

Southern Health

Strategic Plan Document for 2013/14

Southern Health NHS Foundation Trust

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	29 th May 2013

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

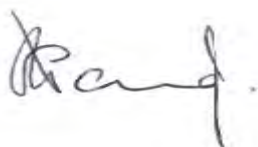
In signing below, the Trust is confirming that:

- 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 & 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)	Simon Waugh
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Sue Harriman
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Gary Bryant
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Signature



1. Executive Summary

Southern Health NHS Foundation Trust provides high quality community, mental health, learning disability and social care services. This document summarises the Trust's strategic plan for 2013/14 – 2015/16, setting out the action we will take over the next three years - and in more detail over the next 12 months - to progress delivery of our strategy.

Our Trust goals are to improve clinical outcomes, the experience patients and their families have of our services and the value for money we offer. Our ambition is to be among the best performing providers in each of these three areas.

In the period since Southern Health was formed in April 2011 we have made good progress redesigning our mental health services, enabling more people to be cared for more effectively in the community. We have continued to advance our community services, working with partners to support more patients outside of hospital. We have worked with our partners in health, local authorities and the voluntary sector to develop our children's services and have delivered our plans to implement the national programme for health visiting. We have improved the services we provide for people with learning disabilities and took responsibility for learning disability services across a much larger geographical area from November 2012. We have expanded the delivery of our high quality cost effective social care solutions.

Our plan for 2013/14 sets out:

- The context within which we work: a health economy increasingly aligned around a vision for integrated care, with significant opportunities for Southern Health as well as substantial redesign required to ensure the system remains financially sustainable
- Our clinical services strategy: our plans to redesign integrate and grow our services to improve patient experience, outcomes and productivity. In particular the strategy describes how we will work with partners to strengthen out of hospital physical and mental healthcare for adults and older people, how we will deliver recovery orientated services for individuals with severe and enduring mental health needs, how we will deliver seamless learning disability services across the five counties now served by the Trust, our plans to strengthen and develop our social care services and our plans to transform services for children and families
- The action we are taking to ensure year on year improvements in the quality of our services
- Our plans to engage with, develop and motivate our workforce to deliver excellent care, ensuring that we have the leadership capacity, capability and the culture we need to achieve our goals
- Our plans to deliver IT and estate changes to enable service improvement, and to implement a programme of redesign to increase the quality and effectiveness of our support services in order to respond to both corporate and local delivery of clinical services.
- Our approach to further strengthen our relationships with each of the Trusts key commissioners and key stakeholders.
- Our financial plans, including our plans to generate efficiency savings of £18.2m in 2013/14, and our approach to ensuring financial sustainability in 2014/15-2015/16

This strategic plan is underpinned by detailed operational plans developed by each of the Trust's clinical and corporate services.

The Trust continues to pursue a financial strategy driven by our Trust's vision, goals and strategic objectives, underpinned by generating sufficient headroom to provide financial resilience in an increasingly dynamic financial and commercial environment. The Trust is planning to deliver a surplus of £4.5m across each of the three years and will deliver a risk rating of 4 as a consequence of EBITDA margin improvements, as a result of community assets transfer from Hampshire PCT.

2. Trust Vision, Goals and Strategic Objectives

Our overall aim is to provide high quality, safe services which improve the health, wellbeing and independence of the people we serve.

We have set ourselves three goals which guide our strategy and are the basis on which we measure our performance as an organisation. Our goals are to:

- Improve clinical outcomes for patients, service users and their families
- Improve the experience patients, service users and their families have of our services – treating them as customers, with dignity and respect
- Improve the value for money of our services, reducing our costs and ensuring we live within our means



We seek to be among the best performing healthcare providers in each of these three areas.

At service, divisional, executive and Board level we measure the progress we are making in the delivery of these Trust goals. The table below summaries the key results we are seeking to deliver for patients, commissioners and taxpayers over the next three years:

Goal	Targets for 2013/14 - 2015/16
Improve clinical outcomes for patients, service users and their families	<ul style="list-style-type: none"> • Increase the proportion of patients in our care who report that they feel independent and able to manage their own health conditions • Reduce the number of unplanned hospital admissions and unplanned changes in patient accommodation for patients in our care • Reduce the number of internal safety warning indicators failing our standards, aiming that no indicators fail our standards
Improve the experience patients, service users and their families have of our services	<ul style="list-style-type: none"> • Increase the proportion of patients who rate our services as excellent through the patient experience survey (and reduce the absolute number who rate our services as very poor) • Achieve all Monitor Access to Care and Outcome Standards • Achieve Green Monitor Governance Risk Rating
Improve the value for money of our services, reducing our costs and ensuring we live within our means	<ul style="list-style-type: none"> • Achieve Monitor Financial Risk Rating of 3 and achieve an income and expenditure margin of at least 1.3% • Deliver a cost improvement programme of £18.2m in 2013/14 and £28.9m over the following two years • Deliver all contracted system wide QIPP plans

Our strategy describes how we will achieve these goals through delivery of four strategic objectives:

Strategic Objectives for 2012/13 – 2014/15	
1	To ensure we meet our quality and safety, operational performance and financial obligations – getting the basics right for our patients, commissioners and regulators
2	To transform our services to improve outcomes and experience and reduce costs – through internal redesign, integration with partners and through growth
3	To develop our people, their leadership capacity and capability to deliver our clinical strategy
4	To develop our organisation, its capabilities and its infrastructure to enable the delivery of our vision and strategy

These objectives formed the basis of our annual plan for 2012/13 and have provided the framework within which our plans for 2013/14 were developed, with clear priorities set for the organisation within each objective. Progress against delivery of these objectives is assessed on a monthly basis. The priorities are set out in detail in Annexe A.

The Trust strategy was originally developed during 2011/12 and refined during 2012/13. During 2013/14, the third year since the Trust was formed; the Board will lead a refresh of the Trust's 3-5 year strategy, to ensure it remains fit for purpose.

Work to develop this strategic plan began in earnest in October 2012. The plan is the culmination of six months intensive work that included

- a review and refresh of our clinical strategy
- assessment of delivery against the 2012/13 strategy,
- development of bottom-up plans by the Divisions in consultation with external and internal partners
- consultation with Governors and other stakeholders
- Testing our plans to ensure we maintain quality and financial sustainability in the longer term whilst meeting the requirements of our regulators, commissioners and service users.

3. Strategic Context and Direction

Southern Health is the dominant provider of integrated community, mental health and specialist learning disability services across Hampshire, provides mental health services in the city of Southampton and provides specialist learning disability and social care services in Oxfordshire, Buckinghamshire, Wiltshire and Dorset.

Hampshire is one of the largest counties in England with a population of 1.3 million people living in a mix of urban conurbations and dispersed rural areas. Overall, Hampshire is an affluent county with low levels of deprivation, crime and child poverty compared to the national average, although this general picture masks areas of relatively high deprivation with specific health issues including Havant, Gosport and Rushmoor.

These are very challenging times for the NHS, both nationally and in our local health economy, which faces unprecedented changes as a result of an ageing population, greater demand and limited resource growth. For Southern Health, the ageing population, changing disease prevalence (including increased numbers of older people with dementia) and the greater acuity and complexity of conditions of patients treated outside of hospital is leading to increased demand for both physical and mental health services.

The publication of the Francis report challenged the NHS to reconsider how it can foster a common culture which genuinely puts the service of patients at the forefront of all that it does.

Our strategic plan describes how we are responding to these challenges, continuing to redesign our services to improve the care we offer to patients, the model of service we offer to commissioners and the value for money we provide.

Commissioning Context

The national planning framework for the NHS in 2013/14 was published in December 2012 and describes the priorities, themes and financial planning assumptions for the NHS from the perspective of the NHS Commissioning Board. This framework informed the development of this strategic plan.

From April 2013, seven CCGs have been authorised to take responsibility for commissioning local health services in Hampshire. Four other CCGs are responsible for commissioning the Learning Disability services we provide in Oxford, Buckinghamshire, Swindon and Wiltshire. NHS England commission the Trust's Health Visiting and more specialist services (including our forensic services) and Hampshire County Council and Southampton County Council commission health promotion and public health services (including our school nursing service). This creates a much more complex and potentially fragmented commissioning environment and brings risk to the Trust.

The table below summarises the commissioning strategies of the CCGs and specialist commissioners who commission the majority of the Trust's services:

Commissioner	Key Commissioning Intentions
North East Hampshire & Farnham CCG	<ul style="list-style-type: none"> • Transform Mental Health, Learning Disability and Dementia services through the expansion of primary and community care • Develop therapy services including IAPT programme • Focus on military, Nepalese and elderly populations • Roll out the Joint Health and Wellbeing Strategy • Develop partnerships in the Frimley health system to deliver joined up primary, community, secondary and social care • Implement strategies for Children's Therapies, acute paediatric pathways, autism and Child and Adolescent Mental Health services (CAMHS)
North Hants CCG	<ul style="list-style-type: none"> • Develop locality based integrated community teams that support a reduction in acute admissions as part of a whole system solution • Support the care of frail elderly patients, the management of care for patients with long term conditions and promote ill health prevention • Redesign mental health services that shift the emphasis from inpatient to community settings • Support enabling schemes such as the Hampshire Health Record to improve interoperability between information systems
South East Hampshire CCGs	<ul style="list-style-type: none"> • Deliver consistent, high quality community nursing services, and specialist nursing for long term conditions, • Redesign mental health pathways, including dementia, acute psychiatric liaison and access to psychological therapies • Develop integrated care contracts for older people with LTCs • Improve quality and outcomes for Learning Disability, • Develop AQP contracts for MSK and extend AQP programme • Undertake Child therapy review and implement Autism strategy • Implement Children and Young Persons plan • Make changes to commissioning through Community services contract review and Joint commissioning review with Hampshire County Council
West Hampshire CCG	<ul style="list-style-type: none"> • Consolidate core community services/ community based treatments • Implement Year of Care Pilot - development of integrated services including planned care, unscheduled care and interface with primary care • Developing sustainable solutions and optimal use of community hospitals • Implement dementia strategy • Implement strategy for children's therapy services • Seamless care for children and families centred around primary care • Improve outcomes for children with complex health needs • Move away from block contract commissioning, improve activity recording

Southampton City CCG	<ul style="list-style-type: none"> • Promote positive mental health and wellbeing and shift care from inpatient care to community settings, as well as improve outcomes, particularly recovery and access to education and employment
Other CCGs and Specialist Commissioners	<ul style="list-style-type: none"> • Shift towards low secure services and community alternatives from inpatient provision. • Develop outcome based episodic commissioning along pathways of care • Review the model of care for Learning Disability to consider long term care and support needs • Develop proactive community support to avoid crisis, improve primary care support, management of long term conditions, education, employment and housing through integrated models of care • Repatriate high cost placements

Whilst the overall commissioning environment has become more complex, the strategic intentions of commissioners are increasingly aligned, around the development of a much more integrated care system for patients and service users outside hospital, that results in better outcomes and experience for patients, cost efficiencies and a reduction in non-elective admissions and length of stay. Our own Trust strategy is consistent with this system strategy.

The **key opportunities for Southern Health** in the market over the next three years:

- To continue to grow our integrated care services that support more patients in the community. We are working with our local partners including acute trusts, primary care providers, Local Authorities and neighbouring community and mental health providers to improve services. This work is centred upon an integrated, primary-care facing health and social care model informed by proactive management of patient risk, as well as management of the acute phase and post-acute rehabilitation of frail older people.
- To implement a new model of service delivery for individuals with severe and enduring mental health issues which is recovery focussed, that supports primary care clinicians to better manage these individuals, and which provides a seamless transition between secondary care services, low and medium secure services
- A number of services are due to be retendered over the next three years, including in 2013/14, Children's Therapy services across Hampshire, IAPT services and the Southampton Substance Misuse service. Southern Health is in a strong position in relation to these services which have strategic fit with our existing service portfolio and our medium term strategy
- To grow our social care business into new geographical markets, enabled by the expansion of our Learning Disabilities service in 2012, and potentially into social care for older people, aligned with our integrated physical and mental health services.
- To make a step change in the use of technology to drive service improvement and increased productivity. The Trust is refreshing its technology strategy during 2013/14 to take advantage of this opportunity over the next three years

Competition

The Trust's strategy and associated divisional business plans are informed by a robust competitor analysis undertaken in 2012 which considered the Trust's main competitors, falling into three key groups, the characteristics of which are summarised below:

Area	Key Competitors	Our strengths, weaknesses and response
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Physical healthcare	Our key competitors are neighbouring community service providers and acute providers with aspirations to deliver community care. More recently some private providers have entered the market and provide competition, for example through AQP. This trend will continue over the next 3 years	Our core strength and competitive advantage comes from our integrated physical and mental health service offering. We are implementing new models of care for older people with partners including primary care and the acute sector which secures our position and supports commissioners to deliver their strategies.
Children's Services	Our key competitors are neighbouring children's service providers and acute providers with aspirations to deliver community care particularly around children's therapy.	Our core strengths are our high quality, evidence based and innovative services supported through strong local leadership, as well as robust partnerships with stakeholders. Potential areas for growth through children's therapy, pathway development with Learning Disability services and CAMHS
Mental Health and Learning Disabilities	Our key competitors include other NHS Trust, and for specialised mental health services, other NHS providers operating in Wessex. For inpatient services the Trust also has private sector competitors	Our main strength is our economy of scale and ability to offer complete, high quality pathways. Relationships with commissioners have been strengthened following an extensive period of collaborative service redesign which released considerable savings for the Trust and the local health economy. Our focus in 2013/14 will be embedding recent service transformation. Spot purchased inpatient beds move to a framework during 2013/14. The Trust will therefore compete to retain its current share in this market.
Social Care	This is a highly competitive market place including large private organisations and third sector organisations. As an NHS provider of social care services, we are cognisant of the challenges our private and third sector competitors present around price. The majority of business commissioned by Hampshire County Council will be retendered in 2013/14.	Our core strengths and opportunities in this sector relate to the high quality of our service provision and the linkages between our social care division and the complementary services we provide through our mental and physical health divisions. TQtwentyone (our social care service) operates a business model that enables services to be reshaped in response to changes in demand. A key focus in 2013/14 is the retention of existing business, and confirming a growth plan for the next three years. We are also exploring opportunities to implement local terms and conditions to ensure we remain competitive and continue to provide value for money.

The key threats facing the Trust over the next three years:

- The threat of competitors winning core business from the Trust. As described above the Trust is working closely with commissioners and patients to understand their needs, to redesign services to meet those needs and to increase productivity, so that Southern Health is well placed to secure long term business with each of its key commissioners.
- Most of the Trust's services continue to be contracted on a block contract basis. Southern Health supports the shift away from block contracts to activity and outcome based contracts, which will embed appropriate incentives in the system for the expansion and development of high quality integrated care. Mental health payment by results enters a shadow year in 2013/14 and this means that the contract will remain block with activity described using the new classification system in preparation for the introduction of a local tariff. Whilst there is no financial risk in 13/14 to the trust, the aim is to clarify and reduce any financial, quality and service risks for future years via a detailed work programme.

- The fragmentation of commissioning. The complex and changing commissioning environment could lead to loss of business and conflicting priorities. Southern Health has developed strong locally focussed clinical divisions aligned with the new commissioning arrangements, through which local solutions to commissioners' requirements can be and are being met. This allows flexibility to meet local needs, within an overall Trust strategy and business model.
- Improving quality and reducing cost. The Trust faces the ongoing challenge of redesigning services to improve quality with very limited resource growth.
- Limited control over our pay bill and the challenge of developing an integrated workforce with other providers. As a Trust we are developing innovative solutions through flexible roles, local terms & conditions as well as integrated workforce plans with provider partners.

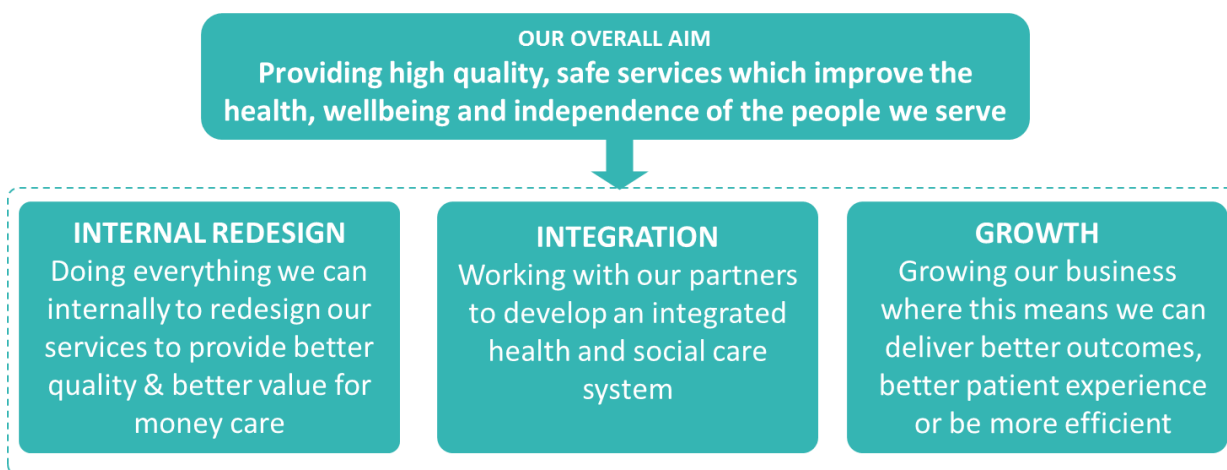
Summary

Southern Health has made good progress improving the services it provides, in delivering significant service redesign and in delivering its financial plan. At the end of 2012/13 the Trust had a Monitor Financial Risk Rating of 3 and a Governance risk rating of amber/green, and with a normalised surplus of £4.9m, in line with plan.

As described above our review of the strategic position of the Trust over the next 3 years has identified key drivers and challenges that we have built into our planning assumptions and priorities and these have shaped the development of divisional plans at a local level.

4. Clinical Strategy

We are clear about what our commissioners need from us over the next three years, and that Southern Health must play a key leadership role in transforming the way physical and mental health services are delivered so that more patients receive high quality recovery orientated care in the communities in which they live, enabling them to remain more healthy and more independent. Supporting our transformation agenda are three principles, summarised below:



Summary of Clinical Strategy Priorities for 2013/14 – 2015/16

The table below summarises the key actions in our clinical strategy

Area	Key Actions for 2013/14	Milestones for 2014/15 and 2015/16
Integrated Service Divisions	<ul style="list-style-type: none"> • Establish four Integrated Service Divisions aligned to CCGs providing physical and mental health care which leads to improved 	<ul style="list-style-type: none"> • Further develop unified older peoples physical and mental health teams (2014/15)

	<p>outcomes and experience</p> <ul style="list-style-type: none"> • Redesign primary and community care at practice level to proactively manage the health needs of the practice population working towards 7 day services where clinically indicated and commissioned • Further integrate with acute partners to deliver redesigned pathways within a partnership model, including clear contractual agreements and governance arrangements. • Undertake a review of community hospitals including local bed models • Deliver an improved care pathway for older people with dementia who are in hospital. Work with partners to develop a revised model for liaison psychiatry and psychological therapies • Undertake review of planned care pathways including MSK services • Refresh strategy for Lymington Hospital 	<ul style="list-style-type: none"> • Rollout model of integrated primary and community care using the learning from pilots (2014/15) • Implement revised community bed model as part of intermediate care pathways (2014/15) • Operate our integrated model of children's services (2014/15) • Continue the development of integrated workforce plans with partners in localities (2014/15 and 2015/16) • Implement agreed pathways for planned care (2014/15) • Implement next phase of pathway redesign the support wider prevention agenda and opportunities for partnership with local authorities and third sector organisations (2014/15 and 2015/16)
Children's Services	<ul style="list-style-type: none"> • Redesign our 0-19 years service at practice level and roll out Call to Action programme • Develop LD pathways that support the transition from children's to adults services • Undertake bid for children's therapy service • Internal alignment for pathways in children's and families and mental health 	<ul style="list-style-type: none"> • Operate our integrated model of children's and families services (2014/15) • Explore opportunities to bid for CAMHs service (2014/15-2015/16) • Implement next phase of Children's strategy and Healthy Child Programme (2014/15 and 2015/16)
Mental Health	<ul style="list-style-type: none"> • Establish a unified mental health division incorporating adult mental health services and specialised mental health services so that patients and service users experience seamless care • Deliver recovery orientated clinical services for individuals with severe and enduring mental health needs through the development of pathways with primary care and including social care. • Embed ImROC programme into normal business practice. Launch our Recovery College providing a range of courses focused on increasing skills and knowledge around self-management and recovery delivered by people with lived experience of mental health and our staff. Develop new roles in support of this strategy • Consolidate acute care pathway redesign undertaken in 2012/13, including review of inpatient rehabilitation. • Develop secure services strategy with options for low and medium secure services. • Secure future Section 75 agreements with social care partners 	<ul style="list-style-type: none"> • Realise benefits of single mental health division through improved care pathways (2014/15) • Deliver next phase of programme of service transformation through further development of community services and inpatient reconfiguration (2014/15) • Accelerate and sustain improvements in the delivery of social care (2014/15) • Demonstrate improved outcomes as a result of redesigned pathways (2015/16) • Reduce in the number of adults attending A&E with mental health issues (2015/16) • Exploit synergies with Integrated Service Divisions including services for older people with physical and mental health needs (2014/15) • Implement secure mental health services strategy (2014/15)
Learning Disabilities	<ul style="list-style-type: none"> • Deliver our learning disability service strategy "Seamless Solutions" across all 5 counties including the redesign of services to realise the benefits from our acquisition of Oxford Learning Disability. 	<ul style="list-style-type: none"> • Realise benefits of expanded learning disabilities service (2014/15) • Complete forensic redesign implementation across all counties

	<ul style="list-style-type: none"> Align community multidisciplinary teams, inpatient assessment and treatment services with CCGs Prioritise 3 main areas of work – access to generic healthcare, unified forensics and services closer to home 	(2014/15 and 2015/16)) <ul style="list-style-type: none"> Complete implementation of community Learning Disability provision (2014/15 and 2015/16)
Social Care	<ul style="list-style-type: none"> Ensure all of our physical and mental health services have robust, intrinsic social care component delivered via section 75 frameworks, local authority integration or internal provision via TQtwentyone Explore the potential to deliver a new TQ@home across Hampshire Grow TQtwentyone to provide innovative, high quality, cost effective, marketable social care services Retain existing market share and prepare for further growth Development of local terms and conditions Grow use of assistive technology to aid personal support 	<ul style="list-style-type: none"> Continue to develop opportunities to provide integrated health and social care solutions with partners (2014/15) Continue to grow our social care business offering a personalised service and range of support options for those with physical, mental health needs and learning disabilities (21014/15 and 2015/16)

During 2013/14 we will implement a revised service model that supports our Safeguarding strategy for adults and children across the Trust. This will include new workforce roles, delivery model, assurance structure, training and performance framework. We will exploit opportunities to work in partnership with other providers and local authorities to deliver national and local requirements.

5. Our Approach to Quality

The Trust's approach to quality is summarised below:

- We set measurable goals for improvement underpinned by sound principles which deliver programmes that get results for patients
- We ensure roles and responsibilities for quality are clear at all levels of the organisation
- We embed the use of measures and indicators to track our performance
- We continually develop our quality governance and assurance to strengthen performance and provide more openness and transparency about how about we are doing

During 2012/3 we:

- Maintained our registrations with CQC with no conditions
- Achieved NHSLA Level 1 in Risk Management Standards
- Introduced clinical service quality performance metrics and dashboard
- Completed an internal mock CQC inspection of 75% of SHFT sites
- In the latter part of 2011/12 we identified issues relating to our corporate governance arrangements which meant that we did not meet the terms of the Trust Constitution. We implemented the plan we had agreed with Monitor during the year and this resulted in our governance risk rating moving from Amber/Red in Quarter 1 2012 to Amber/Green by Quarter 3.

Our Quality Strategy is framed around the three domains of safety, experience and outcomes, with an overarching driver of continuous improvement. Our priorities for the next three years are set out in the table below.

Principles	Key Actions for 13-14	Milestones for 2014/15 and 2015/16
Continual Improvement <ul style="list-style-type: none"> Invest in development of effective credible leaders with the skills to 	<ul style="list-style-type: none"> Achieve and maintain a Green Governance Risk Rating score of not more 	<ul style="list-style-type: none"> Maintain Green Governance Risk rating (all years)

Principles	Key Actions for 13-14	Milestones for 2014/15 and 2015/16
<p>facilitate and empower change at frontline level</p> <ul style="list-style-type: none"> • Utilise robust & regular clinical audit processes, evaluation & feedback • Publish and benchmark outcomes to promote confidence and focus improvement • Be self rather than externally driven • Strengthen quality governance at every level of the organisation 	<ul style="list-style-type: none"> • than 2 against Monitor Quality Governance Framework • Implement Quality Strategy & Organisational Learning Strategy • Embed into business plans improvements we will make arising from the Francis Report 	<ul style="list-style-type: none"> • Achieve NHSLA risk management standards Level 2 (2014/15) • Benchmark our quality outcomes to deliver continual improvement (2014/15) • Further develop our quality governance to strengthen performance (2015/16) • Review delivery of improvements arising from the Francis Report (2014/15)
<p>Patient Experience</p> <ul style="list-style-type: none"> • Use a variety of ways to capture patient feedback • Increase patient engagement and involvement in clinical care & decision making • Create environments where privacy and dignity is protected • Promote effective communication which is reflected in positive staff behaviours & attitudes • Improve sharing of learning & improvement from patient feedback, complaints, etc. 	<ul style="list-style-type: none"> • 95% positive response to the question 'did the staff give your family /someone close to you, the right support to help care for you?' on our patient survey • Achieve 95% response 'excellent' in the Friends and Family Test • 100% compliance with Duty of Candour obligations for suspected or actual patient safety incidents that result in severe harm or death 	<ul style="list-style-type: none"> • Implement action plans to further deliver improvements against targets (2014/15 and 2015/16) • Implement patient experience strategy (2014/15) • Roll out audit programme and monitoring against Patient Experience implementation plans (2015/16) • Rollout actions to improve sharing and learning from patient feedback (2014/15)
<p>Patient Safety</p> <ul style="list-style-type: none"> • Be service and clinically-led • Support clinical leaders to deliver change • Provide information, share results and outcomes • Develop skills and knowledge for staff • Prioritise areas for improvement • Measure, monitor and report progress 	<ul style="list-style-type: none"> • Reduce the risk of falls by ensuring 90% of all inpatients in Community Hospitals and OPMH inpatient units have a falls assessment and care plan completed within 6hrs of admission. • Reduce by 30% avoidable grade 3 & 4 pressure ulcers in patients cared for by our community care teams. • 80% of inpatients have their medicines reviewed within 24 hours of admission. 	<ul style="list-style-type: none"> • Complete review of early warning tools (2014/15) • Undertake actions arising from audit programme and monitoring (2014/15)
<p>Clinical Outcomes</p> <ul style="list-style-type: none"> • Prevent people from dying prematurely • Ensure everyone who needs mental health services have timely access to the best available services • Provide better diagnosis and treatment for people with dementia • Ensure everyone with long-term conditions including mental health problems, is offered personalised care that reflects their preferences and agreed 	<ul style="list-style-type: none"> • Improve therapeutic interventions in Mental Health and Learning Disabilities services to reduce the number of incidents involving patient violence and aggression • Prevent patients and service users deteriorating unexpectedly by using the track and trigger tool as an early warning system for 90% of appropriate patients and service users. • 5 outcome frameworks will 	<ul style="list-style-type: none"> • Continue rollout of Outcomes Frameworks across the Trust (2014/15 and 2015/16) • Undertake monitoring and review of Outcomes Frameworks implementation (2015/16) • Implement learning from each Framework and develop relevant training and support (2015/16)

Principles	Key Actions for 13-14	Milestones for 2014/15 and 2015/16
decisions	be introduced to demonstrate improved clinical outcomes for patients/service users. <ul style="list-style-type: none"> • All Community Hospitals will provide dementia friendly environments. 	

Examples of the ways the Trust gains assurance on quality of services are;

- the internal clinical audit programme,
- analysis of incidents and risks at team, service, divisional and Trust level in the Quality Improvement & Development Forum,
- use of recognised benchmarking tools such as the Patient Safety Thermometer, auditing compliance against NICE standards,
- use of Matrons walk around tools,
- delivery of contract quality requirements agreed with commissioners,
- review of Trust performance against quality metrics (Divisional Quality Dashboard),
- External benchmarking (e.g. in relation to suicides) and scrutiny of performance at clinical divisional review meetings.
- In 2012-13 the Trust also set up a programme of internal CQC inspections and an inspection programme will continue in 2013-14.

The Trust Board reviews the Monitor Quality Governance Framework at least twice a year and it was last considered by Board in December 2012. The Trust's self-assessment indicates good governance arrangements in relation to strategy and risk visibility and has identified areas for development in relation to clearer roles and responsibilities, patient and stakeholder engagement and use of information. A review of quality governance is included in the Trust's Internal Audit Plan 2013-14, as part of a whole Trust governance audit.

The final reporting into the independent public enquiry into care at Mid Staffordshire NHS Foundation Trust (also known as the Francis Report) was published in February 2013; the Trust has reviewed all recommendations and for each identified:

- ***What we already do well:*** what we do now that we are confident is effective and working well across the Trust such as consulting service users and patients when we plan to make changes to services, asking patients and service users what they think about the care and treatment we provide through a variety of methods and being a values-led organisation
- ***What is already in our plans for 2013-14:*** at the time the Francis Report was published we were already planning our work for 2013-14 and had included initiatives that are relevant to the Francis Report recommendations such as introducing a formal framework to support shared learning, looking at the action we need to take in response to a review of our culture we commissioned last year and rolling out the Friends and Family Test to all of our community hospitals
- ***Where we know we need to improve:*** where we have systems and arrangements in place but where these could be made clearer or there needs to be more consistency across the whole organisation, or more training is needed. This includes expanding the ways we seek feedback, demonstrating we have learnt and made changes based on feedback and how we ensure learning is shared across the organisation including demonstrating how we have made changes as a result of what patients and staff tell us, making it easier for staff to raise concerns, making our complaints process more accessible to vulnerable people and using clinical audit more effectively to check care standards are being met
- ***What from the report would be new to us:*** where we do not currently have arrangements in place such as publishing complaints responses and detailed performance information and also routinely publishing our performance against quality measures, incidents and complaints.

6. Workforce Strategy

The Trust's workforce strategy is underpinned by three core themes:

- Developing our **leadership capacity and capability**, so that we create the culture and behaviours we need to improve our services and deliver our vision;
- Designing and developing our workforce so that we have **productive people with the skills, competencies**, information and contractual arrangements we need; and
- Improving how we engage with our workforce so that they are **motivated to do the best they can for our patients**, customers and for Southern Health.

Developing our Leadership Capacity and Capability

Throughout 2013/14, we will continue to strengthen our leadership capacity and capability, embedding the culture and behaviours we need to improve our services and deliver our vision. This will include our clinical leadership model and will deliver greater clinical engagement and stronger, more sustainable service redesign. We will increase appraisal rates to 95% and ensure that all people leaders complete the internal leadership development programme *Going Viral*.

Designing and Developing our Workforce

We will develop our workforce plans for the next 3 years and collaborate with partner organisations to ensure an appropriate workforce is created for the future. We will ensure that we have productive people with the appropriate skills, competencies and behaviours who will work flexibly to deliver our desired outcomes. The Trust currently employs 6,551 fte staff; during 2013/14 we expect to change the skill mix within services and to reduce the overall number of staff directly employed within the Trust.

Greater flexibility amongst the workforce population will be created through the identification of generic roles that are consistent across services and the use of standard technical support and processes which enable greater flexibility. A smaller core, substantive workforce will exist and this will be supported increasingly by an effective peripheral resource that can be drawn upon on a flexible, demand-led basis. Full details of the workforce planning priorities are shown at Appendix 1, Section 6.

Reward, Recognition and Engagement with Staff

We will enhance the approaches we use to recognise; nurture and reward talented people, and improve how we engage with our workforce so that they are motivated to do the best they can for our patients, customers and the Trust. We will develop processes ensure we identify leadership potential, have a good awareness of leadership performance and have a planned approach to developing current and future leaders. A major focus for the year will be on the further development of local terms and conditions; negotiations with staff-side colleagues, both at a local and national level, will continue and it is expected that there will be an increased momentum in this particular area as the year continues.

Area	Key Actions for 2013/14	Milestones for 2014/15 and 2015/16
Developing our Leadership Capacity and Capability	• Strengthen competency based leadership, increasing appraisal rates (95%) and appraisal quality	• Review compliance with appraisal targets and make improvements/ maintain compliance (2014/15)
	• Undertake all senior and medical recruitment through competency based assessment centres	• Review and refine competency based assessment process to meet organisational needs (2015/16)
	• Deliver year three of the leadership development strategy	• Assess the impact of the leadership strategy in line (2014/15) and update in

	and ensure the benefits are realised	line with changes to Trust strategy (2015/16)
	<ul style="list-style-type: none"> • Build in-house capability to deliver the required programmes on an ongoing basis and develop leadership plans for 2014-2017 	<ul style="list-style-type: none"> • Roll out in house programme for leadership (2014/15) and refine programme as a result of leadership plans going forward (2015/16)
Designing and Developing our Workforce	<ul style="list-style-type: none"> • Develop service level workforce plans identifying the workforce required to deliver our strategy 	<ul style="list-style-type: none"> • Refine workforce plans in line with the needs of the organisation, external partners and commissioning changes (2014/15 and 2015/16) • Review workforce productivity and workforce models at service level to ensure every opportunity is taken to redesign and improve services (2014/15 and 2015/16)
	<ul style="list-style-type: none"> • Ensure all staff are, and remain, competent in their roles with full alignment between our investment in training and education, our Trust objectives and desired culture 	<ul style="list-style-type: none"> • Review training programme to ensure alignment with strategic goals (2014/15 and 2015/16) • Develop new training programmes in partnership to support integrated care models and changing roles (2014/15)
	<ul style="list-style-type: none"> • Ensure 95% compliance in statutory and mandatory training 	<ul style="list-style-type: none"> • Maintain compliance with statutory and mandatory training requirements (2014/15 and 2015/16)
	<ul style="list-style-type: none"> • Review productivity within our HR management processes to ensure we make best use of our workforce, including greater use of technology and data 	<ul style="list-style-type: none"> • Develop HR services to support an increased shift of resources from central to local control (2014/15)
	<ul style="list-style-type: none"> • Through regional workforce planning bodies, ensure the future workforce supply for 2014/5 onwards 	<ul style="list-style-type: none"> • Develop and implement medium term workforce plans based on care pathway(2014/15 and 2015/6)
Reward, Recognition and Engagement with Staff	<ul style="list-style-type: none"> • Confirm our talent management and succession planning approaches and embed relevant processes 	<ul style="list-style-type: none"> • Implement and review impact of talent management and succession planning strategies (2014/15 and 2015/6)
	<ul style="list-style-type: none"> • Develop health and wellbeing and reward strategies to improve how we support and reward our staff 	<ul style="list-style-type: none"> • Implementation of health and wellbeing and reward strategies (2014/15) • Review impact and benefits of strategies (2015/16) • Reduction in sickness and absence as a result of strategy implementation (2014/15)
	<ul style="list-style-type: none"> • Develop and agree local pay and reward arrangements required to deliver our strategy 	<ul style="list-style-type: none"> • Develop a pay and reward system which is explicitly linked to our objectives, outcomes and desired behaviours (2014/15)

7. Other Strategic and Operational Plans

We have made good progress during 2012/13 creating a single corporate function to support the Trust and to integrate with Oxford Learning Disabilities Trust. Our focus for 2013/14 is to accelerate the delivery of the IT and estate changes we are making to enable service improvement, and to implement a programme of redesign to increase the quality and effectiveness of our support services in order to respond to both corporate and local delivery of clinical services. We will further strengthen our relationships with each of the Trusts key commissioners and key stakeholders.

The table below summarises our priorities in relation to our corporate services for 2013/14.

Area	Key Actions for 2013/14	Milestones for 2014/15 and 2015/16
Business Partners	<ul style="list-style-type: none"> Plan, agree and implement a programme of redesign to further increase the quality and cost effectiveness of our corporate support services, ensuring they are fit for purpose business partners. 	<ul style="list-style-type: none"> Monitor impact of revised Business Partner model and further refine according to strategic requirements (2014/15)
Engagement	<ul style="list-style-type: none"> Improve how we gather feedback from patients about their experience of our services, listen to that feedback and ensure we respond to it Achieve 95% response 'excellent' in the Friends and Family Test 100% compliance with Duty of Candour obligations for suspected or actual patient safety incidents that result in severe harm or death 	<ul style="list-style-type: none"> Implement action plans to further deliver improvements against targets (2014/15 and 2015/16) Implement patient experience strategy (2014/15) Roll out audit programme and monitoring against Patient Experience implementation plans (2015/16) Rollout actions to improve sharing and learning from patient feedback (2014/15)
Membership	<ul style="list-style-type: none"> Improve our engagement with our members through engagement meetings, Introduction of 'Member Champions' within our service and increased use of social media 	<ul style="list-style-type: none"> Operate with greater member, governor and staff engagement and involvement (2015/16)
Communications	<ul style="list-style-type: none"> Improve our internal and external communications to more effectively engage with staff, patients, public and partners to promote delivery of our strategy and achievement of our objectives 	<ul style="list-style-type: none"> Monitor plans to demonstrate improvement of how we engage and involve our partners in the voluntary sector (2014/15) Increase the methodologies for gaining patient feedback and share learning across the organisation (2014/15)
Outcomes	<ul style="list-style-type: none"> Introduce systematic use of outcome measures at service, divisional and board level, using this information to drive improvement Embed the Trust Outcomes Framework in 5 clinical areas 	<ul style="list-style-type: none"> Embed clinical learning from outcome frameworks reported during 13/14 and extend a minimum of 5 further frameworks to be implemented (2014/15) Embed learning from phase 2 roll out and extend Outcomes Framework to remaining areas. (2015/16)
Information	<ul style="list-style-type: none"> Strengthen the systems and processes to provide staff with the accurate and timely information they need to manage quality, operational performance and finance Roll out our caseload management/risk stratification project across practices Develop patient experience information tools that support clinical ownership and share information on Trust website 	<ul style="list-style-type: none"> Develop analytics and outputs for risk stratification that meet local need (2014/15) Further development of patient experience reporting including localised processes and new technology (2014/15 and 2015/16) Further develop operational, corporate and Board reporting processes and systems (2014/15 and 2015/16)
Technology	<ul style="list-style-type: none"> Deliver the planned IT infrastructure investments and commence the re-procurement of the electronic patient record systems.. Develop and implement plans to harness technological innovation and 	<ul style="list-style-type: none"> Continue roll out of mobile working and wireless solutions (2014/15) Electronic patient record solution procurement and deployment (2014/15 and 2015/16) Development of clinical portal (

	drive business development including mobile working solutions and assistive technologies	2014/15) and patient portal (2015/16)
Estates	<ul style="list-style-type: none"> • Deliver year 3 of our programme to consolidate our estate into fewer fit for purpose facilities in lines with clinical and operational requirements • Restructure and realignment of E&FM services to meet clinical service requirements and in line with recommendations of external review 	<ul style="list-style-type: none"> • Continue to implement the estate strategy comprising rationalisation to support a 4% reduction in the occupied floor area and improving the quality of the remaining estate to ensure high quality, fit for purpose facilities (2014/15 and 2015/16). • Continue standardise estates and facilities services to ensure patient focused and best value service provision, supporting clinical and operational requirements (2014/15).

8. Financial Strategy

The Trust agreed a financial strategy in 2012/13 with the following key objectives:

- Maintaining a sustainable financial position
- Generating a surplus to reinvest in services
- Improving cost effectiveness
- Optimising cash flow
- Generating a return on assets and investments

These objectives continue to guide the Trust's financial strategy over the next three years, in the context of an increasingly dynamic financial and commercial environment as described in earlier in this strategic plan. The Trust achieved a risk rating score of 3 for 2012/13 and has achieved a financial surplus marginally above plan of £4.9m. The cost improvement programme delivered £12m in 2012/13. This has been achieved through significant service redesign and through the merger with Ridgeway Partnership.

Financial Plan for 2013/14-2015/16

The financial plan has been set to enable investment in the key priorities of the Trust. These focus on ensuring that the services provided are safe and high quality, that there is sufficient headroom to provide financial resilience through organisational change, that the organisational infrastructure is appropriately resourced and that funds are available to support the Trust's continued investment in leadership development and cultural change. Key assumptions made when setting the plans for 2013/14 included:

- A tariff deflator of 1.3% on block contracts
- CCG QIPP plans of approximately 1%
- Cost inflation of 2.7%, including a pay award uplift of 1%

A number of reserves have been built into the plans to allow for in year risks and cost pressures. These include £4m for in year clinical risks and cost pressures and £3.4m as a general contingency. Cost inflation over the period has been assumed at a constant rate for this plan, but it is recognised that this may change over time.

Within our income projections for 2014/15 onwards, we have continued with an on-going tariff deflator and QIPP reductions in line with 2013/14. We will review our growth assumptions as we design new models of care in response to the changing needs of our patients and services users and will update our financial plans accordingly as these projects come on stream.

When setting the financial plan for the next 3 years we have assumed that we will continue to achieve a financial risk rating of 4, as a result of the transfer of PCT properties that increased our EBITDA % to above 5%, and marginally increasing our surplus up to 1.4% of income by 2015/16

Our capital programme is predicated on investment matched to capital charges plus additional income from the sale of surplus assets. We will review our overall estates strategy during quarter 3 of 2013/14, enabling a refresh of our outlook, to ensure it meets our service plans from our divisions.

Cost Improvement Programmes

Quality is the key driver of our business strategy, with service improvement and workforce redesign supporting the Trust to remain financially sustainable. Our three year service transformation programme of internal redesign, integration with partners and growth is supported by a range of strategic cost improvement schemes that will also contribute to the local QIPP agenda.

The Trust has a strong track record of delivering cost improvements, and has achieved a total of £71.3m of CIP since 2008/9.

Services have produced their business and associated cost improvement plans for the next three years in the context of Southern Health's four strategic objectives. These objectives (detailed elsewhere in this plan) describe what we will do to improve and transform our services, and how we will develop our people and our organisation to enable this. Specific cost improvement programmes have been developed around a number of transformational themes focusing on the following areas:

- Consolidation and development of our strategy to redesign mental health services
- Skill mix and workforce redesign and review
- Review of newly acquired services in Oxford, Buckinghamshire, Swindon and Wiltshire
- Pay terms and conditions for social care services
- Management of clinical capacity and activity to meet commissioning requirements
- Review of non-clinical contracts
- Review of pricing strategies to underpin growth where appropriate
- Estate rationalisation and other Trust wide schemes

The Trust has set a target savings programme of £18.2m (5.3%) in 2013/14, £16.4m in 2014/15, and £12.5m in 2015/16. This assumes an efficiency target of 4%, and also includes savings to address cost pressures, other income reductions and to ensure sufficient headroom to manage in-year financial risk.

CIP Process and Governance

The major schemes for 2013/14 are detailed in appendix 2 and reflect on-going planning with commissioners to improve services and value for money across the whole health and social care system. Cost improvement programmes have been developed as an integral part of the business planning process. Assumptions on the financial impact of contract settlements were assessed in October 2012 and financial targets communicated to clinical and corporate services directorates. These included downside scenarios to ensure that sufficient headroom was in place to mitigate risk.

The financial management of the Trust operates on the basis of the devolution of budgetary responsibility to Divisional/Area Directors/Executive Directors and their teams with accountability embedded in the management hierarchy of the organisation. An overarching performance management framework enables financial performance to be managed and

monitored throughout the year, with monthly integrated performance reports published for the Board. This ensures that financial performance is not considered in isolation, with the delivery of our strategic objectives, business plans, governance indicators and contractual and statutory obligations managed as a coherent business strategy with quality and safety at the centre of the review process.

Key aspects of the performance management process include regular performance meetings chaired by a member of the Trust Executive, attended by Area/Divisional and Clinical Directors, and relevant support staff, and area/Divisional performance meetings to review financial and other business indicators at a more detailed level.

Quality Impact of CIPs

Each scheme has been generated by the relevant clinical or corporate service and plans that have an impact on front-line services have been risk assessed by the Trust and have also been assessed in partnership with commissioners. Measures include a quality risk assessment against service effectiveness, patient safety and patient experience, as well as the 4 key tests for implementation. Schemes have been reviewed and signed off by the Chief Medical Officer and the Director of Nursing and will be continuously reviewed against the risk assessment criteria throughout the year as part of the performance management arrangements.

9. Performance Management and Key Risks to delivery of the plan

Robust performance management processes are in place to measure, monitor and manage delivery of the annual plan at team, service, divisional and Trust level. Delivery is tested against a series of key performance indicators which measure the extent to which the Trust is achieving its three goals of improving outcomes and safety, improving experience and improving value for money. These are the results the Trust is seeking to deliver for patients, commissioners and taxpayers. The Trust will also monitor progress in delivery of the four strategic objectives.

The table below summarises the key risks facing the Trust and the action to mitigate those risks.

Category of Risk	Risk Description	Mitigating Actions
Patient Safety	Safety standards are not clear across the organisation and our culture does not support staff to deliver safe services	<ul style="list-style-type: none"> Quality Improvement Programme implemented at all levels Ensure Trust adoption of quality strategy with ongoing audit of compliance against strategy
Patient Experience	If our plans are over or under ambitious and not supported by commissioners, then we are unable to reinvest in service transformation and service user experience deteriorates	<ul style="list-style-type: none"> Implement agreed robust service transformation plan to improve patient experience Robust systems to evaluate and improve patient experience in place
Clinical and Care outcomes	Our quality governance arrangements are not robust at every level and there is a lack of appropriate infrastructure for managing poor performance	<ul style="list-style-type: none"> Ensure maintenance of legal, statutory and compliance requirements Governance arrangements and assurance structure implemented
Delivering Our Strategy	We do not have a viable three year strategy and plans, and these are not supported by Commissioners	<ul style="list-style-type: none"> Three year strategy & objectives in place and have formed the basis of this strategic plan Three year strategy to be refreshed during 2013/14 Local plans have been developed in partnership with stakeholders

Category of Risk	Risk Description	Mitigating Actions
Service Transformation	We do not realise the benefits of transformation and growth in services in line with commissioner and patient/ service user expectations in particular in Secure Services and TQtwentyone	<ul style="list-style-type: none"> • Robust business planning, and performance management arrangements in place • Secure services strategy and recommendations developed • Business case for future developments in TQtwentyone
Finance	Our income is lower and / or expenditure greater than predicted. Our Cost Improvement Programmes are not fully developed or delivered and we are unable to meet our CQUIN targets	<ul style="list-style-type: none"> • CIPs have been developed in line with divisional service plans • Contracts agreed with all commissioners with clear contract values • Contingencies have been established to offset in year risks • Monthly performance management of all change programmes
Workforce	Workforce and leadership strategy requirements are unclear; we have insufficient workforce controls regarding costs, demand and supply and we fail to maintain positive employee relations with Trade Unions and Professional bodies.	<ul style="list-style-type: none"> • Completion of trust leadership programme • Trust competency appraisal process, implementation of talent management programme • Implementation of OD strategy • Proactive engagement with trade unions and professional bodies
Technology	There is a lack of IT solutions, systems integration and investment in systems including EPR	<ul style="list-style-type: none"> • Delivery of programme for future EPR • Investment programme completed
Information	We do not have clear and reliable data, metrics and indicators for quality and assurance	<ul style="list-style-type: none"> • Planned rollout end embedding of outcomes framework • Implementation of Performance Framework
Estates	The Estates strategy is not delivered and estate is not managed effectively then services are not provided from fit for purpose buildings which has a negative impact on clinical delivery	<ul style="list-style-type: none"> • TCS asset transfers complete • Capital management forum oversight of estate investment • Refresh of estate strategy to align to service plans during 2013/14
Communication and Engagement	We do not engage proactively with stakeholders or manage key relationships and therefore do not meet the needs of our patients or deliver our clinical strategy with partners	<ul style="list-style-type: none"> • Implementation of stakeholder management strategy and local plans for joint working on priority schemes
Commercial	Commissioner complexity, lack of robust market analysis and new competitors lead to loss of business, reduced growth and service fragmentation	<ul style="list-style-type: none"> • Market analysis and business development plans in place • Robust contract negotiation and risk sharing arrangements

Annex A: Our priorities for 2013/14

1. Ensuring we meet the quality, operational performance and financial obligations we have - getting the basics right for our patients, commissioners and regulators

- a) Improve how we gather feedback from patients about their experience of our services, listen to that feedback and ensure we respond to it.
- b) Ensure our services demonstrably provide the highest standards of quality and safety and comply with legal standards, taking into account the findings of the Francis report.
- c) Ensure lessons are learned from unplanned events, embedding a culture of continuous quality improvement. Where issues are identified ensuring that we respond quickly to address them. Work towards achieving level 2 NHSLA risk management standard
- d) Deliver all of the operational performance targets required to achieve and maintain a green governance rating
- e) Deliver our financial plan including a 2013/14 CIP of £17m through service redesign and improvements in productivity and efficiency
- f) Meet our contractual obligations with commissioners – demonstrating our capability to understand and meet their needs
- g) Introduce systematic use of outcome measures at service, divisional and board level, using this information to drive improvement
- h) Embed the new Board committee structure, governance arrangements and reporting processes leading to more effective decision making and assurance over the delivery of our strategy

2. Transforming our services to improve outcomes and experience, and reduce costs – through internal redesign, integration with partners and through growth

- a) Establish Integrated Services Divisions in each locality, implementing a new model of integrated physical & mental healthcare which leads to improved outcomes & experience
- b) With primary care at practice level, redesign primary and community care to deliver a service that optimises the skills of the multidisciplinary team to proactively manage the health needs of the practice
- c) Develop new ways of working with acute hospital providers to deliver integrated care pathways which ensure older people receive risk stratified case managed care at all stages of the pathway
- d) Ensure that all of our physical and mental health services have a robust, intrinsic social care component delivered via section 75 frameworks, local authority integration or internal provision through TQ21
- e) Grow TQ21 to enable the realisation of the benefits of the Ridgeway merger and entering new markets such as supporting individuals in the community with physical health needs
- f) Deliver our learning disability service strategy across all four counties and the redesign of services to realise the benefits identified in the business case for the merger with Ridgeway
- g) Create a recovery orientated clinical model for individuals with severe and enduring mental health needs. Establish a single mental health services division to provide comprehensive secondary and tertiary mental health services for these individuals and to support the delivery of excellent mental health in primary care
- h) Agree and begin implementation of a strategy for the secure mental health services delivered by the Trust, including the development of a business case for any resulting capital investment required

3. Developing our people and their leadership capacity and capability to deliver our clinical strategy

- a) Strengthen competency based leadership, increasing appraisal rates (to 95%) and appraisal quality and undertaking all senior and medical recruitment through competency based assessment centres
- b) Deliver year 3 of the Leadership Development Strategy, assess its impact and ensure the benefits are realised. Build in-house capability to deliver the required programmes on an on-going basis and develop leadership plans for 2014-2017
- c) Develop service level integrated workforce plans, identifying the workforce required to deliver our strategy. Develop Health & Wellbeing and Reward strategies to improve how we support and reward our people
- d) Confirm our Talent Management & Succession Planning approaches, and embed relevant processes to ensure that we identify leadership potential, have a good awareness of leadership performance and have a planned approach to developing current and future leaders
- e) Ensure all staff are and remain competent in their roles, with full alignment between our investment in training & education, our trust objectives and desired culture. Ensure 95% compliance in Statutory & Mandatory training
- f) Develop and agree the local pay and reward arrangements required to deliver our strategy
- g) Review productivity within our HR management processes to ensure we make best use of our workforce, including greater use of technology and data.
- h) Through regional workforce planning bodies, ensure the future workforce supply for 2014/5 onwards

4. Developing our organisation, its capabilities and its infrastructure to enable the delivery of our vision and strategy

- a) Improve our financial and procurement systems and processes
- b) Develop and agree with each of the Trust's key commissioners contracting strategies to enable development and delivery of new models of integrated care, & of mental health & LD services
- c) Refresh our financial strategy, aligning it with our vision, identifying actions we will take over the next 5 years to ensure financial sustainability, clarifying investment opportunities and priorities
- d) Put in place the systems/processes which provide team leaders, service managers & senior leaders with the accurate & timely information they need to manage quality, operational performance & finance
- e) Plan, agree and implement a programme of redesign to further increase the quality and cost effectiveness of our corporate support services, ensuring they are fit for purpose business partners, supporting the development and delivery of services across our clinical divisions
- f) Continue to deliver our programme to consolidate our estate into fewer fit for purpose facilities in line with clinical and operational requirements
- g) Deliver the planned 2013/14 IT infrastructure investments & commence implementation of the electronic patient record replacement. Develop and implement plan to harness technological innovation to drive business development, service improvement and value for money across the Trust
- h) Improve our internal and external communications to more effectively engage with staff, patients, public and partners to promote delivery of our strategy and achievement of our objectives