South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

A Keele University Teaching Trust

Strategic Plan Document for y/e 31st March 2014 (and 2015, 2016)

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Positively Different

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

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Date	**22nd March 2013**

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- **The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;**
- **The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;**
- **All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name *(Chair)*	**Steve Jones**

Signature 

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	**Neil Carr**

Signature 

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	**Jayne Deaville**

Signature 

Foreword

The government has a vision of a modern, patient centred NHS; improvements will be driven by the clinically-led, local commissioning system. The role of the NHS Commissioning Board is to support clinical commissioning groups to develop and deliver these improvements.

Patients' and their families' voices must be heard and used to help develop the insight to improve outcomes and guarantee no community is left behind or disadvantaged. We must all strive to design and deliver care based on the needs and choices of each individual patient.

The approach set out in the planning framework is aimed at securing three important objectives:

- balancing change and continuity: 2013/14 sees widespread organisational change at a time of increasing financial pressures and we need to give patients and the public confidence that local health services are driving change, not reacting to it
- making assumed liberty a reality through creating the time and space for clinical commissioning groups to drive local health priorities within a framework driven by Health and Wellbeing Boards
- balancing annual requirements with the longer term: the best indicator we have of future quality improvement is current delivery and we need to assure ourselves that the health service is sufficiently robust to deal with the challenges of increasing demand when limited resource growth is likely to be a feature for several years ahead

These objectives will be achieved through:

- listening to patients
- focusing on outcomes
- rewarding excellence
- improving knowledge and data

Our continued focus on high quality, governance driven services will ensure that patients receive the appropriate, timely care in the most suitable environment, in keeping with the recommendations of the Francis Report. The report highlights the importance of establishing a shared positive safety culture that permeates all levels of the healthcare system, which aspires to prevent harm to patients and provide where possible, excellent care and a common culture of caring, commitment and compassion.

This requires:

- shared values in which the patient is the priority of everything done
- zero-tolerance of substandard care
- empowering frontline staff with the responsibility and freedom to deliver safe care
- strong and stable cultural leadership and organisational stability
- comparable data on outcomes
- expectations of openness, candour and honesty

The Francis Report

The report highlights far reaching conclusions and recommendations for the NHS as a whole and we will continue to reflect and consider carefully the implications of the recommendations both as individuals and collectively, as a Trust.

The report, signalling a need for significant culture change in the NHS, contains 290 recommendations. However, the five main recommendations are for:

- clearly understood fundamental standards and measures of compliance
- openness, transparency and candour throughout the system
- improved support for compassionate and committed nursing
- strong and patient centred healthcare leadership
- accurate, useful and relevant information

Our Trust emphasis is on quality of care. Our core value is that service users are at the heart of what we do. We listen to our service users and carers, and our staff, to understand their needs and for them to highlight where we can improve. We have a robust and transparent scrutiny system and compassionate care is central to what we do, from ward to board. We are vigilant but we are not complacent.

Francis gives us an opportunity to revisit our values and ensure we can remain true to them, and to further build on what we do well.

From the Trust Board through to all clinical teams, colleagues will work together to understand the implications of the Francis Report and identify the actions to be taken locally.

Steve Jones
Chairman

Neil Carr OBE
Chief Executive

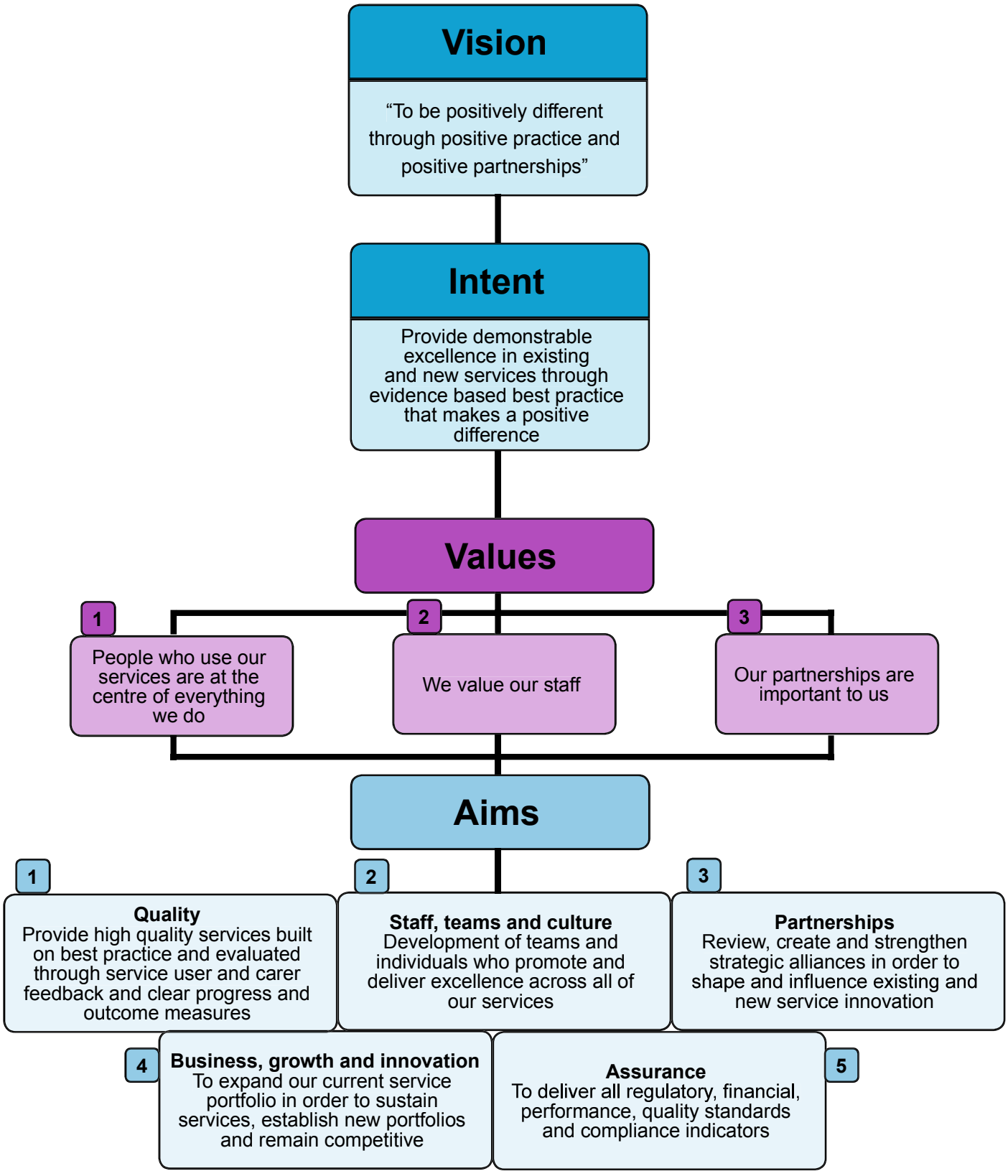
Children from a local primary school visited the Redwoods Centre building site

Strategy

1.0 Strategic Context and Direction

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Strategic Overview 2011 - 2016



1.1 Trust's strategic position within Local Heath Economy

The Trust's Vision is;

"to be positively different through positive practice and positive partnerships"

The Board has confirmed this vision as relevant for the life of our Trust Strategy, 2011-2016 and has also defined our organisational intent;

"provide demonstrable excellence in existing and new services through evidence based best practice that makes a positive difference."

This illustrates our commitment to patient care, service quality and drivers to attain the vision.

As part of the development of our strategy, the Board has agreed three core values;

- *People who use our services are at the centre of everything we do*
- *We value our staff*
- *Our partnerships are important to us*

These have been unanimously agreed as being relevant now and into the future of the organisation. Our strategy is renewed annually and shared with our Service Users, Staff Governor Members and our partners.

In addition to these core values, and based on feedback from the initial strategy around outcomes, objectives and deliverables, a set of high level aims have been identified which represent the five areas of delivery that, through our values, will deliver our intent and achieve our vision.

These aims are;

***1 Quality:** Provide high quality services built on best practice and evaluated through service user and carer feedback and clear process and outcome measures.*

***2 Staff, teams and culture:** Development of teams and individuals who promote and deliver excellence across all of our services.*

***3 Partnerships:** Review, create and strengthen strategic alliances in order to shape and influence existing and new service innovation.*

***4 Business growth and innovation:** To expand our current service portfolio in order to sustain services, establish new portfolios and remain competitive.*

***5 Assurance:** To deliver all regulatory, financial, performance, quality standards and compliance indicators*

The Trust has developed a 5 year strategy which aims to be relevant to the current and future healthcare environment, and identify the ways in which all staff can contribute to the realisation of our vision to be positively different through positive practice and positive partnerships.

In a difficult economic climate and with an acute awareness of changing mechanisms for commissioning services, it is important to the Trust to establish its credentials as an excellent provider of specialist mental health, learning disability and children's services. The Trust Board has made an explicit commitment to maintaining high quality services. By maintaining our focus on specialist services we aim to avoid any risk of diluting the quality of those services.

Over the next three years the Trust will ensure that;

- Quality and the lessons learned from the Francis Enquiry are fully deployed in our practice and throughout our culture
- We maintain our focus on the service user and carer and ensure that their feedback informs our practice and strategy
- Teams continue to be developed to support multidisciplinary approaches
- Leadership and Development alongside other organisational development initiatives remain one of our priorities
- It continues to deliver the right efficiencies, in partnership with our staff, to support our local economy and protect our core services
- We are proactive in identifying best practice and implementing this across our services.
- We identify clear progress and outcome measures.
- We develop teams and individuals who have the knowledge and skills to promote and deliver excellent services.
- The importance of developing the right partnerships and working relationships is recognised in order to provide services in more effective ways and to allow for innovation and development of new services.
- We develop services which are responsive to our commissioners and which offer choice to our service users and carers.
- We do not stand still but continue to explore opportunities for developing and expanding existing services and establishing new services, within our agreed specialist remit.
- A clear commitment is maintained to deliver against all regulatory, financial, performance, quality and compliance standards.

Our strategy also identifies aspirational outcomes which will be underpinned by agreed targets established within each section of the Trust through the annual business planning process.

As part of its commercial strategy the Trust continues to explore potential relevant areas of growth. At this stage, these are purely aspirational and hence cannot be defined in terms of activity, income and workforce. The prime areas for expansion are as follows:

- Child and Adolescent Mental Health Services including specialist eating disorder services
- Continued work with the Ministry of Defence including British Armed Forces Germany and United States Air Force
- Rehabilitation services
- Dementia Services including the development of prime provider models
- Improving Access to Psychological Therapies services (IAPT)
- Prison in-reach services
- Veterans mental health services
- Appropriate acquisition/s that add direct value to the services we provide locally
- Expansion of specialist service models including forensic mental health, mother and baby services and eating disorder services

1.2 An overview of the Trust's key competitors and an assessment of the Trust's key areas of strength/weakness relative to the key competitors

The Trust is one of two NHS mental health style trusts within Staffordshire and Shropshire. It is one of eight providers within the West Midlands and one of the 41 other NHS Mental Health Style NHS Foundation Trusts.

The Trust's main competitors exist in a number of sectors and can be described in summary below:

NHS Sector

- NHS Foundation Trusts - other FTs both within the region and national (Acute, Specialist and Mental Health)
- NHS Trusts - Aspirational FTs wishing to gain greater market share for their FT application and service sustainability
- Community Trusts - Community Trusts trying to obtain FT status and competing for primary care services and service links

Non NHS Sector

- Charities / voluntary sector - a range of charitable sector organisations
- Social Enterprise - a range of social enterprise companies or community interest companies
- Independent sector - a range of private providers
- Consortia of practitioners / commissioners - although these are often through a company vehicle they pose a different style of competition to the FT

The Trust regularly benchmarks against these sectors. As the Trust has such a wide portfolio it also completes competitor profiling in order to understand our commercial position against service as well as the organisation.

The higher level "markets" in mental health style organisations can be determined against service model or type. Within these groupings service lines form the basis of the market e.g. Older Age mental health - Dementia.

High level markets for our Trust include:

- “Out of County” services
- Challenging behaviour services
- Rehabilitation

Mental Health

- Adult Mental Health
- Older Age Mental Health
- Dementia Services
- Personality Disorder services
- Employment & Social Inclusion

Children and Family Services

- Child and Adolescent Mental Health (Tier 2)
- Child and Adolescent Mental Health (Tier 3)
- Child and Adolescent Mental Health (Tier 3+)
- Child and Adolescent Mental Health (Tier 4)

Forensic Mental Health

- Forensic Mental Health (Low Secure)
- Forensic Mental Health (Medium Secure)
- Forensic Mental Health (Psychiatric Intensive Care)

Learning Disabilities

- Learning Disabilities for adults
- Learning Disabilities (Low Secure)

Specialist Services

- Specialist Services (Eating Disorder Services)
- Specialist Services (Mother and Baby Services)
- Specialist Services (Drug and Alcohol Services)
- Specialist Services (Prison Services In reach)
- Specialist Services (Prison CARAT service)
- Specialist Services (Improving Access to Psychological Therapies)

Ministry of Defence Services

- Ministry of Defence Services (Inpatient)
- Ministry of Defence Services (Community and education)
- Ministry of Defence Services (Assurance)
- Ministry of Defence Services (Veterans' Mental Health)

Other Services

- Facilities and Estates Shared Services
- Training and education
- Research and Development / Education
- IM&T Shared Services

The Trust has a defined commercial strategy. This strategy focuses on the key growth areas, opportunities and threats against the above high level markets. Our local business plans detail the specific areas of targeted activity within these areas for development.

1.3 The Strength, Weakness, opportunity and threats matrix below demonstrate our strength/weakness relative to the key competitors

SWOT against competition from NHS bodies

Strength			Weakness	
Versatility	Demonstrable ability to cover significant geographical areas (UK and beyond)		**Process**	Being an NHS organisation we are proud to be part of the "system" but sometimes this can cause delays in large scale innovation
Strategy	Demonstrable ability to form innovative commercial strategy		**Commissioning** **NHS Reform**	Working with commissioners that may have different ideologies or preferred models Stage of development around commissioning is not established fully, which may lead to poor governance arrangements.
Partnerships	Demonstrable ability to form effective and success commercial partnerships		**Locality**	Local NHS providers often have significant other links with the economy
Vision & appetite	Trust has a strong vision and appetite for growth to add value to the service and quality of care we provide			
Opportunity				**Threats**
Innovation	Ability to offer innovative alternatives to models offered through partnership and co-production		**Costs / PBR**	Changes to the cost models may restrict innovation
Transformation	Ability to work in a transformational way to enhance quality and service delivery		**Commissioner knowledge**	Potential that commissioners may choose partners with little experience or poor track record
Financial return	Ability to work with commissioners to find innovative approaches to sharing financial returns		**Policy**	NHS policy may make innovation difficult as discussions are often restricted or stifled as part of competitive processes

SWOT against Non NHS bodies

Strength		Weakness	
Versatility & Strategy	Demonstrable ability to cover significant geographical areas (UK and beyond) Demonstrable ability to form innovative commercial strategy	**Process**	Being an NHS organisation we are proud to be part of the "system" but sometimes this can cause delays in large scale innovation
Brand Identity	SSSFT has a defined market brand:- public confidence and evidenced track record	**Commissioning**	Working with commissioners that may have different ideologies or preferred models
Partnerships	Demonstrable ability to form effective and success commercial partnerships	**Locality**	Local NHS providers often have significant other links with the economy
Vision & appetite	Trust has a strong vision and appetite for growth to add value to the service and quality of care we provide	**Cost**	Non NHS bodies can often offer a lower cost base as they are not bound by the same rules or terms and conditions of staff
Quality and track record	Trust has a track record of delivering like for like services at high quality. regulation standards will always apply allocating a kite mark of service	**Perception**	Commissioners may be tasked with offering plurality in a market and the perception of an independent provider may prove attractive
Sustainability	Trust is of significant financial size to offer sustainability of services	**NHS Reform**	Stage of development around commissioning is not established fully, which may lead to poor governance arrangements.
Flexibility	Trust is able to demonstrate flexibility in using existing services to provide an infrastructure of assurance for clinical services		
Opportunity			**Threats**
Innovation	Ability to offer innovative alternatives to models offered through partnership and co-production	**Costs / Payment by Results (PBR)**	Changes to the cost models may restrict innovation
Transformation	Ability to work in a transformational way to enhance quality and service delivery	**Commissioner knowledge**	Potential that commissioners may choose partners with little experience or poor track record
Financial return	Ability to work with commissioners to find innovative approaches to sharing financial returns.	**Policy**	NHS policy may make innovation difficult as discussions are often restricted or stifled as part of competitive processes

1.4 Forecast health, demographic, and demand changes

South Staffordshire
Population 606,100

The age structure of the area overall is broadly similar to England, although some areas within the PCT have particularly high numbers of young people, i.e. Tamworth, East Staffordshire and Cannock Chase local authorities, whilst other local authorities have higher numbers of older people compared to the national average, i.e. South Staffordshire, Stafford and Lichfield.

The population is projected to increase between 2009 and 2019 by 6%. This compares with 8% for England.

By 2019, the area will see a significant growth in people aged 65 and over (32% compared with 23% nationally), with particular growth in the numbers of people aged 75 and over. Over the next five years, parts of the PCT such as Tamworth, Lichfield and Cannock Chase will see significant growth in numbers of older people.

24% of South Staffordshire's population is classified as rural compared with 19% nationally, with high proportions seen in South Staffordshire, Stafford and Lichfield local authorities.

In the 2001 Census, the proportion of people coming from a black or minority ethnic (BME) group in South Staffordshire is lower than the national average (2.7% compared with 9.1%) with East Staffordshire having the largest proportion (6.1%). The 2007 estimated ethnic population for South Staffordshire PCT remains lower than the national average, but has increased from the 2001 position to 4.9%. East Staffordshire again has the largest proportion with 7.6%.

The number of overseas nationals registering for a National Insurance Number (NINo) has increased substantially by 179% between 2002/03 and 2007/08 with East Staffordshire and Stafford having the largest numbers. Half of the areas NINo registrations originate from Poland.

8% of the population live in the most deprived fifth of areas in England, with larger proportions showing pockets of deprivation in the centres of East Staffordshire, Tamworth and Cannock Chase local authorities.

North Shropshire (District)
Population 60,000

North Shropshire covers 262 square miles which accounts for 21% of the area of the county. There are four main towns in the area – Market Drayton, Whitchurch, Wem and Ellesmere. Between them, these towns account for 45% of the area's population.

According to the 2007 Index of Multiple Deprivation, out of the 354 local authorities in England, North Shropshire is the 175th most deprived. North Shropshire has an estimated working-age population of 34,600. Of those 14% have declared that they have a disability. Only 3% of the area's working-age population are from ethnic minority groups, significantly below the regional figure of 14%.

The local Claimant Count unemployment rate is 2.8% (February 2009), and whilst this is lower than the regional average of 5.1%, it has seen notable increases since July 2008. In terms of employment structure, almost a quarter of the area's jobs are in Public Administration, Health and Education. Manufacturing accounts for 17% of employment in the area, with a further 23% of jobs in wholesale, retail and hospitality. The proportion of 19-year-olds achieving an NVQ Level 2 qualification has increased by seven percentage points since 2004 to 74% in 2007. This is two percentage points above the regional average.

Some 65.6% of GCSE students in North Shropshire achieved five or more A*-C passes in 2008, compared to 64.1% across the West Midlands.

Central Shropshire
Population 96,200
Central Shropshire area covers 232 square miles and lies in the centre of the county. Over two thirds of the area's population live in Shrewsbury, Shropshire's county town. According to the 2007 Index of Multiple Deprivation, out of the 354 local authorities in England, Central Shropshire area is the 190th most deprived.

Central Shropshire has an estimated working-age population of 56,500. Of those 20% have declared that they have a disability. Some 4% of the area's working-age population are from ethnic minority groups, below the regional figure of 14%. The local Claimant Count unemployment rate is 2.9% (February 2009), and whilst this is lower than the regional average of 5.1%, it has seen notable increases since July 2008. The Public Administration, Health and Social Care sector accounts for 34% of employment in the area, with a further 26% in Wholesale, Retail and Hospitality. The proportion of 19-year-olds achieving an NVQ Level 2 qualification has increased by seven percentage points since 2004 to 78% in 2007. This is six percentage points higher than the regional average.

Some 68.1% of GCSE students in Central Shropshire achieved five or more A*-C passes in 2008, compared to 64.1% across the West Midlands.

Bridgnorth
Population 51,800
Bridgnorth area in the south-east of Shropshire constitutes about 20% of the area of the county. The main town of Bridgnorth has a population of nearly 12,000 people and other settlements include Albrighton, Shifnal, Brosely, Highley, Alveley and Much Wenlock. According to the 2007 Index of Multiple Deprivation, out of the 354 local authorities in England, Bridgnorth is the 243rd most deprived.

The area has an estimated working-age population of 29,000. Of those, 22% have declared that they have a disability. Only 3% of the area's working age population are from ethnic minority groups, significantly below the regional figure of 14%. The local Claimant Count unemployment rate is 2.7% (February 2009), and whilst this is lower than the regional average of 5.1%, it has seen notable increases since July 2008.

The Wholesale, Retail and Hospitality sector accounts for 26% of Bridgnorth's employment, with a further 23% in Public Administration, Education and Health. Manufacturing and Business and Professional Services each account for 14% of employment.

The proportion of 19 year-olds achieving an NVQ Level 2 qualification has increased by eight percentage points since 2004 to 77% in 2007. This is five percentage points higher than the regional average.

Some 67.7% of GCSE students in Bridgnorth achieved five or more A*-C passes in 2008, compared to 64.1% across the West Midlands.

Oswestry
Population 40,400
Oswestry covers 99 square miles, which is about 8% of the area of the county. The area is home to around 9% of the county's residents. Some 42% of the area's population live in the town of Oswestry itself, with two further settlements of St Martins and Whittington. According to the 2007 Index of Multiple Deprivation, out of the 354 local authorities in England, Oswestry area is the 173rd most deprived. Oswestry has an estimated working-age population of 24,000. Of those, 20% have declared that they have a disability. Only 13% of the area's working-age population are from ethnic minority groups, significantly below the regional figure of 14%. The local Claimant Count unemployment rate is 3.6% (February 2009), and whilst this is lower than the regional average of 5.1%, it has seen notable increases since July 2008.

Employment in Public Administration, Education and Health accounts for 29% of jobs in the area, with a further 25% being in Wholesale, Retail and Hospitality. Manufacturing accounts for 11% of Employment and Business and Professional Services 13%. The proportion of 19-year-olds achieving an NVQ Level 2 qualification has increased by nine percentage points since 2004 to 74% in 2007.

This is two percentage points higher than the regional average. Some 71.7% of GCSE students in Oswestry achieved five or more A*-C passes in 2008, compared to 64.1% across the West Midlands.

South Shropshire (District)
Population 42,500
South Shropshire is the largest area in Shropshire, covering around a third of the county. A substantial proportion is designated as an Area of Outstanding Natural Beauty. The main settlements are Ludlow, Church Stretton, Cleobury Mortimer and Craven Arms.

According to the 2007 Index of Multiple Deprivation, out of the 354 local authorities in England, South Shropshire is the 189th most deprived. South Shropshire has an estimated working-age population of 23,400. Of those, 22% have declared that they have a disability. Only 3% of the area's working-age population are from ethnic minority groups, below the regional figure of 14%. The local Claimant Count unemployment rate is 2.3% (February 2009), and whilst this is lower than the regional average of 5.1%, it has seen notable increases since July 2008.

Some 28% of South Shropshire's employment is accounted for by Wholesale, Retail and Hospitality, with a further 24% being in Public Administration, Education and Health. Manufacturing accounts for another 13% of employment.

The proportion of 19-year-olds achieving an NVQ Level 2 qualification increased by eight percentage points between 2005 and 2007 to 77%. This is five percentage points higher than the regional average.

Some 69.2% of GCSE students in South Shropshire achieved five or more A*-C passes in 2008, compared to 64.1% across the West Midlands.

Telford and Wrekin
Population 161,700
Some 35% of Shropshire's population live in Telford and Wrekin, which covers 112 square miles to the county's north-east. The main population centre is the New Town of Telford, which acts as a major regional commercial and industrial centre. According to the 2007 Index of Multiple Deprivation, out of the 354 local authorities in England, Telford and Wrekin is the 113th most deprived.

Telford and Wrekin has an estimated working age population of 101,400. Of those, 21% have declared that they have a disability. Some 6% of the working-age population are from ethnic minority groups, lower than the regional figure of 14%.

The local Claimant Count unemployment rate is 4.5% (February 2009), and whilst this is lower than the regional average of 5.1%, it has seen notable increases since July 2008.

The Public Administration, Education and Health sector accounts for 26% of employment in Telford and Wrekin. The Manufacturing sector, along with the Business and Professional Services sector and Wholesale, Retail and Hospitality each account for 21% of employment.

The proportion of 19-year-olds achieving an NVQ Level 2 qualification has increased by eight percentage points since 2004 to 68% in 2007. However, this is still 4 percentage points lower than the regional average. Some 60.3% of GCSE students in Telford and Wrekin achieved five or more A*-C passes in 2008, compared to 64.1% across the West Midlands.

The Trust recognises that demographics change over time and as such work closely in partnership with local authorities and agencies to ensure that services are fit for purpose and offer what service users need.

There is recognition that the population is aging and with this will present more complex care needs. It is vital that organisations work together to ensure that older populations are not forgotten and pathways are designed around multiple needs. Good examples of this include the Trust working in partnership with primary and secondary acute care on the development of dedicated RAID Dementia teams.

1.5 **External environment:** Impact assessment of market share trends over the life of the plan

The table below reflects the significant external impacts on the Trust's plans.

Key External Impact	Risk to/impact on the strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
An increase in local regional and national competition	Loss of business to "any willing/qualified provider" resulting in diluted care to service users and carers Commercial strain on the Trust to respond to increased competition and tender activity Fragmentation of core services to "any willing/qualified provider", leading to potential confusion or friction over patient pathways and service specifications (particularly where more than one provider is involved). Greater demand on partnership development and joint bidding proposals Procurement systems do not allow clinical dialogue to enhance service models	Innovative commercial model Clear relationships with commissioners Competitive position established with quality and commercial efficiency. Commercial team established Commercial Strategy key developments and co production models based on commissioner needs. insight from the market and dedicated service improvements Good relationships with commissioners Culture of continual improvement Clear quality indicators and expertise in delivering service models Integration into wider Trust expertise offering enhanced training and continual professional development	Reduced loss of business Greater partnership work with other providers Focused approach to competition and growth Continued growth in business models Establishment of new businesses supporting the invest to save approach and greater economies of scale Retention of core services Establishment of new businesses supporting the invest to save approach and greater economies of scale. Establishment of clear service specifications and interfaces with other providers on patient pathways.	Director of Business Development Commercial strategy with growth targets and focused retention and growth of market share Delivery of the Commercial Strategy Clear focus in partnerships (commercial and informal) Director of Business Development Commercial strategy with growth targets and focused retention and growth of market share Delivery of the Commercial Strategy Clear focus on partnerships (commercial and informal) Director of Business Development Commercial strategy with growth targets and focused retention and growth of market share Delivery of the Commercial Strategy Clear focus in partnerships (commercial and informal)
Increase in regulation and focus on quality	Increase on regulatory and quality indicators Potential breach of contract indicators for quality Introduction of new regulatory demands and information requirements	Production of quality accounts Prioritisation and agreement of quality indicators with associated clear lines of monitoring and reporting Clear alignment of quality into performance	The Trust has a positive view on improving quality across all of its services and a culture of continual improvement	Through milestones laid out in Quality Accounts Accountability through Quality, Effectiveness and Risk Board Sub Committee and Director of Quality and Clinical Performance

		management Ensuring there is clear communication mechanisms and accurate reporting routes with commissioners		
Tightened economic environment	Increased competition Less opportunity for development Service redesign/disinvestment as result of delivering savings Greater demand on local and regional savings to support the economy	Development of Commercial Strategy Development of a clinically risk assessed action plan, Development of invest-to-save initiatives, working with local economy including clinical services, corporate services and shared services *NB: Refer to* ***Financial plans***	Planned approach to disinvestment to minimise impact on clinical services Innovative approach to service delivery and creation of new service opportunities (invest-to-save) Clinically owned and planned CIP programme	Accountability through Finance and Performance Board Sub Committee and Business Development and Improvement Board Sub Committee, and Director of Finance and Performance and Director of Business and Commercial Development
Reform and Structural Changes	Significant disruption to commissioning arrangements. Commissioners may have a substantial learning curve around mental health and learning disability services. Local challenges and failures within local health economy Changing commissioner needs based on plurality and choice	Development of commissioning strategy aligned to new commissioning arrangements. Establishment of communication and insight systems and processes with commissioners on delivery of services, eg GP Helpline. Establishment of a number of sophisticated partnerships to enhance the patent pathway	Enhanced relationship with commissioners, leading to clear understanding of patient need and commissioned services keeping the patient at the centre. Established partnerships	Trust Executive Team. Clinical leaders

Meeting with our MOD colleagues

Commissioning & Partnerships

2.0 Threats and opportunities from changes in local commissioning intentions

2.1 An overview of the key changes to local commissioning strategy and intentions and their anticipated impact on the Trust

The Trust works in partnership with a number of agencies from a range of sectors. The formation of the new Clinical Commissioning Groups (CCGs) has been a positive move across South Staffordshire and Shropshire. Regular meetings are held with CCGs both managerially and clinically.

Commissioning in the NHS has undertaken a radical change over the last twelve months with the structure and function changing to become more local, with “patients at the heart” of new reforms and GPs becoming the primary commissioners. The Government have also been keen to progress “any qualified provider”, opening the door for more third sector and private healthcare organisations to provide core NHS services.

As a Foundation Trust, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT) is embracing the new competitive markets and remains committed to ensuring service users receive the best care, which is value for money and which produces positive outcomes.

The Trust’s Commissioning Strategy incorporates all the stages of the commissioning process which can be broken down as follows:

- Strategic Commercial Direction
- Tendering
- Procurement
- Contracting
- Stakeholder Mapping

Engaging with commissioners is crucial at every stage of the commissioning process. The Stakeholder Engagement Plan describes the key principles and actions required to engage with different commissioners and stakeholders.

Purpose of the Strategy
The purpose of the Commissioning Strategy is to:

- identify the key stakeholders in the new world of commissioning
- define the principles for engaging with the key stakeholders

Commissioning – the National Strategy
The Government set out its vision for the reform of the National Health Service in its white paper, *Equity and Excellence: Liberating the NHS*, published in July 2010. This sets out the vision for improving healthcare and health outcomes by devolving power and responsibility away from central government to “healthcare professionals closest to patients: GP’s and their practice teams working in consortia.”

Primary Care Trusts (PCTs) are to be abolished from 2013 and in their place are GP consortia, now called Clinical Commissioning Groups (CCGs). CCGs will commission most services on behalf of patients, including:

- planned hospital care
- rehabilitative care
- urgent and emergency care (including out of hours)
- most community health services
- mental health and learning disability services

CCGs will be overseen by a National NHS Commissioning Board, which will lead on "health outcomes, allocate and account for NHS resources, lead on quality improvements and promote patient involvement and choice."

The NHS Commissioning Board has overall responsibility for a budget of £80bn, of which it will allocate £60bn directly to GP consortia. It will directly commission a range of services including primary care and specialised services and have a key role in improving broader public health outcomes.

Patients will have a choice of any provider and treatment and will be encouraged to "rate hospitals and clinical departments according to the quality of care they receive."

The White Paper focuses on "outcomes and the quality standards that deliver them." It states "Providers will be paid according to their performance. Payment should reflect outcomes, not just activity and provide an incentive for better quality". Historically, contracts with the PCTs have been based on the previous year's outturn of activity with the recommended uplift from the Operating Framework.

Local Position

Locally, i.e. within the footprint of South Staffordshire and Shropshire, there are six key clinical areas:

- Stafford & Surround (pathfinder)
- Cannock Chase (pathfinder)
- South East Staffs and Seisdon Peninsula
- East Staffordshire
- Telford & Wrekin (pathfinder)
- Shropshire County

The CCGs are establishing their Boards and lead responsibilities. Telford & Wrekin and Shropshire County will takeover the commissioning of the modernisation of Shelton Hospital; the four CCGs in South Staffordshire will takeover the disinvestments and redesign of mental health services in South Staffordshire. All CCGs will be involved with the change of model for Learning Disabilities.

Each CCG will define its local needs, gaps and future aspirations. SSSFT needs to engage with and support the local commissioners. SSSFT needs to position itself favourably to maintain its current portfolio of services and develop its commercial strategic direction.

Each CCG is remaining independent but are forming federation for commissioning purposes and taking a “lead” on their major contracts on behalf of all the CCGs.

With the emphasis on local commissioning and decision making, the role of the GP and GP engagement becomes essential for success. Not only is the GP the future commissioner but as every patient is registered to a GP, the GP will be influenced by the outcome of the service that his patient has received. The GP is the referrer and by definition knows what the needs of the patients are and whether those needs are addressed.

SSSFT must demonstrate good outcomes for patients in order to receive payment in future and thus being able to demonstrate high quality care and patient satisfaction is fundamental.

SSSFT have delivered the CQUINs in the contracts which have provided monetary return for evidenced improvements in quality. It is also involved in the Payment by Results (PbR) project. A strategic aim of the Trust is therefore to be able to evidence outcomes and quality and be in a position to implement PbR when it becomes the currency.

The CCGs

Stafford & Surrounds Clinical Commissioning Group (SSCCG) comprises of 14 GP Practices situated across Stafford and the surrounding area with a population of 144,000. The Head Office is based at Grey Friars, Stafford.

Cannock Chase Clinical Commissioning Group (CCCCG) comprises of 27 practices across Cannock, Rugeley and surrounding villages and covers a population of 135,131. They are a group of 19 GP practices working across the Burton on Trent and Uttoxeter area, serving a population of 135,000. The CCG is based at Edwin House in Burton. The CCG has the lead for Mental Health and for SSSFT contract.

South East Staffordshire and Seisdon Clinical Commissioning Group (SES&SCCG) covers a population of approximately 200,000 with a combined budget of £242.5 million. SES covers the population in Burntwood, Lichfield and Tamworth of 150,000 patients and has 25 GP practices.

Seisdon covers a mainly rural area which includes the villages of Kinver, Codsall, Wombourne and Perton and there are 9 practices. The CCG has the lead for Paediatrics for all the CCGs in South Staffordshire.

Shropshire Clinical Commissioning Group (SCCG) has been authorised by the NCB. It covers 44 practices across Shropshire (excluding Telford & Wrekin).

The Telford and Wrekin Clinical Commissioning Group (CCG) has been set up, to take over the commissioning of the majority of local NHS services from April 2013. The CCG covers the total population of Telford and Wrekin (around 170,000), includes the 22 GP practices in the area, and is aligned with the boundaries of Telford and Wrekin Council.

Prescribed Services

Formally known as specialist services and commissioned currently by SCT Midlands and East. Forensic Mental Health, Forensic Learning Disability, Eating Disorders Inpatients and Outpatients and Mother and Baby Inpatients and Outpatients will be commissioned by the LAT (part of the NCB).

- **Prison Health (Prison Inreach)**

Prison In reach will be commissioned directly from the NCB. It is currently part of the Shropshire and South Staffordshire PCT block contracts but will be one separate contract. The Lead Commissioner is Sarah Forrest.

- **Substance Misuse**

Substance Misuse previously commissioned by PCT's will now be commissioned by Public Health from April 1st 2013.

2.2 QIPP & demand management

The Trust is aware of the growing variation in demand and reduction in need from traditional responses. This has a direct link to resources where commissioners want to ensure that their money is being spent as best it can and as efficiently as it can. We have developed a range of initiatives that we plan to deliver jointly with commissioners to ensure that the whole picture is understood and service quality is not diluted.

Good examples of this include the development of Rapid Assessment Interface Discharge (RAID) within the county. The RAID service offers a Single point of contact service with rapid response that is fully integrated into the acute hospital care pathways. It is age inclusive and offers clinicians a real opportunity for dedicated training in the support of elderly people.

2.3 Decommissioning

The Trust has a good track record when it comes to supporting commissioners in areas of efficiency or reduction of costs. The Trust always maintains its values when faced with decommissioning and maintains its focus on quality and will not allow a reduction or dilution of quality.

The Trust continues to work in partnership with commissioning partners to understand changes in demand. The Trust stays close to trends in clinical need and evidence based practice. Clinical forums are established with partners ensuring that services are modern and able to be flexible to patient need.

The Trust has clear QIPP initiatives developed with commissioners and delivered through its contracts.

2.4 Potential "Any Qualified Provider" Tenders

The Trust has a wide clinical and commercial portfolio, many of which are "protected services". Over the last twelve months we have seen a significant increase in competition for a range of services. AQP tenders have been seen in a range of areas, mainly psychological therapies, diagnostics and some drug and alcohol services.

The Trust has a good brand in these areas, and has worked hard on establishing services that are safe, high quality and commercially competitive.

The commissioning strategy is pivotal to the third value and its success will be measured by achieving the first, third and fourth corporate aim. This will be delivered with a Commissioning Engagement Plan which lays out the principles for addressing the following principles;

- Identify the key stakeholders,
- Build a relationship with them, learning from what has worked and what has not worked previously
- Work with the commissioner understand the current service provision
- Work with the commissioner identify the gaps
- Work with the commissioner to agree the service outcomes
- Work the commissioner develop the commissioning intentions to address the gap
- Position SSSFT as the Provider of choice for current and future services

2.5 Shifting care delivery outside of hospitals

Care has already shifted significantly to a community base over the last three years in both core geographical areas for South Staffordshire and Shropshire. In the last eighteen months in Staffordshire commissioners have invested additionally in Crisis Home Treatment Services and following a public consultation we have closed an inpatient unit in Burton. A review of this closure has demonstrated that user and GP satisfaction is high with Crisis Home Treatment services and that there has been no increase in out of area placements as a result of having less beds.

In Shropshire the long term business case agreed with commissioners in Telford and Shropshire has led to the building of a modern, but smaller hospital - the Redwoods Centre, and a growth in community services. Over the last year the number of staff employed in these services has significantly increased together with the amount of clinical work carried out in non-institutional settings. The number of patients going out of area for beds has been successfully reduced despite a reduction in the total number of beds available within the Trust.

Workforce planning is a key part of the Trust's strategy that will continue to change and develop the workforce over time to meet the needs of patients in community and inpatient settings by having the right skills available, at the right time and in the right place.

2.6 Reconfiguration plans

In order to support the developments described above, significant reconfiguration plans have already taken place in 2012-13. These have featured integration of Functional community mental health services to ensure 'ageless' and comprehensive services and a significant increase in teams offering alternatives to hospital admission, e.g. Crisis Resolution and Home Treatment services. In other specialities, reconfiguration has taken place to reduce variation across localities, for example in the Community Paediatric services in South Staffordshire.

In Shropshire and Telford, at the commissioners' request, a process is now taking place to better integrate CAMHS and adult mental health services through a shared pathway. There are no expected financial consequences in this change; however there is an expected increase in quality. CAMHS services are currently provided by a separate Community NHS Provider.

The Trust will build on these experiences to ensure these types of service remain as cost effective and as efficient as possible.

2.7 How the Trust has factored these considerations into its strategy

The Shropshire Mental Health Service plan is a key part of the Trust's strategy and continues to support the development in that area. Aspects of strategy related to Workforce support all the developments described, e.g. strengthening Workforce planning (to ensure the right skills and skill mix in developing services) and Effective team based working (as teams are the tool that deliver these services).

2.8 Analysis of how the Trust's demand profiles

The demand profiles are based on local needs as described in section 1.4. (around the core geographies of South Staffordshire and Shropshire) and specialist services provided to meet needs across the West Midlands primarily. The six CCGs serving the core areas have negotiated contracts details which allow for some individual variation between services in different CCG areas allowing local need to be met in the context of a wider overarching approach that goes across geographical boundaries. Levels of activity in year 2012-2-13 has been used in discussions with commissioners to identify variations in expected need in year 2013-2014 within already planned cost envelopes. Care pathways have been reviewed with commissioners and other stakeholders to ensure that services are most efficiently provided for patient groups with evidenced growing need, for example Dementia Care and Child and Adolescent mental health.

The Trust will continue to explore needs analysis with regards clinical trends, local need and larger population needs. The Trust will continue to work with other agencies in particular public health in order to ensure that service planning is in line with national thinking and local trends.

2.9 Details of how the Trust is diversifying its income streams

The Trust has significant experience in markets outside its local catchment. In many cases, this involves exploring new markets and opportunities to diversify its income streams. Examples of this include:

- Improving Access to Psychological Therapies - we are the largest sole secondary care provider of IAPT services around the UK, working in partnership with the third sector.

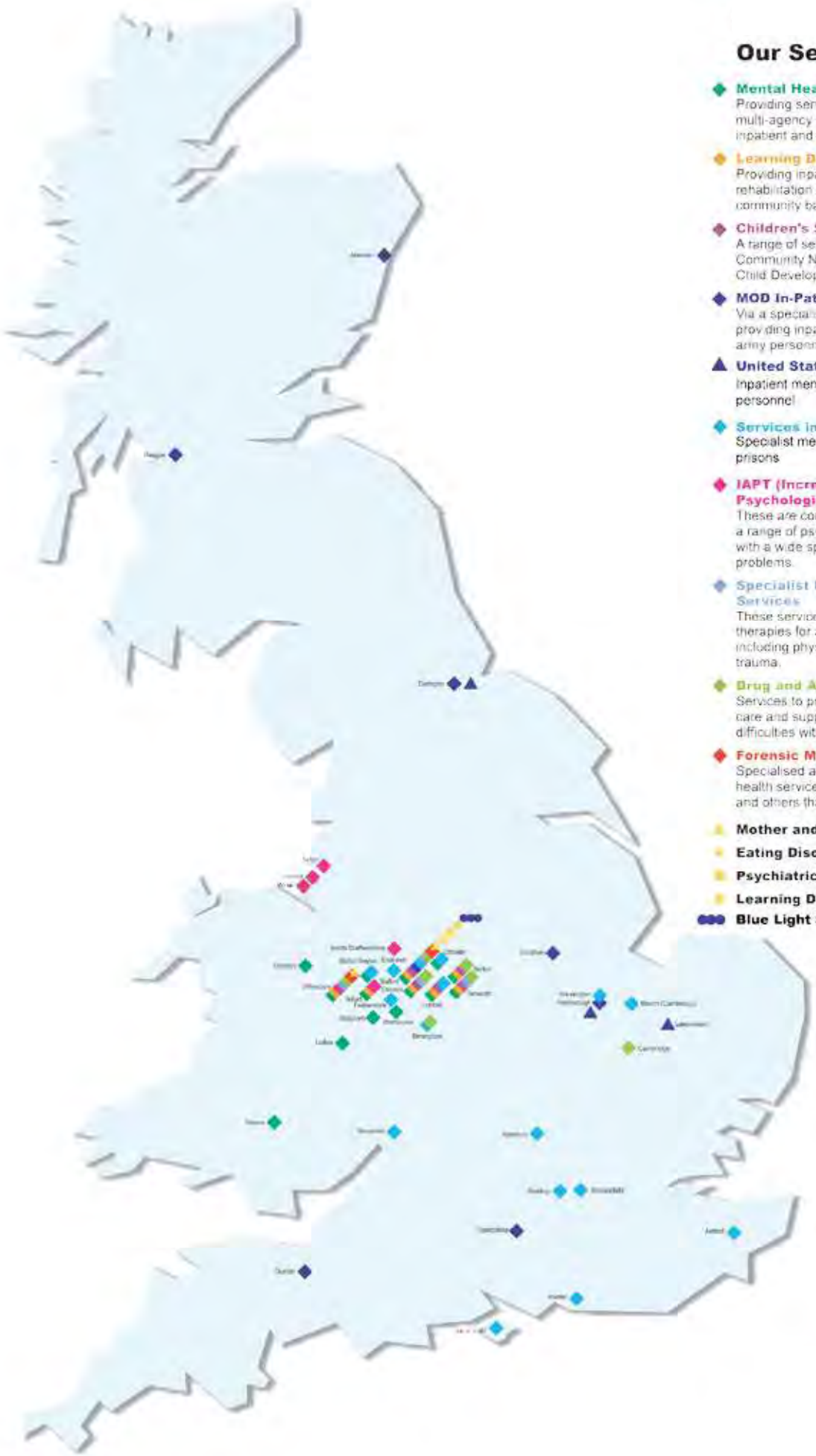
- Prison Healthcare - working with the Home Office on the delivery of care direct with prisons, this includes In-reach and Substance Misuse services.

- Ministry of Defence
  - We are the prime contractor of the only NHS Network to deliver inpatient services UK and internationally to service personnel.

  - Ministry of Defence (American Air Force) – we are the prime contractor of inpatient services providing stabilisation and treatment to American soldiers.

  - Ministry of Defence (Veterans) – we are the National NHS lead for Veterans Mental Health, Chair of the National Veterans Mental Health Network and Co-ordinator of NHS service provision regionally and locally.

  - Ministry of Defence (Germany) – we provide as a sub contractor, Quality and Peer Review services into British Armed Forces Germany. This partnership supports the provision of mental healthcare and the repatriation of British troops currently based in Germany.



Our Services

Mental Health Services
Providing services through multi-disciplinary and multi-agency teams across a spectrum including inpatient and community care

Learning Disability Services
Providing inpatient assessment, treatment and rehabilitation services and multi-disciplinary community based services

Children's Service
A range of services for children including CAMHS, Community Nursing, Learning Disabilities and Child Development

MOD In-Patient Contract
Via a specialist network coordinated by the Trust providing inpatient mental health care to serving army personnel

United States Armed Forces
Inpatient mental health care for US military personnel

Services in Prisons
Specialist mental health care is provided in prisons

IAPT (Increasing Access to Psychological Therapies)
These are community based services offering a range of psychological interventions to those with a wide spectrum of common mental health problems

Specialist Physical Health Psychology Services
These services provide a range of psychological therapies for adults with complex or specific needs including physical health related psychology and trauma.

Drug and Alcohol Services
Services to prevent, assess, treat, co-ordinate care and support individuals who experience difficulties with substance misuse

Forensic Mental Health Services
Specialised and comprehensive forensic mental health service for the mentally disordered offender and others that will benefit from the service

Mother and Baby Unit

Eating Disorders Unit

Psychiatric Intensive Care Unit

Learning Disability Low Secure Unit

Blue Light Services

3.0 Collaboration, Integration and Patient Choice

3.1 Plans to integrate services to provide better care and/or increase efficiency

The Trust plans to develop a range of methodologies to ensure that services continue to provide high quality experiences for those who use them. We are committed to ensuring that services remain best practice and evidence driven and contain mechanisms to enable clinicians to benchmark and test their own performance, whilst providing assurance through our key performance indicators.

The Trust has a positive reputation for working in partnership to ensure that pathways are inclusive and provide, wherever possible, seamless care. This can be seen through our sub contractual partners and approach around the UK in areas such as Prisons, Improving Access to psychological Therapies (IAPT) and our Ministry of Defence work.

The Trust has also invested in a development programme using LEAN methodologies to enhance productivity and improve the quality of the services, whilst removing waste and supporting staff to take, make and deliver initiatives that have a direct impact on service and the quality of the ward environment.

3.2 Development of partnerships and collaborations with other providers

The Trust has a significant experience in developing commercial and clinical partnerships with other provider to benefit the people we serve. The Board is committed to working in partnership to ensure that boundaries and expertise are both recognised and utilised to the benefit of the service user. We are also conscious that working in partnership brings many other benefits such as education, experience and opportunities for greater collaboration. This is one of the Trust's values and is key to the future delivery of innovative services that are not stopped by the organisations but truly designed with the services user at their centre.

We have a range of sub contracts in place for the delivery of contracts, these include IAPT provision where the Trust has a significant, if not currently, the greatest market share in secondary care provision. This is done in partnership with a range of third sector organisations. This partnership supports patients through a number of ways, the most significant being that the third sector can provide better access locally and can present a less stigmatising approach.

The Trust is the national lead on Inpatient Mental Health services to the Ministry of Defence (MOD). This national contract is delivered through a network of provision, managed as a partnership and delivered contractually through a prime and sub contract framework.

The MOD NHS network is unique and offers a national solution with standardised approaches and single point of referral. There are eight partners within the network which also includes two NHS organisations from Scotland.

The Trust provides quality assurance and Peer Review services to British Armed Forces Germany and is currently working in partnership with Guys and St Thomas NHS Foundation

Trust, Soldiers, Sailors and Airmen's Families Association (SAFFA) and GST International on the provision of external assurance on the delivery of mental health services in Germany.

The Trust is the prime contractor using a mechanism similar to the MOD NHS network for the provision of mental health inpatient capacity to the United States Air Force based in the UK. The Network also supports international referrals from theatres of war.

The Trust also leads the national network for Veterans Mental Health. This network is a partnership with the Department of Health, NHS England, Combat Stress and Royal British Legion. The network provides a joint strategy for the delivery of veterans' mental health across the UK including clinical delivery, modelling of services and sources of funding.

Locally the Trust is proud to work in partnership with a range of local agencies and organisations on both the development of service and the delivery of pathways. We are conscious that our service users often need support from multiple sources, not just health and ensure that this is recognised through our approach at Board and ward level. These partnerships range from informal through to contractual and include a variety of statutory and non statutory organisations including:

- Local Authorities
- Education providers including Universities, schools and colleges
- Local NHS Providers, acute, community and specialist
- Primary care providers
- Commissioners
- Police, Fire and Ambulance providers
- Third sector providers including charities, social enterprises and volunteer organisations
- Employment sector

3.3 Consideration of impact of proposals in relation to competition rules (CCP etc.) and patient choice, where applicable

The Trust is committed to ensuring that services procured or competed for are done so whilst complying with the current guidance and policy examples include Office of Fair Trading, Competition Commission and Monitor Guidance.

We are conscious that the impacts of the competition rules can make procurement more challenging, especially when it is a service currently provided. We work with commissioners on a clinical and managerial level to ensure that feedback on our services are sought and acted on regularly. Where we have been unsuccessful with a local service we have worked hard to ensure that the revised pathway/s supports the service user and their carers and that services are provided from a solid evidence base.

Any Qualified Provider has proved to be a challenge against a range of our services but we remain committed to high quality and in some cases have refused to dilute this for the sake of cost. This remains a core value and our commercial strategy reinforces this value with every new aspect of business development.

The Trust has demonstrated significant flexibility and innovation where choice has required a modification to service or location. This has been done through and in partnership with commissioners and has been clinically led.

We are clear that we will only compete for business where we feel we can add value and deliver a positive difference. The Trust has a high success rate commercially and has deployed a central commercial team to ensure that potential bids are scanned and prioritised clinically. The commercial scans are reported and discussed through the formal governance arrangements of the Trust through a Business Development and Investment Sub Committee and through the Director of Commercial and Business Development reports to the Trust Board.

The Trust also has an internal, wider team looking at innovations and new ideas. This team operates as a virtual 'business' where ideas are shared and liberated into service proposals and new concepts.

The team is known as BluSky Incorporated. It is made of interested clinicians and a range of corporate services. Its main purpose is to stimulate, develop and deploy ideas. It is also a safe environment to practice commercially and learn about the procurement processes, marketing, brand development and how to take a product to market. To date, the team have developed a range of ideas and are working on the development of a bespoke therapy service for non statutory agencies and a management consultancy around developing clinical commercial skills.

Creating artwork for The Redwoods Centre

Quality

4.0 Approach taken to quality (including patient safety, clinical effectiveness and patient experience)

4.1 An outline of existing quality concerns (CQC or other parties) and our plans to address them

The Trust is required to register with the Care Quality Commission and its current registration status is that it is fully compliant with essential standards of quality and safety.

In November 2012, some quality concerns were raised by Telford & Wrekin LINks about the noise levels in the new build at The Redwoods Centre, Shropshire. Action has being taken to improve the acoustics, as part of the snagging lists. These have now been resolved and we remain compliant.

4.2 The key quality risks inherent in the plan and how these will be managed

To achieve success in the delivery of quality it is essential that governance themes, assurance and risk are aligned to the Trust's strategy and that its strategic objectives are delivered in a coherent way.

The Board of Directors intends that the risk management processes laid out within its Risk Management Strategy support the Trust in the achievement of its strategic objectives, whilst ensuring that the best use is made of public funds.

The purpose of the Risk Management Strategy is to create within the Trust a positive risk culture that encourages its employees to consistently use its risk management policies and procedures and its Assurance Plan and Risk Register in order to:

- identify and control risks which may adversely affect the Trust's operational ability and its Annual Governance Statement
- compare one risk with another using the Trust's risk scoring and grading matrix
- where possible, eliminate or transfer risks or reduce them to an acceptable and cost effective level
- otherwise ensure the organisation openly accepts the remaining risk
- ensure that issues and concerns raised by internal and external audit and external assessment are addressed and resolved

Strategic, operational, corporate and other key quality risks confronting the organisation, and associated action plans form the Trust's Assurance Framework, and these risks are recorded using the South Staffordshire and Shropshire NHS Foundation Trust Assurance Plan and Risk Register.

The Trust Assurance Plan is a high level document that records the principal risks that could impact on the Trust achieving its strategic objectives. It provides assurance of where risks are being managed effectively and where objectives are delivered. It also identifies objectives where there are gaps in controls and therefore insufficient assurance. The Trust level Assurance Plan is presented to the Trust Board on a quarterly basis with overall review of its delivery being undertaken by the Audit Committee. In addition to this each principal risk identified within the Trust Assurance Plan is allocated to a Trust Board Sub-Committee, who is responsible for monitoring key controls and sources of assurance for each principal risk assigned to them.

The Risk Register is a log that holds the main record of all identified risks that present a continuing threat to the Trust's objectives and operations. The risk register is derived from a number of sources and is a dynamic working log which covers all risks. The corporate risk register is presented to the Trust Board on a quarterly basis and is monitored by each of the Board sub-committees at each of their meetings. The Audit Committee takes an overarching role for the monitoring of the corporate risk register and ensures that risks are reviewed in line with the timescales detailed within the register.

The key risk to quality for the Trust for 2013/14 is the potential clinical impact of the introduction of the Trust's new clinical electronic record (RiO) and the move to paperless clinical records.

4.3 An overview of how the Board derives assurance on the quality of its service and safeguards patient safety

The Trust Board takes a number of steps to assure itself in relation to quality and patient safety. This includes:

- Receiving regular reports and updates on its key quality initiatives and improvement plans; ensuring that risks to achieving these are identified, and that mitigating actions are implemented and managed through the Trust Assurance Plan and Risk Register

- Receiving quarterly combined risk management reports that provide information relating to complaints, PALS concerns, compliments, incidents, serious incidents and claims. The reports highlight any significant clusters and trends that required further investigation and subsequently the action taken

- Receiving executive summary reports from all completed Serious Incident investigations, including immediate action taken to mitigate further risk, lessons learnt and associated mechanisms for sharing learning

- A Quality Effectiveness & Risk Committee that reports directly to the Trust Board and meets on a monthly basis. The Committee is authorised by the Trust Board for tracking the strategic delivery of the Trust Objectives 1 and 5 below:

"Provide high quality services, built on best known practice and evaluated through service user feedback and clear outcome measures"

"To deliver all regulatory, financial, performance, quality standards and compliance indicators"

The Quality, Effectiveness and Risk Sub-Committee undertakes these functions through the duties outlined in its terms of reference and also operationalises the role of the Board in terms of clinical quality, clinical effectiveness and risk management.

5.0 Clinical Strategy

5.1 The Trust's overall clinical strategy over the next three years

South Staffordshire & Shropshire Healthcare NHS Foundation Trust is committed as an organisation to continue its strong focus on delivering high quality, safe and effective services. The Trust Board of Directors is committed to leading the organisation in the delivery of quality services through the continual development and implementation of robust Integrated Governance structures and processes. To achieve success in the delivery of quality governance themes, assurance and risks are aligned to the Trust's strategy and its associated strategic objectives, policies and procedures.

To ensure that we are succeeding in delivering high quality services we periodically self-assess ourselves against Monitor's Quality Governance Framework. This enables us to test the robustness of our quality governance structures and ensure we are delivering services both within the context of external regulation and national and local best practice.

Each year we produce and publish a set of Quality Accounts. The Quality Accounts provide an annual report of the achievement against agreed yearly improvement priorities, as well as a range of information on key elements of assurance and performance against quality metrics and national indicators.

Our quality improvement priorities are chosen following a process of reviewing our current services, consulting with our key stakeholders and listening to the views of our service users. We link our improvement priorities to the three domains of quality and also align them to our Commissioning for Quality and Innovation Schemes.

Our three key quality improvement areas for 2013/14 are:

- Progressing the pathway to employment for mental health service users
- Supporting service users with access to physical healthcare and annual health checks
- Making better use of assistive and digital technologies
- Progress against these improvement initiatives is monitored routinely and in partnership with our commissioners.

5.2 Key principles

Key principles inform the Clinical Strategy and directly influence the focus and aims of individual services, now and in the future. Examples include;

1. Providing care closer to home - leading to increases in community services and reduced reliance on inpatient care
2. Providing care based on best practice - ensuring clinical services are aligned with National Guidance and informed by other data, for example patient feedback, complaints and incidents
3. Providing effective integrated patient centred care working with other health and social care providers across complex pathways - work is currently taking place on such

pathways with dementia care in South Staffordshire and Younger person's mental health in Shropshire

4. Providing care based on the holistic principles of Recovery - this is illustrated by the increased emphasis on employment in mental health services

5. Providing care that recognises the physical care needs of those with mental health problems or learning disabilities - this is expressed through continued training of staff and current reviews of access to physical healthcare test.

5.3 Divisional Service Strategies

Mental Health Division

The Mental Health Division – Care Commitment 2013/4

The Mental Health Division has a commitment to its patients and carers, to continue to improve, modernise and provide the highest quality of care, in line with the Trust's overall strategic aims.

The division's key developments, for patient care, over the next twelve months are:

- to promote and achieve recovery, improving the health and well-being of our users and reduce the harms caused by drug and/or alcohol use
- to allow service users to see how they can contribute their views and experience and how this influences service development
- to ensure our working culture is one where service users are respected, not judged and there is a belief in the capacity of change and wider social inclusion
- to ensure our organisational structure is based on evidenced workforce competencies with innovative and flexible learning & development opportunities open to all staff and volunteers
- to ensure services pro-actively work with commissioners and local stakeholders to ensure that we deliver in line with local priorities and are responsive to emerging agendas
- to explore potential partnership and alliance opportunities with other providers of similar services
- to promote a culture of learning where innovation and service development is encouraged, shared and, where appropriate, incorporated into service delivery
- to continue to operate within stringent regulatory and financial boundaries to ensure risk is actively and appropriately managed

Divisional Vision
To deliver a patient journey providing:

- rapid access to services and decision making
- optimally planned care and delivery
- optimum use of resources to ensure maximum value is delivered
- care and treatment, delivered within a timely and effective framework and in partnership with key delivery partners
- lengths of stay across services well within national averages
- services which are viable and sustainable, built upon a sound financial and operational foundation

Commissioning Climate & Market Trends – National

The primary trends are as follows:

- commissioners will be expected to prioritise and make improvements against all indicators in the NHS Outcomes Framework
- health system needs to be focused on reducing health inequalities and advancing equality
- local communities will drive NHS planning. The new Health and Wellbeing Boards create a close partnership between the NHS and local authorities
- each CCG will also be asked to identify three local priorities against which they need to make progress during the year
- by 2015 the DoH expect particular progress in four key areas:
- involving people in their own care
- the use of technology
- better integration of services
- increased focus on dementia
- full roll out of the access to psychological therapies programme by 2014/15
- increased emphasis on patient choice and the right to choose the most appropriate care setting at the point of GP referral and along the care pathway
- any decision to reduce the cost of providing services must not impact on the quality

.

Commissioning Climate & Market Trends - Local

Shropshire – Telford & Wrekin

The commissioning climate in Shropshire and CCG is moving much more toward the maximisation of resources by co-operation. CCG members have particular interest in pathways for the whole economy which has been demonstrated by the focus on the development of RAID and the current work on the development of a Transition Service across the boundaries for CAMHS and Mental Health in Shropshire and Telford & Wrekin.

Other areas of current interest for the CCGs also include CR/HT, ADHD, ASC and dual diagnosis for LD/MH. These are of particular significance as although no additional resources are currently available, except non recurring training funding from Telford & Wrekin in 12/13, this is work which will need to be satisfactorily completed and may lead to future commissioning opportunities.

At the present time there are strong indications that both Shropshire and Telford & Wrekin CCG recognise the lack of commissioned beds for PICU and both CCGs have indicated the intention to commission more for 13/14.

South Staffordshire

A key priority for CCGs in South Staffordshire is to implement an IAPT service which provides the division with an opportunity to expand its existing IAPT portfolio. The introduction of a new dementia strategy also plays to the strengths of the Trust and we are presently working closely with commissioners and primary care to review the overall patient pathway.

The Staffordshire Substance Misuse Commissioning Team is in the process of preparing to tender all of the community services across the County, the aim being to ensure a recovery model is in place across the County. This provides further opportunities to consolidate our position as provider of choice. The service also intends to benchmark itself against the Inclusions service.

The psychological therapies service has identified a number of areas where there may be the possibility to develop new services in presently uncommissioned areas. These include:

- personality disorders
- ADHD
- neuro-rehabilitation
- psychological assessments for long term conditions (including heart failure, diabetes, stroke)
- psychological assessments for cosmetic surgery or gender reassignment

Divisional Growth Objectives

The division recognises the benefits of minimising patient admissions to acute wards, both in terms of improved patient outcomes and costs to the Trust. In order to pursue this goal the division intends to develop a more community focussed approach to care, with enhanced Crisis Resolution Home Treatment teams delivering more care in the home. This initiative will be implemented across both South Staffordshire and Shropshire.

The national pressure to provide comprehensive IAPT services provides growth opportunities across Staffordshire and Shropshire, allowing the division to build on its existing reputation and national service base.

The division will enhance its CAMHS transition services, focussing on the 15 – 25 age group to ensure a more consistent level of service and reduce the drop out rate from services.

We will look to develop new services, in response to the national drivers, for ADHD, ASC/Aspergers and PD in line with local commissioning intentions.

As part of the Section 75 re-negotiations, the division is assessing the viability of taking on the Local Authority Mental Health Placement budget. This has historically overspent, in the same way as the PCT's Out of Area budget, but appears as though it would respond in the same way, if actively managed. Although not directly growth, it allows the division greater control over the management of the care pathway and hence may produce savings within the overall cost base.

New Services

The national drive to develop more effective dementia services provides an opportunity to work with commissioners to establish a robust dementia pathway across primary and secondary care. We are presently working on the underpinning strategy to enable a seamless pathway. The ASC/Aspergers project group, led by the JCU, is working up a strategy to provide a funded service for this patient group.

Specialist Services

Inclusion's Directorate Vision

To deliver a patient journey for patients so that:

- access to service and decision is rapid
- care is quickly planned and delivered
- maximum value is derived through proportionate and effective contact with patients
- lengths of stay across services fall well within national averages
- services are viable and sustainable, built upon a sound financial and operational foundation

Commissioning Climate & Market Trends - National

The current commissioning market is sub divided into three distinct areas:

- Community
- Criminal Justice
- IAPT

The primary trends are as follows:

- tenders are moving towards "whole system" tenders, rather than individual services
- there is increasing pressure from the independent sector as the "Any Qualified Provider" policy is rolled out
- the continued IAPT roll out provides opportunities to expand our portfolio nationally

Community

The current trend is for commissioners to tender "whole systems" rather than individual services with Cambridgeshire being a prime example of this type of commissioning. This does present significant opportunities for expansion if successful but preparing these types of tenders and implementing them is extremely complex.

This type of tender also lends itself to partnership work as there are multiple elements of each contract. There is a significant challenge to build partnerships with a range of statutory and non statutory agencies.

Tendering within the Drug and Alcohol field remains highly competitive. There are a number of non statutory agencies that bid nationally and have invested significantly in developing clinical structures that allow them to challenge traditional NHS providers. To remain competitive Inclusion will need to be able to compete against these types of organisations in terms of

flexibility of approach, in developing new ways of working, building strong partnerships, demonstrating effectiveness, quality of provision and on price.

Criminal Justice

The prison based programmes will continue to be retendered over the next twelve months. There are five potential models;

- Stand alone CARAT type services
- Combined CARATs and programmes (psychosocial provision)
- Combined psychosocial and prescribing services
- Combined prison and community team
- Generic Healthcare provision incorporating drug services

IAPT

The high profile market trend is Any Qualified Provider. This presents Inclusion with a significant challenge as this system of awarding tenders does not give a guaranteed income level and makes it difficult to invest in staff or infrastructure. The use of phone or web based therapy maybe a solution to this but it would involve investment in the infrastructure to support this and a danger of "warehousing" therapy in a call centre type of environment.

IAPT services have traditionally grown via the money available through training. These "waves" of investment have seen the current services grow year on year and we continue to access this money to expand these projects. Where possible we would want to tender for IAPT services. The partnership with Mental Health Matters has worked well and if the opportunity arose, further partnerships with them would provide a very attractive proposal for commissioners.

Directorate Growth Objectives

Inclusion recognises the scope to build on its existing portfolio of IAPT contracts across the country. Our drug and alcohol services are will established across a range of community settings. Over the coming few months there are a number of sites re-tendering services. These provide opportunities to undertake rapid expansion, but will require significant groundwork and credible local partners will need to be identified.

Despite the changing face of the prisons' market place, we intend to grow our prisons Drugs and Alcohol services. A key factor in increasing our prison presence is the need to find a suitable "partner" for "whole service" bids. We have started a programme to identify a range of longer term partners, particularly those who are able to provide Primary Care Services.

New Services

There are a number of potential new business opportunities within the next year, which will allow us to build upon our existing portfolios.

There are a number of local authorities tendering drug & alcohol services over the summer including Stoke on Trent, Cambridgeshire, Buckinghamshire and Southampton; these potentially will require the identification of suitable partners to present a whole service solution.

Forensic & Prison In-Reach Directorate

The Forensic Directorate Vision

The Forensic Mental Health and Prison in Reach Services Directorate will:

- provide a high quality, specialised and comprehensive mental health service
- enable individuals to take responsibility, as far as they are able, to improve health and well being and to minimise risk
- work in partnership with the general mental health services, and with other forensic mental health services
- providing a range of facilities as part of the national network and any other agencies

We will do this by:

- enhanced and expanded services provided for offenders with mental health needs
- refining our structures and practice to enable more seamless care pathways and innovative ways of delivering more efficient and cost-effective care
- facilitating timely transfer into and out of our services
- reducing the length of stay within secure services
- rapid assessment to determine need and access to appropriate treatments
- enhancing our mainstream service portfolio through developing specialist services

Commissioning Climate and Market Trends - National

The primary trends are as follows:

- the shift from Regional Commissioning to National commissioning via the National Commissioning Board (NCB) with local performance management
- the Midlands & East Specialist Commissioning Group (M&E SCG) will become responsible for commissioning all secure mental health services within the region
- the Secure Services Strategy 2010 – 2015 identifies insufficient capacity within the West Midlands to meet its own demand

Directorate Growth Objectives

The two major growth areas are the provision of two further PICU beds on Newport ward and the development of a four bedded medium secure transition unit, in Haywood Lodge. The PICU will be commissioned by the local specialist commissioners but we have yet to confirm support for the transition proposal.

In addition to the in-patient projects, we are undertaking scoping exercises to test the viability of the following services:

- personality disorder therapies
- sex offender treatment
- fire setting
- bespoke packages for violent offenders

- elderly forensic
- women's low secure

We have been successful in bidding for National Offender Management Service (NOMS) funding, for Personality Disorder (PD) services, in partnership with two local probation trusts, West Mercia and Staffordshire & Birmingham.

New Services

There are a number of potential new services that are complementary to our core in-patient function, which may provide opportunities to generate further income:

- secure transport service for distressed people
- clozapine maintenance services for prisons
- anger management training for probation staff

Children's Directorate

Children's Directorate Vision

To deliver a patient journey providing:

- rapid access to services and decision making
- optimally planned care and delivery
- optimum use of resources to ensure maximum value is delivered
- care and treatment, delivered within a timely and effective framework and in partnership with key delivery partners
- lengths of stay across services, well within national averages
- services which are viable and sustainable, built upon a sound financial and operational foundation

Commissioning Climate & Market Trends – National

The primary trends are as follows:

- Clinical Commissioning Groups (CCG) are currently forming, but are in a state of flux
- There is a push among local authority commissioners to move from directly commissioned services to direct payments and Personal Health budgets

Commissioning Climate and Market Trends - Local

The services provided by the Children's Directorate are commissioned by multiple commissioners:

- Staffordshire CCG
- Staffordshire County Council (SCC)
- Education

CCGs are currently forming but are in a state of flux as individuals are appointed to senior posts and settle into their roles. They are new organisations, and although have direction and guidance from the NHS Commissioning Board in the form of practical direction and documents

including Supporting Planning 2013/14 for Clinical Commissioning Groups, there is the potential that services provided by our Directorate will not be a commissioning priority for the CCGs when they are considering the needs of their local population.

CCG colleagues are looking to review services, whilst SCC commissioned services are increasingly subject to the tender process. There can be disagreement between commissioners on services commissioned and we work with all parties to agree the best way forward. We could see a more joined up approach to commissioning in the future but this is not likely to arise in 2013.

The Directorate is considering other potential funding streams and the introduction of Direct Payments to families is a potential area to deliver investment into services.

Directorate Growth Objectives

- Extend the Community Specialist Support Team
- Extend the Sustain Service
- Develop the Neuro Psychiatrist Role within the Directorate
- Eating Disorder Services for Young People
- Market Services Direct to Schools

New Services

The Directorate would like to consider enhancing the range of service provision to include a nursery and day services/out of school club for children with special needs, a Special Needs Adventure Playground (SNAP) and a Charity Shop/Café.

Families of disabled children have difficulty in finding child care for pre-school age children and in school holidays for school age children. This is particularly difficult when children have health needs to be met. In addition there are changes to the current nursery provision in children's centres which may result in difficulty in accessing this service.

The Directorate would like to enhance the service provided by AHPs, and deliver sensory integration interventions to children. This is an area where we could look to fund the interventions via schools or from direct payments/personalised budgets which families receive.

We will develop sensory facilities similar to the SNAP in Cannock and the playground would incorporate a wide range of sensory services. The intention is for families to purchase this service direct.

The Directorate would like to consider opening a charity shop/café with all proceeds to underpin Directorate funds. This could be in conjunction with the DNLD Directorate, and provide potential employment opportunities for adults with a learning disability/young people who use our services.

The development of such services would allow the Directorate to provide a range of services and resources to young people and their families, accessible via a 'one-stop-shop' approach.

Developmental Neurosciences & Learning Disabilities

Directorate Vision

To deliver a patient journey providing:

- rapid access to services and decision making
- optimally planned care and delivery
- optimum use of resources to ensure maximum value is delivered
- care and treatment, delivered within a timely and effective framework and in partnership with key delivery partners
- lengths of stay across services, well within national averages
- services which are viable and sustainable, built upon a sound financial and operational foundation

Commissioning Climate & Market Trends – National

The primary trends are as follows:

- Clinical Commissioning Groups (CCG) are currently forming, but are in a state of flux
- There is the potential that DNLD services will not be a commissioning priority for the CCGs
- The Winterbourne View review recommendations and the NDTi review will have a direct impact on the provision of inpatient learning disability services, the transition from inpatient to community services may increase demand for inpatient beds, this is anticipated to be for a short period of time only
- The intention is for service users to receive care in community settings not in hospital settings and the development of an Intensive Support Service will take place this year
- These changes will see a reduction in the long term requirement for beds

Commissioning Climate and Market Trends – Local

The Winterbourne View review recommendations and the NDTi review will have a direct impact on the provision of inpatient learning disability services. Whilst the transition from inpatient to community services may increase demand for inpatient beds, this is anticipated to be for a short period of time only. The intention is for service users to receive care in community settings not in hospital settings and the development of an Intensive Support Service will take place this year. The outcome of these changes will see a reduction in the long term requirement for beds and requires transformational change within DNLD services in South Staffordshire.

Directorate Growth Objectives

The Directorate is considering potential funding streams and the introduction of Direct Payments to families is an area which may deliver investment into services. The development of Personal Health budgets may permit the extension of this initiative across other services.

In light of the national drivers around Autistic Spectrum Condition (ASC), we are working closely with commissioners to develop a local service strategy which will allow us to grow our community provision and examine the viability of an in-patient service.

New Services

Specialist health services for people with PMLD are currently provided from Oak House, Shrewsbury. This is an inpatient service which undertakes health reviews for individuals whose needs cannot be met by existing community teams

The model of care for these people is in urgent need of modernisation as most people do not need to be admitted to hospital to have a health review; a specialised community team can provide this in their home avoiding the need for hospital admission.

The Directorate is planning to remodel South Staffordshire services, moving to a model which supports fewer beds and more community support.

As part of this development, the Directorate would like to consider enhancing the range of service provision to include a health respite service, a Special Needs Adventure Playground (SNAP), Charity Shop/Cafe and rural/allotments opportunities.

We wish to develop sensory facilities similar to the Special Needs Adventure Playground (SNAP) in Cannock. The playground would incorporate a wide range of sensory services and the intention is for families to purchase this service direct

We wish to support the recovery/enablement model by providing employment opportunities for people with a learning disability. Working in partnership with the local authority we could access an allotment/small holding which service users can work on and whose products are sold in a charity shop/café. This could be in conjunction with the Children's Directorate, and provide potential employment opportunities for adults with a learning disability/young people who use our services.

Eating Disorders & Perinatal

Directorate Vision

The Eating Disorders (ED) and Perinatal Directorate Vision is:

- to continue as a main provider for the West Midlands cluster for inpatient Eating Disorders Services
- to continue as a main provider for the West Midlands cluster for inpatient Perinatal Services
- to continue and build upon our status as associate providers for other clusters this will ensure that the services remain viable and sustainable into the future.
- to continue as an organisation which is viable and sustainable built upon a sound financial and operational foundation.

Commissioning Climate & Market Trends
The primary trends are as follows:

- commissioning arrangements for both services will be through the National Commissioning board
- a national tariff will give easier access to our services from outside of the West Midlands cluster

Directorate Growth Objectives
The directorate has few opportunities for growth outside its core function. We wish to enhance our out of area activity to attract greater income and are actively promoting our services with commissioners.

The directorate believes there is potential for the development of CAMHS ED in-patient services but has no confirmed commissioning intent.

New Services
The directorate has been in discussion with the West Midlands Specialist Commissioners regarding the development of a CAMHS ED in-patient service for the West Midlands.

5.4 The Trust's service line strategy over the next three years; and The inputs the Trust used to develop this strategy (e.g. SLM, benchmarking etc)

The Trust has for a number of years operated Service Line Reporting. Financially this concentrates on the Service Contribution Margin and Service EBITDA Margin. During 2012/13 the Service Line Reporting system was materially enhanced. This enabled the supporting information to be improved with enhancements through the support for service benchmarking and the development of a loss making services template. Service Line Reports are reviewed and Challenged at the Finance and Performance Issues Group and taken to the Finance and Performance Committee.

The Service Line Strategy over the next three years is to ensure that information from all areas supports clinicians in their decision making. In particular this will include the development of patient based costing together with a capability to support Mental Health in PbR.

The Trust has also spent a significant amount of energy training clinical teams on service line reporting and service line management. It puts clinicians at the head of their budgets and helps them understand the component parts that make up a viable "business". This type of information is made readily available through a number of sources so that clinical leaders can best use their own information to enhance the efficiency of their services.

During 2013/14 the Trust will be developing a dashboard that will report from team level to the Board. The journey will take clinicians along the route to establish meaningful information to aid their decision making.

Glossary of terms

ADHD	Attention Deficit Hyperactivity Disorder	MSU	Medium Secure Unit
ASC	Autistic Spectrum Condition	NCB	National Commissioning Board
CAMHS	Child & Adolescent Mental Health Services	NDTi	National Development Team for Inclusion
CARAT	Counselling, Assessment, Referral Advice, Throughcare	NHSP	National Health Service Professionals
CCG	Clinical Commissioning Group	NOMS	National Offender Management Service
CIP	Cost Improvement Plan	PCT	Primary Care Trust
CMHT	Community Mental Health Team	PD	Personality Disorder
CQC	Care Quality Commission	PICU	Psychiatric Intensive Care Unit
CQUIN	Commissioning for Quality and Innovation	PPO	Prolific and Other Priority Offenders
CR/HT	Crisis Resolution/Home Treatment	RAID	Rapid Assessment Interface & Discharge
DIP	Drug Intervention Programme	S117	Section 117 agreement
DNLD	Developmental Neurosciences & Learning Disability	S75	Section 75 agreement
DoH	Department of Health	SNAP	Special Needs Adventure Playground
FP10	Formulary Prescription 10 form	LD	Learning Disability
HMP	Her Majesty's Prison	LSU	Low Secure Unit
HMYOI	Her Majesty's Young Offenders Institute	M&E SCG	Midlands & East Special Commissioning Group
IAPT	Improving Access to Psychological Therapies	MH	Mental Health
JCU	Joint Commissioning Unit		

6.0 Clinical Workforce Strategy

6.1 An overview of the clinical workforce strategy (covering doctors, nurses and other key clinical groups)

We continue to ensure that our clinicians are engaged and that they own our direction of travel and are the instigators of our improvements and enhancements of quality. Our commitment to a strong workforce remains one of our values as it is this workforce that we rely on to support our service users and carers through their care pathway.

Our strategy identifies aspirational outcomes which will be underpinned by agreed annual targets established through the annual business planning processes. These are measured and monitored through a range of performance management methods and fed back to staff, teams and directorates on a regular basis. Through the delivery of our strategy we will:

- Maintain our focus on the quality and experience of the service user and carer whilst ensuring that their views and feedback informs our practice and strategy
- Be proactive in identifying and sharing best practice
- Identify clear progress and outcome measures in all that we do
- Maintain a clear commitment to delivering against all regulatory, financial, performance, quality and compliance standards
- Continue to play an active role within the health economy to deliver appropriate efficiencies whilst never diluting the quality of care
- Continue to develop teams and individuals who have the knowledge and skills to promote and deliver excellent services
- Develop the right partnerships and working relationships to provide services in more effective ways and promote innovation and the development of new services which are responsive to our commissioners and offer meaningful choice to our service users and carers
- Continue to be commercial to ensure the Trust remains sustainable and can offer flexible alternatives whilst challenging traditional thinking

Workforce Planning

A major focus for the life of the Trust's HRODE strategy is the need to improve workforce planning across the Trust, and ensure that this is aligned to medium to long-term service plans, enabling workforce development and training plans to be closely aligned to the needs of services.

In order to meet the quality and cost improvement challenges in coming years, services will need to be planning three to five years hence.

Over the next four years the NHS and its commissioners will continue to seek assurance of the quality and capacity of the workforce delivering services. The Trust will need to ensure we have the capability and systems in place to enable us to meet these requirements. The Trust is currently developing its Workforce Planning Approach. The immediate focus was a systemic review of Workforce Planning and Development activity leading to an enhanced Assurance Framework and alignment of our workforce planning functioning with our partners Workforce Planning cycles and expectations. Further developments will align all of our clinical needs, our commissioner intentions, mental health care clusters and related staff competence requirements with our plans to deliver future, longer term efficiency savings.

Workforce Development

The Trust will continue to build on workforce redesign activity, looking to develop new roles, broaden skills and competencies within existing roles, and use multi-disciplinary approaches to address skills shortages, as well as to provide development opportunities for our staff. The Trust will retain its commitment to provide staff with a career development structure with learning opportunities to support development.

The Trust will also look to increase service users and carer involvement in workforce development through this strategy, for example through induction and training programmes.

The landscape for the commissioning of education and training is changing, and the Trust will need to ensure it is fully engaged in the two Local Education and Training Councils covering Shropshire and Staffordshire, and the West Midlands Mental Health Institute.

Apprenticeships are a key element of the Trust's HRODE strategy. They form employment and training opportunities delivered in partnership between the Trust and partners in the Further Education sector. There are over 80 apprenticeship qualifications that are relevant to the Health Sector. Apprenticeships are key to assuring the Trust's future workforce supply and to the Trust meeting its corporate citizenship responsibilities, nowhere more acutely than playing our part in tackling youth unemployment. The organisational benefits of the approach include its contribution to managing the age profile of our workforce.

The Trust deploys 3 models of employment of Apprenticeship Frameworks:

- Existing staff members (Bands 1-4) access the Trust's 'Accredited Staff Development Programme' delivered entirely on Trust premises by partners in the Further Education sector.
- New Trainee recruits of any age are employed by the Trust remunerated as Trainees under national terms and conditions.
- A targeted approach to young people aged 16-19 years is deployed through an innovative Apprenticeship Training Agency Model. Further Education Partners are funded (through vacancy management) to recruit and manage Apprentices on Trust Job Descriptions in a tripartite arrangement with Trust Managers. The approach widens access to employment opportunities within the Trust and supports Exemplar employer initiatives as well as providing a potential supply of recruits ready to start work and familiar with the Trust.

In 2013/14 the Trust has committed to providing 40 Apprenticeships of which a minimum 10 will be made available to young people.

Leadership and Management Development

The Trust has developed a good range of leadership and management development opportunities with a clear framework to support individuals to become equipped and feel confident to meet their leadership responsibilities and aid succession planning. This has provided a solid foundation for us to move forward and build even stronger leadership capability.

We will work with clinical services to develop a common language for leadership and a clear understanding of what leadership looks and feels like in the Trust, this to be underpinned by a management competency framework which will help to develop even greater leadership and accountability. Our aim is to develop a culture of open, authentic and transformational leadership, and an organisation in which staff feel inspired and engaged to perform at their best in the interests of patients and service users.

Our offer will continue to include formal and informal development programmes and 360 feedback opportunities for leaders and managers at different levels, and we will increase opportunities for individual coaching and the use of online resources and toolkits that are available at a time and place when needed, giving leaders greater access, flexibility and responsibility for meeting their personal development needs.

Into the future, we will further consider how we can support new, emerging and established talent and leadership across the Trust. This will enable us to attract highly skilled individuals to work for the organisation, help us to develop and integrate new staff and help us to develop and retain our current staff.

6.2 Key workforce pressures and plans to address them

(SAS) Doctors
The Trust faces challenges in recruiting sufficient numbers of high calibre (SAS) Doctors. Trust staff members contribute to the NHS Confederation Mental Health Network Workforce Reference Group (WRG) which has been reviewing issues related to the role, recruitment and retention of the SAS doctor a key problem in a number of Trusts nationally. At an organisational level a number of pilots are underway that seek to address the skills shortage through alternate routes. Evaluation studies on the Introduction of Advanced Practitioners and Physician Assistants are in progress.

Improving workforce planning for the Psychological Therapies Workforce
The Centre for Workforce Intelligence (CfWI) has published its report on how to improve information about the psychological therapies workforce. The limitations of current information sources make this difficult to achieve, so it is important to improve the accuracy of information.

The CfWI's recommendations include:
1. adopting and promoting the definition of a psychological therapist proposed by the review, and adopting subsequent recommendations of the subgroup to the Workforce Information Review Group (WIRG) convened to review the coding and classification of this workforce
2. a requirement for providers of psychological therapy services commissioned by the NHS to gather workforce intelligence
3. further work to be done to raise the profile and secure the future supply of the workforce, building on this review to quantify the existing workforce
4. bodies such as the DH, Health Education England, Public Health England and NHS England to agree on how future work in this area is commissioned
5. employers and providers to undertake workforce capacity assessments to ensure they understand their own workforce and to ensure the greatest utilisation of current capacity.

At an organisational level there is a strategic commitment to addressing this issue and CfWI's recommendations. A scoping exercise to ascertain key strands of work to be undertaken is in progress.

The Trust is currently working on its long term workforce strategy. This will align all of our clinical needs, our commissioner intentions, mental health clusters and our plans to deliver future, longer term efficiency savings.

6.3 The impact of the Workforce Strategy on costs (short-term and long-term); and Findings of benchmarking or other assessment (eg using the DH Workforce Health Tool)

Our workforce strategy has helped us to support new ways of working and enhance skill sets whilst ensuring that training and development needs are fully met. Our strategy has been used across all aspects of our services and especially in the development of new services.

The Trust regularly benchmarks against other providers and uses all nationally available data / toolkits to ensure that its services remain as efficient and as modern as possible. Evidence based practice is vital to developing teams with the right culture and skills to do the very best in their roles.

Apprenticeships are also part of the Trust's strategy. They form employment and training opportunities delivered in partnership between the Trust and partners in the Further Education sector. There are over 80 apprenticeship qualifications that are relevant to the Health Sector.

Apprenticeships are key to assuring the Trust's future workforce supply and to the Trust meeting its corporate citizenship responsibilities, nowhere more acutely than playing our part in tackling youth unemployment. The organisational benefits of the approach include its contribution to managing the age profile of our workforce.

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In 2013/14 the Trust has committed to providing 40 Apprenticeships of which a minimum 10 will be made available to young people.

6.4 Identification of which of the Trust's services could potentially lack critical mass (defined by Royal Colleges etc.)

The Trust is proud to state that none of its services could lack critical mass as defined by Royal Colleges etc. We are however, keen to ensure that all new services are developed in line with best practice and the right level of critical mass to ensure that local services stay local and are sustainable into the future.

6.5 Identification of which services have consultant cover below those recommended by Royal Colleges etc. (link to financial template)

There are no areas where establishments have consultant cover below those recommended by Royal Colleges. The Trust is committed to ensuring that quality services remain our priority and as such are also conscious that the workforce to deliver the services has to be appropriate in number and skill set.

6.6 Innovations in care delivery developed at the Trust or in conjunction with partner organisations

The Trust's third value represents how important partnerships are to our success. We have developed a range of sophisticated partnerships with a variety of agencies and organisations that are across a wide range of sectors. All of our partnerships are formed to ensure that services best suit the service user and their carers. We have developed innovations in service to ensure;

- We deliver seamless care pathways
- We present a less stigmatising interface
- Our services are as easy to access in local geographies as possible
- We align to local communities and their cultural needs
- We are as cost effective as possible, whilst ensuring the highest levels of clinical quality exist
- We offer real choice to those who use them

Examples of innovate partnerships include:

- Improving Access to Psychological Therapies across the UK (NHS & third sector)
- Ministry of Defence work (NHS consortia)
- Dementia care pathways (NHS, Social Care, Third Sector, independent sector)
- Research and Development (NHS & Education sector)
- Shared services (NHS consortia)
- Drug an Alcohol services (NHS, Third Sector, independent sector)
- Prison in reach and CARRAT services (NHS, Third Sector, independent sector)
- Rehabilitation services (NHS & Independent sector)
- Out of county repatriation long stay services (NHS & Independent sector)

Staff touch rugby

Performance and Productivity

7.0 Productivity & Efficiency

7.1 An overview of potential productivity and efficiency gains built into plans, including financial impact of projected gains

To achieve the challenges facing the Trust we have agreed that we must deliver health care in a very different way in order that we can improve the services we provide, increase productivity and reduce costs. Therefore the Trust has decided to embark on a journey of the introduction of a lean approach which creates value for the users and carers of health services; the approach we are adopting is that of the Virginia Mason Production System (VMPS).

The Trust felt that the VMPS was much more aligned to the Trust's values and direction of travel compared to other Lean approaches, as it:

- Puts the service user and the carer at the heart of the process,
- Ensures that task and process redesign are critically analysed,
- Allows different skills of professionals to be maximised in an organisation that believes that no task is seen as out of bounds and that existing form and function can and should be challenged.

The aim, (which we recognise is a long term aim) is that decisions and responsibilities are handed to those best equipped for the task and staff are empowered to make decisions.

The Virginia Mason Production System embodies all the key attributes described above and will help us radically change the way services are managed and delivered.

Although challenging, the journey has commenced with the Trust and each Division re-examining its strategic focus, ensuring we scrutinise what we do ensuring to maximise the value added for patients, thereby reducing waste and non value added activities with staff at the heart of these changes, thereby feeling empowered and accountable for the care they deliver

To date, four senior staff have been trained as certified leaders in this methodology to help drive forward the tools and techniques of this approach, and a fifth person within the organisation already had the skills to be able to deliver approaches such as RPIWs. It is intended that further staff are trained over the next two years.

A total of three workshops have been held, and already by empowering staff, users of our service and their carers, by scrutinising the processes in that work place by the trained certified leaders, and by having stretching targets that are set by sponsors to reduce waste and defects and improve quality, productivity gains, quality improvements and cost reductions, have been achieved.

Results so far are encouraging. After 60 days from the first two events we have seen:

- greater engagement with patients by nursing staff
- reduction of agency spend

- Improved satisfaction of patients and carers from the service delivered by crisis staff releasing nursing time to deliver other interventions that they struggled to achieve prior to the events.

Although at the very start of this journey the Trust believes that by using this approach in a standardised, rigorous way, productivity will improve leading to enhanced quality.

The Trust is committed to this approach and does not underestimate the cultural change required to deliver these process and to continue to roll out best practice. The Trust believes that this investment is essential for senior and middle managers to really understand their business and their business processes.

The outcome of all of these RPIWs will continue to lead on supporting and helping staff truly put the patient at the centre of all they do by driving out waste and improving value. This organisational change can only be driven forward with good information, to ensure that the organisation and staff can monitor their own work processes and demonstrate improved productivity and performance, in a sustained way. This year sees the introduction of a new information system (RiO) which will ensure we have reliable robust data that can help drive the cultural change forward.

The Trust is also deploying the next phase of its Estates Strategy. This is a significant move to review and ensure that community estate is fit for purpose and offers high quality environments for people when they need support.

The strategy “Right Service, Right Place” aims to:

- Match accommodation to how services need to be delivered in the future.
- Ensure that the physical condition and suitability of our community premises offers the privacy and dignity that our service users deserve.
- Support clinical staff by reducing their current time travelling; releasing time to care.
- Fostering team working by collocating disciplines, skills and experience.
- Improve patient and staff safety by meeting in designated spaces rather than ‘informally’.
- Ensure provision of quality, accessible accommodation from which to provide care.

8.0 CIP governance

8.1 An assessment of historic performance, including main drivers, and necessary further action to ensure future delivery

The Trust has a positive track record of making service change to enhance quality and to support CIP delivery. Drivers of this are often based around commissioning requirements and the need to release efficiencies within the economy.

The Quality Effectiveness and Risk Sub Committee have an overview of all clinical CIP initiatives and them for risk to service and quality impacts.

8.2 An overview of leadership and assurance arrangements for the life of the Strategic Plan

Last year, a process for risk assessing CIPs in relation to impacts on quality was introduced by the Trust: the process was reviewed positively by our Internal Auditors, RSM Tenon. The process has been modified this year.

This year we have also introduced a new risk tool, tested out by clinical directorates through consultation with members of the Foundation Management Team (FMT). This has now been finalised and circulated to all directorates through FMT.

The new process consists of guidance; a risk assessment tool; and clarification regarding how to link risk monitoring into normal everyday operational governance.

The tool was designed to be as brief and as linked in to normal risk monitoring processes as possible. Following feedback from FMT members who tested it, earlier draft screening and detailed tools were merged into one.

The documents embedded in the text above lay out the requirements for directorates in the assessing and monitoring CIP plans related to the removal of clinical/care related posts.

The brief guide below forms our CIP Risk Assessment and Risk Management processes.

Following the events at Mid Staffordshire General Hospital, the importance of adequately challenging and monitoring decisions on Cost Improvement Programmes has become a major priority in the NHS. This is emphasised by recent guidance by Monitor.

This document lays out the expected process for the assessment and monitoring of CIP plans related to the removal of clinical/care posts.

1. **Initial discussions:**

- **When -** Prior to first Star Chambers meetings
- **Leads -** Directorate senior manager supported by Clinical directors and leads
- **Who else should be involved -** Staff at all levels
- **Specific action -** Initial discussion about potential risks and mitigates. Informal at this stage

-

2. **Firming up plans:**

   - **When** - Prior to second Star Chambers meeting
   - **Leads** - Directorate senior manager and Clinical directors and leads
   - **Who else should be involved** - Staff at all levels
   - **Specific action** - More in depth discussion. Rough drafting of risk assessments using proforma

3. **Formally risk assessing:**

   - **When** – After second Star Chamber meeting
   - **Leads** - Clinical directors and leads supported by Directorate senior managers
   - **Who else should be involved** - Staff at all levels
   - **Specific action** - Formal draft completion of risk assessment programs.

4. **Service User and carer engagement:**

   - **When** – After drafting risk assessment forms.
   - **Leads** - Clinical Directors, supported by senior managers and service user involvement lead
   - **Who else should be involved** – Service User group
   - **Specific action** - Presentation and discussion of proposed CIP plan and associated risks and mitigants. Revision of proposals based on feedback.

5. **Board level clinical challenge:**

   - **When** – After risk assessments have been completed and full staff and service user/carer consultation has taken place.
   - **Leads** - Clinical Directors, supported by senior managers
   - **Who else should be involved** – Panel consisting of Medical Director, Director of Nursing, and Director of Quality and Clinical Performance
   - **Specific action** - Presentation and discussion of proposed CIP plan and associated risks and mitigants. Panel will advise on acceptability of plans. Agree process for revision as required

6. **Ongoing mentoring:**

   - **When** – At monthly intervals following agreement by Board Level Panel
   - **Leads** - Clinical Directors/Leads supported by Directorate Governance Leads and Quality and Performance Team

- **Who else should be involved** – QERGs
- **Specific action** - Monthly review of risk assessments against agreed monitoring data. Revision of actions as required. Reporting of summary findings and required action to QERGs on a monthly basis.

7. Six monthly monitoring:

- **When** – Six months following the approval of CIP plans
- **Leads** - Clinical Directors/Leads supported by Directorate Governance Leads
- **Who else should be involved** – QERGs and QERC
- **Specific action** - A summary report of CIP plan monitoring to date should be received by QERGs and then passed to QERC to seek agreement of action taken and/or recommendations as to further action required.

8.3 CIP profile: Key CIP schemes including risk ratings for individual schemes (also see Appendix 2)

The Trusts manages its CIP and Revenue Generation schemes together in order to deliver its overall annual CIP target. The achievement of the Trust's planned financial targets for 2013/14 is dependent on the delivery of a 'gross' £5.9m cost improvement programme (CIP) target, which represents 3.4% of the Trust's income base.

The Trust has devolved its CIP target to its Operational Divisions and Corporate Support Services, with the schemes being managed at this level. The delivery of the CIP is monitored at both the Trust's Finance & Performance Issues Group and Finance & Performance Sub Committee.

The Trust has identified a number of CIP schemes during 2013/14 with the remaining CIPs / Revenue Generation schemes being smaller in size. Within the Annual Financial Plan for 2013/14 (and appendix 2) the Trust has analysed its schemes under the following headings;

- Clinical Operational - Mental Health Bed Reductions
- Clinical Operational - Out of Area Placements
- Clinical Operational – Service redesign
- Facilities & Estates
- Corporate Support Services
- Revenue Generation Schemes

The detail of these schemes including their risks are included within Appendix two.

Future Years' CIP

The section above demonstrates that the Trust is in a strong position with regards to delivering its CIP target during 2013/14. Operational Directorates will, in developing redesign and skill mix plans enable the schemes / themes to feed into future years' plans over the next three to five years. Likewise, estates plans will facilitate delivery over three to five years.

8.4 An outline of transformational/service redesign CIP schemes which represent step changes in processes rather than incremental changes and a brief explanation of how this change will be achieved

The Trust has deployed a number of transformational/service re-designs supporting our CIP. The most significant of these was the closure of mental health beds in Staffordshire. This was delivered through wide consultation and in partnership with commissioners, including the mapping activity and patient flow. The bed reduction programme was implemented following joint assessment and against planned assumptions around patient flow and future demand. Another example of our longer term strategy included the redevelopment of services across Shropshire and Telford & Wrekin with the Redwoods business case being central to a move away from inpatient services to community services. This approach will be replicated in all other inpatient areas to further reduce beds, at the same time community services will be further modernised to become more effective and efficient in supporting service users in the community.

8.5 CIP enablers: The extent of clinical leadership and engagement in identifying and delivering CIPs

A key part of the process of agreeing CIP schemes is to undertake an assessment of the quality impacts of any proposed scheme. Senior managers, clinical directors, professional and clinical leads are involved in identifying potential schemes. They are then operationally shared at Star Chambers. Those requiring a quality impact assessment are then risk assessed and signed off by clinical directors.

8.6 The requirement for enabling investment in infrastructure (external support, IT, project delivery resources, etc.)

The completion of the Redwoods completed Phase I of the Trust's Estates Strategy (Inpatients). It is anticipated that those properties surplus to operational requirements will be disposed of substantially in 2013/14 and 2014/15. The Trust is currently refreshing its estates strategy to ensure that it supports the changes made to the clinical strategy with a particular focus on the community estate.

2013/14 will see the roll out of the Trust's new patient clinical information system (RiO). Resources have been identified and committed to fully implement this system so that it is core in supporting the way the Trust operates.

8.7 Quality Impact of CIPs: The mechanism by which the Trust ensures that its CIP plans won't adversely affect quality of service

Schemes are screened to determine whether they are likely to impact on quality using a quality impact risk assessment tool and review at the Trust's CIP Challenge Events. These events are held between the Trust's Quality Team and the Clinical Divisions – including the Clinical Directors. Where any potential impact is identified this is risk assessed (mitigants and performance monitoring agreed) and signed off by executive directors (Director of Quality and Clinical Performance, Medical Director and the Director of Nursing and Operations). The impact of agreed schemes is monitored both within the divisional management teams and by the Quality Effectiveness and Risk Committee (a sub committee of the Board).

8.8 The measures of quality which are used to inform our assurance and how we monitor quality impact of CIPs on an on-going basis

The Trust's quality impact risk assessment tool identifies six key quality measures that must be monitored, relating to safety, effectiveness and service user experience. The specific measures chosen will depend upon the scheme. Impacts are monitored via existing governance arrangements including performance management systems and risk registers. Periodic reports are made to the Quality Effectiveness and Risk Committee and to the Finance and Performance Committee.

9.0 Financial & Investment Strategy

9.1 An assessment of the Trust's current financial position

The Trust has built a strong financial base since being authorised as an FT. This has enabled the Trust to make the significant investment in the new premises in Shropshire at The Redwoods (replacing the Victoria Asylum, Shelton). 2012/13 saw the completion of The Redwoods building which enabled the modernisation of Mental Health services in Shropshire to continue in line with the business case.

The Trust strategy is predicated on the delivery of sustainable surpluses. Excluding the impact of Impairment the Trust has always made a surplus and will continue to make surpluses in excess of £3m per annum.

In line with the current economic climate the Trust is anticipating that after a growth in income in 2012/13, reflecting the growth from new contracts, 2013/14 will be broadly flat and there will be reductions in 2014/15 and 2015/16. The Trust continues to look for other growth opportunities.

The Trust operating revenue is as follows:

	2012/13 Plan	2012/13 Outturn	2013/14 Plan	2014/15 Plan	2015/16 Plan
Operating Income	£173.878	£171.809	£173.954	£168.622	£165.737

In 2012/13 income was behind plan. The most significant reason being the delayed opening of the LD Low Secure Unit and the additional Forensic Low Secure Beds. Both units are now operational and have commissioner support

Inflation has been included at 2013/14 (1.3%) net of CQUIN increase, 2014/15 (2%), 2015/16 (2%).

Key to the delivery of the financial strategy is the delivery of CIPs. The 2012/13 programme was fully achieved with the impact of this flowing through into the 2013/14 programme. The 2013/14 programme is fully identified and is supported by non recurrent support. The key challenge for the Trust is fully delivering plans for 2014/15 and 2015/16 and developing the granular detail to support deployment whilst maintaining high levels of clinical quality. High level plans have been identified by clinicians/directors and work will continue throughout 2013/14 to fully develop the plans.

There is ongoing pressure in the economy from commissioners to make further savings from disinvestments. It is less clear how/if the movement to clinical commissioning groups will change this. The Trust has previously demonstrated its capability to meet the challenge of disinvestments, working in partnership with commissioners, without impacting on the quality of clinical services.

9.2 Key financial priorities and investments and how these link to the Trust's overall strategy

The key financial priority for 2013/14 is to identify in detail the long term CIP plans so that the Trust has a stable base from which to assess future developments. The two material changes in services covered by the period of the plan are the loss of the Swindon Substance Misuse Contract and additions to the Health Informatics Service in 2014/15. This degree of stability enables the Trust to be in position "to act" should other NHS Trusts not be in position to progress independently to FT Status and would add clinical value to our own organisation.

9.3 Key risks to achieving the financial strategy and mitigations

The following have been identified as key risks in the future year.

- Delivering the CIP.
- CQUIN Funding: Receiving the discretionary payment on the Healthcare Contracts for Care Quality Innovations (CQUIN)
- High Cost/Low Volume Activity Performances: Receiving the targeted level of income on cost and volume / cost per case contracts
- IAPT Contracts and Out of Area Contract Penalties : Delivering performance targets to remove potential financial penalties
- Supplementary Ward Staffing: Ensuring staffing levels do not exceed the funded establishment
- Redeployment, Redundancy & other Restructuring Costs: Ensuring the budgetary reserve is not exceeded.

In order to mitigate the risks above the Trust has set aside a number of Reserves to handle Contingencies, as follows:

- CIP contingency has been set within the Trust's budgetary reserves
- General contingency reserve in recognition that 'unknowns' occur during the financial year, along with certain cost pressures such as supplementary staffing of the wards and FP10 costs
- Potential non recurrent re-structuring costs
- Pay Protection
- IT investment/software license costs
- Integration/acquisition project costs
- 'Lean' and Tender support funding
- Project Management support
- CQUIN funding risk reserve

A number of reserves have also been set for inflationary issues, agreed cost pressures, developments and specific projects/initiatives. These will be released through-out the financial year as and when the associated expenditure occurs.