North Staffordshire Combined Healthcare NHS Trust

Operational Plan

2024/2025

Proud to Care

Contents

Introduction

This plan sets out a programme of activity for the next 12 months to deliver continuous improvement of the care and services we provide. It is shaped by the progress we have made towards achieving our strategic ambitions, our ongoing commitment to delivering outstanding care, our passion to create a great place to work and our long track record in the efficient and effective use of resources.

The development and implementation of this plan is set within the context of an uncertain national landscape as we reach the end of the five-year planning period for the NHS Long Term Plan (LTP). Nationally, 2024/25 has been positioned as a bridging year, focusing on recovering the remaining LTP commitments whilst continuing to build on the LTP to achieve the vision for mental health services.

Like many other Integrated Care Systems across the country, Staffordshire and Stoke-on-Trent enters 2024/2025 facing considerable financial challenges. We remain a committed System partner and do not underestimate the impact of these challenges or our role in helping to address them. In doing so we remain positive and most importantly, ambitious, committed to approaching the year ahead with energy, optimism, and a drive to identify opportunities to continually improve outcomes through the most effective and efficient routes.

Many of the priorities within this plan reflect long-term commitments and programmes of activity to deliver and maintain sustainable improvements to the quality of care and services. The plan includes a continued focus on:

- Improving access to, and the timeliness of, care and treatment across all groups.
- Maximising staff wellbeing, improving supply and retention and developing our leadership at all levels of the organisation.
- Improving the quality of the care environment through Project Chrysalis.
- Embedding community mental health transformation.
- Expanding primary care provision.
- New approaches to personalised care planning.
- Tackling health inequalities.

It also introduces new areas of activity including:

- Transformation of all-age inpatient care as part of a national programme of activity.
- Implementing Right Care, Right Person, an operational model focused on changing the way emergency services respond to calls involving concerns around mental health.
- Improved process and practice for reasonable adjustments to improve the experiences and outcomes of people with a learning disability, autistic people, and their families.
- A variety of enabling activities across the Corporate Directorate to enable the Trust to continue to be Outstanding in all we do and how we do it.

This operating plan has been developed across the organisation and offers a mix of strategic ambition, corporate and clinical priorities, and operational deliverables. In delivering this plan we will continue to place value on the insight we gain from the views and experiences of service users, their carers and people with lived experience, our staff, and partners.

Dr Buki Adeyemo
Chief Executive

Janet Dawson
Chair

1. Our Strategy

One year on from the publication of our Trust 5-year strategy, we maintain our commitment to continue to be Outstanding in all we do and how we do it. During 2023/2024 we continued to develop our approach to operational planning to ensure that what we do remains aligned to our three strategic priorities: Prevention, Access, and Growth.

PREVENTION — We will commit to investing in providing high-quality preventative services that reduce the need for secondary care.

ACCESS — We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them.

GROWTH — We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce.

Through analysis of our 2024/25 Operational Plan deliverables, we are confident in our ability to sustain positive progress against each of our strategic priorities with a balanced programme of activity.

Figure 1.1: Contribution of 24/25 Operational Plan Deliverables to Strategic Priorities
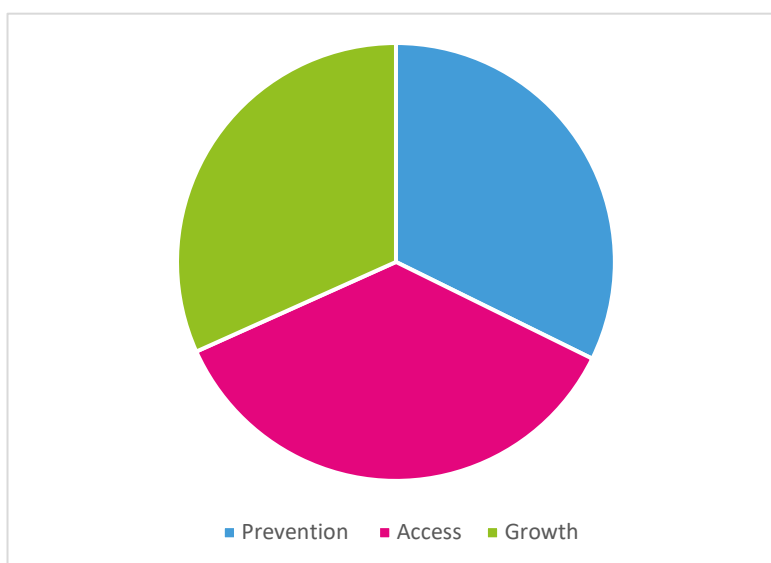
Our strategy sets out a series of high-level impact measures and as we move through each planning year, we maintain sight of these measures and track progress to ensure our operational plans support us in delivering the impact we seek.

When reflecting on 2023/24 performance, the information presented in this plan is a snapshot. The factors underlying performance are multi-faceted and complex. While positive performance is celebrated, we also ensure areas of underperformance are acknowledged and addressed.

1.1   Prevention

High level performance against the Trust's strategic priority of Prevention is as follows:

	Enabler			
	Quality	**People**	**Partnerships**	**Sustainability**
Strategic Priority	Reduce suicide rates year on year by 2028.	Improve staff health year on year.	Embed Mental Health Service within NHS 111.	By 2024 we will have supported 35% of service users into employment.
2023/24 Performance	A time lag in data makes in-year reporting challenging. Addressing this critical and complex strategic priority is an ongoing focus for the Trust.	2023/24 staff survey reported fewer staff experiencing work-related stress and an increase in staff reporting their manager takes a positive interest in wellbeing. Sickness absence remains stable but above target.	All preparatory work undertaken for NHS 111 Option 2 go-live in April 2024.	Individual Placement and Support (IPS) has achieved 21% of service users into work. Trust-wide, service users on CPA in employment increased from 16.3% in April 23 to 25.3% in February 24.

A sample of priorities and deliverables within the Operational Plan that will contribute to Prevention in 2024/25 include:

- Improving access to primary care, including NHS Talking Therapies, and increased take up of proactive health screening.

- Formal launch and embedding of national initiatives including NHS 111 Option 2 and 'Right Care, Right Person.'

- Review and wider roll out of the key worker model to support children and young people with a learning disability and/or who are autistic.

- A new Trust Health and Wellbeing Strategy that builds upon the existing activities and pillars that support and promote health and wellbeing across the workforce.

1.2   Access

High level performance against the Trust's strategic priority of Access is as follows:

	Enabler			
	Quality	**People**	**Partnerships**	**Sustainability**
Strategic Priority	Improve access by co-producing new services with communities.	Ensure our Trust is the best place to work in the NHS.	Expand our primary care offer.	Develop digital access to all our services by 2028.
2023/24 Performance	Continued growth of Wellbeing College during 2023/24 and a significant emphasis on co-production within Community Mental Health Transformation including the development of new care plans.	High levels of satisfaction maintained across all NHS People Promise themes within 2023/24 staff survey.	Successful integration of Keele GP practice delivered in 2023/24.	All services enabled for e-referral service and Wellbeing Portal to accept digital referrals.

A sample of priorities and deliverables within the Operational Plan that will contribute to Access in 2024/25 include:

- Continuing activity to develop and embed seamless pathways across primary and secondary care for all age groups, including collaborative working with voluntary sector partners, with evidence of impact through increased access rates.

- Delivering Year 1 of the 3 – year national Inpatient Quality Transformation Programme which places significant emphasis on the culture of care and addressing inequality.

- A focus on co-produced care and services, developing a co-production framework and assurance process that becomes embedded within key decision making.

- Deploying and embedding Patient Aide to all applicable clinical services and service user groups, enabling service users to have access to their records in real time.

- Effective workforce planning and development to grow and retain the staff and skills required to enable access to high quality and timely care and support across all services.

1.3. Growth

High level performance against the Trust's strategic priority of Growth is as follows:

	Enabler			
	Quality	**People**	**Partnerships**	**Sustainability**
Strategic Priority	Reduce waiting times for services.	Increase our workforce by developing our services.	Increase the number of services delivered in collaboration with partners by 50%.	Deliver a 50% Carbon Net Zero reduction by 2028.
2023/24 Performance	National targets for Early Intervention, CYP Eating Disorders and NHS Talking Therapies met in year. Areas where performance has declined has generally been in the context of significant increases in demand.	2023/24 year end establishment forecast demonstrates growth of 5.3% against a plan of 3.5%.	Further work required to quantify partnerships. Two partnership services were finalists in the HSJ Partnership Awards 2024. Trust Partnership Charter approved with plans to roll out in 2024/25.	Implementing the Green Plan has delivered activities that contribute to a reduction in the Trust's Carbon Footprint. 24/25 will include a focus on improving our ability to quantify the impact of sustainability initiatives.

A sample of priorities and deliverables within the Operational Plan that will contribute to Growth in 2024/25 include:

- Opportunities to expand and diversify services within the Specialist Directorate including substance misuse and children and young people's inpatient provision.

- Enhancing research opportunities and developing relationships across a broader range of higher education institutes.

- Undertaking preparedness activities to ensure the Trust is well-placed to respond to emerging opportunities linked to national and System level developments.

- A review and refresh of the Trust's charitable arrangements to ensure we are capitalising on all opportunities to deliver positive impact for our service users, staff, and wider communities.

- Refreshing the Trust's Green Plan to ensure that the Trust continues to grow in line with its sustainability commitments and ambitions.

2. Operational Planning

This section sets out the national and local context which has framed the development of the Trust's Operational Plan 2024/25.

2.1 National Planning Guidance

The NHSE 2024/25 priorities and operational planning guidance against which this plan has been developed include the following:

Area	Objective
Quality and patient safety	Implement the Patient Safety Incident Response Framework (PSIRF).
Primary and community services	Improve community services waiting times, with a focus on reducing long waits.
	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
Mental health	Improve patient flow and work towards eliminating inappropriate out of area placements.
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019).
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.
People with a learning disability and autistic people	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population.
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
	Improve the working lives of doctors in training by increasing choice and flexibility in rotas and reducing duplicative inductions and payroll errors.
	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.
Use of resources	Deliver a balanced net system financial position for 2024/25.
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.

Mental Health

2024/25 has been framed as a 'bridging year' to recover the remaining LTP commitments whilst moving towards actions that deliver the vision of parity of esteem for mental health services, ensuring timely access for everyone who needs it to the most therapeutic and least coercive models of care.

Key actions for systems highlighted within the planning guidance include:

- Improve patient flow and reduce average length of stay in adult acute mental health wards, delivering more timely access to local beds.

- Support improvements in the quality and safety of all-age inpatient care, by finalising and publishing system 3-year plans to localise and realign inpatient care in line with the mental health inpatient commissioning framework by June 2024.

- Embed digital technology to transform mental health care pathways, provide more personalised and joined-up care, improve clinical productivity, and support improvements in access, waiting times and outcomes.

- Improve timeliness and quality of mental health activity, outcomes and equality data to evidence the expansion and transformation of mental health services, and the impact on population health.

In addition, systems are asked to:

- Review community services by Q2 2024/25 to ensure clear policies and practice for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.

- Put systems in place to monitor performance and effectiveness of 111 *2 for mental health NHS crisis line services being rolled out in April 2024 by Q2 2024/25.

- Work closely with ICS partners to develop and deliver a workforce plan that supports the System's mental health and NHS Long Term Workforce Plan growth ambitions.

- Implement the patient and carers race equality framework (PCREF) by the end of 2024/25, including establishing the governance structure and reporting metrics.

People with a learning disability and autistic people

The planning guidance recognises significant growth in the numbers of autistic people in a mental health inpatient setting, the need to ensure admissions are only for the purpose of care and treatment of mental health conditions, and that the right model of care and support is provided. Key actions for systems include:

- Reduce admissions of autistic people into mental health inpatient care and increase discharges into community settings.

- Continue to discharge people with a learning disability with the longest lengths of stay into community settings and continue to make progress on reducing the number of people with a learning disability in hospital.

- Ensure that each learning disability annual health check is accompanied by a health action plan.

Other key actions include:

- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the planning guidance objectives.

- Ensure training for staff includes training in learning disability and autism, appropriate to their role.

- Improve autism diagnostic assessment pathways through implementation of the national framework.

- Continue to improve the accuracy and increase the size of GP learning disability registers.

- Support delivery and use of the reasonable adjustment digital flag to reduce the health inequalities of people with a learning disability and autistic people.

Data, digital and technology

Planning guidance reinforces that strong digital foundations are essential for transformation, supporting access, quality and productivity. NHSE will work with systems to develop robust plans for the technology investment announced in the 2024 Spring Budget to support delivery of the NHS productivity plan for the years from 2025/26. In support of this NHSE will improve the measurement and reporting of productivity across all sectors.

2.2   Staffordshire and Stoke-on-Trent Integrated Care System

This Operational Plan has been developed in the context of wider System planning activity. Working collaboratively with System partners we have developed and assessed our plans against a series of themes and priorities as set out in:

- Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP) Strategy.
- Staffordshire and Stoke-on-Trent Integrated Care System (ICS) Joint Forward Plan – refreshed for 2024.
- Staffordshire and Stoke-on-Trent Integrated Care System Operational Plan Priorities.

Figure 2.1: Contribution of Trust Operational Plan Deliverables to ICP Strategy

- People & Communities
- Personalised Care
- Personal Responsibility
- Prevention & Inequalities
- Productivity
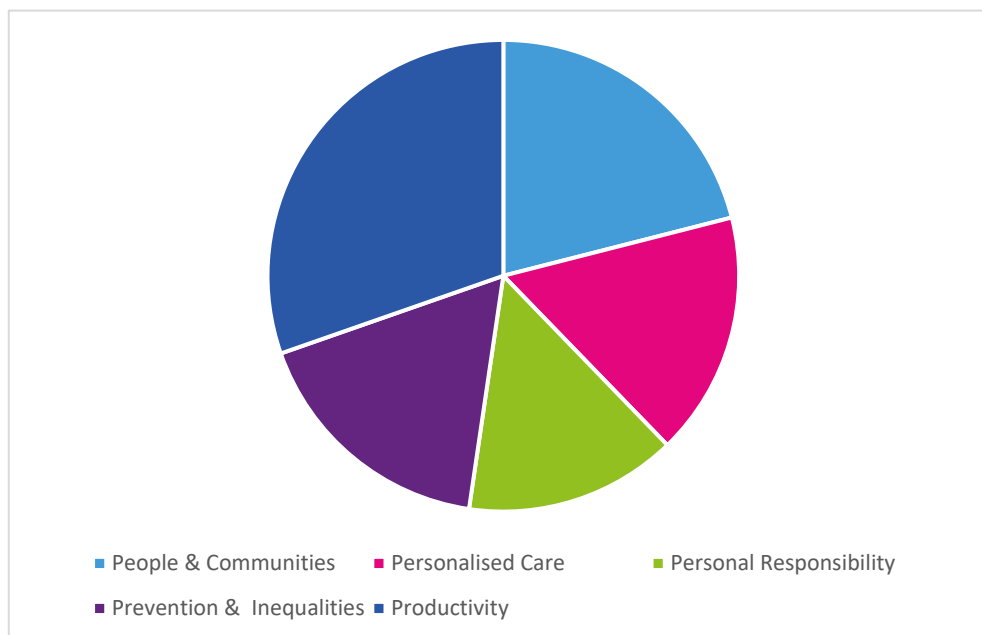
Figure 2.1 demonstrates that the deliverables set out in this plan will make a tangible contribution to all aspects of the ICP Strategy with a particular emphasis on Productivity. This is again reflected in the contribution of Trust deliverables towards the ICS Joint Forward Plan, where activity is evident against all domains but particularly 'enhance productivity and value for money.'

Figure 2.2: Contribution of Trust Operational Plan Deliverables to ICS Joint Forward Plan

- Improve outcomes in population health & health care
- Tackle inequalities in outcomes, experience & access
- Enhance productivity & value for money
- Help the NHS to support broader social & economic development
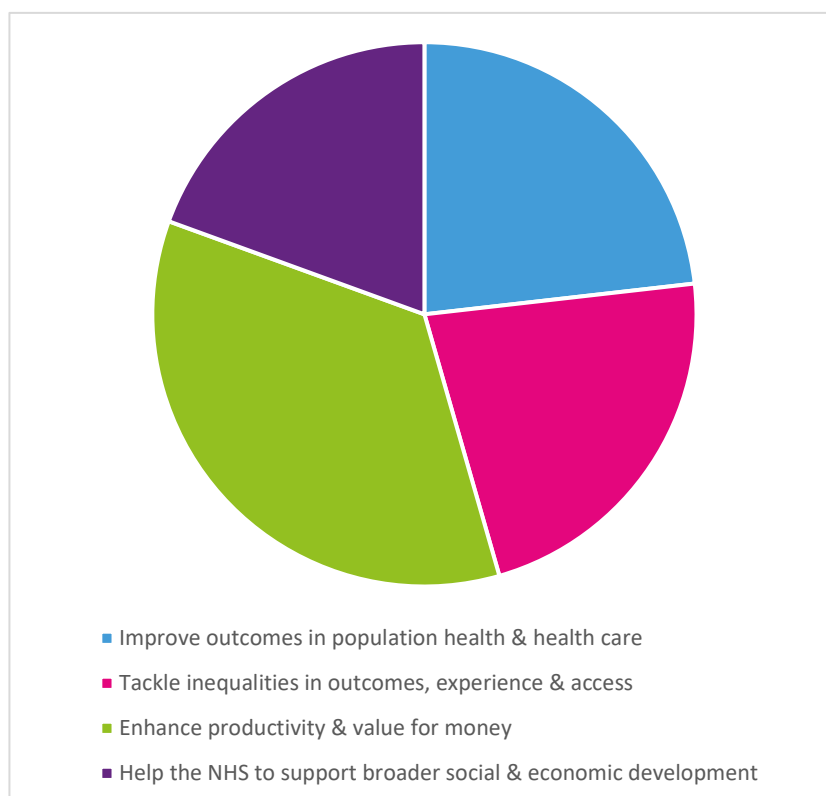
A focus on efficiency, productivity and value for money is critical given the financial challenges facing the Staffordshire and Stoke-on-Trent ICS. In response, a series of recovery programmes will be established as system collaborations with financial targets that will be assessed and disaggregated amongst individual partner plans.

Each programme will be led by a provider Senior Responsible Officer with a team established to provide the appropriate, focussed, resource. The recovery programmes are:

- Demand management for the over 65s.
- Continuing Healthcare (an extension of the 23/24 programme).
- Contracts (including elective transformation).
- Clinical value and medicines (including unwarranted variation and unnecessary interventions).
- Corporate, back office and estates.

Our operational plans for 2024/25 reflect the Trust's practical contribution within several of the recovery programmes outlined, including Continuing Healthcare. Operational plans may require updating to reflect other areas of the recovery programme as the scope and Trust contribution becomes clearer.

Figure 2.3: Contribution of Trust Operational Plan Deliverables to ICS Operational Plan Priorities

Legend:
- Eliminate Delays
- Improve Access to Primary Care
- Joined Up, Proactive & Preventative
- Compassionate Care of Frail & Elderly
- Supporting Care Home Residents
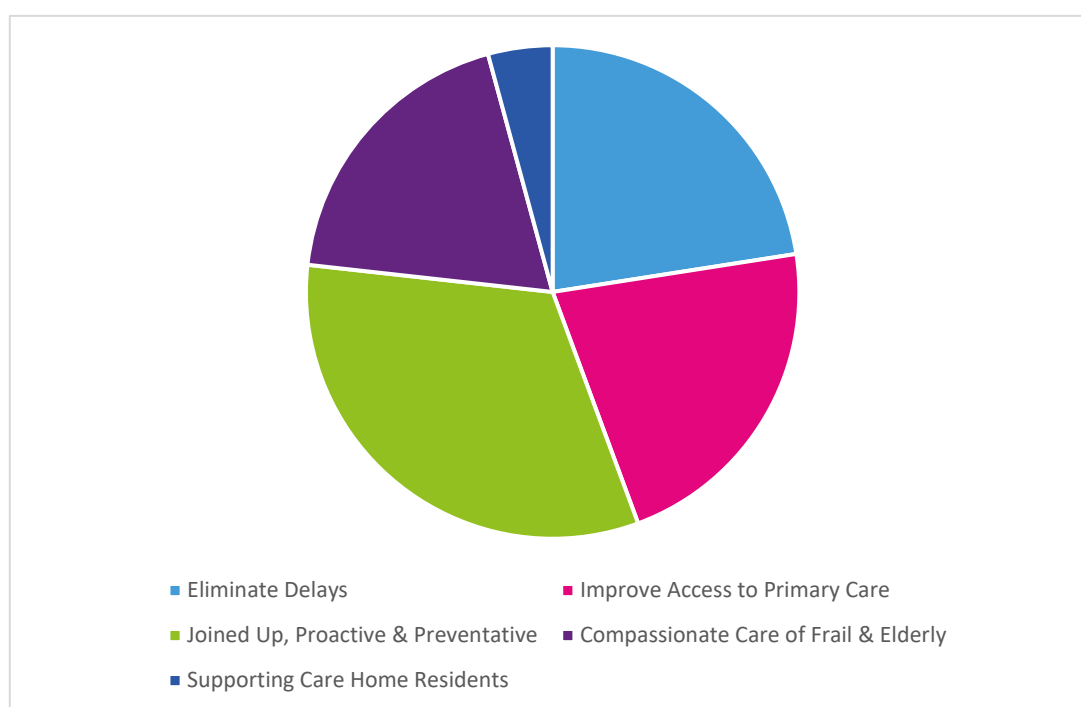
Despite a focus on addressing financial challenges, it is positive to note in Figure 2.3 that deliverables within our Operational Plan also support all aspects of the ICS Operational Plan priorities including a significant focus being joined up, proactive and preventative.

2.3   Activity

The Trust's anticipated activity levels for 2024/25 in respect of national metrics are highlighted in figure 4.3.1 and demonstrate in increase in projected activity for perinatal access and children and young people contacts.

Figure 2.3.1: Trust Performance and Projections against Long Term Plan and National Mental Health Priorities

Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts 2024/25

		Out of Area Bed days			Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3	Count	Active inappropriate adult acute mental health out of areas placements (OAPs) (end of month position)	Forecast FY	0	0	0	0	0	0	0	0	0	0	0	0	0
	Count		Actual FY	0	0	0	0	0	0	0	0	0	0	0	0	0

		Perinatal access			Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
9	Count	Number of people accessing specialist community PMH and MMHS services in the reporting period (12-month rolling)	Forecast FY	553	553	553	553	553	553	553	553	553	553	553	553	553
	Count		Actual FY	389	377	390	382	387	395	393	395	388	380	386	391	405

		Overall access to Core Community Mental Health Services for Adults with SMI			Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
11	Count	Overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (12-month rolling)	Forecast FY	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800
	Count		Actual FY	6,813	6,996	6,958	6,942	6,868	6,815	6,758	6,722	6,699	6,642	6,602	6,931	6,818

		Numbers of CYP in contact			Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
13	Count	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (12-month rolling)	Forecast FY	7,773	7,773	7,773	7,773	7,773	7,773	7,773	7,773	7,773	7,773	7,773	7,773	7,773
	Count		Actual FY	7,183	7,256	7,325	7,351	7,252	7,199	7,189	7,135	7,171	7,117	7,100	7,113	6,993

2.4   Workforce

The high-level workforce position for the Trust forecasts a reduction of 61.83 WTE (3.3%) in the establishment between March 2024 and March 2025 with reductions across all staffing groups. There is no increase in the planned substantive workforce compared to year-end 23/24 but a change in distribution of roles with an increase in registered nursing roles, offset by small decreases across other areas. There is also an expectation that bank staff will increase.

Figure 4.4.1: North Staffordshire Combined Healthcare NHS Trust Plan Vs Establishment

North Staffordshire Combined NHS Healthcare Trust	Staff in post outturn	Establishment	Plan	Establishment
Workforce	Year End (31-Mar-24)	Year End (31-Mar-24)	As at End Mar 25	As at End Mar 25
Total Workforce (WTE)	1818.89	1871.11	1809.17	1809.28
Total Substantive	1656.11	1871.11	1656.11	1809.28
Total Bank	129.57	0.00	145.56	0.00
Total Agency	33.21	0.00	7.50	0.00

Figure 2.4.2: North Staffordshire Combined Healthcare NHS Trust Establishment

North Staffordshire Combined NHS Healthcare Trust	Staff in post outturn	Establishment	Plan	Establishment
	Year End (31-Mar-24)	Year End (31-Mar-24)	As at End Mar 25	As at End Mar 25
Substantive Total	**1656.11**	**1871.11**	**1656.11**	**1809.28**
Registered Nursing, Midwifery and Health Visiting Staff	490.29	598.17	498.56	597.88
Registered/Qualified Scientific, Therapeutic and Technical Staff	273.55	324.18	275.05	312.64
Support to Clinical Staff	490.73	506.60	484.89	479.94
NHS Infrastructure Support	344.84	366.67	341.91	348.71
Medical & Dental	54.11	72.22	53.11	66.02
Any Other Staff	2.59	3.27	2.59	4.09

2.5   Finance

The aggregate Staffordshire and Stoke-on-Trent Integrated Care System position reflects a deficit of £90m. This figure is a result of dialogue and challenge between the ICS and NHSE and includes a stretch efficiency target of £40m. There is an acknowledgement of the significant financial risk within the plan.

Figure 4.5.1: Staffordshire and Stoke-on-Trent ICB

Finance	£m
2024/25 Plan Surplus/(Deficit) £m	(90.0)
Considerations:	
Net impact to position not included in plan £m	0.0
2024/25 Financial Efficiencies £m	203.09

The Trust submission in support of the ICB return reflects a £6.4m contribution to the system recovery target. £3.171m has been identified as high risk which, when mitigations are considered reduces to £1.4m

The System recognises that "traditional" efficiency factors will be insufficient to return the system to break-even and as such plans are progressing to develop a set of system-wide recovery programmes as a matter of priority as outlined in Section 2 of this plan.

To deliver the £40m stretch efficiency, six areas have been explored which generally align to the initial six recovery programmes. However, one new area of focus relates to the Mental Health Investment Standard (MHIS) and the potential to deliver c.£2m of efficiencies via a 'technical miss' of MHIS. The six new areas of focus are described as embryonic, therefore at this stage the impact for the Trust, including that associated with MHIS is difficult to quantify.

3. Ensuring Quality of Care and Service Provision

The Trust quality priorities continue to be the driver for all quality activity planned during 2024/25. These priorities were co-produced with service users, carers, and staff to ensure they reflect the needs of the local population across North Staffordshire and Stoke-on-Trent.

As the Trust moves into 2024/25 with challenging financial targets through supporting the wider System deficit, a relentless focus on quality will be more important than ever.

In preparing the Trust's Cost Improvement Programme (CIP) for 2024/25 a review of process has been undertaken and updates made to ensure that Quality Impact Assessments, Equality Impact Assessments and Sustainability Impact Assessments are integral to all CIP proposals. This has also been reflected in an update to the Trust's business case template.

Examples of key priorities and deliverables for 2024/25 that will help us to achieve our aspiration of providing outstanding services for our population include:

- **Safe** – expansion of safer staffing approaches into the Community Directorate; and enhancing medicines management practice across the Trust.

- **Personalised** – roll out of new care plans in all relevant services; and improving quality and personalisation of care and support to people with a learning disability and/or Autism through the roll out Oliver McGowan mandatory training.

- **Accessible** – delivering Year 1 of the Inpatient Quality Transformation Programme with a focus on addressing health inequalities impacting access and outcomes across the care pathway; and embedding and promoting the use of Patient Aide to improve communication between service users and clinicians.

- **Recovery focused** – exploring alternatives to 'locked' rehab as part of the objectives set by the Inpatient Quality Transformation Programme; further development of the Wellbeing Portal enabling access to a range of tools and resources that support self-management within the recovery process.

Our Priorities for 2024/2025

High level priorities for Clinical Directorates and Corporate service areas are outlined below with detailed plans and deliverables at Appendix A.

4.1 Clinical Directorates

Acute & Urgent Care	Community	Primary Care	Specialist
Improve adult crisis pathways: NHS 111 / alternatives to Emergency Department.	Continue to embed Adult Community Mental Health Transformation Programme.	Enhance access for Directorate general practices, reflecting national guidance on improving access to primary care.	Expansion of Edward Myers Unit.
Deliver the Inpatient Quality Transformation Programme.	Improve access to Individual Placement and Support service.	Continued development of Directorate workforce planning strategy to support changing service and workforce needs.	Influence and respond effectively to national commissioning intentions for CYP inpatient services.
Continued development of Directorate workforce planning strategy to support changing service and workforce needs.	Improve perinatal mental health access.	Improve proactive health screening targets.	Review of Learning Disability and Autism services.
Implement Right Care, Right Person.	Improve CYP mental health support & access.	Continue to improve access to NHS Talking Therapies.	
	Enhance neurodevelopmental pathways via an all-age ADHD offer and improved CYP ASD pathways.		

4.2   Corporate Directorate

Medicines & Clinical Effectiveness	Nursing & Quality	Operations
Enhance research opportunities.	Roll out of Patient Carer Race Equality Framework.	100% delivery of the Mental Health Investment Standard.
Strengthen relationships with higher education institutions beyond local institutions.	Increase Outstanding CQC ratings throughout the Trust.	Full implementation of the Reasonable Adjustments Flag.
Every patient can expect Mental Health Law compliance including response to new reforms.	Expand safer staffing into the Community.	Oliver McGowan training roll-out.
Continue suicide prevention strategy.	Move Away from Care Programme Approach.	Maintain significant assurance against the Emergency Planning and Resilience and Response Core Standards.
Enhance medicine management practices.	Co-produced care and services is integral to how we deliver care and develop services which are recovery focused and inclusive of lived experience, which values our peer workforce.	
Development of Clinical Leadership.	Nursing workforce growth and development.	
Tackle Health Inequalities: all patients will receive outstanding care irrespective of differences.	Transforming Inpatient Mental Health services.	

People, Organisational Development & Inclusion	Governance	Communications
Promote and ensure Equality and Inclusion.	Form and function review of the Governance Team to ensure effective support to the Trust in all aspects of good governance.	Support for Quality Assurance Group and CQC preparation.

Deliver an action plan for the Sexual Safety Charter.	First year evaluation of Kark Review/Fit and Proper Person Test Framework.	Strategic Review of Comms and Engagement.
Deliver the Trust People Plan.	Supporting and influencing the Trust vison 'To be Outstanding in all we do and how we do it'.	Intranet / website refresh.
Deliver the Just Restorative Learning Culture & Civility transformation project.		Roll out of digital screens to Trust locations.
Deliver annual programme of Staff Survey activities.		
Maximise Widening Participation and Education activities.		
Improve health, wellbeing, and support across the workforce.		

Estates	Finance	Performance
Ensure estate is fully compliant with Health Technical Memoranda, Health Building Notes and Statutory Legislation.	Supporting the delivery of the Trust's financial plan including the delivery of the agreed efficiency target.	Review and develop new Business Intelligence Strategy 2024-27.
Finalise 5-year Estates Strategy.	Supporting the delivery of the Trust's Capital plans.	Improve Data Quality across the Trust.
Maximise space utilisation across the Trust.	Refresh the Trusts Long Term Financial Model (LTFM).	Meet key national performance data requirements for 2024/25.
Continue to deliver Project Chrysalis.	Supporting the PFI contract expiry process.	Increase clinical engagement with data.
Progress the implementation of electric vehicle charging points across the Trust estate.	Implementation of new finance ledger system and development of reporting suite.	
Explore Sustainability funding opportunities to deliver upgrades to Trust estate.	Undertake a tendering process in respect of the Trust's Payroll services.	
Replacement of EMU Girpi Pipework.		

Digital	Strategy	Transformation Management Office
Digitise: Achieving core digital capabilities and skills that underpin safe and effective care and continuing an upward digital trajectory.	The Trust has an approved and triangulated suite of enabling plans that support delivery of its overarching Strategy.	Primary Care as a key growth opportunity for the Trust.
Connect: Enable the ready sharing of information across the health and social care system while maintaining the highest standards of privacy and ethics.	Ensure the Trust has undertaken appropriate preparedness activities for strategic system developments.	Effective utilization of inpatient bed capacity across the Trust Estate.
Transform: Promote transformative changes that will support the system.	Develop and evolve the Trust's role and influence within local and national systems.	Effective coordination of Trust role within System transformation activity.
Exceed the minimum level of digital maturity as set out in the What Good Looks Like Framework.	Ensure the effectiveness of the Trust Charity and associated governance.	Working towards Net Zero via delivery of Trust Sustainability Programme.
		Ensuring TMO core functions and activities are effective in supporting the Trust to achieve its strategic priorities.

Appendix A: Our Plans for 2024/2025

A.1 Acute & Urgent Care

Acute & Urgent Care								
No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	Improve Adult Crisis Pathways: NHS 111 / Alternatives to ED.	1a	Continue to expand/improve MH crisis care provision for all ages. This includes improving the operation of all age 24/7 crisis lines and the NHS 111 Option 2, crisis resolution home treatment teams & MH liaison services in acute hospitals.	Service Manager/ Senior Service Manager	Apr-24	Mar-25	Launch of the NHS 111 Option 2 service and embedded as standard practice. Effective delivery of a new model of Crisis Resolution and Home Treatment Team.	Successful provision of NHS 111, Option 2 meeting nationally agreed KPI's Embedded new ways of working for a CRHTT, meeting compliance standards and quality metrics. MHLT compliance against targets and partnership feedback.
		1b	Continue to explore / improve Crisis Alternative provision, i.e. Crisis Pod / lounge, as part of admission avoidance.	Service Manager/ Senior Service Manager	Apr-24	Mar-25	Further alternatives to current options in place. Noticeable trend in reduced admissions in comparison to activity trends.	Functioning crisis alternatives that are used routinely and embedded within pathways. Reduced admission comparable to the demand activity.

2	Deliver Inpatient Quality Transformation	2a	To ensure a framework that focuses on: Improving therapeutic care within acute Inpatient Mental Health Services for Adults and Older Adults. Acute Mental Health Inpatient Services specifically for Autistic Adults and Adults with a Learning Disability.	Matron	Apr-24	Mar-25	Embedded processes in the delivery of therapeutic care within Inpatient wards. Appropriate standards in place to ensure compliance and delivery of the new standards.	Internal and external quality audits demonstrating compliance and effective delivery of improved therapeutic patient care. Compliance of new standards in line with guidance and KPI's.
		2b	Remain on track with Project Chrysalis and bed reduction.	Matron	Apr-24	Mar-25	When all work has been completed and all wards within the scope of Project Chrysalis renovated.	All wards within the scope of Project Chrysalis open and providing high standards of patient care.
		2c	Maintaining; effective bed flow, reduced LoS, and eliminated use of OOA beds, and low re-admission rates. To effectively reduce the number of CRFD across Inpatient areas.	Matron / Discharge Pathway Lead	Apr-24	Mar-25	Stable bed occupancy demonstrating sufficient and efficient bed flow. Re-admission rates below target of 7.5% LoS below national average for all Inpatient Acute Wards. Small numbers of	Stable bed occupancy demonstrating sufficient and efficient bed flow. Re-admission rates below target of 7.5% LoS below national average for all Inpatient Acute Wards.

							CRFD patients who are discharged shortly after CRFD status.	Small numbers of CRFD patients who are discharged shortly after CRFD status.
3	**Continued development of Directorate workforce planning strategy to support changing service and workforce needs**	**3a**	We will continue to review the Directorate workforce to ensure alignment to Trust Strategy and National priorities.	Workforce Business Partner / Associate Director / Clinical Director	Apr-24	Mar-25	Completion of Workforce Plan for the Directorate using Workforce planning principles.	A completed workforce plan that through delivery demonstrates a reduced vacancy rate, with the development of staff and teams, noting impact around culture, talent , and succession planning.
		3b	Our workforce plan is derived from the Trust Strategy, NHS Long Term Workforce Plan and NHS People Promise to uphold our commitment to all staff and their development.	Workforce Business Partner / Associate Director / Clinical Director	Apr-24	Mar-25	Ongoing monitoring through Workforce Health, Workforce KPI's, Staff Survey Implementation Plan and Staff Engagement and Development Plan.	A completed workforce plan that demonstrates development and culture plans aligned for the Workforce.
4	**Implement Right Care, Right Person**	**4a**	To ensure effective implementation of the NPA: RCRP to improve access to personalised mental health support and prevent unwarranted police	Associate Director / Senior Service Manager	Apr-24	Mar-25	When all 4 phases have been implemented across the system.	Alternative and appropriate provision that supports people to access the right service for them, without harm and for all system

							partners to be working collaboratively to enable effective service for all.
			involvement in mental health care.				

A.2   Community

Community								
No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	Embed Community Transformation	1a	Continue to embed pathways and MDT working across primary care with the PCNs and ARRS Practitioners.	Senior Service Manager	Apr-24	Apr-25	Seamless pathways across Primary and Secondary Care with service users support by the right service first time.	Increase in referral rates across Adult & Older Adult CMHTS by 5%.
		1b	Increase visibility and pathways across primary care e.g. community lounges and voluntary sector services.	Senior Service Manager	Apr-24	Apr-25	Secondary and Voluntary sector services working collaborative with visibility from CPN's and STR workers in Community Lounges.	Increase in referral rates across Adult & Older Adult CMHTS by 5%.
		1c	Embed clinical pathways to ensuring there is effective discharge planning.	Senior Service Manager	Apr-24	Apr-25	All CMHT's will have manageable caseloads sizes to ensure there is capacity for new referrals. Safer staffing reports will show consistent same	Increase in referral rates across Adult & Older Adult CMHTS by 5%.

							number of referrals and discharges.	
2	**Improve access to Individual Placement and Support service**	2a	Work with CMHT's to promote IPS service and increase referral rates.	Service Manager	Apr-24	Apr-25	Regular attendance to CMHT's Team meetings and a consistent flow of referrals to IPS service.	Maintenance of ICS engagement trajectories.
		2b	Increase visibility within primary care settings.	Service Manager	Apr-24	Apr-25	Regular attendance to job clubs and the 15 community lounges across Stoke-on-Trent with a consistent rate of referrals.	We will have supported 35% of service users into employment.
3	**Improve Perinatal Mental Health Access**	3a	Increase visibility and pathways across primary care e.g., family hubs and voluntary sector services.	Service Manager	Apr-24	Apr-25	Increased Access rates in line with National and Regional standards.	Access rates of 10% of the local birth population.
4	**Improve CYP Mental Health Support & Access**	4a	All new referral for Core CAMHS Teams receive an assessment within 4 Weeks.	Service Manager	Apr-24	Apr-24	All CYP are seen within 4 weeks of referral.	4WW KPI will be maintained at 95%
		4b	Implement Wave 12 Mental Health Support Teams (MHSTs).	Service Manager	Apr-24	May-24	All newly created posts recruited, new schools identified and engaging with the MHST whole school approach model.	Full coverage of MHST in Schools across Stoke-on-Trent.

		4c	Engage in contract negotiations for service providers of those not requiring Core CAMHS to strengthen our "front door" model.	Service Manager	Sep-24	Apr-25	Increase in referrals to third sector providers.	4WW KPI will be maintained at 95% & CYP getting the right service at the right time, first time.
5	**Enhance Neurodevelopmental Pathways**	5a	Mobilisation of Adult ADHD service.	Service Manager	Apr-24	Apr-25	Fully recruited to all Adult ADHD Team posts.	Adult ADHD fully mobilised and shared care arrangements for treatment with GPs in place.
		5b	Alignment of CYP ADHD to Neurodevelopmental Service line to create an all-age ADHD offer.	Service Manager	Aug-24	Apr-25	CYP ADHD aligned with Neurodevelopmental Services and Service Line.	All Age ADHD Service Offer.
		5c	Improve CYP ASD pathways.	Service Manager	Apr-24	Apr-25	Reduction in waiting times for Assessment and diagnosis.	All referrals assessed and diagnosed within 13 weeks.

A.3   Primary Care

Primary Care								
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**To enhance access for Directorate general practices reflecting national guidance around improving access to primary care**	**1a**	To embed service wide telephony system creating virtual call centre across our general practices.	Service Manager	Apr-24	Sep-24	Successful installation of new telephone system.	Implementation of virtual call centre which supports Moorcroft, Holmcroft and Keele practices, ability to answer calls across the practices, call waits information and ability for call back facility.
		1b	Increase care navigation to 15% of all daily patient contacts across all general practices (care navigating to ARRS roles, Pharmacy, Talking Therapies, voluntary sector organisations)	Service Manager	Apr-24	Mar-25	Monthly monitoring of care navigation rates which consistently achieve an average minimum of 15%	Data is widely collected for the three practices sites and demonstrates a minimum of 15% of daily contacts are appropriately care navigated.
2	**Continued development of Directorate workforce planning**	**2a**	Reduce staff turnover rates by 5% and to maintain within Trust KPI.	Service Managers	Apr-24	Mar-25	Monthly data around turnover rates provided which demonstrate reduction utilising agreed action plan.	Reduction of turnover rates by 2% in comparison to March 2024.

					Apr-24	Sep-24		
	strategy to support changing service and workforce needs.	2b	Develop Directorate workforce plan, including general practice, talking therapies and ARRS teams.	Associate Director/ Clinical Director	Apr-24	Sep-24	Completion of workforce plan for 2024/25 using workforce planning principles.	Completed workforce plan which incorporates all Directorate teams.
3	**Improve proactive health screening targets.**	3a	Increase cervical screening, childhood immunisations and learning disability checks uptake by 5%	Clinical Lead/Senior Practice Nurse Lead	Apr-24	Mar-25	Action plan in place supporting increase in uptake of screening targets.	Demonstrable increase in cervical screening, childhood immunisations and learning disability health checks, showing 3% increase on uptake in comparison to 2023/24 results.
		3b	Implement engagement events with our local communities to support health screening, including utilisation of ARRS roles.	Clinical Lead/Senior Practice Nurse Lead/ Service Manager	Apr-24	Mar-25	Engagement events held across our communities, providing education opportunities around public health screening.	Demonstrable increase in cervical screening, childhood immunisations, learning disability health checks, FIT testing and SMIs. ARRS and practice staff working together to provide community events.

4	**Continue to improve access to NHS Talking Therapies**	4a	Increase referral into treatment rates by 5%	Service Manager	Apr-24	Mar-25	Provision of data around referral to treatment rates. Action plan implemented to address required increase.	5% increase in referral treatment rates can be demonstrated and consistently achieved over 6-month period in comparison to March 2024 data.
		4b	Undertake joint TT, ARRS, CMHT education events to describe pathways and services available, supporting joint working and step up/step down approach.	Service Manager	Apr-24	Mar-25	Away day events and protected learning opportunities for teams planned.	Engagement events undertaken with teams throughout the year, including co-development of referral matrix.

A.4 Specialist

Specialist									
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Expansion of Edward Myers Unit**	1a	Expansion of Detox OBDs and increased income.	Senior Service Manager	Apr-24	Mar-25	Income generated exceeds 24/25 operating costs for the service.	Consistent income that exceeds the cost of running the service.
		1b	Workforce restructuring.	Senior Service Manager	Apr-24	Dec-24	Recruitment to new and vacant posts complete.	Established workforce.
2	**Influence and respond effectively to national commissioning intentions for CYP inpatient services**	2a	Develop pathway options to adhere to commissioning intentions.	Senior Service Manager	Apr-24	Dec-24	Approved options paper by SLT.	Agreed plan for service redesign.
		2b	Develop workforce to offer enhanced service.	Service Manager	Apr-24	Mar-25	Training schedule completion.	Workforce able to manage a variety of presentations and risks.
3	**Review of Learning Disability and Autism services**	3a	To finalise intentions for the provision of the A&T service.	Service Manager	Apr-24	June-24	Agreed plan for future of the service.	Plan for the future of service implemented.
		3b	Review of local keyworker provision to assess effectiveness	Service Manager	Mar-24	May-24	Complete review with clear recommendations.	A responsive structure and plan to support CYP with a Learning Disability and/or Autistic CYP who face multiple vulnerabilities.

		3c	Develop improvement plan for Key workers including plan to support the wider roll out to CYP with a Learning Disability and/or Autistic	Service Manager	Jun-24	Dec-24	Complete an implementation plan	A responsive structure and plan to support CYP with a Learning Disability and/or Autistic CYP who face multiple vulnerabilities.

A.5 Operations

Operations									
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**		**What will success look like?**
1	**Delivery of Mental Health Investment Standard (MHIS) remains a mandatory minimum requirement**	1a	100% delivery of the MHIS investment standard	Chief Operating Officer	Apr-24	Mar-25	Evidence of MHIS investment.		100% utilisation of the MHIS.
2	**Full implementation of the Reasonable Adjustment Flag**	2a	Develop and implement plans to ensure that the Reasonable Adjustment Flag (RAF) is in place and that Reasonable Adjustments (RA) are made so all local NHS Providers and wider NHS services can support, listen to, and help improve the health and wellbeing of people with LDA and their families, including further expansion of Acute Liaison roles to support roll out in acute trusts.	Chief Digital Information Officer	Mar-24	Mar-25	Evidence of reasonable adjustment flag in clinical notes/evidence in reporting of its clinical use.		Utilisation of the reasonable adjustment flag linked to our baseline data.

3	**Oliver McGowan Training Roll Out**	3a	NHS and care staff will receive information and training on supporting people with a Learning Disability and/or autism through the roll out of Oliver McGowan Mandatory Training.	Deputy Chief Nursing Officer	Jan-23	Mar-25	Completion of Level 1 & 2 Training.	85% of staff trained in level 1&2.
4	**Emergency Planning and Resilience and Response Core Standards**	4a	NSCHT to maintain significant assurance against the core standards	Chief Operating Officer	Sep-23	Aug-24	Maintain assurance against the Core Standards.	Maintain assurance against the Core Standards.

A.6 Medicines and Clinical Effectiveness

Medicines and Clinical Effectiveness								
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Enhance research opportunities.**	1a	Deliver training and delivery programme to increase skills and capabilities within the workforce.	R&D Lead	Jan-24	Sep-24	Training delivered, feedback from trainees, new research ideals taken through development.	Research ideas are nurtured through development to deliver and publication. Colleagues motivated and engaging actively in joint research opportunities due to compatible alignment.
		1b	Review R&D roadmap, provide reports evidencing progress		Jan-24	Mar-25	Reports received into Quality Committee.	Roadmap milestones achieved.
		1c	Lead SHERPA on Comms/digital content to staff and governance		Jan-24	Mar-27	Content and guidance approved for distribution.	Joint research with HEI that align to clinical interest and Trust strategic objectives.
2	**Strengthen relationships with HEI beyond local institutions.**	2a	Strengthen links with universities through joint bids aligned to areas of clinical interest.	Deputy CMO (Education) & Deputy	Mar-24	Mar-25	Joint bid applications.	Strong network of research peers within academic.

		2b	Meet educational criteria required to become a University Trust.	Director MACE	Apr-24	Mar-25	Criteria met.	Strong relationship with HEI, Trust recognised for its excellence in educational provision. Strong reputation amongst students and other stakeholders
		2c	Develop and progress plan to meet financial requirements for University Trust status.		Apr-24	Mar-25	Criteria met and proceed through submission process.	Recognition and reputation. Increased research revenue and productivity.
3	Every patient can expect Mental Health Law compliance including response to new reforms.	3a	Review and refresh training content and delivery schedule	MHLT Service Manager	Jun-24	Mar-25	Feedback and audit	Improved patient experience. Full MHA Compliance
		3b	100% compliance with requirements for Section 17 leave		Mar-24	Oct-24	Internal and external audits	Improved patient experience. Full MHA Compliance.
		3c	100% compliance with requirements for consent		Apr-24	Oct-24	Internal and external audits	Improved patient experience. Full MHA Compliance.
4	Continue suicide prevention strategy.	4a	Deliver system wide Annual Suicide conference	Deputy Director MACE	Apr-24	Oct-24	Co-ordinated multi-organisational event	Increased awareness. Enhanced partnership working.
		4b	Improved risk assessments performance especially in patients reported	Head of Patient & Organisational Safety &	Apr-24	Sep-24	Surveillance demonstrates improvement.	All SI's have up to date risk assessments.

			with SI's - measure through thematic review	Chief Medical Officer			
5	**Enhance medicine management practices.**	**5a**	Scoping - Review current educational training provided to all staff groups.	Deputy Director MACE	Apr-24	Jun-24	Mapping exercise completed with gaps identified.	Understanding of the current offer from Trust and HEI's. Identification of gaps that can inform content of training package.
		5b	Develop suite of appropriate training and competency tools to support all staff groups involved in medicines management.	Deputy Director MACE	Apr-24	Sep-24	Staff feedback	Improved access for staff. Gaps addressed and offer consistent evidence-based training.
		5c	Develop and implement a Medicines Incident Management Policy (aligned to PSIRF).	Deputy Director MACE	Apr-24	May-24	Improved quality of incident closure and assurance regarding learning.	Increased confidence of staff. Improve patient experience.
6	**Development of Clinical Leadership**	**6a**	Compile a multidisciplinary 3-year clinical leadership plan with key milestones and objectives.	Chief Medical Officer	Mar-24	Aug-24	Milestones achieved.	Improved engagement with clinical workforce. Tool to support recruitment, retention, and research.
		6b	Promote shared principles of MDT working through multiple channels.	Chief Medical Officer	Mar-24	Mar-25	Staff feedback. Improved patient satisfaction. Improved patient outcomes.	Effective MDT working to improve patient experience. Seen

								as an employer of choice.
7	**Tackle Health Inequalities: all patients will receive outstanding care irrespective of differences.**	7a	Ensure senior leaders and decision makers have adequate understanding of factors relating to health inequalities and key principles/tools to tackle health inequalities.	CMO & Deputy Director of MACE	Mar-24	Mar-25	Performance metrics. Service user feedback	Assurance that principles of health equality are applied to all decisions. Improved access and experience for all patients.
		7b	Establish a process which provides assurance that health inequalities are considered and informs any decisions and / changes in care and service provision.	CMO & Deputy Director of MACE	Apr-24	Jul-24	Performance metrics. Service user feedback.	Assurance that principles of health equality are applied to all decisions. Improved access and experience for all patients.
		7c	Work cross collaborative with complimentary workstreams to harness opportunities.	CMO	Apr-24	Jul-24	Performance metrics. Service user feedback.	Assurance that principles of health equality are applied to all decisions. Improved access and experience for all patients.

A.7 Nursing & Quality

Nursing & Quality								
No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	**Roll out of Patient Carer Race Equality Framework**	1a	To agree data requirements and how it will be cascaded and used to inform race equality and ensure patient level reporting includes relevant equality information	Chief Nursing Officer and Deputy Chief Nursing Officer	Apr-24	Mar-25	Readily available data which is used intelligently to improve services and care which is equitable for all.	Evidence of Co-produced improvements.
		1b	To agree training / awareness requirements for all staff					
		1c	To have a clear engagement and co-production plan to address areas of improvement.					
2	**Increase Outstanding CQC ratings throughout the Trust.**	2a	To be assured against CQC KLOE that all Trust core services are consistently of high quality.	Chief Nursing Officer and Deputy Chief Nursing Officer	Apr-24	Jan-25	Trust maintains Outstanding CQC rating.	More core services are rated as Outstanding and / Or more CQC domains rated as outstanding overall. All improvements are
		2b	To ensure that all core services have a 'Towards Outstanding' plan which all teams are actively involved in					

			Quality Improvement initiatives.					informed utilising QI methodology.
3	**Expand safer staffing into the Community.**	**3a**	Reporting of Community metrics which gives insight into safer staffing.	Deputy Chief Nursing Officer	Jan-24	TBC pending business case	Routine reporting of community safer staffing metrics.	E-roster embedded in all clinical / community services.
		3b	To roll out E-roster in all clinical / community services.					
4	**Move Away from CPA**	**4a**	Training programme to be rolled out to all relevant clinical staff / teams.	Deputy Chief Nursing Officer	Jan-24	Apr-24	All relevant staff received training.	All patients have a co-produced care plan which is informed using PROMs.
		4b	Policy to be agreed and implemented.		Apr-24	Sep – 24		
		4c	Roll out of PRSB Care planning standards and PROMs in all relevant services beyond adult and older persons community teams.		Apr-24	Mar-25		

5	Co-produced care and services is integral to how we deliver care and develop services which are recovery focused and inclusive of lived experience, which values our peer workforce.	5a	To ensure there is a process in place which provides assurance that co-production is at the forefront of any decisions and / changes in care and service provision.	Head of Nursing & Professional Practice	Jan-24	Mar-25	More care and decisions regarding services will be co-produced.	Assurance that relevant care and services changes and improvements are co-produced with service users, staff, and key stakeholders.
		5b	To ensure that senior leaders and decision makers throughout the Trust have an adequate understanding of the core principals of Co-production and they are factored into key decision-making processes.	Head of Nursing & Professional Practice	Apr-24	Mar-25	As above	As above
		5c	To provide a framework / guide to 'how best to approach co-produced care and service changes / improvements'.	Head of Nursing & Professional Practice	Apr-24	Oct-24	As above	As above
6	Nursing workforce growth and development	6a	To provide options appraisal re grading the growth and expansion of the nursing workforce which is designed to drive high quality care and address vacancy challenges.	Head of Nursing & Professional Practice	Feb-24	Apr-24	A clear plan in place with a trajectory of nurse development & recruitment in place.	Reduced vacancies and Turnover of nursing posts / staff.

		6b	To ensure there is routine engagement with the nursing workforce which focuses on development, retention, wellbeing, and the delivery high quality care.	Head of Nursing & Professional Practice	Feb-24	Mar-25 (ongoing)	Nurses feel valued, heard, and supported.	As above
7	**Inpatient Quality Transformation Programme**	7a	To ensure there is clear leadership internally and within the wider system focused around transforming inpatient services, with routine reporting into Trust Board as required.	Deputy Chief Nursing Officer	Jan-24	Mar-25	A clear programme plan is in place with clearly outlined workstreams.	Active engagement, involvement and board level support which is recognising improvements within the inpatient settings.

A.8 People, Organisational Development & Inclusion

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
People, Organisational Development & Inclusion								
1	**Equality and Inclusion**	1a	Workforce Race Equality Standard, Workforce Disability Equality Standard.	Associate Director of Organisation Development	Apr-24	Oct-25	Annual Report and action plan published (or requirement removed from NHS Standard Contract).	Trust data uploaded to NHS England across all required metrics. Action Plan and Reporting approved through cycle of PCDC, Report sent to commissioners and on Trust website annually.
		1b	Equality Delivery System Internal review.	Associate Director of Organisation Development	Oct-24	Mar-25	Consultation complete and Annual Report and action plan published annually (or requirement removed from NHS Standard Contract).	Report produced. Consultation completed including SUCC.
		1c	Gender Pay Data, Ethnicity Pay Gap and Disability Pay Gap report, Sexual Orientation Monitoring (SOM).	Associate Director of Organisation Development	Jan-25	Mar-25	Report and action plan approved at PCDC & TB and published (or requirement removed as legal annual responsibility).	Report and action plan produced and approved through Trust committees. Report published on Trust website.

		1d	Accessible Information Standard (AIS) annual compliance report audit findings and action plan.	Associate Director of Organisation Development	Oct-24	Mar-25	AIS compliance assured across Trust services Action plan in place to address any gaps / concerns potential aspect of CQC evidence and questioning (well led).	Assurance gained through feedback / survey / audit annually and reported on via PCDC to TB (as part of D&I Annual Report and/or separately).
		1e	NHS EDI Improvement Plan & associated 6 high impact actions. Development plan in place for each High Impact Action.	Associate Director of Organisation Development	Apr-24	Mar-25	Compliance with Six High impact Actions assured	Compliance with Six High impact Actions assured through WREI and internal reporting
2	**Sexual safety charter - NEW**	2a	Sexual Safety Charter associated action plan.	Associate Director of Organisation Development	Apr-24	Jun-24	Signed Sexual Safety Charter published on Trust website. Associated action plan in place.	Charter published and standards assured annually,
3	**Deliver the Trust People Plan**	3a	5 work streams: Inclusive & Representative, Achieve Potential, Great Place to Work, Health & Wellbeing, Systems and Policies,	Chief People Officer	Apr-24	Mar-25	All work streams have detailed actions and reporting mechanisms in place against the 5-year plan.	Reporting through PCDC, SLT, Trust Board.
4	**Just Restorative Learning Culture & Civility**	4a	Transformation Project: year 2/3-year plan: Deliver 7 workstreams: Communication, Education, Data, Policies, Processes, Staff and Patient Safety	Associate Director of Education	Apr-24	Mar-26	Project plan developed and implemented with impact and outcome measures in place.	A Just and Restorative Culture will enable people to be the best they can be, promote equity and quality, learning from

			and Psychological Safety.						mishaps and errors to deliver continuous improvement.
5	**Staff Survey**	5a	Annual Staff Survey and quarterly Pulse Checks.	Associate Director of Organisation Development	Apr-24	Mar-25	Annual report and action plans co-produced with clinical AD's. Reporting quarterly through PCDC and JNCC.	Increase in completion of the Staff Survey across the Trust. At least 50% completion in each team and Directorate.
		5b	Continuation of annual cycle including reporting and Directorate Action Plans to address areas for improvement as required.	Associate Director of Organisation Development	Apr-24	Mar-25	Annual report and action plans co-produced with clinical AD's. Reporting quarterly through PCDC and JNCC.	Reports through Trust Board, PCDC and JNCC.
6	**Widening Participation and Education**	6	Maximise and deliver on all areas of Widening Participation; Apprenticeships, Careers into Schools, Work Experience, princes Trust and T Levels.	Education & Widening Participation Manager	Apr-24	Mar-25	Annual Report in addition to reporting through JNCC and PCDC.	We will continue to meet and exceed national set targets.
		6b	Maximise Trust Education Budget and CPD Budget. Develop suite of optional CPD for personal and	Associate Director of Education	Apr-24	Mar-25	Rolling annual programme	Trust TNA will identify key priorities. SEAL have oversight and sign off on

			professional development. Maintain Stat & Mand Education.					budget use. Annual report.
7	**Health, Wellbeing and Support**	7a	Manage and optimise Occupational Health contract.	Associate Director of Education	Apr-24	Mar-25	Improvement in vaccination, time to recruit, attendance at work data and regular health checks.	Staff will have occupational support to ensure health and safety at work
		7b	Health and Wellbeing Strategy.	Associate Director of Education	Apr-24	Mar-25	Develop and deliver H&W Strategy in line with the People Plan.	Trust to support Health and Wellbeing (Mental and Physical Health)

A.9   Communications

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	Support for Quality Assurance Group and CQC preparation	1a	Produce and operationalise comms and engagement plan for CQC inspection	Associate Director	Jan - 24	Dec - 24	Staff are fully engaged and prepared for the CQC announced inspection	Successful staff involvement in CQC announced inspection
		1b	Provide comms and engagement support for the work of the Quality Assurance Group	Associate Director	Jan - 24	Dec - 24	All comms and engagement aspects of delivering the quality assurance programme are delivered	Quality Assurance comms and engagement requirements are met across Trust services
		1c	Review and update core induction and welcome materials and activities - harnessing full range of digital channels and capabilities.	Associate Director	Jan - 24	Sep - 24	New content and activities are introduced - working with people directorate colleagues	Improved induction and welcome experience for new and existing employees.
2	Strategic Review of Comms and Engagement	2a	Produce and secure agreement for new strategic review and 3-year plan for Comms and Engagement	Associate Director	Feb - 24	Mar - 25	Board sign-off is given to new Strategic review and 3-year delivery plan.	Each plan component will have specific SMART KPI
		2b	Implement recommendations of the internal audit review of Comms and Engagement function.	Associate Director	Feb - 24	Mar - 25	Internal audit confirm recommendations have been implemented	New CAT pages for team, enhanced assurance arrangements, agreement on new 3-year plan, with SMART KPIs and

								accompanying resource plan.
3	**Intranet / website refresh**	3a	Refresh and deliver new CAT intranet and public website, including compliance with new national accessibility standards.	Associate Director	Feb - 24	Oct - 24	New versions of CAT and public website are operational.	Improved web design and increased accessibility.
4	**Roll out of digital screens to Trust locations**	4a	Roll out digital screens with actively managed content to all Trust locations that require them.	Associate Director	Feb - 24	Mar - 25	Digital screens served by dedicated laptops are in place across all Trust locations that require them.	Actively managed content is being shown on digital screens across our locations.

A.10 Finance

Finance								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Supporting the delivery of the Trust's financial plan including the delivery of the agreed efficiency target**	**1a**	Maintenance of systems and processes to ensure integrity of financial reporting. Preparations and approval of Trust's 2024/25 Financial plans. Monthly monitoring and reporting of performance against plan to Trust Committee structure and Regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its financial targets.	Trust's financial plan will be achieved or bettered.
		1b	Monthly monitoring and reporting of performance against plan to Trust Committee structure and Regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its financial targets.	
2	**Supporting the delivery of the Trust's Capital plans.**	**2a**	Construction and approval of the Trust's 3/5-year capital plan within the funding available & agreeing that plan with System partners. Monitoring	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its capital plan.	The Trust's Capital Programme will not overspend against the funding available.

					Apr-24	Mar-25		
			and reporting the financial performance against plan through the Trust Committee structure and to regulatory bodies.					
		2b	Monitoring and reporting the financial performance against Capital plan through the Trust Committee structure and to regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its capital plan.	
3	Refresh the Trusts Long Term Financial Model (LTFM)	3a	Updated 5-year financial model to include refreshed Trust and System strategic priorities. Plan to be presented and approved by Board.	Deputy Chief Finance Officer	Sep-24	Sep-24	Revised and refreshed LTFM will be presented to SLT, F&R & Board for approval.	Trust will have a 5-year financial model that reflects its financial strategy.
4	Supporting the PFI contract expiry process	4a	To continue to plan for the exit of the Trust's PFI arrangements in 2030. Provision of legal and other expert advice on the management and exit processes of the PFI contract.	Deputy Chief Finance Officer	Apr-24	Aug-30	Trust exits its PFI contract in August 2030	In 2024/25 the Trust will continue to work its PFI partner and PFI consultants to manage the existing PFI contract more effectively. This will concentrate on ensuring that improvements, maintenance, and repairs are being

								undertaken during the remaining years of the contract. This is to ensure that the infrastructure of site is fit for purpose in readiness for the contract break. Trust exits its PFI contract in August 2030.
5	**Implementation of new finance ledger system and development of reporting suite**	5a	To upgrade the suite of financial systems to ensure that the Trust has a fully supported and managed service solution.	Assistant Director of Finance	Jun-24	Oct-24	The Trust's financial suite of systems will have been upgraded	A new financial system will be operating throughout the Trust. The Finance Team Managers and Budget holders will see an enhanced functionality within an easier to use suite of Financial Systems.
6	**Undertake a tendering process in respect of the Trust's Payroll services**	6a	Changes to the provision of pay services within the Staffordshire System will require the Trust to tender for the provision of a payroll service for 1 April 2025 onwards.	Assistant Director of Finance	Apr-24	Jan-25	A tender exercise will have been completed and a new provider selected	A new Payroll provider will have been selected. Manager and Staff will see a smooth transition from current provider to new provider with similar or

						enhanced provision of service while maintaining or improving cost.

A.11 Performance

Performance								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Review and develop new Business Intelligence Strategy 2024-27**	**1a**	Population Health Management - programme of work for presentation & analysis of health equity data, supporting inpatient and community transformation.	Head of BI	Apr - 24	Mar - 25	Ongoing programme of work in line with national, ICS and Trust priorities, meeting key milestones.	Health equity data driving care pathway development and service transformation and interventions monitored to evidence impact.
		1b	Roll out Power BI across the Trust in line with the ICS Strategy.	Head of BI	Apr - 24	Mar-25	Business Case agreed by Trust.	Power BI access for all Trust staff or selected number based on Business Case decision.
		1c	Develop proxy reports to replicate NHS Futures national dashboards (MHSDS).	Head of BI	Apr - 24	Mar-25	Reports will be available to replicate MHSDS national reports.	Data quality accurate and assured on submission of MHSDS.
2	**Improve Data Quality across the Trust**	**2a**	Maintain a DQMI score of over 95%	Head of Information and DQ	Apr - 24	Mar-25	Reported performance over 95% (national standard).	Reported performance over 95% (national standard).

		2b	Improve data completeness/ data quality of all national measures - focus on Snomed diagnosis and intervention codes and outcome measures in MHSDS.	Head of Information and DQ	Apr-24	Mar-25	Data completeness in line with national requirements and expectations.	Trust reports good progress with performance for new national Waiting Time standard (RTT 4 weeks) and compliance with PRSB standards for care planning.
		2c	Contribute to the development of the ICS DQIP.	Head of Information and DQ	Apr-24	Mar-25	Trust contributes fully to ICS work plan, ensures DQ completeness and DQ improves.	DQ improvement in designated and agreed areas.
3	**Meet key national performance data requirements for 2024/25**	**3a**	Meet forecasts for 2024/25 national MH activity planning priorities as reported to ICS and NHSE.	Head of Information and DQ	Apr-24	Mar-25	National reporting will confirm the ICS and Trust position.	Agreed activity forecasts with the ICS and NHSE achieved in 2024/25.
		3b	Development of waiting time reports to support implementation of new national waiting time requirements. Focus on access and demand & capacity analysis.	Head of BI Head of Information and DQ	Apr-24	Mar-25	Reports will be deployed to improve waiting time monitoring and provide performance monitoring and management of new waiting time standards.	Trust performance exceeds required national standards and expectations. Reliant on Service performance against the wait time measure.
		3c	Report progress/compliance in the IQPR and directorate performance packs. Reinstate activity reporting in IQPR in 2024/25.	Director of Performance	Apr-24	Mar-25	Quarterly change control process via SLT to agree changes to ensure that IQPR and Performance packs pointed to national, ICS, Trust and Directorate planning and performance priorities.	Board reporting provides assurance on progress with key performance priorities with a clear focus on highlights and

					Apr-24	Mar-25		exceptions that may require corrective action.
		3d	Manage the implementation of MHSDS v6.	Head of Information and DQ	Apr-24	Mar-25	All required data items on Lorenzo, being recorded and reported through MHSDS. Reliant on Clinical Systems and Dedalus.	Data completeness and DQ score of 95% maintained, above national target and in upper quartile nationally.
4	Increase clinical engagement with data	4a	Develop and implement an engagement plan with clinical teams to build a data driven culture in the Trust. Devise a schedule of performance roadshows for wards and team bases and provide online surgeries to promote BI reports.	Director of Performance	Apr - 24	Mar-25	Programme completed.	Clinical engagement improves with demonstrable performance improvement and positive feedback from Directorates and teams. Power BI and other self-serve reports will be used extensively.

A.12 Estates

Estates								
No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	Estates Compliance	1a	Fully compliant estate in conjunction with HTMs, HBNs and Statutory Legislation.	Estates Operations Manager	Jan - 24	Mar - 25	Completion of statutory requirements.	Safe and complaint estates premises.
2	Finalise 5 Year Estates Strategy	2a	Describe the overall use of the estate, occupancy costs, service and organisational constraints, and capital investment decisions.	Associate Director	Jan - 22	Mar – 25	Delivery of short, medium and long term targets.	Implementation and delivery of key estates subject matter
		2b	Refresh 6 Facet Survey (Property Appraisal).	Associate Director	Jan - 24	Mar - 25	Survey completed of all Trust retained sites.	Accurate and updated property information: Physical Condition, Quality, Functional Suitability, Statutory Requirements, Space Utilisation, Environmental Management.
3	Maximise space utilisation across the Trust	3a	Reducing occupancy costs whilst maintaining and improving service delivery.	Associate Director	Jan - 24	Apr - 24	Premises operating at maximum efficiencies.	Implementation and delivery of key subject matters.
4	Deliver Project Chrysalis	4a	Dormitory eradication, compliance.	Associate Director	Jan - 22	Sep - 25	On completion/ handover of the project	Delivery of project.

5	**Progress the implementation of electric vehicle charging points across the Trust estate**	5a	On-site electric Vehicle charging facilities.	Estates Project Manager	Jan - 24	Mar - 26	On completion/ handover of the project.	Delivery of project.
		5b	Assess on-site electrical capacity.	Estates Project Manager	Jan – 24	Jun - 24	Business case will identify electrical loads and capacity.	Delivery of project.
		5c	Select appropriate sites for installation - Lawton House, Ashtenne, Harplands, Darwin Centre.	Estates Project Manager	Jan - 24	Jun - 24	Business case will identify suitable sites.	Delivery of project.
6	**Sustainability (NEEF / PSDS Funding) inc. timescales & funding**	6a	Projects in coordination with bids and agenda.	Operations Manager/Project Manager	Jan - 24	Mar - 27	On completion/ handover of the project(s).	Delivery of project.
		6b	Consider: solar panels, insulation, LEDs - Target all in-patient units as possible sites.	Operations Manager/Project Manager	Jan - 24	Mar - 27	On completion/ handover of the project(s).	Delivery of project.
7	**EMU Girpi Pipework Issues/ Replacement**	7a	Removal of Girpi Pipework and replaced with other more suitable material.	Associate Director	Jan - 24	Sep - 24	On completion/ handover of the project.	Successful delivery of project resulting in removal and replacement Girpi pipework with copper/steel alternative.

A.13 Governance

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
Governance								
1	**Form and function review of the Governance Team to ensure effective support to the Trust in all aspects of good governance.**	1a	5-year Governance Plan.	Deputy Director of Governance	Apr-24	Sep-24	Action plan progress	Well led 'outstanding' rating.
		1b	Review current structure	Corporate Governance Manager	Apr - 24	Apr - 25	Structure agreed and funded.	Role and function clarity across the team
		1c	Develop the Trust Risk Management Plan	Risk & Assurance Manager	Jan-24	May-24	Strategy produced.	Plan embedded in the organisation.
		1d	Clinical audit approach/plan - how clinical audit programme links itself to Ops planning and Strategy- links to MACE, R&D. Action Planning.	Clinical Audit Manager	Apr-24	Apr-25	Clinical audit review.	Revised programme aligned to Trust priorities.
2	**First year evaluation of Kark/Fit and Proper Person Test Framework**	2a	Well Led- action plan devised from the Deloitte Review.	Governance Team	Apr-24	Oct 25	Progress against the Deloitte action plan.	Actions embedded in the organisation.

3	Supporting and influencing the Trust vison 'To be Outstanding in all we do and how we do it'.	3a	Annual NHSE Submission Internal Annual report to Board 2024.	Corporate Governance Manager	Apr-24	Apr-25	Produce reports as required	National compliance requirements met.
		3b	Maintain CQC rating.	Deputy Director of Governance	Jan-24	Jan-25	Via Action Plans out of NSCHT Quality Assurance Group	Inspection feedback and ratings 24/25.
		3c	BAF, Risk appetite, Risk Training - Module on LMS 3 yearly Video/Avatar (time releasing Induction - governance) Risk Reporting/Governance from Board to Ward.	Risk & Assurance Manager	Feb-24	Oct-24	Further Board Development. Final Versions co-produced and engaged upon.	BAF approved for 24/25 via Trust Board.
		3d	FOI enhancements- reporting - annual review - FOI Training/Avatar- linked to system partner approach.	Governance Team Administrator	Apr-24	Apr-25	Support FOI system Network and look for areas of collaboration. Training package to be developed on LMS.	Maintain the Trusts excellent performance against national FOI standards 24/25.
		3e	Revise / update Statement of Purpose. Support the delivery of CQC in collaboration with Quality and Nursing Directorate.	Quality Assurance and Improvement Manager	Dec-23	Mar-24	Updated Statement of Purpose signed-off via appropriate governance and all inspection activity complete.	Publish updated Statement of Purpose.
		3g	AI for minute taking and how we can trial it in committees/other meetings.	Corporate Governance Administration Manager	Mar-24	Apr-25	A decision is made on the use of AI minutes.	Deliver minutes through AI across meetings.

A.14 Strategy

Strategy								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**The Trust has an approved and triangulated suite of enabling plans that support delivery of its overarching Strategy**	1a	Develop Joint Forward Plan 2024 – 2027.	Chief Strategy Officer	Apr-24	Oct-24	Joint Forward Plan signed-off via appropriate Trust governance.	A Trust JFP that aligns and adds value to Trust and System planning.
		1b	Coordinate production/update of Corporate enabling plans 2024 -2027.	Chief Strategy Officer	Apr-24	Mar-25	All plans signed-off via appropriate Trust governance and accessible on CAT.	The content of plans is understood across the Trust, delivery can be evidenced and is aligned to Trust Strategy and achievement of impact measures.
		1c	Plan and deliver the development of the 25/26 Operational Plan.	Chief Strategy Officer	Apr-24	Mar-25	Operational plan signed off via appropriate Trust governance.	Clear evidence of a Golden Thread from Trust Strategy through to Operational Plans effective performance monitoring arrangements.

2	**Ensure the Trust has undertaken appropriate preparedness activities for strategic system developments.**	2a	Readiness assessment of delegated commissioning functions.	Chief Strategy Officer	Oct-24	Mar-25	SWOT analysis and (where applicable) business case development.	Assured plan of growth opportunities linked to delegated commissioning.
		2b	Integrated Care Hub opportunities assessment.	Chief Strategy Officer	Apr-24	Oct-24	Business case developed.	Robust decision is made regarding Trust involvement in the model.
3	**Develop and evolve the Trust's role and influence within local and national systems**	3a	Development of age-appropriate service models that offer person-centered care for children and young people with complex physical and mental health needs.	Chief Strategy Officer	Apr-24	Mar-26	Partnership commitment secured to new approaches/models of care and evidence of these operating effectively. Activities detailed on implementation plan identified as complete.	An overall reduction within the System of children and young people reaching crisis point due to improved models of care and support.
4	**Ensure the effectiveness of the Trust Charity and associated governance**	4a	Review of Trust charity management arrangements undertaken, and operational plan developed.	Chief Strategy Officer	Apr-24	Mar-25	Charitable Committee approves proposed operating model.	Trust charity is operating to maximum effect.

A.15   Transformation Management Office

Transformation Management Office								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	Primary Care as a growth opportunity for the Trust	1a	Utilise the vertical integration evaluation and Keele lessons learned to inform future process.	Senior Service Manager	Apr-24	Sep-24	Action plan developed based on evaluation recommendations marked as complete.	Closure reports for future integration projects reflect adherence to evaluation recommendations and do not repeat lessons learned.
		1b	Share our learning across System, Regional and National platforms.	Senior Service Manager	Apr-24	Sep-24	All activities on dissemination/comms plan complete.	Journal publication and evidence of reach including feedback received.
		1c	Establishing feasibility of expansion via exploration of new business development opportunities.	Senior Service Manager	Mar-24	Mar-25	Business case documents progress through relevant governance.	Confidence in decision making on future growth opportunities.
		1d	Exploration of development opportunities linked to a Primary Care Network.	Senior Service Manager	Apr-24	Mar-25	Exploratory paper submitted to Primary Care Steering Group.	A robust decision is made as to whether to pursue a PCN.
2	Effective utilization of inpatient bed	2a	Coordinating NSCHT contribution and response to ICS bed modelling exercise.	Associate Director	Mar-24	Jun-24	Bed modelling exercise complete and relevant data/report available.	Trust has influenced and can respond appropriately to bed modelling output.

	capacity across the Trust Estate	2b	Business case for future use of Ward 10	Senior Service Manager	Jun-24	Dec-24	Business case submitted and approved by SLT.	Successful mobilisation of proposed option that aligns with bed modelling requirements.
3	**Effective coordination of Trust role within System transformation activity**	3a	Develop and implement effective governance within the Trust, to incorporate Inpatient Quality Transformation Programme, Right Care Right Person, NHS 111 Option 2, and others as required.	Associate Director	Mar-24	Mar-25	Meeting structures in place with appropriate representation.	Effective progress reporting into Mental Health Urgent and Emergency Care Programme Board with Trust meeting all requirements.
		3b	Inpatient Quality Transformation Programme Self-assessment planning return completed.	Associate Director	Jan-24	Jun-24	Self-assessment submitted to NHSE.	NHSE acceptance of submission and associated programme plan.
		3c	Inpatient Quality Transformation Programme 3-year plan agreed and mobilised.	Associate Director	Jun-24	Sep-24	Programme plan in place and all relevant governance established.	Programme is delivering against milestones identified with appropriate tracking of outcomes/impact.
		3d	Appropriate contributions to CHC Provider Collaborative.	Associate Director	Jan-24	Mar-25	Representation throughout Collaborative governance and successful completion of allocated tasks.	Contribution of NSCHT supports System Recovery Plan within context of Collaborative wider success measures.

4	**Working towards Net Zero via delivery of Trust Sustainability Programme**	4a	Embed leadership and accountability of the Trust's Green Plan across all Directorates and Service Areas.	Service Manager	Apr-24	Sep-24	Leads for all Areas of Focus identified and routinely submitting quarterly highlight reports	Quarterly highlight reports evidence grip and progress
		4b	Prioritisation of 24/25 deliverables within Trust Sustainability Programme.	Service Manager	Mar-24	May-24	24/25 priorities are articulated within the Q1 Sustainability Assurance report.	Positive progress reporting against priority areas due to enabling resource to be focused.
		4c	Introduce and embed the new Sustainability Impact Assessment as part of Trust BAU.	Service Manager	Apr-24	Mar-25	SIA available on CAT with appropriate guidance and comms activity to support roll-out complete.	Evidence of SIAs being utilised appropriately.
		4d	Roll-out, delivery and evaluation of Team Reward Incentive Scheme.	Service Manager	Feb-24	Dec-24	Evaluation complete and reflected in Q3 Sustainability Assurance report.	Evidence of wider engagement and tangible contribution to Sustainability by a greater number of teams across the Trust.
		4e	Refresh the Trust's Green Plan.	Service Manager	Apr-24	Jun-24	Updated Green Plan signed off via internal governance.	The Trust makes sustained progress towards net zero target.
5	**Ensuring TMO core functions and activities are effective in supporting the Trust to achieve its strategic priorities.**	5a	Reviewing and refreshing TMO approaches and processes.	Associate Director	Mar-24	May-24	All relevant TMO content updated on CAT and changes/activity reported via TMO Assurance.	Improved quality of Assurance reporting and ongoing confidence in TMO.
		5b	Development of accessible and informal TMO support offer to grow project management skills and	Senior Service Manager	Apr-24	Mar-25	Relevant activities scheduled for 24/25 and comms activities to raise awareness complete.	Good uptake across the Trust with positive feedback from participants including what

				confidence across the Trust e.g., lunch and learn, TMO drop-in etc.					difference it has made.
		5c	Annual review of achievements and lessons learned.	Associate Director	Apr-24	Mar-25	Evident within 24/25 Q4 Assurance report.		Recognition of success and evidence of lessons learned being used to drive ongoing improvement in TMO and the Trust .

A.16 Digital

Digital									
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**		**What will success look like?**
1	**Digitise: Achieving core digital capabilities and skills that underpin safe and effective care and continuing an upward digital trajectory.**	1a	Implement minimum digital foundations compliant EPR.	Chief Digital Information Officer	Apr-24	Mar-25	Commence the implementation of the Orbis_U EPR upgrade of our Lorenzo EPR. Integrate SMI data into Lorenzo via the GP Connect solution.		Target Operating Model Developed and implementation plan delivered. SMI data flowing into Lorenzo.
		1b	Implement robust cyber security systems and processes. protecting information and infrastructure by implementing all mandated cyber security standards and, where possible, advancing upon the standards to provide an even greater level of assurance.	Deputy Chief Information Officer	Apr-24	Mar-25	A local security review of Trust systems, highlighting compliance to National security standards e.g., MFA. Review of current identity management issues associated with digital systems and develop a proposal to address these. Deliver a data security and protection compliant toolkit for 2024/25. Complete the MFA implementation across all Trust devices and accounts.		Review paper completed and submitted to SLT for review. Proposal completed and submitted to SLT for review. Toolkit submission audited and submitted. MFA rolled out across all Trust devices.

| | | | 1c | Ensure our technical infrastructure is resilient and robust and generates confidence in both the availability and effectiveness of local systems as well as our ability to deliver on a broader scale. This means our technology must be fit-for purpose today but future-proofed for tomorrow. | Deputy Chief Information Officer | Apr-24 | Mar-25 | Upgrade wireless infrastructure across CMHT sites and Harplands.

Solution design and plan to replace/upgrade the Trusts telephony infrastructure.

Renew the Trusts MFD contract.

Commence the deployment of the W11 operating system across Trust devices. | Upgrade completed at the CMHT and Harplands sites.

Proposal completed and submitted to SLT for review.

Business case completed and submitted to SLT for review.

Number of Windows 11 devices increased |
|---|---|---|---|---|---|---|---|---|---|
| | | | 1d | Providing equipment to Trust staff to enable them to work effectively. Support staff accessing the information they require from any location in a timely manner. | Deputy Chief Information Officer | Apr-24 | Mar-25 | Deploy the 2024/25 refresh of Trust end user compute devices.

Continue to provide central storage and management for the Trust archive staff records.

Support the digital requirement of the Chrysalis programme. | 2024/25 refresh complete.

Provide central onsite storage for archive staff records.

Support the digital requirement of the Chrysalis programme. |

						Apr-24	Mar-25		
		1e	Improve digital literacy across the workforce, ensuring staff have the knowledge to access and use the systems and technology they require to support their role effectively.	Head of Clinical Systems	Apr-24	Mar-25	Deployment and implementation of a Clinical Systems training plan in line with current and future needs.		Training plan developed and implemented.
		1f	Improve the integration and interoperability between Trust systems and other organisations within the local health and care economy	Head of Software Development	Apr-24	Mar-25	Expand the type and quantity of information transferred to the One Health and Care Record. Implement the use of electronic results across all services.		Increased number of documents transferred into One Health and Care. All clinical services use of electronic results.
2	**Connect: Enable the ready sharing of information across the health and social care system while maintaining the highest standards of privacy and ethics. Delivering improvements in quality, safety, and experience of direct care, these offers and**	2a	Develop digital access to all our services via digital platforms to complement and/or offer an alternative to traditional modes of delivery	Head of Digital Transformation	Apr-24	Mar-25	Embed the Wellbeing Portal Clinical processes with the Trusts clinical services (Develop Clinical Leads) Expand the referral use of the Wellbeing Portal across Trust services Expand the use of the Wellbeing Portal with system partners including 3rd sector, education, Veterans, & UHNM.		Trust Leads identified with Directorates managing content & delivery Electronic referrals in use across Services Increased use and growing numbers of referral accepted via portal by partner organisations.

flowing data through connected systems supporting data analysis and targeted population health improvement.	**2b**	Provide service user access to view and contribute to their health record. Allowing us to share information effectively with service users and support their involvement in the management of their care.	Chief Digital Information Officer	Apr-24	Mar-25	Deploy Patient Aide to all applicable clinical services and key service user groups.	Patient Aide Live with service users.
	2c	Provide collaboration tools. to enable staff and service users to communicate effectively to support clinical and non-clinical activities. Reducing the travel and time taken moving between meetings.	Deputy Chief Information Officer	Apr-24	Mar-25	Commence the migration of shared (X:) drives to Microsoft One Drive. Implementation of a Bring Your Own Device (BYOD) platform. Expand SMS text messaging across all community services.	X: drive migration to One Drive commenced. BYOD platform in place. SMS messages for appointment reminders live for Community Services.

		2d	Provide staff with access to holistic health and care information allowing access to the right information for staff and people who use our services at the right time and right place.	Chief Digital Information Officer	Apr-24	Mar-25	One Health & Care: Shared Care Record - will ensure that by 2024 ICS constituent organisations are connected to an integrated life-long health and care record, sharing data across NHS and local government organisations. We will be continuing to increase the use of the SCR across the Trust over 2024. Work with partners to finalise the Outline Business Case associated with the ICS wide Electronic Patient Record. Continue work with partners to finalise the Outline Business Case associated with the ICS wide Electronic Patient Record.	Trust expanding data submitted to OH&C. Increased usage within Clinical Services and Outline Business Case for ICS EPR completed and submitted to SLT for review.
		2e	Provide an environment for data to be available to support innovation and research purposes. Allowing data to be shared safely and securely with partners in line with data protection regulations and national guidelines.	Head of Information Governance	Apr-24	Mar-25	Increase the availability of Data Protection training and guidance to support the increase in DPIA and Data Sharing Agreements.	Data Protection training available across multiple platforms and specialist areas.

		2f	Provide clinical insights and support the delivery of the Trust's data plan to allow clinicians to interrogate data directly and work with colleagues in Finance and performance to deliver a new Business Intelligence strategy which can use data to drive a cultural change away from retrospective analysis to future scenario modelling.	Head of Digital Transformation	Apr-24	Mar-25	Expanded use of clinical insights tool.	Increased use of Clinical Insights.
3	**Transform: Promote transformative changes that will support the system no**	3a	Enable the delivery of new clinical models and pathways of care. lead the way in using digital development to provide tools and technologies to support new and innovative ways of service delivery.	Head of Clinical Systems	Apr-24	Mar-25	Delivery of the new care plan forms and documents in line with the requirements of the Trusts care planning review / PRSB standards.	Forms developed and live within clinical system.
		3b	We will ensure that health and care information is recorded electronically utilising innovative technologies and will implement a range of new technologies aimed at improving the efficiency and effectiveness of our digital tools.	Head of Digital Transformation	Apr-24	Mar-25	Clinical aide rolled out to interested services and the Oxehealth implementation is reviewed and a proposal for future requirements is developed.	Clinical aide rolled out to interested services and Review paper completed and submitted to SLT for review and contract agreed.

		3c	Provide an inclusive Digital by Choice model where service users and their carers can choose how and when to access services, making sure no one is left behind.	Head of Digital Transformation	Apr-24	Mar-25	Review of the current Video Consultation platform and contract and LDNA Deployed within Lorenzo and data transferred to Shared Care Record.	Review paper completed and solution implemented.
		3d	Engage and collaborate with service users and clinical colleagues to co-design digital care tools empowering service users and their representatives to take more control of their own care through multi-way information sharing and utilisation of self-management and remote monitoring.	Head of Digital Transformation	Apr-24	Mar-25	Expand the number and type of documents available via the Patient Aide platform.	Increased number of documents available for use within Patient Aide app.
		3e	Implement digital tools and technologies which support the sustainability objectives of the Trust's Greener Plan, achieving value in both the use of resources and delivering value environmentally and socially.	Chief Digital Information Officer	Apr-24	Mar-25	Review opportunity for the use of Artificial Intelligence across Trusts digital platform.	Opportunities identified and plan to implement developed.

		3f	Develop Digital leadership to integrate digital thinking within our organisation and ensure senior-level representation and responsibility for overseeing digital technologies are implemented effectively and safely.	Chief Digital Information Officer	Apr-24	Mar-25	Digital Boards and Board Development session completed.	Session completed and feedback received and actioned.
4	**Exceed the minimum level of digital maturity as set out in the What Good Looks Like Framework.**	4a	Digital will enable North Staffordshire Combined Healthcare NHS Trust, make best use of our workforce skills and capacity and support improvements in productivity & personalised care	Chief Digital Information Officer	Apr-24	Mar-25	Maturity Assessment completed.	Maturity Assessment completed with an increase in score.