Sussex Partnership
NHS Foundation Trust

Operational Plan 2018/19

(FINAL as at 30/04//18)

Contents

Executive Summary

Strategic context

The Annual Plan for 2018/19 is set in the context of the Trust's strategy, our 2020 Vision (launched April 2015), to improve patient, carer and staff experience, with our vision being to provide outstanding care and treatment you can be confident in. The strategy sets out our five goals strategic goals to help us achieve this:

Our Strategic Goals

- Provide safe, effective, quality patient care
- Provide local, joined up patient care
- Put research, innovation and learning into practice
- Be the provider, employer and partner of choice
- Live within our means.

2020 Vision also sets out the Trust's values, as follows:

Our Values

- People first: People are at the heart of everything we do
- Future focused: We are optimistic, we learn and always try to improve
- Embracing change: We are bold, innovative and disciplined about making use of our resources to continuously improve
- Working together: We provide services in partnership with patients, families and others
- Everyone counts: We value, appreciate and respect each other

Planning context and requirements

The plan for 2018/19 is not only set in the context of the Trust's 2020 Vision but also draws on the Trust's Clinical Strategy, the Sustainability and Transformation Partnership (STP) and commissioning priorities and the outcome of our Care Quality Commission (CQC) Well Lead inspection. Collectively these have helped us shape our plan for 2018/19 and also helped us set our quality objectives as well as our quality account development process.

The key features of this year's annual plan are therefore:

- The development of the **Clinical Strategy** is a key driving force for 2018/19 and therefore this is centre stage within the Annual Plan.
- There is an emerging list of **STP / commissioning priorities** which are reflected in our annual plan.
- **Quality and CQC learning** is a major driver for setting our key priorities.
- The **support services review** has set the need for clear enabling workstreams. These are finance, workforce, digital / IM&T and estates.
- The plan is also set in the context of and being developed within the **National planning guidance**

Clinical Strategy

Our clinical strategy aims to help us achieve our vision and values. It outlines the type and range of clinical services we want to offer by 2020 to deliver the best care we can for service users, carers and their families within the resources we have available. It also describes the type of partnerships we want to form, key changes in services and clinical practice and the support we will put in place to make these changes happen.

The clinical strategy has been developed in partnership with patients, carers, staff, commissioners and other key stakeholders. It aims to directly address the concerns and ambitions of each stakeholder group.

Financial plan

Although the Trust made good progress last year in improving its financial position, delivered a surplus (£0.5m) in 2017/18, the step up to delivering the £3.2m control total set by NHSI for 2018/19 poses the Trust with a significant financial challenge, with the Trust needing to close a planning gap of £17.0m. On the recommendation of the Finance and Investment Committee, the Board have capped the level of the internal savings plan at £12.0m (4.6%) as it is felt that anything higher than this will have a detrimental effect on service delivery and quality of care. The Trust is therefore expecting to commissioners to close the balance of £5.0m in 2018/19. £3.0m of which has been secured at the time of writing.

It should be noted that Quality Impact Assessments (QIAs) have been completed for all savings schemes and major projects. The QIAs have been reviewed by the Chief Medical Officer and Chief Nurse and will be formally signed off by the Quality Committee.

Structure of the plan

To meet the requirements of the NHSI planning guidance the Annual Plan is structured into the following sections:

- Activity Planning
- Quality Planning
- Workforce Planning
- Financial Planning
- Link to local sustainability and transformation plan
- Membership and elections

The final version of the Annual Plan has also been updated based on the feedback provided to the trust by NHSI following the draft submission and their more comprehensive review meeting with the Trust at the end of March.

Annual objectives and Care Delivery Service (CDS) and Support Service Plans

The Trust's objectives for 2018/19 drawn from the Annual Plan have been agreed by the Executive Team and the Board of Directors and will be shared with staff in April, as set out in the Appendix. The Trust's Care Delivery Services (CDSs) and Support Services have also produced their own annual and financial plans that will be monitored throughout the year alongside the Board's oversight of delivery of the Trust's Annual Plan and objectives.

1. Activity planning

1.1 Approach to activity planning and alignment with commissioner plans

The activity plans are aligned with commissioner plans as there is no financial risk or reward associated with activity in the contract. The trust operates a whole population style approach in its main contract with commissioners. The main financial activity risk has been in relation to out of area placements which in the past have been the responsibility of the trust. The activity plans below set out the strategy and actions designed to bring inpatient activity levels down to below 100% to eliminate the associated financial risk and then ultimately down 85% to deliver improvements in quality. This work is being supported by the establishment of a clinically led Patient Flow Group that is underpinned by a data analysis group. Key activity discussions and agreements are set out below:

- Services commissioned by NHS England for both CAMHS Tier 4 services and forensic services have detailed activity plans that have been agreed by the Trust and commissioner.
- Similarly, there are comprehensive activity plans in place with Hampshire commissioners for the Children and Young People's Service, which are based on detailed assumptions and set out activity risks. Likewise for the IAPT Services provided in East Sussex and Brighton.
- There are no Trust / commissioner activity plans in place for the Children and Young People Service and the Adult and Older People's Services (including Dementia) in Sussex. These services are all delivered through an historic block contract which no longer bears any resemblance to the services now provided by the Trust, which has given rise to the contract rebasing debate. This means that there is no financial risk in 2018/19 for under-activity, however as part of the contract negotiations with commissioners the Trust is trying to negotiate a risk share on external placements.

1.2 Activity Assumptions

Adult Mental Health Inpatient activity is assumed to decrease in 2018/19. In 2017/18, the Trust experienced significant bed pressures in adult acute services, and with the introduction of S136 and pressures introduced by delayed transfers of care, the use of external placements (ECRS) remained higher than forecast. The Trust is working toward sustainable occupancy rates of 85% in acute inpatients wards. The achievement of a reduction to 100% occupancy will enable the trust to eliminate out of area placements and hence eliminate the cost pressure. The move to below 100% occupancy down to the ultimate goal of 85% will reap quality benefits for inpatients and build resilience within the service system. It should be noted that financial plan only requires occupancy levels to be reduced to 100% to avoid the use of external placements, this assumes delayed transfers of care are reduced from 10.7% to 8.4%. However, in terms of quality improvement our goal is to reduce occupancy levels to 85%.

The planned improvement will be driven by, in the short term; the appointment of a clinical bed co-ordinator to create robust, centralised bed management, and delivering increased capacity to clinical services. In parallel, work is underway to introduce measures, systems and ways of working which reduce the need for use of ECRs on a sustained basis as part of the delivery of the Clinical Strategy.

Inpatient activity plan 2018/19 compared with 2017/18 plan and 2017/18 outturn

	2017/18 PLAN			2017/18 ACTUALS			2018/19 PLAN		
Bed Activity	**Occupied Bed Days Plan Year Ending 31-Mar-18**	**Bed numbers**	Occupancy %	**Occupied Bed Days Actual 2017/18**	**Bed Numbers (31st Mar)**	Occupancy %	**Occupied Bed Days Plan 2018/19**	**Bed Numbers**	Occupancy %
Adult	108,406	313	94.9%	121,186	317	104.7%	110,287	317	95.3%
Adult - High Secure	-	0							
Adult - Medium Secure	15,273	45	93.0%	14,911	45	90.8%	15,604	45	95.0%
Adult - Low Secure	22,195	63	96.5%	22,693	64	97.1%	22,192	64	95.0%
CAMHS	5,547	16	95.0%	5,112	16	87.5%	5,548	16	95.0%
Older People	58,262	168	95.0%	49,478	143	94.8%	49,585	143	95.0%
Substance Misuse	-	0							
Learning Disability	3,471	10	95.1%	2,823	10	77.3%	3,468	10	95.0%
Total	213,154	615	95.0%	216,203	595	99.6%	206,684	595	95.2%

Notes:

- 2017/18 actuals includes extra contractual referrals (ECRs)
- Adult includes Adult Acute wards (including Surrey beds), PICU, Rehab Wards (including Crawley Road); it excludes high, medium and low secure
- Older People includes Older Adult Functional and Dementa Wards
- In the 2017/18 plan activity for integrated wards was all shown under the Older People category. In the 2017/18 actuals and 2018/19 plan, these wards are separated based on the planned bed split between adult and older adult.
- 2018/19 plan uses an assumption of 95 % occupancy for all wards except adult acute, the adult beds on integrated wards and PICU. For those ward types listed, the assumption is occupancy decreases from the current level of 104% to 85% by March - this also gives an average occupancy of 95% for these wards.

Bed Changes between 2017/18 and 2018/19:

- Adult services had a net increase of 6 beds. This is the result of including 16 adult beds on integrated wards (they were counted as older people in 2017/18) and 12 fewer rehabilitation beds (9 fewer at Bramble and 3 fewer at Connolly)
- Older people's services had a net decrease of 25 Beds. This is as a result of 15 fewer beds on integrated wards, now counted as adult (plus one extra on Heathfield in 18/19), and 10 fewer Dementia Beds (5 fewer at Beechwood and 5 fewer at Bramble Lodge)

Activity assumptions and risks:

- The Trust will achieve an occupancy level of 85% in adult acute wards by the end of the 2018/19 financial year.
- Competing demands for rehabilitation beds. The trust is modelling the impact of the demands from long stay acute patients, ambition to bring return patients in specialist placements to the local area and patients stepping down from the new models of care in forensic services.
- Shortage of qualified nurses and medical staff, this risk is mitigated through our workforce strategy.
- Lack of progress in persuading the local authorities to align their processes to maximise efficiencies in relation to delayed transfers of care
- Crisis resolution home treatment teams – Funding for 24 hr crisis services in East and West Sussex.

Changes to monthly performance - to support reduced bed occupancy of 85% by October 2018.

	Current Position (based on November to Feb 2018)	Target Position (By Oct 18)	Variance
Occupancy levels			
Acute Adult Beds	225	225	0
Occupancy % (inc Leave)	104%	85%	-19%
Monthly Occupied Bed Days	7458	5817	-1640
Reduced Delayed Transfers of Care			
Monthly delayed days	795	204	-591
Monthly delays %	10.7%	3.5%	-7.2%
Monthly Discharges	230	230	0
Reduced average length of stay	35	28	-5.3
Monthly OBD Reduction due to LOS			-1219

Note: Includes Surrey beds at Langley Green. Excludes Older adult functional beds. For integrated functional wards, only considers the beds identified as available for working age adults

Plans to achieve the aspiration to keep out of area placements
The Patient Flow Steering Group, chaired by the Associate Medical Director, has been set up to drive improvements to patient flow through internal mental health services and realising positive outcomes for service users, their carers and families. This Steering Group is a data led group utilising evidence from a data analysis to drive improvement plans. The evidence from the data analysis group, supported by the national picture, has coalesced into a strategy of segmenting the acute inpatient group into distinct groups, each with distinct developing work streams.

The three main groups are

- Patients with a length of stay less than 8 days
- Patients with a length of stay between 8 and 48 days
- Patients with a length of stay greater than 48 days

Actions for patients with a length of stay less than 8 days

- Review of the South West London and St Georges psychiatric admission unit (PDU) with a view to implementing this model for Sussex Partnership.
- CRHT funding of £700k for a comprehensive crisis service to work with the Core 24 mental health liaison team has been agreed in Brighton and Hove. A commitment has been made for additional funding for the rest of Sussex with the specific value for 20181/9 awaiting confirmation at the time of writing.

Actions for patients with a length of stay between 8 and 48 days

- Improvements to length of stay in ensuring patients are admitted to their local hospital. (potentially 5 days for each patient)
- Ensuring admissions are purposeful– through improvements to the integration of acute and community processes
- Improvements to Crisis Home Treatment and Resolution Teams (CRHTT) acute in-reach and early discharge.
- Optimised care pathways

Actions for patients with a length of stay greater than 48 day admissions

- Immediate actions – for each CDS to develop plans for patients with a length of stay greater than 100 days and to review processes for the early identification of patient likely to have complex discharge needs.
- Delayed transfer of care (DTOC) – Agreeing definitions across the local health system, use of "medically fit for discharge "to drive system actions and inclusion of DTOCs on adult acute dashboard that is being rolled out to wards.
- A Complex Recovery Team – Agreement to pilot in a multi-disciplinary team and agreement of funding from the CCGs. Initial focus on patient with a length of stay greater than 100 days.

Community mental health team development
The long term reduction of inpatient activity requires the efficient and effective delivery of community mental health services. A work-stream focusing on optimising use of people resources in the community has been established through our clinical strategy as part of the focus on effective teams. The deliverables of this community programme are described in three workstreams.

1) Supporting teams to take ownership of their capacity. Team and individual capacity will be agreed in job roles for each profession including the articulation of the number of direct patient focused hours that will be expected on an average week. We will be clear about the accountability; how individual clinician work is planned, communicated and reviewed. Experience in other Trusts has shown has this has a positive impact on staff morale and wellbeing. Reporting solutions will be developed to support teams and clinicians to review their activity against capacity.
2) Understanding current activity and use of capacity: Analysis will describe patient needs. We will develop a modelling framework for the future state community model, which will include an analysis of patient throughput.

3) Using a Quality Improvement approach to improve the productivity of teams: Information will underpin a Quality Improvement (QI) approach to improving the productivity of teams to focus on examples such as improving the proportion of patient facing time and attendance rates.

Improving the demand and capacity management processes within community mental health teams
Demand and capacity models have been developed with clinicians in young people's community services. These plans include consideration of historic and future demands for assessment and treatment for care pathways. The requirements for medical, nursing and psychology staff are modelled in detail against the expected demand for clinical appointments.

The Trust has continued to develop its demand and capacity capabilities in Adult services supporting care delivery services to take ownership of the models and use information to optimise the efficiency and effectiveness of their community services. By including patient cluster information and analysis of interventions, these models will also help local managers to better understand the needs of patients seen. The information will support service re-design towards the revised Trust wide clinical model.

Our patient journey programme is focussed on improving the way in which we collect and share information about who we are working with, what interventions are being provided and the outcomes for patients. This is being achieved through the development of:

- Accurate, consistent clustering for all patients in our services
- Care package descriptions for each cluster
- Regular, accessible clinical reports which link information on clusters, interventions and workforce
- An agreed set of clinical outcome measures

2. Quality planning

2.1 Approach to quality improvement

Our overall aim, set out in our 2020 Vision, is to provide 'Outstanding care and treatment you can be confident in' achieved through our five strategic goals:

- Safe, effective, quality patient care
- Local, joined up patient care
- Put research, innovation and learning into practice
- Be the provider, employer and partner of choice
- Live within our means

Clinical Strategy

In 2017/18 we developed a clinical strategy for the trust. Our clinical strategy aims to help us achieve our goal to deliver outstanding treatment and care you can be confident in. It outlines the type and range of clinical services we want to offer by 2020 to deliver the best care we can for service users, carers and their families within the resources we have available. It also describes the type of partnerships we want to form, the key changes in services and clinical practice we want to see, and the support we will put in place to make these changes happen.

The clinical strategy has been developed in partnership with patients, carers, staff, commissioners and other key stakeholders. It aims to directly address the concerns and ambitions of each stakeholder group.

The named Executive Lead for Quality is the Chief Medical Officer. Fundamentally quality is about people and news ways of thinking to tackle established problems. Through our Quality Improvement methodology we are enabling front line clinicians to make changes to improve quality and to learn from these across the organisation. As part of quality improvement we use a range of approaches in our including clinical audit, staff engagement, research, training, data and information.

In February 2018 the Care Quality Commission (CQC) inspected our services and rated the Trust overall as Good. We were particularly heartened to receive an Outstanding rating for patient care by the CQC. The CQC and NHSI have signalled their commitment to working with Sussex Partnership over the next year with the intention to assist us to maintain the progress towards achieving a rating of Outstanding in 2019. A Quality Summit, led by the CQC will take place on 15 March 2018 where we will investigate the inspection findings in more detail with staff and partners. A quality summit is not required for trusts rated good but we decided to adopt this approach to consolidate existing good practice and look at how we can progress to an Outstanding rating. The change in our inspection rating domains are set out in the table below.

Table: Change in CQC Inspection Rating – Services Inspected in 2017			
Rating	2016	2017	Change
Requires Improvement	12	1	-11
Good	8	17	+9
Outstanding	0	2	+2

The CQC identified some of the outstanding practice they saw in all the services they inspected. Examples of these include:

- The family liaison leads who lead on the investigation of serious incidents and work with bereaved families during this process. We are the first trust in the country to implement this team.
- We are one of only two services in the country to have a discovery college for young people.
- Langley Green wards have implemented the 'leader leader' model where staff and patients are encouraged to be leaders in the roles they have on the ward. Service leaders have a role in contributing to how the ward is run and their views are welcomed at daily and weekly community and risk management meetings.
- Staff share incident data with patients in weekly community meetings to ask for their view on incidents which have occurred on their wards and canvas suggestions as to why these happened and how to prevent recurrence.

- Brunswick ward has improved patient safety and experience on admission to the ward with the ward manager or matron visiting the person in their home prior to admission to carry out a falls risk assessment and meet with the family to gain as much information as possible about the person being admitted.
- A number of wards carry out a daily 'safety huddle' which is a nationally recognised good practice initiative to reduce patient harm and improve the safety culture on the wards.
- The CQC commented upon Glebelands where the team has set up partnership working with people using the service and third sector organisations, such as the charity MIND, called the Pathfinder Alliance. This is only one of three such working arrangements in the country.
- At Ifield Drive, the team has developed a service to provide mental health support to armed service veterans. The service aims to support veterans' transition into civilian life and has specialist practitioners who understand military culture and what veterans may have been through.
- The early intervention service has a physical health champion, where over 90% of all people using the service receive their annual physical health screening.
- The iROCK service in Hastings is a unique and innovative drop in clinic for young people to attend.
- The Hampshire CAMHS team has a dedicated innovation lead who arranges and completes multiple innovative and effective events within the service. These include the suicide awareness for everybody (SAFE) campaign and fit fest campaign.
- The Basingstoke CAMHS team incorporate a monthly informal meeting with parents and carers of young people on the waiting lists.
- The Hampshire CAMHS service has undertaken a pilot where pharmacists carried out routine physical health monitoring for patients when dispensing medications. This offers more flexibility to patients whilst also freeing up clinical time for staff in the service.
- In Sussex, the CAMHS teams had recently conducted a project in which the urgent help team completed telephone assessments of patients to reduce the waiting lists for assessment and get patients directly onto specific treatment pathways.

Thematic Review - We commissioned jointly with NHS England an independent, thematic review of homicides involving people known to our services. In response to the thematic review we have developed an action plan. The action plan is the continuation of our transformation that has been underway for some time. We have appointed a carers lead, become a member of Triangle of Care, created 14 new family liaison roles and made a film/video which capture's a family's experience of the incident review. We have established Quality and Safety reviews involving staff, commissioners and service user governors and service users are also carrying out reviews.

Our Trust Board and Quality Committee have maintained an overview of progress with quality and this will continue as our number one goal in Our 2020 Vision. In 2018/19, Sussex Partnership is expecting to keep its high level key quality priorities. These are physical healthcare, suicide prevention, care planning and staff health and wellbeing.

Physical Healthcare. We implemented our in house physical healthcare team which is part of the wider team and facilitates the delivery of timely physical healthcare interventions.

A core training package has been developed to include post specific training requirements with Cardio vascular risk training for roll out to all frontline clinicians in 2018. Education and training is underpinned by Physical health pop up clinics as part of Health Education England projects and this work is co-produced with patients to support improved access for physical health checks and monitoring. The priority for 2018 is to embed these clinics and include community and learning disability services.
We have achieved smoke free status and continue to champion this and help people to stop smoking through our comprehensive support programme.

Suicide Prevention. This year the Trust has refreshed its commitment to suicide prevention, based on our vision that suicide within our patient group is not inevitable. We have adopted a 'Towards Zero suicide ' approach, building on the work already underway to reduce access to means, engage with our communities and listen and learn from the experiences of our staff, patients and carers. The revised work

stream emphasises the dual importance of taking care of and enabling our staff so that they can better empower and support those in at risk of or exposed to suicide and self-harm. Underpinned by quality improvement methodology and co-production with those with a lived experience, our initial focus will be on achieving zero suicides within our inpatient services.

Care Planning. A small group of mental health practitioners and peer support workers will review the current community care plan with the intention of it being:

- Service user focused and written from the service user perspective
- Build on the strengths of the individual
- Collaborative in its approach
- Concise and compact care plan which outlines the key themes
- Opportunity to involve the family/carers
- Be based on best evidence – such as NICE guidance
- Have included the individualised crisis plan.

So we can discuss the developments with many service users, we will consult with service users and carers currently receiving care to see if is better and suits their needs. The work will start in April 2018 and is planned to be in place by late summer / early autumn 2018.

Staff Health and Wellbeing. The Trust's Leadership Development Programmes continue to support and nurture our managers' skills and capabilities through both our Leadership Development Programme and new Emerging Leaders Programme. The programmes support embedding the Trusts values and behaviour framework as well as developing integrated networks amongst staff from both our Trust and social care partners. The Trust delivers an annual programme of activities designed to support staff health and wellbeing in line with the National CQUIN for Staff Health and Wellbeing which includes a full range of elements designed to support health, resilience and recovery for all our staff.

We have a cohort of trained Organisational Development Practitioners who are designing and delivering interventions, including supporting away days for staff. These interventions support both the embedding of our values and behaviour framework and the Trusts commitment that all staff teams have 2 away days per year.

We have focused heavily on recruitment and retention with a number of initiatives, campaigns and creative development and support packages plus joint working with local universities.

2.2 Summary of the quality improvement plan and compliance with national quality priorities

National clinical audits. We participate fully in the National Clinical audit and Patient Outcome Programme (NCAPOP) as well as CQUIN audits especially those linked to Trust quality objectives. CDSs and clinical staff are responsible for improvement actions identified from the results of each audit and to demonstrate improved outcomes and quality of experience for patients. The 2018-19 Trust clinical audit programme includes all national audits and topics related to the Trust quality objectives such as suicide prevention, improving physical health of people with a serious mental illness and clinical risk, crisis & contingency planning and care programme approach audits. This programme is now adopting an integrated quality improvement approach across the Trust which brings together support for clinical services and staff from clinical audit, QI and organisational development practitioners.

Seven-day hospital services. Sussex Partnership has its top priority to further develop 24/7 crisis and urgent care services, this has been picked up as a priority by the STP and we will submit business cases to secure funding from commissioners in 18/19. The Trust has a programme manager in place to develop a business case to deliver 24/7 crisis services. This will set out the current service and investment required to implement a full 24/7 service. The Trust is working with commissioners to ensure that funding for crisis services is ring-fenced as part of the Mental Health Investment Standard Funding. £500k for hospital liaison services has been secured delivering a Core 24 compliance service at the Royal Sussex County Hospital in Brighton together with an £700k which has been secured for 24/7 crisis resolution and home treatment services in Brighton and Hove.

Safe staffing. The Trust continues to make progress with the safer staffing standards with a positive response to the nurse recruitment campaign in a number of the inpatient units. The report highlights key challenges and provides a baseline against which progress is monitored. A report is provided to the Board of Directors with a quarterly report exploring potential impact of staffing on key quality indicators. The format for this latter report is being refined to explore a broader set of indicators but has informed areas of enquiry and focused improvement work.

Actions from the Better Birth review. We have successfully bid for and established a comprehensive perinatal service across the Sussex and East Surrey STP footprint. We are on course to hit our plan to deliver services to an additional 1,065 women by 31 March 2019 delivered by our team of 25 staff.

Improving the quality of mortality review and Serious Incident investigation and subsequent learning
We reviewed our approach to investigating serious incidents and have introduced three Clinical Safety Leads with responsibility for undertaking complex serious incident reviews, working with families and people affected by incidents, supporting other staff through support, supervision and training.
We have introduced a weekly Serious Incident review group where Executive Director of Nursing, Executive Medical Director and Deputy Director of Nursing meet each week to consider incidents and findings of reviews. In addition, in line with the 'Learning from Deaths' agenda, we have established a monthly Mortality Scrutiny group which is co-chaired by the Associate Medical Director and examines the completed Mortality Reviews to establishes common themes and learning.

Anti-microbial resistance. We have implemented anti-microbial stewardship and this is monitored by our pharmacy teams. Anti-infective prescribing guidelines are routinely reviewed every two years with specialist microbiology input and also ad-hoc in response to updated national guidance, as recently in response to NICE Guidance (NG79). The prescribing guidelines are issued to all new medical staff on appointment as part of the Trust Formulary, along with an aide memoire for common prescribing areas. As a specialist mental health Trust, prescribing of anti-microbials is restricted to inpatients only, (there is no out-patient prescribing), and is limited to oral formulations only, (there are no parenteral antibiotics used).

Infection prevention and control. We are committed to the prevention and control of Health Care Associated Infections (HCAI) including MRSA and clostridium difficile. This work is delegated on behalf of the chief nurse to the deputy chief nurse who is the operational DIPC. We have further developed this model with a supported education package and role specific profile for Link Practitioners in all care delivery services for full implementation in 2018. The annual audit schedule maintained and improved audit scores with community and shared premises audit tool under review for trustwide roll out in 2018. We have introduced an Infection Prevention and Control Committee and work collaboratively with Public Health England and our CCG colleagues. We have achieved 71.56% of all frontline staff receiving Flu vaccinations and aim to achieve the flu CQUIN for this year. Our outbreak management procedures now includes out of hours advice.

Falls. Falls incidents continue to be at a static level with the highest prevalence being older adults and dementia services. Work is underway to review and refresh the Falls Protocol Bundle to ensure this meets best practice guidance and supports our ongoing commitment to reduce harm from falls. The review is scheduled for completion in April 2018 and contains the following additions:

- Improved involvement from family and carers in pre assessment and assessment on admission for Falls risks and ongoing care planning.
- Ensuring greater access to Falls detection technologies for patients who are deemed as moderate to high risk of Falls.
- The supply and fit of Falls detection technologies has been included in our estates strategy for areas where refurbishment works are in progress with a specific focus on high risk areas such as Dementia services.
- Baseline audits are planned for completion in April 2018 prior to implementation of the revised Falls protocol Bundle as part of ongoing audit.

Sepsis. We are rolling out the Deteriorating Patient course which aims to help staff recognise and respond to patients who are physically unwell and at risk of deterioration and sepsis runs monthly. Trustwide implementation of NEWs is now at 98% (February 2018), this work will continue in 2018/19 with the 'No Contact Observation Protocol' for patients who decline to have physical health monitoring. We have introduced SBARD (Situation Background Assessment Rationale Decision) as a communication tool including prompts and triggers for recognising and responding to signs of sepsis in alignment with national guidance. A key focus for 2018 is to establish robust audit cycles to evaluate effectiveness and include learning from patient safety incidents.

Pressure ulcers. We continue to champion this work and all pressure ulcer related incidents are reviewed by the Deputy Chief Nurse for Physical Health and Safeguarding. We have improved reporting and developed additional guidance which includes Safeguarding advice/ referrals where indicated. Plans for 2018 are to establish a formal cycle of bite size training delivered by the in house Physical healthcare team

End of life care. Our approach is aligned to national guidance and best practice to make sure that people approaching end of life receive care that is aligned to their needs and preferences. We work collaboratively with key partners to facilitate preferred place of death where this is possible.

Patient experience. In November 2017 the Trust hosted a 'Principled ways of working' conference focused on increasing the impact of lived experience in all its manifestations. This was attended by service users, Trust staff and local and national 3rd sector organisations – in 2018/19 we will, with a working group of these stakeholders, finalise a charter based on the outcomes and a work plan to promote these. We will also be refreshing our existing 2016-2020 Involvement Strategy to reflect the work streams coming from the conference and also the introduction of the Trusts Clinical Strategy which it predated. It will also incorporate the Peer strategy which was adopted in 2017/18 to take forward the outcomes of the previous year's Hackathon focussing on service user and carer experience, and a Volunteering Strategy currently under development.

In 2018/19 we will continue to build local Working Together groups (WTG) to identify and develop service improvement projects based on service user priorities and develop further the Central Working Together Group. This group brings together local WTGs and others involved in participation activity to monitor progress and celebrate good practice as well as addressing issues that cannot be resolved at a local level. These groups have direct links to the Positive Experience Sub Committee of the Quality Committee which governs the patient experience quality related KLOES.

In 2018/19 we will continue to develop the Positive Experience Committee to strengthen its effectiveness. This committee will continue to monitor the introduction of involvement standards across the organisation based on the 4Pi framework developed by NSUN (National Survivor and User network) triangulate sources of patient experience information and seek assurance that the themes identified are recognised and acted upon.

In 2018/19 following the evaluation of a fixed term project to build a service user participation bank though offering foundation and higher level participation workshops we will work with local Recovery college partners to further develop this bank and the training . We will also focus on raising staff use of this resource and evaluating the outcomes for service users and paid staff.

In 2018/19 using the participation bank we will introduce service user survey teams to visits sites collecting patient experience information. This will complement the Friends and Family test (FFT) survey. In 2017/18 we redeveloped FFT to allow reporting through our existing performance information system, expand the number of ways that it would be offered by staff and add questions developed by service users and carers focused on the KLOE domains.

National CQUINs. In 2017 there was a shift from one year CQUINS to Nationally mandated 2 year CQUINs. The aim was to enable to trusts to successfully implement sustained change and service improvements. These CQUINS were; Improving staff health and wellbeing, Improving physical healthcare to reduce premature mortality in people with serious mental illness, Improving services for people with mental health needs who present to A&E, Transitions out of Children and Young People's Mental Health Services and

Preventing ill health by risky behaviours – alcohol and tobacco. Each plan has been monitored by the CQUIN programme manager through monthly CQUIN assurance meetings. These meetings are used to inform internal and external governance processes.

We are on target to achieve the National CQUINs in the main, with a predicted partial achievement on elements of the physical health and risky behaviours CQUIN.

2.3 Summary of quality impact assessment process

A quality impact assessment of the Trust's financial plan for 2018/19 has been completed and agreed by the Quality Committee following review by the Chief Medical Officer and Chief Nursing Officer, to ensure that by their nature, service improvement plans (SIPs) are designed to enhance quality and where this is not the case they are at least quality neutral. For example, a key CIP scheme relates to the reduction in the use of agency staff through initiatives to improve recruitment and retention, there has been strong local engagement through our business planning and quality development processes with a consensus that there is an opportunity to improve quality whilst reducing costs.

During 2017/18 we formally reviewed the role and functioning of each of our trust committees, this has strengthen and clarified the role of the Quality Committee to review and sign off on all quality impact assessments for all service improvement programmes and projects.

Quality impact assessments – key themes and significant issues for 2018/19

The quality assessment review process has highlighted some themes for the organisation that we will manage as cross trust issues. These themes are:

- Recruitment and retention. As with many organisations the recruitment and retention of key professional staff, particularly doctors and nurses remains a significant issue. We have plans in place to address this issue which are set out in the workforce section of this plan (section 3).
- Demand, capacity and patient flow. The trust intends to improve quality and reduce costs by eliminating out of area placements. The approach is set out in section 1 – activity planning.
- There is an aim to improve the quality of inpatient services by ensuring the right staffing is in place. This will mean increasing establishments as part of business case processes where required and also improving practice in relation to observation costs and other enhancements.
- A number of services are working on new business and service developments. The QIAs for these are exclusively positive as they relate to service enhancements, the associated risks relate to the implications of the development not proceeding. These will be reviewed as part of the business development pipeline process overseen by the Finance and Investment Committee.

Risk mitigation and management

- Key themes. For the key themes we will incorporate quality reviews and measures in our cost improvement management processes.
- Individual projects will be reviewed as part of the operational management process with an overview taken by the Quality Committee.

Table: List of Quality Impact Assessments (QIAs)

Service	QIA title	Summary	Issues
Cross Trust	Zero ECR / patient flow	Eliminate use of out of area placements (ECRs), improve patient flow, reduce length of stay & delayed transfers of care (DTOC) & ensure patients receive care locally	Quality & financial risk with the continued use of ECRs
Cross Trust	Inpatient spend reduction	Reduced inpatient spend & wards living within their budgeted establishment will reduce reliance on temporary & agency staff thereby improving patient care, safety & staffing culture & engagement	Temporary staffing has a quality risk in relation to consistency, knowledge, training & risk management as well as a financial risk

Cross Trust	Medical staffing – agency reduction	Reduction in medical locums to improve quality of care, improve clinical decision making & patient flow	Risk due to challenge of medical recruitment & lack of substantive consultants & financial risk of using locums
Cross Trust	Medicines management	Ensure prescribing of medicines within the approved formulary. To ensure appropriate medicines are prescribed for specific conditions & these are best value. Consider where pharmacy workforce can impact in less conventional roles & settings. Free up nursing time.	Risk of medical non-compliance, recruitment risk and risk of expenditure above budget.
Cross Trust	Secure transport reduction	Adequate conveyance of patients under MHA via SECAMB (South East Coast Ambulance Service). Contract management of SECAMB contract. Procurement of adequate secure transport provider to enable safe, cost effective patient transport. Improved patient experience	Risk of not meeting MHA timeframes. Financial risk due to failure of SECAMB contract. Risk of delayed admissions to acute care. Quality/financial risk of spot purchasing.
Brighton & Hove / East Sussex	Non-recurrent underspend in community services	Ensure all vacant posts are reviewed before recruitment for clinical impact, effectiveness & best value	Risk of impacting on quality & safety & risk of further recruitment challenges. Risk of reducing clinical input into community teams
Brighton & Hove / East Sussex	Review of Assessment and Treatment Service management resource	Review of management resources & whether quality & safety improvements & efficiencies can be achieved through service redesign & reduced management overhead. Maximising clinical staffing will improve safety	Risk of impacting on quality & safety and of increasing workload in other management roles. Risk of dis-engaging workforce for relatively small financial impact
Brighton & Hove	Review Care Home in Reach (CHIR) & maximise Brunswick capacity	Review of service model for CHIR to ensure full impact, system benefit & integrated physical & mental health care. Establish Brunswick ward at full capacity of 15 patients (10 currently) which will require additional staff & medical input. Will improve timely access to acute care, reduce DTOC & increase number of local admissions	Financial risk to SPFT unless mitigated by CCG income. Risk of recruitment & retention. Risk of increased length of stay & of increased incidents
Brighton & Hove	BHCC risk share underspend	SPFT & BHCC have 50/50 risk share in place against the BHCC community care budget. The maximum exposure is £500k split between both organisations. Patient experience improved by integrated service model reducing number of assessments & more timely intervention	Risk of overspend, of escalating unit costs due to lack of brokerage. Risk that mitigations put in place by Brighton and Hove City Council do not have enough impact
East Sussex	Woodlands, St Raphael, Beechwood improvement plans	Improvement plans to reduce inpatient spend including recruitment, retention, management of mixed sex accommodation, roster management & use of observations. Improve patient experience, safety & staffing culture & engagement	Quality risk related to continued use of temporary staffing and financial risk of temporary staffing
East Sussex	Development of Rehabilitation Service	Following the closure of Bramble Lodge in 2017/18, £320k is available to reinvest in community rehabilitation team. If there is a delay in implementing the change there will be financial slippage on a monthly basis	Recruitment risk and risk that the investment will not be sufficient to make the required impact. Delayed implementation will not have the impact required on ECRs and out of area placements will not reduce sufficiently
West Sussex	West Sussex Redesign Project	Fits with clinical model, providing services in fit for purpose estates & centralising expertise. Being able to provide single gender accommodation. Modernising community services into pathways concentrating on supporting & treating those acutely unwell. Quality will be enhanced for all those accessing services & support staff with	Risk of loss of beds & unable to reduce admissions. Risk of distance between community & inpatient. Risk that CCGs/SPT unsupportive of change. Risk that changes do not save monies

		manageable caseloads	
Primary Care	Additional income HIM – IAPT LTC expansion HRR/EHS	Aligned with 5 year forward view to increase access to psychological therapies with a specific focus on improving access for people with long term physical health conditions	Possible impact on wider workforce within the Trust with increasing number of IAPT trainee places available attracting core RMN staff
Primary Care	Additional income HIM – IAPT LTC expansion HWLH	Aligned with 5 year forward view to increase access to psychological therapies with a specific focus on improving access for people with long term physical health conditions	Possible impact on wider workforce within the Trust with increasing number of IAPT trainee places available attracting core RMN staff
Primary Care	Veterans Intensive support service	Aligned with 5 year forward view to increase access to mental health services & associated psychological therapy for veterans	Extended service for complex treatment is activity based & income is based on completed treatment targets being achieved
Primary Care	IAPT employment advisor scheme	Aligned with 5 year forward view to increase access to specialist employment advice & support for clients accessing IAPT services	None noted
Primary Care	Turning Point contract end/transfer	No change to service model which is national, evidenced based treatment. Improvement in patient experience with more stable service provision at Step 2 with improved staff retention & engagement	Reduced number of Step 2 staffing will result in increased individual performance/activity targets. This may have some impact on staff wellbeing
Primary Care	Additional income – MSK East Pain Management	Increase access to psychological therapies for people with long term physical health conditions e.g. MSK & non-MSK related pain. Co-located, fully integrated multi-disciplinary teams combining medical, physiotherapy, OT & psychology clinicians	Contract is based on activity targets being met & the service is essentially in direct competition with another service provider
Children & Young People's Services	Forensic CAMHS development	Introduction of service across Sussex & including Surrey & Kent. Removal at source of SIP funding. Young people currently have insufficient local access to forensic assessment & intervention. Supports closer to home delivery & potential for community treatment	Risk of failure to deliver contract. Failure to secure appropriate staffing will impact on the delivery of the service
Children & Young People's Services	Catch 22 contract in Hants	Catch 22 are currently commissioned to see a proportion of young people, primarily those experiencing substance misuse issues, on behalf of the specialist services. Through separate commissioning processes this activity will be re-provided direct therefore the contract is no longer required. No impact for young people who will receive services as before from the same provider	Risk of commissioner requesting return of the money – we are part of ongoing discussions about investment through the LTP & commissioners recognise our current investment
Children & Young People's Services	New Care Models - CAMHS	Implementation of New Care Models (NCM) for tier 4 across Sussex will release monies through reduction of admissions & investment in broader community interventions which will create sustainable reduction in unnecessary admissions. Removal at source of SIP funding	The project lead SABP are currently continuing discussions with NHSE around risk share & budget size. Risk if agreement is not reached in this financial year or if total budget is insufficient
Children & Young People's Services	Hants accommodation	Re-basing the mandated sites within & across Hampshire. If able to identify suitable sized premises in Eastleigh the quality & access will be improved. Moving from Aldershot would support securing premises suitable for delivery of CAMHS services	Risk if commissioners are unwilling to negotiate to release the Trust from the mandated premises this will remain as a cost pressure for the service
Children & Young People's Services	Secure Stairs	Establishing national secure stairs programme across Sussex. Removal at source of SIP funding. This will improve the quality & standard of care for children under secure orders in the 2 children's	Risks are removal of project & NHSE funding & failure to deliver the project on time. Should the West Sussex secure home not re-

		homes in Sussex	open then the contract would need to be renegotiated. Failure to retain staff will put the project at risk
Children & Young People's Services	Single Point of Access	Introduce a multi-agency single point of access (SPA) for referrals in East Sussex & to create a broader shared set of onward services for low level interventions. Removal at source of SIP funding. Quality will be improved & young people won't have to repeat their story or be referred to multiple services in order to access intervention	Risk of failure to secure appropriate IT solution, failure to secure additional staff & risk that Local Authority spending cuts could potentially reduce capacity in emotional wellbeing team
Children & Young People's Services	Youth Service expansion	To expand the current youth pilot to include a hub in both Eastbourne & Newhaven/Peacehaven. Removal at source of SIP funding. Quality will be enhanced by increasing access through drop in service provision to 14-25 year olds. Young people can access a wide range of services from a single point	Risk of inability to secure appropriate premises. Quality will be impacted if there is not full engagement of agencies across the wider network
Children & Young People's Services	Extension of A&E Liaison (West Sussex)	Extension of existing hours of A&E Liaison in West Sussex & removal at source of SIP funding. Will enhance & support the delivery of the urgent help service & work with the new care model to reduce admissions	Risk if fail to deliver contract or fail to secure appropriate staffing to extend hours
Children & Young People's Services	GP Pilot	Extension of GP pilot in West Sussex to provide ADHD sessions through primary care. Removal at source of SIP funding. Will positively impact the current service provision by increasing available medical time, engaging GPs more widely in children's mental health & delivering services closer to home	Risk if fail to deliver contract and of inability to secure GP sessions
Children & Young People's Services	Forensic CAMHS (Hants)	Re-securing Forensic CAMHS services budget for Hampshire. Removal at source of SIP funding. The service impacts positively through supporting young people in the community	Risk of failure to secure required additional funding – this is already in negotiation & required amount has been clear from outset
Children & Young People's Services	Training fund (Hants)	Hosting training fund. Removal at source of SIP funding. Will enhance quality of service provision through developing skills & staff	Risk of failure to secure training providers
Children & Young People's Services	Special Care Packages (Chalkhill)	Re-charge to NHSE prior to NCM for additional care packages offered to patients at Chalkhill. Removal at source of SIP funding. Neutral impact on quality	Risk of failure to recoup monies from NHSE
Forensic Healthcare	Decrease shifts covered by all agency staff	Reduction in agency staff replaced with permanent or regular Trust staff will increase the quality of patient care as well as being more cost effective	Risk if staff leavers were to outnumber staff recruitment. Risk if increased clinical demand such as observations require resources beyond staffing capacity
Forensic Healthcare	Commissioning of 78 Crawley Rd alignment of flats/wards pricing	Local commissioning to reduce the amount of Sussex & Surrey patients being transferred out of area improving patient experience	Risk that less flexibility re selling beds to external market therefore reliance on local region demand. Reliance on agreement between a collaboration of CCGs within Sussex/Surrey area
Forensic Healthcare	Pilot of national community secure care service	A model of comprehensive community care that promotes recovery & should reduce length of stay in inpatient services thus expediting re-engagement with community & social networks	Risk as this is a pilot it may not result in expected outcomes. Any delay/difficulty in recruiting may affect pilot results. Risk that the bid

			or elements of the bid may not be accepted
Forensic Healthcare	Secure transport reduction	Cost effective approach to patient transfers & court appearances. Utilising technology such as video conferencing reduces the anxiety of attending court & improves public safety. Utilising existing internal Trust transport if risk assessed as appropriate	Alternatives to secure transport require cooperation & agreement from the criminal justice system. SPFT staff taking responsibility for transporting patients & the risks associated with this
Forensic Healthcare	Staff travel reduction	Reducing staff travel time frees up more time for staff to care & have patient contact	Risk that poor signal with skype at some sites may affect the quality of communication
Forensic Healthcare	MSU drugs reduction in spend	Utilising prescribed medication in line with best practice that is cost effective as advised by lead pharmacist	May be lack of awareness or reluctance from prescriber to consider costs when prescribing resulting in the use of expensive medication with no evidence based treatment benefit
Forensic Healthcare	HMP Lewes reduction in smoking cessation costs	In line with Public Health England & NHS health promotion agenda re smoking cessation which significantly improves physical health outcomes. Provides patients with comprehensive alternative treatments to smoking. Reduction in costs directly covered by SPFT	Risk that may lead to increased incidents with HMP Lewes
Forensic Healthcare	Decommission "Inspire" women's project sub contract - PCLDS	In line with Sussex police who have chosen an alternative service to Inspire to provide follow up support for women in custody suites across Sussex. It is felt a better service will be offered to women in custody improving their experience & support	Risk that it takes time to develop effective working relationships with new partner agencies
Forensic Healthcare	New business development – development of IIRMs service across Surrey & Sussex.	Collaborative multi agency approach to managing high risk offenders with personality disorder within the community	Risk of recruiting the required staff with the right expertise to support the service
Learning Disabilities	Recharging for specialist assessments/interve ntions for people outside Sussex	Create a strategy that will support the recharging of costs of treatment to 150 people with LD who are placed in West Sussex by other local authorities. There will be no impact to the patient experience	Risk that other local authorities will not reimburse cost of treatment
Learning Disabilities	Block purchasing Selden beds	Agree block purchasing arrangement with Sussex CCGs for Selden beds to include the need for additional staffing for an intensive support area to enable crisis admissions. Quality of service will be enhanced	Risk if not all 10 beds are occupied that full savings will not be realised. Commissioners have not yet agreed pricing model
Learning Disabilities	Development Selden/PDCA outreach	Develop short term outreach provision to support people living in the community to prevent admission or support people to be discharged from hospital	Spot purchasing arrangements or unable to staff safely. Governance of outreach arrangements unable to be agreed, unable to support such a flexible model
Learning Disabilities	Secure West Sussex contract	Removal of SIP funding at source for West Sussex contract. Quality of service will be enhanced when contract goes forward as it will allow for improvements in service delivery	If the contract does not go ahead there will be a risk to the delivery of SIP, however, there is no indication that this is a possibility
Learning Disabilities	Growth plans for community enhanced services via Transforming Care Partnership	Working with commissioners & NHSE to increase capacity in community teams to provide enhanced support to the Transforming Care cohort pan Sussex. Aims to reduce unnecessary admissions & reduce length of stay	Risk that commissioners & NHSE do not invest in community teams & unable to recruit to posts

2.4 Summary of triangulation of quality with workforce and finance

The Trust Executive Assurance Committee (EAC) brings together in one place the sources of data it needs to ensure on-going assurance that Sussex Partnership has robust systems which supports delivery of the trust's goals, management of principal risks and compliance with legal and regulatory requirements. Where gaps in assurance are identified, the Committee will ensure corrective action is taken.

The Committee triangulates information and data e.g. complaints, KPIs, Training, Safety Data to identify hot spots that require further assurance and or remedial action. Performance of the Care Delivery Services will be monitored through a monthly Care Delivery Service Assurance meeting that will report to the Executive Assurance Committee and provide the CDSs with a rating for both quality and financial performance.

The Trust has a system of Safety and Compliance Inspections in place and this is acts as part of our sources of assurance and identification of risks. The outcomes of these are routinely reported to the EAC and in addition to this the Trust Board has visited every site where there is a CQC Compliance notice to check progress with improvements.

We produce a monthly Quality Performance Dashboard that sets out the performance of each service, as well as for the Trust as a whole, that triangulates performance across a number of headings set out below.

Table: Quality Performance Monitoring Domains

Efficient - Responsive	• Waiting times: 28 days to routine assessment • Delayed transfers of care • Gatekeeping of admissions to inpatient units • ECRs: External Bed Days Purchased
Value for Money – Well Led	• Sickness Absence Rate • % Staff Completed Mandatory Training • Agency and temporary staff costs as proportion of Pay Bill • Performance YTD against income & expenditure budget • CIP YTD actual against plan
Quality - Safety	• 7 Day Follow-ups • Serious Incidents reported in period by Level 1, 2 and • Serious Incident Reports completed & submitted within 60 working days
Quality - Caring	• Patient Experience • CPA Reviews in 12 months • Payment by Results Re-assessments • Complaints received in period • Complaints responded to in agreed timeframe
Data Quality	• Data completeness : MHSDS identifiers and outcome

3. Workforce planning

As a Trust we recognise that patients experience our services on the ground through our staff, led by our Care Delivery Services (CDSs). Ensuring a strategic approach to our workforce is therefore an integral part of the delivery of excellent services to our patients, carers and partners. The Trust's Workforce Strategy 2015 – 2020 was developed in consultation with our staff to deliver our 2020 vision and strategic goals, in line with the Trust Values. This is in the context of a shifting and challenging external environment, tight funding for the NHS and the need for major changes in the way in which health care is delivered. It takes into account the NHS Constitution's Staff Pledges, as well as other national standards, trends and policies, The Carter Review and the development of Sustainability and Transformation Plans (STP's) to implement the Five Year Forward View.

The Strategy enables the delivery of the Trust's key strategic goals to deliver outstanding care and treatment. Achieving Our 2020 Vision relies on our ability to implement and sustain effective people management strategies at every level of the organisation.

The Strategy has seven key programs of activity to ensure that the Trust can meet the challenges ahead whilst continuing to develop and thrive. The programs are:

- Resourcing and workforce Planning
- Organisational development and cultural change
- Improving people management systems and workforce information
- Developing sustainable terms and conditions
- Developing the People Directorate to support the delivery of the Workforce Strategy
- Performance, reward and recognition
- Leadership, management and staff development

With the introduction of CDS workforce planning has become more localised and each CDS has a local workforce plan incorporated in their annual operating plans which include their workforce metrics and strategies to address areas of concern such as high levels of vacancies, staff turnover and sickness.

Key to both the CDS and Trust-wide workforce plans is taking into account the potential impact legislative changes and policy developments will have on the Trust, including the introduction of the apprenticeship levy, the changes to bursaries for NHS nursing and allied professional bursaries in 2017, and the decision to exit the European Union.

In alignment with the Five Year Forward View, in 2017/18 the improvement of productivity, the transformation of our workforce and new ways of working will also be supported by the work being undertaken in our Clinical Academic Groups (CAG's) who are responsible for the development of evidence based clinical pathways across services.

The work of CDS's and CAGs links in directly with the Workforce Executive Committee, attended by Clinical Leads, Education and Training and operational managers. The purpose of the Committee is to triangulate and drive workforce plans on a strategic level and it is key in supporting those leading on patient Leadership initiatives, supporting the strategy to widen the introduction of peer support workers, pilots introducing new roles and new ways of working. The committee also covers workforce commissioning plans which are linked and agreed with our Education partners, our local universities and Health England Kent Surrey and Sussex. We are also working closely with Sussex and East Surrey Sustainability and Transformation Plan and our four local place based structures.

A monthly workforce report, detailing progress on the 7 key workforce programmes, and highlighting areas of risk such as high levels of turnover and sickness, is considered by the Trust's Well-Led and Workforce Committee The report provides a high level overview of the key workforce metrics to assure the Committees, and the Trust Board, of the safety and sustainability of our workforce. In addition, local workforce reports are submitted and scrutinised at CDS team meetings and the Trust's monthly performance contract meetings. Exceptions are discussed in depth and solutions are agreed with local managers and clinicians in line with our values to ensure decision making is retained locally.

The triangulation of workforce indicators and quality data takes place at the EAC but also monthly performance contract meetings where areas of risks can be identified. For example poor patient and staff satisfaction being a result of high levels of staff sickness and poor staff morale etc.

In 2018/19, the main areas of focus for workforce change will be the implementation of the Clinical Strategy in the context of improving mental health provision across the local health system, continuing our culture change journey supporting staff to be the best that they can be for our patients and helping staff to be productive in delivering high quality and value for money services within the resources available; we must also create the conditions for ensuring we have a sustainable, stable, resilient, healthy and engaged workforce with the right skills to deliver the best outcomes for patients. This will be challenging not only because of the particular personal demands placed on psychiatric care workers and those in supporting roles as service pressure and expectations increase but also because of the requirement to reduce costs in what is fundamentally a people business. The expected efficiency savings specified in the planning guidance need to be delivered in the context of a mismatch between funding of mental health provision and the commissioning of local services through our healthcare system.

Work to transparently rationalise funding of mental health services to deliver the priorities described in the 5 Year Forward View for Mental Health across our local sustainability and transformation partnerships is not yet completed. Creating the workforce for tomorrow has to start today and there is a risk that unless system level decisions are made about the shape and type of mental health, physical health, social care and housing services required across acute, community, mental health, local authorities and the voluntary sector, the Trust workforce will be unable to deliver the care need by our local communities. However, the Trust will focus on the following key workforce areas during 2018/19 in addition to business as usual activities:

- Deliver the workforce elements of the Clinical Strategy, prioritising the creation of new roles (including peer support workers, Nursing Associates and Graduate Mental Health workers), developing teams and supporting wellbeing (securing QIPP funding)
- Reversing the increasing trend of staff turnover and agency spend, retaining our clinical staff for longer and creating career pathways against which staff can have develop within the Trust and experienced staff are able and willing to extend their working lives; we will continue to engage with NHSI around the Retention Support Programme
- Converting our rebranded employment proposition based around or culture and our CQC outstanding rating for caring into net positive recruitment across all clinical groups, with a lean and effective recruitment and on-boarding process
- Using our Well-Led & Workforce Committee to support our journey to an 'Outstanding' CQC rating, applying the highest standards to the completion of statutory and mandatory training, appraisals, leadership development, talent management and apprenticeships
- Developing our organisational development and quality improvement capability across the workforce as key drivers for culture change and workforce engagement, accessing system based workforce development and other collaborative opportunities through Health Education Kent, Sussex and Surrey
- Raising productivity and reducing unwarranted variation with a particular focus on corporate services, mobile technology, e-rostering (with the support of the NHSI Rostering Support Programme) and medical job planning
- Reducing workforce inequalities, increasing workforce diversity particularly at senior levels and addressing issues arising out of the gender pay gap particularly around encouraging women to apply and be considered for Clinical Excellence Awards

Summary reconciliation with Service Improvement Plans (SIPS)

- The financial plan assumed a reduction of 89 wte, as set out in the table below.

	Workstream	WTE Impact	Total SIP Identified
Pay	CDS Clinical Pay savings	2.0	85
Pay	CDS Inpatient wards agency conversion	-	426
Pay	CDS Inpatient wards sticking to budgeted levels	19.0	818
Pay	CDS Management pay savings	1.7	72
Pay	CDS Medical agency conversion	-	1,032
Pay	CDS Service closures	24.2	1,040
Pay	Estates Pay savings	3.5	150
Pay	Support Services Pay savings	13.0	559
Pay	Trustwide Non Recurrent Pay Savings	26.3	1,130
Pay	**Total Pay**	**89.6**	**5,312**

The 26 wte identified as non-recurrent pay savings will be achieved through proactive management of vacancies in Operational Services in the short term, and then converted into recurrent pay savings through delivery of the clinical strategy. Although the detail of the impact of the clinical strategy is still being worked through, this work will be finalised by the end of Q1.

The Director of HR and OD post has been covered on an interim basis since October 2017 and a new appointment will be made in March 2018. With the appointment of the Digital Director and Director of strategy, this will complete the appointments to the new Executive team. A full board development programme is planned for 2018/19.

4. Financial planning

4.1 Financial Forecasts and Modelling

The Shared Planning Guidance for 2018/19 confirmed the continuation of the requirement for commissioners to spend at least the equivalent uplift in their allocations with mental health services, as well as the continuation of a net 0.1% income inflator for clinical contracts.

For the purposes of the plan we have assumed that the Trust receives 1.3% income growth (£2.0m) from Sussex CCG's to contribute to existing cost pressures and the underlying deficit within our block contract. At present this has not been agreed, but is being discussed during contract negotiations. Should this amount not be received by the Trust, it would need to be met through service reductions to ensure the level of service is right sized. Alternatively this could be met through a further reduction in the control total, in conjunction with a financial recovery plan to be jointly delivered with commissioners.

With regards to pay, the pay offer for 2018/19 has not yet been agreed. Therefore we are assuming that the Trust will need to fund the same pay rules that applied in 2017/18 - this means that we have assumed 1% pay inflation for all staff, as well as the payment of increments for all staff that are entitled to receive one. Overall this represents a 2.0% uplift for pay in 2018/19. Any increases to pay costs above this will be met nationally and therefore have been excluded from the plan.

The Trust has assumed that overall non-pay inflation will be 2.5% in 2018/19, which is made up 2% non-pay inflation, and 0.5% related to known cost pressures.

Based on the above, the CIP requirement is 4.0%, which would grow to 4.9% if the Trust does not receive additional income from Sussex CCG's.

A summary of the inflationary assumptions that are included in our plan are set out below -

Category	%	Comments
Net Income inflation	0.1	National income inflation
Sussex CCG Contract Growth	1.2	Income increase related to underlying contract deficit
Pay Inflation	1.0	Assumed national pay inflation
Pay Increments	1.0	Calculated impact of increment increases
Non Pay Inflation and Cost Pressures	2.5	Expected inflation and cost pressures
CIP Requirement	4.0	Calculated efficiency requirement

Risk to Control Total

As set out in our Annual Plan, in order to deliver our Control Total the Trust needs to deliver an internal savings of £10.8m (4.2%), to secure an additional £2.0m funding from Sussex Commissioners, and to ensure delivery of the estimated £3.0m of savings related to specialist placements, which will be the Trust's responsibility from 1st April 2018.

The key risks in delivering the Control Total both in relation to securing additional funding and delivering the internal SIP plans are as follows:-

- Closing the £2.0m contracting gap
- Delivery of internal £10.8m SIP plan
- Minimising the use of external placements
- Impact of new pay award in that the Trust may not be fully compensated for the increase
- Delivery of 2018/19 CQUIN projects
- NHS Property Services – outcome of current discussion
- Delivering £3.0m of savings related to specialist placements

Income & Contracts

The Trust is working with commissioners to close the £5.0m funding gap to deliver the Control Total. The Trust has received a revised contract offer on the 30th April that closes £3.0m of the funding gap, which has been reflected in the final plan.
The offer includes transferring the Specialist Placement Funding to the Trust, based on the 2017/18 out-turn of £11.5m. The collective work on this has identified potential net savings (after taking account of the cost of the multi-disciplinary team to deliver the savings) of £3.0m.

Although, the offer includes growth of £1.9m, this has been reduced by non-recurrent funding of £1.8m and therefore at the moment only provides the Trust with an uplift of £0.18m.

The commissioners have identified a further £1.0m from the Mental Health Investment Standard. However, funding will need to be used to deliver STP priorities and new services and therefore will not result in closing the underlying funding gap.

This therefore still leaves a £2.0m gap to deliver the Control Total, options now being pursued to close the gap are as follows:-

- To continue to negotiate with commissioners for additional funding
- To discuss service reduction with commissioners to close the gap
- To discuss reduction in the Control Total with NHSI

In addition to the above, the Commissioners have agreed a risk share arrangement regarding the cost of any external placements incurred during the year.

It should also be noted that the Trust is actively pursuing up to £7.4m of additional income from Sussex CCG's related to the implementation of projects outlined in the STP Carnall Farrar Mental Health Strategy report and Five Year Forward View for Mental Health. Currently discussions are at an early stage regarding values and timing, therefore the impact of this has been excluded from income, expenditure, and workforce. However, it should be noted that the assumption is that any income received will be spent in year, therefore there is no positive financial benefit from the investment in 2018/19, although savings will be generated in future years.

4.1.2 Income

Overall the Trust's turnover will increase by £8.9m in 2018/19 (from £251.5m to £260.4m).

The major reason for the increase is an additional £11.5m of income related to the transfer of responsibility for Specialist Placements. It should be noted there is £8.5m of expenditure related to this.

Despite the impact of the loss of £6.4m of income related to the Kent CAMHS service, which ended in September 2017, this is off-set by an additional £2.0m from Sussex CCG's, which is currently being negotiated, as well as an increase of £1.6m of STF income and £2.1m of income CIP. The key movements are described in the table below -

Description	**Value £m**
Closing Value 2017/18	**251.5**
Less	
Non Recurrent Sussex CCG income	-1.8
Non Recurrent Winter Pressure income	-0.3
Kent CAMHS income in 17/18 but not 18/19	-6.4
17/18 STF Income	-0.4
Plus	
Specialist Placement Income	11.5
Net Inflationary Uplift	0.2
Additional Sussex CCG Income	2.0
18/19 STF Income	2.0
Income CIP	2.1
Closing Value 2018/19	**260.4**

4.1.3 Clinical Income

Given that the planning guidance confirmed that NHS England and CCG's will receive additional income in 2018/19, with the guidance stating that this growth should equate to an increased investment in mental health by at least the corresponding value, as part of the drive for parity of esteem for mental health, this has provided the opportunity for the Trust to negotiate additional income for 2018/19.

The major reason for the increase is an additional £11.5m of income related to the transfer of responsibility for Specialist Placements. It should be noted there is £8.5m of expenditure related to this.

The Trust is currently negotiating with Sussex CCG's a 1.2% increase in funding to contribute to existing cost pressures and the underlying deficit in the block contract, which equates to £2.0m in 2018/19. We have assumed that this income will have no costs associated with it. We have also included £0.2m of additional income related to the 0.1% national inflationary uplift, as well as £2.1m of additional income related to STF.

These increases will be off-set by the removal of income received in 2017/18 that won't be received in 2018/19. £1.8m from Sussex CCG's, £0.3m relating to Winter Pressure Funding, £6.4m related to Kent CAMHS (the Trust stopped providing the service in September 2017), and £0.4m related to STF.

The value of CQUIN will remain at 2.5% of our main clinical income contracts, which is equivalent to around £5.3m per annum. We have assumed that all of the CQUIN will be achieved. Risk on CQUIN is addressed in the sensitivity section below.

We have not included in the plan any additional income associated with the implementation of the Five Year Forward View for Mental Health, or additional investment related to projects identified in the STP Carnall Farrar Mental Health Strategy report, as at the time of writing there is not sufficient detail to reflect this. However, any income received would be utilised for service provision, so there would be no bottom line impact to the plan.

The Trust is also involved in Wave 2 of the New Care Models for Secure and Forensic and CAMHS, with the Trust being the lead for Secure and Forensic. The Trust has assumed that no income or expenditure is received relating to this in 2018/19.

4.1.4 Pay

The projection for pay costs over the next year is aligned to the Trust's workforce plan, with pay costs expected to reduce by just £0.1m 2018/19 (from £196.9m to £196.8m). As pay costs form a significant percentage of operating expenditure, there will also be continued focus on pay costs over the plan period in order to make efficiency savings. A summary of the movement on pay is shown below –

Description	**Value £m**
Closing Value 2017/18	**196.9**
Less	
Kent CAMHS pay in 17/18 but not 18/19	- 5.7
Pay CIP	- 5.3
Plus	
Non Recurrent Pay CIP in 17/18	4.3
Pay Contingency	2.4
Pay Inflation and Increments	4.2
Closing Value 2018/19	**196.8**

With regards to pay inflation and increments, in the absence of an agreed pay offer for 2018/19, we have assumed that the measures in place during 2017/18 will continue. Therefore we are assuming the Trust will be required to fund 1% pay inflation for all staff, and the payment of increments for all staff that are entitled to receive one, which in total is an increase of £4.2m. We have assumed that any increases to pay costs above this will be met nationally and therefore have been excluded from the plan.

£4.3m of additional pay costs will be incurred in 2018/19 associated with non-recurrent pay savings achieved in 2017/18. A contingency fund of £2.4m will also be created to off-set potential non delivery of CIP.

These increases will be off-set by the removal of £5.7m of pay costs related to Kent CAMHS (the Trust stopped providing the service in September 2017). There will be pay CIP of £5.3m in 2018/19, related to a reduction in agency premium and various other pay CIP projects.

4.1.5 Non-Pay

During 2017/18 the Trust has seen significant pressures on non-pay expenditure, with most areas overspending against budget, which will be the focus of the Trust's cost improvement programme over the next year.

Non pay is expected to increase by £6.0m in 2018/19 (from £48.8m to £54.8m). A summary of the movement on non-pay is shown below –

Description	Value £m
Closing Value 2017/18	**48.8**
Less	
Kent CAMHS non pay in 17/18 but not 18/19	- 0.4
Non Pay CIP	- 3.4
Plus	
Specialist Placement Expenditure	8.5
Non Pay Inflation	1.3
Closing Value 2018/19	**54.8**

The major change is the inclusion of £8.5m of expenditure related to specialist placements, which the Trust is responsible for from 1st April 2018.

For 2018/19 the Trust has assumed a 2.5% uplift overall to non-pay budgets to cover the main cost pressures and inflationary pressures, which equates to a £1.3m increase.

These increases will be off-set by the removal of £0.4m of pay costs related to Kent CAMHS (the Trust stopped providing the service in September 2017), which leaves the Trust with a £3.4m CIP target in 2018/19, £2.0m of which relates to the elimination of ECR's.

4.1.6 Cash

The Trust has an opening cash balance of £37.4m, which is expected to increase slightly to £38.0m at the end of 2018/19. The cash balance increases slightly due to the assumption that the control total of £3.2m is achieved, which off-sets a net capital expenditure of £1.0m. During 2018/19, the Trust will be examining how it might invest some of this cash into new facilities including renegotiating or exiting some of its existing PFI arrangements.

Description	Value £m
Closing Value 2017/18	**37.4**
Less	
Capital Expenditure	- 10.7
Non Cash Adjustments	- 1.6
Plus	
PDC Capital Receipts	2.7
Depreciation	4.6
Disposal Proceeds	2.4
Surplus inc STF	3.2
Closing Value 2018/19	**38.0**

4.1.7 Contingency and Sensitivity

The Trust has a 1.0% contingency (£2.4m), which has been provisionally allocated to pay. It is envisaged that the contingency will be necessary to cover any shortfall on the CIP, particularly the challenging pay and non-pay reductions. The contingency also covers any unplanned costs or non-delivery of CQUIN projects.

4.2 Efficiency Savings for 2018/19

The Trust is planning to achieve a surplus of £3.2m in 2018/19 (including STF of £2.1m), as per our NHSI control total. This will deliver an overall financial rating of 1.

Although partially off-set by expected income increases, the Trust has to self-fund the impact of pay inflation and pressures, non-pay inflation and pressures, and service developments, by identifying appropriate cost improvements. In addition, a number of cost improvement schemes agreed in 2017/18

failed to deliver the planned level of recurrent savings. Taking all of these factors into account, the cost improvement target for 2018/19 is £10.8m, which is a 4.0% efficiency saving.

£5.3m of this is a pay reduction, £3.4m is non pay and £2.1m is income. The breakdown of the CIP projects is included within the financial template. The £5.3m pay reduction is expected to result in a WTE reduction of 127 WTE, although there will be an increase of 38 WTE related to the transfer from agency staff to substantive staff, so a net reduction of 89 WTE.

A summary of the CIP projects and an explanation of where the WTE reduction relates is shown below –

	Workstream	WTE Impact	Total SIP Identified
Pay	CDS Clinical Pay savings	2.0	85
Pay	CDS Inpatient wards agency conversion	-	426
Pay	CDS Inpatient wards sticking to budgeted levels	19.0	818
Pay	CDS Management pay savings	1.7	72
Pay	CDS Medical agency conversion	-	1,032
Pay	CDS Service closures	24.2	1,040
Pay	Estates Pay savings	3.5	150
Pay	Support Services Pay savings	13.0	559
Pay	Trustwide Non Recurrent Pay Savings	26.3	1,130
Pay	**Total Pay**	**89.6**	**5,312**
Non Pay	CDS Drugs		251
Non Pay	CDS Non pay misc savings		106
Non Pay	CDS Non Pay SLA's		457
Non Pay	CDS Reduction of ECR's		1,943
Non Pay	Estates Misc non pay		242
Non Pay	Support Services Non pay misc savings		134
Non Pay	Support Services Non Pay SLA's		245
Non Pay	**Total Non Pay**		**3,378**
Income	CDS contribution new income		**1,563**
Income	Estates contribution new income		-
Income	Support Services contribution new income		**548**
Income	**Total Misc Income**		**2,111**
	TOTAL		**10,801**

It should be noted that should the Trust also needs a further £2.0m of additional income to address the underlying deficit in the Sussex CCG block contract, which is currently being negotiated. Should this not be received, the CIP target will increase to £12.8m, which is a 4.9% efficiency saving.

The Trust will only be able to deliver savings targets at this level with the full support of CCGs, NHSE and across the STP for the wider health economy, as the only way these savings can be achieved is through radical service redesign and service closures across the wider health economy.

CIP projects will be aligned to the key themes of Lord Carter's Provider Productivity Work Programme, and the Trust has already established a governance and project structure to ensure the work is delivered.

4.2.1 CIP Risk Profile

The risk profile of the CIP projects is included within the financial template, but in summary the risk is –

Low Risk	£1.8m	(17% of total)
Medium Risk	£4.9m	(46%)
High Risk	£4.0m	(37%)

The main high risk schemes relate to inpatient wards sticking to establishment (£0.8m), reducing the level of medical agency staff (£1.0m), and the elimination of ECR's (£2.0m). Work is on-going to minimise the level of risk associated with these projects.

The phasing of savings has been assumed to be equal across each month of the plan.

During March and April the Trust has continued to develop the plans, project management, and quality impact assessment of the CIP projects, so that we have gone into the new financial year ready to deliver savings from Month 1.

To off-set some of this risk, the Trust is maintaining a 1.0% contingency, equivalent to £2.4m, which is held within the pay budgets and which will be used in part to off-set any underachieved CIP if necessary. Should any CIP projects not deliver savings to the necessary level, it is understood that alternative projects will need to be established immediately to mitigate any shortfall against the plan.

4.2.2 Agency Rules

The Trust continues to make steady progress in terms of reducing its reliance on agency staff, which is expected to continue over the next year. There is continued intense focus on recruitment to vacant posts, management of sickness absence, improvements in compliance with use of e-rostering and the use of temporary staff. Plans are progressing with the creation of a centralised temporary staffing office, who will centrally book all agency workers. This will increase control and compliance against the appropriate agency frameworks and price caps.

The Trust is aiming to improve its performance against the agency control total during 2018/19, which has been set at £6.6m, which is almost half of the outturn from 2017/18. Although the control total won't be achieved, the Trust still expects to reduce agency expenditure by £4.5m (£12.2m in 2017/18 to £7.7m in 2018/19). This should enable the Trust to save around £1.5m of agency premium, which is a significant part of the CIP plans for 2018/19.

We are currently achieving 99% framework compliance, and expect to get to 100% during 2018/19.

4.2.3 Procurement

The Trust recognises that improvements are needed to be made in the way that goods and services are procured, and this will be a key theme of the CIP over both years of the plan, with non-pay accounting for £3.4m of the CIP in 2018/19. The major non pay CIP project relates to the elimination of ECR's, which accounts for £2.0m of the CIP projects.

We have already begun to internally review top spending areas, which is being used to highlight the areas where further work is required. Another key theme of the procurement CIP plan is ensuring that we maximise the benefits of local and national procurement collaborations, and the Trust already has relationships with NHS Commercial Solutions, the South East Coast procurement hub, as well as NHS Supply Chain and Crown Commercial Services. During 2017/18 the Trust also appointed a joint Head of Procurement with Surrey and Borders FT, and during 2018/19 the teams will be combined to create a more resilient and effective service.

4.3 Capital Planning

The Trust's estates strategy aims to maximise the value derived from its investment in assets to create a sustainable estate. The programme of investment will seek to maximise the benefits of new technology on working practices to focus investment in patient facing facilities. The programme will continue to ensure investment in the refurbishment and replacement of existing buildings to improve functionality and risk reduction.

The Trust is planning to spend £10.7m on capital projects in 2018/19 and full details have been provided within the financial template.

It should be noted that the Trust are currently exploring potential changes to its PFI portfolio, but this has not been reflected in the plan at this stage.

4.3.1 Disposals

The Trust will continue to disinvest in surplus or non-strategic property not forming part of the longer term requirements of the Trust. The cash plan reflects the expected timing and value of capital receipts.

Disposals proceeds are expected to total £2.4m in 2018/19, resulting in profit on disposal of £1.2m

Details of the disposals have been included in the financial template.

5. Link to the local sustainability and transformation plan (STP)

5.1 Background on our main STP – Sussex and East Surrey

The sustainability and transformation partnership (STP) in Sussex and East Surrey covers a population of 1.8 million with a budget of £4bn per annum. It involves four local authorities, 8 clinical commissioning groups, 9 NHS trusts, 213 GP practices and third sector organisations. It is one of the most financially challenged STPs in England, and has a number of performance challenges.

The footprint combines large areas of relative affluence with pockets of severe deprivation, leading to very different health challenges, and substantial health inequalities. There is a larger than average elderly and ageing population across the patch. In urban areas there is high mental health need and a high proportion of looked after children and children in poverty.

Earlier this year the STP agreed 13 priorities for Sussex and East Surrey, one of which one was mental health. We have a mental health steering group consisting of STP mental health providers, commissioners and the third sector.

STP Mental Health Stocktake – key points for 2018/19	
Strategy	• Children and young people's review almost completed with good system engagement • An adult strategic framework in place, through work delivered by Carnall Farrar • The role and mandate of the STP in forming strategy and overseeing delivery not yet supported by all partners
Accountability	• Ad hoc processes have been put in place for NHSE returns on OAPs and quarterly reporting, these will be formalised for 2018/19 • STP will have a key role in monitoring performance and addressing unwarranted variation
Delivery	• Children and young people's review will lead to STP wide work on agreed themes • Initial STP wide work carried out on OAP trajectory and Beyond Place of Safety bid • Commissioner interest in STP wide approach to SPFT inpatient beds, specialist inpatient beds, workforce and accountable payment systems • The themes for the 5 year year forward view have been agreed and incorporated into the STP priorities, funding commitments are now required to deliver these

5.2 The ongoing role of Sussex Partnership within the STP and Place Based Plans

Sussex Partnership delivers mental health, Muscular Skeletal and integrated prison health services. We will continue to deliver these services as a Foundation Trust within the STP while working in close harmony with commissioners and other providers to offer joined up care for the people we serve. We believe we can bring our population based approach, whole system working experience and skills in integrated health and social care services to the STP. Along with our clinical expertise in the design of pathways and new models of care we will also use our expertise in integrated infrastructure, such as estates and IT, leadership, finance, planning and workforce to improve quality and contribute to the financial sustainability for the footprint.

As a provider of specialist learning disability services we are playing a pivotal role in the development of the Sussex Transforming Care for people with Learning Disability. These are integrated within the STP with the potential to attract transformation funding to support change.

Where Accountable Care Organisations in West and East Sussex and the Multispecialty Community Provider (MCP) in Brighton & Hove are established, we will work with those services to deliver integrated care but we will continue to employ the staff involved directly in order to maximise the benefits of our training, development, recruitment, retention, academic and research advantages.

5.3 The links between the 2017/19 plan and the STP plan

strategic framework sets out the opportunities we have to improve the lives of adults and young people with mental health conditions in Sussex and East Surrey. It benefits the whole care system. This builds on

the four areas in our case for change to improve services for common mental health conditions, psychosis, dementia and youth services (aged 14-25). It addresses the need to improve crisis services and to integrate physical and mental health. This document is linked to priorities identified in the Sussex and East Surrey STP programme, including delivery of place based plans. It also sets out our delivery roadmap to 2020/21.

We created 12 opportunity areas using national policy (including the five year forward view for mental health), local data and knowledge plus best practice evidence. These aim to promote independence, support resilience and provide care in the least intensive setting required. Each opportunity area has an associated evidence base drawing on case studies and local clinical opinion. Place based plans for dementia have been linked with relevant opportunity areas in this framework. Improvements for people who will use proposed services have been described. Enablers for these opportunities are linked to enabling STP workstreams (workforce; information and digital; accountable care; commissioning).

We assessed each opportunity for its overall health and wellbeing impact. Three opportunities have the greatest expected impact for people using services. These are integrated physical and mental health care, crisis support with improved out of hours access and housing/employment support. All 12 of our opportunities will be implemented.

There will be a £23.6m mental health financial gap in our STP by 2020/21 without implementing these 12 opportunities. This is due to an underfunded start position of £7.6m compared with the national average and pressures from demand, inflation and five year forward view investment.

Our opportunities benefit the whole care system. We will invest in the opportunity areas to eliminate the 2020/21 mental health financial gap. We will also make savings associated with reduced A&E activity (£11.7m) and reduced system variation (£9.0m). This scenario results in fewer mental health inpatient admissions, social care support and mental health A&E attendances. It also results in increased community contacts.

Implementation of opportunities are set out in a delivery roadmap, beginning with early implementation in 2017/18 for integrated physical and mental health and specialist placement reductions followed by crisis support, recovery care and suicide prevention. Other opportunity areas will be implemented between 2018/19 and 2020/21. The mental health steering group will work closely with the STP places to support dementia care delivery. We will work alongside national bodies to access support to implement our opportunities and support the transforming care agenda

STP priorities for 2018/19
We have agreed priorities for mental health with Sussex and east Surrey STP. These arranged as enabling and service development workstreams.

Service development STP workstreams

- 24/7 crisis and urgent care
- Eliminating out of area placements
- Specialist placements
- Suicide prevention
- Recovery and discovery colleges
- Housing
- Children and young people's services

Enabling STP workstreams

- Service users and carers
- Finance
- Workforce
- Clinical intelligence and accountability

6. Membership and elections

6.1 Governor Elections in previous years and plans for the coming 12 months

The Trust's Council of Governors is constituted of 32 Governors; 24 elected and 8 appointed. We have held an election every year since becoming a Foundation Trust in 2008. In 2017 we held elections for 12 positions; 5 of our categories were contested, 2 uncontested and we had 1 remaining vacancy. We welcomed 3 service user governors; 4 public governors; 3 staff; and 2 positions were not taken up.

In preparation for the 2018 election the Trust will shortly commence a tender exercise to appoint a preferred supplier for our governor elections over the next 5 years. The election next year will involve 9 positions on our council.

6.2 Examples of governor recruitment, training and development, and activities to facilitate engagement between governors, members and the public

The Council of Governors has an established Training and Development Committee, chaired by the Lead Governor/Service User Governor. The duties of this committee include contributing to governor election campaigns, assisting with governor induction meetings, organising governor development days and training initiatives and reviewing the governors' annual questionnaire. The Committee meets three times a year, and the whole council are invited to attend bespoke development sessions throughout the year. Joint development sessions are also arranged with the Board of Directors and governors are also given the opportunity to attend numerous NHS Providers events including GovernWell courses, National Workshops and their Annual Conference.

The Council of Governors has an established Membership Committee, chaired by the Deputy Lead Governor/Carer Governor where they discuss and agree engagement activities. The Committee also started a review of their Membership Strategy which will continue into 2018.

The Annual Members Meeting was held in October 2017 and gave attendees the chance to learn more about the Trust – as well as how mindfulness, spirituality, working together groups and art can help in the management of mental health. The event was held back in October and more than 60 people attended, including governors and members.

During the year Governors have attended and participated in public meetings including support groups, local organisational meetings (such as MIND), service user groups, volunteer groups and national conferences.

6.3 Membership strategy 2018-2020

Our Membership strategy outlines the Trusts vision for membership over the period 2018-2020 and builds on the success of the membership office to date. It sets out the methods that will be used to continue to develop an effective, responsive and representative membership that will assist in ensuring the Trust delivers "Outstanding Care and Treatment you can be confident in".

Through our membership, the Trust can be closer to the people who access our services and more accountable to them than ever before. Membership builds on existing partnerships and also supports new ones. Delivery of the objectives will be governed through the Membership Committee and progress tracked quarterly.

There are three objectives to the 2018-2020 membership strategy

Membership strategy objective 1: engaging and involving our members

Stakeholder engagement is of paramount importance to the Trust, enabling us to fulfil our role as a locally accountable organisation. Our own Clinical Strategy seeks to improve accountability and strengthen the collective voice of patients.

Our Care Delivery Services wish to engage with and consider the views of our members and stakeholders in the development of major service provision, planning, improvements and change. Through our membership, Care Delivery Services can develop opportunities for members to be involved in helping us to monitor and develop the services we provide.

Our engagement approaches must be innovative and we must tailor opportunities accordingly. The experience, knowledge and skills of our members will be garnered in the continued use of surveys, workshops, focus groups and the invitation to attend all public meetings. We will ensure that we engage our members with regular, reliable and clear communication on any activities concerning the Trust.

Active and sustained engagement with the community will improve governance, accountability and enable the Trust to achieve its objectives.

Engaging & Involving our Members	
1	To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities; thus improving governance and enabling the Trust to achieve its objectives.
2	To support the Trust's People Participation Team to enable a single view of the Trust, Partnership Organisations and Charity-wide engagement opportunities.
3	To encourage a partnership approach between the Trust, its membership, and other likeminded organisations, working together for the benefit of the community we serve.
4	Develop new and innovative ways to involve our members that enable them to play an increasingly active and important role in the evaluation and improvement of our services.

Membership strategy objective 2: identifying and addressing under representation
Addressing membership underrepresentation relies on establishing a connection and a relationship between the Trust and the potential member, and this connection is rooted in communicating the Trusts vision clearly.

Meeting under represented communities face to face, at events run by the Heads On and through partners allows for personal contact , the ability to answer questions and present the message in an appropriate way, through an individual who is an ambassador for the Trust.

We will strategically align our recruitment programme to coincide with other key events throughout the year, for example Pride, Black History Month and Mental Health Week to raise awareness amongst seldom heard communities and address under-representation.

Using the data we hold on our members we have identified three priorities to support us to deliver objective 2.

Identifying & Addressing Under Representation	
5	Increasing the membership of young people by; - Achieving 5% increase of members aged 16-18 - Focused recruitment drives for youth membership
6	Increasing the membership of people who identify as Transgender
7	Increasing the membership of carers, specifically those caring for people accessing mental health services.

Membership strategy objective 3: Developing Communication
Members are the vital link between the Trust and its community. We want a thriving membership community; one that is both informed and involved.

It is important to maintain a continual two-way dialogue (both formal & informal) to ensure consistent member engagement. Responding to the constantly shifting digital landscape is important if we are to meet the expectations of those who interact with us. We need to adapt our communications to meet stakeholder expectations, showcasing the benefits of membership more prominently across our communication channels and harnessing new technology.

Developing Communications	
8	To provide appropriate information to members and the Council of Governors to promote understanding and ensure they are able to make informed decisions
9	To communicate the benefits of membership and create new engagement opportunities to a wider audience.
10	To build more awareness, communication, and interaction between governors and their constituents (including events and use of social media).
11	To ensure Partnership Matters is member focused by encouraging members to share their experiences and direct how the publication develops over time