Barnet, Enfield and Haringey
Mental Health NHS Trust
A University Teaching Trust

SUMMARY OPERATIONAL PLAN FOR 2016/17

1. INTRODUCTION

The Trust's Operational Plan for 2016/17 has been developed in accordance with the guidance provided in Technical Annex 5 of *Delivering the Forward View: Technical Guidance for NHS planning 2016/17*. The Operational Plan for 2016/17 has been reviewed and formally signed off by the Trust Board.

2. ACTIVITY PLANNING

The Trust's activity planning was carried out jointly with the local Clinical Commissioning Groups (CCGs) and the Trust's activity submission for 2016/17 has been completed in parallel with the CCGs' submission to NHS England, to ensure they are broadly aligned.

The Trust plans to fully meet the new access targets as follows:

- **EIP** - The Trust expects to meet the new target of 50% of people experiencing a first episode of psychosis commencing treatment with a NICE approved care package within two weeks of referral standard throughout the whole of 2016/17. The Trust has already expanded its EIP service to cover the 16-64 age range of the standard, and has already seen an increased impact in the numbers of referrals as expected.

- **IAPT** – The Trust has been meeting the IAPT access standard in shadow form throughout 2015/16 and expects to meet the new standard throughout 2016/17. Up to October 2015, the number of patients entering treatment had been under target. As a result, the Trust implemented a recovery plan that significantly increased the number of patients entering treatment from October 2015. This new expected rate of referrals has been reflected in the plan for 2016/17, with no further assumptions on top of demographic growth.

All activity assumptions have been sensitivity tested with clinicians in the respective teams, and have been shared with commissioners on a regular basis in discussions at the local Technical and Contract Review meetings. Commissioners have been supportive of the Trust's methodology, and continue to give their input.

3. QUALITY PLANNING

3.1 Quality Improvement

CQC Inspection

The Trust underwent a comprehensive inspection by the Care Quality Commission (CQC) from 30 November – 4 December 2015. This included an assessment of all the Trust's core services and its quality governance systems and processes.

The Trust received the final CQC report on 24 March 2016. The overall rating was "Requires Improvement". A Quality Summit was held on 27 April, which included all key stakeholders. The Trust has developed a detailed Quality Improvement Plan in

response to the CQC's feedback. The Quality Improvement Plan directly influences the Trust's quality improvement priorities for 2016/17.

Quality improvement methodology and priorities
The Trust's latest Quality Strategy for 2016 – 2019 builds on existing work across the organisation and the improvements over recent years. It sets out the organisation's quality improvement approach and priorities, which are:

- **Patient Safety** - Ensuring patient safety is a top priority for all staff. This includes:
  o Reducing violence and aggression
  o Reducing the number of times we have to restrain service users by getting better at de-escalation of situations
  o Reducing the number of service users who self-harm
  o Reducing the number of times medication is omitted

- **Clinical Effectiveness** - Ensuring patients are offered up to date care. This includes:
  o PROMS (Patient Reported Outcomes Measures) – showing improvements year on year
  o Medicines omissions – getting better at supporting patients to take their medicines
  o Improving physical health for patients and service users

- **Patient and Carer Experience** - Ensuring a positive experience of care for service users and their carers. This includes:
  o Increasing service user and carer involvement
  o Enablement Strategy – increasing and improving therapeutic engagement
  o Improving staff experience

The Quality Strategy builds on the Trust's values and supports staff through promoting a culture that empowers staff to report incidents and raise concerns about quality in an open, blame-free working environment. The Quality Strategy brings together all the elements and strands of the various quality improvement initiatives.

An important element of achieving the Trust's Quality Strategy is to ensure that the workforce has the capacity and capability to deliver improvement. The Trust continues to invest in its staff to ensure the provision and development of high quality care and services for patients. Examples of how it achieves this include:

- Recruitment underpinned by Trust values
- Robust induction and mandatory training
- Supporting continuing professional development and effective appraisal
- Developing management skills supported with training toolkits and master classes
- Developing effective leadership skills working with Middlesex University and UCL Partners, supporting trainee doctors, nurses, psychologists and therapists

The Trust aspires to be an organisation which is committed to life-long learning. In return for investment in the development of staff, it ensures that, through appraisal

and other mechanisms such as medical revalidation, it holds staff to account for their performance and rewards excellence and exceptional practice.

Quality Governance

The Trust Board continues to place quality at the heart of all the organisation's work and activity. The Board directly engages in ongoing monitoring of the quality of care and patient experience. The Board's Quality and Safety Committee leads on the detailed review of quality and safety across the Trust and reports directly to the Trust Board. The Quality and Safety Committee is Chaired by a Non-Executive Director and includes a mix of other Board Directors. The Trust's named Executive lead for quality is Mary Sexton, Executive Director of Nursing, Quality and Governance, who works in partnership with Dr Jonathan Bindman, the Trust's Medical Director.

The Board pays as much attention to the quality of care as they do to the management of the Trust's finances and engage in regular Board Walkabouts to triangulate staff and patient feedback and experience with key quality metrics that are assessed at Board meetings. In addition, they are informed by patient stories from across the Trust services, including first-hand accounts, videos and narratives.

Below Board level, there is a detailed quality assurance structure, which works through the Borough-based organisational structure and includes:

- Borough Deep Dive Committees
- Borough governance meetings
- Service Peer Reviews
- Quality assurance benchmarking where variations are discussed and addressed.
- Patient experience surveys
- Comprehensive audit programme
- Annual Quality Account

Risks to quality

The Trust's current top three risks to quality are:

- **Staffing numbers**

The Trust currently has relatively high staff vacancy rates, resulting in a high reliance on temporary staff. The Trust is focused on reducing vacancies through:

- o Local recruitment campaigns – e.g. shopping centres, universities, open days, and job fairs, targeting nurses and graduate mental health worker
- o International recruitment campaigns
- o New Staff Bank

- **Bed occupancy levels and community team caseloads**

The Trust is regularly operating at over 100% inpatient bed occupancy levels. It is addressing this through 24/7 active bed management and working with local authorities on further reducing delayed transfers of care.

The Trust also has high community mental health team caseloads. Team caseloads are regularly monitored and clinically prioritised to help address this. The Trust is

focusing on the recruitment of permanent staff to reduce caseloads and increase staff continuity.

- **Patient experience in community mental health services**

The CQC Community Mental Health Survey 2015 showed the Trust has relatively low levels of overall patient satisfaction. To address this, Clinical Directors are leading programme of work to improve patient experience at Service Line level and the Trust is introducing an Enablement development programme for staff, focusing on empathy and communication skills.

3.2 Seven Day Services

The Trust will take forward plans to extend seven day services beyond what it already provides in collaboration with its local CCG commissioners and with local authority social care and third sector partners, whose support is required in order to fully realise the benefits of full seven day services.

3.3 Quality Impact Assessment Process

The Trust has a well-developed Quality Impact Assessment (QIA) process for assessing any potential impact on the quality of services of a proposed cost improvement plan (CIP). This has been developed in line with the national guidance.

3.4 Triangulation of Indicators

The Trust Board reviews an Integrated Performance Dashboard report at every formal Board meeting. This outlines performance across the key performance domains and provides the Board with key information in order to monitor variations and ensure triangulation of key information.

4. WORKFORCE PLANNING

4.1 Workforce planning process and governance

With an increasing and ageing local population and increasing public and patient expectations, the demand for the Trust's services is expected to continue to grow faster than the financial resources available. These pressures, and changes to the demographic profile of the Trust's workforce, mean that strategic and operational workforce planning is key to ensuring the Trust can meet the needs of the population it serves, by reconfiguring the workforce to deliver better health and social care outcomes, within the limited resources available.

The Trust's workforce plan has been developed jointly with clinical leaders from services across the Trust. It incorporates expert knowledge in relation to clinical strategy, commissioning imperatives and workforce initiatives, as well as intelligence from clinical teams on the issues and risks that apply to their services.

4.2 Effective e-rostering and reducing use of agency staff

In 2015, the Trust upgraded its e-rostering system. The new version has been live and operational since the third quarter of the year. A rigorous implementation plan with senior oversight has resulted in robust protocols being embedded, which ensure that clinical teams achieve good practice in relation to e-rostering.

The Trust is implementing a nursing acuity tool to allow nursing acuity and staffing levels to be more effectively monitored in a timely manner. This provides another valuable strand of information for ensuring that all services are staffed appropriately.

The Trust is focussed on reducing agency spend and usage, primarily in the medical and dental and nursing staff groups. Usage is being monitored on a monthly basis with Executive Director oversight. Arrangements to increase the pool of bank workers have also been initiated through rolling recruitment campaigns. Despite on-going and active staff recruitment, the Trust continues to face challenges in relation to nurse recruitment. A programme of work is underway to reduce. This involves intensive local recruitment campaigns, improved work with universities to attract student nurses and major overseas recruitment campaigns.

The Trust is acknowledged locally, regionally and nationally as an employer of choice. It was one of the most improved NHS organisations in the Staff Survey in 2014/15, and its Staff Survey results for 2015 showed further improvements. The Trust is listed as one of the 'Top 100 places to work in the NHS' in the *Health Service Journal* and *Nursing Times* awards. These recognise the significant efforts the Trust makes to support and develop its staff and are fundamental to ensuring that applicants and employees have a positive view of employment by the Trust.

4.3 Planned changes to the workforce in 2016/17
The Trust has an intensive recruitment campaign underway for registered nurses, health visitors and district nurses. This is expected to have a marked impact on vacancies, as well as the volume of bank and agency usage. In addition, planned TUPE transfers over the course of the first two quarters of 2016/17 will result in adjustments to the establishment.

4.4 Implementing Enablement
Through the Trust's higher education partners, it commissions education to develop its workforce to support both service and Local Education and Training Board (LETB) priorities, in particular ensuring that staff are training to support the Trust's Enablement Strategy.

The implementation of the Enablement programme is a key workforce priority for 2016/17. The programme is founded on the principles of self-help and independence, focussed on keeping patients well and preventing the need for higher level care as far as possible. This will require a transformation of the workforce, with the creation of new roles, such as peer support workers. The Trust is currently developing an Enablement training programme for staff and has recently appointed the first cohort of new peer support workers.

The Trust's key priorities for developing Enablement further in 2016/17 are:

- Roll out of the Enablement evaluation programme in partnership with Middlesex University throughout the year
- Refinement of Enablement outcome measures
- Appointment of Peer Support Workers
- 'Enablement – 1 year on' major stakeholder engagement event
- Refresh of the Trust's Enablement Clinical Strategy

- Review of the apprenticeship scheme and second cohort of apprentices
- Review of the adult care pathway – with a focus on alternatives to admission

This will be supported by extensive staff training and staff and public engagement programmes.

5. FINANCIAL PLANNING

5.1 Financial Forecasts

The Trust continues to operate within a challenged health economy and operates on block contracts with its local Clinical Commissioning Groups (CCGs). It had a planned deficit (of £4.7m) in 2014/15, for the first time in its history. The position for 2015/16 was a planned deficit of £7.4m, which is projected to increase to £12.6m in 2016/17.

In 2015, CCGs and mental health providers commissioned Carnall Farrar to review the financial challenges facing mental health across North Central London. This review concluded the Trust is financially sustainable, dependent on a combination of receiving appropriate funding from commissioners, internal efficiencies (particularly reducing agency staff spend) and delivering transformed models of care. The Trust and CCGs have accepted these recommendations and a number of work streams are underway to address the underlying issues.

5.2 Efficiency Savings

Historically, the Trust has delivered savings above the national average. It compares extremely well with its peers in mental health with a Reference Cost Index of 83, which is the lowest of any NHS provider of mental health services in London. The Trust is an active member of the NHS Benchmarking Network and its mental health services consistently perform well in this exercise, coming out as low cost and good quality. There is therefore limited scope for significant savings, without major changes in service provision.

The Trust is committed to delivering efficiencies through reducing reliance on agency staff and compliance with the agency cap. The Trust is also applying the principles of the Carter Report on utilisation of resources to identify all possible savings. Key actions being taken include:

- **Workforce**

A number of measures have already been taken to improve workforce monitoring. These include:

- An upgrade to the e-rostering system coupled with an extensive training programme for managers.

- Good rostering practice meetings have been rolled out across the Trust, involving individual meetings with managers to scrutinise their rosters.

- An expansion of the Trust Staff Bank, its centralised temporary staffing service.

o Preferred suppliers in place for agency nurses, with work continuing to identify preferred suppliers for AHPs and medical staff.

o The implementation of the agency rate caps, and monitoring of the cap on nursing expenditure via regular Workforce reports.

- **Pharmacy and Medicines**

The Trust has a Drugs and Therapeutics Committee which receives detailed reports on drugs expenditure. Targeted action on the use of paliperidone has reduced expenditure on drugs overall, and the Head of Pharmacy is continually reviewing the drugs prescribed.

- **Estate**

The use of the Trust's Estate is being continually reviewed and has made a significant contribution to the CIP Programme for 2016/17 through rationalisation of existing sites. This programme will continue in 2016/17 and beyond to seek to optimise the utilisation of the estate.

The Trust's major estates priority remains the redevelopment of St Ann's Hospital in Haringey, which it wishes to move forward with in 2016/17, following receipt of outline planning approval from Haringey Council in 2015. The Trust is working with partners in North Central London as part of the wider North Central London Estates Strategy and with NHS Improvement to progress this proposal as quickly as possible in 2016/17.

5.3 Agency Rules

The Trust has implemented the rules in relation to agency rate caps. All temporary staffing agencies that currently provide services to the Trust are aware that the Trust intends to adhere to the rate caps and that the temporary workforce provided by them must be in line with the caps. The introduction of rate caps has resulted in both the review of high usage areas to ensure that rigorous recruitment plans are in place to address vacancies, as well as re-negotiation of rates where this has been necessitated.

5.4 Procurement

The Trust is exploring collaboration with the other London mental health trusts around procurement. The proportion of Trust spend on non-pay is relatively low, so savings in this area will not be large in absolute terms. The Trust has a Contracts Register from which a programme of work is derived. The Trust's biggest contract is that for IT services, which is currently being prepared for tender.

5.5 Capital

The Trust's largest capital scheme in 2016/17 is the re-procurement of Trust wide IT support services, with other schemes relating to backlog estate maintenance and statutory compliance.

6. LINKS TO SUSTAINABILITY AND TRANSFORMATION PLAN

The Trust is fully involved in the development of the North Central London Sustainability and Transformation Plan (STP).