Norfolk and Suffolk NHS
NHS Foundation Trust

Norfolk & Suffolk NHS Foundation Trust

Operational Plan for 2014 - 16

Norfolk and Suffolk NHS
NHS Foundation Trust

1. 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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Date	**April 4, 2014**

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 members 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)*	**Gary E Page**

Signature 

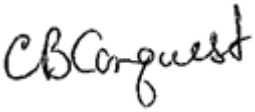
Approved on behalf of the Board of Directors by:

Name *(Acting Chief Executive)*	**Andrew Hopkins**

Signature 

Approved on behalf of the Board of Directors by:

Name *(Acting Finance Director)*	**Cynthia Conquest**

Signature 

2. Executive Summary

The Norfolk and Suffolk NHS Foundation Trust Operational Plan 2014/16 sets out key activities the Trust expects to undertake in the coming two years.

The Trust is in year 3 of a 4 year strategy to fundamentally redesign its clinical services and reduce costs by 20%, which has, in the main, been successfully delivered; ensuring the Trust is in a better financial position than it would have been had it not responded early to the financial challenge facing the NHS as a whole. However this has not been without challenges and in the coming years the Trust will evaluate these changes to services, refining and developing them in conjunction with commissioners, service user and carers.

We will continue to invest in our staff and seek to make significant improvements in staff engagement and satisfaction through a number of new initiatives and developments. Our staff have worked tirelessly throughout what have often been difficult circumstances and their commitment, hard work and dedication is what makes the Trust successful.

Implementing Recovery through Organisational Change, (ImROC), ImROC sits at the heart of the Trust's approach to service user engagement and recovery. The coming years will see the principles of ImROC fundamentally change the way the Trust operates and delivers services as it changes to an organisation where more people receive care which is, as far as possible, 'self-directed' and reflects their own preferred goals and outcomes.

From a workforce perspective this means more people with enduring mental health problems in Trust employment following training to use their own experiences and expertise to work in partnership with professionals. The focus for 2014/15 will be embedding the concept of co-production further into the Trust culture through its policies, in particular to improve recovery-focused care planning, and service user and carer strategies.

Engagement with service users, carers, stakeholders and health partners will be fundamental in ensuring the Trust develops services that meet local needs but are sustainable both financially and operationally. The Trust recognises that it is not always best placed to deliver services so will work closely with the voluntary, third and independent sectors to ensure service users can access the best available services for their needs.

The Trust will continue to embed the learning from Hard Truths, the Department of Health's response to the Francis report recommendations. This has been reviewed by both the Board of Directors and Board of Governors to ensure that this learning is at the forefront when planning and delivering service change.

The Trust has signed up to the National Mental Health Concordant and will work closely with other health and social care partners to ensure anyone suffering a mental health crisis will receive the prompt care they need.

The Trust will continue to play an active part in the local health economy and delivery of the Better Care Fund proposals along with joint initiatives with the GP community, CCGs and County Councils to deliver real integration and improvements in mental health services.

The Trust's financial strategy outlines the Trust's commitment to remain in surplus in the next two years. Comprehensive and robust cost improvement plans along with service change and efficiencies are underpinned by a new governance regime to monitor activity and ensure delivery.

The Trust has much to look forward to. The deployment of a single Electronic Patient Record with supporting technology to enhance mobile working will have the benefit of ensuring the Trust operates with single business processes while maximising staff efficiency and enhancing patient safety and care.

A new Chief Executive joins the Trust in summer 2014 and will be the catalyst to provide the fresh drive and positive, dynamic leadership needed to take the Trust forward.

3.0 NSFT Operational Plan

The NHS is facing an unprecedented set of challenges. The widespread financial recession has led to a year on year real terms funding reduction of 4-5% since 2010/11. Some of the latest projections from the Nuffield Trust and NHS England suggest that the funding gap will grow to £30 billion a year by 2021. Nationally and locally, measured action will need to be taken to maintain a sustainable financial position. In addition, the most recent NHS re-structures and increased emphasis on competition has led to extra pressure on NHS Trusts with the potential loss of business.

The current government policy and direction is placing heightened importance on integration across local health communities. In a competitive context NHS providers are moving towards greater independence than ever before. Therefore integration relies on commissioners commissioning and contracting in such a way that integration rather than competition and competitive behaviours are rewarded. Indeed commissioners are increasingly looking to contract with providers that can demonstrate partnership working and integrated services covering whole patient pathways rather than just isolated aspects of the pathways.

Commissioners are also being encouraged to expand the number of providers in the NHS market place to create a more competitive health economy. This is in keeping with the shift from NHS-provided, to NHS-funded, care. However, it places financial and commercial pressure on NHS Trusts and presents challenges in maintaining funding levels.

This is at the same time as demand, a national push on patient choice, and, public expectations of NHS services are rising. There is a significant risk that the rise in public/service user demands will diverge from the commissioning or funding intentions of Clinical Commissioning Groups (CCGs).

There has been some uncertainty given the changes taking place in the regulatory landscape. Not least the national moves towards mental health payment systems has slowed with clustering having been implemented for some time but limited progress having been made on other aspects which means that the majority of trusts have not moved from block contracts. This adds significantly to the financial pressure on mental health NHS providers at a time when demand for our services is increasing.

The learning from “Hard Truths”, the Department of Health’s response to the Francis report recommendations has been reviewed by both the Board of Directors and Board of Governors to ensure that this learning is at the forefront of peoples’ minds in planning and delivering service change. All services that have been through changes have had the impact on quality assessed and have specific targets to meet.

The Trust has signed the national Mental Health Concordant which is a joint statement of intent and common purpose, and of agreement and understanding about the roles and responsibilities amongst health and social care providers. The aim is to make sure people who need immediate mental health support at a time of crisis get the right services when they need them, and get the help they need to move on and stay well.

Locally the Trust is in year 3 of the Trust Service Strategy which aimed to take out 20% of costs over 4 years. This involved a radical redesign of services which was clinician led in the design phase. This has been, on the whole, a successful plan without which the Trust would be in a much poorer and less stable financial position. However this has come at a cost.

The reputation of the organisation has suffered with on-going media criticism which has become the focus of a negative campaign. The Trust shares the campaigns belief that mental health should receive parity with physical health providers.

However, the campaign’s on-going negative, and often inaccurate, publicity has shifted away from a focus on cuts to mental health funding to being critical of the Trust overall. This has

caused significant worry and concern both within the Trust for members of staff, but, more unfortunately, among service users and their carers. The Trust is actively trying to address issues as they arise and pre-empt with positive news, however, there is some way to go before this counteracts the campaign.

The service strategy and changes have impacted internally and while changes are embedding and improvements are happening, staff morale in certain areas is low. The national staff survey results indicated the Trust has much to do to regain the trust and support of its staff. There is being proactively managed and the workforce section details plans for the coming months and years to address this.

The Trust has an open and transparent approach to service change and all the service strategy plans have been consulted on in various forums and presented to the local Health Scrutiny Committees. However, the Trust does recognise that there is always more work that can be done so service users, carers and stakeholders feel they truly influence Trust plans. There is an engagement plan to ensure that the five year strategy, currently in development, enables meaningful and proper engagement. The Trust has active and engaged Governors who, as the external voice, will hold the Trust to account for ensuring this happens.

The Trust recognises that through the hard work, dedication and commitment of our staff during this period of unprecedented change we have successfully continued to meet the mental health needs of local people and demands of our commissioners and regulators. Through the 5 year strategic planning process we will bring together service users, carers and local health economy leaders, especially our GP colleagues, in further developing effective, affordable and sustainable services.

The Trust has much to look forward to, as set out in this plan, and of special importance, a new Chief Executive starting in summer 2014 to provide a fresh approach to the strategic leadership and direction for the coming months and years.

3.1 The Trust's Strategic Position

Norfolk & Suffolk NHS Foundation Trust (NSFT) delivers services in two separate health economies (Norfolk and Suffolk) to seven CCGs, regional specialist commissioning group (for the provision of specialist forensic mental health services, in-patient child & mental health services and substance misuse services) and two local authorities (Suffolk County Council and Norfolk County Council).

Whilst each local health economy has different challenges and needs there are also common themes and priorities, risks as well as opportunities that NSFT will need to continue to respond to in the coming years.

In the current economic situation, to consistently deliver safe, effective services, the Trust needs to make fuller use of the collective resources and expertise available across the two counties.

Both Norfolk and Suffolk have an active Voluntary Community Sector (VCS) and a well-established Independent Sector, who provide services to support improvement in the wellbeing of our communities. The Trust believes that new partnerships between NSFT and the voluntary sector can add value, improve care and provide service users with the service they need and want which the Trust cannot, or is not best placed to, offer. The Trust believes that, among others, prevention and the avoidance of admission, are areas where partnerships with the VCS and Independent Sectors are able to offer the most effective and efficient care.

Partnership working is also part of the Trust's commercial strategy in terms of increasing the range and continuation of its success in bidding for new business, such as Wellbeing

Services, Point One and Norfolk Recovery Partnership. The Trust has working relationships and contractual agreements with a number of organisations. This includes those that commission our services and those that the Trust partners with to deliver services such as third sector providers.

The range and number of organisations the Trust works with is expanding as it forms new partnering relationships to deliver services as effectively and efficiently as possible with an on-going programme of work to further develop partnership working.

One of the areas identified and prioritised by the Trust for partnership working are alternatives to admission. Inpatient stays are the most resource intensive part of the service the Trust offers. If an acute inpatient stay for intensive treatment is not required or could be shorter then it is more positive, from the service user and Trust perspective, to provide alternative residential accommodation.

In addition there has been a long standing gap locally in terms of provision of alternatives to an acute admission or beds for step down care. Therefore the Trust has developed a service specification for Alternative to Admission/Discharge Support Development Partnership in Norfolk and Waveney which was approved in August 2013.

The specification covers:

- Home Based Interventions
- Community Based Interventions
- Non-bed Based Interventions
- Bed Based Interventions
- Crisis/Support Line.

Within Suffolk work with CCGs in further developing home treatment services and liaison with third sector providers to provide support in the community will continue to enable people to stay at home where this is best for them.

The Trust, by partnering with providers who offer these amenities more effectively and cost efficiently than the Trust, will increase the range of services available to service users when they need them and being admitted to a hospital bed is not clinically appropriate.

As some of these activities are better provided by the voluntary or community sector, it also positions the Trust to bid for contracts that it would not be in a position to do without partner(s). The opportunities currently being explored by the Trust for implementation and/or pilot over the next two years relate to acute adult care, secure services, complexity in later life services for older people with functional mental health problems and cognitive impairment such as dementia. A number of pilots will be undertaken in 2014/15 for evaluation and wider roll out in 2015/16.

Given the increasingly commercial environment, in addition to partnership working, the Trust's overall commercial strategy for 2014/15 and 2015/16 is to retain current business, increase the Trust reputation and relationships with its commissioners, as well as looking for opportunities for expansion through winning new contracts and on an opportunistic basis through further acquisitions or mergers.

3.2 The Trust's Vision

The Trust has developed a new vision which will be consulted on more widely once the new Chief Executive, as the strategic lead for the Trust, is in post. However, work has been on-going over recent months and identified the following as a statement we, as a Trust, want for our organisation and responds to what our staff, service users and carers have asked of us

in the many surveys we have undertaken. The statements apply equally to staff, service users and stakeholders. This is:

We Care, We Listen, We Deliver

This means we will:

1. deliver safe, effective services which meet local needs

2. work together to achieve the best possible outcome for you

3. keep our promises, with each of us accountable for what we do

We recognise the Trust's Vision & Values underpins the organisational strategy and provides the basis for all objective setting and appraisals. As such, although this is still subject to full consultation as part of the 5 year strategic plan and may well change, it does reflect the aims and desires of the Board as this time.

3.3 The Trust's Clinical Strategy 2014/16

A key part of the Trust's Service Strategy is the need for service models to change and be provided differently to meet the challenges of providing safe, effective and efficient mental health services in an environment of increasing need and reducing funds. The overall approach is one of consolidation. The services originally provided by multiple small teams are now being provided by larger, multidisciplinary teams. This removes the need for multiple handovers and offers a more flexible service.

The Trust Service Strategy (TSS) covered 2012-16 and was developed by clinical leaders in collaboration with service users, stakeholders, commissioners and staff. TSS set out how the Trust's services and support functions would operate in an environment where the key challenges were:

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

The Trust is now reaching the end of the third year of the implementation and the above remains true with finances, nationally, now recognised as a major challenge for all providers. The main service models in Norfolk & Waveney and Suffolk have changed significantly with savings being generally achieved. This has been a challenging process and not without its problems. There remains a financial gap for the fourth year and the next round of strategic planning will review the success (or otherwise) thus far and formulate the service changes and cost improvement programmes required for all areas of the Trust.

The initial service strategy plans had over 80 changes made to them following consultation with parties internal and external to the Trust, However, the forthcoming 5 year strategic planning sessions, will learn from staff, stakeholder, service user and carer feedback and improve this further.

3.4 The Operational Model

At the point of merger on 1st January 2012 the former Norfolk and Waveney FT was already engaged in the development of a service redesign programme. Given the significant work already undertaken, and the need to deliver change within the first year, the Board of Directors agreed to proceed with, and consult on, different service models in the areas aligned to the historic boundaries of the previous Trusts, Norfolk & Waveney and Suffolk.

The key common elements across the Trust are:

- the locality structure which is broadly aligned to CCGs
- shared support functions such as estates services, ICT, HR, Finance, governance and research functions
- local inpatient mental health facilities for adults of all ages
- access to Psychiatric Intensive Care, low secure service and children's inpatient services
- access to IAPT and Wellbeing services.

Secure services, drug and alcohol misuse services and learning difficulty services sit alongside the locality structure.

3.5 Access and Assessment Services

New access and assessment services were set-up to provide a consistent front door for the majority of referrals to the Trust. The core service runs 8am-8pm, 5 days a week but the service as a whole covers 365 days a year, 24 hours a day. There are three levels of priority assigned to referrals at the point of triage, 4 hour, 72 hour and 28 day assessments required. There are currently three Access and Assessment teams: Central & West Norfolk, Great Yarmouth & Waveney and Suffolk.

3.6 Suffolk Services

The Suffolk service model is centred on Integrated Delivery Teams (IDTs) which provide community services to all age groups using a multi-disciplinary approach. There are currently 5 IDTs which support a range of pathways:

- Enhanced community pathway
- Children and families pathway
- Young people pathway
- Adult pathway
- Complexity in Later Life pathway
- Neuro-developmental pathway.

3.7 Norfolk and Waveney Services

The Norfolk and Waveney model is based on specialist service lines organised into three geographical localities. Each locality will have a complete set of service lines, ensuring that a single senior management team can oversee all care pathways within the Locality, from children and young people to dementia and later life. A care pathway is the journey that a service user and their family carers take through the Trust services, including the care and treatments they receive and the staff they see.

There are five specialist service lines in each locality:

- Wellbeing (Improving Access to Psychological Therapies – IAPT)

- Children, Families and Young People
- Adult community
- Adult acute (community and hospital care)
- Dementia and complexity in later life.

Service lines deliver the same pathway and standard of care in all localities. Each service line consists of a multidisciplinary health and social care workforce.

3.8 Current Consultation on Future of Mental Health Services in Great Yarmouth and Waveney

A consultation regarding the future of mental health services in Great Yarmouth and Waveney launched on 30 January for 12 weeks, closing on 24 April 2014. The consultation, run by the CCG Governing Body, HealthEast, covers:

- Adult mental health services in Great Yarmouth and Waveney for people of 18 and over with mental health problems such as depression, bipolar disorder or schizophrenia
- Inpatient and community services for people with dementia in Great Yarmouth and Waveney
- Information and resource centres for patients and family carers in Great Yarmouth and Waveney.

The final decisions on the consultation outcomes will be taken by HealthEast after they have considered all the feedback and agree which of the proposals are sustainable and best meet local need. The Trust is anticipating implementing the agreed outcomes from July 2014.

3.9 Children, Families and Young People

The Trust strategy for Children, Families and Young People (CYP) services is to meet the aspirations of 'The National Framework for Children, Young People and Maternity Services' (DH 2004) , 'Every Child Matters (DfES, 2005) and the Mental Health Act 2007.

The CYP Tier 4 Unit opened on 15 October 2012 with the aim of providing a local county Tier 4 service. The unit was an initial response to Commissioner's concerns over the lack of available local Tier 4 beds, causing communication difficulties for clinicians and parent's alike and increasing lengths of stay. The Unit has enabled the Trust to deliver a local service to young people and their families. The care is good but the limited environment creates challenges and is intended as an interim measure only. This was acknowledged during the design phase and the Trust is now in discussion with NHS England East Anglia regarding the next phase of development for 2014/15 and 2015/16.

3.10 Service Users and Carers Involvement

The Trust Service User Involvement Strategy sets out the importance of service user involvement in a holistic, meaningful and inclusive manner, including service planning, care planning, the recruitment process, service delivery and assurance of service quality. Service users and carers are involved in a large number of regular and one-off meetings covering the full range of Trust business.

The Trust has implemented locality based forums to provide more direct engagement between service users, carers and the managers of services in their direct geographical area. In Norfolk and Waveney these groups feed into Service User and Carer councils. These councils and the two Suffolk groups feed into the overarching Service User and Carer Trust Partnership which reports directly to the Board of Directors.

A review of the Service User Strategy is underway with a wider consultation planned for the summer of 2014. This will include reviewing the effectiveness of the current strategy in improving carer engagement and the associated plan. The Trust's Service User and Carer Trust Partnership will lead on this work.

The Trust is also proposing to implement the Triangle of Care to ensure the needs of carers are met and are central to any service users care plan.

Within Suffolk an acute forum has been developed for service users staying in our services to directly influence the way the ward operates. A training package, developed by service users, is now in place to influence care planning. Once evaluated this will form part of the Trust wide learning.

A children's and young people's participation strategy was developed, in collaboration with the Trust's Youth Council, and approved by the Board of Directors in February 2013. Following that, 10 objectives and priorities were developed for the Norfolk and Suffolk Youth Councils in conjunction with the Trust. This work is on-going and the council meets on a monthly basis, reporting on progress to the Board of Directors every six months.

Volunteers are another important element of the Trust's engagement strategy and are facilitating implementation of The 15 Steps Challenge as part of the resources available for the Productive Care work stream. They have been co-produced nationally with patients, service users, carers, relatives, volunteers, staff, governors and senior leaders, to help look at care in a variety of settings through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like.

A key strand to the Trust's service user and carer involvement is commitment to working effectively with external parties such as Health Watch in Norfolk and Suffolk. As independent champions for people using our services, or with interest in mental health services, we will continue to work with them to ensure a wider understanding of mental health needs and that services provided are safe and effective.

3.11 Improving Recovery through Organisational Change (ImROC)

ImROC sits at the heart of the Trust's approach to service user engagement and recovery. The coming years will see the principles of ImROC fundamentally change the way the Trust operates and delivers services as it changes to an organisation where more people receive care which is, as far as possible, 'self-directed' and reflects their own preferred goals and outcomes.

From a workforce perspective this means more people with enduring mental health problems in Trust employment following training to use their own experiences and expertise to work in partnership with professionals.

The ten key ImROC organisational challenges are:

1. Changing the nature of day-to-day interactions and the quality of experience
2. Delivering comprehensive, service user-led education and training programmes
3. Establishing a 'Recovery Education Centre' to drive the programmes forward
4. Ensuring organisational commitment, creating the 'culture'
5. Increasing 'personalisation' and choice
6. Changing the way we approach risk assessment and management
7. Redefining service user involvement
8. Transforming the workforce
9. Supporting staff in their recovery journey

10. Increasing opportunities for building a life 'beyond illness'.

The Trust has started the ImROC journey with the establishment of a Recovery College to train Peer Support Workers to use their lived experience, working alongside Trust staff to facilitate improved recovery for service users. This method of co-production is known to improve clinical outcomes.

The focus for 2014/15 will be embedding the concept of co-production further into the Trust culture through its policies, in particular to improve recovery-focused care planning, and service user and carer strategies. In addition, one of the commissioners has requested an ImROC CQUIN target for 2014/15 to be extended to children and families. The Recovery College will also be expanded to encourage greater collaboration and understanding between service users and staff as they attend the same courses.

3.12 Improving Access to Psychological Therapies (IAPT)

The Trust currently provides IAPT through its Well Being services. The services in Norfolk, currently provided by NSFT, are being re-tendered with an award due September 2014. The new service specification also includes service users clustered 1-4[1]. To fund this, a portion of the current mental health block contract will have to be disaggregated. Should the Trust not retain this business, it will impact on three of the Trust's secondary care pathways which currently provide services to service users in cluster 4. The Trust is managing this risk by remodelling services to reflect the changes wanted by commissioners in light of national changes and ensuring staff are clearly identified in advance of the contract implementation in April 2015.

3.13 Section 75

The Trust's section 75 agreement with Norfolk County Council (NCC) covering the delegation of responsibility for social care for working age adults with mental health problems expired on 1st April 2013. The agreement was extended for a year while the way forward was developed jointly between the Trust and NCC. Following the development of potential options NCC chose an option that has resulted in the withdrawal of the delegation with effect from October 2014. Although the employing body will change, the Trust and NCC have agreed that social care staff will remain co-located with health staff in NSFT bases and that integration of services with clear lines of responsibility will provide services that better reflect the changing needs of social care.

3.14 Better Care Fund Implications

The Trust's services are commissioned by seven different CCGs and two different county councils Norfolk and Suffolk for the majority of the services it provides. The CCGs and county councils are listed below:

- Great Yarmouth & Waveney CCG
- Ipswich & East Suffolk CCG
- Norwich CCG
- North Norfolk CCG
- South Norfolk CCG
- West Norfolk CCG
- West Suffolk CCG
- Norfolk County Council
- Suffolk County Council

The status of the planning and engagement with, and from, the Trust varies across the CCGs.

[1] Clusters are needs based categories which have been developed as the basis of mental health payment systems

3.15 Suffolk CCGs Better Care Fund Two Year Plan

Within Suffolk the CCGs have developed a joint plan involving the local health communities across the counties. The plans covering a number of areas, those of particular interest within the two year plans are focusing on long term conditions, including dementia, and access to psychological therapies. The work around long term conditions focuses on early diagnosis, admission prevention, and discharge support to prevent delayed transfers of care. For people using services, they will be better supported to remain at home and return to it as soon as possible, if an inpatient stay has been necessary, which fits very well with what patients and their carers tell us they want. For psychological therapies the focus will be on extending coverage and recovery rates.

Whilst the above are the more traditional areas to look for integration of other local health community services the Trust will look within the strategic plan to explore other areas with CCGs as potential areas for integration.

3.16 Norfolk CCGs Better Care Fund Two Year Plan

At this point, the Trust and CCGs across Norfolk have developed plans which are summarised in a joint document. This may not reflect the latest plans as work remains on-going for all CCGs and providers approaching submission. It is anticipated that the 5 year strategic planning process will provide the ideal opportunity to jointly update strategies and plans.

However, in summary, Norfolk CCGs vision is based on the National Voices campaign values around person centred and co-ordinated care. The initial activity includes primary and social care integration around long term conditions using a hub based approach.

3.17 Medium and Low Secure Services

The 2014/15 contract will remain as it was for 2013/14 with the Trust paid a block sum in full if occupancy is 90% or above but with a 50% claw back if occupancy levels fall below 90%. The 50% claw back is higher than the 25% in 2013/14 contract.

Occupancy levels will be actively managed to both limit the risk to Trust income but also to ensure service users are discharged when clinically appropriate.

3.18 Next Phase of the Trust Service Strategy and Beyond

The next phase of the Trust Service Strategy for 14/15 and 15/16 will continue to focus on service models, operational structures, estates strategy and ICT infrastructure and systems with the development of standardised business and operating process.

The intention will be to provide the foundation for improving consistency of practice, data quality and management information leading to further opportunities for service efficiencies, a key enabler for which will be a single core clinical IT system with an EPR underpinning the Trust's ability to deliver direct care services in the most effective and efficient way.

As part of the 5 year strategic planning round, implementation of the Trust Service Strategy to date will be evaluated to determine the future service models for the Trust.

The operational services and models that will be reviewed, consulted on and any changes implemented over the next two years include the acute services and psychiatric intensive care services. The timescales will vary across different localities and services reflecting the differing models. However all changes are expected to be implemented by end of 2015/16 dependant on the outcome of public consultations.

The Trust will begin moving to a consistent Access and Assessment model across the Trust during 2014/15 to complete in conjunction with the implementation of a single patient administration system, in the first quarter of 2015/16.The model will operate 24 hour, 7 days

a week with an emphasis on the provision of assessment clinics available at convenient times for service users and carers (including evenings and weekends).

There has been some delay in the programme for mental health payment systems (formerly known as Payment by Results). The setting of tariffs has now moved to Monitor and discussions are being held on what payment system will be appropriate for mental health. In the meantime, Commissioners have decided that mental health services contracts will move from being based on block payments to cost and volume based on cluster caseload in 2015/16.

During 2014/15, in preparation, the Trust will improve cluster caseload data quality by forming a more direct link between clusters and the care provided by the Trust. It is also assumed this will be followed by the Trust implementing cluster care packages during 2016/17. A key part of ensuring this strategic move is successful is robust data quality. The Trust has a development programme for 14/15 to train staff in enhancing data collection and performance measurement across all service areas.

4.0 Patient Safety & Quality of Services

Patient safety, quality of care and the delivery of safe, effective services sits at the heart of all our strategic and operational plans with improving outcomes for service users an underpinning priority. The Trust has developed its Quality Account for 2014/15 which sets out specific intentions and developments for the coming year.

Patient safety is reported and discussed at both public and private Board meetings on a monthly basis. The Trust's compliance with CQC essential standards is available publically on the CQC website. The current Trust CQC registration enables the Trust to provide assessment or medical treatment for persons detained under the mental health act 1983; and treatment of disease disorder or injury. Following a number of assessments by the CQC the Trust has developed action plans to address 6 minor and 1 moderate concerns from four inpatient areas to ensure compliance with the essential standards.

The two emerging themes from these assessments are staffing across the Trust and record keeping issues in Suffolk. The Trust has a robust HR strategy to improve staffing and the record issues are related to the electronic ePEX system in Suffolk and the continued use of paper records. The clinical system replacement programme will ensure that the dual recording is eliminated and there is an action plan in place to mitigate the risk while the single main clinical system programme is in the planning and implementation phase.

The Trust has two sites in the process of implementing *Safe Wards*. This is an evidence-based set of intentions and activities to reduce containment and aggression/violence.

The Trust is also participating in the Health Foundation's *Safer Care Pathway in mental health,* part of the *Closing the Gap in Patient Safety programme.* The aim is to address patient safety hazards and create safer mental health pathways.

4.3 Complaints

The complaints procedure is currently under review in consultation with service users, carers, governors and managers. The review will report and implementation will take place during quarter one of 2014/15.

The Trust's current complaints procedure is available on the Trust's website alongside the latest report covering the number of complaints broken down by area, outcomes, trends and lessons applicable for other Trust services. Non-Executive Directors and, separately, a subgroup of the Board of Governors review a sample of completed complaints to raise awareness and feedback on whether the Trust response was proportionate. The Trust is also engaged with Healthwatch Norfolk in Complaints Handling Audits involving other local NHS Provider Trusts.

4.4 Quality Priorities

The Quality priorities for 2014/15 have recently been agreed by the Board of Directors following engagement with stakeholders. The priorities chosen were as follows:

Patient Safety:

- Being able to access services quickly
- Being confident that the Trust learns from mistakes and puts in plans to reduce similar risks

Patient Experience:

- Being able to contact a mental health worker out of hours
- Having carers needs taken into consideration

Clinical Effectiveness:

- Having a care coordinator who gets to know you and can ensure continuity of your care

The next stage in the process will be to develop specific targets and milestones to deliver the priorities during 2014/15.

4.5 Research

In 2014/15 the Trust Research department will be supporting Trust clinicians to develop research grants in targeted areas of local and national mental health service and care delivery. Alongside this the Trust will develop a register of all service users and carers who wish to receive information about mental health research opportunities and become involved. Building on this work in 2015/16 the Trust will be aiming to actively offer the majority of service users the opportunity to be involved in a research study. This will be achieved through the development of a central referral point for service users, clinical research participant database (separate to the research interest register), and a wide-reaching promotional campaign across Norfolk and Suffolk, increased research literature and information available across the Trust.

The Trust will continue to develop strong partnerships with Industry research, and will be launching an initiative to promote Trust research facilities and services to the industry. In order to enable Trust staff to use current evidence in their day-to-day practice, the launch of the Knowledge Centre in 2014/15, led by a Knowledge Centre Board, will support Trust staff to publish and disseminate their work.

Specifically, during 2013/14, the Trust Board and the Norfolk Suffolk Dementia Alliance Board agreed to progress work to bring the Trust's Norfolk Dementia Care Academy and Alliance together to create a new Dementia Academy. The Trust and Alliance will match fund the development of the new Dementia Academy, commencing April 2014, for one year. It is anticipated that the funding for the new Dementia Academy will be picked up in full from April 2015 by the Local Education and Training Board.

The new Dementia Academy will be part of a pathway led development partnership. It will provide a one stop shop for all dementia training, governance, facilitation, support, coordination, central data collection/ monitoring, signposting and the production of a training matrix across the area.

4.6 Board Assurance Framework (BAF)

Over the last two years the Board of Directors has regularly discussed the best format to provide a meaningful tool for Board of Directors oversight of the principal risks to the Trust's objectives.

At its meeting on 23rd January 2014 the Board formally reviewed the Board Assurance Framework (BAF) format which was based on the traditional "risks to objectives / controls / assurance / gaps and actions" structure. The Board of Directors requested that the BAF format should be changed to reflect a themed-based approach.

The revised BAF format was developed and presented to the Board of Directors on 27th February 2014. Instead of listing risks drawn from the Trust's risk register (which are already presented at the Audit and Risk Committee), the thematic approach provides a narrative on key strategic risks, mitigations and any actions required.

4.7 Consolidation of Change Management

Given the current financial and economic circumstances and the need to improve efficiency it is more important than ever for the Trust to deliver change successfully achieving the expected benefits of its programmes, whether of cost and/or quality improvements. Using the

clinical system replacement as a driver for total organisational change, the Trust will be developing a programme management office (PMO) drawing together existing individual programme PMOs. It will oversee and support the Trust's whole portfolio of change programmes and projects; providing support for significant service developments and business change, benefits realisation facilitation and on-going monitoring. It is anticipated that the organisational PMO will be set-up in the second quarter of 2014/15.

4.8 Consolidation of Estates

The Trust has a range of accommodation for both clinical and corporate services including large traditional asylum sites, owned buildings, modern in patient units and leased sites. The Trust is reviewing its estate in support of the Service Strategy and a 5 year Estates Strategy will be developed in the second quarter of 2014 post the next round of strategic planning. Focus during 2014/15 & 2015/16 is on reducing the number of costly and/or unsuitable sites and the development of health campuses, where possible in partnership with other agencies.

4.9 Technology to Support Care

The Trust recognises the need to deploy effective and robust technological solutions to support clinical care. A technology strategy will be delivered in the first quarter of 2014 setting out the timeline for changes, underpinned by a single electronic patient record. The following sets out some of the key developments planned.

Consolidation of systems

The Trust currently has a number of different Clinical and Patient Administration System (PAS) systems as a result of merger activity and the perceived need for service specific systems. The majority of secondary mental health care services in Norfolk and Waveney still use paper as the primary means of recording clinical information. This situation results in real barriers to information sharing and holistic reporting. The move to a single main clinical and PAS has been a Trust priority since merger and the Trust is currently engaged in a national contract sign-off process to commence deployment of a single clinical system. The consolidation of Trust record keeping into one electronic patient record is fundamental to the Trust strategy moving forward. It will improve data quality, performance reporting, mobile working, clinical decision making and, most importantly, will improve clinical information sharing by shifting from paper records to universally accessible electronic records.

Apervita

The Trust successfully bid to the *Safer Hospitals, Safer Wards Technology Fund* to provide, during 2014/15, a portal encompassing the current (and in future historic) clinical systems across all areas of the Trust and external systems where patients are co-managed. The portal will reduce risk by providing access to key patient data to clinical teams regardless of the original data source or system. The portal will be controlled by the Trust however access will be given to other registered healthcare professionals involved in the care of Trust service users. Healthcare professionals outside the Trust will have auditable access to a limited subset of information based on their role and agreement with the host organisation.

Mobile Working

Focus for 2014/15 will be on large scale pilots, using a variety of devices including tablets and smartphones; profiling of staff to assess what works best for whom. The Trust is also planning to trial some virtual consultations between clinicians and patients. Following pilots in 2014/15 the results will be analysed and the best solution rolled out Trust wide in 2015/16.

In addition the Trust will be undertaking some strategic outsourcing of infrastructure to give better support to mobile computing during 15/16.

Electronic Medicines Management Administration System (eMMA)

A review of the eMMA project was undertaken in January 2014 which took account of the Trusts' successful bid to the *Safer Hospitals, Safer Wards Technology Fund*. The current phase of the project was re-scoped to cover a holistic roll out of the system to all medium secure forensic services hosted on the Norvic site in Norwich to be completed second quarter 2014/15. The second phase, in 2015/16 will focus on the roll out to the remaining inpatient wards served by the in-house pharmacy and with the Trust clozapine dispensing system.

Technology Partnerships

The Trust will seek to partner with other technology providers to ensure maximum value is achieved. This will include new commercial initiatives as well as building on existing successful partnerships such as The Big White Wall within the Trust's Wellbeing Services.

5.0 Workforce & Organisational Development

Recognising the workforce challenges the Trust has faced the Trust have developed an organisation-wide Workforce & Organisation Development strategy which outlines the workforce priorities for the next two years. The strategy focuses on the creation of a skilled, engaged, and flexible workforce to drive all workforce activity going forward. Workforce activity will continue to be progressed using a partnership approach between Trust leaders and managers, staff side representatives, staff members, service users and carers, key partner organisations and the Workforce & Organisation Development team.

5.1 Skilled Workforce

Appraisal and Talent Management

A revised appraisal framework will be launched on 1st April 2014, incorporating appraisal of values-led behaviour as well as performance, and the identification of members of staff for the talent programme. The programme provides development for people who are not only outstanding performers today, but who demonstrate significant leadership potential for the future. In addition to the Talent programme, a framework of quarterly talent boards will ensure a focussed use of resources. Active succession planning has started with the Executive team and this approach, once honed, will be rolled out more widely through the organisation during 2014/15.

Board Development

A robust tendering process has ensured the selection of a highly-qualified and experienced external Board evaluation provider. During 2014/15 the Trust Board of Directors will be evaluated in line with Monitor guidelines. The evaluation will be scheduled to give maximum benefit in the context of the arrival of the Trust's new Chief Executive. The results of the evaluation will drive collective and individual development over the next two years.

5.2 Workforce Development

Workforce Development priorities for the next two years include:

- Development of the support workforce, most notably Apprentices and Assistant Practitioners
- Improvement in statutory and mandatory training quality, impact, take-up and evaluation
- Targeted provision of Continual Professional Development in line with service delivery needs
- Improved identification of development needs and targeting of development provision with known return on investment
- Embedding the Recovery College and ImROC, in particular Peer Support Workers and staff recovery journeys
- Roll-out of Trust priority skill projects such as the Personality Disorder strategy and mental health clustering training.

Revalidation

Revalidation for doctors has been implemented successfully in the Trust over the past year. The Trust has seen a marked increase in appraisal take-up and quality, with impressive engagement from the medical community. The next two years will focus on process and quality improvements. Learning from medical revalidation will be used to help plan for Nurses Revalidation which is anticipated to be implemented in December 2015.

Engaged Workforce

The Trust wants its' staff to feel engaged, involved and motivated, and to be great advocates for the Trust as a place to work or receive treatment. Staff survey data illustrates, that the

Trust has significant work to do in this area. The substantial organisational changes over the past 2 years have contributed to staff not feeling as involved or motivated as the Trust wants and needs them to be. Work on staff engagement will be led over the next two years by a Staff Engagement working group which will report to the Workforce & Organisation Development Committee (a committee of the Board). The working group will be made up of staff, managers, service users and carers, staff side representatives, and HR professionals.

A Nursing Workforce Council has been set-up involving direct care staff and nurses at all levels to focus on Safe Staffing and Hard Truths together with employment of all Trust commissioned nursing students and career pathways, including enhanced clinical roles.

Nursing

The Trust has an active Nursing Strategy which clearly outlines career development and progression for nurses at all levels and is committed to introducing and developing new and extended roles in nursing, to support a highly skilled and motivated workforce.

The Trust holds an annual Nurses' Conference. The theme of the last conference was the 6 Cs: Care, Compassion, Competence, Communication, Courage and Commitment.

Among other things the action plan developed in response to the Francis Report, and the Government's response '*Hard Truths: The journey to putting the patient first'*, clearly indicates actions on recruiting for values and behaviours and will continue to work with local higher education providers in providing high quality training for student nurses.

From April 2014 reporting to the Board of Directors will include staffing numbers in inpatient areas.

Medical Staff

The service strategy included medical staff and changes to job plans intended to increase the level of integrated and multi-disciplinary working. One of the themes that emerged from this is the need to ensure that the skills of all staff are being fully utilised. This is particularly pertinent for non-consultant grade doctors, especially the associate specialist grade, and the delivery of 7 day a week working. Work to look at how this grade can be further developed will begin in 2014. Greater clinical autonomy and non-clinical contributions will be the focus of this work, allowing all doctors to fulfil their potential in terms of contribution to the NHS.

Staff Wellbeing

The Trust is committed to embedding a culture of positive health and wellbeing by promoting a range of health and wellbeing practices which focus on physical, mental and emotional health and wellbeing as well as empowering employees to maintain and improve their own health and wellbeing, and, in turn, to be positive role models to influence colleagues and service users. As a Trust we offer

- 24 hour confidential counselling and support service
- Free access to the Trust's online individual wellbeing support zone for staff and their families
- Staff Physiotherapy Service
- Wellbeing and Resilience Workshops for staff and managers
- Support to stop smoking
- Support to make healthy lifestyle changes
- Health promotion events
- Locality/Service based employee forums and local based initiatives

- Discounts at Local Gyms and for local heath activities

5.3 Flexible Workforce

Developing a more flexible core and temporary workforce to ensure the right staff, with the right skills are in the right place at the right time is a core element of the Trust's Workforce and Organisational Development Strategy. This is underpinned by the Trust's Flexible Workforce Strategy, endorsed by the Board of Directors on 27 February 2014 and developed in collaboration with the Trust's main temporary staffing provider, NHS Professionals. The strategy focuses on the following core themes:

- *Developing the Trust as an 'employer of choice'* – development of excellence in people management strategies, competitive employee propositions, clinical support worker development programme
- *Improving planning* - move from vacancy led to workforce planning led recruitment, lean processes, e-rostering
- *Engaging with recruitment markets, local and beyond* - closer engagement with higher education, collaborative recruitment events and marketing, recruitment incentives, career entry points and 'growing our own'
- *Maximising the number of appointable applicants per vacancy* – use of enhanced NHS jobs system, recruitment branding, recruitment microsite, values based recruitment and recruitment talent pool.

The Trust has been robustly managing vacancies over the last year to support the implementation of the Trust's Service Strategy workforce redesign in order to minimise redundancies and maximise vacancies for redeployment. The Flexible Workforce Strategy will support the recruitment, engagement and retention of skilled staff with the right values to deliver safe and high quality services, including traditionally hard filling posts where there is a national shortage of skills to meet demand. Through implementation of the strategy, the Trust intends to reduce its vacancy factor (percentage of vacancies against established posts) to less than 10% by April 2015.

The Trust increasingly requires its staff to work flexibly in terms of the development and deployment of skills, ways of working, patterns of working and location to support changing service demands. This will be supported through the planned implementation of e-rostering and a move to more assignment based working. This is planned for 2015.

The Trust has undertaken a procurement exercise within the last year for the provision of a managed temporary staffing service for bank nursing and admin clerical staff. The tender was awarded to NHS Professionals and is subject to robust contract monitoring arrangements, including key performance indicators. Bank versus agency rates are anticipated to increase to 90% by April 2015. Internal management controls on the booking of temporary staff have been increased. The Trust is currently participating in a collaborative procurement process alongside other mental health Trusts in the region for locum medical provision. As part of the wider plans to manage temporary staffing costs, an options appraisal for the supply of corporate and specialist posts will be undertaken in 14/15.

5.4 Temporary Staffing

As part of our recruitment plans, the Trust needs to ensure the way temporary staff is used changes. We will seek to decrease over-reliance on agency staff, and look to encourage more Trust and external staff to join NHS Professionals.

New governance arrangements have been put in place to ensure that anyone booking temporary staff to cover nursing, clinical support worker and administrative shifts only use the

NHSP online portal. Direct bookings and invoicing with any other agency is not permitted and agencies will not be paid if invoices do not quote an appropriate booking reference.

If NHSP are unable to fill the shift then they will contact one of the five nursing and seven administrative agencies on agreed frameworks. Agencies outside the framework have not been approved as meeting NHS Employment Check Standards. These standards include checking identity, ensuring legal entitlement to work, satisfactory employment references, criminal records checks, professional registration and fitness to undertake the required duties.

By ensuring the new governance arrangements are used the Trust can be assured temporary staff will not compromise patient safety and put the organisation at risk in terms of non-compliance with any of the above. It also enables robust performance monitoring of temporary staff usage and the impact on recruitment.

5.5 Workforce Planning

From April 2014, the Trust will be in year 3 of the Trust Service Strategy expected to finish in March 2016.

Across the full four year programme, it was envisaged that the Trust would reduce by a total of 443.61 whole time equivalent posts across a combination of clinical and non-clinical posts. The majority of this reduction occurred during 2013-14. The following table shows the planned workforce changes over the next 2 years:

	Budget for	**Budget for**	**Budget for**
Analysis of Workforce Numbers	**Year ending 31-Mar-2014**	**Year ending 31-Mar-2015**	**Year ending 31-Mar-2016**
Consultants	90	92	91
Junior Medical	111	116	115
Nursing	1391	1361	1288
Science and Technical	311	260	238
Healthcare assistants etc.	828	701	633
Social care staff	29	14	0
Other clinical	67	57	57
Admin and Clerical	1096	1073	1064
Board	15	15	15
Other non-clinical staff	3	1	3
	3941	**3690**	**3503**

To support the newly redesigned clinical services, the Trust is looking to re-align its range of corporate services during 2014/15.

Skills shortages across the Trust mirror national skills shortages but are exacerbated in some areas with additional geographical challenges. Key issues are as follows:

- Availability of registered nursing staff in West Suffolk and West Norfolk
- Availability of Approved Mental Health Practitioners in West Norfolk
- Availability of new entrants with Foundation Degree qualifications to support the increased demand for Assistant Practitioners
- High costs of living experienced within West Suffolk
- Catchments and the distance that some staff are willing to travel, particularly for more rural teams
- Training and education generally happens in the larger towns and cities which makes recruitment into Great Yarmouth and Waveney and West Norfolk particularly difficult (health education is commissioned in the main from Norwich (UEA) and Ipswich (UCS)).

6.0 The Trust's Financial Strategy & Goals 2014/16

The proposed Annual Plan for 2014/15 shows a net surplus of £1.9m and a planned surplus of £0.9m In 2015/16. In order to achieve these targets the current Cost Improvement Plan (CIP) assumption is £14.7m in 2014/15 and £9.4m in 2015/06.

The two year capital plan totals £18.8m of which £4.8m will be funded by the sale of assets in 2014/15.

The Trust's cash position will remain at £15m by the end of 2015/16 with an increase in 2014/15 as a result of planned asset sales. This also assumes that all planned cost savings are delivered over the next two years along with a substantial capital programme.

The above financial performance will generate a Continuity of Service Risk Rating (COSRR) of 3 in both 2014/15 and 2015/16.

One of the key objectives of NSFT is to ensure our services are sustainable, by delivering strong financial performance. The measures used to assess this are:

- COSRR minimum 3 in the next two years.
- Cash minimum £15.0m in all 3 years, with a minimum liquidity risk rating of 2 (under proposed new risk rating system).
- Actual capital expenditure of greater than 85% of plan in both years.

The NHS is going through unprecedented change and in this challenging environment controlled and measured action needs to be taken in order to reach and maintain a sustainable financial position. This will invariably involve difficult decisions on what is, or is not, affordable and where investment can or cannot be made. Innovation in service provision will be a key driver in maintaining this sustainability. Robust and co-ordinated medium term planning (3 to 5 years) will be required to ensure full engagement across the Trust and the local health economy with our key stakeholders which in turn will go some way to maximising our opportunities and minimising our potential threats.

The Trust is being asked to continue to maintain quality and higher volume of services with less funds year on year. Despite having to abide by the Francis report and Keogh quality measures, mental health trusts income baselines have been reduced by 1.8% compared to 1.5% for acute hospitals.

The uplift for provider cost takes account of the following:

- Cost of pay settlements and pay drift
- Non pay uplifts (Non drugs)
- Cost of drugs
- Changes in capital costs
- "Service development" costs.

Service development costs are any additional costs as a result of changes to the NHS England mandate where there is reliable evidence that provider unit costs will increase as a result of new initiatives.

The Government's position on parity of esteem – equality – between mental and physical health funding will be reviewed by NHS England and Monitor and result in a draft long term strategy to be available in spring 2014. Providers will be expected to take part in the engagement and consultation process which will be available during summer/autumn 2014. For the purpose of 2015/16 there has been no assumed increase, or even decrease in funding which may transpire as a result of this review.

In 2015/16 the "Better Care Fund" (previously referred to as the Integration Transformation Fund) will bring together NHS and Local Government resources that are already committed to existing core activity. The fund in itself will not address existing financial pressures faced by CCGs and local authorities but will seek for them to work closely with providers. Any potential financial impact of these funding arrangements has again not been factored into any of the financial plans as plans are not yet robust enough.

Monitor have also indicated that the affordability challenge will be greater in 2015/16 and 2016/17 than in other years as a result of the estimated cost of changes to pensions in those years of 0.7% and 1.4% respectively. This best estimate, at the current time of writing, is their assessment of the impact on cost pressures for providers. This will ultimately depend on whether these cost pressures are centrally funded and so for the purpose of this Operational Plan we have assumed zero impact until further confirmation is received.

A summary of the planned I&E position for 2014/15 and 2015/16 is detailed in the table below:

	2013/14 Forecast £m		2014/15 Plan £m		2015/16 Plan £m
INCOME					
Clinical	199.2		193.0		189.1
Research & Development	1.7		0.9		0.9
Education & Training	3.4		3.4		3.4
Other Operating	9.1		7.0		7.4
Sub-total Income	**213.4**		**204.3**		**200.7**
EXPENDITURE					
Pay	-162.1		-156.3		-152.7
Other Operating Expense	-39.9		-34.6		-35.6
EBITDA	**11.5**		**13.4**		**12.4**
Depreciation	-6.6		-6.9		-7.0
Net Interest	-0.9		-1.0		-1.0
PDC Dividend	-3.6		-3.5		-3.5
Gain/(loss) on Asset Disposal	1.6		-		
RETAINED SUPRLUS/(DEFICIT)	**2.0**		**1.9**		**0.9**

The total income planned for 2014/15 is £204m which is £9m less than the forecast for 2013/14. The key factors to this net position are:

- Income deflation and associated CQUIN monies (£3.1m)
- Demographic Growth £0.9m
- Non recurrent deferred income (£1.6m)
- Loss of commercial contracts with CCG (£0.5m)
- Non recurrent contracts for clinical services (£1m)

- Known net service disinvestment including income associated with Section 75 and the closure of Meadowlands (£3.8m).

Total income planned for 2015/16 is £3.5m less than 2014/15 plan. Key contributors to this are:

- Income deflation and associated CQUIN monies (£3.1m)
- Section 75 disinvestment (£2.2m)
- Demographic Growth £1.5m
- Other operating income £0.4m.

The reduction in income for service disinvestments has had an immaterial impact on the overall bottom line as equivalent expenditure has also been reduced to compensate.

Additional demographic growth monies have to date been secured in 2014/15 on three of our main contracts to the value of £0.9m.

Figures also assume full CQUIN delivery of £4.3m in 2014/15 and £4.3m in 2015/16.

6.1 Cost Improvement Programmes (CIP)

The total cost improvements assumed for the two years of the Annual plan are £24.1m. The table below summarises this total split over TSS and other schemes, and highlights the value of these as a %age of operating expenditure.

Planned savings as a %age of operating expenditure				
	TSS	Other Schemes	Total	%
Year	£M	£M	£M	
2014/15	6.2	8.5	14.7	7.2%
2015/16	3.2	6.1	9.3	4.7%
TOTAL	9.4	14.7	24.1	

The split of recurrent to non-recurrent CIPs is 87% recurrent and 13% non-recurrent in 2014/15 and 100% recurrent in 2015/16. The timings of CIP delivery have also been profiled following discussion with operational managers. Any slippage in their delivery will reduce the planned surplus in year one which in turn will have a compounded effect on the planned surplus for year two.

For 2015/16, there are still £2.8m of targets which have not yet been allocated to any specific scheme or Director's responsibility. In order to achieve the plan these will be worked through as part of the 5 year strategic plan to maximise on opportunities for cost savings or income generation.

A new CIP "tracker" process will be introduced in 2014/15 to provide Board assurance that where financial targets are being delivered there is no compromise on the quality of services, and where targets are not being met, for whatever reason, alternative financial solutions can be found in advance to ensure financial stability and sustainability. A Steering Committee with clear terms of reference consisting of Executive Team members is in place to monitor and sign-off all TSS plans as part of a robust governance framework.

This enables the Trust to be confident that the approach being taken to address CIP over the next two years is the right one for both staff and Service Users.

6.2 Mental Health Payment System (MHPS)

The service delivery improvement plan in contracts for 2014/15 includes a commitment to ensure that both commissioners and providers are in a position for cost and volume contracting to be possible for April 2015.

The impact of moving to a MHPS in 2015/16 has not been factored into this plan as joint work is still on-going with Commissioners to assess the Trust's readiness in terms of contracting on this basis. "Shadow invoicing" will take effect from April 2014 as a means of informing this process.

6.3 Capital Investment

The capital programme for the next two years was approved at the Trust's Investment Committee in December 2013 and further work has been carried out since that date to ensure more informed phasing of expenditure in order to inform the cash flow forecasts. These figures were submitted to Monitor with the proviso that any change from these plans, will be communicated.

Capital expenditure will be funded from cash generated from operations in-year in addition to forecast asset sales in 2014/15 of £4.8m and assumes no new borrowing. Any requirement to take out new borrowing, should asset sales not transpire in sufficient time, will affect the ability of the Trust to meet its debt servicing. Given the reduction in generated income over the next two years this will seriously impact on the COSRR. The original plan of £13m, as submitted to Monitor has since been reviewed and downsized to £10m for 2015/16 in order to maintain the Trust's liquidity and cash position.

The planned five year revaluation of the Trust's estate will take place at the end of 2014/15 post publication of the estate strategy. Given the unknown outcome of this exercise nothing has been factored into the financials in terms of any increase/ (decrease) in valuations and therefore any subsequent impairments.