

Outstanding

Our journey continues...

We're delighted to have been rated by the CQC as Outstanding.

And we're not stopping there. We're building an even better future.

Our aim is to be Outstanding in ALL we do and HOW we do it.



NHS Provider of the Year

"Leading Healthcare" Award 2019



Operating Plan

2019/20

Final Version V13 –

04.04.2019

Version Control

The following table details the document version changes:

Version	Date	Author	Description of Change
1	28.12.2018	KD	First initial draft 1 year operating plan 2019/20.
2	4.01.2019	KM	Changes and additions from Finance.
3	7.01.2019	KD	Added Estates update and Jonathan O'Brien Update of section 2 and updated from Julie Ann Murray.
4	15.01.2019	KD/KM	Updates various areas.
5	22.01.19	KD/KM	Updates from various areas.
6	28.01.19	Exec	Updates from review
7	31.01.19	Exec	Provided comments/updates.
8	01.02.19	Exec	Rewrite/Review Finance and Strategy.
9	07.02.2019	KD/KW	Updated workforce section.
10	11.02.19	KD	Final changes and amendments for submission
11	02.04.19	KD	Amendments including feedback from NHSI
12	03.04.19	LH/CB	Updated financial plan and alignment with STP
13	04.04.19	CB	New cover image

Document Distribution

The table below details the distribution of the Operating Plan:

Version	Date of Issue	Name	Notes
1	2.01.2019	Kimberli Mckinlay	First Draft for review.
2	4.01.2019	Karen Day	Make changes and additions.
3	11.01.2019	Director of Partnership and Strategy	First Draft review.
4	15.01.2019	Executive Team	First Draft review.
5	22.01.19	Executive Team	First Draft at Executive Team Meeting
6	28.01.19	Executive Team	Update version
7	31.01.19	Executive Team	Further draft based on Exec Reviews.
8	01.02.19	Executive Team	Review rewrites
8	06.02.19	BDC	Review
9	07.02.2019	BDC	Review and approve
10	11.02.19	NHSI Submission	Submitted on 12.2.19
11	02.04.19	Executive Team	Review final draft (NHSI feedback)
12	03.04.19	Internal review	Review ahead of submission on 04.04
13	04.04.19	Board	Final version

Contents

1. Welcome	1
2. Activity Planning	4
3. Quality Planning	5
4. Workforce Planning	11
5. Financial Planning	16
6. Link to the local Sustainability and Transformation Plan	22

1. Welcome

The publication of The NHS Long Term Plan in January 2019 has brought a sustained emphasis on the crucial role of mental health services. This is perhaps best characterised by the national commitment for investment in mental health to grow faster than the overall NHS budget to enable specific improvements in services such as; perinatal services, children and young people, learning disability and autism, plus adults and older adults mental health services.

At Combined, we embrace the challenge that faster growth must be accompanied by both accelerated delivery of quality and service improvements in parallel to the emergence of new system architecture. We believe this combination makes for exciting times for mental health services and through this plan we will both reflect on our achievements over the past twelve months and set out how they provide a platform for our ambitions over the year ahead.

We fully recognise that we operate within a challenged health and social care economy. Now, more than ever, we need to work collaboratively across the wider system to optimise our use of resources, raise quality standards and improve service delivery. Through our commitment to the Staffordshire & Stoke-on-Trent Sustainability Transformation Partnership (the STP) we remain a willing partner in deploying the skills and expertise of our workforce outside of our immediate organisational boundaries.

The Trust believes it is in a unique to position to play a lead role in the design, development and delivery of the emergent Integrated Care Partnership model across North Staffordshire as we are the only Trust wholly geographically aligned within the footprint. However, we recognise we cannot and should not, do this alone and continue to see the Northern Alliance Board as the key catalyst for translating this vision to reality. The Trust will work collaboratively to strengthen the alignment of the Alliance Board and Alliance Executive to the STP as well as improving visibility on the tangible value added to system wide priorities.

2018/19 has been a significant year for the Trust in moving toward our shared ambition for locality working across North Staffordshire. We have fully restructured the clinical services that our Trust provides to align with the footprints of the four locality hubs across the North and will move quickly over the coming months to review which of our services can be provided within the ten localities across the emergent Integrated Care Partnership.

The Trust took the bold step to vertically integrate with two GP Practices in December 2018 and has a relentless focus on ensuring that the provision of primary care services becomes a major success. The creation of a new Primary Care Directorate has supported the expansion of our primary care offering to include a range of services which will be used to support resilience and sustainability of primary care services aligned to the new five-year GP contract.

2019/20 will see us open our flagship Mental Health Crisis Care Centre on the Harplands Hospital site. This will provide a hub for the Trust to further enhance our robust crisis services and support our acute provider partner at University Hospitals North Midlands, but will also provide a foundation on which we can support crisis support services across the four hubs and ten localities in the Northern Alliance, through the involvement of our community teams in these areas. This will allow us to ensure consistent and high quality crisis services are available across all levels ranging from the primary care level, through community teams up to secondary care. To complement this, we will remodel alcohol detoxification services following a successful bid for STP capital monies.

In terms of frail elderly services, we already provide outreach and older people's services across the North which will be enhanced further to support the future configuration of bed based community services, with the support of our inpatient older people's services based at Harplands Hospital.

We have major developments associated with our Children's and Young People's Mental Health services after being designated as a trailblazer for Wave 1 Mental Health Support Teams for schools across North Staffordshire and Stoke-on-Trent, aligned completely with the Northern Alliance footprint. In addition, our CAMHS community teams which also align with the footprint have been selected to receive significant additional investment to drive down waiting times in our community services. These initiatives need not to be seen in isolation, but part of our ambition to provide responsive services in our hubs and localities and we intend to progress these initiatives and investments in alignment with our support for the ICP.

Throughout December 2018 – January 2019 the Trust welcomed the Care Quality Commission (CQC) back to complete their scheduled 'well-led' review of our leadership, management and governance arrangements. The Trust is delighted and proud that the CQC have awarded the Trust an overall 'Outstanding' rating, the highest rating they can award. This recognises the excellent compassionate and responsive way the Trust supports service users and their carers.

2019/20 will also herald the start of new leadership at the Trust with the arrival of a new Chief Executive, Peter Axon. Peter joins the Trust from his role as Chief Finance Officer/Deputy Chief Executive at Birmingham Community Healthcare NHS Foundation Trust. Peter's arrival coincides with a number of other changes at Executive level including a new Director of Finance, Lorraine Hooper and Director of Partnerships & Strategy, Chris Bird. The new appointments join an established and experienced Executive Team who, together, will deliver the aspirations and ambitions of the Trust over the coming years.

It is right that we take an opportunity to reflect on the departing Chief Executive, Caroline Donovan, who has demonstrated exemplary leadership in delivering a major transformation in the reputation of the Trust over the past few years. Caroline has been superbly supported by a range of colleagues over that time including Suzanne Robinson and Andrew Hughes. We are hugely grateful for their dedication and commitment.

We would also like to thank the incredible contribution of our staff who continues to win collective and individual accolades and awards for their work in driving up standards of service delivery. They continually impress us with their passionate commitment to our service users and their carers.

As we publish our plan we commit to building on the following assets:

- Engaging with staff, service users, partners and carers.
- Continuing our quality improvement drive
- Leading with partners in the Sustainability and Transformation Programme, We're Better Together.
- Being amongst the very best in the country at developing and delivering services, with the ability to understand and communicate their impact.
- Focussing on the core skills and knowledge that we need to be the best at what we do.
- Making sure that we have the right resources in place so we can deliver on our promises.

The Trust will also seek to embed sustainability across the organisation by linking quality, workforce and financial decisions with place-based decision making. This will enable a model of working today which will deliver better outcomes tomorrow for the population and service users we serve.

We have set out in this plan our priorities for the year ahead and having set this direction we must ensure it is delivered. We will monitor delivery on a regular basis and report to open sessions of the Trust Board on the progress being made.

We thank you for your support and for your interest.



David Rogers
Chairman



Peter Axon
Chief Executive Officer

2. Activity Planning

Activity Planning Assumptions

National and local priorities

Planning assumptions take into account the priorities set out in the NHS Long Term Plan to improve access to mental health services for adults and children and to prevent dementia, and the Five Year Forward View (FYFV) requirements to increase capacity and maximise the benefits for service users. Activity planning also reflects the Commissioning Intentions letter issued by Stoke CCG and North Staffordshire CCG and the NHS England intentions for Specialist Services.

The Trust recognises the requirements of the FYFV to increase capacity in mental health services across a broad range of services, and that these are aligned with the Mental Health STP work stream across the local health economy. These specific developments are being discussed with Commissioners and will be reflected in the financial baseline to be agreed for 2019/20. To support the move to Integrated Locality Working, the Trust will be working with commissioners to move towards locality population based activity demand profiles in order to determine the resource required within each locality.

Activity Planning Assumptions

An activity plan will be agreed to support the new one year NHS Standard Contract as part of the main block contract with Stoke CCG and North Staffordshire CCG.

Service Developments have been factored into the plan based on local need and to support national transformation priorities. The contract for 2019/20 remains subject to final agreement and our plan has been based on the development of plans to achieve national standards and policy directives:

- PICU – 4 additional beds
- IAPT growth – increase due to prevalence and access
- Perinatal recurrent funding
- CAMHS Trailblazer pilot site
- EIP Level 3

The above developments total £2.6m which remain subject to agreement with Commissioners as referenced in the Financial Planning section.

AID tool

A new report has been developed to provide up-to-date activity information in a versatile and user friendly format for clinical services. It supports managers in understanding their reportable activity by aligning commissioner reportable activity to service activity.

It also creates a platform where services can identify data quality issues to improve the capture, reliability and accuracy of reportable activity. The tool is supporting a more rigorous review and confirmation of activity levels reported.

3. Quality Planning

Quality Planning & Governance

Our Quality Strategy is underpinned by our Quality Priorities and produced in collaboration with service users, carers and staff to ensure that it reflects the needs of the local population across North Staffordshire and Stoke-on-Trent.

Our four key quality priorities are SPAR:

- Our services will be consistently **Safe**
- Our care will be **Personalised** to the individual needs of our service users.
- Our processes and structures will guarantee **Access** for service users and their carers.
- Our focus will be on the **Recovery** needs of those with mental illness.

Our Quality Strategy is underpinned by our Quality Improvement Programme recognising that strong clinical leadership and engagement is essential in successfully delivering the strategy and achieving the desired changes in our quality and safety culture. Our Workforce Strategy supports this through initiatives such as staff engagement, clinical supervision, staffing and recruitment thus ensuring staff are supported and engaged to deliver high quality care. We have strengthened our approach to Quality Improvement (QI) and during 2018 were a pilot site for the new NHS Improvement board development programme for quality improvement. Furthermore training and project support in relation to QI has been delivered at a variety of levels within the trust and this will continue during 2019/20. As part of our restructure of our directorates we have strengthened QI by introducing Quality Improvement Leads in each Directorate who will lead QI projects.

We can demonstrate evidence that the assessment of risk helps to drive and shape our approach to quality governance by using reporting and trend analysis through identification of risks from Teams to Board.

Underpinning our approach to QI is the Board Assurance Framework (BAF). This identifies key strategic risks to the achievement of strategic objectives and captures the control measures in place and the assurances that such controls are effective. The BAF aligns the strategic objectives and risks to our SPAR quality priorities for which each has an Executive Lead and is overseen by a nominated sub-committee of the Board.

Our approach to Quality has been supported through the monthly Senior Leadership Team meeting (comprising the Executive Team and Clinical Directors) with a QI focus to the agenda. The monthly performance agenda based on quality, workforce, clinical effectiveness and finance with associated Key Performance Indicators ensures a focussed approach to continuous improvement.

Quality improvement is monitored through a number of methods overseen by the Quality Committee including:

- Delivery against our CQC Improvement Plans
- Performance Review and Quality Dashboard
- Listening into Action: Improving staff engagement and improving services
- The BAF containing a description of our quality goals
- Learning Lessons: Learning, sharing and taking action to provide safe and effective services through monthly publications and interactive learning events
- CQUIN initiatives: Identifying clear priorities on which to base the annual initiatives, national priorities
- A programme of quality assurance / improvement visits including:
 - External announced visits led by the CCG and Healthwatch
 - Internal unannounced assurance visits led by the Executive, service user and carer and Non-Executive Directors.
- Monthly director question and answer sessions
- The Commissioner led, Clinical Quality Review Meeting (CQRM)
- The annual Trust Quality Account
- CQC Well-Led inspection

We have further developed our capacity and capability to implement quality improvement and change through a review of services to ensure that we have the right resources in the right place at the right time to meet the needs of service users and carers. We did this by:

- Changing our directorate structure from specialities to localities to ensure that people receive services that are seamless and close to home
- Reviewing safer staffing across 24 hour services in line with National Quality Board standards
- Implementing the SafeCare module within e-Rostering to enable real time visibility of Trust wide in-patient staffing requirements
- Enabling a range of teams to undertake QI projects through training and project support from NHSI and AQuA

We will continue to develop and refine methods to demonstrate and evidence the impact of the investment in QI by use of national benchmarking data including:

- National NHS Benchmarking Data Annual Report Measures
- National Reporting and Learning System (NRLS) six monthly organisational report
- Friends and Family Test data
- NHS Choices
- Patient Led Care Assessments (PLACE)
- Mortality Surveillance
- National Safer Staffing requirements

Learning from the Gosport Review (*June 2018*) we have taken steps to review levels of assurance against the key areas of concern highlighted, in order to ensure that such events would be highly unlikely to occur within this organisation.

The following assurance processes are embedded:

- Incident reporting is robust with weekly incident monitoring and reporting via teams, through to directorates and executive committees.
- Complaints reporting and procedures; reporting through Trust reporting structures
- Freedom to speak up and 'Dear Peter'; reporting through Trust reporting structures
- Serious incident monitoring and Mortality review groups; reporting through Trust reporting structures
- Medicine Organisational Governance (MOG); reporting through Trust reporting structures.'

A fully developed action plan was approved in March 2019 and is being monitored through our Senior Leadership Team.

Summary of Quality Improvement Programme

Our Quality Priorities for 2019/20 were agreed with service users and carers at the Open Space event in January 2019. The Trust proposes that these will include:

Safe:

- Further development of system wide approach to Zero Suicide ambition
- Embed SPAR wards accreditation framework
- Continued investment in environmental ligature improvements
- Maintain Flu Vaccination uptake
- Introduce NEWS2 as the latest evidence based early warning systems
- Strengthen approach to supporting people with Dual Diagnosis

Personalised:

- Embed Person Centredness Framework including a range of person centred approaches and tools in collaboration with service users and carers
- Further embed of Trauma Informed Care across acute wards
- Further reduce restrictive practice through the Reducing Restrictive Practice Group in collaboration with service users and carers
- Identify quality priorities for 2020/21 in partnership with the SUCC who will collaborate in improvement initiatives
- Work with commissioners to develop a strategy/service for people with Autism
- Deliver a QI program to increase compliance with Mental Capacity Act and Mental Health Act

Accessible

- Improve access to services by achieving
 - 100% compliance for referral to assessment (1st contact) in 18 weeks in general and 4 weeks in CAMHS
 - 92% compliance for referral to treatment (2nd contact) in 18 weeks
- Use Service User feedback and FFT themes to influence Quality Improvement agenda in collaboration with the Service User & Carer Council (SUCC)
- Develop the protocol to give the patient control to access their own electronic patient record (year 2 of 3)
- Continue to work with health and social care commissioners to minimise use of out-of-area beds and reduce delays in transfers of care
- Achieve 100% compliance with 3 hour assessment target for service users entering the Place of Safety
- Continue to work in collaboration with Primary Care and the University Hospital of North Midlands (UHNM) to become more accessible to patients through the use of video consultation
- Further develop the use technology through the digital exemplar to improve access to CAMHS services and be more responsive
- No out of area admission to inpatient units

Recovery Focussed

- Continue to develop the wellbeing academy to provide people with education and learning experiences as a means of supporting personal and social recovery
- Embed and further develop peer mentoring, volunteering and employment opportunities for people with lived experience
- Undertake transformation of community pathways to promote person centredness, recovery and underpin integration with primary care
- Support people into employment

Summary of Quality Improvement Plan

Our quality improvement plans are driven by national, local priorities, with service users and carers and underpinned by our four key priorities, **Safe Personalised Accessible Recovery focussed**.

Our focus will be on using QI methodology in delivering our top priorities which are summarised below:

Safe

- Reducing suicide through implementing a zero suicide ambition.
- Improving physical health interventions in mental health

Personalised

- Embed person centred framework
- Deliver a QI programme to increase compliance with Mental Health Act and Mental Capacity Act by 10%

Accessible

- Improving access to service users from referral to treatment
- No out of area admissions to inpatient units

Recovery

- With service users embed recovery focussed practice
- Work with partners to support service users into employment
- Undertake transformation of our community services to underpin integration with health and social care

The top three strategic risks and associated high level mitigations are:

1. The Trust fails to collaborate with service user and carer involvement resulting in an inability to deliver responsive services

- Enhance Service User & Carer Collaboration - Focus on Service Users Recovery
- Embed Person Centredness Framework

2. The Trust fails to deliver safe and effective services, resulting poor care, reputational harm and regulatory restrictions

- CQC Rating of 'Outstanding' is maintained
- Continue work to strengthen approach to risk management
- Develop a Trust wide systematic approach to quality improvement
- A values based supervision model is implemented
- Development and implementation of a social work strategy
- Improved physical health monitoring for service users
- People with complex needs are supported
- Zero Suicide Ambition – 2019/20 is the third year of this collaborative journey with partners to reduce deaths by suicide as part of the county wide strategy
- Every patient can expect Mental Health Law compliance
- 100% achievement of CQUIN scheme
- Revise Pharmacy strategy to ensure delivery of integrated working within the community teams
- Services are responsive to the needs of service users
- Improve the accessibility of data across multiple providers - ICR Procurement
- Become a more digitally mature organisation - Align with action to review Digital Governance architecture

3. The Trust fails to exploit its potential in research and innovation, resulting in a loss of credibility and a failure to improve services

- Ensure delivery of the research strategy
- Implement a Trust wide innovation strategy to support widespread engagement and to celebrate the successes achieved
- Increase Digital profile as national exemplar improving access to services within CYP through the use of digital technology.
- Increased business acumen - Aligned to Integrated Care Partnership masterclass, publication of Directorate Plan, Digital Maturity and Lorenzo Global Digital Exemplar

Summary of Quality Impact Assessment (QIA) Process

We have a fully integrated governance approach to the QIA process. The Trust's overall strategy for the development and delivery of Cost Improvement Programme (CIP) is to implement changes that support the achievement of our strategic objectives including service redesign and modernisation, rationalisation of estate, review of back office and support functions, productivity gains, and workforce redesign.

Quality Impact is assessed for any scheme deemed to have potential impact on the quality of care for the likelihood and impact of risk across three domains:

- Impact on Patient Safety
- Impact on Clinical Effectiveness
- Impact on Patient Experience

A 5x5 risk assessment methodology is used for each domain, producing a gross risk figure for each category and a section for mitigation.

The overall responsibility and leadership of the QIA process of a CIP sits jointly with the Medical Director and the Executive Director of Nursing & Quality. They are required to approve the QIA prior to a scheme commencing delivery. The schemes are reviewed at Confirm and Challenge meetings and deliverability confidence scores are applied. Viable schemes are then quality assessed by the Medical Director and Executive Director of Nursing & Quality with regular oversight reporting to the Quality Committee and through to the Trust Board. The process going forward will be actioned by NHSI (2018) safeguarding staffing requirements.

4. Workforce Planning

With a rigorous approach to workforce planning, organisational plans are modelled on clinical pathways and integrated with quality, finance, performance and activity information in order to ensure that key organisational data is triangulated and services are efficient, effective and future-proofed.

Our robust workforce reporting and monitoring cycle provides core workforce metrics and workforce plans that are reported to the Trust Board and People, Culture and Development (PCD) Committee as part of an integrated balanced scorecard.

This ensures that our proposed workforce levels are affordable, high quality and sufficiently staffed and able to deliver safe, personalised, accessible and recovery focussed care. Any adverse deviations from these plans trigger a rectification plan which is open to challenge and debate. Workforce information is also routinely used to provide assurance on safer staffing levels and to justify the merits of future business development.

All workforce schemes, whether related to growth, skill mix, efficiency or service transformation are subject to approval through the Clinical Directorates, PCD and Trust Board, where we follow the principles of Health Education England's (HEE) modelling tools as part of our workforce planning cycle. Our future plans take into account the Mental Health Five Year Forward View and the NHS Long Term Plan, which recognise that substantial investment into mental health services is necessary.

As a committed partner of the STP, it is essential that we work collaboratively to meet our service needs both current and future. The Trust is fully engaged with system wide strategies and approaches that aim to address the unprecedented challenges facing our workforce demands with particular regard to demand and supply. Our priority is to focus on our Recruitment and Retention Strategy so that we attract, retain and develop a future fit for purpose workforce. Our strategy also acknowledges that productivity gains, workforce remodelling, embracing digital technology and flexible working are core to future delivery.

Workforce Challenges, Risks and Long Term Vacancies

Whilst the Mental Health Five Year Forward View and the NHS Long Term Plan suggest significant investment into our services, this presents a challenge in terms of the Trust being able to deliver the required rapid expansion of mental health services. The reality we face is an ongoing workforce supply challenge with particular reference to newly qualified Band 5 nurses and some Consultant Psychiatrist roles as a result of an ageing workforce and demand issues.

A summary of our current and future workforce challenges is below:

Workforce Challenge	Impact on Workforce	Initiatives in Place
Shortage of Band 5 RMNs	Difficulty in recruiting to establishment and therefore continued use of bank/agency staff	<ul style="list-style-type: none"> - Scoping Exercise - new roles/ways of working, including Nursing Associates, etc. - Improved flexible working proposition. - Enhanced CPD Offer. - Return to Practice Campaign. - STP Health and Social Care Graduate Scheme. - Participation in NHSI Retention Programme. - Succession plan and talent management approach.
Consultant Psychiatrists	Difficulty in recruiting to Consultant Psychiatrist posts, particularly in CAMHS	<ul style="list-style-type: none"> - Flexible Job Plans, including research opportunities. - Working in Partnership with local Universities. - Consideration of overseas recruitment campaign. - RRP. - Succession plan and talent management approach.

We are working closely with our STP partners, HEE and partner Universities to address supply issues and are reviewing the impact of changes to NHS bursaries. Consequently we are developing a number of alternative roles to support our current workforce as we focus on 'growing our own' and enhancing non-medical roles tailored to meet local needs. This will be achieved through the development of new roles such as the Social Care Graduate Scheme which is being developed across the STP. There will also be enhanced entry level recruitment and innovation, e.g. in Nursing Associates and Assistant Practitioners, leading to reduced pressure on patient flow and professional workloads through smarter take-up and development roles. During 2018/19 we increased our Physicians Associate pilot scheme and appointed to three new posts. Our plan is to further develop these roles, in partnership with other Trusts and recruit additional staff in the future should the pilot be successful.

As an active member of the system wide STP Workforce Programme, we regularly contribute to system wide task and finish groups to plan and deliver schemes to improve the recruitment and retention of staff, such as the development and delivery of rotational apprenticeships. We are particularly active in the work experience and apprenticeship task/finish groups and have contributed to the design of a system wide portal for work experience, a graduate scheme for school age students into nursing via the apprenticeship route and have actively participated in the programme of sharing our apprenticeship levy with the voluntary/independent sector.

We also support system wide schemes to reduce bank/agency spend by supporting the Staffordshire Collaborative Bank Feasibility study – this project will scope the potential savings in setting up a system wide bank for tier 2 shifts (those that have not been filled locally). We are part of a data sharing agreement with the STP to provide data in order to support system wide workforce planning and will work with the STP team to produce a database that all organisations can use to evaluate staffing trends. As a member of the Sustainability group, we work together to identify 'hotspot' areas for vacancies, and consider solutions of how to encourage colleagues to "retire and return" as Staffordshire has an ageing nursing workforce.

We regularly assess our workforce profile in order to prepare for the impact of matters such as Brexit and have engaged with all affected staff; we do not expect a significant impact on our workforce supply. We are however considering an overseas recruitment campaign for Consultant roles and will review the impact of the changes to immigration health surcharges accordingly. In addition, we are running a 'Return to Practice' campaign for nurses supported by HEE and in partnership with local Universities, where we will provide academic and placement support, as well as guaranteeing a permanent post for these individuals.

A summary of the Trust's current workforce risks and details of mitigation is as below:

Description of Workforce Risk	Impact of Risk	Risk Response Strategy	Timescales and Progress to Date
High turnover of nursing staff on inpatient wards	High	<p>Bank staff cover gaps as a temporary solution</p> <p>E-rostering on inpatient wards</p> <p>Identify reasons for leaving through Exit Interviews and through focus groups as part of our Retention Strategy</p>	<ul style="list-style-type: none"> - We have strengthened our Temporary Staffing function to allow a greater provision and flexible model, which is more adaptive to service needs, thus reducing the need for agency provision. - Successfully rolled out E-rostering to inpatient areas and targeted recruitment initiatives for our Bank staff, we have seen the use of agency staff to fulfil 'core' operations reduce to one of the lowest rates of any NHS Trust within the West Midlands. - Exit interview feedback analysed on a bi-annual basis and reviewed by the Trust's PCD Committee. Actions taken when required. - Enhanced flexible working offer. - Ongoing development of preceptorship programme. - Flexible bank roles.
Consultant Psychiatrist Vacancies	High	<p>Use of Locums to cover gaps</p> <p>Identify reasons for leaving through Exit Interviews and through focus groups as part of our Retention Strategy</p>	<ul style="list-style-type: none"> - Recruitment and Retention Incentive package developed for Consultant vacancies. - Internal development plan in place to support long term appointments where possible. - Supporting LFT roles.
Primary Care Integration, including development of new roles	Medium	<p>Bespoke induction programme for TUPE transferred staff</p>	<ul style="list-style-type: none"> - TUPE successfully transacted. - Organisational Development integration plan has commenced.

A summary of the Trust's current long-term vacancies is below:

Description of Long Term Vacancy	WTE Impact	Impact on Service Delivery	Initiatives in Place and Timescales
CAMHS Inpatient Consultant Psychiatrist June 2017	1.0	Unable to deliver service Failure to achieve four week waits	<ul style="list-style-type: none"> - Recruitment and Retention Incentive package developed for Consultant vacancies. - Internal development plan in place to support long term appointments where possible. - Flexible Job Plans including research opportunities. - Working in Partnership with local Universities. - Considering an overseas recruitment campaign
CAMHS Learning Disabilities Consultant Psychiatrist April 2016	1.0	Unable to deliver service Failure to achieve four week waits	<ul style="list-style-type: none"> - Recruitment and Retention Incentive package developed for Consultant vacancies. - Internal development plan in place to support long term appointments where possible. - Flexible Job Plans including research opportunities. - Working in Partnership with local Universities. - Considering an overseas recruitment campaign.
Band 5 Inpatient Nursing Vacancies Ongoing	31.88	Impact on Safer Staffing, Rostering and Patient Safety	<ul style="list-style-type: none"> - Comprehensive recruitment and retention action plan in operation. - Scoping Exercise - new roles/ways of working, including Nursing Associates. - Return to Practice Campaign. - STP Health and Social Care Graduate Scheme.

To support our workforce and attract newly registered professionals to join our journey, we will offer a range of both internal and external education programmes, covering numerous specialist areas including clinical education, leadership and research. All staff will be offered development opportunities through our person centred Performance Development Review (PDR) process, which cascades through all of our directorates. Through this process we identify the individual and collective development needs of our staff aligned to the business needs of our services going forward; this is in turn fed into our Training Needs Analysis (TNA) and developing Talent Management Scheme.

We also continue to offer an enhanced range of apprenticeships at different levels to upskill our workforce supporting talent management, gain maximum benefit from available funding and to further enhance the skills of our workforce, which also links to the development of new roles. Apprentice targets will be met by both recruiting new apprentices into the organisation and developing our current workforce and by working with partner organisations to maximise our buying potential with Approved Training Providers. We anticipate that 2019/20 target will be based on headcount (2.3% of the workforce) and a levy calculation of 0.5% of our pay bill.

We consider staff engagement to be critical to our success and use a range of supporting approaches through our Towards Outstanding Engagement programme. These include supporting and developing teams through engagement events, coaching and Action Learning Sets. We have also commissioned a development programme for leadership teams in our new structure to develop our leadership, current and future incorporating the Trust's values and behaviours. Additionally, we use feedback from the annual NHS staff survey and quarterly pulse checks to inform developments and indicate where efforts need to be placed for maximum impact on staff wellbeing and patient care.

Workforce Developments

During 2018/19 we delivered a Trust wide restructure of our clinical services in order to develop a locality focussed approach and reflect the locality structure of the STP. We opened our new Psychiatric Intensive Care Unit and further integrated our services with Primary Care, where we now oversee two GP Practices and TUPE transferred in approximately 50 members of staff. We also saw growth in a number of our services through the Mental Health Five Year Forward View funding, which included perinatal services, Individual Placement Support, IAPT, Children and Young People's services and Mental Health Liaison.

Developments planned for 2019/20 will consider the NHS Long Term and will include significant investment into Children's Mental Health services. The Trust has been selected as one of three Wave 1 pilot sites in a national 'trailblazer' programme. The scheme is split into two areas, where the first will deliver over 30 new posts in CAMHS to form four educational mental health support teams of children's mental health specialists and trainees to work directly with schools. The second element will be used to expand our existing three CAMHS community teams in order to provide additional staffing to each team, with the aim of reducing children's mental health waiting times to under four weeks. To further support Children and Young People, we hope to be able to expand our Children and Young People's Home Treatment Team.

Other developments will see some additional staffing directly linked to the repatriation of service users from out of area, working with commissioners to develop different models to deliver care closer to home and more cost effectively. We will be providing Mental Health services to Stoke Heath Prison from April 2019 in partnership with Shropshire Community Healthcare NHS Trust, which will see a small number of staff TUPE in to the Trust. We are on plan to open our Crisis Care Centre in Autumn 2019, which will support better access for people to service and avoid Emergency Department admissions within the Local Health Economy.

5. Financial Planning

Current Financial Performance

We have achieved a surplus for 19 consecutive years and are forecasting to deliver an overall **surplus in 2018/19 of £2.02m**, following an increase in the agreed control total by £0.6m. The £2.02m surplus is broken down between Trading Surplus and Provider Sustainability Fund as shown below.

2018/19 Financial Control	2018/19 Original Plan Control £m	M7 Agreed Control Improvement £m	2018/19 Revised Control £m
Trading Surplus	0.72	0.20	0.92
Provider Sustainability Fund (PSF)	0.70	0.40	1.10
Control Surplus	1.42	0.60	2.02

Cost improvement is forecast to recurrently deliver £1.8m worth of savings against the £2.8m target; a shortfall of £981k (65%).

In terms of financial risk, the Trust is currently ranked 1 on a scale of 1 to 4 in terms of its **Use of Resources**. This is the highest possible score an NHS Organisation can achieve and means the Trust has maximum autonomy of its affairs. This contributed to the Trust CQC overall rating of Outstanding, awarded in Quarter 4 of 2018/19.

2019/20 Planned Financial Performance

Summary

The planning guidance for 2019/20 puts more emphasis on Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICS) to oversee the completion of a coherent, system level operating plan, as well as developing five year implementation plans to deliver a system-wide break even position by 2023. The STP has proposed a model which apportions available income across system partners based on expenditure, resulting in the Trust moving to a deficit of £5.17m, after delivery of £1.00m programme savings.

Control Total Position	Trust 2018/19 Forecast £m	Trust Published Control 2019/20 £m	STP "IFP" Model Control 2019/20 £m
(Surplus) / Deficit	(0.92)	(0.34)	6.17
System Efficiencies	0	0	(1.00)
(Surplus) / Deficit	(0.92)	(0.34)	5.17
PSF	(1.10)	(0.70)	0
(Surplus) / Deficit	(2.02)	(1.04)	5.17

The Trust supports the STP in its ambition to deliver financial balance and will continue to be a key stakeholder, however the Trust Board does not support the deficit position proposed in the “IFP” model due to the implications for patient care and the liquidity position of the Trust.

The Trust has engaged in discussions with the system which indicate that costs can be reduced by £2.6m and so support the overall system financial position. However there remains a triangulation gap between the Trust and its Commissioners with regards to the remaining £2.6m where non-receipt of funding represents a material risk to delivery of national policy directives and key performance indicators set out in the FYFV. The Trust is continuing to seek confirmation from Commissioners as to their future intention. The Trust plan submitted assumes receipt of funding for these key investments and therefore the Trust delivers the control total of £0.338m, which allows access to £0.7m of PSF.

Planning Assumptions

In 2019/20 the Trust plans to achieve:

- A surplus of £1.04m. This includes £0.34m trading and £0.70m PSF
- Tariff inflation of 2.7% will be applied to all contracts (3.8% growth less 1.1% efficiency)
- Service developments of £4.75m have been assumed to be recurrently funded in 2019/20.
 - This is reduced non-recurrently through recognising timings on implementation of £1.61m.
 - A further £1.03m for PICU will be funded during 2019/20 through the STP Mental Health Programme Workstream and represents a reinvestment of some of the gross savings generated from repatriating out of area patients back within area.
- Efficiency will be set at 1.1% in line with national guidance plus 2018/19 cost improvement under delivery carried forward, known cost pressures and System Savings of £1.0m. This is currently set at £3.5m (4.1%) in 2019/20.
- Implement a capital resource programme that is within the Trust's Capital Resource Limit
- A score of 1 for the Single oversight Framework Finance Metrics by the end of the financial year.
- Continue to meet our statutory duty of staying within our Cash Resource Limit (CRL)
- The Better Payment Practice Code Target (BPPC)
- Agency expenditure is expected to be £2.187m (2018/19: £1.876m)
 - Core Agency £1.887m
 - £300k further Agency Ceiling for GP locums approved by NHSI.

Sources of Income and Applications of Expenditure

Baseline Financial Position	Income Plan (£000)	Expenditure Plan (£000)	2019/20 Plan (£000)
2019/20 Start Point (Surplus) / Deficit	(85,897)	86,710	813
Pay Inflation		2,001	2,001
Non Pay Inflation		423	423
STP System CIP (Delivered through MH Workstream)	1,000		1,000
Tariff Inflation	(1,821)		(1,821)
Service Developments	(4,317)	4,317	0
Cost Pressures (still to be agreed)		1,009	1,009
(Surplus) / Deficit before Cost Improvement	(91,035)	94,460	3,425
2019/20 Cost Improvement	(90)	(1,433)	(1,523)
2018/19 Cost Improvement Carry Forward		(982)	(982)
STP System CIP (Delivered through MH Workstream)	(1,000)	0	(1,000)
(Surplus) / Deficit	(92,125)	92,045	(80)
Risk to be mitigated in year		(258)	(258)
(Surplus) / Deficit (Excl. PSF)	(92,125)	91,787	(338)

2019/20 Summary Statement of Comprehensive Income

Summary Revenue Position	2018/19 FOT £'000	2019/20 Plan £'000
Income		
Revenue from Patient Care Activities	(77,971)	(82,466)
Other Operating Revenue	(8,265)	(9,661)
Total income	(86,236)	(92,127)
Expenditure		
Gross Employee Benefits	61,298	66,880
Other Operating Costs	23,241	24,134
EBITDA	(1,697)	(1,113)
Non-Operating Costs:		
Finance Costs	1,239	1,172
Dividends	549	637
Depreciation	(955)	(980)
Investment Revenue	(56)	(54)
Trading (Surplus) / Deficit	(920)	(338)
PSF Income:		
PSF	(1,103)	(700)
(Surplus) / Deficit Control	(2,023)	(1,038)

Investments and Developments

The table below shows the current £2.6m of investments under negotiation with the CCG and the STP within the construct of the IFP model. A number of these represent specific flows of money as part of national projects or as part of the mental health FYFV and for which expenditure has been committed following confirmation of national funding flows.

Service Developments - CCG Block Contract	Funding	2019/20 (£000)
CAMHS Trailblazer	National	1,185
Perinatal	5YFV	526
IAPT prevalence rates	MHIS	250
EIP Level 2 to Level 3	5YFV	150
PICU current beds spot purchased	OOA	501
Total Service Developments		2,612

Expenditure Budgets

Non-clinical income budgets have been set based upon Service Level Agreements (SLAs) and relevant agreements for Education, Training and Research.

Planned expenditure for 2019/20 takes into account the impact of:

- Known cost pressures;
- Investments and service developments;
- Cost improvement programmes to delivery efficiency savings.

Statement of Financial Position

The Statement of Financial Position is based upon the income and expenditure plans and capital expenditure plans detailed in the relevant sections. While the Trust is planning to spend £2.67m in capital during 2019/20 we are still planning to maintain a healthy cash balance of £6.49m by the end of the 2019/20 financial year. Non-current liabilities reflect the obligation regarding the PFI scheme.

Statement of Financial Position	2018/19 FOT	2019/20 Plan
	£m	£m
Assets:		
Non-Current Assets	32.4	33.6
Current Assets	15.0	13.7
Total Assets	47.5	47.4
Liabilities:		
Total Current Liabilities	(8.1)	(7.5)
Total Non-Current Liabilities	(11.4)	(10.8)
Total Liabilities	(19.5)	(18.3)
Total Assets Employed	28.0	29.0
TAXPAYERS EQUITY:		
Total Taxpayers Equity	28.0	29.0

Capital Planning

Our Capital Programme has been developed to enable investment in projects that will improve the quality and range of our services and tie in with our aim to increase the portfolio of services we provide:

- Strategic developments including Mental Health Crisis Care Centre and LD Facilities.
- Operational
 - Backlog maintenance – based on risk categories of significant, high, medium and low
 - Lifecycle replacement – for items such as PCs, vans, lifts, plant etc.
 - Energy Efficiency Programme – Reducing the Trusts Carbon Footprint
- Digital
 - Investment in Business Intelligence
 - ICT Modernisation

The Trust has secured bids on behalf of the STP for additional Public Dividend Capital Funding of £1.6m for enhancement to Detoxification Suites and Crisis Cafés. The Trust has underpinned this investment with £500k of its own cash reserves.

The Capital Programme for 2019/20 is shown below.

Capital Scheme	Year 1	Year 2	Year 3	Year 4	Year 5	Total Year 1-5 £000s
	2019/20 Plan £000s	2020/21 Plan £000s	2021/22 Plan £000s	2022/23 Plan £000s	2023/24 Plan £000s	
Strategic Schemes						
Learning Disabilities Facilities	400	300				700
Mental Health Crisis Care Centre (Building work commenced in 2018/19)	766					766
Detoxification Suites and Crisis Café	200	300				500
Strategic Schemes			500	500	500	1,500
Operational Schemes						
Environmental Improvements (Backlog Maintenance)	120	120	120	120	120	600
Environmental Improvements (Incl. Reduced Ligature Risk)	400	400	400	400	400	2,000
Energy Efficiency Programme	90	75	75	75	75	390
Equipment and Other Schemes	200	50	50	50	50	400
Digital						
IT	200	200	200	200	200	1,000
Digital Innovations	50	50	50	50	50	250
Business Intelligence	150	150				300
Contingency and Other						
Contingency	100	100	100	100	100	500
Trust Funded Capital Expenditure	2,676	1,745	1,495	1,495	1,495	7,411
Public Dividend Capital (PDC)						
Detoxification Suites and Crisis Café (Agreed)		1,600				1,600
Total Capital Expenditure	2,676	3,345	1,495	1,495	1,495	9,011
Capital Receipts						
Sale of Ashcombe Centre (to be agreed)	(500)					(500)
Total Capital Receipts	(500)	0	0	0	0	(500)
Net Capital Expenditure	2,176	3,345	1,495	1,495	1,495	8,511

Cost Improvement

We have a plan in place for realising efficiency savings in order to achieve its control total trading surplus. The Trust has a robust process in place to ensure that CIP schemes are subject to a QIA prior to the scheme being implemented.

For 2019/20, efficiency will be set at 1.1% in line with national guidance plus 2018/19 cost improvement under delivery carried forward and any known cost pressures. The Cost Improvement Target is currently set at £3.5m, which includes £1m of STP System Savings delivered through the Mental Health workstream. It should be noted that the system

allocation of programme savings is currently provisional and reallocations including investments required to support savings will be undertaken as implementation takes place. This will include full QIA assurance process for any system schemes by the Trust.

The Trust will only agree to delivery of programme savings and their associated risk for those projects which sit within the direct span of control of the Trust.

The themes that directorates are pursuing are explored in further detail within individual directorate one year plans.

Split by Area	Identified	Pipeline	To identify	Grand Total
	£'000	£'000	£'000	£'000
Benchmarking Review	-	125	-	125
Corporate Functions	-	-	113	113
Estates Rationalisation	25	-	-	25
Local Schemes	350	-	-	350
Medicines	-	-	73	73
New Models of Care (Pathway Development)	183	231	-	414
Darwin	-	90	-	90
Non Pay	-	-	60	60
OOA Repatriation	400	-	-	400
To be Identified	-	-	855	855
Grand Total	958	446	1101	2,505
STP System CIP - Delivered through MH Workstream	1,000			1,000
	1,958	446	1,101	3,505

Single Oversight Framework Finance Metrics

We are forecasting to achieve a score of 1 against the finance metrics for the Single Oversight Framework in 2018/19 and planning to deliver this level of performance by the end of 2019/20.

Use of Resource Risk Ratings	Actual	FOT	Plan
	2017/18	2018/19	2019/20
Capital Service Cover Rating	1	3	3
Liquidity Ratio (days)	1	1	1
I&E Margin	1	1	1
Variance from control total	1	1	1
Agency Spend	3	1	1
Overall Risk Rating	1	1	1

Agency

We have implemented a number controls during 2018/19 in order to ensure agency spend is at an absolute minimum going forward including Executive Director approval for all agency spend and have delivered in line with the ceiling in 2018/19. The agency ceiling for 2019/20 is £2.27m which includes an uplift following the Primary Care Integration. The Trust will maintain the controls in place to ensure that it delivers below the agency ceiling in year.

6. Link to the local Sustainability and Transformation Plan

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership is a key strategic partner for the Trust and we take a proactive approach to ensuring we play a prominent role in STP work streams.

Put simply, the drivers of the financial challenge across the STP geography is inextricably linked to the higher than average number of unplanned and emergency admissions to hospital for patients who can be better served through primary and community care services. The twin pressures of resilience in primary care and an absence of a coherent and coordinated out of hospital model have served to create an overly medicalised secondary care supply-led model of care

The STP has recently commenced system-wide planning for the development of an Integrated Care System (ICS) to support the transition to a Staffordshire & Stoke-on-Trent ICS by 2021. The Trust is committed to working across the STP to actively contribute to the development of this new model architecture and in parallel, will work with its Northern Alliance Board partners to agree a roadmap for the creation of a Northern Staffordshire Integrated Care Partnership.

Combined Healthcare is the only Trust wholly situated within the Northern Alliance footprint and strongly believes it can play a lead role, aligned to the STP, in the design and development of new system architecture. To do this the Trust will work in concert with system partners, including the new and emergent Primary Care Networks to build a consensus-based transition to an Integrated Care Partnership.

The Trust is fully supportive of the shared system priorities and is fully engaged in an accelerated and cross-organisational transformation programme which have recently been strengthened to bring an immediate focus on nine delivery areas or 'sprints':

- Urgent and Emergency Care & Enhanced Primary and Community Care
 - Integrated Urgent Care
 - Care Homes
 - Long Term Conditions
 - Frailty
- Planned Care
 - Speciality reviews (MSK / Gastro)
 - Outpatient Follow-Ups
- Mental Health
 - Out of Area placements
 - Crisis care and Detoxification
 - High Volume / Intensity Users

Other examples of how the Trust is actively engaged with the STP include:

- Organisational Development is an enabling work stream for the whole of the STP. We currently are focusing on three key programmes of work:

1. The **Stepping Up Programme**, a development programme for staff from a BAME (Black Asian Minority Ethnic) background.

29 locally employed people from across health social care and the public sector, have undertaken and successfully completed the programme over two cohorts.

The third cohort commences on 26th March 2019 and will be supporting 41 participants on their leadership development journey.

2. We were successful in being selected as an early adopter site for the National leadership Academy High Potential Scheme (HPS)

The long-term goal of the project is to deliver a ready and more diverse cohort of 40 aspirant leaders who will progress into senior executive roles – going ‘furthest fastest’. Our pilot sites nationally will be going live with a cohort of 20 participants in June 2019

3. The STP Organisational Development Programme Board will be supporting the Staffordshire and Stoke-on-Trent ‘Academy’, based on the vision set out in the Staffordshire manifesto based on the development of localities within Primary Care Networks bringing to life the recommendations of the Localities Review.

- Digital – the Trust will be continuing its journey to become a national leader in the use of digital technology to revolutionise care and drive efficiencies, improvements and experience. As a manifestation of the Trusts commitment in this area, the Chief Executive has served as Senior Responsible Officer for the STP Digital Programme. A key priority is the procurement of an Integrated Care Record (ICR) which will provide a real-time and consolidated clinical record to clinicians across all system partners before expanding to give patients control over their own health records. The ICR is a strategic enabler to a range of STP work streams which rely on the success of the solution to eliminate non-value adding clinical interventions.

Taking a broader lens perspective, the Trust believes that an emphasis on Partnerships more generally is crucial in the development of the new models of care outlined in the STP Plans for North Staffordshire. We also recognise the value partners bring to the delivery of existing services and new business.

Our Partnership Strategy defines partnerships into 3 categories:

1. Partners with whom we have contractual arrangements for service delivery
2. Partners who are crucial to the delivery of our business but are not contractually aligned
3. Partners who have mutual interests and deliver service that benefit the whole mental health and social care sector

All directorates will ensure that there is a wider the understanding of the role and value of partners to the successful development of services and during 2019/20 we will define which partners are crucial to us and which we would want to engage in any new business opportunities.