Somerset Partnership NHS

NHS Foundation Trust

Operational Plan for 2019/20

1. TRANSFORMING AND IMPROVING SERVICES: ACTIVITY PLANNING

Our strategic objectives for transforming and improving services are to:

- promote a culture of learning, transformation and innovation, including through digital working, to improve safety, outcomes and efficiency
- deliver levels of performance that are in line with plans and national standards

Our activity plans for 2019/20 are based on robust assumptions, using the forecast outturn activity levels for 2018/19, uplifted for forecast demographic growth and any known changes to service delivery and models of care resulting from sources including commissioning intentions and the Somerset Sustainability and Transformation Plan (STP). These activity projections are shared with Somerset Clinical Commissioning Group (CCG) and NHS England as part of the contract negotiation process, and also with other key local stakeholders. Table 1 below shows the expected rates of growth in activity in 2019/20, compared to the 2018/19 forecast outturn levels.

Table 1: Forecast growth in activity levels

Activity	**Forecast % growth**
	2019/20
Community-based physical health services	2.2%
Community-based mental health services	3.9%

In recent years, a number of our services have seen activity grow at a higher rate than the forecast growth in population levels. These include:

- District Nursing Services
- Musculoskeletal Physiotherapy Services
- Child and Adolescent Mental Health Services
- Home Treatment Teams
- Integrated Paediatric Therapies
- Talking Therapy Services
- Community Mental Health Services
- Paediatric Continence

We review activity and performance in relation to these services in detail with commissioners, to identify any significant issues including variances from expected levels of activity and performance, and to confirm whether the resources that we have available are sufficient to meet levels of demand. Our activity plans and wider service delivery strategy are consistent with the delivery of key national operational standards including:

- access standards for accident and emergency services, ensuring that more than 95% of patients wait no more than four hours in our minor injury units
- the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice
- mental health access standards for improving access to psychological therapies (IAPT), that at least 75% of people referred to the service will be treated within six weeks of referral and 95% will be treated within 18 weeks
- ensuring that at least 15% of people can access IAPT services. We recognise the national expectation that this rate would rise to 16.8% as measured in Quarter 4 of 2017/18, 19% in Quarter 4 of 2018/19, and then 22% in Quarter 4 of 2019/20. Our contracting discussions with Somerset CCG have recognised that investment will be required in order to meet these new national standards, and this is reflected in the mental health priorities for Somerset in 2019/20, set out below

- the requirement to ensure that at least 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral, rising to 56% in 2019/20.

Capacity and performance of CAMHS in the east of the county was highlighted as an issue in the most recent CQC inspection, in October and November 2018. An improvement programme is already successfully addressing these issues, effecting considerable improvements to waiting times for young people accessing our service. We are fully engaged in developing local system-wide plans for winter escalation, working with partner organisations across Somerset to make sure that local capacity is resilient enough to meet increases in the level of demand for local services, which can be particularly high during the winter. We are also working in partnership with other local Trusts and with commissioners to open escalation beds in our community hospitals to accommodate patients who are medically fit for discharge, easing pressures on acute hospital beds. Locally agreed arrangements have worked successfully in recent years, and we have worked flexibly and responsively to increase capacity to meet peaks in demand and to cope resiliently with unplanned increases in levels of pressure. In agreement with Somerset CCG, we operate a flexible approach to managing community hospital bed capacity, which has enabled us to vary bed capacity levels during the year, to match levels of demand. This has given us the capability to increase the availability of beds during the winter months, when demand across the system tends to be highest. We will continue this approach to the effective management of local activity and available capacity. We are also undertaking a review of our mental health inpatient capacity, to ensure that it remains sufficient and that we have appropriate levels of beds available to meet the needs of adults and older people who require inpatient mental health care.

We are undertaking transformational service change, redesigning pathways and implementing new models of care to deliver better quality care for patients and improve our offer to our workforce, examples of which include the development of the Rapid Response service, Home First, countywide Psychiatric Liaison, and new Nursing Associate roles. Further details are included in the 'Workforce Planning' and 'Links to the STP' chapters.

In Somerset, we have an acknowledged under investment in mental health services and a high spend on bed-based care within our community services. As part of our involvement in the Somerset STP, we are working with local partner organisations to assess the levels of bed-based and non-bed based capacity which we have available across the whole health and social care system, and to ensure that the levels of capacity which we have available in both our inpatient and community-based mental health services are sufficient to meet the needs of local people. We have also undertaken detailed reviews of specific services across the Trust, including our District Nursing service, Minor Injury Units, Musculoskeletal physiotherapy service, Child and Adolescent Mental Health Services, and services for people with Learning Disabilities, to determine how we can improve models of care and ensure that those services are sustainable going forward, in terms of the levels of available capacity and the quality of care that we provide. Our STP recognises that there are significant gaps in mental health services in Somerset. Priorities agreed for mental health services in Somerset in 2019/20 are to:

- Enhance the Somerset population's mental and emotional wellbeing
- Improve access to mental health support and intervene earlier.
- Improve the quality of services delivered – getting it right first time.
- Improve the provision of support to people in crisis.
- Enhance sustainable recovery and resilience for those who have accessed mental health support

2. SAFE AND HIGH QUALITY CARE: QUALITY PLANNING

Approach to quality improvement

Our Chief Nurse, Hayley Peters, is our executive lead for quality improvement. Our approach to improving quality is focused on achieving ongoing and sustainable improvements to the quality of care that we provide and underpins our aim to improve our Care Quality Commission (CQC) rating from 'Good' to 'Outstanding' in all domains, including 'Well Led'. Our governance systems ensure a top-down approach to quality improvement, driven by national requirements including NHSI and CQC standards and NICE guidance, and also a bottom-up approach, engaging colleagues in front line teams to identify areas of quality and patient safety which we can improve. The strategic principles underpinning our approach to quality improvement are:

- we measure what we do and look for variations in data relating to improvement projects, including the use of benchmarking tools and engagement in peer reviews
- we use tools such as the Patient Safety Thermometer and the Quality Effectiveness and Safety Trigger tool to benchmark standards both internally and with others
- we seek to develop and implement new and innovative care which improves efficiency and maximises the value of the service to those who use it
- we seek out new opportunities to strengthen and improve care pathways in collaboration with our STP partners
- we nurture creativity and innovation amongst front line staff at ward and team level
- we work to create a culture of 'psychological safety', allowing near-misses and errors to be reported without blame so lessons can be learnt, problems and shortfalls discussed and acknowledged openly and risks managed objectively

Through our work as an alliance with Taunton and Somerset NHS Foundation Trust, we are implementing quality improvement (QI) arrangements consistent with those which operate within the acute Trust. This established structure consists of five main elements:

1. A blended methodology combining proven Institute for Healthcare Improvement (IHI) methodology with project management and benefits realisation, designed to ensure effective governance and monitoring of projects, and capture benefits. Central to the methodology is delivering the IHI 'quadruple aim' benefits of Improved Health Outcomes, Better Care, Lower Costs and Improved Colleague Satisfaction.
2. An improvement team with the technical skills and experience to partner with and coach clinical and operational teams to deliver their improvement projects. Arrangements include project management and tracking the progress, dependencies and interrelations of all major change projects (including QI, Digital, Merger, GIRFT, and STP projects).
3. A governance structure of clinician-led 'Improvement Boards'. The existing boards within the acute Trust will be reconfigured to include a Mental Health board, and a Women and Children Board, and will link to neighbourhoods. The boards bring together clinical and operational leaders and are directly accessible by front-line teams as a place for advice and support. Each board has a nominated Executive or dedicated representative with overall responsibility. The improvement programme reports regularly to our alliance-wide Executive Committee (which includes senior clinical and non-clinical leaders) and will report to our Trust Board.
4. The team delivers a comprehensive training plan to equip individuals and teams with the skills they need to improve their own part of the organisation. The approach includes focused and experiential training, linking learning to projects, with the aim of embedding QI capacity and capability sustainably throughout the organisation.
5. An evidence based approach to improvement, ensuring that the experience and best practice of others is used effectively, with proactive sharing of learning. Data is captured and used at all levels of the QI programme from the manual collection of data on the front line to the production of Statistical Process Control charts to monitor for significant changes.

Implementing these common arrangements will ensure that we have sustainable quality improvement capacity and capability implemented across both organisations, with a range of

common key measures and performance indicators across our alliance to demonstrate the value of QI, assigned to each of the IHI quadruple aims specified above, including but not limited to:

Better Patient Experience • patients having access to both physical and mental health care as appropriate • patient experience survey • numbers of complaints	**Improved Health Outcomes** • performance against national standards • average length of stay • numbers of serious untoward incidents
Increased Colleague Satisfaction • sickness absence rates • 'Pulse check' results – leadership capability and wellbeing • % of colleagues leaving for another job in another organisation	**Lower Costs** • delivery of financial plan against target • % of spend on frontline clinical care • % of spend on mental health and community services

Summary of the quality improvement plan (inc. compliance with national quality priorities)
Quality concerns and key risks are monitored at Board level via the corporate risk register. Our quality concerns focus on other areas covered in this plan, such as our ability to maintain safe and effective services when activity and complexity of patients in our care is increasing and whilst our financial position remains challenging. Quality concerns around temporary staffing are covered in the Workforce Planning section of this plan. Other major quality concerns include the continued delivery of care from two standalone adult mental health inpatient wards; access to general anaesthetic services for children and young people in our Dorset community dental services; capacity in our health visiting services which will transfer to the local authority from April 2019.

Additional intelligence is gathered via an extensive annual assurance programme, overseen through our Quality Assurance Group with direct input into the risk register and escalation to our Quality and Performance Committee of any risks or areas of inadequate assurance. This includes specific focus on external sources (e.g. regulator reports, best practice guidance and national investigations), ensuring action is taken to address any areas of concern. In February and March 2017 and in October and November 2018 a number of our services were subject to routine inspections by the CQC. Our services received an overall rating of 'Good' in both inspections. The 2018 report of the CQC outlined some required actions, particularly focused on specialist community mental health services for children and young people. An action plan is in place to address these issues. We have responded to external investigations of serious incidents, including deaths in our adult mental health inpatient wards and have implemented actions in relation to our observation policies and handover arrangements as a consequence of recommendations from the report. Our risk register shows our top three risks as:

1) Pressures in community hospitals: we have had to temporarily close a number of our community inpatient wards in 2018/19 due to issues with nursing vacancies; this is likely to continue into 2019/20. Mitigation for this is set out in the workforce section of this plan.
2) Capacity and performance of CAMHS in the east of the county: as noted above the service was rated as 'Requires Improvement' in the most recent CQC inspection. An improvement programme is already successfully addressing these issues
3) Recruitment and retention of medical, nursing and other healthcare professionals: we have developed a People Strategy that spans both Trusts and have established a Board sub-committee in common to oversee the delivery of the strategy. Mitigation for this is set out in the workforce section of this plan.

Our strategic objectives for the delivery of safe and high quality care are to:
- deliver person-centred care in the most appropriate setting, delivering improved outcomes and satisfaction for patients, as close as possible to patients' homes
- deliver and maintain the highest quality care standards

Our Quality Account priorities for 2019/20 are as follows:

- **Safer Care:** Improving the quality of discharge summaries
- **Safer Care:** Improving Sepsis recognition and treatment
- **Right care, right time, right place:** Expansion of the Rapid Response Service
- **Patient experience:** Co-design/user involvement in all project work to improve service quality
- **Mental health and holistic care:** Parity of Esteem – physical health in mental health settings, mental health in physical health settings. Looking after the patient 'as a whole person'
- **Learning from deaths:** Learning from incidents, complaints and mortality reviews

A joint review has been undertaken across both Trusts, of high-risk medicines practices and governance, in the light of the significant failings made evident via the report of the Gosport Independent Panel, published in June 2018. Our joint review provided significant assurance regarding the arrangements in place in both Trusts, as well as identifying areas where further assurance was required, leading to the development of an action plan that includes a detailed clinical audit of the use of syringe drivers.

With regard to learning from deaths, we use the Royal College of Psychiatrists structured judgement mortality review tool to assess the quality of care provided, leading up to a patient's death. The reviewer records the key aspects of care for which concerns are judged to have occurred and rates the quality of care on a scale of 'A' (no significant care issues identified and care considered to be excellent despite the outcome) to 'E' (serious issues identified). The mortality surveillance group has the remit to monitor policy implementation across the Trust, including adequate levels of case review, and to commission themed reviews. Findings for learning are agreed at the mortality surveillance group and are disseminated through the directorate governance structure. There is also sharing where the case review may need further consideration by our serious incident review group and/or suicide prevention group. The number of mortality case note reviews demonstrating significant care concerns that may have been related to death is monitored and the number has remained consistently low. The mortality surveillance group has oversight of significant changes within 'care concerns' throughout the Trust over time. This information is used to investigate further any potential changes related to deterioration (or improvement) in care for mortality cases. We continue to refine our process for review and learning from patient deaths and collaborate with partners across the south west to improve this further.

Somerset has plans in place to reduce Gram-negative bloodstream infections by 50% by 2021, aligned with wider health economy plans through a cross-county working group, chaired by Somerset Clinical Commissioning Group, and a shared cross-provider action plan. All Somerset NHS inpatient providers undertake post-infection reviews on all E Coli blood stream infections where the likely source is the urinary tract, to highlight lapses in care and identify any lessons learned. Developments have included:

- the formulation of a patient-held urinary catheter passport, initially a joint initiative between Somerset Partnership and Taunton and Somerset Infection Prevention and Control Teams, progressed countywide through the 100 days improvement strategy
- local initiatives to assess patients with indwelling urinary catheters and remove any devices not clinically indicated as there is a well-established link between indwelling devices and an increased risk of blood stream infection
- reducing unnecessary antimicrobial prescribing by decreasing reliance on urinalysis as a diagnostic tool, emphasising instead, clinical presentation and symptoms.

Due to reporting structures/definitions in place, individual figures for Somerset Partnership cases are not available either to benchmark against, or to quantify improvement. Unlike acute Trusts, no cases are directly attributed to community Trusts (rather, they are included in the general CCG community figures). What the overall figures do show are that the number of E Coli BSI allocated to NHS inpatient providers in Somerset is extremely low compared to the pre-admission community cases which would include GP patients and care home cases. BSI cases often transfer to acute care due to their general deterioration and we are therefore dependent on acute Trusts informing us of cases informally. This, by definition, is an imperfect solution and the following

figures should be noted in that context. Known notified Somerset Partnership cases are as follows: 2016/17, 1 case; 2017/18, no cases; 2018/19, 3 cases to date.

Section 3: Summary of quality impact assessment process

Ideas are sought from teams at a local level regarding potential areas for Cost Improvement Plans, and the process is supported by finance colleagues and the wider management team. Team-based discussions take place regarding any potential impact on front line staff. Our quality impact assessment (QIA) process is structured according to a number of gateways for our Cost Improvement Plans (CIPs). These gateways are:

1. Proposed Project
2. Gateway 1
3. Gateway 2
4. QIA Approval
5. Project in process
6. Completed
7. Project no longer going ahead

In the initial 'Proposed Project' gateway the front-line service directorate makes the scheme known to our Programme Management Office, for inclusion in the overall CIP programme. The directorate team then produces a summary of the project, its proposed benefits, stakeholders and interdependencies with other schemes. To move the scheme from 'Gateway 1' to 'Gateway 2', the additional detail required includes:

- a more comprehensive overview of the project, its benefits and interdependencies
- a Quality & Equality Impact Assessment, to identify any such impacts for a range of stakeholder groups, and specifying actions to mitigate any negative impacts identified
- an overview of the main risks of the project, scored against the CIP risk rating matrix, specifying the likelihood and impact of each risk, the risk owners and mitigations.

Once this information has been provided, the PMO team will assess if the scheme needs to be signed off by the Chief Nurse and Chief Medical Officer, and will pass to both post holders. If the scheme meets the criteria it is signed off and moves to the 'Project in Process' stage. If extra information is required, the PMO team will work with directorate teams accordingly. Once the savings from a project have been realised and are reconciled to adjustments within the ledger, the project is moved to the 'Completed' gateway. If a project is unable to move forward and no savings can be realised it is marked as 'Project no longer going ahead'.

Our Board receives regular performance information relating to patient safety and quality, performance, workforce and finance. The use of statistical process control charts in our Quality and Performance reports to our Board, aligned with the five CQC domains, enable us to identify any statistically significant changes which go beyond the levels of common cause variation, identify any potential deterioration in the quality of care, and develop actions to address those changes. Actions are set out in the Board report, and progress is monitored and reported via the appropriate governance forums, including the Trust Board. Our Board also receives a quarterly report on progress against our key objectives, based on the priorities which we set out in our operational plan, and other priorities identified through our strategic planning process, drawing upon the views of patients, carers, Governors and staff. Our workforce performance indicators and annual milestones are aligned and consistent with those used to monitor the implementation of our People Strategy. These reports and our wider governance forums allow us to triangulate information across a range of indicators and help us to identify and address any issues arising. We also triangulate information by producing regular monthly dashboards for each of our community hospitals and mental health wards, showing in-month performance and recent trend data, and using a 'balanced scorecard' approach, with indicators relating to quality, workforce, performance and finance. These dashboards help to provide a triangulated view of performance on the wards and to identify any areas of pressure. National benchmarking data shows that Somerset is comparatively less well resourced in respect of mental health services, and this has been identified as a key priority for the Somerset STP in 2019/20, as detailed in the 'Activity Planning' chapter.

3. COLLEAGUES AND CULTURE: WORKFORCE PLANNING

As an alliance, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust have a single People strategy that supports, engages, and develops colleagues and underpins robust workforce planning across both organisations. Our People strategy sets out our plans to ensure that we have the right staff with the right skills, delivering safe, high quality care.

Our strategic objective in relation to colleagues and culture is to:

- Engage, Develop and Resource the workforce across the whole alliance whilst aligning and developing a positive and progressive culture to deliver high quality, cost effective care whilst ensuring the alliance is a great place to work

As part of our alliance-wide workforce planning and monitoring arrangements, we engage with front line clinical teams to assess current baselines and project forward our workforce requirements in order to understand future requirements and options to satisfy them. There are clear links, integral to our performance assessment processes, between the financial, workforce and operational performance of services, ensuring that finances and activity plans are aligned with workforce plans in order to ensure the delivery of safe care to patients. Further detail is included in the 'Quality Planning' chapter. As at 31 March 2019, our non-medical appraisal rate was 92.9% and our medical appraisal rate was 96.0%.

Table 2 below sets out some of the principal workforce challenges that we currently face, the impacts of those challenges, and the mitigations which we have put in place.

Workforce challenge	**Impact on workforce**	**Initiatives in place**
Supply: particularly a shortage of ward-based registered nursing roles, across acute, community, and mental health services	difficulties in recruiting to establishment levels high reliance on agency usage and impact on levels of expenditure	• bank premium enables colleagues to earn a premium if they have fulfilled their baseline hours. This has been commended by NHS Improvement (NHSI) as exemplar practice. • tiered agency expectations, where agency rates are compared on a weekly basis. • reduced use of the most costly tier 3 rate. • development of new roles and ways of working • overseas recruitment stepped up
Capacity and demand	Burnout, particularly within medical specialities	Our Health and Wellbeing Strategy sets out a range of actions across mental health and physical health to support colleagues
Retention, especially regarding registered nursing roles	Adverse impact on morale and high work levels for individuals	We are an active member of the NHSI retention programme, using QI methodology.
Supply: shortage of some medical roles	Increased burden on colleagues	We have a dedicated medical recruiter, who has been directly responsible for 15+ doctors recruited into mental health
Brexit	Uncertainty, particularly colleagues from overseas	We are providing support through our overseas nursing forum, as well as human resources support to colleagues, and regular communications, to ensure that colleagues know how highly they are valued
Long Term Plan	Need to develop the workforce to ensure the right capacity and	Participation in the NHSI retention programme and Colleague Health and Wellbeing programme. Career development and pathways. Focus on

Workforce challenge	Impact on workforce	Initiatives in place
	skills to deliver new models of care	equality, diversity and inclusion. Leadership development.
Overseas recruitment	recruiting to establishment levels high reliance on agency	Recruitment activity is continuous, including programme of overseas recruitment. We have a revised RN recruitment trajectory that includes recruitment from within the UK, new graduates and overseas pipelines.
Changes to NHS nursing allied health professional bursaries	Fewer people entering training	Presents a further risk to supply of UK trained nurses.

Table 3 below provides an outline of our current workforce risks, issues and mitigations in place to address them.

Description of workforce risk	Risk impact	Risk response strategy	Timescales, progress to date
Supply into hard to fill roles including RN Ward based roles, Medical Consultant roles (various)	High	National and international recruitments plans in place. Dedicated recruiters working with hard to fill areas to develop local action plans.	Nursing: June 2019 Other areas: ongoing
The supply of staff from Europe and beyond	Medium	We have recruitment plans in place and have developed a Brexit plan which spans the alliance	Ongoing
NHS nursing and allied health professional bursaries	Medium	We have recruitment plans in place and have developed a Brexit plan which spans the alliance	Ongoing

An outline of our long-term vacancies and how we are planning to fill those vacancies is outlined in Table 4 below.

Description of long term vacancy, including the time it has been a vacant post	WTE impact	Impact on service delivery	Initiatives in place along with timescales
Full time Older People's mental health consultant posts in Bridgwater and Yeovil. Another post in Minehead, which is a gap created by someone changing roles.	3	Unable to get locums for these positions. To counter this the doctors have split the workload but are consequently stretched	Associate Specialist interviews planned alongside Consultant post out to advert.
Adult Consultant Psychiatrist in Adult Learning Disability: this post has been advertised on five separate occasions since 31 May 2018. A Consultant Psychiatrist post in Taunton has been advertised three times since March 2018. A Speciality Doctor in the Perinatal Mental Health Team is a recent post. Chard speciality Doctor: 0.6 PAs and an Eating Disorder consultant role are long-standing vacancies.	4.2	Two agency locums are in place.	One NHS locum will apply for substantive Chard and Eating Disorder roles, to be advertised in February 2019. All other roles are currently out to advertisement.

Description of long term vacancy, including the time it has been a vacant post	WTE impact	Impact on service delivery	Initiatives in place along with timescales
Vacancies in Child and Adolescent Mental Health Services, at Wessex House, Bridgwater, and Forensics, and also a Consultant liaison position	3.2	There is currently no cover for forensics or Wessex house. Two full time locums are in post at Bridgwater and in the liaison position	There is a job share plan in place for Bridgwater and the liaison locum is to become substantive. The Wessex House role is to be advertised shortly.

Our People strategy makes clear the alignment of our priorities with those of the wider STP. Our recruitment initiatives have seen us recruit nurses from Europe and beyond, and we will continue to undertake recruitment initiatives collaboratively, as an STP footprint. Staff shortages may mean that some services are not viable in the long term in their current format, and transformational change is required in order to meet future needs. To ensure a sustainable longer term solution for nursing workforce supply given the lack of a university within Somerset, an innovative partnership has been established between NHS providers, other health and care employers and Bridgwater & Taunton College to introduce a new local nursing degree programme (building on the success of the locally-delivered trainee Nursing Associate programme). We are undertaking transformational service change, redesigning pathways and implementing new models of care to deliver better quality care for patients and improve our offer to our workforce, examples of which include the development of the Rapid Response service, Home First, and countywide Psychiatric Liaison, and new Nursing Associate roles. We are also in discussion with the University of the West of England to take Physician Associates for 2019/20, to support gaps for clinicians, and we will also continue to strengthen bank provision, minimise agency use, and further develop e-rostering.

System level collaboration to develop a strategic approach to apprenticeships has led to the development of initiatives to increase the breadth and number of apprenticeships offered within the county. This will provide valuable employment opportunities and new pipelines for developing skilled staff. In relation to new clinical role development, a system-wide Faculty of Advanced Practice has been established to harmonise and develop further advanced clinical practitioners as a key component of the future workforce.

As an alliance and as an STP, our workforce focus is on creating a balance in workforce supply and demand, with the right skill mix, maximising the potential of our current skills and providing the workforce with developmental opportunities. As an alliance, we are exploring developing specialist nursing roles in critical care and paediatrics, to provide enhanced care without the need for additional difficult-to-recruit consultant posts. We are also developing new technical roles in some medical specialties, as a result of innovative working with local education providers to train school and college leavers and help keep them in the area. The three Somerset provider Trusts have signed up to a collaborative workforce rostering project to review requirements for all staff groups and undertake joint procurement to achieve greater economies of scale, and more effective rota management and staff utilisation, focused on flexibility around patient need. The STP provides further opportunities for collaboration and improved workforce productivity, which has already begun with more closely linked back office services, and will be further developed in the coming year.

As an alliance, we have undertaken work to consider the Carter review to benchmark our services for efficiency, including a workforce review to explore the scope for efficiencies within our establishment. As part of our current Cost Improvement programme we use a number of resources to prompt the review of workforce within each financial year. This includes information from Model Hospital, NHS Improvement Benchmarking data and findings from NHS Benchmarking Network projects.

The apprenticeship levy is fully established in supporting the recruitment of new apprentices as level two health care assistants and administrative support. The levy also supports workforce development and leadership development plans through colleagues utilising the levy to develop their careers. This helps with retention and promotion from within the alliance, enabling new apprentices to join at the entry level, with clear options for progression.

Our People strategy priorities for 2019/20 include:

Resourcing

1. Develop tools and resources to support decision making through workforce planning, to include the provision of a template workforce planning model
2. Develop and advertise a more sophisticated total reward package and incentive schemes to enhance and differentiate the alliance as a great place to work
3. Provide comprehensive reporting on all stages of the recruitment lifecycle
4. Create flexible approaches to work and retirement which support our people as they move through their working lives
5. Design a people framework and employment models which support new ways of working across organisational boundaries
6. Design and development of more flexible roles, enabling colleagues to work with a core set of skills, whilst being flexible in their approach within their scope of practice
7. Further explore more flexible terms and conditions such as part time options, job sharing, secondment opportunities and new, more flexible career paths

Engagement

8. Develop and implement a communication and engagement plan for cascading values and behaviours across the alliance
9. Implement a “you said we did” approach to ensure where feedback is being received the actions are being communicated in a regular robust and consistent way
10. Ensure improvement methodology is embedded into everyday leadership
11. Through a survey ask colleagues what they believe the recognition schemes currently are and what they would want
12. Review the actions from the “Great Place to Work” and build on this along with results from the staff survey
13. Develop a plan for reward and recognition that links to performance
14. Provide an occupational health service focused on intervention and prevention

Development

15. Implement a robust and effective performance review process
16. Focus on the quality of reviews as well as the quantity
17. Enable colleague feedback on the on-boarding experience and improve availability and choice of learning to support career development
18. Identify skills required and carry out a skills analysis to identify gaps
19. Review training to ensure it supports innovative and evidence based practice
20. Create a learning environment where colleagues feel empowered to make a difference
21. Prioritise the introduction of succession planning for all key leadership positions across the alliance

Further priorities will focus on Equality, Diversity and Inclusion, TUPE transfer to support the merger, harmonisation of policies and procedures.

4. VIABILITY AND GROWTH: FINANCIAL PLANNING

Section 1: Financial forecasts and modelling

When the Trust submitted its draft plan in February it was unable to accept the challenge posed by NHS Improvement in respect of the control total surplus of £3.6 million for 2019/20, as this would have required a cost improvement target of £7.2 million for the year (an efficiency saving of 4.1%). That level of saving within the framework of the Somerset health system was deemed to be undeliverable.

The high cost savings target were driven by:

- non-recurrent savings brought forward from 2018/19, due in part to a lack of clarity about the overall commissioning intentions of Somerset Clinical Commissioning Group (CCG), particularly in respect of the future of bed-based care in the county
- the balancing of historic investment within the Trust to improve the equity of mental health services
- the loss of the contract, and related contribution to overheads, with the local authority for the provision of public health nursing, which has been taken in-house by the council.
- the impact of the change in the Royal Institution of Chartered Surveyors (RICS) guidance in relation to asset lives, which will have the impact of increasing building depreciation cost by 50%.

Since then, two factors have enabled the Trust to reconsider its position:

- NHS Improvement has taken account of the specific challenges facing the Trust and reduced its control total by £0.9 million to £2.7 million
- Somerset CCG has provided further support to the Trust by increasing its block contract by £2.3 million

The combination of these two changes has enabled the Trust to accept the revised control total.

We are actively engaged in developing the local STP, but at this stage the level of detail within the plan is insufficient to be reflected fully within the operating plans.

In preparing the financial plans for 2019/20 the following assumptions have been made:

- there will be a tariff inflation level of 2.7%
- pay costs will increase by 3.1% due to pay inflation (4.1% for medical staff to reflect the full year impact of the prior year award)
- non-pay costs will increase by 1.8%, plus any specific areas of change (such as CNST contribution and depreciation under the revised RICS guidance noted above).

The majority of our income is from a block contract with Somerset CCG. The current assumption is that contract will be £142 million of our £164 million clinical income, or approximately 87% of our total clinical revenue and does not include any non-recurring income. This includes the full-year effect of investments in services committed to by the CCG in 2018/19. There has been an agreement by the system on how the mental health investment standard will be invested but due to timings this investment is not included within the Trust's plan and contract and will be varied during the year as the schemes are implemented. Investment in community services is not yet confirmed so will also be enacted as an in year variation. Activity levels are based on 2018/19 outturn.

Provisional figures have been included within the plan for the contract with NHS England, based on the forecast outturn for 2018/19, with inflationary uplift. Work on finalising the contract is in progress.

Our contracts with Somerset County Council have reduced significantly for 2019/20, following the decision by the council to take in-house the provision of public health nursing and school nursing

services and reduce its investment in mental health day care services. The net reduction in contract value is £8.4 million of income, with lost contribution of £0.9 million. The contract with the council is now only £2.3 million, the bulk of which is for the provision of sexual health services.

The Trust has reviewed its capacity to make efficiency savings in the light of the current state of progress within the Somerset system and the inherent underfunding in mental health and community based services within the county. The Trust has set itself a challenging efficiency target of 3.5% (£6.2 million). This will generate a surplus of £0.5 million and enable the Trust to access £2.2 million of Provider Support Funding, resulting in a planned surplus of income over expenditure for 2019/20 of £2.7 million.

The impact of this on the plan risk rating is that the overall assessment is a score of '1' for the year as a whole. The rating is higher in the early months of the year due to the impact of the one-off payment in April to staff at the top of their pay scales under the latest Agenda for Change pay settlement and the phasing of the savings plan.

Section 2: Efficiency savings for 2019/20

Costs including Cost Improvement Plans
The inflation assumptions used in the financial plan for are shown in Table 5 below:

Table 5: Inflation assumptions

	% Inflation
Pay (excluding medical)	3.1%
Pay (medical)	4.1%
Non-pay	1.8%

The pay increase is 3.1% for agenda for change colleagues and 4.1% for medical colleagues, in accordance with the national pay award and the impact of increases in spine point. For non-pay inflation a general rate of 1.8% has been used plus provision for specific areas of cost pressures.

We recognise that significant systemic change is required, in order to meet the challenges of preserving and raising quality standards within available financial resources. We have taken active steps towards transformational change, with the overall aim of improving levels of quality, productivity and efficiency. This is consistent with the work of the Somerset STP and the wider vision for Somerset, to create a sustainable health and care system. We continue to work very closely within the alliance with Taunton and Somerset NHS Foundation Trust and the work to take forward the planned merger is progressing well. No potential savings arising from the successful completion of that process have been incorporated into the plan.

The level of efficiency savings required in 2019/20 in order to deliver the control total is affected by a number of factors outside of our control:

- the general efficiency requirement of 1.1%
- the loss of the contract with the local authority for the provision of public health nursing
- the impact of the change in the Royal Institution of Chartered Surveyors (RICS) guidance in relation to asset lives, resulting in increased building depreciation of £0.6 million.

Additionally, we have been unable to achieve all of our savings targets for 2018/19 on a recurrent basis, partly due to the lack of clarity within the system at present around the need for community bed-based care.

As noted above, the required level of saving to deliver the control total is £6.2 million (3.5% of the cost base of the Trust). Savings realisable from the STP continue to scoped but are not currently identified at an organisational level and therefore not reflected in the operational plan. Also, the implications of the commissioning strategy 'Fit For My Future' is not sufficiently advanced to be incorporated within the plan.

Whilst a significant level of savings to be delivered by Somerset Partnership will relate to pay budgets, this being the greatest area of spend, accounting for nearly 75% of our costs, the Trust will focus on alternative areas to seek to limit the impact on front line services. We are taking pay savings forward through service redesign, integration, working ever more closely in partnership with other organisations across the local health economy, and a critical review of posts, skill mix and agency usage. We will continue to aim to make reductions to our expenditure on non-pay costs, and we will therefore make savings in other areas including travel and the procurement of office equipment and services as well as the full year impact of maximising the opportunities available from Modern Equivalent Asset (MEA) valuation methodology. It is expected that the changes to the procurement contract with NHS Supplies will deliver sufficient savings to offset the loss of income from the tariff top-slice.

Our Cost Improvement Plans for 2019/20 are as follows:

- workforce and service redesign: £4.0 million – we will deliver savings through a combination of skill mix changes, improving productivity, reviewing inpatient staffing and reducing travel costs through increasing the use of mobile technology.

- support services: £0.5 million – this will cover corporate services, booking services and other administration costs.

- non-pay initiatives: £1.1 million – these will include a range of non-pay savings, including maximising benefits from the new NHS Supplies contract, , our procurement team reviewing the top products that we use across the Trust, reviewing expenditure with other care providers and reducing our accommodation rental costs.

- estates revaluation: £0.5 million – this continues the work that began in 2018/19 to optimise the savings available from MEA valuation methodology.

- income generation: £0.1 million.

All of our cost improvements are discussed and approved by our Executive Team and our Board, as outlined in the Quality Planning chapter above. As part of that process, our Chief Medical Officer and Chief Nurse will assess the impact of the programmes on the quality of services and on patient safety and patient experience and will report their conclusions to our Board. We will share our plans with commissioners, and with other Foundation Trusts locally, so there is a common understanding of our plans, and so that other organisations can undertake a full impact assessment of them.

The cost improvement plans are still being refined and more detail added but currently the risk profile of the plans is as follows:

Risk Profile	**£m**
High	0.9
Medium	4.7
Low	0.6

Modelling for the planning period includes a downside assumption of non-achievement of cost improvement plans. The mitigation for this is that we will review any vacancies, with the intention of holding posts where it was safe to do so and also where we would not incur agency costs.

Agency Rules
We have struggled to manage our agency demand within the agency cap throughout 2018/19. The plan going forward is based on the expectation that pressures will remain within certain core staff groups for the use of agency staff. The main areas of pressure are expected to continue with medical staff and mental health and specialist nursing staff. Plans are in progress to improve recruitment and retention in these areas as well as reducing demand for such staff through service redesign, although we have taken a very prudent approach within the plan, anticipating that the impact will be small in 2019/20.

Section 3: Capital planning
The main areas of expenditure, set out in our Capital Programme are:

	2019/20 £m
Information Technology Strategy	1.7
Equipment replacement	0.4
Backlog maintenance and minor environmental improvements	2.1
Service redesign enabling works	3.2

The Trust places great emphasis on the need to continue to develop and invest in the IM&T infrastructure. The main areas of expenditure will relate to the renewal of core software licences, infrastructure and networks to support front line services, investment in prevention against cyber security and refreshing old computers. We will continue to focus on working with clinician colleagues to introduce new IM&T initiatives that release time to care for patients, make systems better for colleagues in frontline services, enhance the quality of patient care, and improve efficiency.

We do not have significant backlog maintenance issues within our owned estate. Our minor capital programme will continue to focus on health and safety and on improving the patient environment.

There are three important capital projects that will need to be taken forward in 2019/20 to enable the redesign of services in Taunton and Yeovil; plans for which are well advanced. These will involve making sites fit for agile working and to improve patient facilities and make for a safer and more flexible working environment within inpatient settings.

Our estate, which includes buildings across the whole of Somerset, only includes one building, on our Wells site, which is currently unoccupied. A project group is currently reviewing the building and is producing a business case to set out options for the future of the site, which will include options for development and disposal.

Liquidity

Our planned cash position for the end of 2019/20 is £18.7 million.

5. SUSTAINING A HEALTHY COMMUNITY: LINKS TO THE LOCAL SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

The Somerset STP sets out the following key priorities:

- Developing an Integrated Care System
- Development of Local Services
- Strengthening more specialist and Acute Services
- Prevention
- Improving our Financial Position

In 2019/20 the Somerset system will collectively deliver transformation in line with the system vision agreed in late 2018, and the single system and programme approach to strategy, transformation and collective system management.

The key deliverables will be the improvement of access and reduce waiting time for elective care in the west of the county and move towards more equitable access across the county, with short-term actions in place to reduce the size and length of the waiting list, and transformational projects focussing on outpatients and diagnostic delivery. The system will invest in core mental health services, recognising the current level of investment and service gaps, and implement universal support services for children and adults aimed at mitigating specialist demand, and has commenced delivery of the key schemes agreed across the system. We will implement neighbourhoods across the system to work to support the longer-term mitigation of demand growth and these will be inclusive of the setup of primary care networks and will review the scope and range of community services (across health and care). Through the neighbourhoods and local services we will have a centred, prevention focussed approach to stop or reduce escalation, with specific clinical pathways to be focussed on. These will, as a result, ensure that we are prepared to support the move away from an (excess) reliance on bed-based care. Within our acute services, we will be implementing the quick wins from the external review of paediatrics, finalising the future of acute stroke services and commence implementation and developing proposals for longer-term changes to elective referral patterns on the back of in-year work aimed at improving waiting times.

The STP acknowledges that the county's health and care services are not keeping pace with the changing needs of local people and that the Somerset system requires radical transformation to ensure its financial and clinical sustainability. Much of our work in the last year has been focused on developing ways of achieving this, and our preparations for merger over the coming year will ensure that we maintain that focus. Our strategic objectives in relation to sustaining a healthy community are to:

- deliver the benefits of integrated care within a merged organisation, and work with primary care, social care, public health and voluntary sector partners to deliver integrated, high quality services.
- work with STP partners to deliver the Fit for My Future strategy, prioritising prevention and neighbourhood working, to maintain a sustainable county health economy.

The alliance between Somerset Partnership and Taunton and Somerset NHS Foundation Trusts has worked actively as a partnership to drive forward the vision of the local STP through improved ways of working, and transformational programmes involving the development of new models for the delivery of better quality care for patients, including:

- **Rapid Response**: this team provides GPs and the South West Ambulance Service NHS Foundation Trust with a credible alternative to Accident and Emergency for frail older people, helping to reduce bed occupancy by the equivalent of 20 beds across the STP by reducing preventable admissions and caring for people in their own homes.
- **Home First**: this Discharge to Assess service reduces length of stay in hospital and also the number of delayed transfers of care. A team of nurses and allied health professionals assesses the needs of patients their own homes, community hospitals or care homes, and provides support until an out of hospital care package is in place.

- **Psychiatric Liaison Team**: this enhanced service means more liaison psychiatrists and psychiatric liaison nurses are available to assess, treat and signpost mentally unwell patients presenting at both Somerset acute Trusts to alternative locations for care, such as Crisis Intervention and Home Treatment. Its aim is to reduce by 20% the admissions and length of stay for mentally unwell patients presenting at the acute hospitals.
- **Complex Care Hubs**: These hubs treat the increasing number of patients with multiple long-term conditions and enable patients' whole care needs to be assessed and managed in one place. The hubs bring together existing community services with primary care and are located across the county in existing community services localities, with plans to create additional hubs in advance of winter.
- **Better Births:** this £1 million project is one of seven nationwide pilots aimed at digitally-enhancing maternity services, in line with the recommendations of the Better Births review. The project involves data collection, access to information and records for families and staff, and linking data systems across hospitals and primary care. A new post-natal nurse associate post is supporting this work, providing continuity of care for vulnerable families, as well as offering a new career opportunity for support workers.
- **Nursing Associates:** Nursing Associates provide care and support to patients, addressing a gap in care skills between healthcare assistants and registered nurses. The roles represent a further option for career development and can be used as a stepping stone to graduate-level nursing qualifications. The third cohort of Nursing Associates is in place, and the initiative is another example of how we are 'growing our own' workforce to address skills shortages.

How our 2019/20 Priorities will link to the STP

The themes of the integration programme between Taunton and Somerset NHS Foundation Trust and Somerset Partnership are consistent with the STP's key priorities and wider aims. The proposed merger between the two trusts strongly supports the STP's strategic objectives of integrated care and strengthened community services for the people of Somerset. It will create a financially sustainable organisation that will help address the Somerset STP's financial challenges and support the development of an integrated care system for the county. The summary below shows how our aims and plans for merger serve the priorities of the STP:

- **Prevention**: we will work with partners to improve our focus on and investment in preventative care to help reduce demand particularly for mental health, cardio-vascular services, cancer, respiratory disease and musculoskeletal services
- **Development of Local Services**: we will work with our commissioner and primary care partners to focus our resources away from acute services and into mental health and community services so we can provide care for patients in their own homes, or as close to home as possible, and developing the neighbourhood model of care delivery
- **Strengthening more specialist and Acute Services**: we continue to work with neighbouring acute Trusts to identify solutions to unsustainable acute services, either by consolidating acute services or by developing out of hospital models of care
- **Creating an Integrated Care System**: the development of the merged trust's clinical model is a first step on the road to creating an integrated provider organisation in Somerset, and subsequently an Integrated Care System
- **Improving our Financial Position**: our financial plan will support the improvement in the system position by delivering our own financial aims, and will deliver additional system benefits including improved early intervention to reduce escalation of need / demand for emergency care and reduce reliance on bed-based care. Savings will also be secured through combining support services and some clinical teams

Links to other STP areas

We will continue to play a key role alongside STP partners in developing the planned Somerset neighbourhoods and align our community-based work and inpatient care with them. We will provide increased support and advice to primary care, improved community-based diagnostics,

and work with partners to support early intervention to prevent escalation of health need. We will also continue to work in partnership with and support local voluntary sector organisations. We recognise the importance of IT as an enabler to the delivery of integrated care and we are developing a programme of work to take forward integration of our IT systems in a way that allows interoperability with our STP partners. We also continue to work with local partners on the development of the Somerset Integrated Digital Electronic Record.

6. MEMBERSHIP AND ELECTIONS

The Council of Governors consists of 31 governors made up of elected and appointed governors who provide an important link between the hospital, local people and partnership organisations:

- 17 publicly elected governors from the following constituencies (Taunton Deane, West Somerset, Sedgemoor, Mendip. South Somerset and Outside Somerset).
- six staff governors elected by self-nomination and constituency voting. The Trust has not set up specific staff groups.
- eight governors appointed by partnership or stakeholder organisations.

Governor elections in previous years and plans for the coming 12 months
No elections took place during 2018, but elections are scheduled for 2019 when a total of ten public and three staff governor seats will be up for election. In view of the proposed merger with Taunton and Somerset NHS Foundation Trust, the composition of the Council of Governors is being reviewed and this may result in additional public and staff governor seats and a change in the number of appointed governor seats from the date of merger. An election will be held from the date of merger, if needed, and a further regular election is scheduled in 2020.

We have adopted the revised Model Rules of Elections, and members will be offered the e-voting option. We recognise the need to encourage members to stand for election and the approach to notifying members of the upcoming elections has changed from a “signposting” approach to the production of a detailed information booklet.

Governor recruitment, training and development and membership engagement
Training and development are essential for governors to perform their duties. Some examples of the ways in which they are supported with this are as follows:

- attending Trust induction
- Development Days, with discussion topics decided by Governors. Executive and Non-Executive Directors are invited to the afternoon sessions of the Development Days. The Governor-only part of the development day includes a Governor question and answer session, with two Non-Executive Directors invited to these sessions. Alternatively a specific Executive Director may be invited to provide more information about a specific subject. Training and development is also identified as part of the Chairman’s introductory meeting with new Governors. In view of the proposed merger with Taunton and Somerset NHS Foundation Trust, joint Governor Development Sessions have been set up with the main aim to discuss the merger.
- undertaking ward visits, either individually, if requested, or as part of the Leadership Walkrounds or PLACE inspections.
- being invited to the South West Governor Exchange Network, which includes regular discussion about the roles and responsibilities of governors, as well as strategic updates.
- weekly briefings sent electronically to governors.

Actions taken to engage a diverse range of members from across constituencies in previous years were focused on Governors attending a range of different stakeholder meetings, such as carers groups, young people’s services, to promote membership and the work that we do, and to link with existing members and members of the public. Work on recruiting members will continue on an ongoing basis but will be refocused in view of the proposed merger.