

Forward Plan Strategy Document for 2012-13

East London NHS foundation trust

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

This document completed by (and Monitor queries to be directed to):

Name

Mason Fitzgerald

Job Title

Associate Director of Governance

e-mail address

Mason.fitzgerald@eastlondon.nhs.uk

Tel. No. For
contact

0207 655 4040

Date

31 May 2012

The attached Forward Plan Strategy Document (the “Forward Plan”) and appendices are intended to reflect the Trust’s main business plan over the subsequent three years. Information included herein should accurately reflect the strategic and operational plans that have been agreed on by the Trust Board.

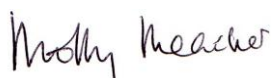
In signing below, the Trust is confirming that:

- The Forward Plan and appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Plan and appendices have been subject to at least the same level of Trust Board scrutiny as any of the Trust’s other internal business and strategy plans;
- The Forward Plan and appendices are consistent with the Trust’s internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust’s financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Baroness Molly Meacher
-----------------	------------------------

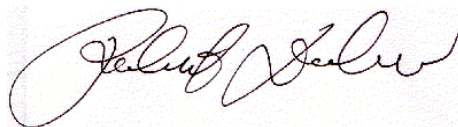
Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Dr Robert Dolan
---------------------------	-----------------

Signature



Approved on behalf of the Board of Directors by:

Name	Jitesh Chotai
<i>(Finance Director)</i>	

Signature

A handwritten signature in blue ink, appearing to read 'Jitesh Chotai', is written on a white background. The signature is fluid and cursive, with a large initial 'J' and a long, sweeping underline.

Section 1: Forward Plan

A. The Trust's vision is summarised as:

The Trust vision is to provide high quality community-orientated health care to local communities. The Trust will do this in partnership with service users, their carers and families and statutory and voluntary organisations.

In 2011/12 the development of new priorities and measures of quality and satisfaction represented a fundamental shift in the Trust strategy and a move away from the existing wide range of 'output' focused performance measures. The Trust agreed three main priorities as a framework for delivery of the annual plan:

- i. Improving service user satisfaction
- ii. Improving staff satisfaction
- iii. Maintaining financial viability

The Trust has decided to keep the same framework for delivery of its priorities for 2012/13, due to the initial success and the need for a sustained approach in order to bring about the improvements required. This view is supported by the Council of Governors.

The Trust wishes to be viewed as one of the highest performing trusts in the country and the provider of choice for mental health and community health services in East London and the City.

The Trust is committed to early and effective engagement with the Council of Governors in order to ensure that it meets the needs of local communities and can be held to account for the quality of services provided.

The Trust intends to work closely with Clinical Commissioning Groups in East London and the City and its Local Authority partners to ensure that a high quality integrated health and social care system is commissioned and delivered.

B. The Trust's strategic position is summarised as:

The Trust Board has reviewed its strategy in the context of the new emerging commissioning context and the Trust's position in the local and regional healthcare sector.

The Trust is proactively responding to the new local emerging commissioning context. A Mental Health Board has been developed within NHS East London and the City (ELC). It has joint representation from all local Clinical Commissioning Groups and is supported by the Commissioning Support Service. The Trust is working closely with Clinical Commissioning Groups for the three East London Boroughs and the Corporation of London. The Trust clinical and executive leads have met with CCG chairs and mental health leads and will continue to ensure effective engagement in 2012/13.

The Trust is working closely with its Local Authority partners regarding social care priorities in order to deliver an integrated health and social care service to the local population. The Trust has appointed an Associate Medical Director to lead on personalisation, and a Steering Group has been set up to ensure that personalisation in mental health is rolled out by April 2013. The Trust is looking to reduce the number of people in residential care by supporting people to live as independently as possible, providing support for carers through support and involvement strategies, and will continue to work with partners to safeguard children and adults.

The Trust Board has reviewed its business strategy. The focus for this year will be on the retention of existing business and securing new business in additional geographical areas where these would build on existing expertise (i.e. Forensic services, Improving Access to Psychological Therapies). The Trust will in addition pursue new partnership arrangements where these can significantly enable market entry for securing new business and improving performance and outcomes for existing services.

The Trust is well prepared for new national imperatives. The Operating Framework sets a key focus on delivering improved access to psychological therapies, a commitment to reduce mortality through better management of the physical healthcare needs of those with mental illness. It also addresses offender health, working in partnership with the National Offender Management Service and provides targeted support for children and young people at particular risk of developing mental health problems.

The Trust is well prepared for the impact of the new commissioning structure and regimes, such as the recent introduction of Any Qualified Provider, whole pathway commissioning, and the significant pressure on commissioners for savings. The Trust consistently engages in market and competitor reviews, and benchmarking exercises.

C. The Trust's Clinical and Quality strategy over the next three years is:

In 2011/12 the Trust met all key national and local targets and is fully compliant with Care Quality Commission requirements. Internal performance and audit information shows that significant improvements were made in a number of areas. The Trust intends to build on this progress in 2012/13 in order to deliver its vision fully.

The key components of the strategy are set out below:

Trust-wide quality priorities

Trust-wide quality priorities have been developed and are grouped in the three quality domains as follows:

Safety

- Participating in the Leading Improvement in Patient Safety Project in order to reduce the levels of violence and aggression on adult acute mental health inpatient wards
- Use of simulation training to improve staff skills of medical emergencies
- Focus on physical healthcare and diabetes management in mental health services, and pressure ulcer prevention in Community Health Newham services

Clinical Effectiveness

- Implementation of NICE guidance "Service user experience in adult mental health" and "Patient Experience in Adult NHS Services"
- Improved implementation of the recovery model through the establishment of a Social Inclusion Board
- Implementing a Clinical Coding Improvement Plan in order to achieve the Level 2 of the Information Governance Toolkit

Patient experience

- Local quality improvement projects based on patient feedback
- Increased flexibility around the times that people can access services
- Increase service user and carer involvement in training
- Use of Patient Reported Outcome Measures in Community Health Newham

Service level clinical and quality priorities

Through the quality framework set out below, the Trust develops and implements service level clinical and quality priorities. There are six service level clinical and quality priorities agreed for 2012/13, in the following areas:

- Mental Health Community Services
- Mental Health Inpatient Services
- Community Health Newham
- Older Adults Services
- Child and Adolescent Mental Health Services
- Forensic services

Further details in relation to these priorities are set out in the next section.

Each directorate also has a local clinical and quality plan in line with the annual plan priorities. Progress during the year is monitored via monthly quality and performance meetings chaired by the Medical Director.

Structures and processes

The Medical Director is the executive director lead for quality, and is responsible for delivery of the Trust's Quality and Safety strategies.

The Medical Director chairs monthly quality and performance meetings with directorates, and the Chief Executive chairs quarterly meetings. The agenda is structured around the three quality domains of safety, clinical effectiveness and patient experience.

The Trust's Quality Committee provides a key forum for discussion of quality issues and priorities. In 2012/13, a sub-committee structure based on the three domains will be put in place in order to support the work of the Quality Committee. The Assurance Committee monitors the work of the Quality Committee.

Creating a learning culture

The Trust is developing the culture required to ensure that quality projects are implemented at a local level. This is supported by the Trust's Organisational Development programme, which focuses on the development and functioning of clinical teams and clinical leadership.

In 2011/12, all clinical teams developed a local Quality Improvement Project, and these will be further developed in 2012/13.

Learning from experience

The Trust has systems in place to support learning from incidents, complaints, clinical audit and other governance processes. The Trust's Learning Lessons programme, for example, provides a forum for sharing of learning from serious incident investigations.

The Trust training programme provides practical and action based learning opportunities for clinical staff. The Trust has recently been successful in obtaining funding for simulations of serious incident situations, as well as physical health emergencies.

Service user and carer engagement

The Trust seeks the active involvement of service users and carers in all aspects of service delivery. In 2012/13 the Trust intends to make further improvements to the quality of care planning in order to engage service users more effectively in their care and support the personalisation agenda.

Following feedback from the Council of Governors, the Trust also intends to improve engagement between staff and service users on inpatient wards, and increase the involvement of service users and carers in the Trust's training programme.

Assurance

The Trust will continue to seek external assurance of the quality of services, through participation in the Royal College of Psychiatrists' Accreditation for Inpatient Mental Health Services, the Quality Network for Inpatient Child & Adolescent Mental Health Services and other accreditation schemes. The Trust will continue to take action in response to visits from the Care Quality Commission in order to maintain its position of full compliance. The Trust implements relevant National Institute of Clinical Excellence (NICE) guidance, including the recently published guidance "Service User Experience in Adult Mental Health".

The Trust agreed a range of quality indicators in 2011/12, and has reviewed and refined the list for 2012/13. The indicators are grouped into the three quality domains. A sub-set of these indicators is included in the Trust's Quality Account.

The Trust has now implemented real-time patient feedback systems across all services. The focus is now on ensuring that effective action is taken as a result of feedback received.

The Trust has also developed a set of staff satisfaction indicators and again the focus is now on ensuring that effective action is taken as a result of feedback received.

Reporting to senior management and the Board takes place through the Quality & Safety Report, Performance Report and Integrated Governance Report.

Supporting strategies

Supporting strategies were reviewed in 2011/12 in order to support the three priorities and delivery will continue in 2012/13. The key strategies are as follows:

- Organisational Development (OD) strategy – This strategy sets out the structures, systems and behaviours required to deliver the Trust's vision. OD activities are delivered at Trust Board, Directorate and Clinical Team level. The Trust has adopted the Appreciative Inquiry (a method which focuses on increasing what an organization does well rather than on eliminating what it does badly) model and has a rolling programme of session with staff groups.
- Workforce strategy – The workforce strategy seeks to develop a highly skilled, motivated and culturally competent workforce that is able to deliver the range of objectives required to improve service user and staff satisfaction.
- Information Management and Technology Strategy – The strategy sets out the infrastructure, user systems, performance information systems, support and training arrangements to ensure that information management and technology effectively supports clinicians and clinical care.
- Estates Strategy – The estates strategy sets out the work required to ensure that the Trust has a modern, fit-for-purpose estate that supports the delivery of high quality clinical care and provides a basis for market expansion. The Trust will spend £10.5m on estates improvements in 2012/13.
- Business Development Strategy – The strategy sets out the Trust's approach to development of services and seeking opportunities for growth in areas of expertise.

D. Clinical and Quality priorities and milestones over the next three years are:

In 2011/12, the Trust developed clinical and quality priorities for the next three years. The priorities for this year therefore represent Year 2 of the plan. The clinical and quality priorities have been developed by assessing the achievements made in 2011/12, considering the additional work required, and consulting with staff and the Council of Governors.

The Trust's key clinical and quality priorities are as follows:

Mental Health Community services

Delivery of the Community Mental Health Team review action plan through the central and local Project Board structure.

Improve coordination of care between the Trust and GPs through delivery of an improved primary care liaison service by recruiting to additional posts and improving discharge and communication arrangements.

Establishment of a Personalisation Steering Group to ensure that Personalisation in Mental Health is implemented by April 2013.

Improve care planning processes in order to ensure that service users and carers are effectively involved in their care.

Mental Health Inpatient Services

Continue to manage existing capacity effectively in order to prevent high occupancy levels.

Consider the findings of the commissioner-led review of capacity of inpatient acute services in order to achieve an 85% occupancy level.

Discussion with commissioners in order to address the current shortfall in the provision of Female Psychiatric Intensive Care Unit (PICU) beds.

Review PICU pathway in order to ensure that capacity is effectively utilised and patients receive care in the most appropriate setting.

Improve engagement between staff and service users on inpatient wards (in both 1:1 and group settings).

Community Health Newham

Development of the virtual ward service and enhanced primary care teams to integrate with General Practice and improve patient experience

Reviews of child and older peoples' services in order to consider opportunities for service integration.

Establish a clinical team and undertake reviews of commissioner-funded continuing care placements to ensure service users receive care in the right setting.

Support and engage with the local commissioners on their reviews of urgent care, integrated care and utilisation of the East Ham Care Centre.

Deliver the national Health Visitor strategy "Call to Action", including increasing the number of health visitors by obtaining investment from NHS ELC for additional health visitor posts.

Older Adults Services

Consolidate the centralised dementia assessment inpatient service in Tower Hamlets.

Realising the benefits from the integration of mental health and elderly frail continuing care services at East Ham Care Centre (EHCC) through the transfer of the Willow Suite to EHCC.

Work with commissioners to further review Older Adults services in order to develop further proposals for quality improvement.

Child and Adolescent Mental Health Services

Carry out service reconfiguration in order to address PCT/Local Authority de-commissioning/tender processes.

Achieve at least 95% of the improvement measures in the Quality Network for Inpatient Child and Adolescent Mental Health Services (CAMHS) [QNIC] national standards.

Forensic services

Create a Forensic Business Unit in order to improve the structure and management of the Forensic Directorate and to support the Trust's Business Development Strategy.

Improve the quality of the Forensic Estate through major refurbishment of inpatient wards.

Improve clinical processes in order to provide effective patient pathways that facilitate rehabilitation and discharge.

E. The Trust's financial strategy and goals over the next three years:

Main assumptions

The Trust intends to build on the success of exceeding its overall financial plan for 2011/12. Risks identified and lessons learned in 2011/12 have underpinned the plan for 2012/13 and beyond. The Trust will have an internal target of achieving a financial risk rating of 4 for the next three years.

The plan is based on the national operating framework which includes the following assumptions:

- A national Cash Releasing Efficiency Saving (CRES) requirement of 4% applied to tariff and non-tariff services.
- Pay and Prices inflation of 2.2%.
- Increase in Commissioning for Quality and Innovation (CQUIN) income by 1% to a revised value of 2.5% of the contract value.

Income

Over 90% on the Trust income for 2012/13 is based on block agreements; this includes contracts for generic Mental Health services (58%), Community Health Newham (23%) and Specialist Services(19%), e.g. Forensic, inpatient CAMHS Tier IV and inpatient Learning Disabilities services.

The rest of the income is from Non-Contracted activity, Workforce allocations and Research & Development income.

Service lines relating to the commissioning intentions to decommission services to the value of £3.2m agreed as part of the 2011/12 contract negotiations for the generic Mental Health Contract have now been agreed. The phasing impact is currently being negotiated, however for the purpose of the plan any reduction in income is assumed to be matched with a corresponding reduction in expenditure. The commissioners have confirmed their intention to decommission and redesign the Health Advocacy and Learning Disabilities service from the Community Health Newham contract. The decommissioning of these services is the responsibility of the commissioners and therefore it has been agreed that the related value of the reduction will be determined by the timing of the decommissioning implementation.

Expenditure

A thorough bottom-up budget setting exercise has been carried out to ensure that the expenditure budgets are robust, incorporating:

- Allowance for identified unavoidable cost pressures.
- Incremental drift allowance for staff on Agenda for Change contracts.
- Allowance for the cost of £250 award for low paid staff.
- Budget for non-pay inflation as appropriate for general increases for Private Finance Initiative (PFI) contracts, Clinical Negligence Scheme for Trusts (CNST) and Rent & Rates etc.
- Incorporating solutions for 2011/12 non recurrent funding.

CQUINs

As stated above, 2.5% of contract value will be subject to CQUIN performance. The Trust has always achieved the CQUIN targets historically and will build on this past performance to ensure that this income is not compromised.

CRES Plans

Detailed information about the CRES plan is contained under a separate section within this document. All the supporting plans are recurrent in nature and exclude any assumptions of additional income or surplus from new business developments.

Key actions to support the Financial Strategy in terms of Risk and demand management

A number of strategies to minimise potential financial risk supported by prudent governance arrangements have been adopted, including:

- To ensure a sustainable position for the Trust, recurrent Income and Expenditure plans are assumed in base line.
- A robust budget setting process supported by accurate and timely financial information with precise lines of accountability defined within the governance structures will ensure that the risks associated with failure to manage expenditure within budgets is minimised.
- Building on the successful planning underpinned by prudent assumptions, the Trust achieved a Financial Risk Rating (FRR) of 4 compared to the official plan of achieving a FRR of 3 in 2011/12. Similarly the plan submission will be based on a FRR of 3, however, internally the targets will be based on achieving a FRR of 4 to give reassurance that, as a minimum, a FRR of 3 will be achieved.
- The delivery of the Cost Improvement Programme (CIP) underpins successful delivery of the financial strategy. Refer to CIP section further in the document which demonstrates how this objective will be met.
- There are two areas of risk specifically associated with nature of the contracts (block arrangements) with the commissioners that relate to the management of demand:
 - The funding for an additional adult acute inpatient ward in 2011/12 combined with active senior management support has resulted in a significant improvement to the overall occupancy rate; nonetheless it has not achieved the desired target of 85%. A commissioner-led review of capacity was completed in April 2012. The recommendations from the review will form the basis of an agreed plan with the commissioners together with the involvement of senior clinicians from the Trust.
 - The shortfall in the provision of Female Psychiatric Intensive Care Unit (PICU) beds has been raised with the Commissioners throughout the year and as part of the contract negotiations for 2012/13. The associated financial value for this additional provision is approximately £500k. The discussions with the commissioners in relation to this are still on-going at time of writing this report.

F. The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

The Trust Board ensures that effective leadership and management structures and processes are in place to deliver the annual plan. Clinical services are managed under a directorate structure, led by a Clinical and Service Director and supported by a senior management team.

The Trust Board has an annual development programme facilitated by an external consultant. The programme focuses on the Trust's annual plan and supporting strategies such as quality and business development strategies. An annual review of the Board's effectiveness is conducted by the external consultant.

The Trust's Organisational Development programme was delivered to approximately 1,400 staff on 2011/12. OD activities are delivered at Trust Board, Directorate and Clinical Team level. The Trust has adopted the Appreciative Inquiry model and has a rolling programme of session with staff groups, which will continue in 2012/13.

The Trust Chair has announced her resignation from the Trust and a recruitment exercise is underway to find her replacement. The process is led by the Council of Governors' Nominations Committee, with the assistance of an external recruitment company. The person specification is consistent with the priorities and strategies set out in this annual plan. A new Chair will be appointed in July 2012.

The Trust is developing proposals to improve the structure and management of the Forensic Directorate. A Forensic Business Unit will be created, which along with improvements to the estate, will support the Trust's intention to expand in this area.

The Trust is conducting reviews in child and older peoples' services to consider further integration opportunities between community and mental health services in Newham.

The Trust is improving its engagement with both Clinical Commissioning Groups and Local Authorities. The Trust has developed a senior role of GP Engagement Manager to liaise closely with the emergent commissioning organisations. In addition, the Chief Executive and members of the executive team regularly meet with CCG colleagues to discuss clinical and service issues and to facilitate improved communications between the Trust and frontline GPs. The Trust also meets with Local Authority partners through a local Chief Officers Group.

The Trust has reviewed and strengthened its Business Development Unit in order to support its Business Development strategy. The key functions of the unit cover project management, GP Liaison, marketing, contract management and commercial bid development. The new structure has been designed to allow the Trust to be flexible and proactive in responding to the external strategic context in 2012/13 and beyond, and supports the effective involvement of clinical leads in the business development process. This includes responding to Any Qualified Provider opportunities, addressing the changing GP commissioning framework and leading on new business opportunities.

G. The Trust's other strategic and operational plans over the next three years:

The Trust attempts to limit the number of priorities contained within the annual plan in order to ensure adequate focus is given to key priorities during the year. There are three areas, however, where the Trust Board has agreed to include other strategic plans due to their importance in supporting the Trust's vision. These are set out below.

Membership Strategy

As at 31 March 2012 the Trust has a total membership of 12,461 members (8,845 public members and 3,616 staff members).

Whilst the Trust wishes to recruit members in sufficient numbers to represent adequately the local population, the priority and overall aim is to recruit and develop a membership that represents the numerous diverse communities we serve, and is engaged and interested in its activities. For example, we want to ensure that black and ethnic minorities and young people are well represented in our membership.

Trust membership must be manageable for communications and supporting involvement, and be cost effective. The membership must also, however, be representative of local communities and support democratic elections. To this aim the Trust wishes to maintain a membership target of 9,000 for this financial year taking into consideration numbers lost through natural attrition. The Trust will ensure effective engagement of its membership through communications and its rolling programme of events and other opportunities for involvement, including volunteering.

Working Together Group priorities

Through its structure for engaging with service users and carers, led by the Trustwide Working Together Group, the Trust has agreed to include seven priorities in the annual plan that have been raised by the group.

The implementation of these priorities will be divided between local Directorate Management Teams, Acute Care Forums and Community Care Forums. The overall coordination of this work will be via the Trustwide Working Together Group, which will monitor progress and ensure that milestones are delivered within the required timescales. It is not anticipated that any additional resources will be required in order to deliver these milestones.

The seven priorities of the Trustwide Working Together Group are as below:

- Improve the quality of food on wards
 - An Inpatient Food Committee has been set up in City and Hackney, Newham and Tower Hamlets. These committees are chaired by the respective Borough Lead Nurses, who will implement the identified actions and work towards a higher standard of food on wards over the course of 2012/13
- Improve the uptake and use of Advance Directives
 - The Associate Director of People Participation is offering training to Community Teams to encourage the meaningful use of Advance Directives
 - Directorate Management Teams will look at how best to promote the use of Advance Directives as a clinical priority
- Increase flexibility around the times that people can access services (including out of normal office hours access)
 - As there are local issues that impact on the times that services can be provided, this priority is to be carried forward via Directorate Management Teams
- Address concerns about benefits issues
 - A Trustwide Welfare Benefits Forum has been established to coordinate the quality and quantity of the services provided across the Trust. This forum will implement identified actions over the course of 2012/13
- Ensure a better service for carers

- As there is considerable variability in terms of resources available and structures in the local boroughs, this priority is to be carried forward via Directorate Management Teams
- Increase service user and carer involvement in delivering training to Trust staff
 - Service users and carers are already involved in a range of training programmes for Trust staff – this includes Care Programme Approach and Risk Management Training, Approved Mental Health Professional Training, and Trust Staff Induction. It is envisioned that this involvement will be extended to other mandatory training for staff, such as breakaway training. This will be coordinated via the Trustwide Working Together Group.
- Encourage positive staff attitudes towards service users.
 - The Associate Director of Nursing is currently offering a training programme for band 7 nursing staff and positive attitudes towards service users is covered within this training.
 - The Trustwide Working Together Group will coordinate further work around this priority.

In Community Health Newham, a Public Participation Lead role will be created in order to strengthen service user and carer involvement in that directorate.

All of these align to the Trust priority of improving service user satisfaction.

Equalities priorities

The Trust has developed three equalities priorities as part of its equalities duty. These are as follows:

- By June 2012 we will produce new guidance to conduct enhanced equality analysis. This guidance will help us to ensure that our organisational change strategies, policies, procedures and practices do not disadvantage our service users or staff but do advance equality and foster an ethos of dignity and respect for all. The Equality Analysis guidance will ensure that when undertaking service and organisational change the Trust works proactively to eliminate discrimination, advance equality of opportunity and foster good relations
- By 2014, we will undertake a review of all training packages carried out by the Trust with input from service users and carers to ensure staff have the knowledge and skills to comply with the public sector Equality Duty to eliminate discrimination, advance equality of opportunity and foster good relations
- By 2014, we will expand the capacity of patient and staff information systems to ensure that the data captures the 'protected characteristics' defined within the Equality Act 2010 (of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex, sexual orientation). In addition *we will include categories for 'language' (including BSL), 'no fixed abode', 'traveller' and 'parenting responsibility'*. This will include complaints and PALs (Patients Advice and Liaison service) systems. The improved information will equip the Trust to understand and develop plans to address inequality.

All of these align to the Trust priority of improving service user satisfaction.

The priorities will be delivered through the Trust's implementation of the Equality Delivery System (EDS). A Project Management structure will be set up in order to ensure implementation and manage risk.

H. The Trust has had regard to the views of Trust Governors by:

The Trust has a detailed process in place for consulting with the Council of Governors. This is summarised below:

November 2011	Review of 2011/12 Annual Plan and initial discussion about priorities for 2012/13
January 2012	Initial discussion of draft set of Trust priorities for 2012/13
February/March 2012	Two membership consultation events held to discuss the draft priorities
March 2012	Discussion of feedback to date and refinement of priorities
May 2012	Review of draft annual plan document and final comments made.

The Trust Board receives detailed reports of all feedback generated, and a number of Board members attend each Council of Governors meeting in order to hear directly from governors. Informal meetings are also held with governors.

The Council of Governors is broadly supportive of the Trust's priorities. A summary of the key themes raised by the Council is set out below. Following review by the Board of Directors, a number of these issues have been incorporated in the Trust's clinical and quality priorities.

Improving Service User Satisfaction

- More engagement between staff and service users on Inpatient Wards and in community services, both in groups and 1:1s
- Better access to information on other organisations/services for service users on Inpatient Wards and in community services(talking therapies, referral to linked therapies)
- Better coordination between Care Coordinators and Community Mental Health Teams and GPs
- Staffing levels- use less agency staff
- More support and recognition for Carers
- Meet the needs of groups where services are being cut (i.e. CAMHS)

Improving Staff Satisfaction

- More peer support for staff
- Staff Survey needs to be more meaningful in its feedback
- Involve service users and carers in staff training
- Regular staff appraisals
- Cut down paperwork, less time spent on disciplinary issues, and handovers are too long
- Staff to be trained to work with Learning Disability clients

Maintaining Financial Viability

- Identify areas of waste in Inpatient and community care
- Sell services to other trusts- but only if our services are managed effectively
- Promoting and raising profile of advance directives could lead to reduced admission, as the service user's needs are being care planned therefore reduce cost of admissions
- Cut management
- Cut down on stationary and form filling
- Avoid external consultants if work can be done on time

The Trust will provide a detailed report to the Council that sets out how each item of feedback was treated.

As part of this process, the Council reviewed and refined its own set of priorities. These are set out below:

1. Earlier and more effective engagement of the Council, other stakeholders and the wider community
2. Council needs to understand the external policy context and external environment that the Trust operates in
3. Effective care planning to improve treatment and input from carers to ensure that service users care pathway and services meet their needs
4. Recruitment and training programme enables staff to treat people in our care, their carers and other staff members with the dignity and respect that they deserve
5. Ensure that the Trust takes necessary action to maintain staff morale through training and support
6. Ensure timely and appropriate access to Child and Adolescent Mental Health services
7. Ensure timely and appropriate access to all Trust services

The Trust will provide reports to the Council on the progress in delivering the annual plan throughout the year so that they can hold the Board to account.