

Operational Plan Document for 2014-16

Southern Health NHS Foundation Trust

Operational Plan for y/e 31 March 2015 and 2016

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

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The attached Operational Plan is intended to reflect the Trust's business plan over the next two 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 Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational 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 Operational 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; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Simon Waugh
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Katrina Percy
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Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Mark Brooks
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Signature



1. Executive Summary

Southern Health NHS Foundation Trust provides high quality community, mental health, learning disability and social care services. This document summarises the Trust's Operational Plan for 2014/15 – 2015/16, setting out the action we will take over the next two years to improve the quality and cost effectiveness of our services and ensure we remain resilient in light of the challenges we face. The plan also describes the transformational changes we are undertaking in the short term and the bridge they will create to deliver long term sustainability alongside our partners in the local health economy.

Southern Health has a longstanding vision for a fundamentally different model of primary and community physical, mental health and social care in Hampshire, through which a sustainable, person centred health and care system can be built. We believe that this will enable health and social care providers and commissioners to create better outcomes and deliver better value from the investment of public funding.

Southern Health is also responsible for significant specialist (including secure) mental health and learning disability services. Like other specialist services, which nationally are being consolidated into fewer providers, these services need to be delivered at scale. Our plans describe the actions we are taking to ensure the sustainable provision of high quality cost effective specialist services, alongside our work to transform our primary and community based services.

In the period since Southern Health was formed in April 2011 we have made good progress redesigning our mental health services, enabling more people to be cared for more effectively in the community. We have continued to advance our community services, providing integrated physical and mental health for older people, working with partners to support more patients outside of hospital. We have worked with our partners in health, local authorities and the voluntary sector to develop our children's services and have delivered our plans to implement the national programme for health visiting. We have expanded the delivery of our high quality cost effective social care solutions and developed a number of innovative services to support patients who would otherwise be cared for in inpatient facilities.

Southern Health has also faced a number of significant challenges to the quality of care delivered in some of our services including the learning disability services we acquired from the former Oxford Learning Disabilities Trust and some mental health inpatient services in Hampshire. We have put in place immediate solutions and continue to drive the implementation of longer term sustainable improvements to the service culture and delivery. Similar to other organisations, we face an increasing challenge to maintain quality services and deliver financial sustainability whilst meeting greater demand, expectations and costs. A key platform of our programme for the next 2 years is therefore to have strong foundations of high quality care as well as financial resilience to ensure our organisation is fit for the future.

The Trust's block income will reduce by 1.8% for 2014/15, in line with the national NHS settlement. This is the fourth consecutive year of having a deflator applied with no allowance for income growth, whilst demand for our services continually increases. Specific cost pressures in our social care and learning disability services have been carefully considered. Therefore internally we plan to generate 5.3% cost reductions, to enable the Trust to cover the impact of income deflation, cost inflation and other cost pressures. This will result in an overall surplus of £0.25m in 2014/15. For future years wholesale system change is required to ensure services provided remain financially viable.

We have refreshed our vision, mission and strategic objectives to capture our ambition and the challenges we face. The table below summarises the priorities for the next two years, related to each of our strategic objectives and the supporting enabling strategies. We have identified the results we are seeking to create for our patients, for our customers and for taxpayers and these are the basis on which we will measure our performance as an organisation.

Summary of Priorities 2014/15 - 2015/16	Measures of Success
Strategic Objective 1: Deliver Safe Services	
1. Implement best practice quality and safety systems and processes across the Trust that enable us to deliver clear learning and improvement from good practice and errors	<ul style="list-style-type: none"> • Deliver all of the requirements set out in our Quality Contract with our commissioners • Achieve all the improvement targets we set ourselves in our 13-14 Quality Account
Strategic Objective 2: Improve clinical outcomes for patients, service users and their families	
2. Drive further improvements in standards of clinical practice and customer service across the organisation so that all patients receive excellent care, every time	<ul style="list-style-type: none"> • Increase the proportion of patients in our care who report that they feel independent and able to manage their own health conditions from 78% in 2014/15 to 85% in 2015/16 • Improvement in and learning embedded from key outcomes within our Outcomes Framework
Strategic Objective 3: Improve the experience patients, service users and their families have of our services	
3. Improve how we listen to and engage with patients, service users and families, systematically learning from and acting on the feedback we receive	<ul style="list-style-type: none"> • Increase the proportion of patients who rate our services as excellent through the patient experience survey from 72% in 2014/15 to 85% in 2015/16 • Reduce the proportion of patients who rate our services as very poor from 1% in 2014/15 to 0.5% in 2015/16 • Achieve all Monitor Access to Care and Outcome Standards in 2014/15 and 2015/16
Strategic Objective 4: Improve the value for money of our services, reducing our costs and ensuring we live within our means	
4. Ensure the Trust has financial resilience and is able to meet its service requirements and priorities in the next 2 years, whilst creating the financial mechanisms to enable the development and sustainability of new models of care	<ul style="list-style-type: none"> • Achieve Monitor Continuity of Service Risk Rating of 3 and achieve a normalised net surplus • Deliver a cost improvement programme of £18.3m in 2014/15 and a further 4.4% in 2015/16 • Maintain the Trust reference cost indicator at 95 throughout 2014/15 and 2015/16
Strategic Objective 5 Establish new service models to deliver sustainable health and social care	
5. Engage with patients, service users and their families in the design and delivery of their care which is centred on independence, choice and recovery 6. Develop and deliver with partners new service models of integrated health and social care. 7. In collaboration with service users, develop and deliver integrated pathways of specialist mental health that support early intervention and recovery. Agree and implement a strategy for secure mental health service 8. Transform our Learning Disability services so that the highest standards of culture and clinical practice are maintained	<ul style="list-style-type: none"> • Recovery college principles have been adopted for mental health and long term conditions pathways • Deliver our agreed programme of service change for each service line, to introduce new models of integrated health and social care is delivered. • New pathways for specialist mental health services are developed and agreed • Our plan for the long term sustainable provision of our secure mental health services is agreed and implementation commenced • Our programme to transform the quality and cost effectiveness of our learning disability services, ensuring that the highest standards of culture and clinical practice are maintained in all areas of the service is fully implemented
Enabling Strategy 1: Employ and Develop talented, motivated staff	
9. Develop our leadership capacity and capability, so that we create the culture and behaviours we need to improve our services and deliver our vision 10. Develop our workforce so that we have talented and productive people with the skills, competencies, information and contractual arrangements we need 11. Improve how we engage with and support our workforce so that they are motivated to do the	<ul style="list-style-type: none"> • 95 % of our leaders have attended our Going Viral Leadership development programme • 5% Improvement of leadership elements of staff Survey on previous year • 10% reduction in patient complaints relating to poor leadership within the Trust against 2013/14 baseline. • Net reduction in workforce costs • Revised workforce profile delivered • 5% reduction in staff absence due to mental health conditions

best they can for our patients, customers and for Southern Health	<ul style="list-style-type: none"> Improvement in staff engagement score as measured through the NHS staff survey
Enabling Strategy 2: Develop our organisation and governance to ensure we are as effective and transparent as we can be	
12. Improve our assurance systems to provide confidence and refine the corporate governance processes in place 13. Develop relationships, organisational vehicles and commercial arrangements to support sustainable care models	<ul style="list-style-type: none"> Trust's Quality Strategy and Organisational Learning Strategy and revised Risk Management arrangements implemented across the Trust Revised performance framework and dashboards provide appropriate level and range of performance information at each level of the organisation Most appropriate models identified in localities
Enabling Strategy 3: Build our infrastructure to enable us to deliver our vision	
14. Deliver the next phase of our estate plan to ensure we have the facilities we need to deliver excellent care. Refresh our estate strategy and agree a plan, to rationalise the estate and to reduce the cost of estate and estate management within the Trust 15. Use technology to transform how care is provided and to support new, more productive operating models. Meet the planned milestones for the re-provision of the electronic patient record, to enable more effective sharing of patient information 16. Improve data quality in order that we, our patients and our commissioners have confidence in our data and can use it to measure and improve experience, outcomes & safety, and value for money	<ul style="list-style-type: none"> Planned programme of estate rationalisation and CIP delivered to support Trust transformation programme Future arrangements for estates management and maintenance services identified Successful re-procurement and deployment of new Electronic Patient Record Opportunities to use technology to drive efficiencies and service improvement identified, prioritised and implementation begun Improvement in data quality as assessed through KPIs New performance dashboards developed and implemented

2. Context

Southern Health provides services across a number of counties:

- Children's services and community services for adults and older people including older people's mental health in Hampshire
- Adult mental health services in Hampshire and Southampton
- Learning disability services in Hampshire, Oxfordshire, Buckinghamshire, Swindon and Wiltshire
- Social care services in Hampshire, Oxfordshire, Isle of Wight, Dorset, Swindon and Wiltshire
- Secure services for adults, children and adolescents and people with learning disabilities across the Wessex area and nationally.

The following paragraphs describe health need in Hampshire, the most significant market in which Southern Health operates. Neighbouring counties, in which the Trust currently operates, clearly have distinct needs, but many of the themes identified in relation to Hampshire are common across South Central England. A more detailed analysis of all our markets is contained in our five year strategic plan.

Hampshire is generally healthy and wealthy, compared to the rest of the UK, and mortality in Hampshire has been declining at a rate comparable to that of the rest of England. Health and social care outcomes in Hampshire are good compared to the national average and better than peers across 9 out of 10 measures. However, Hampshire has pockets of significant deprivation for example in Havant, Gosport and Southampton. Over time, inequalities in Hampshire are increasing, demonstrated by a widening life expectancy gap.

The population of Hampshire is expected to continue to grow over the next 10 years. The majority of the growth will be in the over 65 age group, as people continue to live longer. The 85 and over age group is where the largest proportionate growth will be seen. Although the population is living longer, people are not healthier for longer, and the middle aged and elderly population are increasingly living with multiple illnesses.

In general mental health appears to be better in Hampshire than England as a whole, but there are areas and groups that experience poorer mental health, often associated with deprivation and the wider determinants of health. People with mental illness have significantly higher rates of mortality and morbidity from illnesses such as heart disease, stroke, diabetes, respiratory disease and infections. Those with schizophrenia and bipolar disorder die an average of 25 years earlier than the general population, largely due to physical health problems. Mental health outcomes in Hampshire are mixed compared to the rest of the UK.

Consultation with local people, undertaken across Hampshire by commissioners and providers over recent years provides a strong mandate for change. Local people believe that health and social care services in Hampshire need to be more integrated, and need to bring together people, communities and the public, private and voluntary sectors. People, and communities, are looking for a simple, seamless and 'joined-up' health and care journey through the system. They seek patient led, integrated care with the highest standards of customer service.

Our commissioning arrangements remain complex in the next 2 years with seven CCGs authorised to take responsibility for commissioning local health services in Hampshire and five CCGs responsible for commissioning the learning disability services we provide in Oxford, Buckinghamshire, Swindon and Wiltshire. The NHS Commissioning Board commission primary care and more specialist services (including our forensic services) and Hampshire County Council and Southampton City Council commission health promotion and public health services.

Three Hampshire Clinical Commissioning Groups (CCGs) will receive an increase above inflation. These are Fareham and Gosport CCG (3.49%), South East Hants CCG (3.12%) and North Hampshire CCG (2.32%). All other Wessex CCGs receive the inflation figure of 2.14%. In Thames Valley, all CCGs are to receive an increase above inflation. The Wessex Area Team specialist commissioners receive an increase of 2.31%.

The contracting process through which commissioners agree contracts with the Trust is nearing completion for 2014/15. Southern Health has urged commissioners to make additional investment in the Trust to enable increased and transformational delivery of out of hospital strategies. Transformational service improvement plans are being prepared to deliver cost savings in response to income reductions and for reinvestment where this can deliver longer term strategic advantage, some of these will be part of the Better Care Fund.

In 2015/2016 the Better Care Fund (BCF) becomes operational. The total amount of funding that has been allocated to the BCF will reach £3.8bn in 2015/2016. This comprises the £1.1bn of investment by the NHS in social care in 2014/2015 with a further £1.9bn of investment by the NHS in 2015/16 and £430m of money already in CCG baselines for re-ablement and carers grant funding. The Wessex impact will be £48m in 2014/15 and £172m in 2015/16.

Key themes across commissioners align with much of Southern Health's strategic focus and whilst there are specific elements in each locality, the themes broadly cover

- The development of solutions for unscheduled and emergency care including same day services, admission avoidance through community solutions , reduction in length of stay and improved discharge.
- Redesign of long term condition pathways developing supported self-care, personalised care planning, disease prevention, case management, development of integrated care teams
- Mental health: psychiatric liaison, access to psychological therapies, autism/ ADHD pathways, dementia and rehabilitation pathways, joint packages of care for Learning Disabilities
- Delivery of improved productivity in planned care pathways

The table below summarises our current understanding of the expected sources of our income, based on our 2014/15 contract value and planned service additions.

Commissioner	Contract Value £000's	% of Total
NHS West Hampshire CCG	85,037	24.8%
NHS Southampton CCG	25,951	7.6%
NHS South Eastern Hampshire CCG	31,041	9.0%
NHS Fareham and Gosport CCG	26,313	7.7%
NHS North Hampshire CCG	22,921	6.8%
NHS North East Hampshire and Farnham CCG	5,432	1.6%
NHS England	48,774	14.2%
Wessex LEA	9,334	2.7%
Other CCGs (Individually less than £5m)	4,241	1.2%
Hampshire CC	4,398	1.3%
Oxfordshire CC	6,121	1.8%
Southampton CC	587	0.2%
Other Contract Income	962	0.3%
Total Contract Income	271,111	79.0%
Other Income	71,916	21.0%
Total Income	343,027	100.0%

3. Challenges

The key challenges faced by the local health economies within which we work are

- Rising expectations of and concerns about the quality of NHS services that have rightly led to an increased focus on quality and safety and a requirement for greater transparency and assurance. As a result of quality concerns in the Trust, our plan sets out the actions we will take to deliver quality improvement at pace and demonstrate progress and learning. Specifically we have had a number of CQC and patient safety compliance issues in our non-Hampshire Learning Disabilities. Our plans to address this as a priority are set out in section 9.4
- A challenging economic environment with reduced funding and rising costs of service delivery. We are in the fourth year of deflation and a large proportion of our services are under a block contract, with limited additional investment in out of hospital solutions currently, finance poses a significant challenge to short term resilience and longer term sustainability

- The impact of the Better Care Fund. This provides both an opportunity and threat for the Trust and our plans explain how we are working with our partners in local health communities to identify programmes of work.
- Increasing demand for health care from an ageing population, and the rise in the number of people with and acuity of chronic conditions places greater pressure on our services and as a result our plan describes how we will transform our services to respond.
- The future viability of individual organisations, complexity of interagency arrangements, competition and growth of private provision, challenges the ability to work in partnership at a time when this is crucial for future sustainability for health and social care. We are therefore working in partnership with stakeholders in health economies to explore new ways to deliver models of integrated care

4. Trust Vision, Mission and Strategic Objectives

4.1 Strategic Review

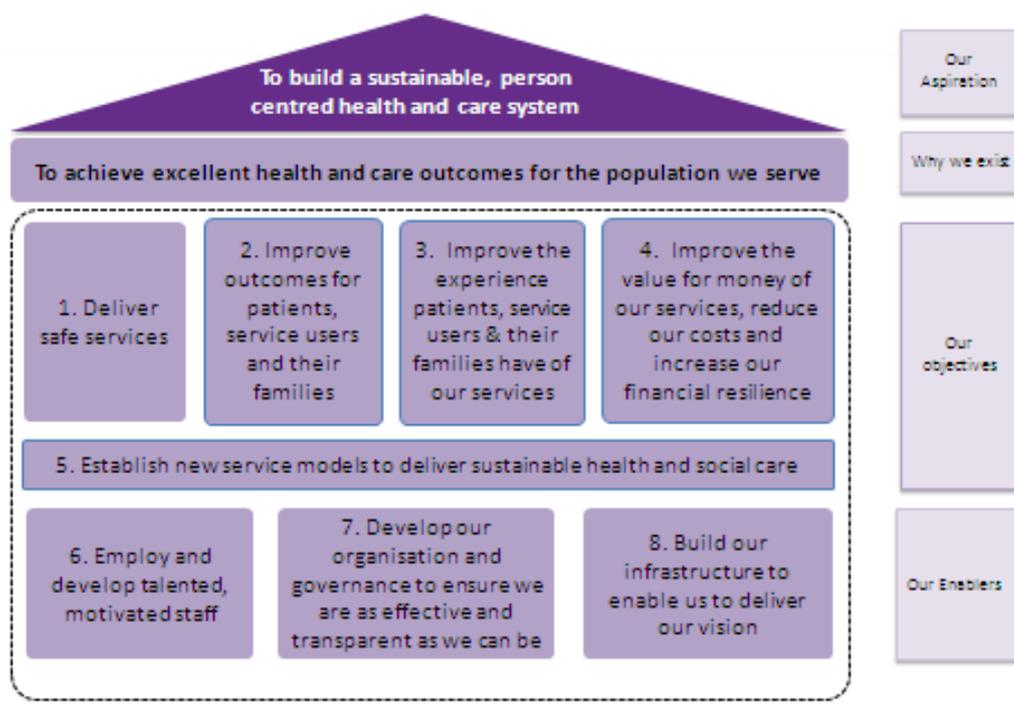
During 2013/14 we have been working to refresh our strategy and medium term plans. The Trust strategy has been developed to reflect our intent and ambition over the next five years; alongside the future challenges facing the local health economies that we serve. The strategic plan will be published in June 2014. This plan covers the first two of the five years.

4.2 Our Mission and Vision

Southern Health exists “to achieve excellent health and care outcomes for the population we serve”. Our vision to “build a sustainable, person centred health and care system” summarises our ambition within the local health economy. Our desire is to play a key role in the design and delivery of affordable, high quality, fully integrated health and social care systems that put patients, service users and their families at the centre of everything we do.

4.3 Our Trust Strategy Framework

The diagram below summarises our Trust strategy



4.4 Our Strategic Objectives

We have identified five strategic objectives for 2014/15 and 2015/16. They have been selected to ensure that we deliver the best possible care now, whilst undertaking a programme of work over the next two years that will provide a strong bridge to establishing future models of integrated care.

We are clear that there is more work to do to improve the quality and safety of some of our services; we also wish to ensure that our patients, commissioners and regulators have confidence in the quality of the services we provide. Therefore, our first three objectives are focused around driving improvements in safety, experience and outcomes.

- **Deliver safe services** – deliver a programme of patient safety initiatives that ensure the safety of our services is improved and the Trust does not fall below regulatory and internal standards
- **Improve outcomes** – drive further improvements in the standards of clinical practice, customer service and outcomes across the organisation, so that all patients receive excellent care every time
- **Improve patient experience** – improve how we listen to and engage with patients and service users, fully involving them in service design, and systematically learning from and acting on the feedback we receive
- **Improve the value for money of our services** – through greater productivity, cost reduction and redesign to create financial resilience
- **Establish new service models to deliver sustainable health and social care** – develop and deliver with partners and service users new models of integrated health and social care for physical and mental health that support early intervention and recovery. Implement a strategy for secure mental health services and transform our Learning Disabilities service.

Three enabling strategies of workforce, governance and infrastructure, provide the foundations that support these objectives.

Our Priorities and Actions to deliver our Strategic Objectives

The following sections set out our priorities for 2014/15 and 2015/16 in relation to each of our strategic objectives as well as the actions we will take through our enabling strategies to provide the foundations for resilience and sustainability.

5. Strategic Objective 1: Deliver Safe Services

5.1 Our Priorities

Delivering safe services is the key element of the Trust's clinical strategy. Quality improvement priorities have been identified to deliver improved safety and these directly map to our Quality Strategy goals building on our work of the last two years. They also take into account the outcomes of CQC inspections this year, NHS Outcomes Framework, contracts with our commissioners, feedback from staff and patients, an independent review of our quality governance and internal identification of risks to quality of care.

Our priority for this objective during 2014/15 and 2015/16 is to:

- Implement best practice quality and safety systems and processes across the Trust that enable us to deliver clear learning and improvement from good practice and errors.

The Trust has developed key programmes of work to deliver our Quality Strategy and these are framed around the Darzi quality domains of Safety, Outcomes and Experience. The first of these is Safety:

Priority	Key Actions for 2014/15 -2015/16	Measures of Success
Implement best practice quality and safety systems and processes across the Trust that enable us to deliver clear learning and improvement from good practice and errors.	<ul style="list-style-type: none"> • Implement patient safety initiatives agreed in the Quality Account including pressure ulcers, serious incidents of aggression and violence and medicines reviews • Ensure compliance with CQC Essential standards and deliver internal CQC programme • Deliver fully the recommendations from the Francis Report action plan • Deliver the Quality Improvement and Development Programme • Build on the risk and early warning information provided to Board, divisions and teams ensure timely identification of areas requiring support 	<ul style="list-style-type: none"> • Deliver annually all of the requirements set out in our Quality Contract with our commissioners • Achieve all the improvement targets we set ourselves in our 13-14 Quality Account

5.2 Our Response to the Francis Report

Since the final report into the independent public enquiry into care at Mid Staffordshire NHS Foundation Trust (known as the Francis Report) was published in February 2013 Southern Health has

- published our analysis, implications for Southern Health in a Briefing on our Francis Report web page
- Discussed the Francis Report and its implications at events across the Trust
- Held Customer Experience Workshops held with Board and Council of Governors
- Developed individualised plans in each clinical service
- Shared Trust Francis Briefing reports with commissioners and external stakeholders
- Provided updates to staff in the Weekly Staff Bulletin, Web site, Staff Intranet, etc
- Mapped the key themes across the Francis, Berwick and Keogh reports and shared these across the Trust for key issues to be incorporated into local and Trust plans

The Trust published its full response to the Francis Report on its website in April 2014 and shared this with commissioners and other local stakeholders. The report sets out the work we have planned for the years ahead, which include:

- Clinical Safe Staffing Review against national guidelines
- Care Planning and Record Keeping Project
- Continued delivery of the Trust’s Frontline Strategy: ‘Continuing the journey – Aiming for excellence’ which is for all staff who deliver patient care and sets out the priorities for them and shows how we are going to provide high quality safe services to our population
- Health Care Support Worker Code of Conduct
- Core Skills and Competencies Framework for nursing and allied professional staff

5.3 Compliance with Care Quality Commission Essential Standards of Quality & Safety

From 1 April 2013 to 11 March 2014 the Trust was inspected by the Care Quality Commission (CQC) against the Essential Standards of Quality and Safety on 36 occasions. CQC have concentrated their inspections on the Trust’s mental health, learning disability and social care services with a total of

194 outcomes inspected. 76% were found to be fully compliant, 7% non-compliant with minor impact and 12% non-compliant with moderate impact.

Nine outcomes (5%) were found non-compliant with major impact and this has resulted in nine Warning Notices being issued against the Trust; six at Slade House, Oxford (John Sharich House and the Short Term Treatment & Assessment Team (STATT)); one at Antelope House, Southampton; one at Piggy Lane, Oxfordshire; and one at Postern House, Wiltshire. Plans were implemented on the day of the inspection at each location to address the issues raised and this has meant that several concerns had been resolved prior to CQC reports being published. CQC have subsequently returned to Slade House to re-inspect and three of the Warning Notices have been lifted. They have also re-inspected Antelope House and have lifted this warning notice.

Analysis of the 36 CQC inspections has identified the following themes and trends:

- There are three outcomes where the majority of non-compliance concerns have been identified:
 - Outcome 4 – Care & Welfare of People who use the Service
 - Outcome 9 – Management of Medicines
 - Outcome 16 – Assessing and Monitoring the Quality of Service Provided.
- The same issues have been found in more than one unit including:
 - Care planning and assessment of the physical health needs of mental health patients, including their medication needs
 - Care plans not reflecting the needs of the person
 - Medicines management on inpatient wards
 - Audits and matron walk rounds not reflecting what is actually seen on units
 - Actions not being taken following routine assurance checks

A Trust CQC Steering Group was set up in November 2013 to direct, advise and support streams of work and ensure frontline services remain compliant with the Essential Standards. Based on the analysis of inspections above, the concerns the CQC Steering Group will be prioritising in their 2014-15 work plan include:

- Same issues being found by CQC in more than one unit
- Divisional assurance processes not identifying areas of concern prior to inspection with new standardised approach developed and rolled out across the Trust during early 2014-15.
- Action plans not effectively monitored and evidence of completion not being validated

CQC is developing new approaches to inspections for each care sector which they plan to implement in October 2014 for the Trust's services. The Trust will develop new internal self-assessment compliance assurance and inspection tools for use across the organisation during 2014. The Trust has implemented a quality intern role across all divisions to support quality improvement (see section 11).

To address these issues and support delivery of the Quality Strategy, we have developed a comprehensive Quality Improvement & Development Programme which represents the totality of quality-related activity across the organisation from 2014 to 2016. The programme comprises of work streams themed around four key headings:

- Strategy & Risk
- Leadership, Capability & Culture
- Accountability, Structure and Processes
- Measurement, Analysis and Improvement

Delivery of the Programme will be managed by the Quality Improvement & Development Forum and monitored by the Quality & Safety Committee.

6. Strategic Objective 2: Improve Outcomes for Patients, Service Users and their Families

6.1 Our Priorities

We will deliver high standards of clinical effectiveness and outcomes by the application of evidence and best practice in accordance with NICE guidelines and all other national guidance. Our priority for this objective during 2014/15 and 2015/16 is to:

- Drive improvements in standards of clinical practice and customer service across the organisation so all patients receive excellent care, every time

The Trust's second quality work programme is framed around the Darzi domain of clinical outcomes:

Priority	Key Actions for 2014/15 – 2015/16	Measures of Success
<p>Drive further improvements in standards of clinical practice and customer service across the organisation so all patients receive excellent care, every time</p>	<ul style="list-style-type: none"> • Deliver the care planning and record keeping project to improve holistic assessment and care planning for patients, which include patient identified goals and outcomes • Review organisational learning to assess that delivery and impact of action plans has led to measurable change that is shared across the Trust • Undertake a thematic review of all unexpected deaths and as a result reduce the numbers of patients dying from suicide to within national reported rates and the numbers of patients dying unexpectedly in community services to within expected rates for the Trust • Reduce the number of unplanned hospital admissions and unplanned changes in patient accommodation for patients in our care 	<ul style="list-style-type: none"> • Increase in the proportion of patients in our care who report that they feel independent and able to manage their own health conditions from 78% in 2014/15 to 85% in 2015/16 • Improvement in and learning embedded from key outcomes within our Trust Outcomes Framework

7. Strategic Objective 3: Improve the experience patients, service users and their families have of our services

7.1 Our Priorities

We are committed to improving the experience of people who use our services by putting them at the centre of what we do and listening to their views; we will do this by gathering information about their perceptions and experiences and using that information to improve and enhance their care and experience. Dignity, privacy, compassion and first class care will be central to their positive experience. We also take the time listen to our staff and other stakeholders who are in contact with our services.

Our priority for this objective during 2014/15 and 2015/16 is to:

- Improve how we listen to and engage with patients, service users, their families and services, systematically learning from and acting on the feedback we receive

The Trust's third programme is framed around the Darzi domain of experience:

Priority	Key Actions for 2014/15 – 2015/16	Milestones for 2015/16 and 2016/17
Improve how we listen to and engage with patients, service users, their families and services, systematically learning from and acting on the feedback we receive	<ul style="list-style-type: none"> • Implement quality improvement plans • Refine quality and organisational strategy • Extend patient feedback mechanisms to increase number of surveys returned and roll out actions to improve sharing and learning from patient feedback • Roll out new carer's feedback questionnaire across the trust. • Increase the number of complainants who are contacted after 6 months to explain changes made as a result of their complaint 	<ul style="list-style-type: none"> • Increase the proportion of patients who rate our services as excellent through the patient experience survey from 72% in 2014/15 to 85% in 2015/16 • Reduce the proportion of patients who rate our services as very poor from 1% in 2014/15 to 0.5% in 2015/16 • Achieve and maintain all Monitor Access to Care and Outcome Standards

8. Strategic Objective 4: Improve the value for money of our services, reducing our costs and ensuring we live within our means

8.1 Summary

The Trust has remained in good financial health in recent years, consistently delivering an underlying net surplus. This is against a background of merger activity significantly increasing the size of the organisation. Liquidity has also remained strong and the delivery of good financial results has enabled a range of capital investments to be made, further improving the quality of the Trust's estate and making advancements in IT infrastructure.

Financial management in the Trust is largely devolved to individual divisions and corporate services. Each clinical division has a designated divisional accountant, who supports that particular division on all financial matters. There is also dedicated financial resource provided to estates and corporate services. Total oversight and control is maintained through a range of reporting mechanisms including a monthly divisional performance review and a financial report made to the Chief Finance Officer and Board.

In the generation of the financial plan, a range of assumptions have been used based on best information currently available. These assumptions are outlined in table 1 below.

	2013/14 Plan %	2014/15 Plan %	2015/16 Plan %
Income deflator	1.3	1.8	1.6
Pay inflation including increments	1.0	1.5	2.6
Non pay inflation	2.7	2.1	2.1

Table 1

The most notable point within these assumptions is that 2014/15 will be the fourth consecutive year of an income deflator being applied. The cumulative impact of this coupled with cost inflation will have resulted in a real term funding reduction of circa 15% by the end of the first year of the plan.

8.2 Income

Income is projected to reduce from £349m to £343m in 2014/15 and in 2015/16 it is planned to reduce further to £340m. The main income movements are shown in table 2 below.

	2012/13 Outturn £m	2013/14 Plan £m	2013/14 Forecast £m	2014/15 Plan £m	2015/16 Plan £m
NHS Community Activity Revenue	122.5	112.9	107.7	103.9	103.4
NHS Mental Health Activity Revenue	162.8	161.3	151.8	151.0	148.0
Other Operating Revenue	70.5	66.9	89.0	88.1	88.9
Total Operating Revenue	355.8	341.1	348.5	343.0	340.3

Table 2

The most notable movement in income in the current year compared to 2012/13 relates to the divestment of dental and sexual health services. Income is projected to complete the current year ahead of plan largely as a result of a successful tender for the provision of additional IAPT services (£2m) and non-recurring funding for training and education (£2.7m). The plan for 2014/15 is projecting a decrease in income of 1.7%, largely due to the application of the deflator, coupled with other known reductions, such as non-recurrent income and tender losses for Children's Therapies and Musculoskeletal services.

In generating the plan for income commissioner intentions have been taken into account. The Trust has a range of commissioners in Hampshire and further afield. All known intentions have been factored into the plan, including investment in Children's Services.

8.3 Costs

Operating expenditure for the Trust based on the 2013/14 plan is £337m. Non-operating expenditure adds a further £6m

	2012/13 Actual £m	2013/14 Plan £m	2013/14 Forecast £m	2014/15 Plan £m	2015/16 Plan £m
Raw Materials & Consumables	13.7	13.3	14.6	13.7	14.3
Employee Expenses	258.8	254.1	259.8	258.3	256.9
Other Operating Expenses within EBITDA	67.6	55.8	58.4	55.4	53.3
Depreciation & Amortisation	5.3	8.2	7.4	7.9	8.2
Impairment	4.6	5.2	4.3		1.3
Restructuring Costs	1.1				
Total Operating Expenditure	351.1	336.6	344.5	335.3	333.9

Table 3

In comparison to the plan for the current year the forecast is £344.5m. The main movements compared to plan relate to expenditure required to support additional income (£4.5m), the under achievement of the CIP programme (£5m) and the use of bank and agency staff (net of vacancies). These are partly offset by the release of in year contingency reserves £6.4m. Operating expenditure is forecast to reduce to £335m in 2014/15 as cost inflation and other pressures are offset by the continuation of the CIP programme. Similar assumptions have been applied to 2015/16. As a consequence of the under achievement of CIP plans the Trust has reduced its 2013/14 net surplus forecast to £3.3m compared to the budget of £4.5m.

There are a number of specific cost pressures which have occurred in the current year and are worth highlighting. Revised terms and conditions have been agreed for the TQtwentyone social care business. Pay protection does not expire until late into 2014/15 and as such there is a significant pay pressure within this particular division. Synergies expected within Learning Disability services following the acquisition of the former Ridgeway services have not yet materialised. A turnaround team has been appointed to accelerate the pace of change required to generate both quality and financial improvements.

The use of agency spend has already been identified within this business plan. There are specific roles and locations which can be difficult to recruit into. Whilst there are ongoing plans to address this has led to cost pressures relating to the use of agency staff in a number of areas.

8.4 EBITDA and Surplus

The Trust is projecting to generate a normalised operating surplus of £3.1m in the current year compared to plan of £4.5m. This reduction is largely due to the under achievement of CIPs in the year. The EBITDA percentage will increase from 4.4% to 4.5%. Whilst a surplus is being planned for in 2014/15, this will be at the lower value of £0.25m. This has been carefully considered by the Board and is due to a number of significant reasons. Firstly, this is the fourth consecutive year of both an income deflator being applied to the Trust and no growth allowance being provided for. The Trust's reference costs are considered to be low at 91 and as such scope for making wholesale cost savings within the existing organisational structure are relatively limited. In addition, as previously highlighted, our TQtwentyone social care business will be operating at a deficit due to the time period pay protection lasts for and there is a need to ensure and appropriate cost base is in place to enable the turnaround of Learning Disability services to be effective. There are no impairments planned for 2014/15 but £1.3m is assumed for 2015/16.

2015/16 will require non-recurrent revenue expenditure of £0.8m (excluding impairment of £1.3m) to facilitate the implementation of a new Electronic Patient Record (EPR) system and as such the net surplus projected is impacted by this amount. Excluding impairment the net surplus in 2015/16 is projected to be £0.25m.

	2012/13 Actual £m	2013/14 Plan £m	2013/14 Forecast £m	2014/15 Plan £m	2015/16 Plan £m
Total Revenue	355.8	341.1	348.2	343.0	340.3
Total Expenses	340.2	323.1	332.7	327.4	324.5
EBITDA	15.6	18.0	15.5	15.6	15.8
EBITDA %	4.4%	5.3%	4.4%	4.5%	4.6%
Normalised Surplus/(Deficit)	5.1	4.5	3.1	0.3	0.2

Normalised Surplus/(Deficit) %	1.43%	1.3%	0.9%	0.1%	0.1%
Surplus/(Deficit) after tax	(0.0)	(1.2)	(1.1)	0.3	(1.1)

Table 4

8.5 Capital Plans

The Trust has used a combination of disposal proceeds, retained surpluses and non-cash elements of expenditure to fund capital expenditure. Over the last two years the capital spend has been relatively generous and has been used to invest in improvements in facilities and technology. In addition it has been used to facilitate service improvement and transformation. Examples of major improvements made in the current financial year include upgrades to both ward and outpatient areas. Investment has also been made with respect to radiology services at both Romsey and Lymington hospitals. IT infrastructure has been identified as requiring investment and expenditure has taken place on a range of programmes to improve IT performance and use technology in a more efficient and effective way.

The Trust needs to re-procure its EPR system and this forms part of the 2014/15 capital plans. £2.2m of capital has been allocated to this initiative. In addition to this focus remains on enhancing the quality of patient environments and on service improvement. Table 5 below shows the summary of capital expenditure over a four year period.

	2012/13 Actual £m	2013/14 Plan £m	2013/14 Forecast £m	2014/15 Plan £m	2015/16 Plan £m
Service Improvements & Developments	3.8	4.8	2.5	2.4	0.0
Minor Capital Works	2.1	2.0	2.2	1.3	3.0
Building & Engineering – Statutory & Environmental	1.0	1.0	1.1	3.0	3.5
Medical Equipment Replacement	0.3	0.9	0.9	1.0	1.0
I.T Infrastructure Improvements	4.3	4.0	3.8	2.2	1.7
New Electronic Patient Record	0.0	0.0	0.0	2.1	2.4
Total Capital Expenditure	11.5	12.7	10.5	12.0	11.6

Table 5

8.6 Liquidity

Cash is currently healthy within the Trust and is projected to be £16.5m at the year end, in comparison to the plan of £20.5m. Net current assets were planned to be £7.2m and are currently forecast to be £8m. Particular focus is currently being applied to debtors and the invoicing process. A range of issues have highlighted that cash could be managed more pro-actively and processes are being improved internally to ensure all invoices are generated promptly and with the required information. Increased focus will also be placed upon debt collection and where appropriate terms and conditions are being reviewed.

The Trust does not currently have a working capital facility, but is planning to re-introduce an appropriate facility during the course of the new financial year.

Cash is expected to be £16.9m at the end of 2014/15 and then £17.4m at the end of the second year of the plan. The capital programme is currently financed by internal means, but any significant

items of expenditure are likely to result in the need for the Trust to utilise longer term borrowings. This is currently being considered with a potential project to re-provide medium secure forensic facilities.

Table 6 below shows key balances from the Statement of Financial Position

	2012/13 Actual £m	2013/14 Plan £m	2013/14 Forecast £m	2014/15 Plan £m	2015/16 Plan £m
Non-Current Assets	156.9	210.1	207.5	205.0	199.2
Trade & Other Receivables	10.1	5.3	9.9	10.9	10.0
Cash	23.2	20.5	16.5	16.9	17.4
Other Current Assets	3.7	3.6	10.5	10.1	13.2
Trade & Other Payables	(19.9)	(12.7)	(14.2)	(15.2)	(15.2)
Other Current Liabilities	(10.5)	(9.4)	(14.7)	(13.7)	(13.7)
Net Current Assets	6.6	7.2	8.0	9.0	11.7
Non-Current Liabilities	(18.6)	(18.1)	(18.0)	(17.5)	(17.0)
Total Assets Employed	144.9	199.2	197.5	196.5	193.8

Table 6

8.7 Risk Ratings

In recent history the Trust has generated a Financial Risk rating of either 3 or 4. Under the revised Continuity of Service risk rating the Trust is projecting to achieve a rating of 4 in the current year. For 2014/15 it is again planned to be 4 and 4 in the following year.

8.7.1 Downside Risks and Mitigations

A number of downside risks have been identified and considered. The most significant financial risk relates to the non-achievement of CIPs. If 30% of CIPs are not delivered this would result in a financial risk of £4.3m. £4.5m of contingency has been allowed for within the budget. Other risks include the introduction of the Better Care Fund in Hampshire. The estimated risk in 2014/15 is £0.2m, increasing to £1m in the following year.

A number of services will be out to tender over the course of the next two years. These include a number of TQtwentyone contracts and School nursing. If the Trust is unsuccessful in retaining any of these there could be a financial risk of £1m.

The final risk considered as part of the planning process relates to the ability to recruit the appropriate substantive staff to all roles and locations. Should this not be possible agency staff could be required. The financial risk is estimated as being £2m.

Mitigations against these events naturally include pro-actively managing each process or issue with the intention of avoiding the risk from materialising in the first place. Should the risks materialise then financial contingency options include careful management of vacancies (£3m), deferring discretionary spend (£2m), and potentially the temporary or early closure of a range of facilities (£1m).

8.8 Activity

The majority of services provided by Southern Health are covered by block contract arrangements that do not vary significantly with changes in activity levels. The impact of over or under performance is therefore largely managed through in-year contract negotiations with contract variations agreed where services are developed or are retendered following a significant change in commissioner requirements.

Alongside this, Southern Health is working to change the way we look at the care we provide by evaluating 'outcome' focused measurement. The aim of this project is to shift the emphasis towards the outcome for our patients and service users, for example rapid healing of ulcers to support maximum function and quality of life for each individual.

At Lymington New Forest Community Hospital outturn to the end of 2013/14 is paid under a block contract. The value of this block has risen £660k from a 2012/13 start point to reflect cost of delivering increased demand. During 2014/15 within certain specialties where activity is expected to grow due to changes in referral pathways, work above 2013/14 outturn levels will be paid at a marginal rate on a cost and volume basis.

8.8.1 Mental Health Services

Mental health services have been working towards the implementation of Payment by Results in Mental Health. In 2014/15 activity will be reported against mental health PbR currencies, there shall however be no monetary value attached to changes in activity in 2014/15.

The Portsmouth City Eating Disorders Service will transfer to Southern Health for an interim one year period while a procurement process is put in place by commissioners.

8.8.2 Specialised Services (Low, Medium Secure, CAMH Services, Perinatal, Learning Disability secure services, prison services, Health Visiting and Child Health Records, Immunisations and Vaccinations)

The Wessex Local Area Team continues to commission these services on behalf of the NHS England, based on the services within their locality rather than patients linked to their locality. The 14/15 agreement provides a reduced risk at Bluebird; extra capacity at Leigh House with an extra bed to be agreed in year and additional capacity for perinatal provision.

8.8.3 Integrated Service Divisions

A comprehensive baseline review of community activity has been completed with the CCGs during 2013/14. Although overall income remains the same funding allocations will transfer between CCGs to match actual spend. This will be reflected in 14/15 contractual values. Community Care Team activity targets have been adjusted to better match outturn and better reflect actual working practices on the ground. There has been no investment to reflect any resulting growth in activity and all contracts associated with these services remain under block arrangements.

The introduction of the Better Care Fund in 2015/16 will facilitate integration across health and social care. The effect of this on community activity levels and contractual values remains uncertain at this point which has led to an agreement with CCGs that 14/15 contracts will only run for a one year term.

8.8.4 Local Authority Commissioned Services

The Local Authority is responsible for commissioning School Nursing and Smoking Cessation. There has been investment in school nursing for the 2014/15 contract and as a result staffing levels in this area will increase.

There has been a decrease in the number of people stopping smoking through the smoking cessation programme. However contract value remains at the same level in 2014/15 to enable the introduction of more extensive campaigns and projects across the full geographical area covered in order to increase sign up.

8.8.5 Divestments

Children's Community Therapy services was retendered across Hampshire in 2013/14 and work transferred to another provider.

Dental Services have transferred to other providers in 2013/14.

The Musculoskeletal Triage service provided in the South East of Hampshire has been transferred to another provider from 1st April 2014.

8.9 Productivity, Efficiency and CIP

The Trust has placed a great deal of emphasis on delivery of CIPs as a consequence of service transformation. This has served the Trust well over time and has generated recurrent cost savings, whilst simultaneously improving service delivery. Clearly as time progresses the identification of savings opportunities becomes increasingly difficult. The level of saving required for 2014/15 equates to £18.3m. This is against a background of significant cost efficiencies already delivered, which has resulted in the Trust achieving a reference cost index of 91 in 2012/13.

Quality of services provided is the critical priority for the Trust. To ensure cost efficiency projects do not adversely impact on quality a detailed quality assessment is undertaken of each individual business case. These are reviewed in detail by the senior management of the division responsible for delivering the CIP and the service it relates to. Each business case is also reviewed and ultimately approved by the Director of Nursing and Chief Medical Officer. It is important that stakeholders are engaged with and support what needs to be delivered through the cost improvement programme, therefore high impact CIPs are also reviewed by commissioners to ensure sign up and assurance of the schemes, given their transformational nature.

In order to confirm the actual impact of CIPs the Trust is introducing a post implementation review process. This process will review the service and quality impact of CIPs six months after implementation. This will enable corrective action to be taken should any be required and learning points to be identified and used when formulating and implementing future CIPs.

For this plan each division has generated a range of cost improvement plans. These cover service transformation, workforce re-design, a limited amount of income growth, estates rationalisation, corporate services, and procurement.

8.9.1 Summary of Major CIP Schemes

Scheme	Description	Savings 2014/15 £000	Savings 2015/16 £000	Key measures for quality
Workforce redesign in all services	<ul style="list-style-type: none"> • Skill mix review • Role changes • Management restructure 	5,096	5,546	Improve clinical outcomes for patients
Improved productivity and Efficiency	<ul style="list-style-type: none"> • Improved ways of working • Efficiency in processes and pathways • Facilities streamlining • Efficiencies in pricing, contracts and leases 	3,602	1,255	Improve value for money
Service Transformation	<ul style="list-style-type: none"> • Integrated Community Models • Mental Health pathways • LD redesign • Inpatient services 	3,189	3,310	Improve clinical outcomes and experience for patients, service users and their families
Estates rationalisation	<ul style="list-style-type: none"> • Reduction of owned and leased estate 	977	1,396	Support the delivery of service transformation and improve quality of services
Corporate Efficiencies	<ul style="list-style-type: none"> • Procurement schemes 	3,376	2,143	Improve value for money
Growth	<ul style="list-style-type: none"> • Elective services growth and income generation 	2,015	684	Improve the experience for patients, service users and families

Table 7

8.10 Trust Priorities 2014/15 – 2015/16

We want to ensure that every pound of public money is spent as responsibly as possible. Our priority for 2014/15 – 2015/16 is to:

- ensure the Trust has financial resilience and is able to meet its service requirements and priorities in the next 2 years whilst creating the financial mechanisms to enable the development and sustainability of new models of care

Priority	Actions for 2014/15 – 2015/16	Measures of Success
Ensure the Trust has financial resilience and is able to meet its service requirements and priorities in the next 2 years whilst creating the financial mechanisms to enable the development and sustainability of new models of care	<ul style="list-style-type: none"> • Develop, agree and implement quality assured cost improvement plans which flow from service redesign, are consistent with our strategy and which lead to improved value for money. • Refresh and implement our procurement strategy delivering cost savings for the Trust • Agree and implement our refreshed 2 and 5 year financial plan and financial model with resources and initiatives prioritised • Implement recommendations from the KPMG report that provide an effective 	<ul style="list-style-type: none"> • Deliver cost efficiencies of c£18.3m in 2014/15 and 4.4% in 2015/16 • Achieve Monitor Continuity of Service Risk Rating of 3 and achieve a normalised net surplus • Maintain the trust reference cost indicator at 95 throughout 2014/15 and 2015/16

Priority	Actions for 2014/15 – 2015/16	Measures of Success
	<p>procurement function and deliver cost savings</p> <ul style="list-style-type: none"> • Deliver the capital programme to support the Trust strategy and vision • With local partners, revise future contracting mechanisms and develop new funding flows and commercial arrangements • Implement PbR for Adult and Older People's mental health services resulting in income for these services remaining appropriate to achieve the desired patient outcomes 	

9 Strategic Objective 5: Establish new service models to deliver integrated care

9.1 Our Clinical Strategy and Key Priorities for Clinical Services

Our vision for a sustainable person centred health and care system has been the key driver in the development of the clinical strategies for all of our services. Divisions have worked in their communities to develop plans to design new service models that will deliver excellent, evidence based integrated care.

We are passionate about improvement and innovation. We are redesigning all of our services, with patients and partners, so that they better support individuals and communities to improve their health, wellbeing and independence.

As a Trust we work with others across the spectrum of care to manage complex and long term physical and mental health conditions. We believe that the development of our services to better serve people in the left of the spectrum, to empower them to take control of their care will reduce escalation of problems to the right of the spectrum:

Introducing the spectrum of care



We want to support more people to be independent in their own homes, by working with primary, social and acute care to build joined care pathways and share resources.

In short, we want people to get the right service, in the right place, at the right time.

Our approach is therefore to:

- Engage with patients, service users and families in the design and delivery of their care, which is centred on recovery and independence
- Integrate services that provide different elements of the spectrum to deliver seamless care
- Secure growth where this will support delivery of the clinical strategy and improved patient outcomes

9.2 Integrated Primary and Community Physical and Mental Health and Care

Southern Health has a long standing vision for a fundamentally different model of primary and community physical and mental health and social care in Hampshire, which will enable the system to create better outcomes and deliver better value from the investment of public funding.

Consistent with the national model, and the models of care being implemented in systems across the country, this involves

- Empowering individuals to take greater control of their own health, and services designed to be patient led, rather than (just) patient centred. This includes significant use of technology (including patient held records, online access to health and care support, and the use of technology to provide remote observation of patients at risk) and harnessing the power of community and third sector in health and care delivery
- Primary Care coming together and operating at scale, understanding the needs of the population, proactively supporting individuals to manage and improve their own health, and redesigning ways of working so that the locations and types of services meet the needs of the population. This would include telephone and online consultations, longer appointments for those with more complex needs, and 24/7 care in a single organisation.
- Strong, joined up physical and mental health services in the community, operating as an integral part of the primary care team, and encompassing what we currently know as social care, community mental health services, community nursing and physical health services, and acute care of the elderly services

We see some of the biggest gains for the system emerging once primary care and the rest of the out of hospital system come together as one, creating significant opportunity for productivity and efficiency through service redesign and providing primary care leadership to the out of hospital system. A fundamental characteristic of the model we are trying to create is that it is primary care led; enabling primary care to develop scale and capacity to undertake this role, and finding a business model that enables partnerships with primary care federations, is therefore critical to success.

The solution will be different in each locality within which we operate. In each local health economy we are developing local plans that move us towards this aim. Crucially, in order to achieve the aim of bringing together primary and community care, or of creating a single integrated out of hospital lead provider, Southern Health may need to form formal joint ventures or other partnerships with federations of primary care or with acute trusts, and to enable others to lead and develop the new models of care. In some cases we may need to transfer responsibility for the services we currently provide to these organisations. Therefore one of our enabling strategies is focused on the development of our organisation, commercial arrangements and models of delivery over the next two years to support this.

9.3 Sustainable high quality specialist services

Southern Health has a large portfolio of and considerable expertise in secondary and tertiary mental health services. These represent 30% of our business. We are pursuing a programme of redesign to embed a recovery based model of care and this will include providing support to primary care in the management of individuals with mild and moderate mental health issues.

One of our priorities over the next two years will be to work with commissioners on the future of our role in providing secure mental health services. Significant capital investment is required to re-provide our medium secure services and secure services for young people in Bluebird House has financial challenges which will require increased investment to ensure long term sustainability.

9.4 Learning Disabilities Services

Our Learning Disability services now cover a wide geographical area and a number of commissioners. We are delivering a major and challenging redesign programme as a result of financial constraints and quality issues. Significant progress has been made over recent months, focusing on quality, safety and clinical leadership as well as ensuring systems and processes that support care delivery are robust, including

- Establishment of a clinical quality team to drive effective care planning and management consistently across the service
- Additional support and training for staff on incident awareness, reporting and learning from incidents
- Appointment of two new clinical service directors and two additional modern matrons to provide clinical leadership and ensure a clear focus on clinical standards
- Enhanced accountability arrangements and weekly performance meetings

There is more to be done, to ensure that our learning disabilities services are safe and fit for the future. A detailed implementation plan has been developed which include:

- greater focus and pace on supporting the service, through additional management capacity and increased clinical leadership, independent clinical expertise and advice.
- enhanced governance arrangements led by a Non-Executive Director, weekly executive meetings
- training and development programmes for teams and individuals, pastoral support and a focus on staff wellbeing

At the same time we must ensure we restore the confidence of our service users, their families and our stakeholders in our Learning Disability Services and have therefore agreed a range of external oversight and scrutiny measures with system partners

Our redesign programmes will focus on developing new pathways with our stakeholders, from integration with primary and community care services for the primary care facing elements of the learning disability service, to redesign of our specialist forensic services.

9.5 Trust Priorities for 2014/15

The key priorities for the Trust during 2014/15 and 2015/16 will be to

- Engage with patients, service users and their families in the design and delivery of their care which is centred on independence, choice and recovery through self-management, access and choice that create a life beyond illness
- Develop and deliver, with our patients and partners, new models of integrated health and social care, in order to enable more people to be supported to remain healthy and independent in their community
- Work in collaboration with the people who use our specialist mental health services to develop and deliver integrated and well defined pathways of care where we intervene early and support recovery .Agree and begin implementation of a strategy for our secure mental health services
- Transform our learning disability services so that the highest standards of culture and clinical practice are maintained in all areas of the service

Priority	Actions for 2014/15 – 2015/16	Measures of success
Engage with patients, service users and their families in the design and delivery of their care which is centred on independence, choice and recovery through self-management, access and choice to create a life beyond illness	<ul style="list-style-type: none"> ● Adopt “Recovery College” principles for long term conditions and mental health services and develop an increased focus on prevention, self-management, education and advice ● Deliver a range of engagement and feedback mechanisms including extending the Friends and Family test ● Optimise defined benefits identified in Lymington New Forest Hospital review including growth of diagnostics & imaging ● Optimise community clinic model including health and wellbeing clinics and refine outpatients services including MSK services, 	Recovery college principles have been adopted for mental health and long term conditions pathways
Develop and deliver, with our patients and partners, new models of integrated health and social care, in order to enable more people to be supported to remain healthy and independent in their community	<ul style="list-style-type: none"> ● In partnership, develop standardised models of integrated care for physical and mental health for adults and older people centred around primary care, delivered through integrated service hubs across each service area ● Strengthen pathways of care closer to home reducing avoidable admissions and length of stay, further develop rapid access, redefine bed based care for older peoples mental health and expand TQ at Home service leading to a reduction in inpatient beds ● Review rehabilitation pathways and further develop step up and step down services with social care including crisis houses and housing solutions ● Invest and enhance medicines management delivery to ensure safe and recovery orientated outcomes ● Deliver call to action Health Visiting programme working in partnership with primary care as part of the Healthy Child programme and implement integrated service model for 0-19 pathway aligned to local authorities. 	Deliver our agreed programme of service change for each service line, to introduce new models of integrated health and social care is delivered.
Work in collaboration with the people who use our specialist mental health services to develop and deliver integrated and well defined pathways of care where we intervene early and support recovery .Agree and begin implementation of a strategy for our secure mental health services	<ul style="list-style-type: none"> ● Co-produce with people who use our services and other partners, integrated and well defined pathways of care. These will include primary care pathways, personalised community services, flexible alternatives to admission and earlier discharge and rehabilitation ● Define fit for purpose, value for money secure services plan for Hampshire in line with national best practice guidance and sustainable scale 	<p>New pathways for specialist mental health services are developed and agreed</p> <p>Our plan for the long term sustainable provision of our secure mental health services is agreed and implementation commenced</p>
Transform our learning disability services so	<ul style="list-style-type: none"> ● Implement quality improvement plan ensuring the culture, revised workforce model, 	Fully implement our programme to transform

<p>that the highest standards on culture and clinical practice are maintained in all areas of the service</p>	<p>leadership, systems and structure deliver the highest standards and meet future needs</p> <ul style="list-style-type: none"> • Transform pathways for people with learning disability to deliver standardised, best practice services across the entire Trust footprint, • Establish community orientated services leading to a significant reduction in bed based services • Develop pathway for forensic services from medium secure to the community implementing relevant changes to rehabilitation and step down 	<p>the quality and cost effectiveness of our learning disability services, ensuring that the highest standards of culture and clinical practice are maintained in all areas of the service</p>
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ENABLING STRATEGIES

10 Employ and develop talented, motivated staff

As we seek to improve patient outcomes and experience, developing a workforce with the competencies and behaviours we require becomes increasingly important. The workforce in future will need to be significantly more integrated with other parts of the health and social care system and in order to drive excellence and transformation we will require strong and innovative leadership. We will need to review current staffing levels to ensure we have the right number of people with the right skills working together effectively to meet future demands and within financial constraints.

Our Trust values underpin how people in the organisation act and behave. They define the culture to which the Trust aspires. We have made good progress in implementing the processes to support this, including significant priority given to the development of leadership capability in the Trust, value based recruitment and appraisal processes which enable the values to be embedded in the organisation.

<p>Person and Patient Centred</p>	<p>Our patients and service users are at the centre of our every thought and every action. By working innovatively yet meticulously we deliver care which is tailored around the unique requirements of individuals and constantly evolving around their changing expectations.</p>
<p>Forging Relationships</p>	<p>The best care is integrated care. Through bringing together other care and support providers and ensuring that we help and enable each other we all look for ways to make care more joined up for our patients and service users.</p>
<p>Delivering Value</p>	<p>We are committed to providing the best possible value for money. Through working smartly, spending our time on the things that really count and eliminating wasteful activities everyone takes responsibility for delivering greater value.</p>
<p>Driving Innovation</p>	<p>Innovation is part of everyone's job. By using our imagination, remaining open to new ideas and acting quickly and responsively we are able to transform the lives of our patients and service users.</p>
<p>Realising Ambition</p>	<p>We are constantly striving to be the best we can be. As individuals and as an organisation we are committed to providing our patients, service users and each other with a dynamic and evolving service which leads the way.</p>
<p>Valuing Achievement</p>	<p>We value and encourage success and achievement. Those who improve the patient and service user experience and our performance are rewarded.</p>

10.1 Priorities for 2014/15 – 2015/16

The Trust’s workforce strategy will be achieved through the delivery of three priorities during 2014/15 – 2015/16:

- Develop our leadership capacity and capability, so that we create the culture and behaviours we need to improve our services and deliver our vision
- Develop our workforce so that we have talented and productive people with the skills, competencies, information and contractual arrangements we need
- Improve how we engage with and support our workforce so that they are motivated to do the best they can for our patients, customers and for Southern Health

10.2 Develop our leadership capacity and capability,

We will continue to invest in our leaders, building on a successful leadership strategy and development programme. Our focus for the next stage of our leadership development will be to support our middle managers to develop integrated teams who learn and transform services together, and to enable patients and service users to take a leadership role on our development programmes ensuring a true customer focus.

Human resource management processes will be enhanced to describe the standards of performance and behaviours expected within the Trust and the actions taken to recognise and reward the positive and effectively manage the negative. Progress will continue to be measured through the Trust’s competency-based appraisal process and other feedback mechanisms such as the NHS Staff Survey. This will be monitored through agreed performance indicators at Board, Strategic Workforce Committee and Divisional Performance Review.

Priority	Key Actions 2014/15 – 2015/16	Measures of Success
Develop our leadership capacity and capability, so that we create the culture and behaviours we need to improve our services and deliver our vision	<ul style="list-style-type: none"> • Implement the next phase of the leadership strategy and development programme • Improve human resource management processes which clearly describe the standards of performance and behaviours expected within the Trust • Continue to develop line managers with the necessary skills to perform in their roles • Implement talent management processes for all staff groups 	<ul style="list-style-type: none"> • 95 % of our leaders have attended our Going Viral Leadership development programme • 5% Improvement of leadership elements of Staff Survey on previous year • 10% reduction in patient complaints relating to poor leadership within the Trust against 2013/14 baseline.

10.3 Develop our workforce

An overarching workforce plan has been developed to facilitate the delivery of the Trust’s clinical strategy. Our work with partner organisations to drive system integration and ensure a competent and flexible workforce for the future will change the shape of our workforce. We also face challenges alongside other providers around the supply of labour in the South of England, which will require us to work creatively and collaboratively:

- A focus of medical and highly specialised clinical staff at the front end of the clinical pathway

- an increase of non-registered support staff orientated around the intervention, maintaining and monitoring stages of care;
- Registered professionals, such as qualified nurses and allied health professionals will increase their activity in education and prevention.
- new roles including care navigators and peer workers will be introduced, as will rotational posts to enhance integration

In order to ensure our staff have the skills to deliver future roles our education programmes will be developed to

- meet new regulatory and requirements of external recommendations such as the Francis report and the Cavendish review
- support new roles and emerging technology
- ensure high standards, e.g. revised induction programmes for non-registered staff

We will improve use of technology to increase availability of on-line training for our staff, particularly regarding statutory and mandatory training. We will embed electronic rostering across the Trust and ensure we exploit the benefits this provides. Our transactional processes will be reviewed across our workforce management systems to ensure we not only improve processes, provide leaders with the information they need to manage their services but also to improve learning and governance across the organisation.

Delivery of the workforce plan will be closely monitored throughout the year to ensure we achieve the required quality and financial measures including our CIP targets. Improvements in workforce data and stronger management through Divisional Performance Reviews and Board assurance processes will support target delivery.

Priority	Key Actions for 2014-16	Measures of Success
Develop our workforce so that we have talented and productive people with the skills, competencies, information and contractual arrangements we need	<ul style="list-style-type: none"> • Deliver high impact changes as identified in the Trust’s workforce strategy and deliver Trust workforce plans • Collaborate with partner organisations to develop integrated workforce plans • Review employment terms and conditions to ensure they are fit for purpose • Ensure Recruitment, retention and reward strategies are embedded • Improve workforce data and stronger management through performance review processes 	<ul style="list-style-type: none"> • Improved performance against Workforce indicators • Net reduction in workforce costs • Revised workforce profile delivered

10.4 Improve how we engage with our workforce

In 2014/15, we will undertake a review to identify the most effective approach to pay, reward and recognition. This will be linked to the harnessing of ideas from our staff which better enable the delivery of our services.

Through our appraisal processes, we will continue to recognise those staff members who deliver high levels of performance that support our strategic aims and are aligned to our core values. We will cascade a formal talent management process in 2014/15.

We will conclude our review of the health and wellbeing of staff and ensure the outcomes are cascaded throughout the organisation; these will be linked to other Trust developments such as the Recovery College

Underpinning this will be a communication and engagement plan for staff. This provides opportunities for staff to influence proposals and plan around service developments.

Priority	Key Actions for 2014/15 -2015/16	Measures of Success
<p>Improve how we engage with and support our workforce so that they are motivated to do the best they can for our patients, customers and for Southern Health</p>	<ul style="list-style-type: none"> • Conclude the health and well-being review and cascade the outcomes and initiatives • Develop new reward and recognition mechanisms to incentivise staff to deliver innovation and excellence • Involve staff members in developing technological solutions that both improve the quality of patient care and increase efficiency • Improve data quality and performance metrics to demonstrate the impact of the workforce input to clinical outcomes 	<ul style="list-style-type: none"> • 5% reduction in staff absence due to mental health conditions • Improvement in staff engagement score as measured through the NHS staff survey

11. Develop our organisation and governance to ensure we are as effective and transparent as we can be

As a Foundation Trust Southern Health Board has a duty is to ensure the organisation is effectively run and successful in order to maximise the benefits for members of the Trust and in the best interest of the public/ patients who use our services.

Good corporate governance will support the Board to lead and direct the organisation in delivering safe, effective and responsive services in a caring and compassionate environment. It also ensures the right balance between quality of care and financial focus.

Good governance arrangements encourage robust engagement with stakeholders and long term relationships management to help us maintain the trust and confidence of the people and communities we serve.

Alongside strengthening the governance in our current structure we must work with partners to develop the organisational vehicles that most effectively deliver integrated care and secure the sustainable provision of specialist services.

11.1 Priorities for 2014/15 – 2015/16

We want our internal systems and process to support and enable us to deliver outstanding care. Our focus for the next two years is to

- Improve our assurance systems to provide confidence, from front line services to Board level, that the care we provide is as safe as possible and to provide early warning of any deterioration in quality standards
- Continue to refine the corporate governance processes in place within the organisation, ensuring appropriate Board oversight of governance arrangements across the organisation, in particular during the transition towards greater divisional autonomy.

- Explore organisational models and commercial arrangements that best support the delivery of new models of primary and community physical and mental health and social care in the local health economies we serve.

11.2 Quality Governance Strategy

Our two-year Quality Strategy was approved by the Trust Board in September 2013; it supports delivery of the Trust vision and values and overarching Clinical Strategy. It sets out our approach to continually improving the quality of care for our patients, users, their families and carers through:

- Setting measurable goals for improvement
- Ensuring roles and responsibilities for quality are clear at all levels of the organisation
- Embedding the use of measures and indicators to track our performance
- Continually developing our quality governance and assurance to improve performance and provide more openness and transparency about how about we are doing

The Strategy will be implemented in 2014-15 along with the Organisational Learning Strategy.

11.3 Organisational Learning Strategy

The Trust has developed an Organisational Learning Strategy with the aim of supporting the organisation to develop a culture that makes learning from mistakes and good practice commonplace and part of everyday working practice for all staff. To do this the Trust needs clear and effective central systems and processes which support formal learning and directed action, but equally frontline staff need to understand how to share good practice and learning proactively for the benefit of other staff and patients. The Strategy is to be formally implemented this year.

11.4 Quality Governance Intern Programme

The Trust has established a Quality Governance Intern Programme to facilitate cross-Division working on Trust-wide quality programmes and initiatives. The Programme involves clinical staff being seconded for six months into dedicated quality governance roles. The Interns divide their time working within the central Governance Team leading Trust-wide quality improvement projects, and working with the Professional Lead in their Divisions on local initiatives.

11.5 Quality Governance Framework

The Board reviews the Monitor Quality Governance Framework at least twice a year to understand its strengths and weaknesses in relation to its role in leading quality improvement and management across the organisation. During 2013-14 the Quality Governance Framework was reviewed twice by the Board as part of the governance self-certification process. Since Q1/2013 the Trust's wider quality governance arrangements have been strengthened including implementation of the new Corporate Governance Framework which reconfigured the Trust's meetings infrastructure, to enable a clearer focus on strategic goals and quality; development and approval of the Trust Quality Strategy, integration of quality performance monitoring at clinical division level and launch of a modified version of the Monitor QGF in each clinical division

In November 2013 the Trust commissioned a review of its quality governance arrangements from Deloitte. The Review was completed in January 2014 and overall found the Trust's quality governance arrangements to be sound but made a number of recommendations for improvement. Deloitte reviewed the Quality Governance Framework as part of its work and assessed the Trust's overall score to be 5.5. The key recommendations will be implemented during 2014/15.

11.6 Independent Board Governance Review

Alongside the review of quality governance arrangements, the Trust also commissioned a review of the Board Governance processes from Deloitte LLP. This report identified many positives in relation

to the organisation, and also found a number of areas where governance could be strengthened at the Trust. As part of the review, an independent assessment of the Trust’s position against the Department of Health’s Board Governance Assurance Framework was undertaken; this assessed the Trust to be either Green or Amber/Green against all domains. The greatest risk identified was the risk associated with maintaining Board oversight and control during a period of significant changes as the Trust moves towards greater divisional autonomy. The recommendations from the report will be implemented during 2014/15.

11.7 Performance Management

The Trust implemented the first phase of its performance management framework in Q1 2013/14. This provided a mechanism to test delivery of Trust strategy and plans at all levels of the organisation. Supporting dashboards at divisional, executive and Board level have been created and will be further developed during 2014/15 with refined indicators and dashboards for local teams. Alongside this we will implement our Divisional Performance Matrix which will assist us in early identification of services at risk as well as high performing teams. This will enable us to set clear expectations of what good looks like, provide additional support and challenge, strengthen performance governance, as well as provide one facet of our approach to devolved leadership of some clinical divisions.

11.8 Organisational Models

In order to deliver our vision, in line with national strategy, local health economies will need to create fundamentally different models of primary and community physical and mental health and social care which will enable the system to create better outcomes and deliver better value from the investment of public funding. Clinical Divisions are working alongside their partners in each locality to explore the different models that will work best in each system.

We are also undertaking a review of our corporate services and are piloting models including transactional hubs, business partner roles. We will implement our recommended models during 2014/15, alongside devolved management arrangements in clinical services.

11.9 Communications and engagement

The importance of ensuring our stakeholders feel engaged in the intentions, challenges and achievements of the Trust is increasingly important. We are reviewing our approach with regard to stakeholder management, marketing and social media management to ensure we are more proactive in this area. We will be introducing a new Communications and Engagement Strategy and ensuring this is measured through a variety of feedback mechanisms.

We want to continue to build our relationships across all of our communities and strengthen our reputation through our members and Governors. As a Trust we are proud of our achievements with our members and Governors and will continue to build on the success we have achieved in this area.

Priority	Key Actions for 2014-16	Milestones
Improve our assurance systems to provide confidence and refine the corporate governance processes in place	<ul style="list-style-type: none"> • Implement the recommendations of the Quality Governance Review • Implement the actions from the Independent Board Governance Review • Implement recommendations of the review of Risk Management systems and Board Assurance Framework • Implement next phase of the performance framework, dashboards and roll out 	<ul style="list-style-type: none"> • Trust’s Quality Strategy and Organisational Learning Strategy and revised Risk Management arrangements implemented across the Trust • Revised performance framework and dashboards provide appropriate level and range of performance

Priority	Key Actions for 2014-16	Milestones
	Divisional performance matrix <ul style="list-style-type: none"> • Complete corporate services review and implement agreed delivery model 	information at each level of the organisation
Develop relationships, organisational vehicles and commercial arrangements to support sustainable care models	<ul style="list-style-type: none"> • Explore a range of organisational vehicles and commercial arrangements • Develop communications and engagement strategy and take part in local and national strategic fora 	<ul style="list-style-type: none"> • Most appropriate models identified in localities

12 Build our infrastructure to enable us to deliver our vision

12.1 Our Priorities for 2014/15 – 2015/16

Ensuring we have the right estate, information and technology are key enablers to our ability to provide high quality, joined up, productive healthcare.

In 2014/15-2015/16 we will:

- Deliver the next phase of our estate plan to ensure we have the facilities we need to deliver excellent care. Refresh our estate strategy and agree a plan, to rationalise the estate and to reduce the cost of estate and estate management within the Trust
- Use technology to transform how care is provided and to support new, more productive operating models. Meet the planned milestones for the re-provision of the electronic patient record, to enable more effective sharing of patient information
- Improve data quality in order that we, our patients and our commissioners have confidence in our data and can use it to measure and improve experience, outcomes & safety, and value for money

12.2 Estates and Facilities

To support the Trust deliver its strategic objectives, we must ensure that we have high quality, safe, fit-for-purpose buildings located in the right place. We updated our Estate Strategy published in 2012 following the acquisition of Ridgeway Learning Disability and Social Care services in November 2012 and the transfer of previous PCT property assets from April 2013. This strategy is an enabler for the delivery of high quality clinical services and has been developed to ensure alignment with divisional and IT strategies, the rationalisation of estate and the reduction in estate and facilities related costs (occupancy costs). Additionally it takes into account the evolving strategies and development of the respective estates of the Clinical Commissioning Groups (CCGs), NHS Property Services Ltd, Community Health Partnerships, neighbouring NHS trusts and other local public sector organisations.

The Trust's estate portfolio is extensive and there is potential to continue to dispose of properties through the development of a hub and spoke model which supports service integration. Implementing proposals within the updated estate strategy will result in a reduction of approximately 19 freehold (circa £21m total net book value) and 11 leasehold properties over the next 2 years, contributing a further £1.5m of savings per annum to the revenue position of the Trust. There will be a drive towards full estate utilisation and use of vacant space. More radical estate and rationalisation plans will be developed to identify further cost reductions whilst supporting long term plans for service integration.

Our existing owned estate for our mental health and learning disability services within Hampshire is generally in good condition with minimal backlog maintenance. Approximately 12% of the estate (including that transferred following the acquisition of Ridgeway and PCT assets) requires some improvement to meet the six facet standards required. A priority area for the Trust is the future use of Ravenswood House as part of our wider Secure Services Strategy.

Implementation of the Estate Strategy will also ensure that environments are of the right physical condition, meet statutory compliance requirements and deliver energy efficiency improvements.

In order to ensure continued value for money, the Trust is reviewing the most effective of providing our Estates and Facilities management services in the future.

12.3 Information & Technology

A refresh of the Trust’s Informatics Strategy has been undertaken which has focussed on the following areas:

- Patient/Service User Focus to allow access to records and ultimately to support shared decision making, co-production and greater participation in their care
- Information sharing with partner organisations to support integrated care
- Development of an information culture to improve the use of information for business intelligence and health outcomes
- Supporting efficiency and driving down cost through improved use of information and technology (e.g. better use of mobile working devices and remote monitoring etc.)

To achieve this, the focus for 2014/15 and 2015/16 is to enhance our work on data quality and business intelligence and finalise the replacement of our diverse legacy infrastructure. We require a robust and reliable infrastructure on which to further develop our strategy and avoid future points of failure. We will therefore, build upon the consolidating foundations formed from the existing technical infrastructure programme investment to improve network capability, migrate to a single domain and provide one centralised technical support service.

Achieving the vision will also require the introduction of effective information sharing mechanisms adhering to interoperability and information governance standards, enriching and linking datasets within the trust data warehouse and exposing these datasets to agile user-facing information and business intelligence tools. It will also require investment in innovative portal technologies enabling secure access to appropriate information for patients and service users, clinical portal solutions and the trust wide use of quality assessment tools and effective outcome measures. At the core of this will be the replacement of the existing Electronic Patient Record (EPR) system in October 2015.

Priority	Key Actions for 2014/15-2015/16	Measures of Success
Deliver the next phase of our estate plan to ensure we have the facilities we need to deliver excellent care. Refresh our estate strategy and agree a plan, to rationalise the estate and to reduce the cost of estate and estate management within the Trust	<ul style="list-style-type: none"> • Implement and refresh our estates strategy that will deliver reduced cost of estate through rationalisation • undertake options appraisal for future estates management • Re-launch Trust’s Carbon Reduction Strategy • Reduce backlog maintenance of remaining estate • Agree future use of Ravenswood House in line with Secure Services strategy 	<ul style="list-style-type: none"> • Planned programme of estate rationalisation and CIP delivered to support Trust transformation programme • Future arrangements for estates management and maintenance services identified

Use technology to transform how care is provided and to support new, more productive operating models. Meet the planned milestones for the re-provision of the electronic patient record, to enable more effective sharing of patient information	<ul style="list-style-type: none"> • Re-procurement and deployment of new Electronic Patient Record • Increase provision of information through digital channels • Roll out of electronic patient surveys including the use of electronic collection kiosks • Development of portal technology solutions • Development of Information sharing between care teams 	<ul style="list-style-type: none"> • Successful re-procurement and deployment of new Electronic Patient Record • Opportunities to use technology to drive efficiencies and service improvement identified, prioritised and implementation begun
Improve data quality in order that we, our patients and our commissioners have confidence in our data and can use it to measure and improve experience, outcomes & safety, and value for money	<ul style="list-style-type: none"> • Develop divisional quality improvement plans to ensure focus and ownership of data quality • Further development and implementation of quality and safety information and outcome measures and reporting • Development and implementation of self service Business Intelligence tools 	<ul style="list-style-type: none"> • Improvement in data quality as assessed through KPIs • New performance dashboard developed and implemented

13. Key Risks to delivery of the plan

The Board uses the Board Assurance Framework to identify and monitor key risks to achieving the Trust's strategic objectives.

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

Risk Description	Mitigating Actions
Patients or service users do not receive the highest quality care because either safety, outcomes or experience do not meet our standards	<ul style="list-style-type: none"> • Quality Improvement Programme and Organisational Learning strategy implemented at all levels • Trust adoption of Quality Strategy with ongoing audit of compliance against strategy • Internal mock CQC inspection programme • Implementation of revised risk management systems and Board Assurance Framework • Updated divisional performance dashboards implemented and reviewed at Board • Robust systems to evaluate and improve patient experience • Further rollout of Trust outcomes framework
Regulatory concerns distract the Trust in ensuring that the "business as usual" is delivered to the standards expected and from developing future sustainable models of care	<ul style="list-style-type: none"> • Maintenance of legal, statutory and compliance requirements • Implementation of recommendations of external reviews to improve governance arrangements and assurance structure • Delivery of Learning Disabilities turnaround plan • Delivery of Quality Strategy and Improvement programme • Removal of CQC Warning Notices • Rigorous operation of Board approved management controls • Operation of Performance Management Framework

Risk Description	Mitigating Actions
The Trust is unable to maintain financial viability without significant deterioration in service quality	<ul style="list-style-type: none"> • Robust performance management of CIPs and assessment of ongoing impact to quality • Contracts negotiated with all commissioners with clear contract values. • Strong financial control and further financial awareness training across the Trust • Development of risk sharing arrangements and new contract models to support transformation • Contingencies established to offset in year risks • Monthly performance management of all change programmes
The Trust unable to develop effective partnerships that lead to transformative care pathways for patients and service users.	<ul style="list-style-type: none"> • Relationship management through engagement with stakeholders and public/ patients • Robust approach to communications planning and stakeholder management • Implementation of service transformation plans developed in partnership with the local health economy • Robust systems to performance manage delivery and evaluate change programmes
Failure to effectively develop appropriate workforce capacity and capability	<ul style="list-style-type: none"> • Trust behavioural competency appraisal process. • Implementation of Organisational Development strategy and recruitment, retention and reward plans • Workforce controls • Proactive engagement with trade unions and professional bodies • Business continuity and contingency planning • Development of integrated workforce plans with partner organisations
The Trust is unable to retain or further embed senior leadership capability	<ul style="list-style-type: none"> • Completion of trust leadership strategy and development programme • implementation of talent management programme • Implementation of OD strategy and succession planning
The Trust is unable to maintain, replace, develop or dispose of our physical infrastructure, including IT and estate to ensure they remain fit for the future needs of the Trust.	<ul style="list-style-type: none"> • Implementation of revised estates strategy to support divisional plans • Capital management forum to provide approval and oversight of all capital schemes • Delivery of programme for replacement EPR
Failure to identify and respond to commercial opportunities	<ul style="list-style-type: none"> • Board approved business development programme as part of Trust strategy • Development of capacity and capability to support business development and change management
Future service user population needs are not best provided by the Trust business model and structure	<ul style="list-style-type: none"> • Robust, evidence based assessment of future need to support strategy development • Implementation and rigorous monitoring of delivery plans
Inability to influence the national and local healthcare agenda.	<ul style="list-style-type: none"> • Senior engagement in national strategic forums • Engagement in local health economy strategic programmes

Appendix 1 Summary of Priorities, Actions and Measures

Summary of Priorities 2014/15 - 2015/16	Actions	Measures of Success
Strategic Objective 1: Deliver Safe Services		
1. Implement best practice quality and safety systems and processes across the Trust that enable us to deliver clear learning and improvement from good practice and errors	<ul style="list-style-type: none"> • Implement patient safety initiatives agreed in the Quality Account including pressure ulcers, serious incidents of aggression and violence and medicines reviews • Ensure compliance with CQC Essential standards and deliver internal CQC programme • Deliver fully the recommendations from the Francis Report action plan. • Deliver the Quality Improvement and Development Programme • Build on the risk and early warning information provided to Board, divisions and teams ensure timely identification of areas requiring support 	<ul style="list-style-type: none"> • Deliver all of the requirements set out in our Quality Contract with our commissioners • Achieve all the improvement targets we set ourselves in our 2013-14 Quality Account
Strategic Objective 2: Improve clinical outcomes for patients, service users and their families		
1. Drive further improvements in the standards of clinical practice and customer service across the organisation so that all patients receive excellent care, every time	<ul style="list-style-type: none"> • Deliver care planning and record keeping project to improve holistic assessment and care planning for patients which includes patient identified goals and outcomes • Review organisational learning to assess that delivery and impact of action plans has led to measurable change that is shared across the Trust • Undertake a thematic review of all unexpected deaths and as a result reduce the numbers of patients dying from suicide to within national reported rates and the numbers of patients dying unexpectedly in community services is within expected rates for trust • Reduce the number of unplanned hospital admissions and unplanned changes in patient accommodation for patients in our care 	<ul style="list-style-type: none"> • Increase the proportion of patients in our care who report that they feel independent and able to manage their own health conditions from 78% in 2014/15 to 85% in 2015/16 • Improvement in and learning embedded from key outcomes within our Outcomes Framework
Strategic Objective 3: Improve the experience patients, service users and their families have of our services		
2. Improve how we listen to and engage with patients and service users, systematically learning from and acting on the feedback we receive	<ul style="list-style-type: none"> • Implement quality improvement plans • Refine quality and organisational strategy • Extend patient feedback mechanisms to increase number of surveys returned and roll out actions to improve sharing and learning from patient feedback • Roll out new carer's feedback questionnaire across the trust. • Increase the number of complainants who are contacted after 6 months to explain changes made as a result of their complaint 	<ul style="list-style-type: none"> • Increase the proportion of patients who rate our services as excellent through the patient experience survey from 72% in 2014/15 to 85% in 2015/16 • Reduce the proportion of patients who rate our services as very poor from 1% in 2014/15 to 0.5% in 2015/16 • Achieve all Monitor Access to Care and Outcome Standards in 2014/15 and 2015/16
Strategic Objective 4: Improve the value for money of our services, reducing our costs and ensuring we live within our means		
3. Ensure the Trust has financial resilience and is able to meet its service	<ul style="list-style-type: none"> • Develop, agree and implement quality assured cost improvement plans which 	<ul style="list-style-type: none"> • Achieve Monitor Continuity of Service Risk Rating of 3

<p>requirements and priorities in the next 2 years whilst creating the financial mechanisms to enable the development and sustainability of new models of care</p>	<p>flow from service redesign, are consistent with our strategy and which lead to improved value for money.</p> <ul style="list-style-type: none"> • Refresh and implement our procurement strategy delivering cost savings for the Trust • Agree and implement our refreshed 2 and 5 year financial plan and financial model with resources and initiatives prioritised • Implement recommendations from the KPMG report that provide an effective procurement function and deliver cost savings • deliver of capital programme to support delivery of Trust strategy and vision • With local partners, revise future contracting mechanisms and develop new funding flows and commercial arrangements • Implement PbR for Adult and Older People’s mental health services resulting in income for these services remaining appropriate to achieve the desired patient outcomes 	<p>and achieve an a normalised net surplus</p> <ul style="list-style-type: none"> • Deliver a cost improvement programme of £18.3m in 2014/15 and a further 4.4% in 2015/16 • Maintain the Trust reference cost indicator at 95 throughout 2014/15 and 2015/16
<p>Strategic Objective 5 Establish new service models to deliver sustainable health and social care</p>		
<p>4. Engage with patients, service users and their families in the design and delivery of their care which is centred on independence, choice and recovery</p> <p>5. Develop and deliver with partners new service models of integrated health and social care.</p> <p>6. In collaboration with service users, develop and deliver integrated pathways of specialist mental health that support early intervention and recovery. Agree and implement a strategy for secure mental health service</p> <p>7. Transform our Learning Disability services do that the highest standards of culture and clinical practice are maintained</p>	<ul style="list-style-type: none"> • Adopt “Recovery College” principles for long term conditions and mental health services • Deliver a range of engagement and feedback mechanisms including extending the Friends and Family test • Optimise defined benefits identified in Lymington New Forest Hospital review • Optimise community clinic model including health and wellbeing clinics and refine outpatients services • In partnership, develop standardised models of integrated care for physical and mental health for adults and older people centred around primary care, delivered through integrated service hubs across each service area • Strengthen pathways of care closer to home reducing avoidable admissions and length of stay, further develop rapid access, redefine bed based care for older peoples mental health and expand TQ at Home service leading to a reduction in inpatient beds • Review rehabilitation pathways and further develop step up and step down services with social care including crisis houses and housing solutions • Invest and enhance medicines management delivery to ensure safe and recovery orientated outcomes • Deliver call to action Health Visiting programme working in partnership with primary care as part of the Healthy Child programme and implement integrated service model for 0-19 pathway aligned to local authorities. • Co-produce with people who use our services and other partners, integrated and well defined specialist mental health pathways of care that ensure early intervention and support recovery. These will include primary care, 	<ul style="list-style-type: none"> • Recovery college principles have been adopted for mental health and long term conditions pathways • Deliver our agreed programme of service change for each service line, to introduce new models of integrated health and social care is delivered. • New pathways for specialist mental health services are developed and agreed • Our plan for the long term sustainable provision of our secure mental health services is agreed and implementation commenced • Our programme to transform the quality and cost effectiveness of our learning disability services, ensuring that the highest standards of culture and clinical practice are maintained in all areas of the service is fully implemented

	<p>personalised community services, flexible alternatives to admission and earlier discharge and rehabilitation</p> <ul style="list-style-type: none"> • Define fit for purpose, value for money secure services plan for Hampshire in line with national best practice guidance and sustainable scale • Implement quality improvement plan ensuring the culture, revised workforce model, leadership, systems and structure deliver the highest standards and meet future needs • Transform pathways for people with learning disability to deliver standardised, best practice services across the entire Trust footprint, community orientated that reduce bed based provision and a revised pathway for forensic services 	
Enabling Strategy 1: Employ and Develop talented, motivated staff		
<p>9. Develop our leadership capacity and capability, so that we create the culture and behaviours we need to improve our services and deliver our vision</p> <p>10. Develop our workforce so that we have talented and productive people with the skills, competencies, information and contractual arrangements we need</p> <p>11. Improve how we engage with and support our workforce so that they are motivated to do the best they can for our patients, customers and for Southern Health</p>	<ul style="list-style-type: none"> • Implement the next phase of the leadership strategy and development programme • Improve human resource management processes which clearly describe the standards of performance and behaviours expected within the Trust • Continue to develop line managers with the necessary skills to perform in their roles • Implement talent management processes for all staff groups • Deliver high impact changes as identified in the Trust's workforce strategy and deliver Trust workforce plans • Collaborate with partner organisations to develop integrated workforce plans • Review employment terms and conditions to ensure they are fit for purpose • Ensure Recruitment, retention and reward strategies are embedded • Improve workforce data and stronger management through performance review processes • Conclude the health and well-being review and cascade the outcomes and initiatives • Develop new reward and recognition mechanisms to incentivise staff to deliver innovation and excellence • Involve staff members in developing technological solutions that both improve the quality of patient care and increase efficiency • Improve data quality and performance metrics to demonstrate the impact of the workforce input to clinical outcomes 	<ul style="list-style-type: none"> • 95 % of our leaders have attended our Going Viral Leadership development programme • 5% Improvement of leadership elements of Staff Survey on previous year • 10% reduction in patient complaints relating to poor leadership within the Trust against 2013/14 baseline. • Net reduction in workforce costs • Revised workforce profile delivered • 5% reduction in staff absence due to mental health conditions • Improvement in staff engagement score as measured through the NHS staff survey
Enabling Strategy 2: Develop our organisation and governance to ensure we are as effective and transparent as we can be		
<p>12. Improve our assurance systems to provide confidence and refine the corporate governance processes in place</p>	<ul style="list-style-type: none"> • Implement the recommendations of the Quality Governance Review • Implement the actions from the Independent Board Governance Review • Implement recommendations of the review of Risk Management systems and 	<ul style="list-style-type: none"> • Trust's Quality Strategy and Organisational Learning Strategy and revised Risk Management arrangements implemented across the Trust • Revised performance framework and dashboards provide

<p>13. Develop relationships, organisational vehicles and commercial arrangements to support sustainable care models</p>	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> • Implement next phase of the performance framework, dashboards and roll out Divisional performance matrix • Complete corporate services review and implement agreed delivery model • Explore a range of organisational vehicles and commercial arrangements 	<p>appropriate level and range of performance information at each level of the organisation</p> <ul style="list-style-type: none"> • Most appropriate models identified in localities
<p>Enabling Strategy 3: Build our infrastructure to enable us to deliver our vision</p>		
<p>14. Deliver the next phase of our estate plan to ensure we have the facilities we need to deliver excellent care. Refresh our estate strategy and agree a plan, to rationalise the estate and to reduce the cost of estate and estate management within the Trust</p> <p>15. Use technology to transform how care is provided and to support new, more productive operating models. Meet the planned milestones for the re-provision of the electronic patient record, to enable more effective sharing of patient information</p> <p>16. Improve data quality in order that we, our patients and our commissioners have confidence in our data and can use it to measure and improve experience, outcomes & safety, and value for money</p>	<ul style="list-style-type: none"> • Implement and refresh our estates strategy that will deliver reduced cost of estate through rationalisation • undertake options appraisal for future estates management • Re-launch Trust's Carbon Reduction Strategy • Reduce backlog maintenance of remaining estate • Agree future use of Ravenswood House in line with Secure Services strategy • Re-procurement and deployment of new Electronic Patient Record • Increased provision of information through digital channels • Roll out of electronic patient surveys including the use of electronic collection kiosks • Development of portal technology solutions • Development of Information sharing between care teams • Develop divisional quality improvement plans to ensure focus and ownership of data quality • Further development and implementation of quality and safety information and outcome measures and reporting • Development and implementation of self service Business Intelligence tools 	<ul style="list-style-type: none"> • Planned programme of estate rationalisation and CIP delivered to support Trust transformation programme • Future arrangements for estates management and maintenance services identified • Successful re-procurement and deployment of new Electronic Patient Record • Opportunities to use technology to drive efficiencies and service improvement identified, prioritised and implementation begun • Improvement in data quality as assessed through KPIs • New performance dashboards developed and implemented