensure that, as a result of the savings, quality and safety standards do not fall below national or locally determined levels. Consequently, a QIA accompanies every Product Description (PD), and its format and completion follows national best practice.

Our process for QIA completion which requires authorisation by the Medical Director and the Directors of Quality, Engagement and Integration, Finance and Service Delivery:

a. The QIA is raised at the same time as the work-stream PD
b. Concurrently both the PD and QIA are signed by the work-stream's Service Director Lead – this ensures the service is signed up to delivering the change
c. Quality risks are assessed against the three pillars of clinical quality (patient safety, clinical effectiveness, and patient experience)
d. All risks are assessed for impact and likelihood in line with the Trust's standard for risk assessment
e. Mitigation to address each risk must be included, and the resulting 'consequence' and 'likelihood' scores reflect the residual risk
f. Safeguarding and Equalities are considered in addition to the three pillars of clinical quality
g. A post implementation review ensures delivery of change efficiencies and benefits
h. The QIA is quality assured by the Executive Directors detailed above and additional information, assurance, or clarity may be sought by the Executive Directors before authorisation is given
i. We have amended our QIA template to adopt national best practice

The Governance Process

The progress and effectiveness of the work-stream PDs and QIAs is reported quarterly to the Governance Committee, and the work-stream tracker is reported to each meeting of the Transformation Board and the CIP Project Board.

Periodically the Executives and work-stream leads review the QIAs to provide assurance that mitigating actions have been effective, and to take appropriate action where necessary.

The QIA initiation and governance process is shown in Table B above.

3) Triangulation of indicators

Key Indicators

All indicators are incorporated in a comprehensive performance dashboard including Quality, Workforce and Finance, to comply with the requirements of Monitor, DoH and Commissioners. These are reported to the Trust Board by the Delivery Committee who provides scrutiny and assurance to the board and each month to both our Gloucestershire and Herefordshire Commissioners.

In order to triangulate quality, safety and quality workforce indicators to identify areas of risk, we have a programme of audit of application of HR policies and procedures in 2015/16 that has included an audit of appraisal and statutory and mandatory training. The Executive Director of OD is chair of the Occupational Health and Safety Committee which oversees a range of safety metrics for staff with input from Staff Side Safety Representatives and operational managers. We review health and safety; fire;

security including violence and aggression to staff; health and wellbeing metrics. Further information on key metrics can be found in appendices D and E.

Quality
Information has already been provided on quality indicators and targets above.

All targets are RAG rated for performance, with an exception report provided for all targets off trajectory, plus information provided as an early warning for targets currently on trajectory but that we feel are at risk.

Workforce
We have a comprehensive committee structure which has working groups with responsibility for training and development and workforce planning, reporting to our Workforce and Organisational Development Committee and Executive Committee. Any changes in the planned workforce configuration or training requirements are monitored through these groups and the Committees. The working groups consist of experts in their field, key managers and staff who are champions of changes in the workplace, and Staff Side representatives**.**

We run our own in-house leadership programme which is open to all staff. Our programmes are aligned to the national NHS Leadership Academy programmes and we equally encourage staff to access those national programmes. We have over 180 staff that have accessed, or will access, either our local programmes or the national programmes. We continue to promote opportunities as they arise.

We now have staff trained as 360 degree feedback 'train the trainers' and will therefore make better use of our internal resources to deliver this initiative.

Datix is the Trust's online reporting system which is used by staff to report incidents, errors or near misses. This information is used to understand, identify and learn lessons to improve the quality of patient care, the environment, to ensure the safety of staff and ensure staff are knowledgeable, adequately trained and skilled to deliver services safely. We are investing in updated modules for Datix for roll out from April 2016 which will be easier for staff to use, enable improved understanding and analysis of incidents, errors or near misses and enhance learning from these, for the safety of staff and patients.

What our Quality Plans mean for our workforce
We have an Organisational Development (OD) strategy and implementation plan that supports the delivery of our three strategic priorities. The OD plan has the following work streams with each being led by a member of staff identified from within services and each is supported by an Executive Director:

Engagement	Training and Development	Workforce Planning	Culture

We have individual staff role based training and development profiles which determine the Statutory and Mandatory training for each role, an active professional development programme, a dynamic leadership development programme, monitored professional and managerial supervision and individual appraisals, all designed to ensure that the right practitioner is in the right place at the right time with the right skills, qualities and competencies to enable effective, efficient and cost effective service delivery. In addition we are actively supporting colleagues to access a range of NHS Leadership Academy courses which we believe will enhance our leadership capability across services.

We assess workforce challenges for each staff group, medical staffing, nursing, physiotherapy and health exercise practitioners, occupational therapy, speech and language therapy/dietetics, and psychological therapies, etc. To assist us in this we have in place our Practice Development Strategy, Nursing Strategy, Social Care Strategy, and AHPP Strategy. We also run an internal leadership development programme to seek to invest in our staff and deliver:

- High quality managers to provide the best service possible
- Effective succession planning and an investment in OD in support of the development of community services, including external OD to underpin change

Finance
As a result our priorities within our financial planning include:

- Aligning our budgets with our strategic objectives
- Planned investments in quality and safety
- Planned investments in productivity to achieve sustainability of services
- A revised strategy of delivering a mix of 'hubs' and virtual hubs

4) Seven Day Services

We are working with our Commissioners in both Herefordshire and Gloucestershire to strengthen our seven day Services provision in 2016/17. This includes improved care closer to home and reduced non-elective demand (a key national driver for seven day services).

In Gloucestershire we are progressing a significant development of our Crisis Services (which will be renamed Mental Health Acute response services) which will strengthen the 24/7 support we can provide to individuals within our direct care and/or requiring support but accessing Services through our partner agencies such as the Urgent Care System. We are also introducing a seven day Children and young Peoples Acute Services liaison team who will provide a key bridge between our main stream Children and young People Services and the Acute Care System. Alongside these initiatives we will be reviewing the demand and opportunities to extend seven day access to our other main stream services like IAPT.

In Herefordshire we are strengthening our Crisis Services and Acute hospital liaison services, which collectively will enable us to strengthen our S136 and 24/7 Services. We are also extending our CAMHs acute liaison services to improve seven day support particularly for young people with self-harm needs. As per Gloucestershire, we will be reviewing the demand and opportunities for extending seven day access to our other Herefordshire main stream services.

We are developing a programme to review the content of roles and responsibilities to ensure our staff have flexibility of skills, knowledge and experience to deliver seven day services. Our values based recruitment (used for internal and external appointments) will help us ensure that our staff have the appetite, willingness and desire to provide good quality services each day of the week. We also have a rolling programme to review policies, procedures and local terms and conditions to develop an infrastructure which supports seven day working.

Our approach to Workforce planning

Response to the Five Year Forward View

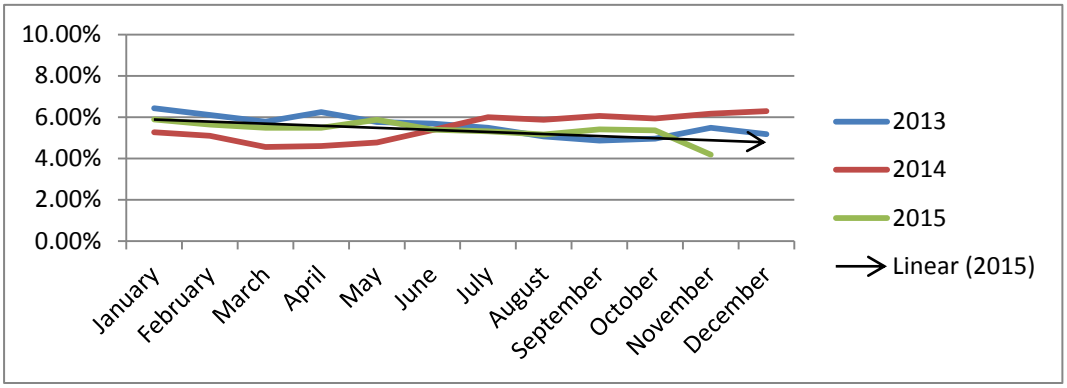
- Engage with LETB (Local Education Training Board) to identify current and future workforce needs - A new Workforce Advisory Board
- Work with LETBs to ensure the right staff can meet frontline service needs
- Actions to improve physical and mental health and wellbeing of staff (taskforce for health workforce) - food and drink strategy
- Review flexible working arrangements and support for staff with unpaid caring responsibilities
- NHS Workforce Race Equality Standard – examine against this standard
- Plans to invest in and make better use of the current workforce, since the provision of health and care is mainly about people, not buildings or infrastructure
- Stable, ambitious and collective leadership to oversee and drive the transformation process
- Strong clinical leadership and engagement

In line with our intention to be the employer of choice, we establish and maintain strong and effective relationships with our staff side, staff governors and all of our education supply chain partners. We continue to monitor HR Key Performance Indicators for sickness absence, appraisal take-up and compliance with statutory and mandatory training. We also monitor turnover but have not set a target as we know that both high and low turnover can be either problematic or positive depending on the employment market, social demographics and a range of other factors.

Our KPIs are:

- To achieve a sickness absence rate of 4%
- To consistently achieve 95% take-up of appraisal by the end of year
- To consistently achieve 95% compliance for statutory and mandatory training
- To ensure close monthly monitoring of staff turnover

Sickness Absence Trend Graph from January 2013 to November 2015



STAFF TURNOVER													
Rolling 12 month calculation, based on FTE	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Trust	10.8%	10.7%	11.2%	11.0%	11.3%	11.0%	11.3%	11.9%	11.4%	10.8%	10.9%	10.1%	10.4%
Corporate	14.5%	14.8%	14.6%	14.6%	14.9%	13.5%	14.1%	15.5%	14.7%	11.6%	12.2%	11.2%	11.1%
Medical	14.5%	19.5%	18.5%	23.4%	21.2%	20.5%	21.6%	19.6%	18.5%	17.5%	16.9%	15.9%	17.5%
Countywide	8.2%	7.9%	7.7%	7.8%	8.3%	8.4%	7.8%	8.5%	8.3%	8.1%	8.6%	7.8%	8.8%
CYPS	10.2%	9.3%	7.3%	6.1%	4.8%	3.3%	4.6%	4.5%	5.3%	7.1%	7.3%	9.8%	10.6%
Entry	11.2%	11.2%	10.7%	8.6%	9.7%	10.4%	12.8%	13.4%	13.1%	11.4%	10.1%	9.3%	8.3%
Herefordshire	11.0%	9.8%	11.8%	11.6%	12.8%	12.6%	12.6%	13.3%	13.1%	13.9%	15.1%	15.0%	14.6%
North	7.1%	7.1%	7.6%	8.3%	8.3%	7.5%	7.5%	9.1%	8.1%	7.5%	7.1%	4.7%	6.2%
South	6.9%	7.2%	8.5%	8.6%	9.5%	8.2%	8.2%	12.4%	12.5%	12.6%	12.0%	12.4%	11.2%
West	16.1%	16.4%	19.5%	19.9%	18.7%	19.0%	18.4%	17.2%	15.0%	12.7%	9.6%	5.7%	4.8%

Staff Movements

All staff: permanent, fixed term and locum (excludes staff bank)

Data Source: ESR BI - extract dated 09 February 2016

	2015 / 02	2015 / 03	2015 / 04	2015 / 05	2015 / 06	2015 / 07	2015 / 08	2015 / 09	2015 / 10	2015 / 11	2015 / 12	2016 / 01
Headcount	1,966	1,967	1,968	1,969	1,968	1,976	1,968	1,977	1,982	1,987	1,963	1,966
FTE	1,714.34	1,717.54	1,717.53	1,720.06	1,717.44	1,727.06	1,721.92	1,731.99	1,737.24	1,738.68	1,718.41	1,718.60
Leavers Headcount	16	29	10	17	18	11	34	20	20	38	9	18
Leavers FTE	12.23	25.23	7.45	14.07	16.11	9.68	30.43	17.50	15.32	33.14	8.32	15.76
Starters Headcount	12	24	18	9	22	20	27	37	20	20	11	17
Starters FTE	10.12	21.10	16.17	8.50	18.64	17.93	26.09	32.70	16.16	18.40	10.25	14.30
Maternity	46	46	43	43	38	36	34	33	36	38	38	39
Turnover Rate (Headcount)	0.81%	1.47%	0.51%	0.86%	0.91%	0.56%	1.73%	1.01%	1.01%	1.91%	0.46%	0.92%
Turnover Rate (FTE)	0.71%	1.47%	0.43%	0.82%	0.94%	0.56%	1.77%	1.01%	0.88%	1.91%	0.48%	0.92%
Leavers (12m)	228	237	233	240	233	229	234	227	228	253	236	240
Turnover Rate (12m)	11.63%	12.09%	11.88%	12.23%	11.87%	11.66%	11.91%	11.54%	11.58%	12.83%	11.97%	12.17%
Leavers FTE (12m)	196.95	205.66	201.17	207.37	200.15	195.87	201.69	196.07	193.19	215.76	200.75	205.23
Turnover Rate FTE (12m)	11.56%	12.07%	11.80%	12.14%	11.71%	11.44%	11.77%	11.43%	11.23%	12.53%	11.65%	11.91%

The above charts illustrate the focus being placed upon workforce, and action plans sit behind all key areas where we wish to improve our performance (e.g. lower staff turnover in certain areas).

To enable us to deliver our human resource KPI's, we are undertaking a range of initiatives, example of which are shown below:

- Undertaking a detailed analysis of turnover by team, staff demographics, staff group to enable us to focus our understanding and work with managers to address those issues we can influence
- Reviewing the information we have from staff who leave to improve our intelligence and take steps to improve retention
- Reviewing how we support staff on promotion within the organisation to ensure they have the best opportunity to take on additional responsibility or establish themselves in new teams
- Monitoring our vacancies on a team by team basis, and have developed a range of mechanisms to reduce the lead in time for recruitment
- Developing a number of recruitment initiatives to target the hard to fill vacancies and will monitor and measure our success (e.g. holding a recruitment initiative in London in early 2016/17 to set out the benefits of living and working in Gloucestershire and Herefordshire)

- Utilising the RCN Health and Wellbeing Toolkit, working with Staff Side representatives and Staff Side Health and Safety Representatives to understand our gaps and plan how we can improve the health of staff and the workplace
- Reviewing the detail of our probationary period to ensure it is used to manage new staff with a poor attendance record
- Improving engagement through running focus groups with staff, increasing the numbers of managers attending leadership programmes
- Improving the skills of managers to manage difficult conversations which we believe will positively impact on turnover and sickness absence levels

In 2015/16 we implemented a number of initiatives including:	2015/16 Goals	2016/17 Refresh
• Succeeding in condensing training, so we could 'give back' days to our in-patient staff resulting in more patient contact time	✓	✓
• We worked with managers and Staff Side representatives to streamline management of sickness absence, and management of staff on probationary periods (six months for staff new to the Trust)	✓	✓
• Introduced 'values based recruitment' and developed 'value based appraisal questions'	✓	✓
• Implemented the requirements of our Health and Well-Being Strategy	✓	✓
• Reviewed our action plan for implementing the Workforce Race Equality Standard in the NHS contract	✓	✓
• Continued to promote initiatives to improve the physical and mental health and well-being of our staff	✓	✓
• Implementation of Organisational Development Strategy	✓	✓
• Completion of our pilot targeted at improving our monitoring of and compliance rates for appraisal and for statutory and mandatory training	✓	✓

This work has linkages and interdependencies across a range of complementary and supportive National and Trust initiatives. These include the 6Cs, Patient Safety Programme and the Care Practice Development project. We have developed a comprehensive Nursing Strategy through engaging with our nursing workforce – building on the national 6Cs CHO (Community Health Organisation) programme. We provide a range of mechanisms for staff to raise concerns, including:

- Our whistleblowing policy
- Through our incident reporting systems
- Via our Staff Side Representatives
- Via trained Dignity at Work Officers
- Via Speak in Confidence - a new independent web-based service implemented in 2015/16

There is an ongoing action plan to address feedback from the annual NHS Staff Survey and we have developed a 'You Said, We Did' section on our internal staff intranet. There is continuing associated work in progress that is linked to addressing the principle outcomes and expectations described by the Francis inquiry, which include a programme of engagement events and leadership forum.

As per our strategic plan commitment we continue to invest in developing and supporting leaders across our organisation, at pace, and our OD strategy is aligned to the following:

Organisational Development Strategy 2015-2018		
• Leadership	• Management Practices	• Individual Needs and Values
• Culture	• Systems	• Working Environment
• Performance	• Motivation and Engagement	
• Structure	• Skills and Abilities	

2016/17

There is a specific piece of work which is well underway to review both the e-learning platforms and packages with the view of making them more user friendly and better aligned to service need than those currently in use by the trust. The trust has also agreed to purchase an ESR 'front end' system which will provide easier data capture and reporting for training and appraisal compliance, giving managers real time data.

Health and Wellbeing Strategy
The Trust has a Health and Wellbeing Strategy (2014-17) which is underpinned by a three year Health and Wellbeing action plan. The Trust is currently reviewing a range of national toolkits to benchmark our current practices and improve what we do. This work will be undertaken collaboratively with Staff Side.

The Trust takes a proactive approach to managing and supporting health and wellbeing with a 'Sickness Absence Policy and Procedure' developed in partnership with Staff Side; maintains and develops a range of health and wellbeing benefits which are regularly publicised; ensures that staff can access a comprehensive Occupational Health Service (Working Well).

The Trust has been a signatory to the Mindful Employer Initiative since 2006 and is accredited for the 'Two Ticks' symbol demonstrating commitment to the employment of staff with a disability.

The Trust has Investors in People accreditation

Equality and Diversity
The Trust has specific duties in respect of equality and diversity. The Equality Delivery System (EDS) is a tool to review the Trust's equality performance.

The Trust is signed up to the national 'Armed Forces Covenant'

Specific Initiatives in 2016/17
In line with other mental health organisations, we have identified certain hard to fill posts within the trust. To combat this, the Trust is taking forward a number of initiatives, including utilising a micro site to highlight: A Day in the Life of someone in a 'hard to fill post'; engaging and actively recruiting third year nursing students; piloting apprenticeships in key areas; streamlining recruitment processes to reduce lead in time and secure applicants more quickly; and working closely with our internal Staff Bank to enhance employment opportunities.

In 2016/17 we will be taking part in the consultation and implementation to develop roles to address health and social care needs – *The Shape of Caring Review*. We will be reviewing the opportunities that this and other initiatives may bring, and maximise the flexibility for recruitment and retention

One specific area for which it has been difficult to recruit for some time is within consultant psychiatric staff within CAMHS services, we are looking at new ways of working to overcome this in 2016/17.

Talent for Care
Our Trust Board is supportive of the 'Talent for Care' initiative and the signing of the associated 'Pledge'. 'Talent for Care' is the first ever national strategic framework for the development of the healthcare support workforce aimed at staff working at Bands 1-4. It will help these staff deliver high quality services in line with evidence based clinical practice.

Nationally there is emphasis on providing development opportunities for staff in Bands 1-4 including widening access to NHS careers to secure future workforce supply. Evidence shows a strong connection between high quality care delivered by successful organisations and their level of investment in development for support staff. A national review of training and development in 2014 concluded that support staff represent about 40% of the workforce, providing about 60% of patient care, but receive less than 5% of the national training budget.

In 2016/17 the trust has therefore committed to:
- Signing the 'Pledge' as active demonstration of our support for this initiative, to be signed by our Staff Side Chair and Chief Executive
- Continuing with current plans to incorporate the Care Certificate into Induction
- Further encouraging managers to create apprenticeships
- Taking a more proactive approach to promoting development opportunities for support staff that are aligned to service needs
- Reviewing our evidence for the 'Talent for Care' audit to better reflect current activity
- Developing an action plan to address gaps identified from the audit, balancing the resources necessary to reach 'gold standard' against the likely benefit
- The Workforce and OD Committee overseeing the Action Plan

Centralised Recruitment and e-DBS
The recruitment review identified that DBS checks were taking an average of three weeks or longer.

The Executive Committee approved the roll-out of the centralised processes across Gloucestershire. A hub is being set up in Herefordshire so that a similar process can be implemented which will avoid candidates travelling to Gloucester.

Training Assurance
- Continuing a review of the Training Matrix on a rolling basis
- A review of all training profiles against specific posts
- A review of training administration systems and information, e.g. booking systems
- A review of training delivery

Workforce transformation, we continue to deliver:	2015/16 Goals	2016/17 Refresh
• Centralised Recruitment and e-DBS to reduce recruitment lead-in times	✓	✓
• Speak in Confidence to encourage a culture of openness and transparency	✓	✓
• Absence Management Policy to streamline processes and balance support with a fair approach	✓	✓
• Additional e-Learning to increase effectiveness of resources	✓	✓
• Leadership Forum to expand our engagement with middle managers	✓	✓
• Review of pool cars and lease cars to align to service need and improve efficiency	✓	✓
• Piloting 'Improving Care through Technology' including Digital Transcription to enable staff to have more time to care	✓	✓

Agency
Providing high quality continuity of care is our highest priority. We seek to be the employer of choice and generally have good overall retention rates and application rates for vacancies. We run an internal staff bank which ensures flexible access to staff that we have recruited and selected in line with our values and skill requirements. In addition our internal bank staff are our first port of call when additional cover is required. When we are unable to fill a requirement from our internal bank and safety would be unacceptably compromised without cover then we will use agencies. We welcome the framework initiative and have a strategic approach utilising our PMO along with a range of actions to seek to deliver the circa 35% reduction in agency costs needed to meet our control total for 2016/17 of £3.404m, while not compromising safety of service users and staff.

E-Rostering
The Trust has always had robust roster management, but to further strengthen our operations we are implementing e-rostering across the whole organisation.

Approach to financial planning

1) Financial Forecasts and Modelling

The Trust enters the 2016/17 financial year in a stable financial position. The Trust expects to deliver its financial plan for 2015/16 and end the year with a planned deficit of £500k or better in line with our green rated strategic plan. Following receipt of the national planning guidance for 2016/17 the Trust has been updating its financial plans for the next five years and confirms that it will be able to deliver at least a surplus of £4k in 2016/17. We are predicting an overall Financial Sustainability Risk Rating of at least 3 based on Monitor's current compliance framework: 4 being the highest rating.

Financial forecast and modelling
In preparing our plan for next year, we have considered our likely income and expenditure streams, how these may be affected by the current national assumptions around funding for the NHS and as a consequence, the level of savings that will be required to meet our financial targets. We have also considered investment needs in both revenue and capital terms, and for the latter, how this will be financed, for example retained surpluses, disposal of assets.

As a result our priorities within our financial planning include:

- Aligning our budgets with our strategic objectives
- Planned investments in quality and safety
- Planned investments in productivity to achieve sustainability of services
- A revised strategy of delivering a mix of 'hubs' and virtual hubs

The Trust has assumed that its contracts with its main commissioners will be uplifted by the proposed national tariff inflator of 1.1%. As part of its planning the Trust has not assumed it will receive any funds from the general Sustainability and Transformation Fund (STF), but does expect to bid for funds from the specific element of the STF (although no funds are built in at this stage). Whilst the Trust does expect additional income from commissioners to take forward developments with mental health it has not yet reflected this income or associated expenditure in its plan. Once contract negotiations are complete then the Trust will be able to recognise these developments in its financial projections.

The above will:

- Deliver a surplus of £4k in 2016/17 in line with the Trust's control total from NHS Improvement. In subsequent years the Trust anticipates returning to an increasing recurring surplus position
- Maintain a Financial Sustainability risk rating of at least 3, based on the current Monitor compliance framework
- Address quality and safety investment needs
- Deliver our cost improvement programme for 2016/17, generating savings of £4.116m
- Maximise our CQUIN (Commissioning for Quality and Innovation) income through the delivery of key quality indicators

The key risk to delivery of the plan remains the ability to deliver the recurring efficiency savings target. It is increasingly difficult to identify savings that do not have an impact on the quality of services.

High level financial risk evaluation

	Impact
Cost pressures greater than expected	Medium
Financial position in Hereford results in less sustainable contract	Medium

	Impact
Transformation is not delivered at expected pace	Medium
Consideration of different ways of working per Dalton, results in loss of focus on in-year delivery	Medium

Income

We have block contracts (with shadow activity monitoring) with our two largest commissioners. Our contract with Gloucestershire CCG is worth circa £79m, and with Herefordshire CCG is circa £17m. These two contracts equate to circa 90% of our income. The Trust expects these two commissioners to continue to commission similar levels of services in 2016/17, but anticipates that there may be pressure to take on increased risk around the delivery of QIPP targets during 2016/17 and is actively working to mitigate against these risks through the contract negotiation process. Contracts for 2016/17 have now been agreed, with both Gloucestershire CCG (at £78.120m) and Herefordshire CCG (at £18.817m).

Discussion with Herefordshire CCG recently moved to consider taking on additional elements of their mental health portfolio (e.g. Out of County), which would be expected to increase income by circa £11.5m and for which a gain-share arrangement will exist. At this point this income is not built into any of the financial figures, as it will be an in year variation in 2016/17.

CQUIN

It is anticipated that the package of CQUIN targets across all of our contracts will again be very challenging to achieve. They are stretch targets to improve quality and as Commissioners get more experienced and the financial climate gets tighter, it is expected that significant effort will be required to meet these targets and secure this income stream. The total value of the CQUINs is expected to be over £2.2m. For 2016/17 the Trust will be fully participating in the cross health economy CQUINS with the aim to reduce the pressure on acute hospitals through reduced admissions and lengths of stay for those people with mental health issues. The Trust contribution to these schemes will be specifically set out to be clear on which targets it has to deliver and for which it will be held accountable.

Expenditure

We have set expenditure budgets for 2016/17 following a rigorous review of all aspects of our business. Efficiencies have been sought across all areas of our operations as part of our budget setting process and we will ensure they are agreed and understood at an operational level.

The key assumptions underpinning the financial plan for 2016/17 are:

Net Tariff Inflator	1.1%	Incremental Drift	0.5%
Pay Award	1%	Rates Cost Increase	2%
		Employers GNI Cost Increase	1.4%

Cost Pressures
As part of the budget setting process the Trust has identified a number of costs pressures of circa £1.1m. These cover a number of services with demand and waiting list pressures, plus the national changes related to pension cost increases. The Trust identified a number of other pressures which it aims to manage through the financial year although they remain a financial risk to the Trust. The Trust has also built into its income and expenditure plans the relevant CNST uplift for next year.

The Trust has been implementing the rules around effective use of agencies. The Trust has begun a project to implement E-Rostering and is looking to strengthen its Staff Bank to develop a larger pool of bank staff to reduce its use of agency. The Trust also continues to look to identify additional agencies that are on frameworks that can provide staff in our more rural locations.

2) Efficiency Savings for 2016/17

CIP Process
The Trust's CIP programme, which covers a five year rolling period, is supported by a Project Board and our PMO, and quality assured by the Medical Director and the Directors of Quality, Engagement and Integration, Finance and Service Delivery.

CIP savings have been in place in the Trust since 2011, and arise from several avenues including the budget-setting process, strategic planning, service planning, service reviews, and contractual changes. Product Descriptions (PD) are raised for each savings work-stream outlining the purpose, objectives, benefits, and milestones of the saving, and are accompanied by a Quality Impact Assessment (QIA).

The Project Board uses the PDs and QIAs to challenge and support the delivery of the savings, and this is distilled into a 'tracker' which the Project Board uses to review progress through a RAG rating. This tracker is also an appendix to the finance report that goes to Trust Board every month (current tracker can be found at Appendix C).

Savings arise from both efficiency and transformational changes, with an increasing emphasis on transformation as a longer-term solution to the continuing financial pressures within the NHS.

Maximising the use of technology is a key strand of transformational change and efficiency saving for the Trust through our major project of Improving Care through Technology:

- This programme involves the introduction of mobile working, digital transcription and speech recognition, alternatives to traditional consultation through appointments for virtual interactions, social media to support service users and carers and a cultural change work stream to support the changes to traditional working practices needed to realise the benefits technology offers

These projects started in 2014 and will begin to deliver savings in 2016-18. However, some estates savings through rationalisation have already been enabled to reflect changes to the way technology will be used.

During 2015/16 the Trust looked at alternative organisational forms that might provide, where appropriate, an edge when retaining or expanding its business, and has consequently set up two Wholly Owned Subsidiaries. These Wholly Owned Subsidiaries will be deployed as opportunities present themselves.

Income generation is also considered, and the marketing of IAPT information and training service and self-help literature commenced in 2015/16, with an aim, depending on market conditions, to create an income stream during 2016/17.

Additional productivity and efficiency savings are identified during budget-setting, but also throughout the year at, for example, managers' meetings, and the Leadership Forum. Examples of such work-streams for 2016/17 include reducing the Trust's business mileage, and in addition a number of potential saving streams are being considered e.g. mailing, printing and travel warrants.

CIP Savings 2016/17 – see Appendix C
The saving requirement for 2016/17 is £4.116m (£0.7m less than was originally planned), includes a contingency, and all the savings are to be found from identified work-streams. 2016/17 comprises 18 projects, of which 33% are transformational, compared with 26% in 2015/16.

Of the 18 savings schemes, the PDs and QIAs for 15 schemes have already been agreed, eight are complete and seven are in draft. The remaining three are influenced by market opportunities as they arise.

Only two of our schemes impact upon WTE levels, being our Digital Dictation and Transformation Scheme (which is expected to reduce admin staff by circa ten) and the Two Shift Scheme which reduces the number and length of handovers and thereby reduces nursing and HCA requirements.

The 'green' and 'amber' RAG rating for the 2016/17 is 42% and 50% respectively, and is higher than the corresponding position at this time last year for 2015/16. This higher confidence reflects a change in the assurance and governance processes introduced in preparation for 2016/17.

3) Lord Carter's provider productivity work programme

The Efficiency Opportunity

Workforce	Hospital Pharmacy and Medicines Optimisation	Estates Management	Procurement

Workforce management good practices included in our 2016/17 planning objectives

- Regular review on appropriate headroom levels
- Regular review of flexible working arrangements
- Reviewing the incentives to ensure substantive staff work substantive shifts
- Assisting workforce planning and rostering by promoting the use of e-Rostering systems and the adoption of best practice roster polices
- Improving guidance on appropriate staffing levels and skill mix for particular ward types in collaboration with RCN and NICE
- Reviewing the demand and supply of additional nursing hours, particularly with respect to specialised care

One of our three key strategic priorities is to ensure sustainable services and take a proactive approach to maximising the value for the taxpayer pound. Although at present Lord Carter has only reviewed acute trusts, we are working in a shared service arrangement with our local acute trust and looking to share some of the benefits.

We are aware that Lord Carter intends to move on to review community and mental health trusts and we await this work.

4) Agency rules and procurement

These initiatives from part of our CIP plan for delivery in 2016/17. We have setup a project to deliver our approach through our PMO with an executive lead.

Temporary Staffing Demand project, the scope of this project is to:

- Procure and implement an e-rostering system
- Review and improve recruitment to staff bank, and align with Trust processes
- Identify, review and amend policies that impact on the demand for temporary staff
- Ensure that vacancy levels are managed to minimise demand for temporary staff
- Improve the Management Information needed to support decision-making and manage temporary staffing demand
- Generally challenge and improve administrative processes

Further information with regard to milestones can be found at Appendix D and with regard to project deliverables Appendix E.

The cost of agency nursing is a national NHS issue. Monitor's recent nursing agency rules are welcomed, and its 'Nursing Agency Rules' are expected to reduce the agency spend on qualified nurses, avoid the non-framework agencies, and further to reduce the cost of all agency spend to within 55% of AfC maximum rates.

The qualified nursing agency target spend has now been replaced by an agency control total for the Trust for 2016/17 for all staff groups of £3.404m. Our temporary staffing demand project is seeking to ensure we deliver this target through clinical engagement and leadership. Our budgets however presume no agency spend with actual spend incurred covered by funded vacancies or targeted income from commissioners for specialing requirements.

[2]gether is part of local shared services arrangements, working with Gloucestershire Hospitals, receiving economies and efficiencies from framework procurement.

5) Capital planning

The Trust set out a clear vision within its Five Year Strategic Plan of how it planned to develop its estate and associated assets in order to deliver the Trust's strategic objectives. The Trust has made substantial investments in developing high quality accommodation in both the Forest of Dean and the south of Gloucestershire and has ambitious plans to continue this improvement in Gloucester and Hereford. The five year capital programme for 2016/17 to 2020/21 reflects this ambition and continues to underpin the utilisation of technology to modernise services through the Trust's 'Improving Care through Technology' initiative. This will enable our clinical staff to provide continually improving, safe, quality services whilst improving their productivity and offering opportunities for future years' efficiency savings.

The Trust aims to continue to utilise its strong cash position to invest in developing and enhancing its asset base for the benefit of service users and staff alike.

All capital schemes are assessed across four criteria to ensure they demonstrate sound investment, and delivery of the Trust's strategic aims. These criteria:

a) Required to bring quality or safety up and sustained to at least an acceptable standard
b) Contribute to the delivery of future revenue savings
c) Contribute to the delivery of service transformation
d) Replace end of life assets that are still required by the service

The Trust continues to evaluate all schemes to ensure they offer value for money and in light of the considerable pressures on wider NHS Capital funding the Trust is undertaking a further review to ensure it has identified the essential schemes necessary to deliver the Trust's objectives. The Trust is reviewing all asset lives to ensure it continues to get the maximum value from its assets.

5 Year Plan CAPITAL PLAN 2016/17 to 2020/21						
	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000s	£000s	£000s	£000s	£000s	£000s
1. IM&T Program	3,907	1,920	1,400	1,700	1,150	10,077
2a. Gloucester Major Capital Programs	6,537	3,050	500	500	500	11,087
2b. Herefordshire Capital Programs	1,504	1,500	1,500	0	0	4,504
3. Minor Capital Improvements	402	150	150	150	150	1,002
4. Fire Precaution Works	78	40	40	40	40	238
5. Health & Safety Works	70	100	100	100	100	470
6. Security Works	50	50	50	50	50	250
7. Patient Safety	167	250	250	250	250	1,167
8.Estates Infrastructure Works	593	250	250	250	250	1,593
Fixed Asset Disposal Cost	50	30	70	30	10	190
Scheme slippage	-2,672	2,672	0	0	0	0
Expenditure Sub Total	10,686	10,012	4,310	3,070	2,500	30,578
Income Sub Total	-6,043	-4,587	-7,159	-5,741	-5,755	-29,285
NET Expenditure/(Income)	4,643	5,425	-2,849	-2,671	-3,255	1,293

The table above illustrates that across the five years there is net expenditure of only £1,293k, with the income to fund capital expenditure coming from asset sales, depreciation or charitable donations.

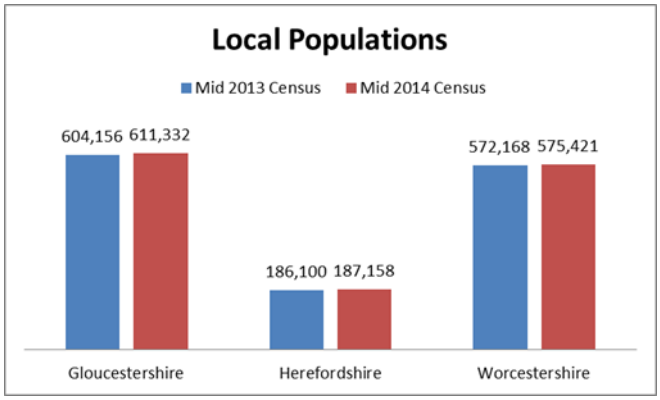
For 2016/17 and in addition to the above plan, the Trust will be seeking a capital to revenue transfer to fund non-recurrent and/or exceptional costs of moving to new models of service and care (acquisitions).

Link to the emerging 'Sustainability and Transformation Plan' (STP)

All STPs must address the Triple Aim:

- the Health and Wellbeing gap
- the Care and Quality gap
- the Finance and Efficiency gap

As [2]gether operates in both Gloucestershire and Herefordshire, we are full participants in the STP footprints for both areas.



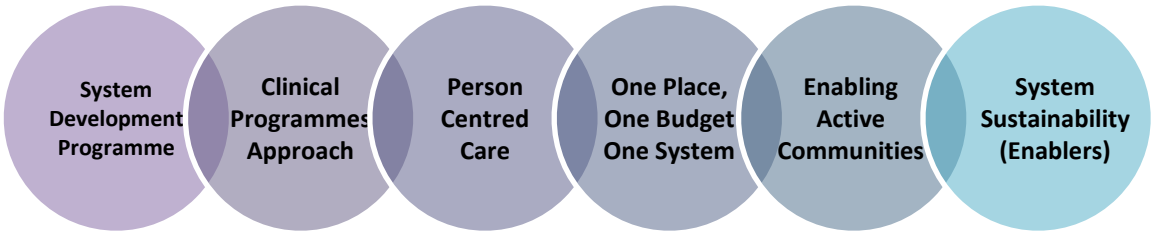
Increasing population in
Gloucestershire, Herefordshire and Worcestershire

Gloucestershire
All health and social care organisations in Gloucestershire, have been working together to develop a Sustainability and Transformation Plan which will set out our ambitious blueprint across the health and social care system for addressing the three pressing gaps identified in the Five Year Forward View:

- The health and wellbeing gap, requiring a radical upgrade in prevention
- The funding gap, requiring efficiency coupled with investment
- The care and quality gap requiring major system changes and new models of care

The following headline priorities have been identified for a system wide Sustainability and Transformation Plan

Gloucestershire CCG STP Headline Priorities
Table A

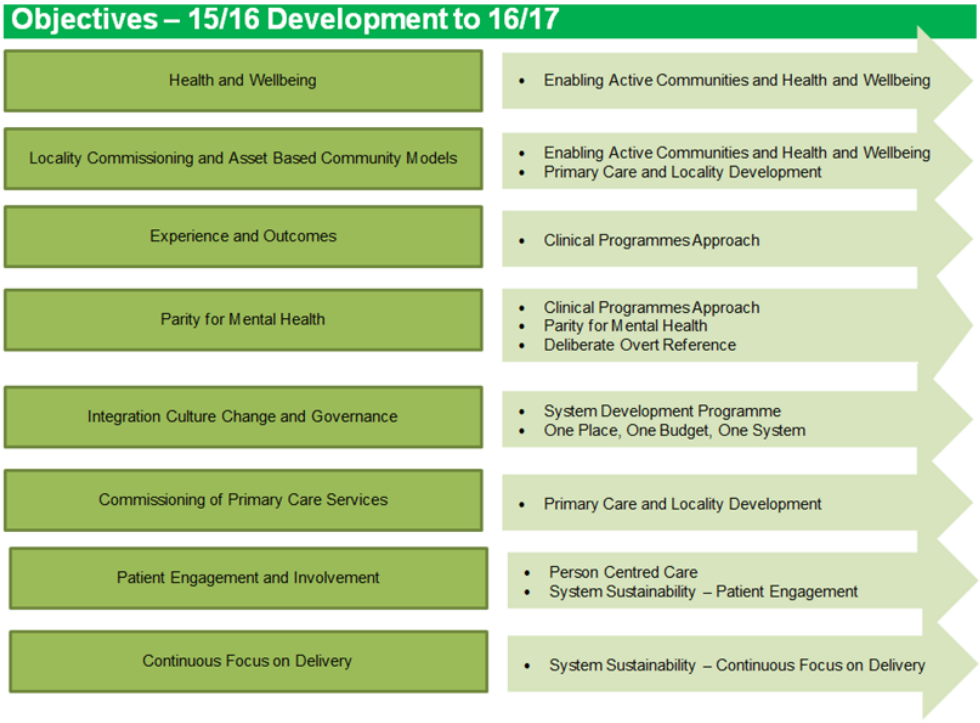


We are confident that our Strategic Plan is consistent with these priorities. However, as a system we recognise that the footprint of Gloucestershire may be too small to enable us to drive change at sufficient scale or to secure the longer term sustainability of some of our more specialised services.

Over the coming months we will be working with partners both in Gloucestershire and in neighbouring health and social care systems to develop shared objectives that both support the transformational change required and ensure that each organisation can meet the expectations of them as legal entities.

Gloucestershire CCG priorities aligned to 2015/16 and 2016/17 operational plan objectives

Table B



System Development Programme	**Enabling Active Communities**	System Development Programme	System Sustainability
		Enabling Active Communities and Health and Wellbeing	
	One Place, One Budget, One System	One Place, One Budget, One System	
		Primary Care and Locality Development	
	Clinical Programmes Approach	Clinical Programme Approach	
		Parity for Mental Health and Learning Disabilities	
		Deliberate Overt Reference	
	Person Centred Care	Person Centred Care	
		System Sustainability	

System Development Programme	**Clinical Programmes Approach**	• Improve Health and Care for our Local Population, shifting towards prevention • Transforming care pathways through the Clinical Programme Approach	System Sustainability
	Person Centred Care	• Roll out personal health budgets / jointly between health and care • South West Pilot for Integrated Personal Commissioning	
	One Place, One Budget, One System	• People and Place – place based services plan • New Models of Care • Integration – Integrated Commissioning between health and care	
	Enabling Active Communities	• Health and Care working together on asset based community models • Joint focus on carers and carer support • Social Prescribing / Cultural Commissioning	

Herefordshire

Herefordshire and Worcestershire will be submitting a single STP and again, we are fully involved in its production. There are synergies and patient flows cross Herefordshire, Worcestershire and Gloucestershire which will require STP alignment as we move forward.

We are also working very closely as a key partner within the 'One Herefordshire' proposal. The other partners involved are:

- Herefordshire Clinical Commissioning Group
- Wye Valley Trust
- Herefordshire County Council
- Taurus (GP Confederation)

Herefordshire Council have also submitted an Expression of Interest for additional powers and budgets under the devolution programme, with a formal bid expected early 2016. We will continue to work in partnership to support them.

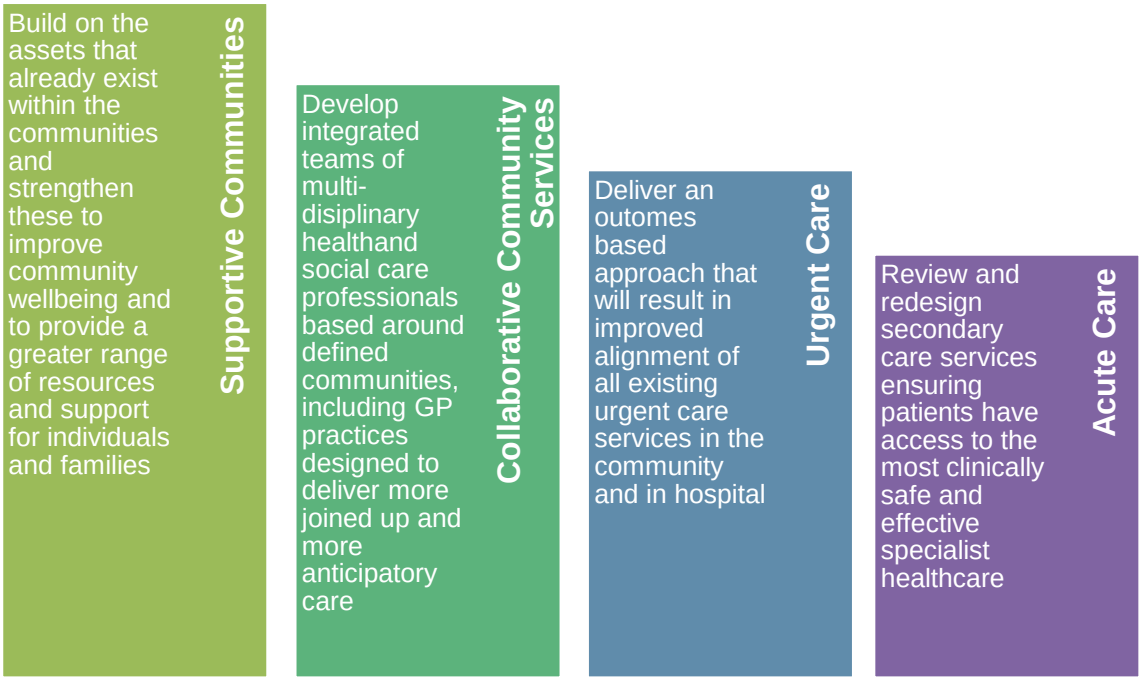
Key Herefordshire Messages

Both Herefordshire and Worcestershire have been working on a health economy basis to produce integrated service delivery plans, which aim to maintain high quality services while returning each economy to financial balance over a five year period. The STP will build on this work, and also focus on the added benefit and value from having a larger population joined together than is currently the case individually. This may facilitate a number of initiatives that would be unachievable as standalone health economies, for example in the mental health setting this could include CAMHS Tier 4 and an inpatient eating disorder facility. To assist in such developments, it may, however need cross STP working, for example with Gloucestershire.

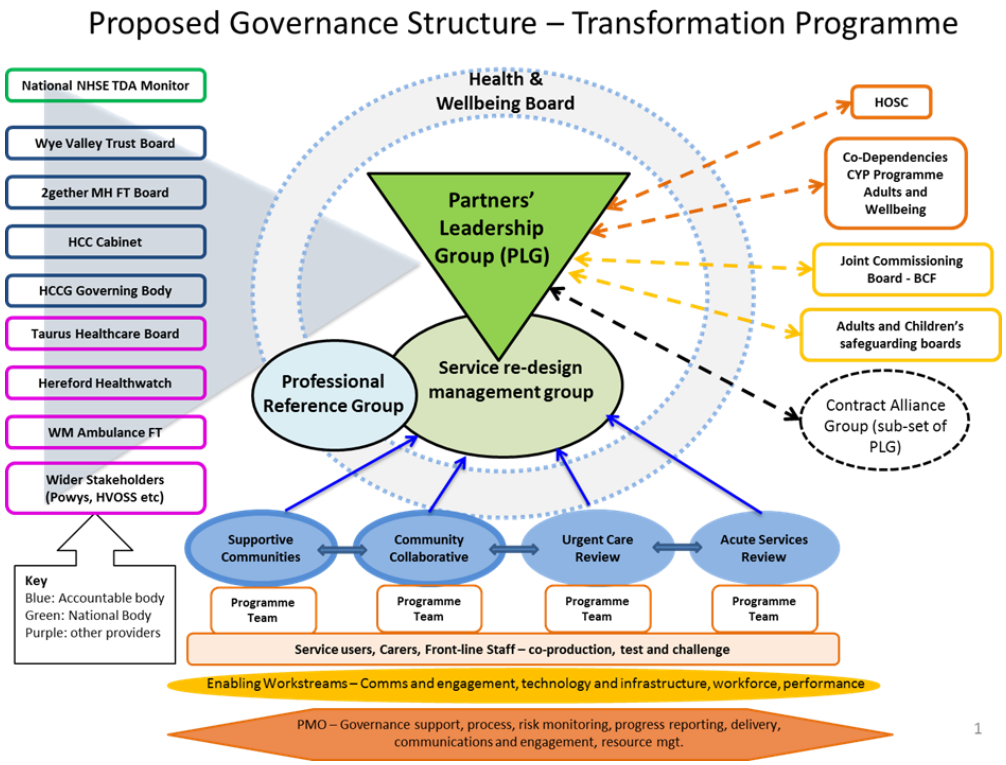
There is already an established vision and commitment in Herefordshire across health, social care, independent sector and voluntary partners to deliver integrated, sustainable care. This intention is embodied in the 'One Herefordshire' alliance approach.

The vision for future service delivery in Herefordshire embraces national thinking on new models of care, and embodies a number of themes, including a commitment to:

- Empower communities to behave differently and reduce demand for services
- Support enhanced provision of primary, community care and mental health care at scale
- Utilise technological innovations to deliver improved care
- Deliver preventative and tailored care to support people keeping well, at home
- Develop proposals for primary care at scale that underpin the delivery of the above
- Support local delivery of acute hospital services
- Consolidate clinical networks across care settings to ensure optimum sharing of expertise to deliver high quality, safe and cost effective services



One Herefordshire Alliance



Worcestershire

[2]gether is seeking to work jointly with all in the Health Economy in Worcestershire, but specifically to form a partnership with Worcestershire Health and Care Trust to deliver integrated services.

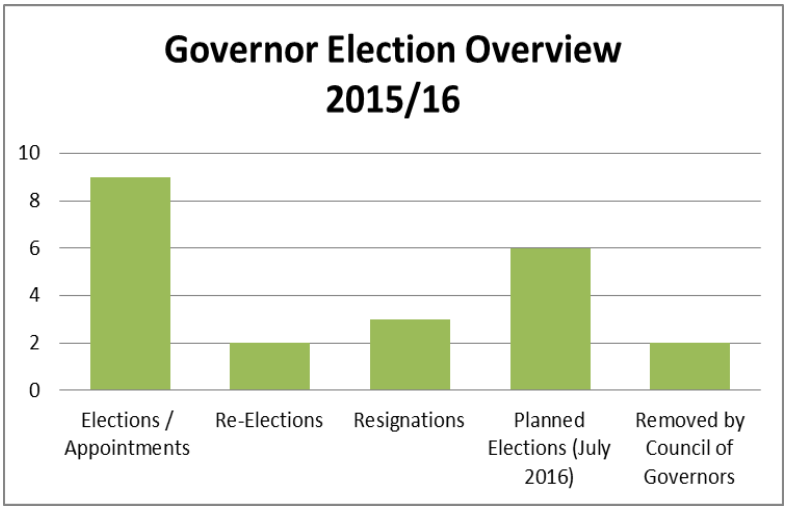
We are also a member of Herefordshire and Worcestershire System Oversight Board. The four key success factors for the Herefordshire and Worcestershire System Oversight Board are:

- Improved access (including equity of access)
- Improved operating consistency
- Financial balance
- Improved health and quality outcomes

Membership and elections (NHS foundation trusts only)

Governors

Governors receive a full induction on election and appointment, and are offered the opportunity to attend external training events such as those provided by the Foundation Trust Governors Association. A number of engagement events take place to facilitate contact between Governors and the public. Some of these events are organised by the Trust, and others are organised by Governors themselves in their respective constituencies; the next such Governor-led event will be at Gloucestershire College and will be led by the Trust's two public Governors from the Gloucester constituency. In March, [2]gether also elected a new Lead Governor following the resignation of the previous incumbent.



Membership Strategy
Our Trust Membership Strategy was agreed in July 2013. It contains the following objectives:

- To recruit and retain members representative of the populations we serve
- To communicate in an effective and timely fashion with members
- To engage members, encouraging meaningful involvement

Our Trust Board has overall responsibility for membership and Governors play a key role in helping to recruit and retain Trust members. The Trust's Communications Team develops and maintains an annual plan and assists Governors in its implementation. Trust Governors also identify, implement, publicise and encourage greater participation from fellow Governors and members in the membership programme and:

- Identify initiatives that help raise the profile of Trust membership to encourage active staff and public membership
- Provide practical support at recruitment events
- Actively encourage two way dialogues with their constituents
- Consider appropriate incentives, advertising opportunities and other activities that increase meaningful membership

We collect and evaluate membership data for quarterly discussion by our Council of Governors. We use this data to understand how we can make our membership more representative of our communities by analysing, for example, the gender, ethnicity and geographical location of our members. We then use this data at membership engagement group meetings to determine additional engagement activities to feed into the annual plan.

Membership engagement events take place approximately three to four times a year. During 2016 these events are taking place in February, April, September and October. The events are generally held to coincide with national awareness days, such as Time to Talk Day and World Mental Health Day, when we can use the national campaigns to raise awareness of our own Trust and membership programme.
We also ensure that other opportunities to highlight membership are taken as and when appropriate, for example through the local media, social media and at events attended by Trust colleagues, including recruitment fairs and partnership conferences and events. We ask new members how they heard about membership, so that we can measure the effectiveness of our approach.

In order to retain and actively engage our current members, we ensure a regular flow of information. This includes invitations to our membership events and occasional e-flyers or letters when we have significant news to share or announcements to make. Our main form of communication with members is our quarterly membership newsletter, which is called Up[2]Date. We invite and encourage feedback on the contents and members are welcome to submit their own articles and letters for publication.

Appendix A

Summary of the Trust's Key Financial Performance Indicators

The table below summarises the trust's performance in each of the 13 indicators with the average for all mental health foundation trusts in 2014/15 and 2013/14 This was independently produced by Grant Thornton, and all indicators are RAG rated either Green or Amber – there are no Reds.

	Indicator	H/L	Mental Health FT Average 2014	Mental Health FT Average 2015	2gether NHS Foundation Trust 2014	2gether NHS Foundation Trust 2015	Movement	RAG Rating
1	**Liquidity** Liquidity Ratio (Monitor)	H	23.95 days	23.90 days	70.70 days	64.39 days	⇩	G
2	**Financial Efficiency** Capital Servicing Capacity (Monitor)	H	3.79X	2.42X	2.65X	2.01X	⇩	A
3	**Continuity of Service Risk Rating** Overall Risk Rating (Monitor)	H	4	4	4	4	-	G
4	**Underlying Performance** EBITDA Margin	H	5.10%	4.60%	4.95%	4.40%	⇩	A
5	**Financial Efficiency** Return on Assets	H	6.14%	3.02%	3.31%	2.40%	⇩	A
6	Income and Expenditure Surplus Margin	H	1.89%	0.56%	0.96%	0.04%	⇩	A
7	Cost and Income Performance **Staff Cost Performance** Staff costs and % of Total Income	L	71.95%	72.60%	71.45%	72.96%	⇧	A
8	Staff Costs per Whole Time Equivalent Member of Staff	L	£40,544	£39,849	£40,015	£41,074	⇧	A
9	Agency Costs as a % of total Staff Costs	L	5.64%	6.82%	5.60%	7.41%	⇧	A
10	Total Income per Whole Time Equivalent Member of Staff	H	£56,704	£55,063	£56,006	£56,296	⇧	G
11	**Non Staff Cost Performance** Non Staff Operating Expenses as a % of Total Income	L	27.24%	26.04%	25.47%	24.92%	⇩	G
12	**Reliance on NHS Contracts** Other Operating Income as a % of Total Income	H	10.30%	10.43%	5.05%	4.92%	⇩	A
13	**Payment Performance** Better Payment Practice Code - % of Invoices Paid within 30 days	H	NHS 89.68%	NHS 80.18%	NHS 91%	NHS 96%	⇧	G
		H	Non-NHS 80.57%	Non-NHS 88.37%	Non-NHS 97%	Non-NHS 97%	-	G

H – Higher the Better **L** – Lower the Better

Appendix B

Summary of the Trust's Quality Key Performance Indicators (internally produced)

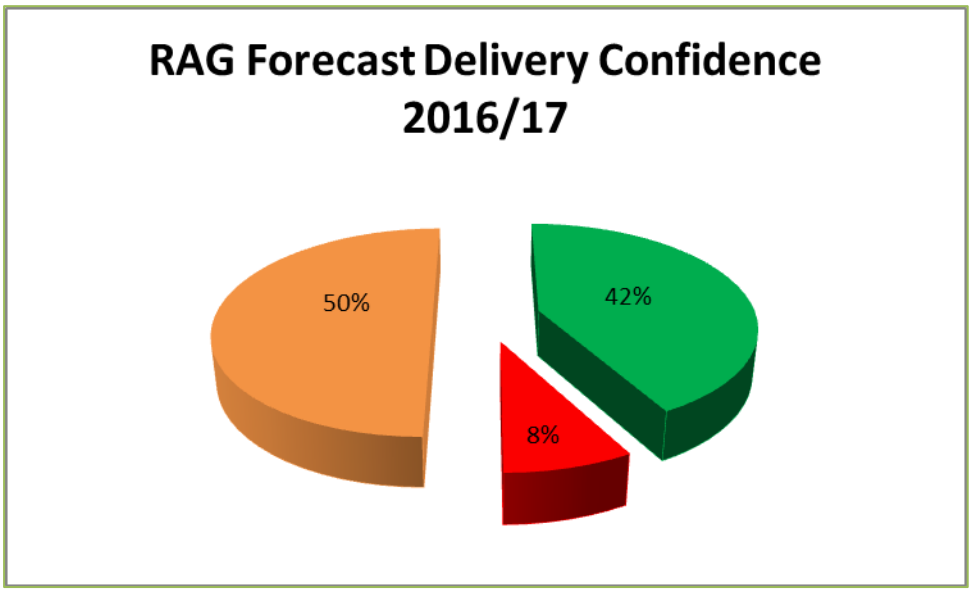
	Indicator	Locality	2014/15 Outrun	Previous Quarter Cumulative Compliance	November 2015	December 2015	January 2016	Cumulative Compliance
1	IAPT Waiting Times: Referral to treatment within 6 weeks (based on discharges)	PM		75%	75%	75%	75%	75%
		Glos		88%	86%	81%	88%	88%
		H'fd		95%	93%	94%	98%	95%
		Combined Actual		89%	87%	84%	90%	89%
2	IAPT Waiting Times: Referral to treatment within 18 weeks (based on discharges)	PM		95%	95%	95%	95%	95%
		Glos		99%	99%	99%	99%	99%
		H'fd		99%	99%	100%	100%	99%
		Combined Actual		99%	99%	99%	99%	99%
3	Mental Health Minimum Data Set Part 1 Data Completeness: Overall (comprises DOB, Gender, NHS No, Organisation code to commissioner, postcode, GP)	PM	97%	97%	97%	97%	97%	97%
		Glos	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
		H'fd	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
		Combined Actual	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%
4	Mental Health Minimum Data Set Part 2 Data Completeness: Overall (employment status, accommodation status, HoNOS assessment – all last 12 months)	PM	50%	50%	50%	50%	50%	50%
		Glos	98.2%	98.0%	97.9%	97.9%	97.7%	98.1%
		H'fd	95.9%	96.2%	95.5%	95.3%	95.4%	95.6%
		Combined Actual	97.5%	97.6%	97.5%	97.4%	97.3%	97.7%
5	Learning Disability Services: 6 indicators (identification of people with an LD, provision of information, support to family carers, training for staff, representation of people with LD, audit of practice and publication of findings	PM	6	6	6	6	6	6
		Glos	6	6	6	6	6	6
		H'fd	6	6	6	6	6	6
		Combined Actual	6	6	6	6	6	6
6	**Mixed Sex Accommodation:** Sleeping Accommodation Breaches	PM	0	0	0	0	0	0
		Glos	0	0	0	0	0	0
		H'fd	0	0	0	0	0	0
		Combined	0	0	0	0	0	0

Appendix C

CIP Savings 2016-17

Work Stream	Plans in Progress	Fully Developed	2016-17 Target	2016-17 RAG Delivery Confidence
Digital Dictation and Transcription	✓		160	R
Medicines Management	✓		100	G
2 Shift System on Wards	✓		700	A
Shared Service Procurement	✓		67	G
Corporate Service Review	✓		50	G
Cessation of Clothing Allowance		✓	7	G
Estates		✓	300	A
Review use of Pool Cars		✓	20	A
Medical Review / Consultant Contracts		✓	180	A
Reducing Business Mileage		✓	50	A
Income Generation (non-Contract)	✓		150	A
Use of WOS – existing business			100	R
Use of WOS – service charges	✓		50	R
Reduction in Agency Costs	✓		250	A
Personal Car Purchase Scheme		✓	15	A
IAPT Income	✓		400	A
Transformation Savings Target			**2,599**	
Budget setting – clinical		✓		G
Budget setting – corporate		✓		G
Budget setting savings 1% in all areas			963	G
Budget Setting Savings Target			**963**	
Non-Recurring Savings				
Review of Provisions	✓		554	G
Non-Recurring Savings Target			**554**	

4,116



Appendix D

Targets for 2016/17

	Q1	Q2	Q3	Q4	Outcome
E-rostering	Agree software	Implement and train managers		Assess change to agency costs/usage	• 15% reduction in agency staff
Staff Bank	Increase numbers of substantive staff on bank	Improve process for non-substantive staff to join staff bank	Repeat marketing of staff bank to substantive staff	Repeat marketing of staff bank to non-substantive staff	• 25% increase in active staff on staff bank • Increase staff bank by 20%
Policy changes	Review staff bank policy	Review leave policy	Gain approval of changes by JNCC		• Policies that ensure flexible staffing
Recruitment and Vacancies	Engage with year 3 students, and offer placements	Undertake MH career advice at schools and colleges	Improve recruitment process to: reduce length of vacancy, avoid potential loss of first choice candidates, employ all candidates that are suitable		• Vacancies reduced by 20% • Average recruitment period less than 3 months
Management Information	Identify and analyse key data sources	Work with e-rostering to auto-capture key data	Produce and trial a set of monthly performance indicators/dashboard		• Support reactive and proactive management decisions

Appendix E

Elements to be covered by Project Teams

1.	**Procure and Implement an E-Rostering System**
	a. Identify any current contract arrangements that we might piggy-back b. Specify e-rostering requirements c. Procure and deliver an e-rostering system d. Clearly establish costs of procurement, implementation and on-going costs e. Devise a system to practically assess potential e-rostering software f. Identify and deploy implementation support needs
2.	**Review and improve recruitment generally and to Staff Bank, and align with Trust Procedures**
	a. Process for substantive staff joining bank b. Process for bank only staff c. Ensure the mix of roles and skills represents the needs of the Trust (eg Admin, OTs etc) d. Increase size of staff bank e. Ensure there are robust processes to ensure compliance for 'bank only staff' with statutory and mandatory training and appraisals f. Methods that might improve recruitment to substantive posts eg home grown, final year students, use of media, joining payment
3.	**Ensure that vacancy levels are managed to minimise demand for temporary S=staff**
	a. Consider target vacancy levels for inpatients b. Consider options for achieving zero vacancies c. Review options for development of HCAs and engaging with student nurses
4.	**Identify, review and amend Policies that impact on the demand for temporary staff**
	a. Consider amending the Annual Leave Policy to facilitate rostering and avoidance of temporary staffing demand to cover leave eg to include a requirement to plan for 75% of leave for the year in the first three months to facilitate rostering b. To review other HR policies which support the employment of temporary staff or flexible working eg Additional Employment Policy; Recruitment and Selection Policy; Time Off in Lieu etc c. Ensure policies are in place for e-rostering, use of temporary staff and staff bank
5.	**Improve the Management Information needed to support decision-making and manage temporary staffing demand**
	a. Analysis of inactive and active bank staff eg potential actual time available b. High level snapshot management data required monthly c. Detailed ward-level data compiled through wards
6.	**Leadership – Generally challenge and improve processes**
	a. Strategy for reducing the demand and cost of temporary staffing (timescales, resources, outcomes) b. Responsibilities for off-payroll c. Staff bank benefits and terms of conditions eg weekly pay, travel costs, hourly rate consistent with substantive rate d. Pension auto enrolment e. Ensuring agency staff comply with NHS standards for pre-employment checks f. Recording all temporary staff usage through staff bank, including all agency staff placements to be co-ordinated through staff bank

Appendix F

Updates to the Draft Operational Plan

Section	Description of Change	Page
Operational Plan Context	Key Focus for 2016/17 last bullet point added	2
Headlines for 2016/17	Term 'Breakeven' has changed to 'surplus of £4k'	3
9 National Must Do's – Specific Response	Update to point 6	3
Approach to Activity Planning	Demand and Capacity Data (Variance Report) added	4
Local Commissioning Assumptions	Additional bullet points added	5
Five Year Forward View for Mental Health	Proposed Pathway added	6
Activity Information	Specific information regarding IAPT and Early Intervention	6-7
Approach to Quality Planning	Service Experience Friends and Family Test Scores and [2]gether 3 Year Staff Survey Comparisons	11
The Risk Profile	Updated for February 2016	12
Triangulation of Indicators	Appendices A and B have been added outlining KPIs	14
Seven Day Services	Updated Seven Day Services section	15
Our Approach to Workforce Planning	Workforce information has been added to include sickness absence, turnover and staff movements	16
Agency	• Reference has now been made to the overall agency spend total for the Trust • Appendix C has been added showing 2016/17 targets	19
Approach to Financial Planning	• Term 'Breakeven' has changed to 'surplus of £4k' • Income figures have been updated • Key assumptions table now includes Employers GNI cost increase (replacing Drugs Cost Increase) • CIP Savings figures have been updated • CIP Savings narrative has been updated	19-22
Agency rules and procurement	• Reference has now been made to the overall agency spend total for the Trust • Further information has been supplied for Project deliverables and Appendix E has been added	22
Link to emerging Sustainability and Transformation Plans	• Response to Five Year Forward View has been removed • Triple Aim has been referenced • Worcestershire populations have been added to the chart for local populations • Key STP Messages for Herefordshire has been updated with Key Herefordshire Messages with a new introductory paragraph • Worcestershire section has been slightly modified and the Membership table has been removed	24-27
Membership and Elections	The chart has been updated to show recent changes within the Council of Governors along with information regarding our new Lead Governor	27-28
Appendices A and B	Key Performance Indicators added	29-30
Appendix C	CIP Savings for 2016/17	32
Appendix D	Targets for 2016/17	31
Appendix E	Project Team Elements	33
Appendix F	Summary of Updates to Draft Submission	34