Sussex Partnership NHS Foundation Trust

Operating Plan 2019/20
(version as at 04/04/19)

Contents

1. Executive Summary and Objectives for 2019/20

Sussex Partnership's annual operating plan for 2019/20 is set in the context of our new strategy and the NHS Long Term Plan. However, **most importantly** it addresses what the people who use our services, carers, our staff and local communities tell us we need to improve in the services we deliver.

We have a track record of improving the quality of care, **achieving a rating of 'Good' by the Care Quality Commission with a rating of 'Outstanding' for the care we provide.** We have managed to live with our financial means delivering the challenging savings targets demanded by our commissioners. In 2019/20 we will continue to drive forward the implementation of our **Clinical Strategy** to improve the quality of our services. 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 for service users, carers and their families. We have agreed service development investments that will make significant improvements to the quality of patient care. These are:

- The development of 24/7 crisis resolution and home treatment services (£1.4m)
- Improving access to services through the development of new referral hubs (£0.9m)
- Opening a Psychiatric Decision Unit that will provide fast assessments (£0.9m)
- Increasing staffing for places of safety (£1m)
- Investment in children and young peoples' services and in learning disabilities services that will focus on improving access and providing intensive community support and treatment

Sussex Partnership's objectives for 2019/20

2019/20 Objectives	Deliverables & measures	Executive lead
1. Ensure participation and engagement is central to everything we do	- Employ an additional 30 peer workers - Recruit and train an extra 150 Expert by Experience volunteers - Establish a 'Working Together Group' for each hospital and community area	Acosia Nyanin, Chief Nurse
2. Improve access to care	- Mental health support available through 111 and 999 by 31/12/19 - Triage hubs operational in all adult services and all community referrals electronic by 31/03/20 - Achieve our 4 week wait targets	Simone Button, Chief Operating Officer
3. Deliver 24/7 Crisis and Urgent Care	- Clinical standards agreed by 30/06/19 - Clinical standards implemented by 31/12/19 - Increase in people supported by crisis teams - £1.4M of investment delivered in crisis services	Simone Button, Chief Operating Officer
4. Improve patient flow and community services	- New model signed off by 31/12/19 - Introduce a community caseload maximum of 35 - Reduce inpatient lengths of stay and reduce delayed transfers of care	Simone Button, Chief Operating Officer
5. Improve later life and dementia services	- Deliver the trust strategy for later life and dementia services	Simone Button, Chief Operating Officer
6. Achieve high standards of care planning and risk assessment	- 95% of service users to have up to date risk assessments and care plans - Deliver a Quality Improvement project to ensure care plans are of a high standard	Rick Fraser, Chief Medical Officer
7. Improve recruitment and retention	- Reduce staff turnover to 14.5% by 31/03/20 - Agree targeted plans to reduce staff who leave within their first two years and review retirement and return arrangements by 30/06/19	Gavin Wright, Director of Human Resources
8. Improve staff wellbeing	- Agree new support for staff with stress and musculoskeletal issues by 30/06/19 - Identify the five teams with the highest level of absence and create tailored support plans - Reduce sickness to 4% by 31/03/20	Gavin Wright, Director of Human Resources
9. Deliver efficient financial and resource management	- Achieve breakeven control total - Deliver £11.9m of capital improvements to the Trust's estate	Sally Flint, Chief Finance Officer
10. Develop our digital resources to enable focused, outcome based care	- Introduce role based digital resources - Procure Electronic Prescribing & Medicines Administration System (EPMA) - Implement e-referral & e-discharge	Beth Lawton, Chief Digital and Information Officer

2. Activity planning

The Trust operates a whole population style approach in its main contract with commissioners. Historically, the main financial activity risk has been in relation to out of area placements, where the financial responsibility has rested with the Trust. In 2018/19, the financial risk was evenly divided between commissioners and the Trust for the first time.

The need for out of area placements continues to challenge the Trust and activity plans are in place to further address this in 2019/20. Our five year modelling, summarised below, showed that without implementing a programme of service developments we would continue to rely on out of area placements and would also have high numbers of people receiving inpatient care away from their local unit in the trust.

Baseline Inpatient 5 Year Projection (without implementing service development plans)

	Occupancy rate	Average number of external overspill beds at any one time
Adult acute	97%	18.9
Functional/integrated	96%	2.5
Organic	98%	0
Intensive Care	80%	1.0
Rehabilitation	91%	5.1

The Trust's Clinical Strategy is now being implemented, under the governance of the Clinical Transformation Board, with the long term objective of providing more interventions in the community and therefore reducing the need for inpatient stays. In 2019/20, the main workstreams of the clinical strategy that will impact on activity plans are:

- The development of a 24/7 Crisis and Urgent Care Service
- Improved access to mental health services, including the development of triage hubs and integration of Trust staff within the 111 service
- Further development of the Recovery and Discovery College
- New roles/workforce strategy delivery
- Clinical Intelligence, Pathways and Outcomes project in partnership with the STP
- Delivery of transformative technology to underpin these workstreams with the investment of £3m from NHS Digital as part of the Global Digital Exemplars programme

We will continue our Trust-wide approach to addressing demand and capacity, with multidisciplinary groups established to take this work forward. These include additional analytical resources to ensure that data modelling is an integral part of options appraisals. This work has supported and continues to support:

- The introduction of clinical bed managers operating both in and out of hours to strengthen clinical prioritisation and manage flow.
- The introduction of crisis lounges, with the aim of providing help to service users with a mental health crisis over a short period and with the aim of avoiding admission to Trust services and potential attendance at A&E. These services are already in place in East and North West Sussex, and a further service will be introduced in Coastal West Sussex.
- The creation of a Psychiatric Decision Unit (PDU) in 2019/20 on our Millview site in Brighton. This service is scheduled to go live in May 2019 and is expected to reduce informal admissions.
- The extension of the successful 'Street Triage' service into Hastings and West Sussex, for which funding has been agreed.
- Additional bed capacity was created within the Trust in 2018/19 and a further 6 acute beds will come on stream in 2019/20. We will continue to assess the need for additional inpatient capacity against the Trust's strategic plan to treat more service users within the community.

- A pan-Sussex Clinical Discharge Policy will be created via a task and finish group, and its high impact actions will be monitored through the overarching STP delayed transfer of care (DToC) plan.
- The STP Mental Health Programme, which has agreed £1.3m investment for 24/7 Crisis Resolution and Home Treatment services in 2019/20

Routine Assessment Waiting Times -Waiting times for Routine Assessments remain a concern in Adult Services. Each Care Delivery Service (CDS), the Trust's business units, has an action plan in place to address waiting times which have been developed with the relevant CCG. The Trust has recruited senior analytical capacity to support the demand and capacity work under the leadership of the community workstream of the clinical strategy.

Initial analysis has identified high referral rates in specific GP practices, issues relating to the shortage of third sector provision and specific patient groups where movement through the patient pathway is a problematic. Remedial actions to date include; revised referral criteria, streamlining of the appointments booking process, additional support to triage and the introduction of text reminders.

Clustering Performance - Clustering will form a key component of the Clinical Intelligence, Pathways and Outcomes project in partnership with the STP. In addition, as part of the consultation on national Mental Health Contracts, NHS England/NHS Improvement are proposing a mandated approach based on a blended payment approach for adults and older people. This will consist of a fixed element based on forecast activity and a variable element, also based on activity and linked to locally agreed quality and outcome measures. Cluster categorisation is likely to be a key element of this activity framework. Although the Trust will not be implementing this payment approach during 2019/20, the focus on activity reporting is welcomed and will continue to be developed and monitored in year. We will improve clustering performance in 2019/20 by:
- Ensuring that Clustering is identified as a priority within each adult CDS annual plan
- The roll out of a Team Dashboard to provide greater visibility of key team metrics and to support systematic use of data by team leaders
- The development of simplified clustering guidance and additional training
- Using a Quality Improvement (QI) approach to take learning from high performing teams and roll-out to all teams.

The key activity assumptions and risks in the Operating Plan for 2019/20 are set out below:
- The Trust will continue to reduce its dependence on out of area placements by reducing occupancy levels in adult acute wards.
- The shortage of qualified nurses and medical staff will continue to be mitigated through our revised workforce strategy.
- We will continue to work with local authorities and partners to address occupancy issues arising as a result of delayed transfers of care.

Anticipated levels of performance on key targets in 2019/20

KPI	Expectation	KPI	Expectation
Delayed Transfers of Care	4.5%	Staff essential Training completed	85%
Care Plans &Risk Assessments	95%	Sickness absence rate (by March 2020)	4.0%
Care Programme Approach Reviews	95%	Agency cost as a total of overall paybill	3.5%
7 day follow up	95%	Complaints responded within 30 days	85%
Cluster Reviews	95%	Routine Assessments less than 4 weeks	95%
Early Intervention in Psychosis – treatment within 2 weeks of referral	50%	Improving Access to Psychological Therapy - seen within 6 weeks	75%

3.   Quality planning

3.1 Approach to quality improvement leadership and governance

The Trust Executive Lead for Quality and Safety is the Chief Nurse who is registered with the Care Quality Commission as the Trust's 'Nominated Individual'. The Trust has a well-established board governance structure and through its three main committees (Finance and Investment, Quality, and Audit) ensures robust oversight of service quality and safety.

The approach to quality planning has enabled the Trust to reach the overall standard of 'Good' as rated by the CQC and has achieved 'Outstanding' for care. The Trust aspires to continue on its improvement journey and has a detailed implementation plan held by the quality improvement team to ensure outstanding standards are developed throughout the organisation.

The Quality Improvement Team facilitate a programme of Quality and Safety Reviews where services work through an assessment of their standards and agree quality improvement plans to enable them to reach high standards and implement best practice learning from within the Trust and externally.

The Trust Board utilises NHS Improvement's Quality Governance Framework in reviewing and developing its quality governance arrangements. The Trust has strengthened the role of the Quality Committee in order to ensure that there is robust oversight and scrutiny of quality issues within the organisation, aligning assurance to the CQC domains and NHS Improvements Single Oversight Framework. A diagrammatic representation of the quality governance structure is set out below.

Quality Governance Structure

The Quality Committee is a standing committee of the Board of Directors. It provides strategic direction on the implementation of the CQC Fundamental Standards and assurance to the Board in relation to quality, safety, effectiveness and patient experience. It is chaired by a non-executive director and clinical directors attend to ensure a strong link between the board and lead clinicians. The Quality Committee also takes responsibility for overseeing our progress in compliance with external standards.

Through the Trust Quality Governance Structure, the Chief Nurse leads the Trust work on continually improving the quality and safety of care. This is achieved in many ways – including planning (resourcing, restructuring, commissioning, and training), assurance (periodic checks of quality through audit or quality and safety reviews), control (continuous monitoring of quality with interventions when necessary, robust clinical governance structures, good operational management, performance monitoring, taking action to bring system back into control, escalation of issues that cannot be resolved).

The Trusts Quality Improvement Strategy enhances the Quality Governance Framework through using a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement. There are 3 objectives relating to the implementation of our Quality Improvement (QI) strategy:

- Establish the QI Team and define their roles
- Embed a 'Just Culture', which underpins and supports QI
- Establish and sustain an improvement led organisation.

The Trust QI strategy has been presented to the Trust Board and now our QI implementation plan has been developed: The QI Team will consist of the core leadership team, QI trainers and coaches and data analysts. The training programme will target all staff for basic level (bronze) training and then for some staff more in depth (silver) or trainer status (gold). Regular conferences and team development sessions will support the programme as will coaches, mentors and QI trainers. QI is seen as the key enabler for our Clinical Strategy, which is the Trust's priority as we move towards 2020. Our Digital Strategy will support this process and a central location for QI on our intranet (QLife) has been identified to fulfil this role so we can monitor projects, support progress, share learning and celebrate success.

The Trust's Chief Medical Officer who is the also the Director of Quality is the Executive lead for the implementation of the Quality Improvement Strategy.

3.2 Quality concerns and risks
The Trust has identified four areas of risk in relation to the quality of services, these are (i) Demand and capacity; (ii) Patient flow; (iii) Clinical workforce; and (iv) Care planning. More information on each is below.

Demand and capacity; and patient flow - These are linked risk areas and represent a major part of the trust work programme for the year ahead. The Trust established its Patient Flow Steering Group (PFSG) in January 2018 and identified a number of core objectives to improve the quality of services and improve effectiveness and efficiency. The Trust worked with the STP to commission detailed modelling of demand and capacity and activity across the mental health system against a number of scenarios to demonstrate potential impact on overspill and acute ward occupancy over a five year projection. A Data Analysis Group was also convened at this time to ensure that the scope and scale of the activity throughout the mental health system could be more fully understood and that robust and relevant data could be made widely available to engage across the whole of adult services. The output of this group has a major piece of quality improvement work for 2019/20.

The quality improvement areas of improving patient flow include:

- Further reduction in the mean Length of Stay across the acute wards
- The development of a Psychiatric Decision Unit
- Crisis Resolution and Home Treatment Teams to increase treatment and responsiveness (24/7)
- Delayed Transfers of Care (DToC) are maintained at 3.5%
- Additional capacity for acute adult beds (Meadowfield and Langley Green)
- Permanent implementation of the Street Triage function in Brighton and anticipated reduction in incidence of S136 by 30%

Clinical workforce – Workforce Planning (section 4 below) provides more detail but the key quality workforce issues relate to the recruitment and retention of clinical staff particularly medical staff in West Sussex and in Children and Young People's services. We have a strong recruitment and retention plan and have campaigns for medical and nursing staff along with close working with the local clinical education centres to ensure the smooth flow of student nurses and doctors into permanent positions within the trust.

Care planning - We have targets of 95% for the completion of care plans and risk assessments. The trust has struggled to hit this target, partly due to compliance and partly due to recording. This risk will be managed through a quality improvement project, performance and quality monitoring; and staff development. Compliance will be reviewed through monthly meetings with all services.

3.3 Nationally mandated learning and initiatives

Learning from relevant national investigation - 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. The trust has implemented changes based on national learning such as a programme to further develop the culture in the organisation to one of learning and ongoing development. This has meant implementing a Freedom to Speak Up initiative that includes changes to policy and training sessions for staff. It encourages staff to raise concerns without fear of repercussions to ensure open discussion regarding quality. We are also implementing a Just Culture approach where mistakes are taken out of the disciplinary arena and into the scope of learning and development.

Learning from deaths - It is important to learn from serious incidents including any deaths that occur when people are in contact with our services. In terms of scrutiny and assurance, Sussex Partnership has a clear process of initial screening (case record) review of all deaths; a criteria which enables the allocation of timely and proportionate Mortality Reviews; two tier sign off of all mortality reviews and finally a Mortality Scrutiny group. The Team Leader for Mortality is responsible for sharing learning with the teams. To date 32 Mortality Reviews have been completed and our early learning themes are as follows:

- There is a need to ensure annual health checks are completed for people with a diagnosis of serious mental illness which includes standard blood tests for blood sugars, cholesterol, weight, height and BMI. This is to ensure if the risk markers for metabolic syndrome are present or developing, then appropriate intervention can be offered.
- There is a need to ensure blood tests are completed and followed up and there needs to be clarity as to where this responsibility sits between secondary or primary care services.
- There is a need for clarity in regards to shared care responsibilities between general hospitals and Sussex Partnership
- There is a need for better co-ordination of care when patients present with both complex physical health and mental health needs.
- Good practice has been identified in relation to family involvement in care and good coordination and person centered care for both mental health and learning disability.

Infection prevention and control - We are committed to the prevention and control of Health Care Associated Infections (HCAI) including MRSA and clostridium difficile. We have a supported education package and role specific profile for practitioners in all care delivery services. We have an Infection Prevention and Control Committee and work collaboratively with Public Health England and our CCG colleagues. We have implemented anti-microbial stewardship 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). As a specialist mental health Trust, prescribing of anti-microbials is restricted to inpatients only.

Suicide prevention is a priority workstream in our Clinical Strategy. Sussex Partnership holds the view that the suicide of those in our care should always be seen as having been potentially preventable at some point in a person's mental health journey. We have therefore adopted a 'Towards Zero' suicide approach, which will constantly strive to eliminate suicide for all people in our care. A 'Towards Zero' approach views all suicide as having been potentially preventable if something was done differently in a person's life journey and therefore seeks to strive to learn from events, and improve care and practice, in a constant attempt to reduce the number of suicides of people in our care to zero. It may not mean that we will ever eliminate suicide completely, but we will continually strive to do so. This year's actions will include:
- A focus on suicide prevention within our inpatient units
- Embedding of the 'stay alive app' into clinical practice
- Mandatory training packages (e-learning) for all staff
- A commitment to 3-day follow up after discharge from our hospitals, in light of the recommendations on Suicide Prevention from the Government's Health Committee that all service users discharged from inpatients should be followed up in three days.

Eating Disorder Services – Sussex partnership offers a range of eating disorder services. Chalkhill Hospital in Haywards Heath provides inpatient care for young people who require inpatient assessment and treatment in an open setting. Family Eating Disorder Services are provided by the trust in Hampshire and Sussex. We provide evidence based interventions for adults, children and young people with mental health difficulties, in the case of children and young people this is in their families. Services are provided through a range of pathways which have been developed to be flexible, varying according to local needs and the differing configuration of other supporting services across the wide geographic base. Some further key developments for the year ahead will be establishing an eating disorders Clinical Academic group covering adults, children and young people to ensure we adhere to national standards. We will also review and update treatment pathways, establish group based CBT for bulimia in accordance with NICE guidelines and work closely with the Royal College of Psychiatry eating disorders quality network.

3.4 Engaging clinical staff in our quality improvement programme - The Trust's Quality Improvement approach is set out in the section above on governance, it is also a quality improvement priority for the Trust through its adoption by front line clinical staff. There have been a number of QI improvement projects undertaken in 2018/19 and we will scale these up throughout 2019/20 and publicise the outputs for wider learning throughout the organisation. The key specific QI projects presented to the Quality Committee and agreed as priorities are: Towards Zero Suicide; Care Planning; Specialist Placements and Patient Flow.

3.5 Participation and engagement - Sussex Partnership has a participation strategy that is underpinned by annual implementation objectives. We use recovery as a guiding principle, inspiring hope and supporting people to achieve their goals and live meaningful lives. Involvement and participation activity should explicitly support an individual's recovery. To do this well there need to be clear roles for services users, equality of access to them and training and support to undertake them. This model also seeks to influence the culture of an organisation moving it towards one where the voice of service users is loud and influential in their own care, the delivery of current services and the design of those for the future.

We are using this model to develop participation work at the Trust and have set a clear associated quality improvement plan for the year ahead comprised of:

- Working together groups – ensure a Working Together Group is in place for each acute hospital with a corresponding group in the community for the area it serves.
- Peer workers - deliver 2 cohorts of the apprenticeship programme for peers and double the number of peers working within the Trust to a total 60
- Service user and carer equality and diversity – deliver one service improvement project in each of the adult CDS addressing an area where participation does not reflect the population
- We will recruit an extra participation worker in each adult CDS enabling additional staff engagement workshops and to sustain improvements on the use of patient experience data.
- Expert by Experience Programme – deliver 12 Introduction to participation courses, developing 150 new Experts by Experience in the process. This will achieve EBE representation in 100% of the key decision making committees in the Trust.

3.6 Summary of the quality impact assessment process and oversight of implementation

The trust has an established quality impact assessment process which identifies the key quality issues associated with savings plans and mitigates risks to quality. The trust seeks to achieve service savings through positive change by eliminating waste that can actually be associated with improvements to quality. An example has been the objective of reducing out of area placements where there is a financial saving as well as service users experiencing a better quality service by being treated nearer to home.

In terms of the actual Quality Impact Assessment (QIA) process, the Trust begins with a very early identification of service improvement savings in December. These are generated by operational services through a bottom up approach and shared as an early draft. The ideas are worked up further with support from corporate and professional leaders and then presented to a special session of the Operational Management Board in January. At this session service and clinical directors are able to peer review and ask questions of each other's schemes with inputs from executive team members and corporate colleagues.

At the end of January our Care Delivery Services CDS produce their first draft annual plans. CDS plans are then reviewed by the executive team before being signed off for implementation. At the stage where the service improvement plans are agreed for the Trust as a whole, QIAs are then reviewed by the Chief Nurse and Chief Medical Officer. A summary of the QIAs are reported to the Quality Committee with organisation wide issues identified. For 2019/20, key performance indicators are being developed to underpin the QIAs, these will be regularly reported to the Quality Committee and Board.

Possible Quality Impact Considerations to Consider for Savings Schemes		
Patient safety	**Clinical effectiveness**	**Patient experience**
What is the impact on patients?	Does it implement evidence based practice?	Is there a specific impact on people of particular race, gender, age, disability, sexual orientation, religion or belief
What is the impact on partner organisations and shared risk?	What is the impact on clinical leadership?	
Will the scheme impact on the duty to protect children, young people and adults?	Does it reduce or have a negative impact on variations in care provision?	What is the likely impact on the self-reported experience of patients and service users?
Will it affect the reliability of safety systems and preventable harm?	Does it affect supporting staff to stay well?	How will it impact on the patient choice agenda?
What is the impact on clinical workforce capability care and skills?	Does it promote self-care for people with long terms conditions?	How will it impact on the compassionate and personalised care agenda?
Does it lead to improvements in care pathways?	Does it eliminate inefficiency and waste by design?	How is the scheme likely to impact on complaints and plaudits?

4. Workforce planning

As part of its workforce planning process, each Clinical Delivery Service (CDS) develops an annual workforce plan which subsequently feeds into an overall budgeted Trust plan. The management of vacancies and recruitment is monitored on a monthly basis through the Operations Board, bi monthly at the Trust Board as part of the Quality improvement and Assurance report and at the CDS Quarterly Quality Assurance meeting. In addition, on a quarterly basis the Trust's Finance and Investment Committee reviews progress on how our inpatient units are using their available resources optimally to reduce agency spend and improve quality of care.

To support workforce planning, the Trust has a Workforce Strategy which was agreed by the Board in November 2018. This aligns closely to the Clinical Strategy and provides a clear direction around the key actions the Trust needs to take to realise its workforce plan. The strategy has five work streams; (1) Building on our approach to effective recruitment and retention, (2) Developing new ways of working, (3) Developing our approach to staff wellbeing, (4) Further developing our desired culture and (4) Workforce performance and development.

Like other NHS Trusts there are considerable workforce challenges both at a local and STP level and the most significant of these are summarised in the table below: Recruitment and retention of qualified nurses remains a constant theme as does the recruitment of Consultant Psychiatrists, which in turn results in increased bank and agency usage if not addressed.

Description of workforce risk	Ensuring we are able to effectively recruit and retain staff to ensure our workforce is well and healthy
Impact of risk	High
Risk response strategy	- Mental health workforce strategy - Creative use of new roles - Active national nurse recruitment campaign - Actions linked to NHSI retention initiative - Agency reduction project - Revised Workforce strategy - Medical recruitment campaign
Timescales and progress to date	**Progress to Date** - Trust Workforce Strategy agreed at Board in November 2018 - New roles developed and being implemented - Currently recruiting to 373 vacancies – good pipeline of candidates - Staff retention improving. November 12 month rolling average was 15.4% against target of 15.5% - Use of temporary staff fallen to circa 10% of which 3% is agency - Agency expenditure fallen from £1m to £0.5m per month over the last year **Ongoing Actions** - Develop plan to reduce number of individuals who leave within first two years based on analysis undertaken in Q4 of 18/19. (June 2019) - Review current staff retirement and return arrangements and develop plan for updating arrangements if required. (May 2019) - Review current arrangements in place for supporting staff with stress and musculoskeletal issues and develop action plan as required (August 2019) - Continue to achieve identified trajectory for recruitment of apprentices into specific staff groups - Work with the identified leads for each of the four new role categories to develop further recruitment plans and trajectories

Description of workforce challenge	Impact on workforce	Initiatives in place
Recruitment and retention of qualified nurses particularly at Band 6	Increased use of bank and agency staff and negative impact on staff morale	• Focused recruitment campaign for nurses • Active development of Nurse Associate Programme • Recruitment and retention incentives. • Wider retention strategy
Recruitment of Consultant Psychiatrists	Increased use of agency	• Focused recruitment campaign, including international recruitment • Specific recruitment plan for each vacancy • New medical staffing team to be accountable for proactive approach to talent acquisition • Job plans reviewed to further develop flexibility to work across the Trust
Brexit	Potential increased challenge around recruiting and retaining non-qualified staff	• Reimbursement of Settled Status fee planned, but fee no longer being levied • Career development via apprenticeships • Active engagement with existing EU staff
Staff health and wellbeing	Increased absence levels due to stress and anxiety	• Revised health and wellbeing strategy to support staff • Team development days to ensure staff engagement • Workforce strategy to improve recruitment & retention

Description of long term vacancy including the length of time this has been a vacancy	Whole-time equivalent (WTE) impact	Impact on service delivery	Initiatives in place along with timescales
Mental Health Liaison Practitioners Between 8 and 1 month	4	Placing additional pressure on existing staff who need to undertake further duties to cover vacancies	Ongoing recruitment Identifying alternative roles Recruitment and retention initiatives Wider retention strategy
A range of Registered Mental Health Nurse vacancies	Variable	Increased use of bank and agency staff leading to inconsistent teams	Focused recruitment campaign for nurses. Active development of Nurse Associate Programme. Recruitment and retention incentives. Wider retention strategy
Clinical Psychologists Between 7 and 3 months	2	Placing additional pressure on existing staff who need to undertake further duties to cover vacancies	Ongoing recruitment Identifying alternative roles Recruitment and retention initiatives Wider retention strategy
Consultants Between 10 and 2 months	3	Increased use of agency	Focused recruitment campaign, including international Specific recruitment plan for each vacancy. New medical staffing team to be accountable for proactive approach to talent acquisition Job plans reviewed to further develop flexibility to work across the Trust

As part of its wider focus, the Trust is working closely with STP partners on system wide workforce issues through the Local Workforce Action Board (LWAB). This is currently working on four areas:

- Strategic Workforce Planning
- Transformation and new roles
- Recruitment & Retention
- Talent Development

Work is also being undertaken on developing arrangements to reduce system wide dependency on agency staff. This includes, the implementation of streamlining to ensure staff can easily move from one organisation to another and collaborative bank arrangements which involves both opening up shifts to staff in other providers before going to agency and potentially having a single bank which covers multiple providers. To facilitate this, the Trust has just procured the Allocate E rostering system which will be the system wide IT platform. Allocate will also provide the opportunity to drive further efficiencies in terms of how staff are rostered and ensure more effective oversight on how staff are deployed.

To further strengthen capacity in its workforce, the Trust is leading on the development and implementation of a STP Mental Health Workforce Strategy. The purpose of this is to:
- Expand the mental health workforce to deliver 534 new posts in mental health across Sussex and East Surrey to support the ambition of the Five Year Forward View for Mental Health (which aims to deliver 21,000 new mental health posts across England).
- Transform specialist mental health workforce and wider workforce to address priority issues and risks for people with mental health challenges in Sussex and East Surrey.

The Trust is currently focusing on the development of four new job roles as part of the wider workforce strategy:
- Peer Support Workers – a cohort of ten apprentices have now begun their training.
- Nursing Associates – from March 2019 we will have 36 in training
- Graduate Mental Health Workers – 6 have now been recruited and a further 14 in 2019/20
- Physician's Associates – currently under development

In developing its approach to workforce planning, the Trust has considered a number of wider legislative and policy developments which might affect supply. Apprenticeships are regarded as a key recruitment tool, particularly for attracting younger people into the NHS as well as developing existing staff. To this end, the Trust is seeking to maximise the use of the Apprenticeship Levy by becoming an apprenticeship training provider as well as employer.

Brexit continues to be a cause of concern, particularly around the supply and retention of non-qualified EU staff and the Trust is working closely with existing EU staff to ensure they wish to and feel able to continue working for us.

Removal of the NHS nursing bursary has had a limited impact on the Trust's ability to recruit student nurses and work continues with HEIs to ensure students see the Trust as a provider of choice as well as developing a new talent pipeline through the Nursing Associate route.

5. Financial planning

Overview

The Trust's financial plan is set in the context of the work started in the later part of 2017/18 and reflected in our contract for 2018/19 to close the historic funding gap in mental health services across Sussex and to allow the Trust to move to a more sustainable footing. The work undertaken to agree the contract for 2018/19 has continued into the planning for 2019/20 and has allowed the commissioners to gain a better understanding of the Trust's underlying deficit. This work has also been informed by the welcomed continuing national focus on mental health funding, providing explicit guidance for commissioners regarding the expectations for funding mental health services.

The national planning guidance continues to support the Government's commitment to prioritise mental health, with CCGs required to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). Locally, the work undertaken by the STP to prioritise mental health and the Trust's development of its clinical strategy and key enabling strategies for workforce, information technology and estates puts the Trust in a good position to develop its plan for 2019/20.

Financial forecasts for 2018/19 and modelling for 2019/20

The plan for 2019/20 is based on the Trust's forecast out-turn for 2018/19 which was based on the Month 7 position.

Assumptions and Control Total

Further to the national planning guidance published in January, the Trust has now received its control total and the CCG allocations have now been published. Based on this information the Trust has been able to use this information to model expected uplift from commissioners, the impact of pay and non-pay inflation, the 1.1% efficiency savings and any remaining gap in order to meet the control total for 2019/20.

The Trust's Control Total for 2019/20 has been set at breakeven, with the ability to secure an additional £2.11m Provider Sustainability Funding (PSF) if the Control Total is met.

The plan also takes account of the Prime Minister's five Financial Tests:-

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- getting better at managing demand effectively; and
- making better use of capital investment.

The basis of these has been used to develop plans for our individual Care Delivery and Support Services.

Income

The Trust income for the year is planned at £267.5m. This is broken down by clinical income of £251.8 and other income of £15.7m. This assumes a total inflationary uplift for 2019/20 of 3.8% (equates to £9.5m), with the 2.6% net inflator equivalent to a £6.5m increase to the Trust's income base.

Income Plan 2019/20

	Income		
	Patient Care £ m	Other £m	Total £m
Opening Income	241.7	19.3	261.0
Less non recurrent items :			
- Agenda for Change Central Funding	-2.7		-2.7
- Other non -recurrent		-5.7	-5.7
Add : Uplift in 2019/20	9.2	0.4	9.5
Less : Efficiency target	-2.7		-2.7
Add : Growth Funding	2.5		2.5
Add : Other	3.8	1.7	5.5
Total Income for 2019/20	**251.8**	**15.7**	**267.5**

The majority of the Trust's income is funded through block contracts with commissioners in Sussex, Hampshire and NHSE England for specialised commissioned services. The planning assumption for block contract income is that the Trust will receive the net national tariff uplift of 2.6% and funding for growth. Planning assumptions also take account of the effect of non-recurrent income.

The Trust has received its contract offer from Sussex commissioners, which takes into account the national uplift and growth, and reflects a 50:50 agreement on funding for developments around a Psychiatric Decision Unit (PDU) and Places of Safety, and a 50:50 system risk share on ECR beds. It is proposed that focused work on implementing the findings of the jointly commissioned report on use of external placements and focus on patient transport will offset some risk around this arrangement.

The Trust is awaiting contract offers from other commissioners, but has planned for national uplift and growth in our financial assumptions.

Income assumptions also take account of the 1.25% CQUIN moved into baseline contracts and the ability to earn an additional 1.25%, which has been assumed that we will meet in full.

It should be noted that the plan does not include any additional funding for new investment. This is currently being worked through as set out in the section below.

It should also be noted that the Trust is the lead for the New Care Models (NCM) for Forensic Services across Kent, Surrey and Sussex and for Children and Young People's Tier 4 services in Sussex and Wessex. The NCM for Forensic Services went live on the 1st July 2018 and involves 9 partnership organisations from across the NHS and independent sector, with the risk/gain share being held by the 3 NHS organisations, namely, Sussex Partnership, Kent and Medway Partnership and Surrey and Borders. For 2019/20 the £52m contract income will still be held by NHSE, although any risk/gain share will be met by the NHS partners. Our plan assumes that the service will be delivered within the funding. In respect of Children and Young People's Services in Sussex and Wessex, the go live date for these NCMs is still to be determined.

The Trust also continues to be a partner in the joint venture with Horder Healthcare (an independent sector provider) to deliver the Musculoskeletal (MSK) contract in East Sussex with an annual value of c£35m and a 50:50 risk/gain share on the contract. 2019/20 will be the last year of the 5 year contract and the Trust is

working with Horder Healthcare and commissioners to agree the two year contract extension until 2022.

STP Work Programme and Financial Planning

The Trust and CCG are working closely to plan and prioritise investment in mental health services in the coming year, and to ensure that there is a common understanding around the pressures and application of funds available to Mental Health services.

Good work has been undertaken to calculate and agree the funding for the Mental Health Investment Standard (MHIS) for the STP for 2019/20, this stands at £17.6m (including £1.6m for learning disabilities and £1.2m for dementia). After taking account of the national uplift and demographic growth, this leaves £8.1m for new investment. Of this £3.1m has been allocated to schemes already in train (as set out in the STP section of the plan), together with a further £1.4m to funding 24/7 crisis services. A second prioritisation workshop has recently recommended a further £ 3.6m of schemes to commence in 2019/20. Not all of this investment will come to the Trust but will develop the wider mental health system across the STP.

Pay

On 27th June 2018, the Agenda for Change (AfC) multi-year pay and contract reform deal was agreed, with funding in 2018/19 split between 1% in the national uplift and the remaining 2% in a separate allocation from the Department of Health and Social Care of £ 2.717m, which has resulted in a £0.565m shortfall for the Trust in 2018/19 (as at month 7). This funding is now part of the 3.8% uplift in 2019/20.

For 2019/20 pay planning purposes we have assumed a 2.7% cost increase for the in-year effect of the AfC pay award, plus an additional 0.58% equating to £1.0m for one off payments due to staff at the top of scale on 31st March 2019. In total this equates to £ 6.3m in 2019/20.

A summary of the pay bridge is set out below.

Pay Bridge	£m	WTEs
Forecast Outturn 2018/19	202.0	4,577.38
Add : Pay Award	6.3	-
Less : Efficiencies / New roles	3.5	117.81
Planned Pay Costs in 2019/20	**211.8**	**4,695.19**

We understand that there will be changes to the employer's pension contribution. However, as per the national guidance this will be funded separately outside of the inflationary uplift and has been deliberately omitted from the annual plan.

Non Pay

For planning purposes we have assumed non-pay inflation over the period will be £ 0.8m, which is consistent with previous NHS forecasts around inflation levels, and based on previous inflationary pressures we have experienced in the Trust. This may need to be revised once Brexit outcomes and expected impact on inflation is understood across the economy.

Budgetary Pressures

The Trust's financial performance indicates an underlying deficit of around £5.2m which is being non-recurrently achieved in 2018/19. The key elements of this are:

- Unfunded spend on bed management or out of area placements - £ 0.8m (50% of system

pressure)

- Service Improvement savings (SIPs) being met non-recurrently   - £ 3.8m
- Agenda for Change shortfall   - £ 0.6m

These have been taken into account in the Trust's financial modelling.

Efficiency savings for 2019/20 – Service Improvement Plans (SIPs)

Nationally the efficiency requirement is 1.1%, which equates to £2.7m for the Trust, plus a 0.5% local target which will offset the high cost of pay compared to funding available through application of the national uplift of 3.8% (gross). Given the level of efficiency savings the Trust has previously been required to meet of between 4 and 5% to deliver its control total, in 2019/20 the Trust is planning to deliver savings in line with national requirements plus the additional 0.5%.

In addition to this further savings of £ 1.4m are required following the outcome of the contract negotiation with commissioners in order that we can meet a 50% risk share on the following:

- Psychiatric Decision Unit   £0.45m
- Place of Safety   £0.50m
- ECR beds   £0.45m

This brings the Trust's total SIP programme to £ 5.1m for the year, a 1.9% target.

All services within the Trust have been asked to find a 1.1% efficiency savings, which have been developed into schemes (as submitted via the STP return on the 14th January). Schemes have been focused on enabling greater staff productivity, including through investment in new digital technology and wider infrastructure and through transformative models of delivering services to patients. These also include improvements to the Trust's estate through the development and delivery of robust, affordable local estates strategies. In addition, following the publication of Lord Carter's reviews there is also a focus on operational productivity and eliminating unwarranted variations.

It should be noted that efficiency plans have been appropriately phased and not back-loaded and Quality Impact Assessment (QIAs) have been developed for these schemes with sign off and KPIs overseen by the Quality Committee.

The table below sets out a brief summary of the plans for 2019/20:

SIP Plans	£m
Estates efficiencies	0.2
Support Services efficiencies	1.3
New developments through partnerships in year	1.5
Rostering and staff efficiencies	0.5
Efficient staffing of wards	0.8
Review of existing partnerships	0.2
Trust use of transport	0.2
Other smaller schemes	0.4
Total	**5.1**

Overall Summary Budget for Income and Expenditure

The net budget for next year can be understood as follows:

Summary Income & Expenditure Account	£ m
Income Plan for 2019/20	-267.5
Offset against :	
Pay Costs	211.3
Non Pay Costs	47.4
Finance Costs	6.7
Break even Control Total	0
Leading to PSF payment of	-2.1

Agency rules

The Trust's Agency Ceiling for 2019/20 has been set at £6.546m (the same as for the current year). The Trust has made good progress in this area reducing its monthly agency spend by half over the last year, with total temporary staffing at around just over 10% per month and is therefore now well placed to deliver against its Agency Ceiling in 2019/20. Currently (Month 9) the month spend on agency is c£0.5m to £0.55m which is in line with the Ceiling.

Capital Planning and Cash Projections

Funding of capital programme and prioritisation of capital programme

2019/20 will be the 2nd year of Trust's 5 year capital plan. In recent years the Trust has adopted the approach to have a self- funded capital programme. However, given the increasing requirement to invest in the Trust's estate and provide the accommodation to host new investments, the demands on this year's programme exceed our ability to self-fund the programme and therefore an additional £3m has been added to the self-funded programme to increase it to £12m. It should be noted this includes an investment of £3m for information technology to continue to improve the Trust's IT infrastructure, data analytics and data quality.

The Capital Programme is aligned to the Trust's clinical strategy and is prioritised to address safety and compliance issues.

The final capital programme for 2019/20 will be provided in the final version of the plan, following the prioritisation workshop with Estates and the Operational Services and the Clinical Governance Teams. However, a summary of the draft Capital Programme for 2019/20 is set out below.

Capital Programme Summary	£m
Wards Refurbishments / Improvements	3.51
IT Global Digital Exemplar Programme	3.13
S136 and Places of Safety Upgrades	1.49
Operational Capital Programme	1.38
Community Services upgrades	0.81
Sustainability works LED Lighting	0.30
Other smaller schemes	0.76
Contingency	0.50
Total	**11.88**

Cash Projections

The Trust is forecasting an opening cash position for 2019/20 of £38.0m. Given the Trust's control total to deliver a breakeven plan, and an additional £3m capital investment over and above the self-funding capital programme, the cash position at the end of 2019/20 is planned to drop to £35m.

Single Oversight Metrics

The table below sets out the Single Oversight finance metrics for the 2019/20 Operating plan taking account of the key assumptions and drivers as set out in the plan.

	2019/20 Plan
Capital Service Cover Rating	2
Liquidity Rating	1
I&E Margin Rating	1
I & E Margin Variance to Plan Rating	1
Agency Spend Rating	1
Finance and Use of Resources Metrics Overall Rating	1

Risks to Delivering the Plan

The main risks to delivering the plan for 2019/20 are similar to the current financial year and are considered to include:-

- Pressure on beds and use of external placements
- Staffing on in-patient units
- Delivery of Service Improvement Plans
- Risk on management of Specialist Placements budget

Risk Type	Worse Case £m	Mid Case £m	Best Case £m
Pressure on beds and use of external placements	0.9	0.65	0.45
Shortfall against SIP requirement	1.0	0.55	0
Specialist placements budget	0.6	0.33	0
Staffing on inpatient wards / Use of agency	0.82	0.4	0
TOTAL RISK IN POSITION	**3.32**	**1.85**	**0.45**

Plans are in place to mitigate against these risks and in addition the Trust is holding a 1% contingency reserve of £2.67m.

New Investments

It should be noted that new STP investments to support the implementation of the Clinical Strategy are not currently included in the plan as these are being finalised with commissioners, and funding will be released based on implementation timetables.

6. Sussex and East Surrey Sustainability and Transformation Partnership

Sussex and East Surrey Sustainability and Transformation Partnership (STP) has a well-established and highly functioning Mental Health Programme Board. The overall aim of the Board is to help work out how the voluntary sector, local authorities and NHS can work better together to meet the needs of the patients, carers, families and local communities we serve. The work will help us deliver on plans to improve services for our local population through making best use of the combined resources we have available.

As an STP, we want to provide the best possible care and treatment to the people who use our services. That means getting help to people at the earliest opportunity, providing specialist advice and support to them on all aspects of their life which affect their mental health and wellbeing, and helping people stay well and out of hospital wherever possible. Individual organisations are already doing a lot to make this happen.

Bringing physical and mental health more closely together, to improve patient care, is a particular priority for our STP. Too often people get 'bounced around' different parts of the system between different health and social care organisations. This isn't good for patients or families, and doesn't help us make the best use of public money. At the same time, mental health services are under sustained operational and financial pressure, meaning we simply cannot continue providing services in the way we currently do.

The specific aims of the STP Mental Health programme are to
- harness the opportunity that the STP provides - by bringing 24 health and social care organisations together in partnership - to look at how mental health services are planned, commissioned and provided, and how this can be improved;
- identify new ways of working together across the STP to improve services and outcomes for people who use mental health services and their families; and
- provide assurance to NHS England that our STP is meeting the requirements of the 5 Year Forward View for Mental Health (the national strategy to improve mental health services).

As a first step, our STP Executive commissioned a strategic review of mental health. This involved looking at local data, knowledge and examples of positive practice. It also involved workshops with people from across the health and social care system, including clinicians and people with lived experience.

In Autumn 2017, we published the outcome of the strategic review and the case for change. This highlighted that:
- On average, men in contact with mental health services in our area have a life expectancy 20.6 years less than the general population. This is higher than the national gap for males (19 years in England).

- Women in contact with mental health services live, on average, 15.7 years less. This is similar to the national gap.
- This inequality gap widens as people age: people aged 65 are likely to have around 50-60% of the remaining life expectancy of the population not in contact with mental health services.
- Mental health service users are around 2-4 times more likely to die of cancer, circulatory or respiratory disease than the rest of the population.
- Approximately 20% of all A&E attendances and emergency admission can be attributed to mental health service users – who make up only 7% of the overall population.
- A recurrent investment of £7.3m in mental health will improve services for patients, at the same time as providing a gross saving of £17.5m and net savings of £10.2m for local Clinical Commissioning Groups.

The strategic review and case for change identified specific areas for action which can be grouped into four key themes:

1. **Promotion and prevention**, which is about getting help to people earlier and working with the wider community to understand and address mental health need
2. **More integrated, joined up care** such as by providing a single point of access into services (to avoid people being 'bounced around' the system) and working to address the reduced life expectancy experienced by people who use mental health services.
3. **Better, more integrated urgent care** to make it easier for people to get help when they need it.
4. **More effective partnerships** such as by building on the success of our Recovery College model in helping people better manage and maintain their own mental health and wellbeing, reducing reliance on traditional services where possible.

At the same time, work was started on a detailed appraisal of how resources are currently allocated across the voluntary sector, social care and NHS for the provision of mental health services. The will inform decisions about how resources are allocated to mental health (though this is not about reducing mental health expenditure). This may lead to specific proposals to change services. It could also identify where there are particular issues and services which need attention.

The STP Mental Health programme has reached a level of maturity where it is able to operate effective planning and prioritisation mechanisms for investment as part of the commissioning round. The process for the 2019/20 has consisted of:

- Development of the financial base case of investment required from the MHIS 2019/20 (final figures to be presented in the STP MH Finance Group report).
- Initial prioritisation completed by the Mental Health Senior responsible Officers (SROs) based on an initial assessment of the MHIS money likely to be available
- Discussion of the proposals at a prioritisation summit on 26th November 2018 attended by 24 people, representing commissioning, mental health and community trusts, primary care, patient voice and Healthwatch, local authorities, workforce and finance
- Incorporation of summit and written feedback into the prioritisation list by the two SROs
- Further review by the STP Mental Health Delivery Group

Ranked STP mental health investment (Draft as at 01/02/19)

Prioritisation rank	Name of mental health investment scheme	Cost 19/20
1.	IAPT LTC expansion (East Sussex CCGs)	£ 353,339
2.	Physical health checks for SMI LCS (HR & EHS CCGs)	£ 104,144

3.	Support to access PH services (HR & EHS CCGs)	£ 19,000
4.	S117 policy aftercare costs (East Sussex CCGs)	£ 350,000
5.	Street triage (BH CCG)	£ 64,994
6.	Perinatal mental health	£1,535,342
7.	CYP local transformation plans	£ 754,690
8.	Urgent Care: Adult crisis resolution and home treatment (CRHT)	£1,398,000
9.	Urgent Care: Children and young people	£ 567,000
10.	Physical health checks for SMI LCS	£ 546,616
11.	Support to access physical health services	£ 234,270
Total		**£5,927,395**

7. Membership and elections

The Trust's Council of Governors is constituted of 34 Governors; 26 elected and 8 appointed. In 2018 we held elections for 12 positions; 6 of our positions were contested, 2 uncontested and we had 4 remaining vacancies. We welcomed 6 service user governors; 1 public governor and 1 staff governor. The Trust is in the process of preparing for the 2019 election where 11 positions will be elected to.

The Council of Governors has a Training and Development Committee chaired by the Lead Governor. It contributes to the governor election campaign and assists with the planning of governor induction. Governor development sessions during 2018 have focused on How to Engage Constituents, Mental Health Awareness, Freedom to Speak Up, and Anti-Fraud and Bribery Training. Governors the NHS Providers Govern Well programmes. Governors have had joint development sessions with the board of directors on our Clinical Strategy and Annual Plan; Accountability; and Peer Support and Co-production.

The Council of Governors has a Membership Committee, chaired by a Carer Governor, where engagement activity is agreed and discussed. This year the Committee finalised our new Membership Strategy in consultation with members. The three objectives to the 2018-2020 membership strategy are set out below.

Engaging and Involving our members - Stakeholder engagement enables us to fulfil our role as a locally accountable organisation. Members have differing levels of interest, time and availability for involvement and as part of our strategy we have given members the option to choose their degree of involvement: Be Informed, Be Involved and Take the Lead. We have tailored our engagement approach accordingly and also encourage members to move through the levels and become more engaged over time.

During the year we have focused on outreach and communication by attending a number of service-specific activities with service users, participated in Network meetings, run workshops and outreach events.

The Trust held its Annual General Meeting and Annual Members Meeting in September 2018. The event welcomed 86 attendees with the majority being FT members all of whom had the opportunity to learn more about the Trust as well as participate in workshops such as Mindfulness, 'Make Your Mark' - our arts and health programme, and Therapy Dogs for Mental Health provided by the charity Pets as Therapy.

The Trust has also garnered the experience, knowledge and skills of our members by continuing to involve them in surveys, workshops, focus groups and invitations to attend all public meetings.

Identifying and Addressing Under Representation - Addressing membership underrepresentation means establishing a connection and a relationship between the Trust and our members, rooted in communicating the Trusts vision clearly. During the year, the membership office has created a close partnership with 'Heads On'(the Trust's Charity) and the People Participation Team working together and involving members, in a number of events to celebrate the NHS 70th birthday.

Carers and young people have been identified in our strategy as groups that are underrepresented. During the year the Trust has worked with their Carer Governors to raise awareness of membership by attending local network carer support groups, attended Carers Right Day and is working closely with the Trusts Carer

Lead. New membership materials have been designed to attract a younger audience with greater use of social media. 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.

Developing Communications - Members are the vital link between the Trust and its community. We want a thriving membership community; one that is both informed and involved. This year we have introduced a membership twitter page (@spftmembership) that is connected to our governors through using #spftgovernors. We will continue to make increasing use of digital innovation to promote engagement.

Our Membership Committee will provide monthly updates through bulletins and by contributing to the trust membership and staff magazine. During 2019/2020 we will continue to work towards the objectives set in our strategy and will explore new avenues such as corporate memberships and youth ambassadors.