

ANNUAL OPERATING PLAN 2016-17

Public Report
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1. Activity Planning

Activity Plans

Activity has been planned based on key assumptions:

- The projected demographic growth within the area served by the Trust is 1.8 % for 2016/17.
- The average overspill of adult acute beds, based on current Trust bed levels, will continue at 2015/16 levels of between 5 and 10 beds.
- Adult acute and older people inpatient wards will run at 95% bed occupancy throughout 2016/17
- Referrals to Early Intervention Teams are expected to increase by 30% in 2016/17 following investment in services by CCGs to meet NHS targets for treatment of first episode psychosis. The increase will relate to patients who are diverted from CMHT care and so this will not lead to an overall increase in Trust activity.
- Significant increase in Liaison Psychiatry as a result of 24/7 services at local acute hospitals
- Significant increase in Street Triage as services are rolled out across the Trust

Capacity Plans

The Trust has experienced significant pressure on increased demand for adult acute bed capacity in 2015/16, and as a result has introduced a number of measures to address this:

- The Trust has a contract until May 2016 to use up to 10 adult acute beds at another Mental Health Trust within London.
- The Trust will re-open a refurbished 10 bed adult acute ward on its main site in May 2016.
- A number of additional measures are in place to manage demand and these include:
 - Increase in provision of home treatment services
 - A 24/7 Acute Care Coordination Centre
 - An increase to medical input on adult acute wards
 - Lean systems training including discharge planning
 - Development of a 24/7 Contact Centre

The Trust has submitted a business case to local commissioners that brings together a range of enhanced community based support options within an integrated Urgent Care Pathway. The options are designed to increase community capacity to manage crisis and reduce current demand for inpatient beds over the next 5 years. The proposals are in line with the Five Year Forward View for Mental Health report recommendations, and include the establishment of a Psychiatric Decision Unit in the Trust and partnership models for opening Crisis Houses and Crisis Cafes, as well as a short-term increase in adult acute mental health beds for a period of one year. The impact of the new services will be to provide alternatives to admission for people who are in crisis, and will create a trajectory through which the demand for inpatient beds can be reduced to be in line with the Trust Estates Modernisation Plans. The proposals were agreed through the SWL Joint Health Overview and Scrutiny Committee in March 2016.

Delivery of NHS Operational Standards

The Trust was compliant against all NHS operational standards during 2015/2016 except referral to treatment (RTT) 52-week where there was one breach in January 2016. The Trust has reviewed and improved governance arrangements and no further breaches are expected. The Trust was compliant against the referral to treatment (RTT) incomplete pathways, but there are three services within the Trust that have consistently not met the RTT target during the year:

- CAMHS neurodevelopmental service
- Adult Neuro psychiatry
- Merton ASD and ADHD

There is ongoing discussion with commissioners in relation to these services.

2. Approach to Quality Planning

National and Local Commissioning Priorities

At a national level, NHS England has indicated a focus on Specialised Mental Health Services in relation to three key themes:

- Working with partner organisations to realise the benefits of improved pathways of care
- Following a wide ranging review of Adult Low/Medium Secure and Tier 4 CAMHS services, NHSE plans to proceed to procurement for both CAMHS and medium and low secure services at the earliest opportunity.
- The implementation of reformed currencies and payment mechanisms for adult secure services will form a key element in the re-procurement of services in 2016/17

The South West London Joint Health Overview and Scrutiny Committee areas of focus are:

- Improving mental health and wellbeing: this includes supporting people to develop more healthy lifestyles
- Reducing avoidable admissions and readmission rates: to ensure that services are joined up for people who use mental health services
- Improving crisis services: this includes services in place so that no-one experiencing a crisis is turned away; and services which provide support before a crisis point is reached and which help people recover at home
- Integrating physical and mental health services, including with the wider social care network
- Measuring and improving the quality of life for people with mental health problems
- Improving access to community based mental health services: this includes more psychological therapy services; more mental health training for GPs who want to specialise in mental health care; more services targeted at groups and communities that are at greatest need; single points of access for mental health and social care networks; more joined up planning across the NHS, third sector and social care to develop mental health services.

The national and local commissioning priorities have been used to inform the development of the corporate objectives for 2016/17, which are overseen by the Trust Board.

Compliance with the Academy of Medical Royal Colleges Guidance for Taking Responsibility

In respect to compliance with the recommendations in the Academy of Medical Royal Colleges (AMCR) 2014 report *'Guidance for taking responsibility: accountable clinicians and informed patients'* the Trust has the following arrangements in place:

- All acute adult patients are cared for under the named consultant for the inpatient ward that the patient is admitted to
- Where patients may be outliers on other wards they transfer to the care of the consultant for the ward that they are an inpatient on
- If an adult patient has to be placed in a non-acute bed (such as old age), then the adult consultant for the "home" ward would retain responsibility for the care of the patient. Such an arrangement would only be made in exceptional circumstances and following a discussion with the relevant consultant re risk and patient safety (for both the patient to be an "outlier" and the other patients on that ward)
- All community patients have an identified consultant for their care
- All in-patients have a named nurse.

Quality Priorities for 2016/17

The key priorities to progress the delivery of the quality strategy for 2016/17 are:

- Audits routinely evidence improvements
- Quality transformation plans delivered in line with the agreed plan
- Improvements in Friends and Family Test feedback
- Reduction in avoidable harm evidenced
- Workforce strategy milestones delivered
- Changes to access and services for people with a learning disability evidenced in the green light toolkit
- Condition- specific clinical care pathways agreed e.g. COPD
- Establish Programme Board, led by Director of Nursing, that will support the delivery of 'Sign up to Safety' campaign

These priorities have been approved by the Quality and Safety Assurance Committee (QSAC), which is a sub-committee of the Trust Board.

Existing Quality Concerns

In May 2015 the CQC undertook a focussed inspection of core services for wards for older people with mental health problems at Tolworth Hospital and Springfield University Hospital, including acute wards for adults of working age and psychiatric intensive care units at Tolworth Hospital, Springfield University Hospital and Queen Mary's Hospital. The CQC issued five Requirement Notices (formerly known as Compliance Actions) related to a breach of four HSCA regulations:

- The care and treatment of service users was not always appropriate or did not meet their needs and reflect their preferences.
- Patients were not always treated with dignity and respect.
- Need for consent and staff lacked understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Care and treatment were not always being provided in a safe way – this related to all sites for core services (excluding all specialist services).

The Trust has chosen to address the CQC actions and to drive quality improvements through a range of measures including strengthening local quality governance at team and directorate levels, and by monitoring local improvements by conducting an annual cycle of quality improvement assessments. The action plans arising from the CQC review in May 2015 are monitored by the Integrated Governance Group (IGG) which reports into QSAC, and the delivery of actions is monitored at the monthly Directorate Performance Review (DPR) meetings.

The Trust was notified by the CQC (via the Intelligent Monitoring Report issued by the CQC in March 2016) of one elevated risk (red) and one risk (amber) in respect to:

- Red risk: Poor performance in monitoring alcohol use by service users with schizophrenia as identified within the National Audit (second round). The Trust has appointed a lead consultant for alcohol, and an internal audit will be undertaken to review the monitoring and identification of alcohol problems for people with severe and enduring mental illness.
- Amber risk: Compliance with complaints KPIs
The Trust has significantly exceeded the annual complaints response target. The amber compliance relates to the fact that in the spirit of openness and good practice, the Trust logs all concerns as a formal complaint to ensure that these are

properly investigated. This means that the Trust is showing a higher number of expected complaints than anticipated, which has led to the amber rating.

The CQC undertook a comprehensive Chief Inspector of Hospitals visit to the Trust during the week of 14th March 2016. There were no immediate urgent matters arising that were raised by the CQC as a result of this review. The initial feedback was complementary regarding the strength of the senior leadership and positive feedback from staff at service level and in focus groups. The Trust expects to receive the final report in June or July, with the Quality Summit expected to be in July 2016.

Key Quality Risks

The Board maintains a focus on the quality risks through QSAC. The risks are reviewed and updated on a monthly basis. As part of the Board Assurance Framework, there is an established exception reporting process that monitors the actions being taken forward in respect to any 'red' risks. In addition, for any risk that is scored 'amber' for two consecutive months, an exception report is required to inform the Board of key actions being progressed and the corresponding timescales.

The following guiding principles support the Board Assurance Framework (BAF):

- A defined risk management process is established which is accessible to and utilised by front line teams alongside a strong audit trail to show the Board efforts to keep these arrangements under regular review.
- Evidence that risk assessments are captured and recorded in Ulysses (Electronic Risk Management System)
- Evidence of discussion, debate and challenge of the outputs of the risk management system at Directorate Performance Reviews and Executive Management Committee meetings.

The key risks in respect to quality as reported on the Board Assurance Framework (BAF), and the mitigations plans, are:

Key Risk	Mitigation
High vacancy rate of trained nursing staff	<p>The Trust implemented a recruitment campaign on 25th January 2016 in relation to five hard to recruit to areas:</p> <ul style="list-style-type: none"> • Inpatient RMN • Bank RMN • Community Band 6 • Team Leader Band 7 • Home Treatment Team Band 6 <p>The Trust has since offered 66 RMN jobs and the nursing vacancy rate has decreased from 26.22% in January 2016 to 25.36% at the end of February 2016.</p>
Completion of key Mandatory and Statutory Training of staff	<p>A focus on improving the update of training for all staff and the accessibility of training.</p> <p>The current Trust position is 81.7% at 8th March 2016 compared to a target of 90%. This has improved from 78% the previous month. Compliance rates are monitored in the</p>

	monthly Directorate Performance Review meetings.
Unprecedented demand on acute beds and the associated acuity of admitted patients	Purchase of additional bed capacity in a neighbouring Trust to mitigate some of the demand for acute inpatient beds. Discussions with commissioners re. demand and capacity planning as part of the 2016/17 contract negotiations.
Deteriorating fabric of estate and lack of investment in clinical areas to ensure compliance with modern day building requirements	There is an established Estates Management Programme (EMP) with responsibility for taking forwards the development of the estate which has been agreed with commissioners.

Avoidable Deaths

The Medical Director is reviewing the definition of this through the Trust Mortality Committee and awaiting further guidance on what constitutes avoidable death in mental health from NHS England. The Trust response will be reported through the Mortality Committee and QSAC to Board.

The Trust provided a position statement to the December Board meeting in respect to the recent report in respect to failings at Southern Healthcare. As a result of this report from Southern Healthcare the Medical Director has commissioned a review of all deaths of patients whilst in receipt of services for the past two years. The findings will be reported to the Mortality Committee.

Quality Improvement

The Executive Lead for Quality Improvement is the Medical Director. A quality improvement programme is being developed, which will report to QSAC.

Post- April 2016, the Trust will move towards a revised management structure based on service lines rather than boroughs, with each Directorate led by a Clinical Director, a Service Director and a Nursing and Quality Improvement Lead.

Following an independent assessment by Monitor against the Quality Governance Framework, the Board has started to develop its position against the Well-Led Framework, incorporating the feedback from Monitor. Drafts of the self-assessment have been completed and further work is planned. Following the CQC comprehensive inspection, the Trust is planning to run a Well- Led peer review to assist in the further development of the Trust leadership.

Within each Directorate the existing corporate governance team will provide expert support alongside a business partner approach to ensure consistency in the delivery of high quality and safe care. This will ensure a clear accountability framework to support timely assessment and actions taken in terms of identifying key risks to delivery, agreeing key mitigating actions and driving forward service improvements.

Quality Priorities for 2016/17

The three key quality priorities for 2016/17 are:

- Resolving the current high vacancy rate of trained nursing staff
- Ensuring all staff are up to date with their Mandatory and Statutory Training

- Manage demand for acute inpatient beds by the purchase of additional inpatient capacity and opening a new 12 bed male acute ward (Ellis Ward) early in the new financial year.

It is recognised by the Trust that further work is required at Directorate level to ensure that there is an effective and understood process for staff to be able to raise concerns within teams, and that these can be demonstrated as being escalated to team or Directorate level risk registers. This equally applies to corporate teams and departments. This work is incorporated in the 'Freedom to Speak Up' national recommendations.

The risk register is reviewed and informed in its component parts by relevant committees/sub committees, and systems are under development to support this. The risk register is routinely reported to and monitored by the QSAC. Further work is required to improve the consistency of understanding of risk thresholds and to challenge risk blind spots across the organisation. Evidence of this is reflected by the risk profile of individual directorates and gaps in reference to obvious inherent risks such as ligatures and absconded patients. A recent review has highlighted significant variability of incident reporting across teams. A training programme is in place to begin to address this.

Sign Up To Safety Priorities

A paper related to 'Sign Up To Safety' has been approved by the Executive Management Committee. For the Trust there are three central commitments:

- Set out the actions the Trust will undertake in response to the five 'Sign up to Safety' pledges and publish this on the Trust's website for staff, patients and the public to see
- A commitment to turn proposed actions into a safety improvement plan (including a driver diagram) which will show how the Trust intends to save lives and reduce harm for patients over the next 3 years.
- The Trust has identified the patient safety improvement areas that will be focussed on during 2016/17:
 - Reduce level of serious self-harm and suicide
 - Reduce degree of violence: patient on patient
 - Reduce degree of violence: patient on staff / staff on patient

The 'Sign Up To Safety' pledges and safety improvement plan will be published on the Trust's website. A Programme Board led by the Director of Nursing will be established and the safety improvement plan will be developed and monitored by QSAC.

Seven Day Services

The Trust recognises the need to develop 24/7 services and has focussed on this particularly in relation to the Acute and Urgent Care Pathway. In 2015/16, the Acute Care Coordination Centre was extended to a 24/7 service in order to provide management of admission and discharge flows into and out of our inpatient wards, including on-site nursing advice and crisis management of all wards/home treatment teams 24/7.

Through the Core 24 initiative, we have also extended the Liaison Psychiatry provision to 24/7 in St. Helier and Kingston Hospitals. The Liaison Psychiatry provision at St. George's University Hospitals already operated at a 24/7 level.

In 2016/17 this will be extended further through:

- Development of a 24/7 contact centre to provide first level mental health first aid and a single point of access to a range of out of hours services including Home Treatment Teams, Street Triage, Patient Support Line, Acute Care Coordination Centre
- Development of a 24/7 Psychiatric Decision Unit which will provide an assessment and gatekeeping function for all non-Mental Health Act adult acute admissions.
- Develop a crisis house in partnership with the third sector

Quality Impact Assessment Process

CIPs and quality improvement programmes are identified bottom-up by clinical and corporate services, and at executive/ Board level in line with national priorities and commissioning intentions. There is a Programme Management Office that oversees the development of CIPs and the necessary assurance and governance before schemes are signed off to be implemented. A key part of this is the completion of a quality impact assessment (QIA) with clinical sign-off.

The Trust process involves completion of a QIA for all proposed CIP schemes. Each scheme has an overarching Project Initiation Document and a QIA undertaken at a high level initially, by the relevant Clinical Director and Service Director. As the scheme is developed, further QIAs are required that are specific and relevant to the areas of impact. In addition, any investment/ service development business cases are also required to have a QIA completed.

There are regular QIA Boards throughout the year to follow the development and delivery of CIP projects, which are chaired by the Medical Director. The QIA Board provides challenge and critiques schemes from a clinical quality impact perspective. CIP schemes cannot advance unless this challenge is met and the Medical Director and Director of Nursing are assured of the scheme and potential impact on the delivery of clinical services before they formally sign off each scheme. The QIA Board reports to the Integrated Improvement Board (chaired by the CEO).

The QSAC and Finance and Investment Committee are provided with QIA reports on a regular basis. These reports are both retrospective in nature and provide an update on delivery against agreed schemes, as well as prospective in nature – highlighting new schemes in development and the expected benefits to be realised in terms of quality and also the financial consequence of the scheme.

Key risks to delivery are identified and entered onto the Trust risk register as necessary in line with the Risk Management Strategy. Any significant risks that score 12 or more are entered onto the Board Assessment Framework. The risk register is reported to QSAC on a monthly basis.

The PMO governance arrangements are currently under review by the Interim Director of Finance and Performance. The review will include a recommendation that all CIP and quality improvement schemes have a QIA repeated 6 months post-implementation, to ensure that there have been no unintended consequences of the change on quality; and where there have been, that these are identified and action can be taken to mitigate this.

Triangulation of Quality, Workforce, Financial and Activity Information

In relation to the triangulation for the annual operating plan submission, the activity plans are used to inform the financial data, and the output of the finance plan (including CIP plans and any known service investments/ disinvestments arising from contract negotiations) are then used as the basis of the workforce plan.

As part of a review of the performance information provided to the Trust Board, there will be a quarterly report that links the finance and performance reports (the latter included quality, workforce and activity information) specifically, to provide the Board with an overview of any key areas of concern arising from the triangulation of information. This will be reported to the QSAC before being received by Trust Board.

3. Approach to Workforce Planning

Process

The Trust operates an integrated business planning process with a Business Planning Steering Group chaired by the Director of Strategy and Commercial Development, which includes attendance by the Director of HR, Director of Finance and Performance, and Chief Operating Officer. The Trust's workforce (or people planning) process begins after the initial baseline budgets, Directorate business plans, cost improvement plans (CIP) and service developments have been proposed. This information enables HR to analyse the whole time equivalent (WTE) impact for 2016-17 workforce planning.

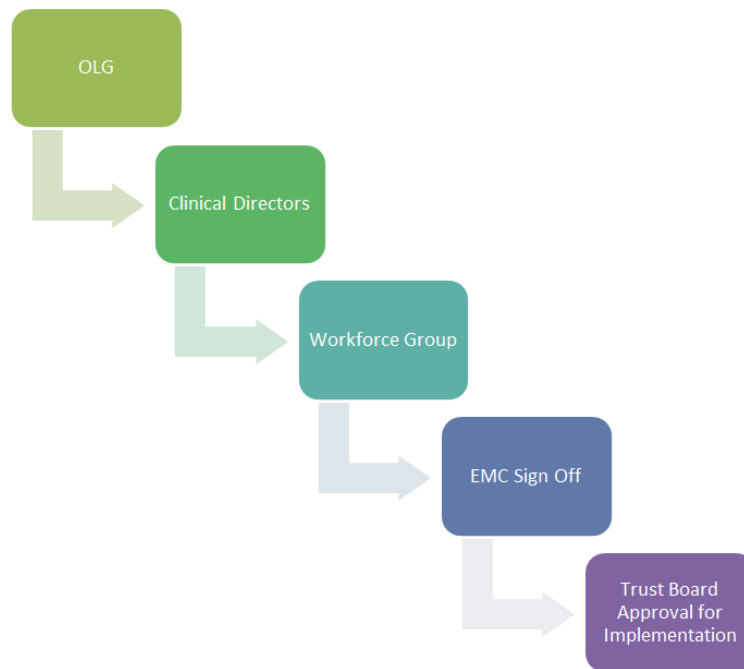
Service developments and CIPs are developed bottom-up from the clinical directorates, and so have clinical involvement and engagement from the beginning in relation to workforce changes. In addition, as described in the quality section, all CIP proposals are required to undergo a quality impact assessment which is signed off by the clinical director and subsequently by the medical director and director of nursing if required in line with the process.

The workforce plan will consist of three elements:

1. **People Plan Summary:** provides a high level of the workforce impact of all investments, staff changes as a result of transformation programmes, service transfers and continuous improvement plans in services that have been agreed as part of the wider business planning process.
2. **Monthly Phasing Plan:** in order to cascade into the recruitment work plans, the workforce plan will also include a monthly phasing breakdown by substantive, bank and agency staff. This will ensure proper workload alignment in the resourcing team and will make the overall workforce plan easier to monitor.
3. **Overview:** a Board level overview of the plan for 2016/17, which summarises the other two sections by substantive, bank and agency.

The governance process for approval of workforce plans within the organisation is as outlined below.

People Plan Approval Process



Currently workforce plans are agreed at the start of the year and do change throughout the year in response to initiatives that may not have been known at the time of business planning, for instance additional money being made available for new initiatives; new commercial venture opportunities; or services currently provided by the Trust being put out to competitive procurement, with the potential for this to result in a TUPE transfer of staff to a new organisation. During 2015-16, the decision by a number of local authorities to terminate the existing section 75 agreements for management of local authority staff within the Trust has led to a change both in terms of workforce numbers for the organisation, and a need to review the roles of existing Trust staff to take account of these changes.

Looking forward, the effectiveness of the workforce plan will be reviewed monthly by the HR Team in conjunction with the Operational Leadership Groups, and a quarterly report will be presented to the Workforce Group and through to the Executive Management Committee.

Link to Commissioning Strategies and the Trust Clinical Strategy

Workforce planning forms a key part of the Trust's Business planning process, which enables the Trust's objectives (which are influenced by both national and local policy and commissioning intentions) to be supported by the Human Resources Department.

Both commissioning intentions and the clinical strategy feature in the clinical directorate business plans to ensure that workforce plans are aligned to the underlying strategies and other external influences.

Therefore workforce plans are built on a wide source of intelligence so that plans agreed at the start of each year are considered and assumptions are made with supporting information.

The commissioning and design of training programmes for 2016/17 will be informed by the objectives set out within the Trust’s Business Plan to ensure that staff have the skills and knowledge required to deliver services and service developments.

Similarly, the Trust Education and Development Strategy aims to underpin and support the delivery of all Trust Strategies, including the Clinical Strategy, and is reviewed annually to ensure that adequate and appropriate training and development opportunities are provided.

Alignment with LETB Plans

The Trust will continue to work closely with Health Education South London to support the delivery of its *Workforce Skills and Development Strategy*, the objectives of which have been incorporated within the Trust’s Workforce and Organisational Development and Education and Development Strategies, with particular reference in 2016/17 to:

- Development of Apprenticeship Schemes
- Enhancing the quality of supervision
- Provision of integrated training across traditional boundaries – for example across disciplines and with primary and social care colleagues
- Recruitment and retention of staff
- Continued provision of leadership development

The Trust will also continue to support workforce planning, through the provision of student and trainee placements for places commissioned by Health Education South London, and contributing to workforce forecast processes to ensure that future demand for health workers is met.

Plans to Reduce Agency Staffing

The Trust has procured and is implementing a number of Human Resources Information Systems to effectively manage the deployment of staff. One such tool is Allocate HealthSuite which includes HealthRoster, RosterPerform, Employee Online, eJob Planning, Clinical Activity Management and eRota. These are collectively called eRostering. The table below demonstrates the current rollout status of eRostering in the Trust:

Staff Category	HealthRoster	Roster Perform	Employee Online	eJob Plan	Clinical Activity Management	eRota
AfC	52%	52%	100%	NA	NA	NA
Junior Doctors	100%	NA	100%	NA	NA	100%
Consultants	0%	NA	0%	0%	0%	NA

The eRostering Team is currently working on the implementation of the different solutions and the plan is to be 100% complete by end of September 2016.

The Trust has established a Reducing Agency Steering Group (RMN and HCA) chaired by the Head of Operations. Since the establishment of the group there has been a 4% reduction in agency RMN spend. The steering group is comprised of senior HR, nursing and finance colleagues and the primary aims are to:

- Drive completion of the Diagnostic Self-Assessment Tool and implement best practices
- Agree project initiatives, timescales and outputs and drive the reduction of RMN agency costs , improve transparency and improve operational efficiencies
- Oversee the implementation of the Trust's recruitment and retention strategy

Workforce Plans and Impact to Agency/Temporary Staffing Spend

The TDA has set an agency cap of 6-8% of the total nursing paybill. The Trust is not expecting to meet this target as a result of the high nursing vacancies; this position is similar across London. In order to ensure that there are robust plans in place to reduce the need for temporary nurses, the Trust has established a Reducing Agency Steering Group chaired by the Head of Operations to implement and monitor the action plan put in place to address this (see previous section).

The workforce planning process will also require services to determine what level of bank and agency staff will be required to deliver in accordance with the planned changes. The focus will be to grow our internal bank (for all staff groups) in order to over reliance on expensive agencies.

The workforce planning process will contribute to the development and implementation of a strategic recruitment and retention programme. Some of this work has already begun and the Trust has made 40 conditional offers to registered mental health nurses since 25th January 2016. The Trust is also in the process of converting a number of bank healthcare assistants into substantive employees in order to fill these vacancies.

The Trust's turnover rates are lower than the London Mental Health Turnover rates. (Trust turnover rate 17.09% against other London MH Trusts 17.7%. The Trust internal target for turnover is 15%.) Despite this, some staff groups demonstrate high turnover within 12 months e.g. nursing. To combat this, the Trust is looking at introducing a number of training schemes, recruitment and retention premiums, and recognition programmes to tackle retention issues, as part of the recruitment and retention plan.

Balancing Agency Rules and Achievement of Appropriate Staffing Levels

The agency price caps and rules have not impacted the Trust - all temporary clinical workforce is sourced via framework agencies. The Trust operates a centralised booking process for all temporary workforce and HR is responsible for ensuring compliance with both framework and agency price cap requirements. In the exceptional circumstance that there is a need to go off framework to ensure safety of clinical services, then approval is required from two executive directors.

The agency price caps have now impacted on the medical workforce and non-clinical administrative and clerical workforce. This has resulted in an increased number of breaches. Each breach is reviewed to ensure that it is necessary in the interest of maintaining patient safety.

Workforce Transformation Programmes for 2016-17

The detail of the workforce transformation programmes for 2016-17 is partly dependent on the service developments to be agreed with commissioners as part of the contracting

process, which are still being negotiated. The workforce planning information submitted in support of the operational plan narrative is triangulated with the currently known expected financial investments and any other known service changes that would impact on workforce. This information will be finalised in line with the final service developments agreed with commissioners as part of the contract process.

Workforce transformation programmes are developed by the clinical and/or corporate services as part of their business planning for the coming financial year, and as such are developed bottom-up, to then be supported by the Executive Management Committee. Support for the plans is based on a number of criteria including fit with national and local strategic and commissioning priorities; fit with the Trust strategy; and delivery of quality, financial and operational standards.

EMC is responsible for final approval of CIP plans, taking account of any issues raised by the quality impact assessments. (Please see the section on quality for more detail if required.)

New Workforce Initiative Plans with Partners

The Trust will work with partner organisations in the delivery of training and development programmes, and will share best practice examples across South London via Health Education South London.

The Trust will lead on repeating a 'Working Across Boundaries' programme, to be provided for frontline managers across health and social care, and plans to work closely with the GP Federation in the shared delivery of training between Primary and Mental Health services, and in the delivery of an Apprenticeship Programme.

The Trust is also working with acute provider partners in south west London in the development of a shared bank resource for nursing staff.

Triangulation of Quality and Safety Metrics with Workforce Indicators to Identify Areas of Risk

Staffing levels are reviewed as part of the monthly Divisional Performance Review meetings and close partnership working occurs regularly between Operations, Nursing and HR to ensure that the staffing levels (both permanent and temporary) provide quality patient and staff experience. The Trust continues to report monthly Unify Safe Staffing figures and is undertakes twice yearly establishment reviews.

In addition the QSAC receives a regular report that triangulates complaints and adverse/serious clinical incidents and identifies key themes that are identified from this. Themes where complaints and/or clinical incidents have resulted from workforce issues (e.g. high levels of temporary staff) would be identified as a result of this review and identified to be further investigated.

Quality Impact Assessments for Workforce CIPs

All workforce CIPs are carefully planned through a robust CIP planning process. Once agreed as a scheme/initiative there is the development of a project initiation document (PID) and Quality Impact Assessment (QIA) prior to any changes being implemented. This applies to all significant workforce changes. The QIA panel scrutinises the plans with a view to providing

assurance around quality, safety and risk. Workforce changes are not implemented until the QIA process has been satisfied. The QIA process and governance is described in more detail in the Quality section.

Workforce Risks

The Workforce Risk Register is reviewed on a regular basis by the HR Senior Management Team and the Workforce Group. Risks scored above 12 are escalated to the Board Assurance Framework (BAF) to ensure appropriate governance of these risks and corresponding actions.

The key workforce risks and mitigations are as shown in the table below:

Key Risk	Mitigation
Impact of organisational change on staff morale	<ul style="list-style-type: none"> • Regular communications sent out to staff • Pace of change has decreased • Staff engagement remains a priority • Additional support provided through change via external consultant where required (through LiA)
Recruitment and retention of high quality staff	<ul style="list-style-type: none"> • Develop plan to reduce vacancy levels, targeted recruitment campaigns and corporate recruitment • Review learning and development for all staffing groups across the Trust • Develop and implement recruitment and retention strategy • Implement Cavendish Report - training standards for healthcare assistants • Project management to reduce temporary staffing
Capacity and capability of leaders and managers to manage significant change programmes	<ul style="list-style-type: none"> • Dedicated HR change support • LiA sessions (staff engagement) as required to support managers • Implementing principles of Collective Leadership
Low compliance with Mandatory and Statutory Training.	<ul style="list-style-type: none"> • Weekly reports identifying training availability • Additional class based sessions in place • Weekly MAST group to review progress • Additional training capacity in team to support compliance levels

4. Financial Planning

Financial Forecasts and Modelling

The plan has been prepared in line with the Trust's key financial principles and objectives outlined in its financial strategy. It includes the following key targets and objectives:

- A planned net surplus of £1.1m as per agreed control total
- A 0.5% (~£0.8m) contingency reserve
- National inflation funding of 3.1% partially offset by an efficiency target of 2.0% leading to a net 1.1% tariff inflator.

Financial plans are triangulated with workforce, quality and activity/capacity plans and to the ongoing contract negotiations with commissioners. This is managed through a structured planning process with a governance structure to coordinate and approve plans, through a Business Planning Forum, reporting up to a Business Planning Steering Group, which is responsible to the Finance and Investment Committee and the Trust Board.

The draft financial plans are based on the latest projected year end outturn position, normalised to allow for non-recurring items, and then adjusted for cost pressures, commissioning, business rules and CIPs as per the bridge below.

Income & Expenditure Bridge

The following is a simplified statement bridging the income and expenditure from 15/16 forecast to 16/17 plan.

Bridge Statement 15/ FOT to 16/17 Plan	£m
Forecast Outturn surplus at M09 15/16	3.00
NTDA-facilitated technical adjustment	-3.80
Non Recurrent demand for beds	2.10
Reclassification of capital expenditure as revenue	1.00
Non Recurrent Savings Mitigation	-1.40
Non Recurrent Overspends	0.70
Underlying baseline surplus 16/17	1.60
2% Efficiency Target on income	-2.90
Reinstate 0.5% Contingency	-0.80
Reinstate Other Contingencies	-2.30
Cap charges increase above inflation	-0.40
Net Cost pressures	-1.40
Net Disinvestment	-0.20
FYE 15/16 CIP schemes	2.20
CIP requirement on expenditure	5.30
Control Total Surplus requirement 16/17	1.10

Efficiency Savings Plans

The Trust has been subject to the national efficiency savings targets of 2.0% or £2.9m which, when combined with additional unavoidable cost pressures, results in a savings target of £7.5m. The full year effect of schemes already started in 15/16 will contribute an extra £2.2m in 16/17, resulting in a net target for new savings in 16/17 of £5.3m. To date, new savings schemes in 16/17 have been identified totalling £1.2m, leaving a target of £4.1m yet to be finalised.

Schemes originally planned to identify savings totalling £6.5m in 2016/17 (allowing for 25%/£1.7m slippage in year) and £5.7m in 2017/18. The schemes can be categorised into seven key themes as detailed below.

- Clinical Processes: reviews of individual service lines, a review of all urgent care provision including the acute care pathway, reviews of ward establishments and skill mixes and the levels of administrative and clerical staff
- Estates: review to identify most effective use of estate, and hard and soft facilities management, plus a review of asset revaluation and capital charges.
- Corporate Review: a focus on back office services to ensure both effective and efficient support of clinical services
- Agency Expenditure: both reduced amounts through improved retention rate, improved recruitment processes giving a reduced lead time and effective use of electronic rostering, and reduced rates making use of best procurement practice via the LLP frameworks.
- Procurement: even greater value for money for all purchased goods and services

The Trust awaits further report(s) from Lord Carter with advice to Mental Health Trusts.

Planned CIPs	Baseline £'m	2016/17 £'m	2017/18 £'m	Total £'m
Clinical				
Establishment Reviews	20.0	1.5	1.0	2.5
Acute / Urgent Care Pathway	30.0	0.6	0.4	1.0
Other	50.0	0.7	1.1	1.8
Clinical Sub-Total	100.0	2.8	2.5	5.3
Agency Usage / Commission	12.0	1.2	0.8	2.0
Estates & IT	20.0	1.0	0.5	1.5
Corporate Reviews	12.0	0.6	0.6	1.2
Procurement	-	0.3	0.3	0.6
Capital Charges	12.0	0.6	1.0	1.6
Total	156.0	6.5	5.7	12.2

Capital Expenditure

The 5 year capital programme is focused on the Strategic Estates Modernisation Programme (EMP), although in the short term, the clinical strategy and the need for ward moves and refurbishments resulting in increased bed demand is the key driver. Capital spend was

curtailed in 15/16 as a result of the agreed capital to revenue technical adjustment, and so this slippage leads to a higher than anticipated spend requirement in 16/17.

The plan is for made up of capital expenditure schemes as follows:

5 Year Capex Plan	2016/17	2017/18	2018/19	2019/20	2020/21
Ongoing Maintenance	2.5	0.9	0.7	0.7	0.7
Ward Moves & Refurbishments	5.5	1.0	1.0	1.0	1.0
IM&T	3.7	1.8	1.8	1.8	1.9
Barnes & Richmond Royal		1.0			
Estates Modernisation Programme	5.6	50.1	46.6	31.1	30.2
Total Capex Plan	17.2	54.8	50.1	34.6	33.8

The funding sources for this capital plan identified and agreed with the TDA are:

Capex Funding Sources 16/17

Depreciation	4.8
Capital Revenue c/f 15/16	3.8
Disposals	2.1
Approved OBC – EMP	5.6
Approved FBC - ECR	1.0
Total Capex Plan	17.2

The EMP Outline Business Case is expected to be approved by the Treasury early in 2016/17, following which the scheduling of planned asset sales and enabling work required will be reviewed as part of the Full Business Case preparation. The disposal plan is based on net book values, but the DH is producing new guidance on asset sales and the impact of this will be reflected in future versions of the 16/17 plan.

Pending this detailed review, as a consequence of delays experienced so far in the approvals process, it is assumed that the next large phase of Springfield land sales is likely to slip from 17/18 into 18/19 as shown above. The phasing of EMP capital expenditure is also being reviewed and will be incorporated into future versions of the 16/17 plan.

In parallel with the EMP business case, the business cases for the sales of Barnes and Richmond Royal sites are progressing, with capital expenditure planned in 16/17 to provide renewed space for services remaining on these sites, when they are subsequently sold in 17/18. The aim of this approach is to bring forward savings from efficient estate use as soon as possible.

Risk Analysis and Opportunities

The key financial risks for the Trust are outlined below:

- The Trust has identified the need to save £12m over the next 2 financial years, despite already having delivered savings of more than £45m since 2009/10. With increasing demand for services this is a significant challenge which requires all services and corporate directorates to work together to ensure that all expenditure incurred is effective and efficient and so delivers value for money for the health economy and so enabling costs to be reduced by the required 4% per annum. All

staff must accept ownership of this significant challenge to ensure it is delivered while maintaining or enhancing the quantity and quality of care provided.

- The Trust has a 4% CIP requirement for 2016-17 to support cost pressures including the cost of clinical service transformation. Any proposed plans must be reviewed both internally and externally to ensure that there will be no adverse impact on the quantity or quality of care provided. If approval cannot be given then the implementation of specific plans would be delayed.
- The proposed Sustainability and Transformation Plan (STP) geographical area has two provider organisations (both acute hospital Foundation Trusts) formally placed in special measures due to financial performance – this places at risk the ability to achieve aggregate financial balance across the system. As such, mental health services may not have access to commissioner investment on a proportionate basis as other health sectors are prioritised due to their financial position.
- Similarly, the organisational efficiency deflator (2%) is based on the assumption that the provider system meets financial balance at the end of 2015-16. If system balance is NOT achieved, the efficiency deflator could potentially be unilaterally increased or funding reduced by Quality, Innovation, Productivity & Prevention plans (QIPPs) requiring the Trust to find additional Cost Improvement Plans (CIPs) to deliver the agreed financial objectives.
- Detailed analysis undertaken by the Trust has identified that there will need to be a rebasing of the budgets between NHS England and the 5 local CCGs to address a ~£5m funding anomaly that exists across the commissioner organisations. While having a net impact of £0 for the Trust, this will only be possible if all organisations agree to a movement of commissioning budgets. If this rebasing is not agreed, there is a risk that the CCGs will remove their 'over-funding' and NHSE will not be able to replace it.

For mitigation, £0.8m (0.5%) non recurrent contingency is held in line with TDA guidance to cover risk.

5. Link to the Emerging Sustainability and Transformation Plan

The proposal for the geographical scope of the local sustainability and transformation plan (STP) was submitted to NHS Improvement on 29th January 2016. The south west London (SWL) system already has an established strategic programme in place: SWL and Surrey Downs Healthcare Partnership (SSDHP), with a governance structure including a Programme Board.

The STP proposal to cover the geographic area of SWL (Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth) has been approved by NHSE. The SRO for delivery of the final plan due to be submitted in June 2016 is the Chief Officer for Richmond CCG

As the main mental health provider across five of the six boroughs/ CCGs in SWL, the Trust would expect to play a major role in both the development and delivery of the STP. The CEO is a member of the Programme Board.

Proposed STP Priorities

A draft STP submission is due to be made on 15th April. The draft identifies two primary areas of focus for the STP:

- Configuration of acute sites in SWL and workforce associated with them (this relates to acute physical healthcare rather than acute mental healthcare)
- Transformation of proactive and preventative services to improve HWB, and address hospital admissions and discharge

The proposed STP priorities are:

- Developing our cross partner **prevention strategies** to keep people well
- Placing a greater emphasis on our **out of hospital strategy** so that patients are treated in the most appropriate settings, avoiding higher hospitalisation than necessary and the costs associated with this
- Reviewing our **site configuration and estates** and opportunities for **clinical networking**
- Driving collaborative **productivity** to help to close the financial gap
- Developing **incentives** for providers and care professionals across the system to align them around the long term interests and outcomes of the whole population
- Reviewing **governance and organisational forms** for delivering our STP

These are at a high level for the April submission, and will be worked into more detail for the June submission.

The Five Year Forward View for Mental Health was published in February 2016, and sets out the vision for improving mental health services for people of all ages. The STP is specifically referred to in a number of places in the document, including for example “children and young people local transformation plans for mental health services to be refreshed and integrated into the STP”. The Trust will work closely with the STP team to ensure that these priorities are included as part of the final STP submission on an equal basis with physical healthcare priorities. A clinical base case working group has been established by the STP programme, which has been tasked with identifying the key 10 clinical priorities, and mental health will either need to be a priority area in its own right, or included within each priority area to reflect the co-occurrence of physical and mental health issues for individuals.

Emerging Hypothesis

The emerging STP hypothesis is to align new integrated locality teams with GP practice localities, providing care for populations of c.50k people. The organisational form that such groups of providers would then take would need to be considered. As the key mental health provider across five of the CCGs in SWL, the Trust would need to be integrally involved in developing the integration of clinical pathways across mental and physical healthcare, and primary, community and acute care.

A key challenge in the development of the STP will be the system-level planning required for this, balanced by the local commissioner strategies across the boroughs and CCGs, which as a provider the Trust will be expected to deliver. The Trust will need to play a key role in influencing the development of the STP, to ensure that the vision of the Five Year Forward View for Mental Health is not lost within the context of the acute hospitals financial challenges across SWL.

We are the leading provider of mental health services across south west London and a beacon of excellence for national mental health specialist services.

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