



Strategic Plan Document for 2013-14

Birmingham and Solihull Mental 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 May 2013

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Sue Davis
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	John Short
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Sandra Betney
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Signature

Executive Summary

Birmingham and Solihull Mental Health NHS Foundation Trust provides mental health care to those people living in Birmingham and Solihull who are experiencing mental health problems.

The Trust serves a culturally and socially-diverse population of 1.2 million spread over 172 square miles, and has an income of over £200 million, making our Trust one of the largest mental health foundation Trusts in the country. The Trust also provides services to people who live further afield because of some of the specialised services we provide.

The Trust has approximately 4,000 dedicated staff who are continually working to help people get better and challenge the stigma associated with mental illness. The Trust operates from over 60 sites in a variety of settings, from community based mental health teams through to acute wards and day centres. We also have a wide and varied membership of approximately 13,000 people, representing the diverse community we serve.

Our core values are ***honesty and openness, compassion, dignity and respect and commitment***. As an organisation we will continually seek to propagate and promote these in every element of our work. Our overall purpose as an organisation is a simple one, 'to improve mental health wellbeing'. As such, we put improving service user experience and quality of services at the heart of our Trust Strategy and associated Business Plan. The views of our Governors as well as other internal and external stakeholders were integral to determining both the values and the on-going strategic direction of our Trust.

There are many external factors that will have an impact on the Trust over the period of this plan. These include:

- an increased focus on external assessment and monitoring of quality as a result of the publication of the Francis report;
- new commissioning structures;
- continuing pressures on NHS spending; and
- a move towards payment by results requiring us to ensure robust data collection and a results-focused charging structure for commissioners.

There are also key areas of focus for the Trust which need to reflect the needs of the communities we serve. For example;

- the structure and volume of demand for services;
- evolving ways of accessing services; and
- the changing landscape of healthcare providers.

In addition, we must consider how we can further integrate the mental and physical health requirements of service users which is key to improving outcomes and experience for those in our care.

The Trust's **vision statements** for 2013-2016 are:-

Care

- For the Service Integration Programme to be fully and successfully implemented across health and social care
- To have improved outcomes with patients recovering more quickly
- To engage in primary care prevention activities reducing morbidity rates across our population.

Results

- To be the best in the class in relation to the patient and staff survey
- To receive excellent assessments from regulators and inspectors

Reputation

- To have attained an excellent, deserved and recognised reputation with all stakeholders
- To be the providers of choice for an increased range of commissioners and services
- To know that staff are proud to work for the organisation and will hold themselves to account for service user experience

The Trust's **strategic ambitions** are:-

- Continuously improving quality by putting service users at the heart of everything the Trust does to deliver excellence.
- Develop strong, effective, credible, sustainable relationships with key stakeholders, building the Trust's reputation
- To be a well led, effective and informed organisation, demonstrated by achieving the annual plan
- To have a workforce that is innovative, empowered, engaged, fairly rewarded and motivated to deliver the strategic ambitions of the Trust. Evidenced in the staff survey feedback
- Achieve long-term financial sustainability by
 - Being top quartile for productivity
 - Consolidation and protection of current business
 - Growth by acquisition or merger
 - Working towards a Monitor Financial Risk Rating of 4 (in the existing regime), through discipline and rigour

The Trusts **priorities** for 2013/14 are:-

- Improve patient experience
- Create excellent relationships with commissioners
- Maintain financial sustainability

Financial summary

The Trust has a wholly owned subsidiary Summerhill Supplies Limited ("SSL"). Throughout this strategic plan the financial figures presented as that of the consolidated position for the Trust and SSL.

The consolidated financial plan for the next three years is summarised below. This shows that the EBITDA and surplus margin will grow each year in line with our strategy to work towards achieving a Financial Risk Rating of 4.

£m	2013/14 Plan	2014/15 Plan	2015/16 Plan
Healthcare Income	222.4	226.6	225.3
Operating Income	14.1	14.7	14.7
Total Income	236.5	241.3	240.0
Pay expenditure	(175.7)	(177.2)	(174.8)
Non pay expenditure	(43.3)	(46.1)	(46.8)
Total expenditure	(219.0)	(223.3)	(221.6)
EBITDA	17.5	18.0	18.4
EBITDA %	7.4%	7.5%	7.7%
Capital financing costs	(15.5)	(15.6)	(15.9)
Impairment	(0.5)		
Surplus/(Deficit)	1.5	2.4	2.5
Surplus/(Deficit)%	0.6%	1.0%	1.1%
Financial Risk Rating	3.25	3.25	3.45

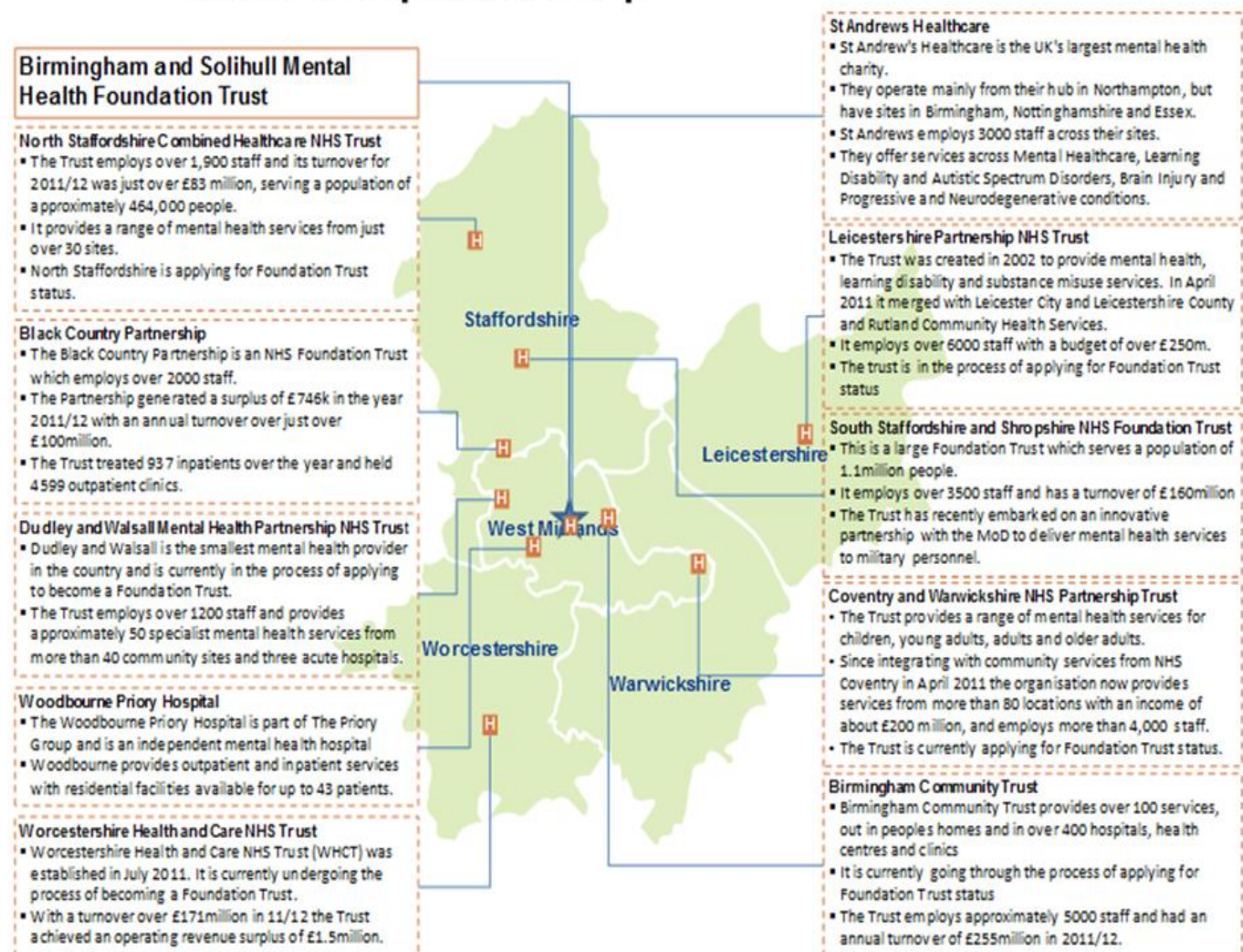
Section 1 - The Trusts strategic context and direction

1.1 Strategic position

1.1.1 Overview of key competitors

The Trust is facing an increasingly competitive healthcare environment where any qualified provider can compete on both cost and quality of service. The Trust has completed a full market analysis and an overview of the Trust's key local competitors is shown below.

Local Competitor Map



The essential messages the Trust has drawn from this competitor analysis are:

- With the move to GP commissioning, much of the energy of the regional NHS is being directed towards forming Clinical Commissioning Groups, understanding how they will work in practice, what support they will need to perform their role and who will provide that support.
- The recent merging of Strategic Health Authorities has meant regulatory and assurance responsibility being transferred to NHS England.

- Many NHS providers in the locality are going through the foundation trust application process. This may create opportunities for us to expand our services in the local area. Not all those who are applying will be successful, and as such may need to merge with other providers. Those NHS trusts which are successful will be looking to grow and consolidate their business.

- The Trust is no longer the only major local mental health service provider. Following the formation of community trusts, and the growth of community providers, as well as private and third sector services, the Trust now has five £150+ million local competitors.

We have also carried out a detailed competitor analysis across each service line within the Trust to ensure we have a full understanding of the Trust's relative position in each service line to inform our business planning and optimise our marketing strategy.

An assessment of the Trust's key areas of strength/weakness relative to its key competitors is shown in the table below:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • We deliver the whole care pathway with a wide range of services, unlike some of our competitors, protecting our current business. • Innovative in some areas for developing new processes and approaches, e.g. Rapid Assessment, Interface and Discharge (RAID). • Good relationships and working practices with partner agencies. • Some excellent facilities across the Trust – e.g. Tamarind Centre - a new male medium secure unit, National Centre for Mental Health, Juniper Centre for Older Adults • Relative financial stability -Monitor Financial Risk Rating of 3. • Foundation Trust status achieved and not a distraction as with some competitors. • Increasing national profile including winning of national awards. • Experienced and committed workforce as evidenced by the staff survey results and the level of qualified staff. • National reference cost index of 97, our costs are 3% lower than the national average • Low staff sickness levels – 4.3%, making us 6th out of 50 Mental Health & Learning Disability Trusts in December 2012; sickness levels improved by over 1% from 2011/12 • Involved and participates in the NHS Mental Health Benchmarking Network 	<ul style="list-style-type: none"> • Within the staff survey overall staff engagement is 3.63 against an average of 3.61 however anecdotal evidence suggests several areas of dissatisfaction. • Results from the patient survey were lower than the previous year • The quality of care plans needs to increase across the Trust. • There is a need to stabilise the Executive Team and confirm permanent incumbents. • Workforce sickness rates still need to be reduced further and are being addressed through the Trusts workforce strategy • Care pathways not aligned across age groups. • Inaccurate data sets can lead to confusion and a lack of understanding of the performance of particular services. • Across the Trust, only 47.1% of patients have a length of stay under 30 days. • Some Key Performance Indicators are significantly far away from acceptable levels – e.g. DNA: 22.5%, Cancellation: 8.2%. • There is a need for closer working with social services and other local agencies. • CQC concerns • Quality governance framework compliance

1.1.2 Forecast health, demographic, and demand changes which will have an impact on the Trust over the next three years are as follows:

The structure and volume of demand for services is changing

- Decreasing employment levels and decreasing incomes are causing increases in demand.
- Changes in the local population are changing the shape of demand for Trust services as a whole, for example increases in young and very elderly service users.
- We must consider how we can further integrate the mental and physical health requirements of service users which is key to improving outcomes and experience for those in our care.

Access methods to services are changing

- Advances in technology means the Trust needs to adapt to different ways to access service users e.g. telehealth, mobile apps and new media.
- A trend towards an increased number of service providers is leading to an increase in the volume of contracts that are out to tender. This will require a nimble, agile and focused response in order for the Trust to have the opportunity to bid to deliver services.

The service provision landscape is changing

- The integration of charities and other third sector providers into the care pathway for service users.
- The impact of changes in commissioning on what is required of services and the wider Trust, as well as the new commissioner relationships to be made and built upon.
- Integrating mental and physical health needs for a better service user experience
- A move towards payment by results requiring us to ensure robust data collection and a results-focused charging structure for commissioners
- Continuing pressures on NHS spending
- An increased focus on external assessment and monitoring of quality as a result of the publication of the Francis report

1.1.3 Impact assessment of market share trends over the life of the plan:

Changes in market share are difficult to predict as they will be influenced by a number of internal and external factors: the activity of other independent and NHS providers, including mergers and acquisitions, commissioning decisions made by CCGs, and internal decisions by the Trust to develop or otherwise parts of the current business.

- The move to national commissioning for specialist care has removed the geographic boundaries that previously existed and this new structure could favour providers with a national presence. We have an income contract with NHS England for specialised services including forensic services, Child and Adolescent Mental Health Services, deaf, perinatal and eating disorders. We have an excellent reputation with our Local Area Team for specialised commissioning.
- Areas of our current business that appear to be of most interest to competitors are secure care (especially low secure) and the step-down pathway through locked rehabilitation to community support. In particular the independent sector feels that it can offer a seamless pathway in this area. However, we currently provide the full care pathway in relation to male secure services including the gatekeeping function, and our plans for the development of a female low secure service over the next eighteen months mean that we will also provide the full pathway for female services.
- Specialties are another area that appears to be of interest to competitors and there are number already present in the West Midlands area and more are reviewing business opportunities. Our specialty services all have individual business plans for maintaining, and growing where opportunities are thought to exist to increase market share.

- A number of recent contracts awarded nationally have involved collaboration between NHS and independent or third sector providers; this is especially the case for addiction and prison services. We have recently won the contract for the provision for addiction services in Wolverhampton which is a consortium arrangement between ourselves and two third sector organisations, Nacro and Aquarius.

This is a trend that is likely to continue, leading to less clear boundaries about market share by any provider in the future. The Trust is seeking opportunities to expand parts of its business, either as a sole provider or through partnership, and this will impact on our market share in a number of areas.

The likely impact on the trust will be a requirement to respond flexibly to opportunities and changes as they arise. The loss of any market share has the potential to impact on wider service provision, especially if the service lost cross-subsidises other activity in the Trust. The retention of profitable business areas is therefore crucial; as is an understanding of service line profitability.

The Trust has carried out a comprehensive review of the opportunities and threats for each service lines within the Trust, as well as for the Trust as whole, which considered analysis of market development, diversification, market penetration and product development. This will be used to inform the business plan and individual service line plans over the next three years.

1.2 Threats and opportunities

1.2.1 Overview of key changes to local commissioning strategy and intentions and their anticipated impact on the Trust

Clinical Commissioning Groups

The 5 year commissioning strategy for mental health services for adults in Birmingham CCGs describes the following key themes that provide scope for opportunities as well as threats (Better Mental Health for Birmingham, 2013). The Trust's strategic programmes responding to each theme is outlined in the brackets.

- a) More people will have good mental health. This includes the objective of improved working across statutory providers (*Service Integration Programme*).
- b) More people with mental health will recover. Local objectives include redesign of Community Mental Health Team (CMHT) /Improving access to psychological therapy services (IAPT), development of community provision for people accessing specialist mental health services and personality disorder services. (*Service Integration Programme*)
- c) More people with mental health will have good physical health. The local objectives include improving psychological therapies for people with long term conditions and further developing mental health liaison in general acute settings. (*RAID*).
- d) More people will have a positive experience of care and support. Local objectives include increasing choice of care at home, preventing avoidable inpatient stay both in Acute and Mental health inpatients. There is reference to increasing the roll out of Individual Budgets for Personal Health (*Service Integration Programme*) and improving the care pathway for offenders (*Offender Healthcare*).
- e) Fewer people will suffer avoidable harm. Fewer hospital admissions as a result of self-harm (*Service Integration Programme*) (*Youthspace*)

The broad strategic commissioning intention is to reduce the number of people receiving secondary care mental health care in traditional inpatient care settings and to develop enhanced primary care including 3rd sector providers.

The commissioning intentions for 2013-14 across Birmingham and Solihull CCGs included the following key areas:

1. Attention Deficit Hyperactivity Disorder (ADHD) - Review of commissioned service across pathway including CAHMs and Primary Care.
2. Autism – Develop and implement a Birmingham wide autism strategy.
3. Care Pathway- Roll out enhanced Primary Care Mental Health including IAPT as part of Care pathway redesign.
4. Review of appropriateness of people in inpatient beds in both Acute inpatients and Non-Acute Inpatients
5. Dementia/Older Adults- Develop a dementia strategy across Birmingham and Solihull including review of prescribing of dementia drugs.
6. Neuropsychiatry – Independent GP to review the service. This service may transfer to NHS England in 2014-15.
7. Day Services - Birmingham CCGs to de-commission the service at Phoenix in the future.

NHS England (National Commissioning Board)

NHS England has developed a Business Plan which sets out its priorities. This highlights eight core work areas:

1. Supporting, developing and assuming the commissioning system
2. Direct commissioning
3. Emergency preparedness
4. Partnerships for quality
5. Strategy research and innovations for outcomes and growth
6. Clinical and professional leadership
7. World class customer services, information, transparency and participation
8. Developing commissioning support.

Each of the key deliverables associated with each work area has a potential impact on the Trust and provides opportunities to work more effectively in partnership with local/national commissioners and achieve better outcomes for patients. This links to our strategy for transformation of secure services, offender health, development of integrated services and opportunities for our Research and Innovation department.

NHS England has developed national service specifications defining the scope of the services commissioned. For the Trust the risks or opportunities from their commissioning intentions include

- Male Medium Secure services – expansion of the service to include phased re-patriation of service users in Tamarind and Reaside
- No clear commissioning responsibility of Outreach/Community services
- Specialist Service resource transfer for Deaf, Eating Disorder and Perinatal services
- The move to non-geographic commissioning offers little financial incentive for re-patriation of service users locally
- Reduction in out of area placements. Commissioners recognise historic deficiencies in commissioned capacity for Women's Low secure and female adolescent services.

Other

Birmingham City Council employs social workers that provide an integral component of Assertive Outreach Teams and secure service provision. The council will review the level of social worker input into healthcare which will have a direct impact of service delivery.

Drug and Alcohol service commissioning function has moved from PCTs to Public Health. These services are now managed by the Council. Both Solihull and Birmingham Drug services will be subject to open market tender within this financial year.

The Birmingham Prison commissioning has transferred from local commissioner to NHS England.

1.2.2 How the Trust has factored these considerations into its strategy

As highlighted in the previous section, there are a number of key changes as a result of local commissioning strategy and intentions that may impact the Trust. These are outlined in the table below with an explanation of how the Trust has considered these in its strategy.

Changes in Commissioning Strategy	Key Driver/Rationale	Trust's Strategic Link
Increase number of new commissioners	H& SC Act 2012. PCT dissolved and new statutory bodies	Build Excellent Commissioner Relationships – Customer Relationship Management (CRM) system
Reduce inappropriate in-patient stay	Quality, Innovation, Productivity, Prevention (QIPP) improve quality of care by appropriate referrals	Implementation of care pathway
Future day service provision- potential de-commission in year	Increase patient choice/ 3 rd sector market share	Creating excellent relationships with commissioners
For secure services reducing out of area inpatients beds	Care closer to home, demand management	Maintaining financial sustainability. Increasing inpatient capacity for secure services to meet commissioner needs.
Market testing of existing services- Addiction services	Demonstrate value for money	Maintaining financial stability, Improving patient experience and increased partnership working across whole pathway
Review of service pathways across healthcare agencies – ADHD, neuropsychiatry, autism, dementia	Improve quality of care by appropriate referrals	Improving patient experience and increased partnership working across whole pathway
Providing care outside hospital settings	Care closer to home, demand management	Implementation of care pathway- enhanced primary care

1.2.3 Demand and activity profile

The table below details the actual activity for 2011-13 and the forecast activity based over the next 3 years:

Activity summary	Currency measure	Actual for Year ending 31-Mar-12	Actual for Year ending 31-Mar-13	Plan for Year ending 31-Mar-14	Plan for Year ending 31-Mar-15	Plan for Year ending 31-Mar-16
Activity - MentalHealth						
Adult - (excluding High/Medium/Low Secure)	OBDs	121,425	119,655	120,599	120,599	120,599
Adult - Medium Secure	OBDs	43,483	46,912	72,125	72,125	72,125
Adult - Low Secure	OBDs	4,370	4,787	4,836	10,676	10,676
CAMHS	OBDs	4,737	4,737	10,340	10,340	10,340
Older People	OBDs	52,258	52,462	45,772	45,772	45,772
Other A	Adult Contacts/attendances	414,149	426,032	426,032	426,032	426,032
Other B	Older Adult contacts/attendances	57,416	56,378	56,380	56,380	56,380
Resources - MentalHealth						
Early intervention teams	Teams	9	10	10	10	10
Crisis resolution teams	Teams	10	10	10	10	10
Assertive Outreach Teams	Teams	8	6	6	6	6
Wards/ treatment areas	Wards	48	51	54	54	54
Hospitals/Sites owned or on PFI leases	Sites	59	59	52	52	52
Hospitals/Sites at which care given	Sites	62	74	74	74	74
Bed numbers						
Bed Numbers - Adult - (excluding High/Medium/Low Secure)	Beds	350	350	349	349	349
Bed Numbers - Adult - High Secure	Beds	0	0	0	0	0
Bed Numbers - Adult - Medium Secure	Beds	122	172	211	211	211
Bed Numbers - Adult - Low Secure	Beds	12	14	14	30	30
Bed Numbers - CAMHS	Beds	20	20	36	36	36
Bed Numbers - Older People	Beds	152	132	132	132	132
Total Bed numbers	Beds	656	688	742	758	758

The average inpatient occupancy levels across the Trust (excluding secure services) over the past two years has been 95%.The commissioned bed numbers remains to be 349 during 2013-15 and it is expected that demand will remain at 95%.

Older Adults Inpatient beds have reduced by 20 beds due to closure of Maple Leaf Drive and transfer of the service users to a non-statutory provider under a sub contractual arrangement.

The Trust has increased the number of medium secure beds due to the opening of the Tamarind centre male medium secure unit. The 89 bedded unit is due to be fully open by September 2013. This is reflected in the phased increase of opened beds during 2013-14. In addition, low secure beds will increase by 16 in 2014/15 due to the Ardenleigh development and the transformation of the women's secure pathway.

Furthermore the CAHMs service has opened a 16 bed unit at the Japonica site in March 2013 to reduce instances of vulnerable young people being placed in unfamiliar surroundings.

There are no further planned increases in bed capacity going forward from 2013-14 as reflected in the long term financial plan.

1.2.4 Details of how the Trust is diversifying its income streams

The Trust is diversifying its income range across a variety of schemes and these include:-

- a) The Trust has a portfolio research programme that contributes significantly to regional, national and international knowledge about mental health. See further below for detail
- b) The Trust has been recently successful as standalone or across various partnerships bidding for
 - Wolverhampton Drug and Alcohol service,
 - Stoke Alcohol service
 - Framework agreement for Birmingham Parenting Assessment Service,
 - National Lottery bids across Service User engagement and Youth services.
 - National Patient Safety Agency- Neuropsychiatry service for medical staff
 - National IAPT Demonstrator site- Bipolar
- c) The Trust provides psychology services to a range of providers including local acute hospitals, Marie Curie Hospice
- d) Roll out of an innovative, nationally recognised service Rapid, Assessment ,Interface and Discharge (RAID) across local acute hospitals
- e) Working collaboratively to develop Learning and Development services across a range of providers such as Staffordshire & West Midlands probation, Blue Hippo Media Ltd.
- f) The Trust has set up a dedicated Business Development function to actively seek, capture and manage future business developments such as tenders, Any qualified provider, business cases
- g) The Trust has set up a wholly owned subsidiary, Summerhill Supplies Ltd, which could be used as a potential vehicle for competitively position ourselves when tendering for business

1.3 Collaboration, Integration and Patient Choice

1.3.1 Integration of services

The Trust is embarking on a large scale redesign of care pathways to improve efficiency across the organisation. The programme aims to deliver a single point of access and provide streamlined services pathways based on cluster pathways that have been developed with a range of stakeholders. A key component of the programme will be to deliver an enhanced primary care service which includes linking/networking with a range of stakeholders such as GPs, social services, housing, third sector providers. This programme is a key 2013/14 priority in the Trust Business plan and is congruent with the CCG commissioning intentions. Early financial assumptions are summarised in the long term business plan efficiency model.

1.3.2 Partnership working

The Trust is working across a range of providers outside the traditional statutory setting to improve and widen patient choice, improve quality and share learning.

These include the following:

- Wolverhampton Drug and Alcohol Service- provision of drug recovery model, Recovery Wolverhampton, with Nacro and Aquarius.
- Birmingham Healthy Minds- subcontract with Birmingham Mental Health Consortium to deliver low intensity IAPT Activity
- Spectrum, Lancaster University – joint bid to providing a pilot site for IAPT Bipolar
- Community Outreach Support Service and Vocational Support Service- Prince's Trust

- Dementia Service, Information, signposting and support service to service users and carers.- Alzheimer's Society
- Independent Advocacy Service, & Independent Mental Health Advocacy- Service Building Community Advocacy Services.
- Solihull Integrated Alcohol Service, Provision of Alcohol Service – With Welcome and Aquarius
- Stoke City Council, Provision of Alcohol Services- in partnership with Aquarius
- Scope of Personality Disorder service- Ansel Group
- Provision of Social Care- Birmingham City Council
- Provision of Employment Scheme- First Steps Trust
- Prison Health Care, Primary Health - Birmingham Community Health Trust
- Respite Service – With New Servol and Future Health & Social Care Association
- Islamic Counselling Service – Lateef Project.

1.3.3. Competition

The provision of services does not contravene competition rules as they are undertaken either through existing Trust procurement policies, pilot projects, or are services delivered following an open tender process.

Section 2 - Approach taken to quality

Our quality strategy ensures quality is embedded in every aspect of our work and plans.

Our top strategic ambition is to continuously improve quality by putting service users at the heart of everything the Trust does to deliver excellence. This is measured by:-

- Consistency of outcomes
- Safety outcomes
- Clinical outcomes and effectiveness
- Patient and carer experience

A core component of the quality strategy has been to ensure that quality is key to everything we do and a significant focus on doing this has been developed through the Trusts annual plan and planning process which has been developed over the past 3 months.

2.1 An outline of existing quality concerns

Quality governance review

The Trust has used Monitor's quality governance framework on a number of occasions over the past 3 years and this contributed to the development and implementation of the Trust's Quality Strategy. In order to further support progress, in February 2013 the Trust commissioned a review of compliance against Monitor's Quality Governance Framework using a limited version of standard methodology adopted for aspirant Foundation Trusts. The review was commissioned for internal purposes to enable continuous

improvement to services and embed quality. The assessment scored the Trust at 11 and recognised the changes that were occurring at Board level during the assessment and also that although both the Trust's organisational strategy and its quality strategy were in place, these had yet to be fully implemented at the time of the review.

The Trust has developed an action plan to address the issues arising which will be implemented by 15th June 2013 particularly with a focus on the perception of robustness of quality information. A number of actions have already been completed, the majority of the actions had already been identified as part of the annual planning process or were in progress at the time of the review. The action plan has been further reviewed by members of the Executive Team in April 2013 in order to assess the current status. This self-assessment indicates an improvement in the Trust score to 7. Full implementation of the action plan by 15th June 2013 will reduce the assessment score to 3.5, which is the expected standard for aspirant Trusts.

In addition, the Trust has asked our Internal Auditors to do a fuller quality review considering wider quality issues in the second quarter of the year.

Inpatient staffing

In April the Trust received details from the CQC of anonymous concerns that had been raised with them about staffing levels and incident reports at one of our Psychiatric Intensive Care Units.

The Trust provided an informal response to the CQC identifying further improvement is required and where additional support is being provided to ensure improvement. Actions are now being taken to address the allegations and the Trust is carrying out a full in-depth investigation of the allegations and CQC have subsequently visited the unit and issued a draft report of their findings.

In light of this and following on from a presentation to the Quality and Safety Committee, a comprehensive inpatient staffing review is being carried out. This will review ten inpatient areas across the Trust and it will examine 2012/13 staffing levels and benchmark areas as well as consider the impact on quality. This review will be completed by the end of June with a report and recommendations.

Commissioner concerns

In May, at a meeting with Birmingham Cross City CCG, a number of quality concerns were raised by commissioners which included serious incidents reported, CQC review, staff survey, quality Information, safeguarding, Quality Accounts, IAPT service and falls review. The Trust has had meetings with commissioners to discuss the issues in more detail and provide evidence to provide assurance and has responded to their concerns.

Information governance incidents

During 2012/13 there were three information governance incidents that were reported to the Information Commissioner's Office (ICO), and there has been a further incident reported in April 2013.

All serious information governance incidents have been the subject of a formal management review. A series of actions are being undertaken to reduce incidents of this type:

- Actions are being taken to flag confidential information as such whenever it is produced, so that the labelling of information in this way acts as an immediate trigger for staff to think through whether it should be passed on.
- The Trust's ongoing internal information governance publicity and information campaign continues to be developed actively, with many of the key messages chosen reflecting the particular risks around transmitting personal information inappropriately.
- The Trust continues to follow up all staff to ensure national information governance refresher training is completed annually. Development of a Virtual Learning Environment in 2013/14 will

allow key local information governance messages to be incorporated within the national training framework.

2.2 The key quality risks inherent in the plan

Risk	Mitigating actions	Lead
Co-ordination of care management processes to strengthen our approach and how this is monitored.	Strengthened processes and monitoring arrangements Annual Business plan objective to drive improvement, monitored across all teams. Central review group to monitor progress and action any areas underperforming.	Director of Quality Improvement and Patient Experience.
The Trust has significant cost improvement programme targets for the next three years, schemes may have an adverse impact on quality	Structured approach to all CIPs through introduction of Project Management Office, including robust quality impact assessments which are revisited throughout implementation of the scheme to ensure mitigating actions are in place and effectively working. Monitoring undertaken by Director led Transformation Committee.	Director of Resources
Ensuring compliance with CQC regulations, particularly in relation to safeguarding arrangements.	On going quality and compliance surveillance process and quality peer review visits to assess standards across all areas.	Director of Quality Improvement and Patient Experience.
Non compliance with information governance arrangements leading to significant patient identifiable data loss.	Further strengthening of information transfer processes and arrangements in local teams. Overseen by Information Governance group.	Director of Resources
The risk of major service reconfiguration due to commissioning intentions and challenges to continue to provide competitive and high quality services.	GP engagement strategy process and close working with commissioners.	Medical Director
Risk of non compliance arising from issues in relation to staffing recruitment and cover.	Short term executive lead project to address short falls of temporary staffing support, streamlining recruitment and ensuring robust rostering arrangements in place.	Director of Quality Improvement and Patient Experience.

2. 3 How the Board derives assurance on the quality of its services and safeguards patient safety

The Trust has reviewed itself against the Monitor Quality Governance Framework and approved a three year Quality Strategy. The implementation plan has identified actions to further strengthen its quality performance. See section within 2.2 on Quality Governance Review.

The Medical Director and the Director of Quality, Improvement and Patient Experience have joint delegated responsibility for clinical risk management and clinical governance. The Quality and Safety committee was established by Trust Board to improve assurance over all aspects of quality and risk. The medical Director and Director of Quality Improvement and Patient Experience jointly chair the Clinical Governance Committee which is responsible for the operational implementation of quality and safety across the Trust.

The two Board sub committees (Quality and Safety, Resources and Performance) have strengthened the oversight of risk during the year. Each committee has kept under monthly review key risks identified from the Trust Assurance Framework.

The Trust learns from good practice through a range of mechanisms including national guidance / alerts, benchmarking, clinical supervision and reflective practice, individual and peer reviews, performance management, continuing professional development programmes, clinical audit and application of evidence-based practice and meeting risk management standards.

Use of a nationally recognised risk rating tool, supported by agreed assurance level definitions ensures a standard approach is taken to prioritising risks.

The Trust clinical governance committee regularly reviews local risk registers from individual clinical programmes to ensure that these are maintained and accurately reflect risks at the clinical interface.

Section 3 - Clinical Strategy

3.1 Service Line Management Strategy

3.1.1 Clinical strategy

In March 2013 the Board approved a refreshed Trust strategy, incorporating within it a new vision, values and purpose for the organisation. The strategy was created with input from the Board, staff, service users, carers and other stakeholders.

Quality in the form of safety, experience and outcomes is the backbone of everything we do and is at the heart of the Trust strategy.

Our quality strategy sets out a broad framework for how we are aiming to improve services to support our quality aims. Quality is everyone's business and all staff have a part to play. The strategy aims to ensure that staff are supported to implement changes to improve quality. Significantly, this will involve developing the annual planning process to support a strong focus across the organisation on quality.

A substantial communications campaign has been developed to inform and engage staff with the Trust strategy, business plan and associated quality principles, ensuring staff are aware that quality is at the centre of the Trusts plans and strategies.

3.1.2 Service line strategy

The Trust embarked on a rollout programme of financial and budgetary devolvement to front line clinical managers from 2011/12. The process was implemented and imbedded in the organisations accountability framework from 2012/13. This has essentially given team managers, lead clinicians and clinical directors more responsibility in making the decision regarding issues around their budgets and what they spend

their money on, and the recruitment of staffing within their establishments. It has also made them directly accountable for their areas.

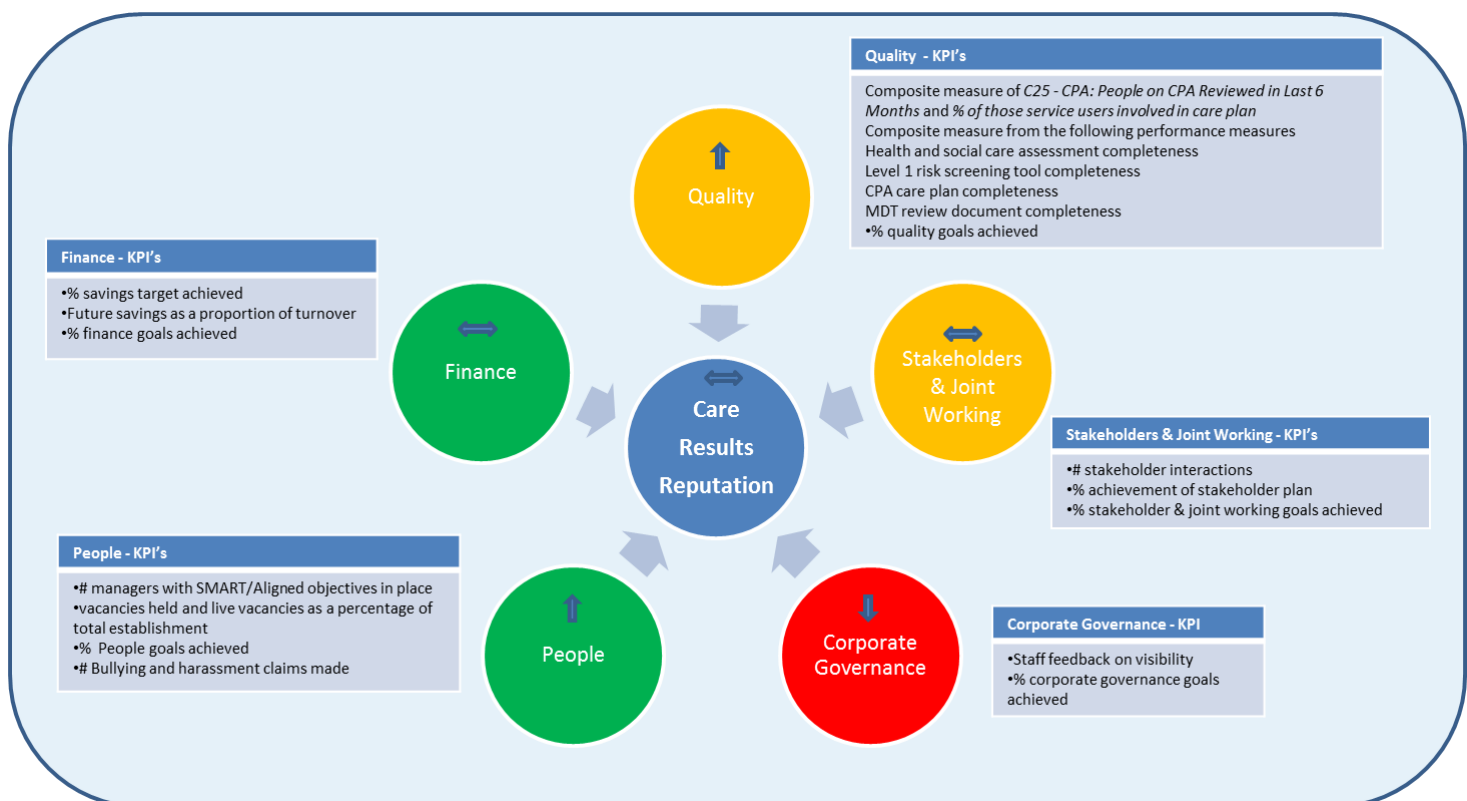
The next phase is moving beyond financial/budgetary accountability to a more holistic review and challenge of accountability across the organisation through a formally structured business planning process which has been developed.

The Trust-wide business plan for 2013/14 has been developed based on goals against five domains:

- Quality
- Stakeholders and joint working
- Finance
- People
- Corporate Governance

Each service line has an individual service line business plan and an agreed set of key performance indicators against each of the goals. Progress against these metrics will be measured and reviewed on a quarterly basis and these will be developed into a risk rated Trust-wide Balanced Score card that will be presented to the Trust Board.

A sample balanced scorecard is as follows:



3.1.3 How the Trust has developed this strategy

The Trust commissioned an external review of its services to feed the business planning process for 2013/14. This review consisted of the following elements:

- Competitor analysis by service line
- Contribution to overheads by service line

- Assessment of the current state of individual service lines across the following six domains: people management, quality data, quality service, clinical sustainability, financial sustainability and joint working
- SWOT analysis by service line
- PEST analysis for the Trust
- Consideration of current strategic issues for mental health trusts
- Development of the strategic ambitions for the Trust

From this a transformation map was developed which fed the Trust strategy and business plan for 2013/14 and beyond.

3.2 Clinical Workforce Strategy

3.2.1 An overview of the clinical workforce strategy by staff group is detailed below.

Medical

The Trust's strategic approach to medical workforce planning is to maintain the required professional excellence and standards, with the right type of medical staff in place to ensure we are continually working to help people get better by providing the highest standards of care.

The Trust acknowledges that medical engagement in decision making is crucial in ensuring that strategic and organisational changes are properly planned and effectively implemented. Medical staff have taken part in a recent survey on medical engagement in decision making, the result of which has led to several executive level discussions and events to address the key points raised.

The Trust is currently working towards a new integrated model of care which will fundamentally change the structure of the Trust and the patient care pathway. This will introduce an ageless, seamless, needs-based, health care service that is patient and carer centred, where medical managers will work alongside clinical managers, creating a jointly led service line approach. The model is currently being explored for the provision of community services in line with best practice, national policy and local research. This may lead to changes in staff skill mix, but at this time major change in medical staffing numbers is not predicted.

The Trust has experienced some challenge in attracting SAS grade doctors in sufficient numbers, which we are seeking to address through a pay review and/or a recruitment premium. This is currently being negotiated with our Local Negotiating Committee Representatives.

Our longer term strategy is to minimise numbers of locum doctors while maintaining flexibility in our medical workforce. We also intend to develop and increase the numbers of Associate Physicians (formerly Physician Assistants) and Nurse Prescribers, ensuring that they are a key part of the multi-disciplinary team, relieving pressure on medical staff to allow them to focus on more complex patient care.

Medical cover arrangements, both in working time and out of hours are regularly monitored in line with Royal College guidance and are European Working Time Directive (EWTD) compliant. There are sufficient numbers of doctors to provide the range of activities required allowing for out-of-hours' work and cross-cover arrangements.

Nursing

In the short term (2013/14) a significant increase in staffing will be required to complete the complement of staff required to establish the new male medium secure unit (Tamarind Centre) and to open two new women's low secure wards at Ardenleigh. We anticipate some challenges in recruiting staff with the required skills as there is local competition from private sector providers.

In the following years there is likely to be a reduction in the number of qualified staff required, as services are provided either in a different way or by other providers. The main risks are:

- The age distribution of the current workforce, which may create a significant demand for replacement staff. There are indications of staff leaving at an earlier age when they are able to, particularly in relation to pensions concerns and Mental Health Officer status.
- The calibre of newly qualified staff significantly varies. There have been concerns about the curriculum and the quality of graduates from some universities, which is now being addressed.
- The move to an all-graduate profession may make it more difficult for existing staff without the necessary academic qualifications to gain entry to nursing courses. This is an important route to qualification for many of our staff.

Allied Health Professionals

The prime remit of Allied Health Professionals (AHP's) is prevention and rehabilitation towards an optimal existence in the community where self-management and empowerment are the corner stones of any treatment plan or objectives contained within a care episode. These principles align with the current agenda of community based access nearer to the patient; self-care and optimising patient function through a partnership approach with equipped partners.

Pharmacy

The Pharmacy workforce is relatively stable, although the age profile of staff suggests that there may be a number of retirements during 2013, which the Trust is planning for.

Pharmacy services are often stretched compared to equivalent services in acute Trusts due to the geographical spread of our units. There is a heavy dispensing workload, in part brought about by the need to dispense small quantities of medicines. Pharmacy staffing requirements are being kept under regular review and where necessary, business cases developed for additional staff to extend the service.

The supply of pharmacists has changed considerably over the past five years from being a shortage occupation to an oversupply. The Trust now receives a significant number of applications from qualified pharmacists when recruiting. Currently, the calibre of applicants for pharmacist posts to work in a specialist field is limited and this will not change unless we continue to contribute to the training of pharmacist and pharmacy technicians. We take student pharmacy technicians as part of a regional scheme and will continue to do so for the foreseeable future. We will continue to work with local universities, colleges and other NHS organisations to train and develop potential pharmacy staff so that we have a reasonable pool of staff who can apply for roles within the Trust.

Psychology

There are plans across all clinical areas to broaden access to formal training in Low Intensity Psychological Interventions for staff without a professional healthcare qualification. As the main provider of this training in the West Midlands we are well placed to support and develop staff both during and after they have completed this certificate level training. This will ensure our patients and service users receive better access to psychologically informed care and to low intensity psychological interventions.

The Psychological Wellbeing Practitioner (PWP) workforce is growing in our community and we are reviewing our workforce structure and skill mix to reduce qualified Clinical Psychology posts and develop

this role further. This will enable us to maximize clinical access and enhance quality and value better meet demand for clinical support to patients with severe and enduring mental health difficulties and to focus more senior staff on providing the training and supervision required to enable these new Band 4 staff to function safely and effectively. We will be encouraging unqualified clinical staff within all of our clinical service areas to apply to train as PWP's in the coming year.

A set of standards and a workforce competency structure is being developed to better define the workforce required to deliver the range of psychological interventions required to effectively treat our service users across the entire spectrum of need. This work is led by our Psychological Governance Board.

3.3.2 Key workforce pressures and plans to address them

The Trust's people plan established six key HR strategic priorities for 2012 – 2014 which in addition to implementation of a revised approach to performance management and appraisal sets out our commitment to the following:

- Talent Management: Review and develop approaches to bring through talent into management positions in the Trust ensuring diversity of talent and skills necessary for our future
- Sickness and Work Climate: the formulation of an approach with supporting implementation plan to achieve specific outcomes in relation to staff wellbeing
- Equality and Diversity Programme: delivering a programme of interventions to improve equality and diversity practice across the organisation
- Workforce planning: improving our capacity and capability to forecast and resource our workforce needs over the next 5 years
- Service Line specific support: Provide HR, skills development and organisational development as required to support service redesign and restructuring initiatives
- Staff Engagement: To review the Trust's current approach to employee engagement and to introduce a number of additional mechanisms to improve the engagement of staff in the Trust's objectives and challenges

Each division has developed their annual business plan and identified a set of key strategic priorities for 2013/14 that link to the Trust Strategy. Common workforce themes in all divisional plans include a significant focus on reducing sickness absence to 3.39% by 2014 to meet national targets through regular monitoring, analysis and actions taken in accordance with Trust Policy.

The Trust staff satisfaction survey undertaken in 2013 identified specific areas of concern, particularly around staff experience at work. Ways to address this are being considered, one of which has been the introduction of the CEO led "Listening into Action" programme, allowing staff to put forward their views on improving services for both patients and our staff.

Our Performance Management and appraisal process "Working Better Together" was introduced last year, which includes behavioural profiles for all staff. The framework includes regular management supervision sessions which feed into the annual appraisal. Attached to the framework is a clear Capability Policy for dealing with under performance. Currently, all staff, with the exception of medics are covered by this Policy and work continues to align this process for medics.

The Trust, in a similar way to other parts of the NHS and the wider public sector, has an ageing workforce and therefore is developing a strategic approach to recruiting more young people to ensure that we maintain sustainability and build capacity. The Trust has established a post that focuses on widening participation, improving access to employment opportunities and in particular developing an apprenticeship programme, to engage young people in working for us.

We are reviewing our arrangements for the reward of consultants through clinical excellence awards and await the outcome of the national review following the Doctors and Dentists recommendations earlier this year.

3.2.3 The impact of the Workforce Strategy on costs (short-term and long-term)

A focus of the workforce strategy is on a review of reward, the psychological contract and the management of employee well-being. We expect these to contribute to a reduction in employment costs as part of corporate savings plans. The current Executive Director of Organisational and Workforce Development has developed a robust framework to manage performance and capability (WBT), which will improve the quality of management decision making and service delivery

Planned service redesign to the community services pathway will provide the opportunity to reduce management and medical staffing costs through a more integrated care model.

3.2.4 Findings of benchmarkings or other assessment

We are currently utilising recognised workforce tools in our inpatient staffing review.

3.2.5 Clinical Sustainability

The Trust offers a wide breadth of services, all of whom have a range of performance "metrics" to measure against, as well as a number of national KPIs.

Our catchment area is aligned to GP Practices and patient population is reasonably proportioned across our services. Any reconfiguration or redesign of our services includes a review of catchment populations.

Our day services are supported by a well populated temporary staffing service who are available to fill gaps as and when required. Medical and Agency staff are assigned when gaps in service may affect patient care.

Cover out of hours is provided via a 3-tier medical and nursing on call rota structure which provides full out of hours cover. All our rotas are regularly monitored for compliance with EWTD and Royal College guidance.

We are planning for a review and redesign of our clinical services that may slightly reduce consultant posts, however, medical locums have been retained in order to provide flexibility.

Workforce models and recruitment plans are included in all of the Trusts business plans, which are signed off by the relevant clinicians to ensure that sufficient staff are in place to deliver safe services.

In the short term (2013/14) a significant increase in nursing staff will be required to complete the complement of staff required to establish the new Tamarind Centre and to open 2 new women's low secure wards at Ardenleigh.

3.2.6 Identifications of which of the Trust's Services could potentially lack critical mass (defined by Royal Colleges)

Social workers

Our local authority partner, Birmingham City Council, is changing their service model, part of this process will include the removal of their social workers from our local teams. The review of how community Mental Health will operate going forward is one driver for this review, as is the development of enhanced primary care services which is being developed in the west of the city. The review is on-going with work currently being led by the Executive Medical Director

Inpatient Services

As highlighted in section 2.1, our one of our key workstreams in Quarter 1 of 2013/14 is to carry out a comprehensive inpatient review to consider appropriate staffing levels and to establish clear guidance and standards. This will use recognised workforce tools as applicable.

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

Community services

There are opportunities across the Trust to redesign care pathways for service users so that care is delivered in an integrated way. Considering more efficient systems of care across youth, adults of working age, primary care and older people's services in particular will be an essential part of ensuring the trust's future as a senior provider of mental health care. Furthermore, the need to deliver pathways of care in preparation for a payment by results (PBR) model enables the trust to achieve improvements across a spectrum of areas. The Care Pathways and PBR model defines a structure for service delivery that ensures service users' needs are central to the care that we provide, and that such care is delivered from a truly multi-disciplinary perspective. The Integrated Clinical Team model lends itself to a Care Pathways framework, in addition to providing opportunities to embed Recovery and Outcomes into the day to day practice across all clinical areas.

International and commercial activity

The Trust has a portfolio research programme that contributes significantly to regional, national and international knowledge about mental health because it believes that its staff, its service users and their carers not only benefit from participating in high quality research studies but they also enjoy subsequent service improvements that can derive from this work.

The Pharmacotherapy Research Committee (PRC) was formed in 2008 to oversee commercial and non-commercial studies involving investigational medicinal products. Its aim was to establish a multi-disciplinary review of study proposals and develop processes that would ensure regulatory standards for clinical trials conducted within the Trust. The PRC reports formally to the Research & Innovation Committee and provides updates to the Pharmacological Therapies Committee (PTC). Finally, the PRC has established fully equipped clinical trial facilities at The Barberry Centre and Northcroft.

The role of the PRC is to oversee the conduct of clinical trials and to ensure the Trust meets the requirements of the UK Medicines for Human use (Clinical Trials) Regulations 2004 and The Medicines for Human use (Clinical Trials) Amendment Regulations 2006. The PRC reviews all new proposals for clinical trials and provide guidance, support and information for those the Trust investigators and research staff who are engaged in conducting such trials.

Information Communication Technology (ICT)

The Trust is investing £2m capital and £1m revenue funds into its ICT strategy in 2013/14, and is working to reduce inappropriate face-to-face contacts through the use of ICT as follows:

- Digital appointment reminders
- Mobile enabled community nursing
- Pre-operative screening through the use of ePAQ (e Personal Assessment Questionnaire)
- Remote follow-up in secondary care
- Sending secondary care clinic letters to GPs

Rapid Assessment, Interface and Discharge (RAID) service

Our RAID service was launched in December 2009 at City Hospital in Birmingham as the first enhanced psychiatric liaison service of its kind in the UK to ensure that patients presenting at acute (A&E) settings received help for their mental health as well as their physical health at the same time. The aim of the initiative is to improve patient outcomes, streamline care and in the process make significant savings to the public purse.

A report into the clinical and financial impact of RAID by the London School of Economics for the NHS Confederation praised its innovative approach for improving patient outcomes, reducing waiting times and saving money. Conservative assumptions on savings, made in the LSE's report, revealed RAID could make savings of £4 for every £1 invested in the service.

We are participating in a national study being carried out into developing a PBR currency model for psychological medicine services in relation to this service.

Section 4 - Productivity & Efficiency

4.1 Overview of our productivity and efficiency plans

Our three year efficiency plan built into our financial plan is detailed in the table below. This includes a risk assessment of the financial deliverability of the schemes in 2013/14.

Project Title	Scheme Type	Risk Rating 2013/14	2013/14 £m	2014/15 £m	2015/16 £m	Total £m
Provision of a new 16 bedded female adolescent ward	Income generating		0.8	0.3		1.1
Ardenleigh Development - women's low secure	Income generating		0.2	1.0		1.2
Maximising income generated from our non acute inpatients units	Income generating		0.2			0.2
Ensure we are being paid for what we do within our neuropsychiatry services	Income generating		0.2			0.2
Contributions from new business - tenders and business development	Income generating		0.2	0.6	0.4	1.2
Service integration programme - review of care pathways	Service redesign		1.5	2.7	0.8	5.0
Operational efficiencies	Efficiency		0.9	2.0	1.7	4.6
Review of corporate functions	Efficiency		1.0	1.5	1.4	3.9
Terms and conditions	Workforce		0.6	0.7	0.8	2.1
Implementation of Summer Hill Services Ltd	Income generating		0.3			0.3
Review of capital charges	Efficiency		0.4			0.4
Efficiency in procurement of goods and drugs	Efficiency		0.7	0.5	0.5	1.7
Estates reconfiguration	Efficiency			0.3	0.4	0.7
Scheme development in progress				1.4	5.0	6.4
TOTAL			7.0	11.0	11.0	29.0

In addition to the above schemes the Trust is progressing a number of other economic efficiency schemes which will improve productivity and efficiency in the way we use our resources, but which will not necessarily result in any financial savings. These include:

- Review the way we carry out our induction for new starters
- Implementation of a virtual learning environment
- Medicines management benchmarking
- Improving do not attend and cancellation rates within community services
- Review of the use of Trust resources such as printers, telephony, and travel

4.2 CIP Governance

4.2.1 An assessment of historic performance of delivering CIPs

The Trust's overall savings target within the annual budget is set by reference to the national efficiency requirement specified within the Department of Health's annual guidance Everyone Counts; Planning for Patients (previous the Operating Framework). This may then be increased or decreased based on the context of the Trust's financial position, cost pressures and investment requirements.

The Trust has been successful in delivering its savings targets over the past four years as detailed in the table below:

£'m	2009/10	2010/11	2011/12	2012/13	Total
Target	5.8	7.0	9.0	8.0	29.8
Achieved	5.8	6.5	8.9	8.0	29.2
Shortfall	-	(0.5)m	(0.1)m	-	(0.6)m

Our practice has been to carry forward undelivered savings to the next year. There are two areas of undelivered savings which are being carried forward into 2013/14 totalling £0.6m, in addition to the 2013/14 savings target. Both have plans for delivery.

4.2.2 The Programme Management Office (PMO) assurance role within the Strategic plan

There is growing recognition that moving forward it will be more challenging to deliver savings as well as maintaining overall service delivery and financial balance.

With an increased expectation that moving forward the majority of our larger savings schemes will involve a need to make significant changes to deliver and meet the demand for services. With an acceptance to evolve ways of accessing the services and ensure integration across the health landscape, we are increasingly seeing complex interdependencies between schemes and stakeholder groups.

In light of this additional challenge and complexity the Trust established a PMO function during 2012/13 to ensure a robust approach to the monitoring and implementation of savings plans. The PMO provide a consistent and transparent approach to assurance and link scheme owners to the Directors / Transformation Committee / Clinical Governance Committee / Board. They provide regular dashboards and reports by exception on both the financial deliverability and quality impact of schemes. The PMO and scheme owners ensure appropriate plans are in place and monitor milestones, risks, quality impact and delivery. Lessons learned are captured to ensure repeatability of good practice and provide others with the information not to repeat inefficiencies.

The Trust operates a Transformation Committee. The Committee reviews proposals for savings schemes and risk assess the schemes, agree on any further action to be taken before schemes are signed off ready to be implemented and monitor the progress in delivery. This Committee is chaired by the Executive Director of Resources and membership includes the Medical Director, Executive Director of Patient Experience, Executive Director of Operations, Directors of Strategic Delivery, Director of Finance and Head of PMO.

The governance structure and processes include:

- The Trust Board formally signs off the Savings Programme in advance of the financial year.
- Each scheme has a nominated Senior Responsible Officer at Director Level, as well as a project lead, clinical lead, finance lead and HR lead. In addition, schemes impacting on clinical services have a nominated lead clinician.
- All schemes impacting on clinical services are required to complete a quality impact assessment; this is reviewed for the potential impact to quality of service from a positive or negative perspective, incorporating specific areas of impact such as patient experience, clinical skills, patient outcome, quality indicators, and clinical safety.
- Each of the projects follow a robust and rigorous escalation process, whereby if there are serious concerns about aspects of the project, the Project Overview Document (POD) is escalated to the Transformation Committee and/or Clinical Governance with a view to revisit the assumptions underlying the development
- The Trust Board also receive a monthly update regarding delivery against the Savings Programme through the Finance Report. This includes a risk rating of each savings scheme and exception reporting of any key risks and issues with delivery. This is also reported to the monthly Resources and Performance Committee.

A Project Overview Document (POD) is completed for each project, and is used as a template to capture the design of the project and also as an on-going project management tool. Once the POD's have been approved, full implementation plans are developed and taken to the appropriate forums for discussion and approval.

Progress against the savings programme is monitored on a monthly basis and reported to Trust Board and Resource and Performance Committee. This includes a risk rating of each savings scheme and exception reporting of any key risks and issues with delivery.

4.3 CIP profile

Our savings programme, including a risk assessment of schemes, is set out in section 4.1

4.4 CIP enablers

From the outset, our clinicians are involved in the development and delivery of our individual projects and savings programme through the following mechanisms;

- Each scheme has a project team which includes clinical representation.
- Each scheme impacting on clinical services has a nominated Clinical Lead who is accountable for delivery of the scheme.
- The savings programme and delivery of individual schemes is discussed and signed off at Board level and within the Transformation committee, at which Clinical Directors are represented.
- The savings programme is also discussed at our Medical Advisory Committee, Joint Local Negotiating Committee and Joint Negotiating Consultative Committee.
- Schemes are discussed and monitored through clinical governance forums, Quality and Safety Committee and the Transformation Committee, all of which include clinical representatives.

- All initiatives are reviewed for potential impact to quality (positive or negative) and include the clinical outcome and patient indicators. In addition, under the Equality Act 2011 and the Public Sector Equality Duty, it is the responsibility of the Trust to assess the potential impact of any policies, changes or service developments on minority groups.

The POD document and the PMO consider the infrastructure requirements for each scheme.

4.4 Quality Impact of CIPs

Completion of a Quality Impact Assessment is a core and vital part of our savings development and monitoring process. All schemes are subject to quality impact assessments and are progressed through Clinical Governance Committee, Trust Board and Transformation committee as appropriate.

These are done for each scheme through;

- Initial completion of Project Overview Document (POD), which includes a quality impact assessment and highlights likely quality risks with appropriate mitigation, owner, assessment date and corresponding review date.
- A full quality impact assessment is reviewed through the escalation process and taken through Clinical Governance Committee or the Local Governance committee where appropriate, once implementation plans are more refined.
- All savings schemes impacting on clinical services complete a quality impact assessment which is reviewed for the potential impact to quality of service from a positive or negative perspective, incorporating specific areas of impact such as patient experience, clinical skills, patient outcome, quality indicators and clinical safety. The Trust's Quality and Safety Committee takes an overview of this process from an assurance perspective. Quality impact assessments are signed off by the Medical Director and Director of Quality, Improvement and Patient Experience.
- On-going monitoring of Clinical, Quality and Equality impact assessments takes place through the use of the POD's and the assurance provided by the PMO. The escalation procedure for the projects is also directed through the clinical governance forums, Quality and Safety Committee and the Transformation Committee.

Section 5 - The Trust's financial & investment Strategy

5.1 An assessment of the Trust's current financial position.

The Trust has a wholly owned subsidiary Summerhill Supplies Limited ("SSL"). Throughout this strategic plan the financial figures presented as that of the consolidated position for the Trust and SSL.

In 2012/13 the audited surplus before exceptional items was £2.4m. This achieved a Financial Risk Rating of 3 in line with plan. Exceptional items included impairments of £5.3m and restructuring costs of £0.9m, meaning the annual accounts reported a deficit of £3.8m

The consolidated financial plan for the next three years is summarised below. This shows that the EBITDA and surplus margin will grow each year in line with our strategy to work towards achieving a Financial Risk Rating of 4 (under the old Monitor regime).

£m	2013/14 Plan	2014/15 Plan	2015/16 Plan
Healthcare Income	222.4	226.6	225.3
Operating Income	14.1	14.7	14.7
Total Income	236.5	241.3	240.0
Pay expenditure	(175.7)	(177.2)	(174.8)

Non pay expenditure	(43.3)	(46.1)	(46.8)
Total expenditure	(219.0)	(223.3)	(221.6)
EBITDA	17.5	18.0	18.4
EBITDA %	7.4%	7.5%	7.7%
Capital financing costs	(15.5)	(15.6)	(15.9)
Impairment	(0.5)		
Surplus/(Deficit)	1.5	2.4	2.5
Surplus/(Deficit)%	0.6%	1.0%	1.1%
Financial Risk Rating	3.25	3.25	3.45

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

Transformation of secure services

One of the Trust's key work-streams has been the transformation of secure services. In the three year financial plan there are three elements to these developments:

Tamarind Centre

The Trust has made a significant commitment to expanding its male secure capacity through the development of the Tamarind Centre. This significantly increases the men's medium secure capacity in the region and consolidates the Trust's position as the leading provider of such services. The Tamarind Centre is a new male medium secure unit which provides 89 medium secure beds, of which 12 are personality disorder beds. The centre was opened to new admissions in December 2012 and is being filled on a phased basis, with full occupancy expected by September 2013.

Womens low secure services

Whilst the Tamarind Centre is providing extra capacity for male medium secure beds, the capacity for women remains low. The need to invest in increasing capacity in both women's medium and low secure services is of concern and promoted as a key priority by commissioners in the West Midlands 2010-2015 secure services strategy. In 2012/13 the Trust Board approved a business case for a development at the Ardenleigh which would give capacity to open a female low secure unit of 15 beds. This is a key income generation scheme for 2014/15.

Forensic CAMHS service

The Ardenleigh development referred to above includes capital investment of c£3.5m to improve the existing physical environment of the unit and to enhance service user surroundings.

ICT strategy

The Trust is investing £2m capital and £1m revenue funds into the ICT strategy in 2013/14, which is split into the following areas:-

- Clinical effectiveness – including piloting an e-prescribing system and referrals
- Information Quality – including digital diaries and patient feedback
- Service Enablement – Including working better together infrastructure
- Mobility – commencing a mobile strategy to provide access to clinical information when out of the office
- ICT Foundations – including ICT equipment refresh

In addition, the Trusts strategy for future years is detailed below:-

- Clinical effectiveness – full roll out of the e-prescribing system to reduce wastage of medicines and reduce errors
- Service enablement – increased connectivity with Birmingham City Council and Sandwell Metropolitan Borough Council to enable closer co-operation between organisations
- Continuation of the mobile strategy, including full roll out of clinical applications to mobile devices to ensure information is to hand at the point of care.
- Continuation of ICT foundations – on-going upgrading of ICT equipment
- Streamlining of corporate processes, including pay impacting changes to reduce staff time spend on administration
- Upgrading of Rio system to provide an easier to use interface
- Continued development of West Midlands Central Care Records aimed at sharing, when required, service user information
- Review of clinical systems

5.3 Key risks to achieving the financial strategy and mitigations.

Risk	Mitigating actions	Lead
<p>Forensic community income</p> <p>The Tamarind business case assumed an income stream for a forensic community service which has not been agreed yet by commissioners</p> <p>Commissioners disputes over where the future commissioning responsibility lies for forensic community services provided from Reaside</p>	<p>Discussions with local and national commissioners.</p> <p>Review of cost and service models.</p>	<p>Director of Resources</p>
<p>Delivery of CIPs – the Trust has a challenging savings target £29m within its financial plan over the next three years</p>	<p>Structured approach to development, implementation of monitoring of all CIPs through the PMO.</p> <p>Monitoring undertaken by Director led Transformation Committee.</p> <p>Monthly reporting to Trust Board and Resources and Performance Committee</p>	<p>Director of Resources</p>
<p>Delivery of the Service Integration Programme in line with planned timescales and cost projections</p>	<p>Joint working with clinicians and commissioners regarding redesign of services and pathways</p> <p>Potential to use Trust contingency in 2013/14 to fund any shortfall in savings caused by slippage in implementation</p>	<p>Director of Operations</p>
<p>Forensic CAMHS – following the move in 2011/12 from a block contract to a cost and volume arrangement, the income target set for the service is challenging. Occupancy can be volatile depending of referrals into the service and case mix of existing service users.</p>	<p>Regular liaison with commissioners and other CAMHS units through referral meetings and management meetings.</p> <p>Developing links with referral sources.</p> <p>Ardenleigh development in 2013/14 will improve the physical environment of the unit meaning that it will be easier to maximise occupancy.</p>	<p>Director of Resources/ Director of Operations</p>
<p>Wolverhampton TUPE risk – the Trust took on a contract to provide addictions services from 1 April 2013 with a consortium. There is a risk that the Trust will be exposed to redundancy costs.</p>	<p>Potential to use Trust contingency in 2013/14 to fund any redundancy costs arising from the transfer</p>	<p>Director of Resources</p>
<p>Dementia drugs – the volume of dementia drugs prescribed has increased significantly over the past few years, without an increase in funding from commissioners</p>	<p>Joint working with commissioners regarding transfer of responsibility for prescribing to primary care for 2014/15</p>	<p>Director of Resources</p>
<p>Mental health PBR implementation</p>	<p>A service development plan for PBR has been agreed with commissioners.</p> <p>PbR Programme Board in place.</p> <p>Subgroups include finance and costing sub group.</p>	<p>Director of Resources</p>