



Strategic Plan Document for 2013-14

Norfolk and Suffolk 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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31.05.13

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

Gary Page

(Chair)

Signature



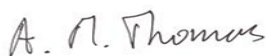
Approved on behalf of the Board of Directors by:

Name

Aidan Thomas

(Chief Executive)

Signature



Approved on behalf of the Board of Directors by:

Name

Andrew Hopkins

(Finance
Director)

Signature



Executive Summary

Norfolk and Suffolk NHS Foundation Trust (NSFT) formed over a year ago, following the merger of the Norfolk and Suffolk mental health Trusts. In this time we have worked hard to strengthen the quality of our services and improve on our high standards. We have also seen significant change in the corporate structure of the Trust and as a result we are now better positioned to address the structural and financial challenges facing the NHS. The Trust launched a consultation on its Trust Service Strategy (TSS) in October 2012, which sets out our proposals for redesigning many of our services over the next three years. It is our response to the need for a more flexible individual approach to the needs of service users, and to combat financial pressures faced by NHS trusts across the country with a requirement to reduce costs by 5% each year for four years.

Our biggest priority in regard to the Service Strategy is maintaining patient safety and service quality. Detailed plans have been developed which include clear quality goals, and we have a system in place to ensure that any changes are rigorously managed and monitored and we can ensure we make the right changes at the right time and in the right place.

Our clinical leaders have done an incredible amount of work engaging service users, carers, the third sector and staff in our plans.

The quality goals for our redesigns are focused on wellbeing and recovery, i.e. keeping people well and avoiding ill-health, and helping people regain control over their lives. We will be developing more services in the community, while providing high quality inpatient care for those with a clinical need for it.

We believe that this approach provides a strong foundation for considering the expansion of services provided by the Trust. The financial climate is such that standing still is not an option for NHS Foundation Trusts as this will simply mean year on year reductions in income.

The Trust anticipates that it will maintain a financial risk rating of 3 over the period of the plan. The Trust assumes a falling income position, driven largely by the NHS tariff deflation assumptions on block contracts, with the Trust meeting inflationary pressures through the implementation of the TSS and other cost improvement programmes.

This approach also acknowledges that local CCGs are under significant financial pressure from urgent activity pressures in acute Trust, the costs of NHS Continuing Care restitution and the need for CCGs to make surpluses as set out in the Operating Framework. This all limits funds that could be spent on mental health and therefore the above assumptions are realistic. Despite this, the Trust is keen to implement Payment by Results (PbR) for Mental Health as this would provide the opportunity to earn additional income for additional activity and would help meet the demographic and service pressures generated by a growing elderly population, particularly in the area of dementia care.

As part of a merger process in 2012 Norfolk and Suffolk NHS Foundation Trust agreed to review its Vision and Values. In 2013 the process was started in consultation with staff as part of a wider consultation on the proposed Trust Service Strategy. This process of consultation is not yet complete as further work is underway with staff, service users and carers.

The proposed Trust Vision is:

‘Our vision is to provide effective, competitive, personalised services with a national reputation for innovation, research and patient experience.’

The Key Trust Objectives for the Period of the Plan are:

- To ensure the Trust retains and develops its focus on service quality; fully responding to the Francis report as agreed with the Board, our Governors and wider partners, responding to the views of service users and carers, engaging effectively with them, and implementing the safety and quality plan included agreed as part of the Service Strategy.
- To implement the Trust Service Strategy, ensuring that services are maintained to a high standard throughout the period of the Plan and that Service users and carers are engaged throughout. Ensuring we adopt a strong “Recovery “culture across the organisation.
- To improve engagement with staff across the Trust so that staff report greater involvement and engagement, and the Trust improves its staff survey results (especially comparatively), sickness levels continue to reduce throughout the year, appraisal rates continue to improve and Net promoter score* improves.
- To ensure the Trust delivers its agreed financial plan to assure the safety and stability of services.
- To develop stronger relationships with CCGs and commissioners, and partner organisations.
- To review and establish a long term commercial strategy to enable the Trust to continue to develop and grow in an increasingly commercial environment.

Strategic Context and Direction

NSFT’s services and support functions will operate in an environment where the key challenges are:

- The national economic situation and its impact on public finances, which will reduce NHS funding in real terms by 20% over four years
- The continual need to improve outcomes for Service Users and Carers
- The need for NSFT to be able to respond quickly, in the light of the changing environment in the NHS
- The introduction of competition to mainstream healthcare, leading to tendering exercises for services that were traditionally part of NSFT’s remit
- The shift of responsibility for commissioning to the new Clinical Commissioning Groups (CCGs), making GPs the customer for most of NSFT’s services.

NSFT has completed an assessment of its key competitors along with a revised SWOT analysis of its position. This was necessary to take account of the potential impact on services from the NHS restructuring and to ensure the assumptions on which the Trust Service Strategy is based remain valid (this strategy is the deployment of the Radical Pathway Redesign planning activity referenced in the 2012-13 Strategic Plan). This analysis has identified some key findings for the Trust.

NHS and third sector organisations have remained the key competitors for new and existing contracts over the past year, although competitors vary from service to service. For substance misuse and wellbeing contracts, key competitors have been partnerships between neighbouring Foundation Trusts (e.g. North Essex, SEPT, and Cambridge and Peterborough), the Norfolk community health Trust (NCH&C) and local or national third sector organisations such as Mind, Turningpoint and CRI. Community Services contracts attract more national independent competitors, such as Serco, who were successful in Suffolk and Virgin Care. The upcoming prison contract will be contended by national independents such as Care UK, Virgin and G4S.

The amount of competition in Norfolk and Suffolk is generally less than is found in more central parts of the country, as the growth opportunities are limited by geography. The nature of the NHS market is

such that providers, who may be competing for one contract, can often be partners or subcontractors for another.

With regard to forecast health demographic and demand changes Norfolk and Suffolk have an ageing population, which strongly suggests that demand for age-related services such as dementia care will increase significantly in the next five years, and continue to multiply over the coming 15 years. Services are being reconfigured to be able to accommodate the increased demand, but it is likely to have a profound impact across the whole system.

There has been increased demand for a broad range of adult mental health services in the last year. NSFT has experienced steady growth in referrals and it is expected that referrals will continue to increase over the life time of this plan. As new services such as Norfolk Recovery Partnership (NRP), Wellbeing services (improved access to services via self-referral to Wellbeing, which is enabling people to engage who would otherwise not have received mental health services) and Dementia Intensive Support Team (enabling acute hospitals to discharge dementia patients safely) become more widely known it is expected that demand will increase further for mental health services. To manage these demands NSFT will have to operate with low bed numbers and low readmission rates are strengths for NSFT.

NSFT has completed an impact assessment on market share trend and its view is that it is likely that the NHS competition policy will broaden the range of providers able to bid successfully for mental health and community contracts in the near future. It is inevitable that some contracts currently held by the Trust will move to competitors. This emphasises the need for the Trust to successfully and cost-effectively bid for contracts that it does not hold, in order to maintain baseline costs.

To date, independent providers have had limited success in acquiring mental health contracts in the region, although this is likely to change as CCGs broaden the type and number of contracts they put out to tender. While this constitutes a medium to long-term threat to the Trust, and the integrated nature of its current provision, it is unlikely that this impact will be felt strongly in the next one to two years. Community services are an area where the independent sector has had more impact. Serco were successful in acquiring services in Suffolk, and it is likely that they, Virgin Health (successful in Surrey) and others will compete strongly should community services in Norfolk and Waveney be tendered. If they are successful it remains to be seen what this will mean for future service integration.

Tenders

It is understood that future tenders confirmed to commence in 2013 include (existing providers in brackets):

- Norfolk prisons. Due to begin in May 2013 with service commencement in April 2014. (Serco)
- Criminal justice custody health care. Due to commence in September 2013. (New)
- Community services contracts in Cambridge and Peterborough (market testing commenced)

Services due for re-tender or extension in 2013/14, but with no confirmed dates include:

- Learning disability services in Norfolk and Suffolk (Norfolk - Herts Partnership FT, Suffolk – NSFT)
- Community services contracts in Great Yarmouth and Waveney (East Coast Care)
- Norfolk community eating disorder service (Cambridge & Peterborough MHFT)
- Suffolk substance misuse services (NSFT provide alcohol services only)

Services held by the Trust due to begin retendering process in 2013/14:

- Norfolk and Waveney wellbeing services (NSFT provided)

NSFT has a good track record of winning the tenders it has competed for and it feels this success can continue by ensuring any tendering activity is a response to lessons learnt, good partnerships and a focus on quality priorities. NSFT has a good reputation in adult acute services, in dementia and early intervention, IAPT has good regional achievement and the new drugs and alcohol model (NRP) in Norfolk is significant in delivering a seamless pathway for service users. These services can and in some instances have been replicated across the country.

NSFT is developing a strategy to involve partners in consultation for innovative service delivery options, full consideration will be given to how partners add value to services that the Trust already delivers and those it may wish to deliver in the future. A note of concern is the importance placed on competition means that resources are diverted and the tendering process has a cost burden that NSFT will need to consider.

Engaging with Commissioners, Partners and Staff

As of 1st April 2013 the Trust serves seven CCGs, (formally two PCTs). NSFT has reviewed commissioning intentions of CCGs and concluded that they fit broadly with the Trust's Service Strategy, upon which the CCGs were consulted. NSFT have realigned both clinical and administrative processes to support this approach. NSFT now comprises of 5 localities, 3 in Norfolk and 2 in Suffolk. Each locality will have a full range of community based care, together with local inpatient facilities for adults and older adults. Mental health is a priority for a number of the CCGs, but concerns over budgetary pressures mean that significant new investment is unlikely.

All Localities will also share common support functions, such as Estates, IT, H.R., Governance and Research functions. Variation between localities is inevitable as each has its own Commissioners, and this is a reason for adopting a locality structure. Whilst sharing common features, there will be variation in detail between localities and between the counties of Norfolk and Suffolk reflecting the views of clinicians and stakeholders and the requirements of Commissioners. The Strategy reflects this variation in the different models of team structure in Norfolk and Suffolk.

All Localities will integrate closely with other partners including other NHS Trusts and providers linked to health such as Voluntary sector and private sector partners. How this happens will be determined in each locality working with key partners and Commissioners.

All Localities will work closely with Social Services as a key partner with most teams co-located and wherever possible with a common management.

Each locality is responsible for the delivery of all mental health and wellbeing pathways within their locality ensuring provision is consistent across all specialisms and ensuring users receive care that is local and easy to access.

NSFT recognises that its strength comes from having staff that are outstanding and strive to deliver quality services. This plan will outline some areas where it will be necessary to reduce staffing levels. This risks increased sickness levels and absenteeism. In response NSFT is doing all that it can to avoid redundancy and to offer staff appropriate redeployment opportunities this is outlined in the Workforce section.

NSFT views one key threat as being the demand placed on all staff including executive directors to respond to changing requirements and to implement change. Additionally, there is a shifting role for Monitor which NSFT will need to respond to and as the implications of various organisational failures to care for patients (Francis Report etc.) becomes legislation NSFT will need to improve its focus on contract management as the role and performance of partners and subcontractors becomes more significant to service delivery.

Approach taken to Quality

Trust quality priorities 2013-2014

The Board of Directors agreed in February 2013 that the quality priorities for 2013-14 should be:

Patient safety

To implement a system, which ensures that all patients in contact with mental health services access relevant physical healthcare screening and services.

Patient experience

All crisis/care plans will identify how to contact a mental health worker out of hours and what the Crisis Resolution & Home Treatment Team (CRHT) may be able to provide. Develop a leaflet that gives contact numbers and describes the role of the CRHT.

All inpatient areas will have a programme of activities which will be available over seven days and include evenings.

Clinical effectiveness

When a new medication is prescribed, the prescriber should always discuss this with the service user first. Information leaflets should be given and this should be recorded in the service user's record.

These priorities will now be a focus for NSFT and an action plan put in place to ensure that the targets will be met. The Board of Directors will receive a quarterly update on progress. Updates for stakeholders will be produced in the Trust magazine.

The Francis report sets a responsibility on Trusts to ensure that the quality of patient care is at the heart of decision making; that Service Users and Carers views are listened to; and that Trusts are open about and learn from mistakes. NSFT has a reputation for high levels of reporting in the region with 90% of staff reporting in the staff survey that the Trust does not blame or punish people who are involved in errors. Through the life of the Trust Service strategy this approach will be reinforced and staff will be encouraged to continue to raise concerns.

NSFT's commitment to the introduction of a "Recovery" culture as part of its Strategy means that Service Users will play a key role in shaping and designing services throughout the life of the Strategy. There are a number of ways in which Service Users can feed back on the quality and safety of services including surveys tailored to the needs of particular groups, active patient councils which link with the Trust at several levels, influencing the Trust services, and focus groups, in areas where this needs development NSFT is committed to listening and revising its approach. The Trust is also committed to engaging with a number of independent local patient and stakeholder groups, whenever service developments or changes are considered.

NSFT launched a Service User Involvement Strategy. The approach was agreed by the Board of Directors in January 2013. The focus was on delivering more meaningful service user involvement and putting service user views, needs, aspirations and recovery at the heart of everything NSFT does. Through increased involvement NSFT hopes to increase opportunities for service users to develop, run and change mental health services.

NSFT recognises and values the crucial role that carers provide in supporting service users. NSFT's Carers Strategy is due to be renewed in 2014 and sets out goals and actions to improve carers engagement.

An 'Overarching Development Group' has been set up to ensure the effective implementation of both the Service User Involvement and Carer Strategies across NSFT. The 'Overarching Development

Group' includes a director to ensure Board level representation and that suggested, potential changes to services are driven strategically.

Volunteers make a valuable and unique contribution to NSFT and are continuing to help the Trust improve the patient experience. The Volunteers Strategy, which was launched in early 2013, will build on previous developments providing more diverse opportunities for volunteering both for inpatient and community settings. There are now well over 100 volunteers registered and actively participating within NSFT.

Quality and Patient Safety Governance

At a time of change it is important to not only ensure the quality of the new proposed model, but also to maintain the quality of the service provided both before, during and after change. The Trust, with agreement from CCGs has identified a number of quality and patient safety outcomes which will be monitored by the Board of Directors and CCGs to ensure quality is maintained during TSS implementation. Where these indicators or other information reveals a problem the Trust will act to address the issues identified and has a track record of taking such action.

The Trust will use "soft" information such as programmed and un-programmed service visits and reports from staff and managers to monitor safety. The Indicators will be monitored by individual Directors, by the Service Governance Committee, and by the Board. NSFT has recommended that commissioners use these to assist in contract monitoring. The Trust has appointed a Research Fellow to assist in the development and management of safety alongside the governance team.

Alongside these new processes put in place during the Transition period the Governance team will continue to use an integrated approach to monitor safety and quality of service as business as usual, which will be reported to the Trust Board via the Service Governance Sub-Committee (SGSC). Unannounced visits are to take place by the Head of Governance supported by the Modern Matrons and there will be mock CQC visits on all inpatients areas. The risk management team will provide training to clinical areas on the Trust risk register. The Whistle-blowing phone line will remain this enables staff to report any concerns, the Trust's current Whistle blowing Policy is being reviewed and will take into account recommendations from the Francis and Winterbourne View Reports.

Every service NSFT provides will have clear, measurable quality goals that can be monitored by Service Users, Carers and Commissioners as well as staff and the Board. In particular, NSFT will:

- Promote teaching and research in all services
- Examine and adopt evidence-based best practice from around the country
- Support and encourage incident reporting and whistle blowing
- Ensure the implementation of learning from incidents and complaints
- Include quality and safety monitoring in all performance monitoring of localities and services
- Formally monitor safety and quality through the Service Governance sub-Committee and Trust Board of Directors.

The quality of care the Trust has provided has been reviewed in a number of ways. These may be formal data collections, for example, audits, surveys, complaints or informal feedback from service users and carers. NSFT is introducing an electronic feedback system which enables staff to receive real-time feedback from service users and feedback which is attributable to the team or service. This feedback will then result in an action plan where required. The full digital system should be available by July 2013. The feedback system contains the "Net promoter score" or "Friends and family test" which has been adopted nationally. The digital system enables the service user to give their feedback

about the service which enables staff to identify where improvements are required and does not just rely on a scoring system.

CQC has raised one minor concern following its visit to secure services under Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. CQC stated that NSFT had failed because *Care plans and risk assessments were not always completed and/or reviewed appropriately. Seclusion was not always recorded or managed in accordance with best practice, or the provider's own policy.* NSFT has prepared a full action plan and some issues had already been reviewed before CQC made its final report, actions include staff training, information recording and enhanced quality checks. All actions will be completed by September 2013.

Performance Management

In 2013/14 with the implementation of the Trust Service Strategy, Localities will be held directly to account for all areas of performance, including data quality. 2013/14 is a shadow year for the introduction of commissioning under Payment by Results (PbR) and it is a priority for the Trust to ensure data quality processes are robust to provide assurance to commissioners new payment arrangements are fit for purpose but also to ensure the Trust is able to accurately invoice for all activities. In Norfolk, Locality Business Support Managers have been instrumental in driving data quality improvements forward, with clinical and administrative teams. As part of implementing the Trust Service Strategy, Business Support Managers have been appointed to the two Suffolk Localities in early 2013/14 to ensure all localities will benefit from this key role.

The Trust has approved equality assessment frameworks for services and for policies to assist clinicians and managers in meeting public sector equality duties. Assessments have been completed for service redesigns as part of the Trust Service Strategy.

In addition to contract monitoring NSFT performance is monitored internally by presenting all localities performance side by side and benchmarking services for safety, quality and effectiveness. Each locality attends monthly performance reviews led by an executive director with the aim of holding localities to account for delivery of Monitor Governance performance and key patient quality and safety standards along with robust financial management. These locality performance reviews also provide an opportunity for localities to hold corporate services to account for their support and effectiveness in the presence of the executive. This is seen as preparation for a move to a more delegated and autonomous business unit function, in which localities or business units are held to account for their entire performance including income and expenditure, surplus etc. This requires PbR for Mental Health to be in operation in order for income to be properly identified and linked to activity at locality level.

NSFT holds an annual award ceremony which acknowledges the work and dedication of Trust staff. Identification of leadership needs is facilitated by the Trust's appraisal system. Appraisals are carried out for all staff during a yearly appraisal window. The developmental activities available are internal leadership development programmes for new managers and middle career managers. The Trust also hosts a leadership conference for all identified managers. Additional work this year has included work with staff on the development of the Trust's Vision, Values and Behaviours, which will help to shape the culture of the organisation. Through the investment in leadership, NSFT aims to link leadership to the improved quality and development of its services. Managers and staff should be better placed to understand NSFT objectives and how their role contributes to achieving them.

Research and Development

NSFT will build on its excellent track record in research and will maintain and develop its position among the top mental health trusts in the country for portfolio research. NSFT hosts the Mental Health Research Network (MHRN) Dementias and Neurodegenerative Disease Research Network (DENDRON); and the Dementia Alliance (previously the Health Innovation and Education Cluster or

HIEC). NSFT will strengthen and develop research as a key part of the Norfolk and Suffolk node of the Anglia Academic Health Science Network linked with University of East Anglia (UEA). Research is vital to the future of mental health services, playing a key role in the development of service quality, innovation, recruitment and training. Research will be encouraged and supported across all service areas.

In light of the significant growth in morbidity across both Norfolk and Suffolk, NSFT working with UEA will support a professorial post to focus on system and pathway development for dementia sufferers and Carers. The post will link with NSFT's new Dementia Academy. NSFT has nationally recognised academic strength in Early Intervention for Psychosis services and is extending this through the development of Youth Mental Health Services. NSFT will develop a formal research development strategy during 2013/14.

Clinical Service Strategy

The Trust Service Strategy has been developed by clinical leaders in collaboration with Service Users, stakeholders, commissioners and staff and is the outcome of extensive consultation. This consultation will continue with all partners throughout the duration of the four year Strategy, enabling it to react and adapt to the changing environment of mental healthcare.

In setting out change the Strategy aims to ultimately give stability and certainty over the future direction and development of the service in a changing environment for staff, Service Users, and Carers.

The core principles of this Strategy are:

- Service Users, their families and Carers will be directed to the most appropriate service quickly and without multiple assessments
- There will be an emphasis on prevention, early intervention, wellbeing and recovery
- NSFT will work in partnership with other providers to ensure that Service Users and Carers receive the right service for them, even if this is not a service provided by NSFT
- The services will be affordable and efficient
- The services will deliver clear outcomes for Service Users and Carers
- Services will be delivered locally whenever possible, by appropriately trained staff
- Services will provide alternatives to hospital care and will, where appropriate, become less reliant on in-patient beds
- Services will be accessible for everyone in line with NSFT's responsibilities within the Equality Act 2010.

NSFT although using a locality structure will have a common commitment to a Recovery model of care, NSFT has invested in the development of this approach, and will adopt a strong cultural commitment to the recovery model in all services through organisational change, and will continually invest in developing and refreshing this approach with the establishment of a Recovery College, this work is led by a dedicated project lead. This approach will be an integral part of NSFT's approach to supporting people with serious and enduring mental health problems.

Wellbeing both as an approach and as a service will also be common to all Localities (although working to different contracts) reflected in its services. An Access and Assessment Service across NSFT (with assessments and appointments offered locally) will be a significant change and will aim to address any potential increases in demand in an efficient and effective way. The access to mental health services will be through one phone number and will direct GPs and other referrers to the right team in a timely and clinically safe manner. Key to this strategy is ensuring that the ICT systems and triage processes are able to deliver this model particularly as this is also being actively monitored by commissioners. The benefits of this for service users will be reduced waiting times and the avoidance of repeated assessments. Early signs indicate that this service whilst experiencing some teething problems has delivered improvements in care.

The Trust will provide a single model of specialist services including; Forensic Services; Learning disability services (Suffolk and Yarmouth and Waveney Localities); Substance Misuse services (as commissioned); children's inpatient services across all localities.

NSFT is commissioned to provide substance misuse services in Norfolk, via the Norfolk Recovery Partnership. This is a formal partnership of several key expert agencies working closely to ensure that access and treatment programmes are more easily accessible and effective. This service was a result of a successful tender in 2012 and is looking to improve the service delivered by providing a single pathway across Norfolk. In Suffolk the alcohol service has a good reputation and is building on this, it will continue to work with partners to support the new commissioning arrangements with Public Health colleagues.

Forensic Services are commissioned regionally on behalf of the NHS Commissioning Board, NSFT provides a medium and low secure service within the Norfolk and Suffolk Localities. The impact of competition and changing commissioner requirements, mean that the service will concentrate on improving value for money, with cost reductions to match the national requirements, and improvements in service quality. In particular in line with Trust Service Strategy, Secure Services will undergo a significant re-design over the coming months, introducing ward-aligned multi-disciplinary teams and implement fully the recommendations of the Exploratory Review (June 2012). This will be followed by a review of the management structure, along with all other areas. The model of secure services has been broken down into the key milestones along the secure pathway, which also relates to the secure services CQUIN programme. These milestones will be provided separately for men and women throughout the secure part of the pathway, and separately for medium and low secure care. Therapeutic interventions and social and wellbeing support will be critical to the development of the service. It is essential that NSFT builds on the many strengths of the secure service and continues with initiatives already underway such as 'My Shared Pathway', 'Secure Recovery Star', developing therapists in CBT and non-medical approved clinicians, HCR-20 and START training, the Diversity Strategy for BME staff and CTL development.

Acute inpatient services and community teams for working age adults and older people will be integrated with social care as well as with primary and secondary general health services. NSFT will reduce the use of inpatient beds by providing alternatives to admission, adopting policies which facilitate this and ensuring timely discharge. By adopting this clinical approach NSFT will be able to reduce its bed numbers over 4 years.

NSFT is committed to delivering integrated care, acknowledging that our service users and carers may find it difficult to navigate the health and social care processes, NSFT is working closely with social care partners to improve on pathways and the quality of packages of care that are offered, using personal budgets with in care planning when possible to allow for choice and efficiency.

Payment by Results

NSFT has been a lead developer for mental health payment by results. During the life time of this plan NSFT will be working to align the Norfolk and Suffolk care package suites for clusters 3 to 21. An additional workshop is required to complete this task with the expectation this will happen in June 2013. Service specifications for the revised services incorporating cluster detail are being developed in consultation with commissioners. The single care package suite will be reviewed with CCGs and GP-leads.

The project lead is working with finance and informatics teams to develop the care packages into a financial model and with performance and outcome metrics to enable PbR simulation running by October 2013. The aim is to deliver cluster based reporting. This work is dependent on IT systems capability of supporting the data requirements. The modelling process will continue with the expectation that some care elements within care packages will need fine tuning due to constraints of workforce resources, CCG requirements and clinical need. The model will be continually audited to

ensure processes and procedures meet quality expectations. End-to-end processes and procedures must be agreed and tested to be ready for go-live 1 April 2014.

Workforce Management

NSFT will ensure safe staffing levels and skill mixes are in place to deliver a safe, high quality service, and that staff have the right training and level of skills to enable them to deliver the Service Strategy. The clinical audit schedule for 2013-14 reflects the Quality and Patient Safety agenda in its selection of audit topics.

The Trust has created a Nursing strategy which will drive the approach to the Nursing profession over the coming years. Other professions will create profession strategies which will provide leadership and direction to staff undertaking clinical roles in newly-reconfigured services.

The workforce will increasingly support the Trust's focus on Recovery and this will be reflected in the introduction of new roles such as Peer Support Workers, and the creation of a Recovery College. Other roles such as the Assistant Practitioner will continue to be championed and embedded within new structures and teams. The use of the Approved Clinician role will be piloted and evaluated.

Planned changes to the structure and make-up of the clinical workforce are a key element of the delivery of the service strategy. A 90-day collective consultation process has already taken place covering every member of staff, outlining the proposed service strategy and its high-level effect on overall post numbers. As a result of feedback from this process, detailed proposals have been created outlining the required future state organisation structures and roles for all clinical services within the service strategy scope.

A full set of future state organisation charts and Job Descriptions is available on the Trust intranet site. Key milestones have been planned and implementation timescales advised to staff via an internal programme of consultation. The Trust will work, in conjunction with the service strategy milestone plan and in close collaboration with staff side representatives, through the agreed change management process with each affected service. Each pool of affected staff is assigned a Senior HR Business Partner who provides expertise and advice through the process.

A significant number of post reductions will be offset by vacancies and it is anticipated that this, together with natural turnover, a focus on redeployment where possible and Voluntary Redundancy where appropriate, will enable the Trust to minimise the number of compulsory redundancies taking place.

NSFT has a number of pressures on its workforce in the life of this plan these include some vacancies being filled on a temporary basis in anticipation of the organisation changes supporting service strategy. The Trust Vacancy Management Panel and related process ensures that only appropriate vacancies are held in this way and that where necessary permanent clinical appointments continue to be made. As each team goes through the change process and the new service is launched, the objective is for the new structure to be populated in full with permanent staff, thereby increasing the stability and consistency of service provision and reducing the need for temporary staff.

Once the clinical services have completed their change programme, it will be necessary to review the corporate and support services required and this is likely to result in further organisation change programmes.

Clinical staff continue to deliver services while they go through the change management process. This can create uncertainty and anxiety for some staff, and may have contributed to the Trust's sickness absence rate being somewhat higher than would normally be anticipated. The Trust has created a new Wellbeing strategy which is being implemented this year with Executive sponsorship. In addition to the usual support from line managers and staff side representatives, the Trust will continue to provide and fund external support mechanisms such as an Employee Assistance facility and assistance with practical elements such as CV-writing and interview preparation. A new provider of Occupational Health

services (NNUH) has been selected and will be a key partner in plans to reduce sickness absence rates over the coming year

There is a requirement to reduce the use of and costs associated with temporary staffing. In conjunction with the reduction in usage anticipated as teams fill vacancies permanently in line with the service strategy timetable, a tender will be issued and the provider will be selected in line with Trust requirements.

Once selection processes are completed and teams are known, the Service Manager leading the change will complete a transition plan to enable a safe transition from the current structure to the new. This may include operational protocols, training needs, caseload transfer, and the potential need to utilise displaced staff in the process of handover and transition.

Trust-wide requirements for skills in areas such as Social Care, Personality Disorder, Payment by Results, creates a growing demand for training for large groups of staff in addition to their statutory requirements. The Trust will be clear about its priorities based on clinical quality and safety, and will plan creative and effective methods for skills and learning.

NSFT has already begun taking forward work in areas in which it did not perform as well as it would have liked prior to the most recent published Staff Survey results. Following consultation with staff, a Staff Charter is being developed setting out the Trust's values and an Employee Wellbeing Strategy was presented to the Board of Directors for endorsement at its April 2013 meeting. Awareness has been raised of incident reporting procedures, including whistle-blowing and plans have been implemented to improve statutory and mandatory training rates which are being closely monitored by the Board of Directors.

Productivity and Efficiency

The Trust has three main streams to its Cost Improvement Programme (CIP): the Trust Service Strategy (TSS) for direct care services, a separate review of secure services and a corporate savings programme. The planned savings from these programmes are presented in table 1 below. The CIP requirement in the first two years is more onerous than in 2015/16, because the Trust is looking to recover from the slippage in delivering the TSS savings in 2012/13. Appendix 2 provides further details of the CIP Programme.

There are a number of work streams within the TSS that will see savings released in different parts of the Trust (both geographically and across service lines) at different times through the three year plan.

Table 1: Cost Improvement Programme Summary

£m	2013/14 Yr 1	2014/15 Yr 2	2015/16 Yr 3
Trust Service Strategy	£10.871	£11.897	£6.098
Corporate	£3.745	-	£0.620
Secure services	£0.348	£0.348	£0.348
Total CIP	£14.964	£12.245	£7.066
Total operating expenses	£197.045	£192.924	£189.762
CIP %	7.6%	6.3%	3.7%

With regard to activity it is NSFT's view that there will be an increase in forensic bed occupancy in 2013/14. There is an expectation that acute psychiatric, older peoples and learning disability services will see a reduction in bed numbers during the term of the plan which is in line with the TSS key milestones, alternatives to admission will be a development within TSS. There is an anticipated reduction in community activity for secure services, CAMHS, Older People's services and substance

misuse due to reductions in posts as part of CIP, however, some of this is mitigated against by the redesign of pathways.

CIP Governance

A Steering Committee with clear terms of reference consisting of Executive Team members is in place to monitor and sign-off all TSS plans as part of a robust governance framework. A dedicated Programme team is in place to support the clinical and operational leads to ensure successful delivery of plans and identify and mitigate risks and dependencies.

All service proposals have clear quality goals defined and benchmarking will be used to ensure goals are achieved. Detailed reports on progress are completed monthly and discussed at the Trust Board of Directors, Finance and Performance Committee and TSS Steering Committee. The Trust is confident that the approach being taken to address CIP over the next 3 years is the right one for both staff and Service Users.

Clinically led teams supported by operational managers developed and designed the TSS proposals. A robust Governance framework is in place to ensure all plans were within financial envelopes and met the following design criteria: -

- Service user and carer involvement in design and delivery
- Third sector and Independent involvement in design and delivery
- Quality, effectiveness, research and innovation
- Streamlined pathways, single point of access
- Early intervention, wellbeing and recovery
- Statutory functions completed efficiently
- Staff influence in design and delivery

All proposed significant workforce changes followed a collective consultation process which included regular stakeholder events and consultation with staff, stakeholder groups, commissioners and unions with defined sign-off points built into the process. As individual service changes are ready for implementation, further detailed consultations are held with directly impacted staff.

The Trust has a Programme management office including project management support that underpins the delivery of CIP proposals. There are dedicated senior managers overseeing the implementation of the TSS and the required technologies to ensure success. These roles are focused on maintaining the momentum and achievement of the strategy.

The TSS offers an opportunity for NSFT to rationalise and streamline services, underpinning this will be its ICT strategy. The main developments over the period of this plan are:

- A full electronic patient record
- Internal HR, training and finance systems.
- A stable infrastructure along with mobile technology, video conferencing and remote working to support staff in the community ensuring communication is effective and suitable to meet the needs of a modern mental health service.
- Technology to allow service users to access services through an information portal or staff who wish to attend meetings without travelling across Norfolk and Suffolk to do so.
- The delivery of a Technology Innovation Model (TIM) to link NSFTs Clinical and business systems together by presenting data in a single central record service will be a significant innovation and will provide a single solution for a number of separately commissioned services across NSFT.

CIP Profile

The Trust Service Strategy is a four year programme which incorporates the Trusts CIP requirements for Direct Care Services and enables services to be provided in an efficient manner with quality as a key driver. It also assists the Trust in developing detailed care pathways as part of the introduction of

Payment by Results for Mental Health, for which the Trust is a pilot site for Monitor and NHS England.

This approach ensures a long term strategy to CIP with clear quality goals and measures in place for improving services further. The programme is aimed at redesigning the services the Trust offers to ensure they are financially strong and viable whilst maintaining and, where possible, improving the quality of care and service user experience. This supports NSFT's Vision, Values and Trust objectives.

The TSS financial model defines a Direct Care Services (DCS) 'baseline position' based on 12/13 budgets and applies a CIP target of 20% over four years 2012/13 to 2015/16. The result of the service redesign or 'to be' position is mapped against this with the projected savings by milestone identified.

The model focuses on pay savings and it is anticipated that there will be additional non pay savings identified during the process as a result of the reduction in headcount and consolidation of the estate. Corporate and support services that were restructured at the time of the merger, will continue to be reviewed to provide the most effective, efficient support to clinical services, and savings targets have been applied for 2013/14 to reflect the expectation of further merger savings, and efficiencies as a result of a smaller direct care service population and related estates

Quality Impact

As part of the implementation of TSS, NSFT developed a schedule of safety and quality measures. These measures incorporate specifically identified quality goals for the implementation of the strategy. A selection of these for Suffolk include safety for all, reducing the need for inpatient admissions; reduced risk around transitions and gaps in services and ensure that Services Users and their carers receive the right intervention at the right time and by the right staff amongst others. For Norfolk there are a set of pledges to the service user and carers.

The Trust has developed a set of service safety indicators which it will use to formally monitor the safety of its services. These will work before, during after the TSS is implemented. The indicators, which have been developed with input from senior clinicians, have been selected on the basis that they provide 'early warning' of a potential safety issue in a particular Locality or Service Line. These indicators will be monitored daily by the Executive Team (Director of Operations and Director of Nursing and Patient Safety). Where these indicators reveal a problem, the Trust will act to address the issues identified. The safety indicators will be implemented by the end of June 2013. The Trust will share safety indicators with commissioners and report any issues identified and resulting action plans.

The main risks to the delivery of the CIP programme are a delay in implementation and higher than anticipated restructuring costs. The robust governance structure that is in place for TSS will enable any slippage in implementation dates to be highlighted at the earliest opportunity, therefore enabling mitigating actions to be taken. Within the plan there are non-recurrent costs in each of the years to support the strategy.

Financial and Investment Strategy

Over the next three years the Trust will face a challenging economic environment. This is of course true for all NHS organisations and normal expectations will be for annual reductions of income, inflationary pressures and significant efficiency requirements. The Trust Service Strategy is the key vehicle for meeting these efficiency requirements and is already being implemented and covers the three years of the Annual Plan. Although extensive savings from corporate services were delivered during the recent merger process, further savings will be delivered as support services align to direct care services to provide support as efficiently and effectively as possible.

The Trust experienced a turbulent year as regards financial performance in 2012/13. It was a year of significant change with the bedding down of the corporate and support restructuring whilst developing the TSS. The TSS provides a blueprint for the future style and approach of mental health and learning disability services.

The Trust maintained a financial risk rating (FRR) of '3' throughout 2012/13, although the original financial plan aimed for a financial risk rating of '4', but the delays in agreeing and implementing the TSS has meant savings plans were only 68% achieved in the year, hence the actual FRR of 3.

The Trust delivered a surplus of £1.3m before exceptional items (merger costs of change and asset impairments) and had a cash balance of £19.4m at 31st March 2013. This performance leaves the Trust well placed to achieve its corporate objectives for 2013/14, and demonstrates substantial progress against its longer-term business plan.

The Trust is not anticipating significant new revenues during the period of the plan, but rather a shrinking position based on the NHS deflator assumptions and so the Trust anticipates maintaining the Financial Risk Rating (FRR) at 3 in 13/14, 14/15 and 15/16, albeit with improved performance on 2012/13. This is shown in Table 2 below:

Table 2: Forecast Financial Risk Rating

Finance Risk Rating	Actual	Plan	Plan	Plan
	2012/13	2013/14	2014/15	2015/16
	YTD	YTD	YTD	YTD
EBITDA margin	5.5%	6.4%	6.9%	7.4%
EBITDA % achieved	70.4%	94.3%	94.3%	94.3%
Net return after financing	0.9%	1.4%	1.4%	1.6%
I&E surplus margin	0.6%	0.9%	0.9%	1.1%
Liquid ratio	11	19	30	22
Weighted Average Rating	2.6	2.9	3.2	3.1
Overall Rating	3	3	3	3

The main risks to achieving the plan are associated with the cost improvement plans. The TSS changes are planned to generate £28m of savings, but there is a shortfall against this target in the later years of the plan. There are also risks concerning the costs of change of the TSS and of other programmes and whilst a provision for redundancies was made in 2012/13, the changes to services are complex and interlinked and this provision may come under pressure. The Trust has secured transformation funding support from both Norfolk and Suffolk CCGs to help ensure quality and patient safety issues are managed during implementation phases and will help mitigate shortfalls in CIP delivery by paying for key staffing levels to be maintained at critical times.

The Trust also has some contingency funding (£1m), which can be used to further underpin the strategy, either by supporting costs of change or offsetting CIP shortfall or indeed, a combination of the two. These reserves are smaller than they have been in previous years.

The Trust's liquidity rating was under constant pressure during 2012/13 as a result of the CIP shortfall and merger costs of change. The Trust aims to improve its liquidity position in the first two years of the plan and will keep a tight control over capital investment. Investment in these years will be targeted at supporting and enabling the TSS, including both property and ICT development, supporting quality and safety improvements (for example anti-ligature work or environmental improvements) and necessary maintenance of property plant and equipment.

NSFTs Estates' focus over the coming year is to rationalise its property portfolio across the entire Trust, the intention is to ensure care is delivered in the most appropriate environment which is also efficient and effective. This rationalisation will be undertaken after a review of the impact TSS has on property requirements although some locations have previously been identified as no longer required. This will allow the drafting of the Trust Estates Strategy by the end of 2013 which will aim to identify along with a

timeline for implementation, any surplus Estates which can either be utilised for other services including co-location with public sector partners or disposed of allowing the Trust to realise the savings.

Membership Strategy Summary

The total number of members for Norfolk & Suffolk NHS Foundation Trust as of 31 March 2013 was 13,407 excluding staff members. Membership has been steady but plans to increase recruitment and engagement were affected by delays in recruiting to the membership officer post. An appointment has now been made and this will provide the capacity to implement the membership strategy which aims to improve take up of membership by under-represented groups.

Governors have taken the opportunity to promote membership at various community events including Suffolk Lesbian, Gay Bisexual and Transgender (LGB&T) Pride, Norwich LGB&T Pride, Black History Month, Suffolk Mela, Ipswich Big Multi-Cultural day, and through the development of the Trust's spirituality and pastoral care strategy.

This Plan has been presented to Governors at two meetings. Feedback has been considered and amendments made.