

Surrey and Borders Partnership



NHS Foundation Trust

Strategic Plan Document for 2013-14

Surrey and Borders Partnership NHS Foundation Trust

29th May 2013

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

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

Name	Julie Gaze / Clive Field
Job Title	Assistant Chief Executive / Director of Finance
e-mail address	julie.gaze@sabp.nhs.uk / clive.field@sabp.nhs.uk
Tel. no. for contact	01372 216293 / 01372 216005
Date	

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)	Richard Greenhalgh
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Fiona Edwards
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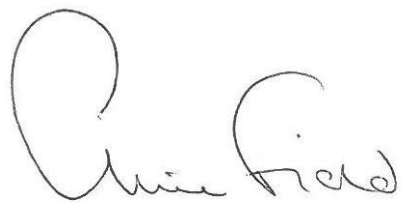
Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Clive Field
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Signature

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Our Annual Forward Plan 2013/14 – 2015/16

Executive Summary

1.0 Introduction

We are entering our 6th year as a NHS Foundation Trust. Our three-year Annual Plan charts the first steps for implementing our Strategic Direction revised in 2012/13. We are currently the major provider of secondary mental health, drug and alcohol and learning disabilities services to the populations of Surrey and North East Hampshire. We know we do our best for people when we work in partnership with them as individuals and our colleagues working in other NHS providers, Local Authorities, the voluntary and independent sector.

2.0 Our Strategic Context and Direction

Our focus is on: People, Partnerships, Early Intervention, Promotion, Prevention and Diagnosis. Our **core purpose** is:

To work with people and lead communities in improving their mental and physical health and well-being for a better life; through delivering excellent and responsive prevention, diagnosis, early intervention, treatment and care

The ultimate benefit we aim to deliver for people is to improve the health and well-being of people who use our services – to help them achieve a better life. Our approach is to develop a plan for each person using our services that **connects** mind and body, family & friends, community and the environment.

Our services will offer:

- Earlier intervention **and** prevention and **health promotion**
- Mind **and** body approach
- **Targeted** expertise
- Training and equipping **others**
- Consultancy and advice, **as well as**, treatment
- **Ready access** to experts when needed

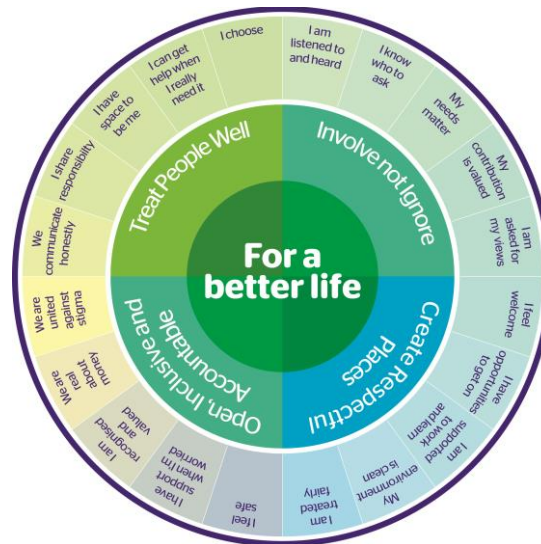
We will serve:

Over the next 5 – 10 years we aim to provide services locally, nationally and internationally to People, Families, Communities, Partner organisations in the public, private and voluntary sector, contributing our expertise in care pathways where they take a lead, Commissioning organisations in the public, private and voluntary sector e.g. health and social care commissioners (NHS England, Clinical Commissioning

Groups, County Council social services), education (including individual schools), charities, private medical insurers and industry and businesses

3.0 Our Quality Approach

Our values compass describes what people told us they want from us and how we want people to experience us.



We define a quality health and well being service as being composed of the following distinct elements – **experience, effectiveness / outcomes and safety and value for money** for the taxpayer. Our key quality priorities for the next three years are to:

- **Experience** – improve year on year the experiences for people who use our services, their carers and families and our staff
- **Effectiveness** – provide evidence to commissioners and individuals of the effectiveness of our services and the outcomes they help people achieve
- **Safety** – demonstrate the safety of our services and the care, treatment and support they provide
- **Value for money** – offer good value for money for the taxpayer

4.0 Our Clinical Strategy and Enabling Strategies

Our strategy drives our Service Plans. By the end of 2015/16 we will have achieved the following priorities to underpin each of these:

Clinical Strategy – investment in the development of our prevention and early intervention, diagnostic and therapeutic services delivered in the community and a continued decrease in our inpatient hospital services

Customer Quality – improving the quality (safety, effectiveness, experience and value for money) we offer to people with a particular emphasis on improving our ability to hear and respond quickly to people's feedback on how we are doing and describing well our services

Workforce – continuing to enhance our culture, membership and equality, exploring the flexibility we can offer staff, recruiting good staff and planning our workforce to meet the needs for the future.

Information and Communications Technology – continually developing our services through innovation and enhancing our technical capability to support the frontline

Property – investing to develop our therapeutic environments and disposing of facilities that do not work well for people to reduce our overall footprint and make sure they provide environments we would be happy for our families and friends to be treated within

5.0 Our Service Plans

Over the next three years we will be taking forward the following priority plans:-

- Our 24/7 Assessment and Treatment Acute mental health hospital modernisation programme at Farnham Road Hospital to ensure we can offer facilities we would wish for our families and friends, and associated acute care pathway
- Development of our community hubs to provide local integrated community services aligned with Boroughs that provide equitable access
- Development of Neurodevelopmental disorders services and post diagnostic support services including encompassing a holistic Autistic Spectrum Disorders assessment service, an adult ADHD diagnostic service and the expansion of our Foetal Alcohol Syndrome service
- Implementation of our new Children's and Young People's Service model in line with our strategy
- Implementation of Older People's mental health vision including extension of our memory services and review and implementation of our Dementia and Non Dementia care pathways in line with our strategy
- Development of new opportunities where we have expertise e.g. to grow our drug and alcohol and IAPT (Improving Access to Psychological Therapies) services and developing our offering overseas

6.0 Our Financial Plans

Our financial focus is on long term financial sustainability rather than simply the delivery of short term targets. Over the next three years we are aiming to achieve the following key financial targets:

- financial risk rating of 4
- a planned surplus of £1.6m each year to enable investment in the delivery of our objectives
- to achieve this we are required to deliver a cost improvement programme totalling £13.34m on recurrent basis over the next 3 years and absorb cost inflation above the funded rate

- and a capital investment of £61.9m to improve our facilities and invest in the technology which helps our staff do their jobs well

7.0 Risks to Delivery

The Board will monitor carefully our activities and ensure the following risks are mitigated to successfully deliver our Plans.

- Failure to manage our finances effectively in the economic climate and failure to deliver increases in productivity and efficiency
- Failure to grow our market share and diversify our services to respond to market changes
- Failure to achieve our focus on quality and safety
- Failure to engage and manage our staff effectively
- Failure to work in partnership with health and social care partners, including commissioners, to integrate to make the best use of collective resources available to us
- Failure to improve our reputation

Our Plan 2013/14 – 2015/16

1.0 Introduction

We are entering our 6th year as a NHS Foundation Trust. In July 2012 our new Board met to review and refresh our Strategic Direction for the next 10 years, in the context of the new health and social care environment, the current and future needs demands upon our services from changes to our populations and wider national expectations of the public sector.

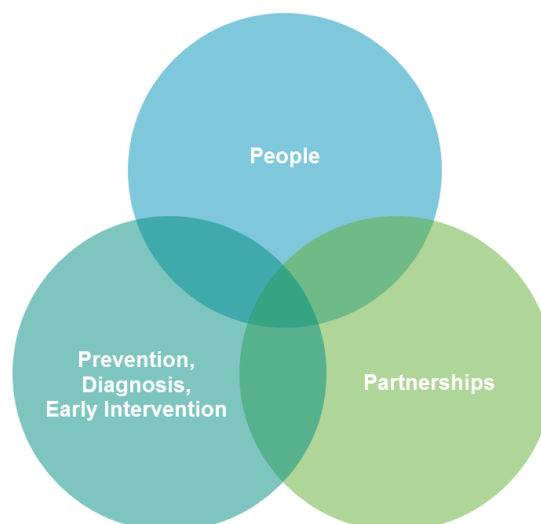
Our three-year Annual Plan charts the first steps for implementing this revised Strategic Direction. It has been developed with our Governors through two joint workshops with the Board and was supported by them at our Council of Governors meeting on 21st March 2013.

2.0 Strategic Context

2.1 Our current position

We are currently the major provider of secondary mental health, drug and alcohol and learning disabilities services to the populations of Surrey and North East Hampshire. We also provide some services to the surrounding counties and London Boroughs on our borders, and in-reach and liaison services into local prisons and acute hospitals.

We know we do our best for people when we work in partnership with them as individuals and our colleagues working in other NHS providers, Local Authorities, the voluntary and independent sector. Our focus is on:



We have a strong track record since our establishment in 2005 of delivering service change which achieves cost improvement programmes together with improved quality as a single organisation e.g. rationalisation of our inpatient facilities; and in partnership with others e.g. Social Care Change

programme to achieve more independent lives for people with learning disabilities, and system leadership of the dementia care pathway.

Our strong partnership with Surrey County Council, formalised through our Section 75 agreement, is reflected in our joint appointments and integration at multiple levels and within different core services. We are currently developing a Section 75 with Hampshire County Council.

We were pleased to achieve our continued year on year improvement in our overall performance in the 2012 Staff Survey which placed us ahead of our neighbouring Mental Health Trusts within Kent, Surrey and Sussex. We were particularly pleased to have performed in the top 20% of Trusts nationally for staff feeling supported by their immediate managers; staff receiving well-structured appraisals and staff reporting low work related stress. We also achieved one of the best response rates from our staff at 64%.

Our performance improvement focus for staff is on addressing those areas where staff responses placed us in the poorest performing (lowest 20%) i.e. the percentage of staff reporting extra hours worked (paid and unpaid) and the number of staff feeling their role makes a difference to patients.

We continue to compare well with our neighbouring mental health and learning disabilities Trusts on the majority of quality indicators. Our focus is on improving our ability to respond quickly to feedback from people who use our services and carers through further development of our people experience trackers to provide real time feedback on what is working well and what is not to constantly improve our services.

Our income base has historically been rooted in the NHS and local authorities within Surrey and Hampshire. In 2013/14 North East Hampshire and Farnham Clinical Commissioning Group (CCG) will take a lead on our contract for the provision of NHS services across our local communities on behalf of the six Hampshire and Surrey CCGs which will continue to commission the majority of our NHS services.

In 2012/13, we were particularly successful in growing our system-wide influence and services through partnerships, notably:

- expanding our drug and alcohol services into the London Borough of Hounslow in partnership with leading charity Cranstoun
- further development of our acute hospital liaison services with Surrey Trusts
- being approved as a new provider of Improving Access to Psychological Therapies (IAPT) for Surrey through the “Any Qualified Provider” process

Our analysis shows the socio-economic forecast for publically funded services is reducing. Currently these sources account for c75% of our total income. To thrive we need to diversify our income base – locally, nationally and internationally i.e. non-NHS from local authorities and voluntary sector buyers and private.

We must also offer new responses to the growing public health challenges if we are to realise our ambitions as a public benefit organisation.

2.2. Strategic Context - External impacts

Our Strategy review took into account the following external factors which we anticipate will impact on the need and demand for our services and how we need to operate to achieve our potential for the people and communities we serve over the next 10 years:

External Impact	Priority Actions	Outcome
<ul style="list-style-type: none"> • Increased Competition • Economic climate for public services • Changing Health and Social Care system • Growing population needs and demands 	Clear specifications	<ul style="list-style-type: none"> • Clear costing of services to support business development and sustainability; and internal cost improvement / efficiency and reinvestment decision-making. • Clear service specifications and descriptions to support understanding of what we are confident we can provide safely; supported by costing and pricing model for sustainable and competitive services
	Clear focus on quality experience	<ul style="list-style-type: none"> • Dedicated focus on improving experience • Enhancement of our quality culture to ensure lessons learned from Saville, Francis and Winterbourne View • NHS Providers Licence requirements • Clear literature which describes our services, what to expect and the benefits of using our services for people
	Capital development – management and alternative funding sources	<ul style="list-style-type: none"> • Continued prioritisation of the capital investment plan to ensure compliance and quality and key service developments. • Identification of alternative sources of funds to support development and investment in quality infrastructure including technology
	Partnerships	<ul style="list-style-type: none"> • Strong relationships maintained with partners across system including ongoing development programme for our Governors; to harness their skills, interest and passion in our work for the benefit of the communities we serve. • Active participation in the local development of Public Health and Well Being strategies and boards. • Development of partnership arrangements, both formal and informal, to provide joined up care pathways which benefit people, their families, carers and communities and support implementation of our clinical strategy • Development of effective partnerships, both formal and informal, to support innovation and research and development
	Business opportunities focus and practice	<ul style="list-style-type: none"> • Active use of outcomes measures and reporting to demonstrate benefits of our services for people who use them and those who buy them on their behalf • Development of business opportunities focus and practice • Diversification of our sources of income singly and in partnership with others •

3.0 Our Strategic Direction

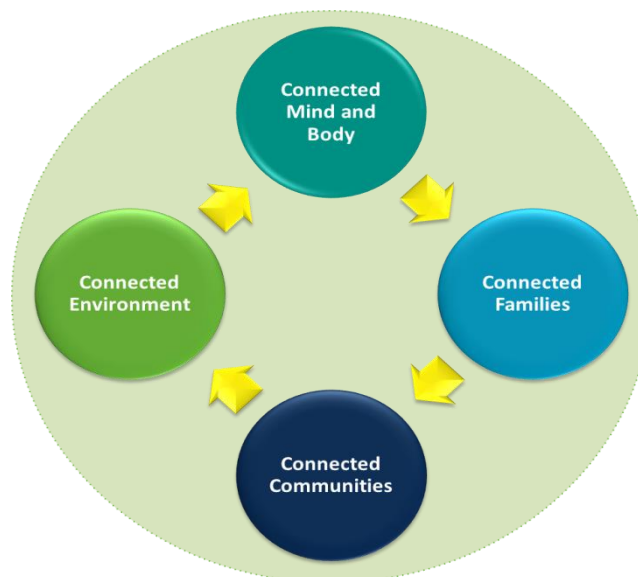
3.1 Our core purpose

We revised our core purpose in 2012 to reflect our updated Strategic Direction. Our core purpose is:

To work with people and lead communities in improving their mental and physical health and well-being for a better life; through delivering excellent and responsive prevention, diagnosis, early intervention, treatment and care

The services we provide help people to develop, maintain, sustain and recover independence and better lives by helping them to achieve better health and well-being. Our approach is focused on managing factors which build resilience and support health and well-being as well as identifying and managing factors which cause disease.

Physical and mental health depends on a range of inter-related and inter-dependent factors. Traditionally each factor is tackled separately, but our strategy is to tackle all factors together in a holistic approach to reduce ill health. Our approach is to develop a plan for each person using our services that connects mind and body, family & friends, community and the environment:



What we offer

The ultimate benefit we aim to deliver for people is to improve the health and well-being of people who use our services – to help them achieve a better life.

People who use our services can expect us to:

- Work **with them** rather than doing things **to** them
- Work with their **minds** and **bodies**
- **Diagnose** and **intervene early** to help them to live as well as possible
- **Prevent** ill health
- **Promote** good health and well-being
- **Partner** people and communities and other organisations who share our **values**
- **Provide** services **where they are** – at home, community centres, gyms etc rather than in hospital wherever possible
- **Support** them from birth until death / at any age

Our services will offer:

- Earlier intervention **and** prevention and **health promotion**
- Mind **and** body approach
- **Targeted** expertise
- Training and equipping **others**
- Consultancy and advice, **as well as**, treatment
- **Ready access** to experts when needed

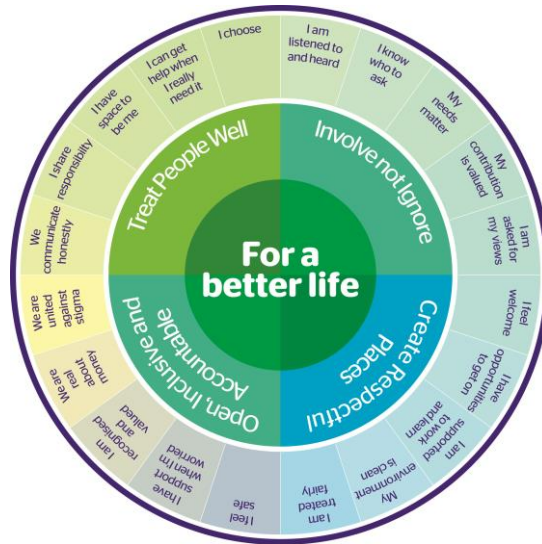
We will serve:

Over the next 5 – 10 years we aim to provide services locally, nationally and internationally to:

- People
- Families
- Communities
- Partner organisations in the public, private and voluntary sector, contributing our expertise in care pathways where they take a lead
- Commissioning organisations in the public, private and voluntary sector e.g. health and social care commissioners (NHS England, Clinical Commissioning Groups, County Council social services), education (including individual schools), charities, private medical insurers
- Industry and businesses

4.0 Our Quality Approach

Our values compass describes what people told us they want from us and how we want people to experience us. It is designed to help us to maintain a course that keeps us accountable to our members and communities, and to the task of improving our services and people's experience of them.



Our values, which emphasise our passion for people and their equality and human rights, remain core to safeguarding our practice and guiding our endeavours.

4.1 Our Quality Strategy

Our Quality strategy promotes the underpinning behaviour change needed to actualise the organisational culture to deliver our strategic ambitions. A culture within which our staff are ambitious for others and themselves, which puts safety and effectiveness first and allows people who use our services to lead rather than follow their care and support. It is focused on the continuous and systematic improvement of services through attention to support and guide staff members to ensure that they are able to provide the best possible service to vulnerable people. We know that improved quality demands rigorous scrutiny, the commitment and focus of all our staff, from Board to ward, and sustained energy for continuous improvement.

We are dedicated to treating people well and making sure we are open and honest when things do not go as well as we would like. We try to make sure we take the time to gain a clear understanding of where we are not yet living up to the standards we want and why; so that we can develop targeted programmes and invest the time and hard work to see sustainable improvement.

Learning from incidents is one of our many ways of ensuring continued improvement in the quality of what we do. Others include:

- Our walkarounds by members of our Board to our services, ensuring each one is visited to provide opportunities for staff, people who use our services and carers to tell us how things are from their perspective
- Our expansion of our People Experience Trackers providing people with an opportunity to feedback to us about their experiences

- Our enhancement of our in-house assessment tool, the Periodic Service Review, year on year to increase the standards we expect from all our clinical and corporate teams
- Our Deep Dive processes – led by our quality directorate into each service area and on a targeted basis involving Governors to look more closely at particular areas or points of concern
- Our bi-monthly newsletter “Synergy” sharing innovation and service improvement programme information
- Our integrated experience report “EXPERT” which collates and triangulates feedback and qualitative data regarding the experience of people who use our services and carers
- Our Board monitors quality, risk and safety through a variety of mechanisms which include quality, risk and safety reports, High Level Risk Register and Assurance Framework, Key Performance Indicator dashboard and national surveys

4.2 Our Quality Priorities and milestones for the next three years are:

We define a quality health and well being service as being composed of the following distinct elements – **experience, effectiveness / outcomes and safety**; to which, as a public benefit organisation, we add **value for money** for the taxpayer.

We have maintained a GREEN governance rating throughout 2013/13 but have one recent minor improvement requirement from CQC which has already been addressed.

Our priorities for the next three years have been developed and agreed by our Board and Governors and form the basis of our Key Performance Indicator (KPI) dashboard which is used to monitor our progress and delivery against these throughout the year.

Clinical Quality Priorities	Targets / Measures for 2013/2014
Experience To improve ‘year on year’ the experiences for people who use our services, their carers and families and staff To be a top performing Trust in national community survey in relation to “overall, how would you rate the care you have received from the NHS mental health services in the last 12 months” by 2015/16	2013/14 Achieve by Q4 a return rate equivalent to 15% of people who use our services providing feedback through the People Experience Trackers using real time devices to establish a baseline for the "Friends and Family Test"
	2014/15 To achieve by Q4 a return rate equivalent to 30% of all people who use our services providing feedback through the People Experience Trackers using real time devices to increase the percentage of people who would recommend our services to friends and family members from 2012/13 base-line
	2015/16 To sustain 30% of all people who use our services providing feedback through People Experience Trackers to increase the percentage of people who would recommend our services to friends and family members from 2013/14 results
	2013/14 Increase the feedback from Carers Experience Trackers using real time devices to establish the number of carers offered a Carers Assessment 2014/15: To increase from 2013/14 the numbers of carers offered a carers assessment and who feedback from Carers Experience Trackers that they are very satisfied or satisfied with the service they received. 2015/16 To sustain from 2014/15 the numbers of carers offered a carers assessment and increase the numbers who feedback from Carers Experience Trackers that they are very satisfied or satisfied with the service they received.

<p>Improve the Trust's performance in the 3 areas of feeling safe, being included in decisions about their care and activities through the inpatient people experience tracker.</p> <p>To be a top performing Trust in national staff survey to recommended the Trust as a place to work and a service for friends and family by 2015/16</p>	<p>2013/14 Improve the Trust's performance within the national staff survey with particular focus on the percentage of staff that would recommend the Trust as a service to friends or family who need care, and as a place to work, and achieve a return rate in the top 3 nationally of mental health & learning disability trusts</p> <p>2014/15 Improve the Trust's performance within the national staff survey with particular focus on the percentage of staff that would recommend the Trust as a service to friends or family who need care, and as a place to work, and sustain a return rate in the top 3 nationally of mental health & learning disability trusts</p> <p>2015/16 Improve the Trust's performance within the national staff survey with particular focus on the percentage of staff that would recommend the Trust as a service to friends or family who need care, and as a place to work, and sustain a return rate in the top 3 nationally of mental health & learning disability trusts</p>
<p>Effectiveness / Outcomes</p> <p>To provide evidence to commissioners and individuals of the effectiveness of our services and the outcomes they help people achieve</p>	<p>2013/14 Use Health of the Nation Outcome Scales (HoNOS) reporting as a clinical outcome measure to monitor recovery progress for people who use services. Measure that the second HoNOS score is being completed and report outcomes achieved</p> <p>2014/15 To measure People Reported Outcome Measures (PROM's) to establish baseline performance against national benchmarks</p> <p>2015/16 To improve People Reported Outcome Measures (PROM's) from 2014/15 baseline performance against national benchmarks</p> <p>2013/14 Continue to reduce actual staff sickness absence rates to 3.75% from 4% achieved in 2011/12</p> <p>2014/15: Introduce Well-being / health targets using learning from Safewards research study</p> <p>2015/16 : Develop further Well-being / health targets using learning from Safewards research study</p> <p>2013/14 Each division has a targeted plan to improve access to services for people who are currently significantly under-represented and implement at least one pilot project within each division.</p> <p>2014/15 Each division has a targeted plan to improve access to services for people who are currently significantly under-represented and implement at least two further project's within each division</p> <p>2015/16 Each division has a targeted plan to improve access to services for people who are currently significantly under-represented and implement at least two further project's within each division</p> <p>2013/14 95% of people who use our services will receive physical health care checks and be offered a health action plan.</p> <p>2014/15: Achieve 80% of people who use our services will have a person centred plan, supported by a health action plan and one or more of the following: well-being recovery action plan or recovery star; advance directive, crisis contingency plan or health passport</p> <p>2015/16 Achieve 95% of people who use our services will have a person centred plan, supported by a health action plan and one or more of the following: well-being recovery action plan or recovery star; advance directive, crisis contingency</p>

	plan or health passport
Safety To demonstrate the safety of our services and the care, treatment and support they provide	2013/14 Attain compliance of 100% of all staff being up to date with their statutory training and at least 75% of all staff being compliant with their mandatory training (using new measure of % of staff across each division and each training programme) 2014/15 Sustain compliance of 100% of all staff being up to date with their statutory training and at least 80% of all staff being compliant with their mandatory training 2015/16 Sustain compliance of 100% of all staff being up to date with their statutory training and at least 85% of all staff being compliant with their mandatory training
	2013/14 Reduce the rate of patient safety incidents and percentage resulting in severe harm or death from the number in 2011/12 of which 5% resulted in severe harm or death. 2014/15 Reduce the rate of patient safety incidents and percentage resulting in severe harm or death from the number in 2011/12 of which 5% resulted in severe harm or death. 2015/16: Reduce the rate of patient safety incidents and percentage resulting in severe harm or death from the number in 2011/12 of which 5% resulted in severe harm or death.
	2013/14 Demonstrate an increased willingness by staff to report experiences of discriminatory abuse with a 20% increase in the number of incidents reported by staff citing discrimination. The outcome will aim to ensure that staff that experience discrimination in the workplace have confidence in the support available from the Trust 2014/15 Demonstrate an increased willingness by staff to report experiences of discriminatory abuse with a 20% increase from 2013/14 in the number of incidents reported by staff citing discrimination. 2015/16: To reduce the number of incidents of discriminatory abuse experienced by staff in the workplace.

5.0 Our Plan for 2013/14 – 2015/16

5.1 Strategic priorities

Our strategy drives our Service Plans. By the end of 2015/16 we will have achieved the following priorities to underpin the delivery of our strategy:

Key Priority (and timescales)	By 2015/16
Clinical Strategy and Innovation for Business Development <ul style="list-style-type: none"> Prevention & Early intervention Diagnostics Therapeutics Consultation 	<ul style="list-style-type: none"> Telehealth solutions assisting health promotion, prevention, diagnostics & intervention Trialled diagnostic hubs and personalised medicine Established system consultancy and advice E-learning and specialist apps Collaborative Partnerships Expert consultation Learning and development packages Medico-legal services e.g. Deprivation of Liberty (DOLs)
Customer Quality	<ul style="list-style-type: none"> Ability to report outcome measures

<ul style="list-style-type: none"> ○ Quality ○ Customer relations ○ Product and service specification 	<ul style="list-style-type: none"> • People-driven service improvement • Strong, collaborative relationships with priority partners • Systematic business intelligence • Sales approach and diversified market presence • Complementary skills partnerships • Clear product portfolio
Workforce <ul style="list-style-type: none"> ○ Culture, membership and equality ○ Terms and Conditions ○ Workforce planning ○ Recruitment 	<ul style="list-style-type: none"> • Sense of belonging, ownership and participation amongst our staff resulting in high staff satisfaction • Flexible contracts – within national frameworks • Enhanced capabilities
Information and Communications Technology <ul style="list-style-type: none"> ○ Innovation ○ Capacity and capability - Infrastructure and People 	<ul style="list-style-type: none"> • Introduce new technology to support service development e.g. Choose and Book, E-prescription, RiO Release 2, Technology to support real time experience tracking – and to record PROMs and CROMs, Telehealth • Introduce new technology to enable mobile and virtual working • Increased capacity and capability e.g. key appointments, increased bandwidth • New data warehouse facility • Commencement of move to Cloud based services
Property	<ul style="list-style-type: none"> • Continue reduction in overall footprint • Reinvest in creating facilities that are fit for purpose, meet our expectations for our families and friends and are accessible to the community we serve <ul style="list-style-type: none"> ○ Complete priority projects to support service plans e.g. Grandview, Farnham Road Hospital redevelopment, Community hubs, Acute care pathway, Windmill House • Develop key partnerships to optimise benefit of our estate e.g. joint ventures
Finance and Pricing	<ul style="list-style-type: none"> • Achieve FRR 4 • Establish effective patient level costing and pricing • Deliver surpluses to ensure the financial sustainability of the Trust and to enable reinvestment in fixed assets and service developments

5.2 Our Service Plans

Over the next three years our Plans will reflect an investment in developing our services to focus more on prevention, promotion, diagnosis and earlier intervention alongside our existing portfolio of treatment services for people and on developing more our expert consultancy, advice and promotion to the wider health and well-being community. The headline plans over the next three years in each of our Divisions are set out below:

24/7 Assessment and Treatment Acute mental health hospital modernisation programme

- Approval of the Full Business Case and commencement of our new hospital facility at Farnham Road Hospital
- Review of our Acute Care Pathway

Local integrated community services aligned with Boroughs that provide equitable access

- Development of our community hubs – in North East Hampshire, Guildford, Chertsey/Woking and Redhill

Development of Neurodevelopmental disorders services and post diagnostic support

- Creation of our Neurodevelopmental disorder diagnostic and assessment services encompassing a holistic Autistic Spectrum Disorders assessment service, an adult ADHD diagnostic service and the expansion of our Foetal Alcohol Syndrome service

Implementation of Children's and Young People's Service model

- Implementation in two phases of our service for Children and Young People
- Expansion of our Targeting Mental Health in Schools programme
- Establishing the future viability of our Birchgrove service
- Implementing the decision of the joint strategic review

Implementation of Older People's mental health vision

- Extension of our memory services
- Review and implementation of our Dementia and Non Dementia care pathways to support people more in the community rather than in hospital services

Development of new opportunities where we have expertise including

- Expand our drug and alcohol and IAPT (Improving Access to Psychological Therapies services
- Developing our offering overseas

5.3 Our Enabling Strategies

To underpin our strategy and deliver on our quality improvement programme a number of core Enabling Plans are being implemented and the following key projects are being progressed.

5.3.1 Workforce

Our Workforce Strategy is focused on delivering our aim, to engage our staff, promote their health and well-being and harness their passion for providing excellent care and treatment. Well trained and equipped they can support the development of our organisation and our services. It is shaped by the following key themes:

Key Themes

- Improve staff experience
- More community less secondary
- More partnership working
- Early intervention
- More family designed services
- Consultants and experts within a care pathway
- Less site based more remote working

- More personalised care less group provision
- New markets include private and international opportunities

We anticipate our staff will need to transition their skills from the secondary care into community and individual/personalised care markets; and from our current emphasis on treatment models to deliver earlier interventions, diagnosis and advice and consultancy support to people and the wider system. Through effective succession planning and professional development coupled with the use of modern technology, we will ensure our staff transition with us so that we have a motivated workforce able to deliver the highest possible levels of care.

Our clinical strategy will require a new range of skills and technical competencies within our workforce and new diagnostic capability leading to the consideration of new roles. Our partnership modes of delivery will mean less health care support staff directly employed by us. Overall this will lead to a reshaping of the workforce with newer and less expensive employees allowing for a small increase of 46 wte over next three years.

This will impact differentially on our different staff groups as we try to ensure we have the optimal skill mix within our largely multi-disciplinary teams to offer quality services (safe, effective (good outcomes), experience and value for money) for people. In summary we expect the overall impact on the different staff groups we employ to be

- A small increase in community medical and nursing staff
- Stability within our professions allied to medicine e.g. therapists and psychologists
- A decrease in our support staff, and increases in clinical and administrative support staff

To underpin our organisational change programmes and deliver on our quality improvement programme, the following key projects are being progressed as part of the workforce strategy:

- Culture, Membership and equality including Leadership – including our Changing Future and Connecting for a Better Life programmes, our Leadership Faculty work including talent and succession planning and staff survey action plans
- Flexible contracts – within national frameworks
- Workforce Planning – using our Leadership Definition work, our learning and development programmes to support care pathway skills development e.g. early intervention and detection
- Recruitment – focusing on recruiting to our vacancies, planning for our potentially high retirement levels, reducing temporary workforce and our assessment centre for selection

5.3.2 Property Strategy

This is focused on improving our built environments, improving their efficiency and safety and developing alternatives to property ownership for providing services to people in locations they would find welcoming and provide environments we would be happy for our families and friends to be treated within.

5.3.3 Information and Communications Technology Strategy

This is focused on maximising the benefits of our investment in systems to date, transforming staff skills and use of technology to work and deliver services differently and more efficiently e.g. mobile and remote working, and developing our digital vision for services.

5.3.4 Innovation for Business Development

Focusing on Research and Development – developing our infrastructure for inspiring and acting on our staff's ideas and initiative and; Business Development and new ventures – providing dedicated focus to improving our business insight in support of our clinical strategy ambitions.

5.4 Membership Development

Our membership numbers reduced during 2012/13 following a thorough data cleansing exercise. We are, however, planning to increase the public and patient constituency to a total of 6,000 members during 2013/14. This will be achieved by a variety of membership promotions targeting under-represented communities amongst our membership including young people, black and minority ethnic group and people who use our services. We are anticipating a small increase in our staff constituency this year following the commissioning of new services.

6.0 Our Financial Plan

Our financial focus is on long term financial sustainability rather than simply the delivery of short term targets, giving the key priorities as:

- Generating sufficient I&E and cash surpluses to:-
 - support on-going operations
 - developing greater financial flexibility that will provide a Business Development Fund to facilitate investment in new business opportunities or to fund Innovation or Transformational Change
 - to fund known capital investment requirements and to provide future funds for the purchase of new assets, the investment in new business opportunities or the re-refresh of existing assets
- Ensuring sufficient resources are generated and held to maintain liquidity requirements in addition to providing investment in assets over 10 years

- Delivering a Financial Risk Rating of 4 to demonstrate to key stakeholders, future commissioners and regulatory authorities that we are financially robust and can provide sufficient investment to deliver the required quality of care for future years.

The key priorities shaping our Financial Plan are:-

- The maintenance of existing business and income
- The delivery of:
 - our £5m income growth target
 - the required recurrent Cost Improvements Programmes (CIPs) in Operational and Corporate services
- The required due diligence to test the redevelopment of Farnham Road Hospital site within the costs identified within the Full Business Case
- The management of our capital plan:
 - to prioritise essential expenditure over developmental priorities
 - deliver our disposals programme
- The management of risks to the financial plan through downside planning and mitigations
- The implementation of our commercial model to ensure all services remain financially sustainable which contribute to our strategic objectives

6.1 Income and Expenditure

	2012/13	2013/14	2014/15	2015/16
	Actual	Plan	Plan	Plan
Income	(163.7)	(150.9)	(151.2)	(152.3)
Pay	107.8	112.7	111.9	111.6
Non pay	43.2	26.6	26.8	26.9
Drugs	3.0	3.0	3.0	3.2
EBITDA	(9.7)	(8.6)	(9.5)	(10.6)
Net of exceptional items				
Return				
(Profit)/loss on disposal	8.9	-	-	
Depreciation	4.9	4.2	4.2	4.9
Fixed Asset Impairments	24.6	-	-	-
Interest receivable	-	-	-	-

Other finance costs	0.2	0.1	0.1	0.1
PDC Dividends payable	3.4	2.7	3.6	4.0
DEFICIT/(SURPLUS)	32.2	(1.6)	(1.6)	(1.6)

6.2 Cost Improvement Plans

The table below summarises the scale of our Cost Improvement Plans over the next three years.

	2012/13 Actual	2013/14 Plan	2014/15 Plan	2015/16 Plan
	£'m	£'m	£'m	£'m
Recurrent CIP £m	6.39	4.72	4.66	3.96
Non recurrent CIP £m				
Total CIP	6.39	4.72	4.66	3.96

To deliver the required level of improved productivity and efficiency within our services we will continue to build on our track record of successfully delivering cost improvement programmes of c.£38m over the last five years. Over the next three years these will include: Workforce skill mix and improved efficiency through service redesign, Asset and Estate rationalisation and Restructuring and rationalisation of our support functions.

Within this framework, individual Directorates and Divisions have developed individual schemes. Each Director has taken lead responsibility for identifying these in conjunction with colleagues within their own Directorates and across the Trust. This ensures that clinicians have been closely involved as members of the multi-disciplinary directorate team. The Cost Improvement Plans have been critically reviewed also by the Director of Quality and Medical Director and subsequently amended to reflect their comments and any concerns.

Cost Improvement Plans requiring significant change are subject to engagement and consultation (as necessary) with those directly affected including people who use services, carers and staff, and their

representatives; or business case processes. They are also supported by Equality Analysis. Each of these significant consultation and business cases is signed off by the Executive Board before they proceed.

We use a Programme Office Approach template to support our development of CIP projects and to monitor their delivery. The planning and phasing of the overall Financial Plan is reviewed and delivery is monitored by the Director of Finance and reported through to the Executive and Trust Boards.

6.3 Capital Plan

£m	2012/13 Actual	2013/14 Plan	2014/15 Plan	2015/16 Plan
Development	1.9	12.9	22.3	5.7
Maintenance	4.6	6.1	6.2	4.0
Other	0.3	0.5	0.5	0.3
Disposals	14.5	13.6	9.3	17.9

Our capital plan over the next three years invests in the following key priorities:-

- The completion of our new build Grandview for people with learning disabilities
- The commencement of our redevelopment of our hospital services at Farnham Road Hospital and associated acute care pathway
- Creation of our community hubs – developing a centralised and combined community service provision in each borough and support for mobile working
- Continued investment in maintaining the quality of our environments and updating our ICT infrastructure and equipment

6.4 Financial Risk Ratings

	2012/13 Plan	Actual	2013/14 Plan	2014/15 Plan	2015/16 Plan
EBITDA %	7.3%	6.6%	5.7%	6.3%	6.5%
% EBITDA achieved	99%	100%	100%	100%	100%

Return on Assets	3.7%	2.9%	1.5%	1.5%	1.4%
Net Surplus %	1.0%	1.5%	1.10%	1.10%	1.10%
Liquidity (days)	67.5	72.8	70.5	30.7	63.2
Weighted Risk Rating	3.6	3.7	3.70	3.45	3.70
Financial Risk Rating	4	4	4	3	4
Cash balance	£34.12m	£41.5m	£20.93m	£8.17m	£21.75m

7.0 Risks to Delivery

Failure to manage our finances effectively in the economic climate and failure to deliver increases in productivity and efficiency

- Failure to deliver Financial Plan to secure a sustainable financial position

Failure to grow our market share and diversify our services to respond to market changes

- Failure to develop services which allow the repatriation of specialist service contracts to improve quality of care pathway (safety/effectiveness/ experience and value for money)
- Failure to develop new markets for existing and new products
- Failure to develop realistic costing and pricing model for our services to support business development and ensure the competitiveness of our services in specific market sectors
- Failure to develop effective partnership arrangements to support new business opportunities

Failure to achieve our focus on quality and safety

- Failure to achieve and evidence ongoing compliance with Registration and Licence requirements
- Failure to measure and report on the quality outcomes and benefits of our services and interventions
- Failure to focus on quality during scale of change
- Failure to improve our data quality
- Failure to focus on experience improvements

Failure to engage and manage our staff effectively

- Failure to secure continued improvement in staff management and experience

Failure to work in partnership with health and social care partners, including commissioners, to integrate to make the best use of collective resources available to us

- Failure to develop services which meet the needs of our different purchasers and make best use of resources

Failure to improve our reputation

- Failure to build confidence in our capability as an organisation, the services we offer and benefits people achieve from using our services
- Failure to engage our communities and harness their energies to help achieve our overall purpose