Norfolk and Suffolk NHS
NHS Foundation Trust

Annual Operational Plan 2016 - 2017

Norfolk and Suffolk NHS Foundation Trust

1.0 Strategic Context and Direction: Working Together for Better Mental Health

The coming year will be a crucial one for our future as we improve quality, move towards a sound financial footing and respond to the challenges of the Five Year Forward View. Both locally and nationally the NHS continues to face unprecedented demand for services, combined with financial challenges across the health economy, especially in mental health. The Five Year Forward View has set the agenda for more integration and alliance across health and social care and we will be playing a significant role in this as we champion parity for mental health with physical health, both in terms of funding and access to services.

In February 2015 we were placed into special measures following a CQC inspection which rated us overall as 'inadequate'. Over the last 12 months a significant amount of work has been undertaken to address the concerns raised and the primary focus for the coming year is to be out of special measures, depending on the CQC re-inspection timetable, during-2016.

We continue to work closely with Monitor to ensure our finances and service improvements are aligned so the foundations for financial recovery put in place during 2015/16 are delivered in the coming year. We are confident that with the support of our CCGs this position will improve in 2016/17.

We are clear that we need to build strong foundations of safe and trusted mental health services, which are quality driven, financially sustainable and underpinned by an engaged workforce. This is set out in our Trust Strategy 2016 - 2021 which explains what we will be doing to achieve this, which, in the short term, is described via this annual operational plan.

Listening to our staff, service users and carers, we know we still have much to do to build trust, accountability and responsibility at every level of our organisation. Our focus in the coming year is to build on the work done in defining our operational model and embedding this further by ensuring our staff have the right training and leadership skills.

Despite the challenges we faced, significant, positive change has occurred over the last twelve months, we have:

- co-developed our new Trust values and behaviours with over 1,300 members of staff, service users and carers
- produced a clear overarching Trust Strategy for the next five years
- produced a Workforce & Organisational Development strategy to support a more engaged, skilled and responsive workforce
- delivered the first stage of Trust-wide clinical pathways based on national best practice and guidance, local commissioning views and reflecting the local response to the Five Year Forward View
- launched our co-produced service user and carer strategy *Improving Services Together*
- won the Norfolk and Suffolk Well-being Services contract with an innovative set of services that have already making a difference to thousands of people's lives
- opened a branch of our specialist nursing academy in Suffolk
- delivered a new Short Stay School for Norfolk, in partnership with the Benjamin Foundation, providing therapeutic and mental health support to young people at risk of going into care
- improved patient safety by deploying a single electronic health record that replaced eight separate paper and disparate IT systems.

The Board and our senior leaders are committed to delivering our 2016/17 priorities outlined within this annual operational plan and ensuring the integration of mental and physical health services; making a reality of "No Health without Mental Health".

Our Trust Strategy 2016 – 2021

Our mission is to be a champion for positive mental health, by providing safe, effective, trusted services together with our partners; supported by our vision: to work together for better mental health. These put Recovery at the heart of what we do and, for us, Recovery means people living the best life they can, with or without a mental health condition.

Our overarching Trust Strategy, 2016 – 21, sets out what we will do to realise this. Listening to our staff, service users, carers and stakeholders, we know we need to be clear about how our strategy will deliver this, which we will do through achieving our three core strategic goals of:

1. Improving quality and achieving financial sustainability
2. Working as One Trust
3. Focussing on prevention, early intervention and promoting Recovery.

We will deliver these throughout the 2016 - 2021 lifetime of the Trust strategy. They will be disseminated widely as part of the new strategic planning cycle and be at the core of everyone's objective setting and appraisal for the coming year. The following table shows how this all fits together.

Our strategic goals 2016 - 2021		
1. Improving quality and achieving financial sustainability	**2.** Working as One Trust	**3.** Focussing on prevention, early intervention and promoting Recovery.
Our operational objectives to achieve these in 2016/17		
To deliver our quality improvement plans, demonstrated in 2016 by getting out of Special Measures	To ensure every member of staff receives training in our Values and Behaviours	To implement the 2016/17 components of our Service User and Carer Strategy
To evidence significant progress on our Estates, Workforce and Technology Transformation Programmes by delivering the 2016/17 programme targets	To deliver the 2016/17 components of our Clinical Strategy	To develop a prevention and early intervention strategy and action plan
At least 50% more of staff survey scores will increase than reduce	To implement the 2016/17 elements of our Workforce and Organisational Development Strategy	To embed Recovery in the day to day working of our Trust
To deliver our 2016/17 Financial Plans and stay within budget	To establish effective relationships which support us to be a positive champion for Mental Health	
Distilled and delivered through individual objectives in 2016/17		

This is year one of our strategy and the themes running throughout this annual operational plan establish the foundations for their achievement.

Sustainability and Transformation Plans (STPs)

We share our footprint with seven CCGs across two counties. While each CCG has a different population profile and priorities, they have a shared commitment to achieving integrated care to help meet the challenges around demand, efficiency and funding.

We are committed to playing a central role in the development of local Sustainability and Transformation Plans (STPs); ensuring mental health needs are addressed as part of a whole-person approach to care. Our localities are coterminous with each CCG, enabling us to integrate on a local level, reflecting the needs of our diverse communities and wider health system.

Our preference is for the Multidisciplinary Community Provider (MCP) model of integrated care, with services arranged around the patient in primary care, but with a commitment to integrate wherever possible at all levels in both primary and secondary care and with the statutory and voluntary sector. This means we will:

- Play a central role in the system-wide response to local health and social care challenges
- Collaborate with the wider health economy, sharing best practice and learning

- Lobby for appropriate funding for mental health services
- Create standardised clinical pathways, which can be integrated flexibly at a local level, according to need and the chosen local system model.

Current examples of integration in which we have a key role include:

- A joint venture with an acute hospital and community services provider to bid for provision of integrated out of hospital services under a Most Capable Provider contract
- Participation in the Suffolk "Connect" project, linking community services at neighbourhood level
- Launch of a new primary care mental health service, fully integrated with local third sector partners.

Provisional footprints

Whilst some CCGs have made more progress towards integration than others, however agreement in principle has been reached on the proposed STP footprints:

Norfolk and Waveney, comprising the following CCG areas:

- North Norfolk
- South Norfolk
- Great Yarmouth and Waveney (Waveney is a district of Suffolk)
- West Norfolk
- Norwich

In October 2015 Norfolk and Waveney health system leaders agreed a set of principles of care which will underpin their integrated approach and put the principles of care at the centre of what each organisation does, by itself or with others. Each organisation committed to provide senior leadership/coordination to the group and work together across and beyond boundaries, organisationally and geographically. This work will continue throughout 2016/17.

Suffolk, comprising:

- Ipswich and East Suffolk CCG
- West Suffolk CCG
- North Essex – acute hospitals only

Suffolk County Council is pursuing devolution of health and social care responsibility from central government, which, if it proceeds, will impact on the Suffolk STP.

Suffolk CCGs have a shared commitment to commission for integrated community and urgent care services, and local providers are collaborating to establish the specification for an integrated care organisation.

Health and Social Care Integration

We are committed to supporting the development of a system-wide plan for reducing delayed transfers of care, working alongside local government and NHS partners to improve integration across health and social care services.

We will also continue to take an active role seeking to implement the Better Care Fund (BCF) in our local area, engaging with other organisations to support the BCF Policy Framework.

Governors and Members

The Council of Governors' general duties are to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of both the members of the Trust as a whole and the general public.

The governors do this through their formal meetings six times a year and their subgroups. In addition, in response to the Trust being in special measures, the governors have initiated a new subgroup called the Improvement Plan Coordination subgroup which reports to the Council of Governors.

Currently we have 13,000 public and service user / carer members with 3800 staff members. We hold annual elections with our newly elected governors taking up their seats from 02 February each year. In 2015/16 there were vacancies in the following seats:

Constituency (vacant seats)	Number of candidates	Turnout %
Public Suffolk (1)	4	15.9
Public Norfolk (3)	8	14.6
Service User Suffolk (1)	1	Uncontested
Service User Norfolk (1)	2	15.8
Carer Norfolk (1)	1	Uncontested
Carer Suffolk (1)	1	Uncontested
Staff (2)	7	14.2

In 2016/17 there will be elections for: Public Suffolk (3), Public Norfolk (2), Service User Norfolk (1).

Governor recruitment and member engagement

All members who express an interest in standing as a governor receive a personal invitation from the Chair to attend an information session on the role. These sessions have been well attended.

Education and training for governors is overseen by the Council of Governors' (CoG) Education Subgroup. The training plan is refreshed each year following the CoG self-assessment on its performance.

Each year the governors host two member conferences on topics of interest to the public. In 2014 these were on mental health and criminal justice, and in 2015 on young people's mental health. In 2016 the theme will be dementia. Each of these events attracts up to 150 attendees. We also hold member seminars across the two counties on a wide range of topics including; medication and mental health, faith leaders, and sexuality, gender and mental health.

The CoG has a Membership and Communications Subgroup which oversees member recruitment and engagement. The Trust employs a membership and engagement officer who organises events to facilitate these functions.

The Trust membership officer ensures that we have a strong community presence in events such as Norwich LGB&T Pride, Suffolk LGB&T Pride, Ipswich and Suffolk Indian Mela, Ipswich One Big Multicultural day, Disability Day, Black History Month, and other ad hoc events.

2.0 Our operational activity plans – delivering our 2016/17 objectives

This section describes how our 2016/17 objectives will achieve year one of our Trust strategy in relation to the quality, patient safety and workforce plans we want to implement along with national and local commissioner requirements.

Approach to Quality Planning

We recognise that to deliver quality services, achieve our strategic goals and financial balance we need to have a structured and disciplined approach to achieve sustained organisational and cultural change. The past year has seen our Programme Management Office (PMO) embed and provide us with a structured framework for defining and implementing change, helping to cement the ethos of us being 'One Trust' and, ultimately, improve the levels of project success and achievement of our objectives.

As part of our PMO governance framework we have established three Strategic Mobilisation Boards: Workforce, Technology and Estates. These will implement the Trust's strategy through active change management and support delivery of the financial and quality improvement plans. A number of individual projects will also be supported, recognising one off or specialist activities.

A key part of this will be delivery of our estates strategy which is being developed with clinical teams, also in support of the clinical strategy and, as part of our commitment to the national Sign up to Safety campaign, the fundamental principle of providing an environment that reduces the risk of harm.

This annual operational plan draws all this activity together, aligns our objectives to our strategic goals (as set out on page 3) to clearly demonstrate what we are doing to achieve our mission to be a champion for positive mental health, by providing safe, effective, trusted services together with our partners.

Strategic Goal: Improving quality and achieving financial sustainability

2016/17 Operational Objectives to achieve this:

- *To deliver our quality improvement plans, demonstrated in 2016 by getting out of Special Measures*
- *To evidence significant progress on our Estates, Workforce and Technology Transformation Programmes by delivering the 2016/17 programme targets*
- *At least 50% more of staff survey scores will increase than reduce*
- *To deliver our 2016/17 Financial Plans and stay within budget*

The following describes why this is important to us.

Approach to Quality Improvement

The Care Quality Commission (CQC) undertook a full inspection of our Trust in October 2014. The report, published in February 2015, rated us as 'inadequate' overall, broken down as follows:

Domain	Outcome
Are services caring?	**Good**
Are services safe?	**Inadequate**
Are services effective?	**Requires Improvement**
Are services responsive?	**Requires Improvement**
Are services well-led?	**Inadequate**

Over the past year we have made significant progress in addressing issues found at our inspection and undertook a mock CQC inspection in November 2015 to check on progress. This confirmed we still have much to do in some areas and will be working with our clinical leaders to ensure these are addressed before our re-inspection in summer 2016. Improvement in quality is one of our Trust priorities, and although the re-inspection by CQC is an important marker in our improvement journey, our ambition extends beyond this.

Signing up to the Sign up to Safety campaign demonstrates our commitment to continuously drive forward improvements in patient safety and our five key initiatives to improve safety are embedded throughout our annual operational plan activities.

The Quality Governance Committee has delegated authority from the Board of Directors to oversee the quality and patient safety agenda. Membership includes leaders from all service areas, key executive directors and is chaired by the Trust Chair. The Committee triangulates data from the services, CCGs and external bodies and monitors performance against the quality dashboard, agreed with our commissioners and regulators. The Board of Directors subsequently receive an overview of trends and activity on a quarterly basis.

Seven day services

We currently provide a number of services over seven days:

- Adult acute inpatient services
- Older people acute inpatient services
- Dementia Intensive Support Unit
- Crisis Resolution Home Treatment teams
- Dementia Intensive Support teams

- Psychiatric liaison in A&E with acute partners
- Police control room team.

We continue to work closely with commissioners to consider options for extending seven day services in line with their funding plans and our Trust strategy.

Quality Impact Assessment process

All Quality Improvement Plans (QIPs) and Cost Improvement Plans (CIPs) have a Quality Impact Assessment (QIA) which is signed off by the Director of Nursing and Medical Director to ensure any impact on services is known and mitigated. These are shared with commissioners as part of their quality governance meetings and assurance process.

In line with Department of Health guidance, our quality priorities have been identified from the Quality Improvement Plans and from feedback via service user and carer engagement.

Triangulation of Indicators

The Trust uses a quality dashboard to report monthly against a series of KPI's. The dashboard is reviewed monthly at the Quality Governance Committee where the data is triangulated with reports from the responsible senior manager. The dashboard is also reviewed at locality performance review groups, where staff from the locality interrogate the data and understand what the issues are and then make plans for any necessary changes.

The dashboard is triangulated with audit data where appropriate, linked to peer reviews and spot-checked within teams to provide the qualitative element.

The trust has a plan to introduce balanced scorecards to summarise information and ensure that improvement plans are cohesive and responsive.

Estates, Technology and Workforce

Our focus remains on reducing the number of costly and/or unsuitable sites and development of health campuses, where possible in partnership with other agencies. Discussions are also progressing with other health and public sector groups on the sharing of accommodation working towards "one public estate", particularly as STPs develop.

The use of technology to transform care aims to give our staff the skills and tools to work smarter and ultimately spend more time delivering care. The focus for 2016/17 is to get back to basics and provide a robust, responsive infrastructure through effective technology solutions which support clinical care.

We know that from January to March 2015 an average of only 23% of clinical time was spent on patient facing tasks; the rest of people's time involved training, meetings, paperwork, travelling and other support tasks. While some of these are essential, we know that through technology, we can improve service delivery and better support our service users and their carers. We will use this figure as a baseline to monitor our improvement over the lifetime of our five year Trust strategy.

A technology strategy will be delivered in 2016/17, developed in partnership with our service users, carers, clinicians and stakeholders as part of the digital road maps all NHS providers are developing.

The NHS Staff Survey provides an opportunity for the Trust to survey its staff in a consistent and systematic way. This makes it possible to build up a picture of staff experience and to compare and monitor change over time and to identify variations between different staff groups. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving real service improvements in the Trust and wider NHS.

Whilst the Trust can demonstrate positive progress within the year across many key findings, the distribution of the scores (the majority of the scores being lower (worse) than average shows that the Trust continues to have much work to do to improve overall engagement and satisfaction scores. This is in line with the focus of the Trust's Workforce and Organisational Development Strategy and its supporting implementation plans. It is recognised, however, that whilst the strategy is ambitious and the pace of implementation is relatively fast, the cultural change necessitated will take some considerable time to achieve consistent long term and considerable improvement to the degree the Trust is committed to achieve.

Areas for focus are staff recommending the organisation as a place to work or receive treatment, recognition and value of staff by managers and the organisation and support from immediate managers (all of which received scores equivalent to the lowest in the country).

In support of our clinical strategy, and in line with commissioner and service user requirements, we will continuously improve the services we deliver so they offer high quality at best value.

We have a robust financial recovery plan which will see us deliver a £6.1m deficit in 2016/17, an improvement of £2.8m on the 2015/16 year end. Like the wider health and social care community, our Trust faces long-term challenges, often outside of our control. Demand for our services continues to increase, whilst our funding declines. While we must control our own costs, we recognise that 'parity of esteem' is yet to be reflected in parity of resources. Our Board will continue to campaign to improve this position.

Though our Trust strategy is driven by quality rather than finance, we are currently running at a financial deficit and spend more on delivering services than we receive from commissioners, this is unsustainable and services must be delivered within our means. To support this, a key principle of our clinical strategy is that we will only provide services which we are funded to deliver.

The key activities to achieve these objectives are set out in the tables below.

2016/17 activity plans to deliver our quality improvement plans, demonstrated in 2016 by getting out of Special Measures			
What	Why	When	Who
Continue to deliver the CQC Action Plan	To address the issues identified, improve quality and clinical care Come out of special measures Achieves Trust goal(s): 1	Q2	Executive Lead: Jane Sayer Operational Lead: Sue Barrett
Review the mock CQC report to ensure all learning is identified and addressed	To address the issues identified, improve quality and clinical care Achieves Trust goal(s): 1	Q1	Executive Lead: Jane Sayer Operational Lead: Sue Barrett
To reduce the number of self-harm incidents within the Trust	Staff will have the confidence and tools to manage service users who self-harm, improving the service user experience. This will be measured through the number of people who attend training, a staff survey and a patient reported outcome measure, which will be developed. For the Trust to participate in regional initiatives and develop a 5 year target for suicide reduction in partnership with other services Achieves Trust goal(s): 1, 2	Q4	Executive Lead: Jane Sayer Operational Lead: Michele Allott
To reduce the incidence of restrictive practice across services	To improve the quality and safety of clinical services and achieve the Trust quality priority and CQC Safe Domain Achieves Trust goal(s): 1, 2, 3	Q1	Executive Lead: Debbie White Clinical Leads: Dr Parker, Dr Kavuma
Improving patient experience	To raise the number of people reporting they were involved or involved to some extent in their care plans to above 90% in 2017 (it has been at 88% for the last 2 years) and achieve the Trust quality priority and CQC Responsive Domain	Q3	Executive Leads: Debbie White (Norfolk) Alison Armstrong

2016/17 activity plans to deliver our quality improvement plans, demonstrated in 2016 by getting out of Special Measures			
What	Why	When	Who
	Achieves Trust goal(s): 1, 2		(Suffolk)
Demonstrating clinical effectiveness	To ensure that 95% of service users have their capacity to consent to treatment on admission, recorded in the electronic record and achieve the Trust quality priority and CQC Effective Domain Achieves Trust goal(s): 1, 2	Q4	Executive Lead: Bohdan Solomka
Managing section 17 leave	To ensure that section 17 leave is managed in accordance with the Code of Practice, monitored by MHA administration team, specifically: a) 95% of leave authorisations are signed by the RC or their nominated deputy. b) 95% of leave authorisations have the parameters of the leave clearly set out c) 95% of service users granted leave have a specific risk assessment carried out d) 95% of service users granted leave have been given a copy of the forms or it is documented that they refused a copy e) 95% of carers will be offered a copy of the forms or it is documented that the service user has denied permission. Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Leads: Bohdan Solomka, (a,b,c) Robert Nesbitt, (d,e)
Develop integrated service improvement and evaluation strategies	To embed continuous learning and improvement, and to exploit potential for national excellence Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Jane Sayer Operational Lead: Bonnie Teague
Independent review of unexpected deaths	To ensure that both the governance and assurance around the Serious Incident (SI) process are robust, and provide a framework for comparison against national data and trends Achieves Trust goal(s): 1	Q2	Executive Lead: Jane Sayer Operational Lead: Veritas (external company)
Embed the Green Light Toolkit	To evaluate services and agree local actions to meet the needs of people with a learning disability and/or autism. Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Jane Sayer Operational Lead: Sue Bridges

2016/17 activity plans to evidence significant progress on our Estates, Workforce and Technology Transformation Programmes by delivering the 2016/17 programme targets			
What	Why	When	Who
Estates Mobilisation Board 2016/17	To deliver CIP & QIP programmes of:	Q4	Executive Lead: Julie Cave

2016/17 activity plans to evidence significant progress on our Estates, Workforce and Technology Transformation Programmes by delivering the 2016/17 programme targets			
What	Why	When	Who
	Optimising Trust Wide Bed usage Review of CRHT and out of area beds Estates Rationalisation Estates maintenance and facilities efficiencies Achieves Trust goal(s): 1, 2		Operational Leads: Mark Kittle (estates) Micki Munro (clinical)
Progress sale of underutilised estate on the Hellesdon Hospital site	No longer required or suitable for patient care. Expensive redundant space which does not fit Trust needs Achieves Trust goal(s): 1, 2, 3	Sale 2017/18 Scoping Q3	Executive Lead: Julie Cave Operational Lead: Mark Kittle
Progress sale of Lothingland Hospital	No longer required or suitable for patient care. Expensive redundant space which does not fit Trust needs Achieves Trust goal(s): 1	Sale 2017/18 Scoping Q4	
Sale of Northgate	Redundant land Achieves Trust goal(s): 1	Q4	
Sale of Meridian House	Consolidation of clinical teams, property not suitable for clinical use Achieves Trust goal(s): 1, 3	Q3	
Sale of Barons Road	Not used by NSFT, house in use by Suffolk County Council only Achieves Trust goal(s): 1	Q3	
On-going improvements of in-patient environment	Year-long programme which includes ligature reduction programme, line of sight resolution, CCTV installation Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Julie Cave Operational Lead: Mark Kittle
Prioritise and approve a capital programme within the resources available	To resolve identified issues/needs from the organisation Achieves Trust goal(s): 1	Q4	Executive Lead: Julie Cave Operational Lead: Mark Kittle
Review of Lord Carter report relating to estates	To deliver greater productivity in this area. Achieves Trust goal(s): 1	Throughout 2016/17	Executive Lead: Julie Cave Operational Lead: Mark Kittle
Workforce Mobilisation Board 2016/17	To deliver CIP & QIP programmes of: Right number and skill mix of staff Review of administration staff support to clinical practice Clinical review of workforce skills and roles Reduction in management, administrative and	Q4	Executive Lead: Leigh Howlett Operational Lead: Denise Zandbergen

2016/17 activity plans to evidence significant progress on our Estates, Workforce and Technology Transformation Programmes by delivering the 2016/17 programme targets			
What	Why	When	Who
	support costs Achieves Trust goal(s): 1, 2		
Deliver key workforce targets of: Absence rate target of 4.5% Turnover (all turnover, not just voluntary) 12%. Vacancy rate(s) of 8%	To ensure we are providing the best support to staff and enabling a stable and well managed workforce Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Leigh Howlett Operational Lead: Sarah Ball
Technology Mobilisation Board 2016/17	To deliver CIP & QIP programmes of: Use of Technology Optimisation of Lorenzo Restructuring of the ICT department Improvements in data quality and reporting Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Dave Huggins
Delivery of a technology strategy	To provide a clear direction to support our clinical activity and increase patient contact To support delivery of the Digital Roadmap Achieves Trust goal(s): 1, 2	Q3	Executive Lead: Leigh Howlett Operational Lead: Dave Huggins
Develop options for future ICT service to support Hellesdon Hospital Closure	A review of technology and service delivery models options and then come up with an options appraisal that provides best value for money and flexibility Achieves Trust goal(s): 1, 2	Q2	Executive Lead: Leigh Howlett Operational Lead: Dave Jones
Develop a fit-for-purpose information reporting system	To provide high quality, timely and accurate reports which enable effective decisions on service delivery To support delivery of the Digital Roadmap Achieves Trust goal(s): 1, 2	Q4	Executive Lead: Leigh Howlett Operational Lead: Karen Rix
To deliver a Disaster Recovery solution	Review/Redesign and Implement Improvements dependent on the future delivery model of ICT services, which could solve some of the DR issues in its design. To support delivery of the Digital Roadmap Achieves Trust goal(s): 1, 2	Q2	Executive Lead: Leigh Howlett Operational Lead: Dave Jones
To deliver a Trust wide telephony Strategy	To move towards more efficient and cost effective technology Achieves Trust goal(s): 1, 2	Q3	Executive Lead: Leigh Howlett Operational Lead: Dave Jones

2016/17 activity plans to evidence significant progress on our Estates, Workforce and Technology Transformation Programmes by delivering the 2016/17 programme targets			
What	Why	When	Who
The review, redesign and replacement of the Active Directory (AD) & System Centre Configuration Manager (SCCM)	AD and SCCM are both are no longer fit for purpose and reduce the effectiveness of the ICT team and support to the wider Trust Achieves Trust goal(s): 1, 2	Q3	Executive Lead: Leigh Howlett Operational Lead: Dave Jones
Embedding of Lorenzo as our full Electronic Patient Record (EPR)	To improve patient care, enabling clinical information to be available to clinical staff wherever the service user accesses services. To support work on electronic referrals, discharges and service user led appointment system. To support delivery of the Digital Roadmap Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Dave Huggins
Deliver a mobile working solution	To enable staff to access and/or update information at or close to the point of care To support delivery of the Digital Roadmap Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Dave Huggins

2016/17 activity plans to deliver at least 50% more of staff survey scores will increase than reduce			
What	Why	When	Who
Undertake further listening events on our values implementation and monitor success through staff survey and service users surveys	To ensure we live our values consistently Achieves Trust goal(s): 1, 2	Q2 and Q3	Executive Lead: Leigh Howlett Operational Lead: Paul Johnson
Deliver key workforce targets of: Absence rate target of 4.5% Turnover (all turnover, not just voluntary) 12%. Vacancy rate(s) of 8%	To ensure we are providing the best support to staff and enabling a stable and well managed workforce Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Leigh Howlett Operational Lead: Sarah Ball
Implement updated Staff Wellbeing Strategy	To support staff in being mentally and physically resilient Achieves Trust goal(s): 1, 2, 3	From Q1	Executive Lead: Leigh Howlett Operational Lead: Alison Thomas
Leadership & Management Development core skills framework implemented	Investing in our staff to deliver trusted, safe and effective services Achieves Trust goal(s): 1, 2	Q2	Executive Lead: Leigh Howlett Operational Lead: Sarah Ball

2016/17 activity plans to deliver at least 50% more of staff survey scores will increase than reduce			
What	Why	When	Who
Implement updated Recruitment and Retention Strategy	To both attract the right staff and then ensure they want to stay with our Trust Achieves Trust goal(s): 1, 2	Q1	Executive Lead: Leigh Howlett Operational Lead: Hannah Edwards
Implement the Trust's WRES (Workforce Race Equality Standard) action plans	To demonstrate our commitment to equality, diversity and inclusion in all aspects of our employment processes and staff engagement. Address race inequalities in the workplace Achieves Trust goal(s): 1, 2	Q1	Executive Lead: Leigh Howlett Operational Lead: Hannah Edwards
Support the Equality Leads Network by protecting agreed time for members' work and by maximising their contribution to team development	To build capability and skilled teams that are effective at supporting the needs of people from protected characteristic groups, assisting in the Trust's public sector equality duties Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Robert Nesbitt Operational Lead: Ravi Seenan

2016/17 activity plans to deliver our 2016/17 financial plans and stay within budget			
What	Why	When	Who
Review of the Trust procurement function and support	To ensure this high spend area offers best value for money and is operating effectively Achieves Trust goal(s): 1	Throughout 2016/17	Executive Lead: Julie Cave Operational Lead: Kathy Walsh
Collaboration with NHSP to increase number of our staff on the bank	Greater control of costs and accountability, tightening processes from approving vacancies and temporary workers to controlling direct bookings and retrospectives Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Jane Parris
Enhanced temporary staffing information reports	Weekly management information to include a set of financial and workforce targets associated with budgets. To help with accountability and management control at every level Targeted support from Finance, HR, E-Rostering and NHSP Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Jane Parris
Temporary staffing action plan (controls, capping, agency to bank migration) implemented	When agency staff are required to ensure they are both clinically competent and offer best value for money Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Jane Parris
Prioritise and approve a capital programme within the resources available	To resolve identified issues/needs from the organisation Achieves Trust goal(s): 1	Q4	Executive Lead: Julie Cave Operational Lead:

2016/17 activity plans to deliver our 2016/17 financial plans and stay within budget			
What	Why	When	Who
			Mark Kittle
Review of Lord Carter report relating to estates	To deliver greater productivity in this area. Achieves Trust goal(s): 1	Throughout 2016/17	Executive Lead: Julie Cave Operational Lead: Mark Kittle
Review of pharmacy, generic drug usage and service model	To ensure this high spend area offers best value for money and is operating effectively Achieves Trust goal(s): 1	Throughout 2016/17	Executive Lead: Bohdan Solomka Operational Lead: Esther Johnson
Review of the Trust procurement function and support	To ensure this high spend area offers best value for money and is operating effectively Achieves Trust goal(s): 1	Throughout 2016/17	Executive Lead: Julie Cave Operational Lead: Kathy Walsh

Strategic Goal: Working as One Trust

2016/17 Operational Objectives to achieve this:

- *To ensure every member of staff receives training in our Values and Behaviours*
- *To deliver the 2016/17 components of our Clinical Strategy*
- *To implement the 2016/17 elements of our Workforce and Organisational Development Strategy*
- *To establish effective relationships which support us to be a positive champion for Mental Health*

The following describes why this is important to us.

Our values are: Positively, Respectfully, Together and were created by 1,300 staff members, service users and carers. They reflect what we collectively believe makes the most positive difference to the care we offer and to the way we work with one another.

This is the first year we will all work to our new values and behaviours, have them underpin our strategic planning, all we do and how we will behave within the Trust and with our service users, cares and stakeholders.

We are engaging our clinicians, service users, partners and commissioners in developing a Trust-wide clinical strategy of core pathways and packages of care which incorporate best practice and guidance. Pathways will reflect what is needed and valued by our service users, in order to achieve more consistent outcomes, increased choice and improved patient experience regardless of location.

The clinical strategy will focus on elements common across all localities. Service configuration will be managed at locality level, reflecting commissioning priorities, geography, demographics, resources and the wider local system. This work will be led by senior clinicians and operational managers working collaboratively across the Trust, with service users, carers and commissioners.

This operational plan will deliver year one activity of our Workforce and Organisational Development Strategy 2016 – 20. We have a workforce that has been commended for its care of our service users. We value and are proud of the commitment and contribution of every member of staff. We want our staff to be equally proud to work for the Trust; acting as positive ambassadors for us as a provider of trusted mental health services and a desirable employer recognised locally, regionally and nationally.

We want our staff to feel fulfilled, treated fairly and valued in their roles, recognised for the important contribution they make each day and for them to be engaged in positively shaping the services they provide, and the culture of the environment they work in. Great leadership is fundamental to delivering this and is a

focus of our strategy so we attract, develop and retain staff who do their very best for our service users; living our values through their actions.

Over any year we anticipate our staff numbers to change, especially as our clinical strategy is embedded and we reflect different working practices and models, such as the move towards prevention and integration with the wider health and social care sectors.

For 2016/17 our overall workforce establishment is planned to remain largely stable over the next year with a relatively modest reduction of approximately 135 whole time equivalents (-3%) across all staff groups. This will largely be met through the removal of non-essential vacancies as they arise, mitigated within clinical services through the more efficient use of our staff to ensure safe staffing levels, supported by electronic rostering.

The Trust works in partnership with NHS Professionals to provide a managed temporary staffing service for bank nursing and administrative staff. The service is subject to robust contract monitoring, including the management of delivery against key performance indicators. As part of our temporary staffing management plans, we need to change the way temporary staff are used. During 2016/17 we will seek to decrease reliance on agency staff, and look to encourage more Trust and external staff to join NHS Professionals.

We have worked collaboratively with other mental health Trusts in the region to identify preferred medical locum providers to improve quality and drive through efficiencies from economies of scale. Focus over the next year is on improving management controls in regard to the booking of 'specialist' temporary staffing requirements (i.e. anything other than nursing, administrative or medical). All temporary staffing providers used by the Trust meet the NHS Employment Check standards are approved providers on regional or national NHS procurement frameworks.

We believe through the ultimate delivery of our Workforce and OD Strategy, we can create a sustainable and thriving organisation with an excellent reputation for high quality patient care; delivered by staff proud to work for us who positively shape the services we provide and the culture of the environment we all work in.

We will continue to work in partnership with our commissioners and third sector partners to deliver this, and, as the STPs begin to take shape, will ensure we have flexible services able to meet changing needs and service requirements.

The key activities to achieve these objectives are set out in the tables below.

2016/17 activity plans to ensure every member of staff receives training in our Values and Behaviours			
What	Why	When	Who
Every member of staff to attend a values cascade session	To ensure all our staff understand and can act in line with our values and behaviours in their day to day activities Achieves Trust goal(s): 2	Throughout 2016/17	Exec lead: Leigh Howlett Operational Lead: Sarah Ball
Train every manager in how to embed our values in day to day activity for themselves and their team	To ensure our leaders live and act in line with our values and behaviours in their day to day activities and can model this behaviour to our wider staff Achieves Trust goal(s): 2	Throughout 2016/17	Exec lead: Leigh Howlett Operational Lead: Sarah Ball
Introduce, train and embed a values based appraisal process	Staff will be clear about exactly how their individual goal(s)s contribute to the overall effectiveness and success of their team, department and our Trust. By holding all staff to account based on the same set of values, the	Throughout 2016/17	Exec lead: Leigh Howlett Operational Lead: Hannah Edwards

2016/17 activity plans to ensure every member of staff receives training in our Values and Behaviours			
What	Why	When	Who
	system will be fairer and encourage better team working from all colleagues, making our Trust a better place to work and be treated. Achieves Trust goal(s): 2		
Undertake further listening events on our values implementation and monitor success through staff survey and service users surveys	To ensure we live our values consistently Achieves Trust goal(s): 2	Q2 and Q3	Executive Lead: Leigh Howlett Operational Lead: Paul Johnson
Introduce values based recruitment for every post in the Trust	By attracting and recruiting students, trainees and employees on the basis that their individual values align with those of our Trust Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Michelle Winmill

2016/17 activity plans to deliver the 2016/17 components of our clinical strategy			
What	Why	When	Who
Defined clinical strategies for each service in place	To deliver a standard high quality service across one Trust Achieves Trust goal(s): 1, 2, 3	Q3	Executive Lead: Bohdan Solomka Operational Lead: Oli Matthews
Clinical strategies promote the Trust's equality duties under the Equality Act (2010)	To ensure services are accessible and effective for all Achieves Trust goal(s): 1, 2, 3	Throughout 2016/17	Executive Lead: Bohdan Solomka Operational Lead: Oli Matthews
Framework for service user needs typing in place	To accurately identify the service user needs we should be delivering To deliver a standard high quality service across one Trust Achieves Trust goal(s): 1, 2, 3	Q1	Executive Lead: Bohdan Solomka Operational Lead: Oli Matthews
Deliver a nursing and AHP strategy to support the clinical strategy	To ensure we have the skills and staff to deliver the changes and new ways of working Achieves Trust goal(s): 1, 2, 3	Q3	Executive Lead: Jane Sayer Operational Lead: Dawn Collins
Deliver and embed the Green Light toolkit	To ensure we meet the needs of people with a learning disability Achieves Trust goal(s): 1, 2, 3	Q2	Executive Lead: Jane Sayer Operational Lead: Sue Bridges
To support commissioners in redesign of Learning	To support commissioners in working towards a more community focused service, with prevention,	Q2	Executive Lead: Alison Armstrong Operational Lead: Sue

2016/17 activity plans to deliver the 2016/17 components of our clinical strategy			
What	Why	When	Who
Disability Services for East and West Suffolk	and the promotion of "health and well-being" in line with the national Transforming Care agenda Achieves Trust goal(s): 1, 3		Miller
Redesign of Suffolk Integrated Delivery Teams (IDTs) and Access & Assessment Services (AAS)	To support reduction of investment in secondary care services by CCGs to fund the new Primary Mental Health Care Service Achieves Trust goal(s): 1, 2, 3	Q2	Executive Lead: Alison Armstrong Operational Lead: Sue Miller
To support commissioners in service redesign for Learning Disability (LD) Services for adults, children and young people in Waveney.	Decision taken by Suffolk CCGs to reconfigure LD beds which has led to the proposed closure of both of the LD adolescent and adult in-patient service at Lothingland. There will be growth in the resource for LD Community CAMHS and adult services. Achieves Trust goal(s): 1, 3	Q2	Executive Lead: Debbie White Operational Lead: Andy Goff
Review of Secure Services	Review of service provision to ensure we meet best practice, improve the care environment, enhance care, review finances as a loss making services and only deliver commissioned services Achieves Trust goal(s): 1, 2	Q4	Executive Lead: Julie Cave Operational Leads: Ian Young (secure services) Kathy Walsh (financial)
Provide improved estates facilities across medium and low secure service	To provide dedicated female seclusion suite as current seclusion facilities do not provide access to en-suite bathroom facilities. Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Debbie White Clinical Leads: Dr Parker, Dr Kavuma
Implement a comprehensive clinical strategy for secure services	Working with commissioners to provide a clear direction for the delivery of clinical services Achieves Trust goal(s): 1, 2, 3	Q2	Executive Lead: Debbie White Clinical Leads: Dr Parker, Dr Kavuma
To support commissioners in review of 24/7 access response	As 24/7 services have developed organically across Suffolk, there is need to ensure access and response is maximised Achieves Trust goal(s): 1, 3	Q2	Executive Lead: Alison Armstrong Operational Lead: Sue Miller
Extension of s75 agreement for one year	To allow exploration of stronger partnerships across other departments within social care Achieves Trust goal(s): 1, 3	Throughout 2016/17	Executive Lead: Alison Armstrong Operational Lead: Sue Miller
Focus on promotion of shared care with GPs	Refreshed focus to enable a cohort of patients to be managed		Executive Lead: Alison

2016/17 activity plans to deliver the 2016/17 components of our clinical strategy			
What	Why	When	Who
across Suffolk	appropriately in primary care and thereby live by the Recovery principles Achieves Trust goal(s): 1, 3		Armstrong Operational Lead: Sue Miller
CAMHS services: Relocation and expansion of Tier 4	Current accommodation was intended as an interim location; the move will provide better facilities and opportunities to aid recovery, by improving crisis care and investing in places of safety. Achieves Trust goal(s): 1, 3	Q3	Executive Lead: Debbie White Operational Lead: Andy Goff
Begin implementation of Norfolk & Waveney's Local Transformation Plan produced collaboratively by Norfolk's CAMHS Strategic Partnership in 2015	To ensure children and young people have the opportunity to build good local attachments and relationships with their families and peers leading to more children having good emotional wellbeing and mental health from the outset. Achieves Trust goal(s): 1, 3	4 year plan (2016 – 2020)	Executive Lead: Debbie White Operational Lead: Andy Goff
Establish Compass Outreach and PIMHS Sustainability projects as an integrated business-as-usual approach	To step down levels of need and associated costs by increasing the level of support provided to some of the county's most vulnerable children and families. Achieves Trust goal(s): 1, 3	Q1	Executive Lead: Debbie White Operational Leads: Andy Goff; Rob Mack
Review of acute pathway for West Norfolk and production of option appraisal	To address staffing and safety concerns about Churchill Ward and risks associated with a standalone unit Achieves Trust goal(s): 1	Q1	Executive Lead: Debbie White Operational Lead: Vanessa Wragg
Improving dementia diagnosis	Working with primary care and other parties to meet 66% dementia diagnosis rates locally, and providing post-diagnosis support Achieves Trust goal(s): 1, 3	Ongoing	Executive Leads: Debbie White (Norfolk) Alison Armstrong (Suffolk)
Integrate service equality assessments and development plans into business as usual for all service lines	To ensure Trust is compliant with Equality Act (2010) public sector duties and to promote accessible and effective services for all Achieves Trust goal(s): 1, 2, 3	Throughout 2016/17	Executive Leads: Debbie White (Norfolk) Alison Armstrong (Suffolk)
Review of continuing care beds in Great Yarmouth and Waveney area, with option appraisal of bed use at	To ensure correct resource allocation to improve patient flow Achieves Trust goal(s): 1	Q2	Executive Lead: Debbie White Operational Lead: Gill Morshead

2016/17 activity plans to deliver the 2016/17 components of our clinical strategy			
What	Why	When	Who
Carlton Court			
Review of central Norfolk later life continuing care beds at Hammerton Court and production of option appraisal	Joint programme with commissioners to ensure correct resource allocation to improve patient flow. Development of a behavioural support team. Achieves Trust goal(s): 1	Q2	Executive Lead: Debbie White Operational Lead: Gary Hazelden

2016/17 activity plans to implement the 2016/17 elements of our workforce and organisational development strategy			
What	Why	When	Who
Implement updated Staff Wellbeing Strategy	To support staff in being mentally and physically resilient Achieves Trust goal(s): 1, 2, 3	From Q1	Executive Lead: Leigh Howlett Operational Lead: Alison Thomas
Implement updated Recruitment and Retention Strategy	To both attract the right staff and then ensure they want to stay with our Trust Achieves Trust goal(s): 1, 2	Q1	Executive Lead: Leigh Howlett Operational Lead: Hannah Edwards
Bands 2 – 4 development programme	To support future workforce development Achieves Trust goal(s): 1, 2	Q2	Executive Lead: Jane Sayer Operational Lead: Dawn Collins
Develop a practitioner career pathway, initially in CFYP services but with potential to expand	To provide a new workforce to meet a different operational need that is skilled, effective and well-governed Achieves Trust goal(s): 1, 2	Q3	Executive Lead: Jane Sayer Operational Lead: Rob Mack
Electronic Staff Record (ESR) – full roll out of self-service & training module	To provide greater ownership at every level of personal and financial data Enhanced staff data Achieves Trust goal(s): 1, 2	Q1	Executive Lead: Leigh Howlett Operational Lead: Ben Askew
Full roll out of E-Rostering	Better management of clinical staff time, taking into account the Lord Carter report findings Achieves Trust goal(s): 1, 2	Q4	Executive Lead: Leigh Howlett Operational Lead: Denise Zandbergen
Medical E-rostering	Better management of medical staff time Achieves Trust goal(s): 1, 2	Q4	Executive Lead: Leigh Howlett Operational Lead: Denise Zandbergen

2016/17 activity plans to implement the 2016/17 elements of our workforce and organisational development strategy			
What	Why	When	Who
E-job planning	One central repository for all clinical job plans to enable better management of this specialist resource Achieves Trust goal(s): 1, 2	Q2	Executive Lead: Bohdan Solomka Operational Lead: June Johnson

2016/17 activity plans to establish effective relationships which support us to be a positive champion for Mental Health			
What	Why	When	Who
Review of Mental Health Taskforce findings	To ensure measureable progress towards parity of esteem for mental health Achieves Trust goal(s): 1, 3	Throughout 2016/17	Executive Lead: Jane Sayer Operational Lead: Sue Barrett
To engage and support the development of the Norfolk and Suffolk STP process	To ensure parity for mental health with physical health in the planning for future services Achieves Trust goal(s): 1, 3	Throughout 2016/17	Executive Lead: Michael Scott Operational Lead: Oli Matthews
To engage and support the development of Integrated Care Organisations in Suffolk	To ensure parity for mental health with physical health in the planning for future services Achieves Trust goal(s): 1, 3	Throughout 2016/17	Executive Lead: Michael Scott Operational Lead: Oli Matthews

Strategic Goal: Focussing on Prevention, Early Intervention and Promoting Recovery

2016/17 Operational Objectives to achieve this:

- *To implement the 2016/17 components of our Service User and Carer Strategy*
- *To develop a prevention and early intervention strategy and action plan*
- *To embed Recovery in the day to day working of our Trust.*

The following explains why this is important to us.

This year will see the embedding of our our service user and carer strategy 'Improving Services Together' which aims to ensure the same standards of excellence are in place across all services and localities. This work will be at the core of the clinical strategy development.

A key part of our Trust strategy is moving towards the prevention of mental health problems and earlier access to services so help is received more quickly regardless of age. Early intervention services are specialist services set up to provide treatment and support for young people who are experiencing symptoms of psychosis for the first time, and during the first three years following a first episode of psychosis.

Early intervention services aim to give young people and their families a wide range of help, treatment and support. Early intervention teams also help people get back to, or continue to, work or study, and liaise with other services and agencies to sort out benefits and finances, and help solve any housing problems. These are both fundamental in the Five Year Forward View and mental health taskforce recommendations. In the coming year we will be working with our commissioners and partners to develop plans for our local communities in line with their available funding streams.

Through delivery of our clinical strategy we will continue our commitment to Recovery; focusing on helping people who use our services find ways to lead meaningful lives, with or without ongoing symptoms of their condition; where more people receive care which is, as far as possible, 'self-directed' and reflects their own preferred goals and outcomes. This means service users will be seen in a timely manner by the person with the right skills first time, needs will be listened to and understood from the beginning of their care. There will be fewer assessments, with care plans developed with service users and their carers to meet their needs in a co-ordinated manner.

In developing this model we will work with the wider health and social care system to integrate mental health care into their services to meet people's health needs in a person-centred, co-ordinated way, reducing duplication and improving people's experience and outcomes. We also recognise the progress we need to make in embedding the principles of the Equality Act (2010) in our Trust so that it is truly personal, fair and diverse.

The tables below outline key activities required to achieve these objectives.

2016/17 activity plans to implement the 2016/17 components of our Service User and Carer Strategy			
What	Why	When	Who
Appoint Head of Recovery, Participation and Partnerships	To provide clear leadership of delivery of the strategy and ImROC Achieves Trust goal(s): 1, 2, 3	Q1	Executive Lead: Jane Sayer
Appoint two secondments to lead local delivery of the strategy with partners	To strengthen partnership working in both counties in the delivery of the strategy Achieves Trust goal(s): 1, 2, 3	Q3	Executive Lead: Jane Sayer Operational Lead: Head of Recovery, Participation and Partnerships (when appointed)
Increase the number of service user and carer strategy commitments that are delivered and embedded to 50% of the total number, with no commitments at red	To demonstrate our commitment to proceeding at pace, and to improve the experience of service users and carers Achieves Trust goal(s): 1, 2, 3	Throughout 2016/17	Executive Lead: Jane Sayer Operational Lead: Head of Recovery, Participation and Partnerships (when appointed)
To improve and enhance use of NHS Choices	To provide service users with accurate information and ability to feedback on our services. Achieves Trust goal(s): 1, 2	Throughout 2016/17	Executive Lead: Leigh Howlett Operational Lead: Lisa Mungham-Grey
Undertake further listening events on our values implementation and monitor success through staff survey and service users surveys	To ensure we live our values consistently Achieves Trust goal(s): 2	Q2 and Q3	Executive Lead: Leigh Howlett Operational Lead: Paul Johnson

2016/17 Activity Plans To develop a prevention and early intervention strategy and action plan			
What	Why	When	Who

2016/17 Activity Plans To develop a prevention and early intervention strategy and action plan			
What	Why	When	Who
Develop Early Intervention in Psychosis Service development	To comply with the introduction of new Access and Waiting Time Standards from April 2016. More than 50% of all referrals for first episode of psychosis will be treated with a NICE concordant care package within 14 days. The standards explicitly state that a pathway for At Risk Mental State (ARMS) and Early Intervention Services for over 35 year olds must be provided. Achieves Trust goal(s): 1, 3	Q1	Executive Lead: Debbie White Operational Lead: Andy Goff Clinical Lead: Dr Uju Ugochukwu
Rolling out the new Suffolk Wellbeing Service with an anticipated service start date of July 2016.	Wellbeing services are a key part of our prevention strategy and move toward supporting a Multispecialty Community Provider (MCP) Significant change to service delivery, staff working and service user interactions Achieves Trust goal(s): 1, 3	Q2	Executive Lead: Alison Armstrong Operational Lead: Sue Miller
To support commissioners in review of 24/7 access response	As 24/7 services have developed organically across Suffolk, there is need to ensure access and response is maximised Achieves Trust goal(s): 1, 3	Q2	Executive Lead: Alison Armstrong Operational Lead: Sue Miller
Early Intervention in Psychosis Service development	To comply with the introduction of new Access and Waiting Time Standards from April 2016. More than 50% of all referrals for first episode of psychosis will be treated with a NICE concordant care package within 14 days. The standards explicitly state that a pathway for At Risk Mental State (ARMS) and Early Intervention Services for over 35 year olds must be provided. Achieves Trust goal(s): 1, 3	Q1	Executive Lead: Debbie White Operational Lead: Andy Goff Clinical Lead: Dr Uju Ugochukwu
IAPT Service standards	75% of all people with relevant conditions to access talking therapies in six weeks; 95% in 18 weeks. Achieves Trust goal(s): 1	Q1	Executive Lead: Debbie White Operational Lead: Andy Mack

2016/17 Activity Plans To develop a prevention and early intervention strategy and action plan			
What	Why	When	Who
Review of central Norfolk adult service line	To realign service with CCG boundaries, producing closer liaison with primary care to improve demand management Achieves Trust goal(s): 1	Q3	Executive Lead: Debbie White Operational Lead: Marcus Hayward
Redesign of Rehabilitation and Recovery pathway	Working with Suffolk CCGs, to prevent service users requiring out of area treatment for longer term treatment, returning those currently OOA, and improving our current service provision Achieves Trust goal(s): 1, 3	Q2	Executive Lead: Alison Armstrong Operational Lead: Sue Miller

2016/17 activity plans to embed Recovery in the day to day working of our Trust			
What	Why	When	Who
Refresh the 10 ImROC principles, with a focus on delivering a coherent strategy for life beyond illness	To ensure we provide a supported pathway for people to build meaningful lives outside of clinical services Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Jane Sayer Operational Lead: Head of Recovery, Participation and Partnerships (when appointed)
Develop and deliver an early intervention and prevention strategy together with partners	To embed keeping people well much earlier and from an earlier age Achieves Trust goal(s): 1, 2, 3	Q4	Executive Lead: Bohdan Solomka Operational Lead: Rebecca Horne

Financial Detail

Summary financials

Further to the National Spending Review and the additional funding that has now been agreed for the NHS the expectation is that the NHS provider sector as a whole will break even in 2016/17. To enable this all NHS Trusts and Foundation Trusts have been issued a financial control total which will need to be delivered for 2016/17. The control total (£6.1m deficit) has been accepted by the Trust Board and the plan is submitted on this basis.

The Trust's projected outturn for 2015/16 is a deficit of £8.9m, and this deficit is planned to decrease in 2016/17 to £6.1m, shown in Table 1 below.

Table 1 – Income statement

Income Statement £m	Outturn 2015/16	Plan 2016/17
Operating Income	209.6	208.6
Pay Costs	(165.1)	(164.2)
Other Costs	(40.5)	(38.1)
EBITDA	**3.9**	**6.4**
Depreciation	(7.0)	(7.7)
PDC Dividend	(3.9)	(3.9)
Other Costs	(0.9)	(0.9)
Profit / (loss) on asset sale	(1.0)	-
Net Surplus/(Deficit)	**(8.9)**	**(6.1)**

The assumptions in the plan include an increase in clinical income due to inflation, a reduction in special measures costs, a decrease in temporary pay premium, a reduction in out of area costs and a CIP target of £10m.

We also intend to bid for funding from the Sustainability & Transformation Fund targeted element and this will be critical in enabling us to meet our proposed CIP. We have not factored in any Sustainability & Transformation Fund income into the plan.

Capital expenditure of £6.3m has been allowed for. At the time of writing the Trust has identified additional capital spend to meet all its requirements but this will be kept under review in light of the cash availability. The 2016/17 plan delivers an overall Financial Sustainability Risk Rating (FSRR) of 2.

The key assumptions included within the plan are outlined on the following page.

Financial forecasts and modelling

Table 2 – Income summary

Income breakdown £m	Outturn 2015/16	Plan 2016/17
Norfolk CCGs	72.6	75.0
GY&W CCG	28.9	30.1
NHS England	17.1	17.1
Suffolk CCGs	60.8	61.9
Clinical Partnerships	9.6	9.3
Clinical income for the Secondary Commissioning	2.2	2.2
Other clinical income	4.4	5.1
Clinical income, sub-total	**195.4**	**200.7**
Research and development income	1.6	0.6
Education and training income	3.6	3.5
Misc. other operating income	9.0	3.8
Non clinical income, sub-total	**14.2**	**7.8**
Total	**209.6**	**208.6**

Net Inflation of 1.1% (3.1% inflation less 2.0% efficiency requirement) has been included within the plan, being £1.9m, which is expected to cover the cost of the national changes to the employer NI and pension increases.

CQUIN funding of 2.5% (£2m) is included within the plan. No contingency has been provided for non-achievement; the plans assume full achievement. Recovery in 2015/16 has achieved an average of 90% across all Commissioners as reported at quarter 3.

The plan assumes additional income of £3.3m as outlined in the efficiencies section.

There is also additional funding of £1.4m CAMHS Local Transformation Funding which has pay and non- pay costs totalling £1.2m.

At this point contract discussions are in progress.

A review of the CCG growth allocations has shown all of the Trust's CCGs have been allocated growth monies above 3%. There is therefore significant potential uplift to the income numbers presented above.

The significant reduction in non-clinical income relates to the loss of income for external services provided to Suffolk CCGs for ICT, other ICT trading partners and also within R&D. In addition it has been assumed that non-recurrent income will not be available in 2016/17.

No impact of additional income (or expenditure) as a result of the planned Suffolk Primary Care Mental Health Services tender has been included in the plan at this stage.

Expenditure

A summary of expenditure is shown in Table 3 below.

Table 3 – Expenditure breakdown

Expenditure breakdown £m	Outturn 2015/16	Plan 2016/17
Pay	(165.1)	(164.2)
Drugs	(3.4)	(3.4)
Clinical Supplies	(0.5)	(0.5)
Secondary Commissioning	(4.9)	(3.4)
Education and training expense	(1.3)	(0.7)
Consultancy costs	(0.2)	(0.1)
Premises	(11.8)	(11.3)
Clinical negligence	(0.3)	(0.3)
Misc. other Operating expenses	(16.9)	(17.3)
PFI	(1.1)	(1.1)
Depreciation	(7.0)	(7.7)
Sub-Total	**(212.6)**	**(209.9)**
PDC	(3.9)	(3.9)
Loss on disposal of assets	(1.0)	-
Other non operating expenses	(1.0)	(0.9)
Total	**(218.5)**	**(214.7)**

Table 4 - Inflation

	2015/16 Annual plan	2016/17 Annual plan
Pay award	1%	1%
Pay increments	1%	0.5%
Pension uplift	0%	1%
Non pay inflation	3%	1%

Pay award assumptions are in line with the previous year. Incremental pay costs have been calculated for 2016/17 and 0.5% is deemed to be adequate to cover the cost. The pension uplift has also been calculated to ensure that the provision is adequate.

Any cost arising as a result of the new junior doctor's contracts have not been factored into the plan.

Employee pay costs are expected to reduce (driven by CIPs and a reduction in temporary staffing) but the Trust is investing £1.2m in Child and Adult Mental Health services (CAMHS) Local Transformation projects and includes the full year effect of some service developments that occurred in 2015/16.

An allowance has been made for premium payments for all nursing, corporate and locum medical agency staff based on forecast expenditure as it is not expected that these can be managed within overall permanent staffing budgets. A reserve has been created for this of £2.5m. The annual plan template shows the movement in temporary pay premium costs as opposed to the reserve specifically.

There is £0.3m specifically included in the plan for non-pay inflation and also £0.2m in contingency which could be used for inflation if required. From an analysis of our 2015/16 spend the inflationary uplifts expected last year were not seen across the total cost base.

Secondary commissioning costs and out of area costs (OOA) in the plan total £3.4m compared to 2015/16 outturn of £4.9m. This reduction relates to the Acute OOA costs which have seen a decline throughout 2015/16, primarily due to the opening of Thurne ward.

Reserves

Contingency within the template totals £1.2m, this includes;

- £0.4m Special Measures costs (Project Management Office costs are now included in baseline budgets)
- £0.25m General provision

- £0.1m Hellesdon site move
- £0.2m Cost pressures
- £0.25m Lead Clinicians restructure

Capital expenditure

Capital expenditure supports the Trust's plans to improve the quality of the service provided as part of the estates strategy as well as upgrades, systems developments and spend on disaster recovery within the ICT strategy. The expenditure will be funded from asset disposals and depreciation.

The planned capital expenditure of £6.3m for the year is £2.3m less than the schemes identified to date. It is anticipated that there will be slippage in the year but nevertheless this will require some clear prioritisation to ensure that expenditure remains within the £6.3m target. Planned asset disposals are shown in the table below.

Table 5 - Asset disposals

Planned Asset Disposals	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	Total
Upper plateau Hellesdon hospital	-	8.0	-	-	**8.0**
Northgate land	0.8	-	-	-	**0.8**
Lothingland	-	4.0	-	-	**4.0**
Meridian House (Lowestoft)	0.2	-	-	-	**0.2**
Hospital Road	-	-	3.3	-	**3.3**
Barons Road	0.3	-	-	-	**0.3**
Total	**1.3**	**12.0**	**3.3**	-	**16.6**

Statement of financial position and cash flow

Table 6 - Financial position and cash flow

Cashflow	Outturn 2015/16 £m	Plan 2016/17 £m
Surplus(deficit) from operations	(3.0)	(1.3)
Non-cash flows in operating surplus/(deficit)	7.0	7.7
Operating cash flow	**3.9**	**6.4**
Increase (decrease) in working capital	(5.0)	0.6
Increase (decrease) in non current provisions	-	0.1
Investing activities	0.8	(5.7)
Interest Paid	(0.4)	(0.4)
Dividend repaid/received	(0.3)	-
Loan repaid	(1.1)	(1.1)
Other financing activities	(4.6)	(4.6)
Net Cash inflow/(outflow)	**(6.5)**	**(4.5)**
Opening balance	**15.9**	**9.4**
Closing balance	**9.4**	**4.9**

Statement of Position Annual Plan	Outturn 2015/16 £m	Plan 2016/17 £m
Non-Current Assets	151.9	149.2
Current Assets	16.7	12.2
Current Liabilities	(25.6)	(26.1)
Non-Current Liabilities	(18.4)	(16.9)
TOTAL ASSETS EMPLOYED	**124.5**	**118.4**

The cash position deteriorates from 2015/16 to 2016/17 with the impact of the in year deficit position. The final year end cash balance reduces to below an appropriate operational level of cash (approximately 15 days

of operational cash equals £8.4m). The cash-flow assumes that a £10m CIP target will be delivered and that all capital asset disposals are achieved within timescale.

Financial Sustainability Risk Rating

The Trust has a predicted FSRR of 2 as follows:

Table 7 – Financial sustainability risk rating

FSRR	Outturn 2015/16	Plan 2016/17			
	FY	Q1	Q2	Q3	Q4
Capital Service Cover rating	1	1	1	1	1
Liquidity rating	1	1	1	1	1
I&E Margin rating	1	1	1	1	1
I&E Margin Variance From Plan rating	4	4	4	4	4
Financial Sustainability Risk Rating	**2**	**2**	**2**	**2**	**2**

The metric overall has changed since the Trust's original Financial Recovery Plan (FRP) was written. However as part of the FRP the Trust planned to reach a Capital Service Cover rating of 2 in 2016/17 and is now planning for a 1. This reduction is due to the increased deficit in 2016/17 compared to that in the FRP.

Sensitivity analysis

The plan includes 1 scenario:

- Underperformance of CIP by 10%. See Risks/Mitigations section below.

Risks / Mitigations

The key risks to delivering the 2016/17 plan are:

1. Underperformance of CIP

   The Trust's historic CIP achievement has been 3.56% (of adjusted operating expenses) based on Monitor's calculations and is forecast to be 4.74% in 2016/17. This risk has been included in the sensitivities section of the plan at a risk of 10% of the CIP, which equates to £1m. The Trust is mitigating this risk by ensuring that there is significant resource focused on identifying and scoping all CIP schemes prior to the year end. There is also work being completed at Trust Board level to improve the performance management framework (which will include CIPs) and the process by which Locality and Department Leads are held responsible for the CIP targets in each area.

2. Commissioning negotiations

   Based on the current discussions with commissioners the risk is that not all of the requested funding is received. To mitigate this, the Trust is continuing to negotiate with commissioners, and will use arbitration if necessary. Ultimately if the income is at risk, then the Trust will re-assess what services can be afforded and will develop an action plan to cease in those identified areas. It should be noted that there is a national steer to Commissioners on this income increase.

3. Controlling pay and temporary pay expenditure

   The total projected spend on temporary pay is £17.3m (including bank and agency) compared to a 2015/16 forecast spend of £23.2m. The Trust has seen a significant reduction in temporary pay throughout 2015/16 so this is achievable and based on the run rate of the last 3 months the full year cost would be £19.0m without any of the further reductions the Trust are planning for. To mitigate against this the Trust;

   a. is further implementing and utilising e-rostering;

   b. is reviewing all temporary pay on a monthly basis and asking managers to account for any non-medical temporary staff;

c. is working to comply with the new agency cap and renegotiating contracts wherever possible

d. has a recruitment strategy to reduce vacancies; and

e. has adopted tighter management controls around temporary staffing.

Agency Rules

The Trust has taken active steps to ensure that all agency appointments are made within the recognised frameworks. Negotiations with these agencies have seen a reduction in rates across nursing and medical staff groups and we are working to achieve the recommended caps as introduced by NHS Improvement in 2015. The caps for Medical staff will remain a challenge due to the difficulties in recruitment of senior medical staff within the geographical constraints of the Trust. To date there has been some improvement although the rates for other staffing groups is under regular monitoring and review by the Trust. The Trust is planning to see a reduction in its overall agency spend with the impact of the caps being only one contributor to this.

Procurement

The Trust has in place an online procurement system for non-pay expenditure which allows for requisitions to be appropriately challenged, reviewed and approved in accordance with the Trust's Standing Financial Instructions. The Trust's procurement team are charged with identifying potential savings through the use of framework contracts and other agreements. In future the Trust will report and share data on what we are paying for the top 100 most common non-pay items, and use this to inform procurement decisions. There has been an external review of procurement and the recommendations are included within the CIP programme.

Capital planning

Our capital programme recognises the importance of delivery of safe, quality services as part of our work to date on the clinical strategy. As such £3.2m of the capital plans for 2016/17 have been allocated to those areas identified by recent CQC recommendations and have been given priority to take forward in view of the limited resources. In terms of securing the best use of the Trust's estate both in terms of costs and access to services, there is a specific programme of work within our Financial Recovery Plan which is charged with reviewing our current estate, challenging other options available, within the limits of resource and maximising asset disposals where appropriate. Any asset disposals deemed surplus to requirements at this stage have been factored into plan.

Sustainability and transformation fund

Whilst the establishment of the Sustainability and Transformation Fund of £1.8bn is welcomed the Trust Board is concerned that there is no recognition of the part played by mental health trusts in emergency care, and therefore no targeted funding provided to the mental health sector.

However we are considering the potential bids for the general fund which will enable the transformation of our services focussed on sustainability in the future. Guidance on the mechanism of the fund and timescales are not yet known.

Movement from draft to final version of Annual plan

The April submission has not change materially from the February submission, with our control total of £6.1m deficit being confirmed in early March. The Balance Sheet and Cashflow have been reviewed with some adjustments made to working capital and the phasing of payments and these changes have reduced the cash position towards the end of the financial year.