Camden and Islington NHS
NHS Foundation Trust

Operational Plan Document for 2017-18

Camden & Islington NHS Foundation Trust

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ACTIVITY PLANNING

The Trust's bed profile is comprised of 272 inpatient beds, of which 166 are acute inpatient beds including 24 Crisis beds and 12 male psychiatric intensive care unit (PICU) beds. The Trust currently does not provide female PICU beds. These continue to be outsourced to the private sector, with commissioners having agreed funding for the equivalent of two private sector placements.

C&I's 2016/17 activity plan was set based on the drivers and assumptions contained in the previous Operating Plan, accounting for funded demographic growth and planned service developments. In line with national guidance, the current plan is based on (and monitored against) cluster Year of Care episodic tariffs.

Current and forward planning activity assumptions

C&I continues to report one of the highest levels of cluster completeness and accuracy in the sector (currently at 98%). In line with national guidance, the forward plan has been initially based on reported super-clusters and care-cluster data sets from July 2015/16 to June 2016/17 together with out-of-scope services, adjusted for funded growth and agreed impacts of service redesign over the 2017-19 financial years.

Impact of demand and capacity modelling tools on forward activity plans

Extensive service capacity modelling work has been undertaken jointly with commissioners. This has centred on mapping the patient journey to recovery, focusing on patient access points across IAPT, Assessment and Advice Teams, Crisis and A&E. All clinical models, without service redesign, predict continuing pressures on capacity.

Modelling work has analysed the impact on caseloads and admissions of Practice Based Mental Health (PBMH) services on all specialist pathways (including Personality Disorders, Complex Depressions Anxiety and Trauma and Recovery and Rehabilitation teams). The modelling is based on evidence gathered from the pilots in place in Islington across 9 GP practices, together with evidence derived from the South Barnet Network Partnership pilot which has been led by C&I. Evidence demonstrates that lack of investment in PBMH leads to increased inpatient bed use and over-capacity in community teams with high caseloads. Full PBMH investment models divert referrals to secondary care by a minimum of 30%, up to averages delivered in successful pilots of 63%. This leads to reduced caseloads and more effective recovery combined with reduced inpatient length-of-stay and consequent reductions in occupied bed days, when mapped against models with no additional investment. It is important to note that investments in PBMH diverts admissions across all pathways, including acute care pathways like diabetes, COPD and CHD, as has also been demonstrated through investments in integrated liaison services.

The impacts of this modelling will be reflected in adjusted activity planning assumptions (based on agreed investments by each CCG), and monitored accordingly over the 2017-19 contract cycle.

Capacity Management

C&I has a modern and effective bed management system, wherein weekly targets are managed at ward level across all acute services. This model has enabled the acute care system to operate within its bed capacity for a full year without any outplacements to the private sector. However, C&I cannot manage PICU and Rehabilitation activity within current capacity and does use private sector beds to support demand for these services:

- Female PICU (FPICU) beds are not provided within C&I's estate and only 2 beds are commissioned for outplacements by Islington and Camden CCGs against an average demand of circa 5 beds and peak demand of 8 beds. This presents a substantial cost pressure to C&I and without further investment, either in establishing a dedicated FPICU unit within C&I estate or in a more realistic level of private placement beds, this will continue to present a significant capacity issue for C&I;
- Male PICU beds are provided in-house, but peak demand does occasionally exceed capacity, necessitating private bed placements; and
- Private sector beds are occasionally needed for 3 complex needs rehabilitation patients.

However, plans in place during 2016/17 will see the reconfiguration of C&I's bed base to meet current demand for MPICU and Rehabilitation.

Plans to achieve recovery and access milestones

Data for services where capacity is adequately resourced (including Early Intervention and IAPT) demonstrates that C&I's performance on waiting times is well above national averages. In specialist care pathways with longer waits, where sufficient capacity is not resourced, C&I will commit to working with CCGs and stakeholders on safe and effective care pathways for those who remain waiting for access. Pressures remain for C&I's high intensity psychological services for people with personality disorders and severe depression.

Additional non-recurrent resilience capacity

C&I is supported with additional non-recurrent system resilience funding through the regional System Resilience Group (SRG). The only funding secured and in place moving forward is for 3 acute out-placement beds at UCLH. There is no approved resilience funding support for the Royal Free or Whittington Hospitals' mental health activity.

Integrated Practice Unit for Psychosis

C&I continues to work closely with Commissioners, GPs, and acute and community care providers in Camden and Islington on the development of the Integrated Practice Unit for psychosis. This model aims to bring together all elements of mental and physical health care, relating to long term conditions, for those people in Camden and Islington who have a psychosis. Based on a five year contract term, the aim is to work to co-produced clinical and service user experience outcomes, with increased income stability, in return for greater levels of payment for outcome.

QUALITY PLANNING

Approach to quality improvement

In 2015, C&I developed a Clinical Strategy which set out its vision for the future of the Trust's services. Central to this vision was an emphasis on quality improvement and one of the strategy's core themes was the implementation of a robust quality improvement (QI) programme. This is a five year programme that aims to create a culture of continuous improvement, developed by the Medical Director and the Director of Nursing.

The Trust aspires to be 'Outstanding' and recognises that building a culture of continuous improvement is required to achieve this. The QI programme intends to create this culture by:

- **Engaging** with staff and patients to ensure everyone knows about QI and feels empowered and encouraged to get involved in improving care;
- Building capacity and capability through a programme of **QI education and training**;
- Supporting teams to deliver **QI projects and programmes** that are co-designed with patients, service-users and the public; and
- Developing a cohort of **QI Champions** across the organisation which has the leadership capacity and capability to empower others to get involved in QI.

The Trust Board reviewed and endorsed a proposal to establish and resource the QI programme in November, committing the Trust to QI as the delivery model for the Clinical Strategy. QI improvement plans will be monitored, with progress tracked via existing governance structures, and the Board will receive six monthly progress reports. Implementation leads will be assigned to each Trust-level quality priority, ensuring accountability for each priority.

The Trust's QI methodology is informed by the Institute of Healthcare Improvement (IHI) and NHS Improvement's (NHSI) Quality Service Improvement and Redesign (QSIR) College. A central QI hub, with clinical leadership, will be established to build capacity and capability in order for the organisation to implement and sustain change.

The QI Hub will undertake the IHI Open School QI course and the next QSIR training programme in July 2017, which will allow the Hub team to become associate members of the QSIR teaching faculty, enabling them to train other staff in QI methodology and data analysis. Team managers will free up staff to train and participate in QI projects by identifying areas of current practice that do not add value. The Hub will work with staff, service users and carers to identify problem areas.

The programme's impact will be measured in three ways:

- A reduction in levels of avoidable patient harm;
- Improved staff morale, evidenced by C&I benchmark being in the top 20% of providers according to the national staff survey;
- Improved patient experience, evidenced by C&I being in the top 20% of Mental Health providers as measured by the Friends and Family Test.

Summary of the quality improvement plan

In line with these KPIs', C&I's quality improvement plan focuses on reducing avoidable patient harm and improving staff morale and patient experience. These priorities reflect the Trust's strategic aims (early intervention and prevention, recovery through working together, and research and innovation); reflect our Trust values; and are closely linked with the NHS outcomes frameworks. The plan also reflects themes from the CQC's comprehensive inspection in 2016 and 2014, from our robust internal quality assurance framework, and from quality priorities at national level; and it is aligned with the North Central London's (NCL) Sustainability and Transformation Plan (STP). The quality priorities reflect areas that will make a meaningful difference to service users and carers, and that will improve safety, clinical effectiveness and patient experience. Some examples of work that will be undertaken in each of these areas are provided below:

1. Priority 1: Patient Safety

1.1 Strengthen the mortality and morbidity review process

There are several ongoing strands of work through which C&I will strengthen its mortality and morbidity review process:

- In 2016, the Trust established a weekly Mortality Review Group (MRG), led by the Medical and Nursing Directors, conjointly with the Chief Operating Officer. The Group's remit is to review reported incidents, agree the threshold for serious-incident-(SIs)-level investigations and identify learning opportunities for the Trust. A mortality database has been established in relation to all service users who have died whilst under the care of C&I or within six month of discharge from Trust services;
- The Thematic Review of Suicides and Suspected Suicides programme (jointly established between Camden and Islington Clinical Commissioning Groups, the NEL Commissioning Support Unit, and C&I) has made a number of recommendations relating to risk assessment and management, communication and care planning. These three areas were also highlighted as requiring attention by the 2016 CQC inspection and the Trust is therefore undertaking some detailed improvement work in each of these areas, which will be delivered over the coming year.
- C&I is also a pilot site for the London Learning Disability Mortality Review Programme, commissioned by the Healthcare Quality Improvement Partnership. The Trust will support the programme by reviewing deaths of adults with learning disabilities, interpreting and analysing data, identifying improvements, and developing and monitoring action plans;
- Further to the National Inquiry into Drug Related Deaths in England, C&I will support the local CCGs with developing a local review process, involving a wide range of agencies, to investigate and review the causes of drug-related deaths. The robust review process will enable C&I to work in partnership with external stakeholders to learn more about the events leading up to a death and take measures to help prevent similar deaths in future;
- A quality priority for C&I is suicide prevention. This is a key outcome for the Trust's Integrated Psychosis Unit (IPU), and we are committed to supporting the implementation of the local suicide prevention strategy. C&I will lead improvement work relating to recommendations from the local Suicide Prevention Pathway Review.

1.2 Improve the quality of serious incident investigation and subsequent learning

Learning from serious incidents about how to reduce patient harm is a quality priority for C&I. Recent CQC feedback suggests that we are not achieving the greatest impact when it comes to sharing learning from incidents across the organisation. Improvement plans, cited in the CQC action plan, include a leadership programme for team managers with the aim of fostering a culture of personal responsibility around learning lessons; a review of the management of serious incidents and learning lessons to ensure standardisation across the Trust; and improving processes to communicate learning from adverse incidents and complaints.

1.3 Promoting positive and caring environments; preventing violence and reducing restraints and supporting staff and service users following incidents of violence

Violence and aggressive behaviour has been identified as one of the biggest concerns of the C&I's workforce. The workforce is central to our future success in contributing to the delivery of excellent care and a safe and pleasant environment is central to their on-going commitment to this excellence. To help address this concern, the Positive and Caring Environments - 'PACE' - QI programme is being implemented to support the reduction of violence for all people within C&I. 'PACE' concentrates on 13 key areas and PACE's Thematic Action Plan monitors progress around these areas. One key area of 'PACE' is reducing the use of restrictive practice. A project is underway to improve processes and systems relating to restrictive practices; reduce prone restraint; enhance staff knowledge; improve physical health observations post restraint; and improve debriefs. Further implementation of this project will continue over the next two years.

1.4 Falls

Since 2015, C&I has undertaken a falls QI project – 'FallStop'. The aim of 'FallStop' is to: enhance the knowledge of staff; ensure that staff identify those at risk of falling and take preventative action; and ensure patients who have fallen are offered appropriate interventions with the aim of reducing injury and the incidence of further falls. The project is demonstrating a reduction in the number of falls on in-patient wards (a 15% reduction in 2015/16 compared to 2014/15), and a reduction of falls causing serious harm. The Trust will continue to implement the falls QI project.

1.5 Sepsis and the deteriorating patient

C&I currently uses the Modified Early Warning System (MEWS) to detect for deterioration in a service user's condition within the 24 hour bedded units. In line with national guidance, the Trust will implement the National Early Warning System (NEWS). The NEWS documentation will incorporate a sepsis screening tool, and guidance on the detection and treatment of sepsis. Sepsis improvement initiatives include; improving staff knowledge and awareness, emergency equipment provision for treating suspected sepsis; and policy review.

1.6 Infection Prevention and Control

C&I is committed to ensuring that a robust infection control function operates within the Trust, that supports the delivery of high quality healthcare and protects the health of service users and staff. The Infection Prevention and Control Annual Report published each April sets out the priorities and full infection control programme for the year ahead.

2. Priority 2: Clinical Effectiveness

2.1 Clinical audits and national confidential enquiries
The Trust participates in:

- Clinical audits and confidential enquiries that are nationally mandated. In line with the Trust audit programme, results and recommendations from national audits and enquiries are reviewed and identified improvements to practices are implemented;
- The Prescribing Observatory for Mental Health (POMH-UK) national audit-based QI programmes. The Trust will continue to participate in 2016/17 and onwards.
- The National Audit of Schizophrenia (NAS) organised by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). The NAS is also a National CQUIN for 2017/18 and aligns to physical health outcomes relating the Trust's IPU.

2.2 Early Intervention in Psychosis and Improving Access to Psychological Therapies
C&I expects to continue to meet NHS Improvement (NHSI) priority aims relating to Early Intervention in Psychosis and Improving Access to Psychological Therapies. These key mental health access standards are increasing in 2017-2019, and the Trust's IPU and IAPT improvement work streams will enable these standards to be achieved.

3. Priority 3: Patient Experience

3.1 Safe Staffing and Care Hours per Day
The Trust applies approved methodologies, including the Keith Hurst tool and the Safer Nursing Care Tool, to ensure that its skill mix, staffing numbers and care hours per patient day are appropriate for safe, compassionate care. In 2016/17 an investment of an extra £1,254,000 into staff resource was applied based upon initial recommendations arising from these methodologies and the Trust will continue to act on related findings into 2017/18.

3.2 CQUIN
Over the next two years, C&I will build on the 2016/17 CQUINs relating to: improving staff health and wellbeing; promotion of healthy eating; participation in the flu campaign; and screening patients for alcohol and tobacco use. In 2016/17 good progress was made in all areas and the Trust is on trajectory to achieve all milestones. C&I aims to make further improvements to attain the CQUIN milestones for 2017/18 and 2018/19.

In support of the national CQUINs in 2017-2019, C&I will work with the three local acute hospitals to ensure that people presenting at A&E with mental health or underlying psychosocial needs have these needs met more effectively, resulting in a reduction in A&E attendance.

3.3. Patient Experience Strategy
During 2015/2016, C&I launched its new Patient Experience Strategy. The strategy has four work streams: always listening; understanding the things we are told; sharing, collaboration and co-production; responsibility and making changes; and getting the basics right. The Trust will continue to roll out the strategy over the next two years, and will monitor it against related milestones.

Summary of quality impact assessment process

The importance of assessing the Quality Impact (QuI) of any transformation initiatives and cost improvement programmes (CIP) is well understood within the organisation. The Trust's Medical Director and Director of Nursing are responsible for ensuring that the QuI is assessed as part of the process for the planning and approval of transformation initiatives and CIPs. No CIPs can be approved without assessment by the trust's agreed process, and sign off by the Trust Executive and Board.

The scale of the CIP programme over the next two years is significantly larger than the previous two, and will require a greater level of scrutiny and risk assessment for any quality degredation

Initiatives are generated through our clinical divisions, and processes include clinicians, front line staff and service users. (One recent example was a three day 'Hothouse event' to review our acute and crisis pathway, which developed proposals to re-design services along that pathway.);

All schemes that have an impact on workforce or clinical services go through a Quality Impact Assessment during the planning stage, to help with the consideration of clinical pathway and service implications. Proposed schemes will be risk rated. We have a QI assessment template, developed in partnership with our local Commissioning Support Unit. These are reviewed with commissioners at Clinical Quality Review Groups. Templates include metrics that are scheme specific e.g. a proposed CIP against the Services for Ageing Mental Health Home Treatment Team measured patient satisfaction and clinical effectiveness.

Ultimate oversight and assessment of proposed schemes sits with Quality Committee, with review of risk undertaken through Risk Committee.

Activity, workforce, clinical governance and finance are reviewed through monthly directorate performance meetings, which will take an overview of the inter-relationships between schemes. The board receives finance reports and integrated performance reports, which enables it to monitor any positive or adverse impact of schemes. Relevant metrics include incidents, staff turnover, patient experience and complaints.

Summary of triangulation of quality with workforce and finance

The Trust has an established process for the triangulation of quality with workforce and finance data. Monthly divisional performance meetings, chaired by the Chief Operating Officer, are attended by the Associate Divisional Director and the Clinical Director for the Division, Governance, Human Resources (HR) and Finance.. Standing agenda items for the performance meeting are: key performance indicators (including NHSI and Vital Signs Monitoring); HR workforce report (including vacancy and sickness rates, mandatory training and appraisal completion); clinical governance (including complaints, incident, NICE compliance, friends and family test results, freedom of information, clinical audit, and health and safety compliance); and finance reports. Data is triangulated to identify areas of concern. Executive team members attend quarterly.

The Quality Committee' members include the CEO, non executive and executive directors. This committee examines integrated performance and quality reports, reviewing complaints, incidents, claims, performance and workforce metrics. Trends and emerging areas of concern are identified on a Trust, divisional and team level. In addition the Quality Committee examines one division in more thoroughly at each meeting.

The integrated report is presented to Public Board quarterly. This report includes the emerging themes in narrative sections.

Risk management processes enable further triangulation of data. Divisional and corporate risk registers are scrutinized by the Risk and Audit Committee.

WORKFORCE PLANNING

Approach to Workforce Planning

C&I's workforce plan is owned and informed locally and gives clear indications of current and future workforce requirements to ensure continuous, high-quality delivery of care. The Trust has ensured the workforce plan is aligned with the clinical strategy, workforce strategy and workforce deliverables from the STP and that it meets the requirements of the Trust's strategic objectives of 'Early Intervention and Prevention', 'Recovery through working together ' and 'Research and Innovation'.

The workforce plan has been created in partnership with operational services, the nursing directorate, human resources and finance. Factors such as CIP plans; new business; and any organisational development and workforce issues within each Division, the Trust and the NHS as a whole are reviewed. The plan also takes into account the supply of qualified staff and HEE NCEL commissioning intentions. The plan is approved in detail by the Trust Workforce Committee and progress against the plan will be monitored by the 'Resources' Sub-Committee of the Board.

Workforce priorities for 2017/18

To successfully meet the challenges over the next five years (and beyond), the Trust will require an agile, adaptable and affordable workforce that can: work across health and social care with independent or private sector providers; be flexible in the provision of care at differing points of the patient pathway; provide care and treatment for both physical and mental health care; support those with learning disability to receive care and treatment in mainstream pathways; provide care in different locations (including the home); and use new technological developments.

Through our workforce planning processes (and building on the work that has already been done to model our future local populations and the mental health issues they will present with) we will have closely considered the skills, competencies and knowledge gaps identified in our workforce and training plans and developed new roles to bridge these gaps. These new roles will be further developed and implemented as part of the NCL STP. The new roles will facilitate development of different career pathways and will play a key part in our retention strategies.

In line with the Trust's strategic aims, the Trust is part of a test site partnership for the new Nursing Associate trainee role. The partnership is aligned with several main aims of the North Central London STP and aims to widen the routes in to nursing by providing a recognised career pathway for Bands 1-4.

The Trust Workforce Strategy sets out the following strategic goals which were developed to support the Clinical Strategy and actions informed by the February 2016 CQC Inspection. The strategy has been shared with commissioners via the Clinical Quality Review Group and they have had the opportunity to advise and contribute to the strategy.

The key workforce priorities for the Trust in 2017/18 have been identified as follows and are based upon factors such as the clinical strategy, STP, NHSI, feedback from CQC Inspection February 2016, EU changes and changes to student bursaries:-

1. Deliver the Workforce Strategy
2. Retention (and recruitment)
3. Reduce agency spend/ use
4. Equality & Diversity work plan
5. Improve management and leadership development
6. Embed the Staff Engagement Strategy

The new Recruitment and Retention Strategy, has outlined that, whilst keeping the vacancy rate low remains important (currently 9.8% October 2016), there is a need to prioritise the retention of current staff due to the high turnover rate (turnover 12.1% April-October 2016) by being an outstanding employer. The key strategic themes of the Recruitment & Retention Strategy are depicted below:

The Trust recognises that initiatives from NHS Improvement (NHSI), regarding temporary staffing, will continue to remain a priority in 2017/18. The Trust is committed to reducing agency use and spend through multiple approaches such as 'Never Cancel Bank', new Temporary Staffing Policy, a Temporary Staffing Group and working as part of the local and wider STP work-stream. Reduced agency levels improves the quality of care.

FINANCIAL PLANNING

Financial forecasts and modelling

Income & Expenditure

	16/17 outturn £k	17/18 Plan £k	18/19 Plan £k
Income	135,761	135,256	136,657
Normalised Expenditure	-126,069	-124,583	-125,427
Normalised EBITDA	**9,692**	**10,673**	**11,230**
Depreciation	-4,650	-5,200	-5,400
PDC	-4,258	-4,171	-4,528
Interest	116	28	28
Normalised Surplus	**900**	**1,330**	**1,330**
STF	800	838	838
	1,700	**2,168**	**2,168**
Normalised EBITDA Margin	7.1%	7.9%	8.2%
Normalised Surplus Margin	1.3%	1.6%	1.6%

2017/18

The Trust is currently basing its planning on the assumption of a small level of growth in income from its main commissioners of £0.9M in 2017/18. Currently the Trust is not fully in agreement with the contract offers and is engaging fully with the commissioners during contractual negotiations. The income growth from our main commissioners is offset by £0.9M of income reductions from SIFT and the ending of rental cost support in respect of NHS Property Co.'s rent increases, as well as the application of commissioner QIPP and other cost pressures.

In addition, overall capital and interest charges will rise by £0.6M, and a control total increase (excluding STF) of £0.5M requires the Trust to increase normalised EBITDA by £1.0M in year. This necessitates a reduction in normalised expenditure between 2016/17 outturn and 2017/18 plan of £1.5M. This is an increase in the EBITDA margin from 7.1% to 7.9% and in the normalised surplus margin from 1.3% to 1.6%.

These plan figures follow national planning guidelines closely, with the key numbers being a 2.1% increase for prices, offset by a 2% national efficiency requirement, to give 0.1% net price growth. All of our local commissioners have offered this in their latest contract offers.
In order for the Trust to meet its 2017/18 issued control total, a cost improvement programme of £5.3M (3.5% of turnover) will be required. The control totals, including £838K of STF, are £2,168K for both financial years, and the Trust is able to accept these. The CIP is well within the range of the Trust's historical performance. The programme is identified below:

CIP

	Total £k	Pay £k	Non Pay £k
2017/18			
16/17 Headroom b/f	500	375	125
Operational Services	3,181	2,266	915
(Female PICU			
Inpatient Rehab			
Acute beds			
Impact of Primary Care			
S75 Review in Camden)			
Corporate Areas	2,141	894	1,247
(Carter - Corporate admin savings			
Estates efficiencies)			
TOTAL CIP PROGRAMME 17/18	**5,822**	**3,535**	**2,287**
less 17/18 Headroom	-500	-500	
TOTAL CIP REQUIREMENT 17/18	**5,322**	**3,035**	**2,287**

2018/19

Income growth is planned to be positive in 2018/19, with a net growth of £1.4M, reflecting national price growth (+0.1%) and a small increase in activity over 2017/18, mainly funded by Islington CCG as Camden CCG allocation growth levels remain barely positive.
The normalised EBITDA margin will rise by 0.3% to 8.2%, and the surplus margin will remain the same at 1.6%. This will mean a CIP of £2.3M in 2018/19, before recognition of any extra cost pressures which may become apparent.

Balance Sheet

	31.3.17 4cast £k	31.3.18 Plan £k	31.3.19 Plan £k
PPE	121,893	130,672	136,372
Current Assets	16,000	14,000	14,000
Cash	36,000	32,000	26,300
Current Liabilities	-18,556	-15,167	-12,999
Non current Liabilities	-49	-4,049	-4,049
	155,288	**157,456**	**159,624**
PDC Reserve	60,348	60,348	60,348
Reval Reserve	52,191	52,191	52,191
I&E Reserve	42,749	44,917	47,085
	155,288	**157,456**	**159,624**

The fixed asset element of the balance sheet shows a steady reduction as the underlying capital programme returns to depreciation replacement funding levels, and the Trust steadily rationalises its community properties. Spending on ICT is £1.5M and on estates £2.6M in both years. STF funding and receipts from land sales are used to reduce current liabilities. However, as NHSI will be aware, the Trust has been considering how to best utilise and re develop the St Pancras Hospital site.

The balance sheet and capital programme figures previously excluded the investments necessary for the delivery of the St Pancras Hospital re-provision and the community estates rationalisation. Both of these will generate receipts in excess of their reinvestment costs and will enhance quality, access and value for money for our commissioners. A SOC for the St Pancras Project has been approved by the Trust Board, with an OBC expected in early 2017/18. The financial model now contains indicative capital figures for this project, along with the associated modelling of balance sheet, cash and PDC dividend impacts. At present, while the business case is still being developed, the capital figures should not be considered as final, and limited financing assumptions have been included other than a land purchase payment to the Whittington and a receipt from Moorfields, which are both expected to occur in 2017/18. No other revenue implications are currently being included.

Assuring Plan delivery

The Trust has followed the templates issued by NHS Improvement to assure the soundness of its financial plans. Contract income is triangulated against offers from commissioners as at December 2016, and workforce and financial projections have also been harmonised. The Trust has also reviewed the financial implications of delivering service increases driven by population growth, and key mental health activity, quality, access and outcome targets. The close working between North Central London commissioners and the three NHS mental health providers in the footprint has been recognised in the STP rating process, with NCL's

mental health STP work-stream being the highest rated of all 44 STPs, starting from a very strong base of service funding and delivery and with each of the major improvement targets being well addressed.

Efficiency savings for 2017/18 to 2018/19

The Trust is working closely with STP partners to deliver a major efficiency and quality improvement in NCL by creating space to deliver female psychiatric intensive care at one of C&I's hospital sites. This will deliver significant financial benefits as outsourced female PICU cases can be brought back into NHS beds in NCL. Cost reductions will emerge from NHS costs being lower than the prices encountered from private sector providers and the ability to care for the patients alongside other mental health patients, close to NHS acute beds. The beds freed up for female PICU will come from the rehabilitation beds in C&I and, when these patients are placed within community locations, costs will reduce and housing and other benefits may be available to offset care costs.
The Trust is also committed to delivery of "Carter" back office savings and is working with other Trusts in NCL and Mental Health Trusts in NCL and NEL to identify the best available option.
C&I is also seeking detailed estates advice to ensure that its community estate rationalisation opportunities are taken at the maximum possible level, whilst being managed alongside the plans of other key partners such as the Whittington Hospital.

Capital planning

The NCL STP recognises a major service transformation opportunity around the re-provision of some C&I services currently at St Pancras Hospital (SPH) elsewhere in NCL. A number of options are being considered and this scheme was identified in the NCL STP. The Trust will deliver an outline business case in early 2017/18, which aims to address the re-provision of inpatient mental health services from C&I at an NCL location (to be finally decided), the creation of a UCL Institute of Health alongside C&I ambulatory services at SPH, a potential site for a re-developed Moorfields at SPH, and residential and other accommodation on the rest of the SPH site.

LINK TO THE NORTH CENTRAL LONDON STP

The Trust has been integrally involved in developing the North Central London STP. The vision outlined in the STP is aligned with our clinical strategy and strategic priorities of Early Intervention and Prevention, Recovery through working together, and Research and Innovation, and we expect to make substantial progress against transformational plans that deliver STP and trust priorities over the next two years.

The NCL programme of transformation has four fundamental aspects:

1. Prevention – increased efforts on prevention and early intervention to improve health and well-being outcomes for our whole population.
2. Service transformation – to meet the changing needs of our population.

3. Productivity – identifying areas to drive down unit costs, remove unnecessary costs and achieve efficiencies, working together across organisations.
4. Enablers – building capacity in digital, workforce, estates and commissioning and delivery models.

There is a specific mental health work-stream that is a key component of the transformation plan, though Trust plans are aligned with and will contribute to all four of these aspects. For example, an important enabler of overall NCL initiatives is the redevelopment of the St Pancras site (in conjunction with the proposed relocation of Moorfields Eye Hospital Foundation Trust to the St Pancras site). This redevelopment is critical to the Trust and central to our planning over the next two years and beyond.

The proposed development of the site would:

- Transform the inadequate acute mental health inpatient environments on both sites;
- Provide more therapeutic and recovery-focused surroundings for patients and staff;
- Improve clinical efficiency and integration of physical and mental health care;
- Release estate across the Trusts, to enable development of community-based, integrated physical and mental health facilities;
- Develop world class research facilities for mental health and ophthalmology, enabling practice to reflect best evidence; and
- Provide land for both private and affordable housing, as well as supported housing, for service users and housing for key workers.

The Outline Business Case for the redevelopment is expected to be completed by May 2017.

The Mental Health work-stream of the STP (which has been reviewed by NHSE and rated as very good/outstanding) has outlined the following priorities:

- Improving Community Resilience, both for the general population and those at risk of developing mental illness or having their condition worsen;
- Increasing Access to Primary Care mental health services, ensuring mental health support is more accessible as part of the development of Care Closer to Home Integrated Networks (CHINs), enabling both physical and mental health needs to be supported together. This will include increasing the IAPT offer to meet the Mental Health Five Year Forward View targets;
- Improving the acute care pathway, building community capacity to reduce acute presentations, including strengthening crisis and home treatment teams;
- Focusing on peri-natal and Child and Adolescent mental health services. NCL has successfully bid for central funding to develop a specialist community peri-natal team that will serve the population and physical health acute trust and maternity units in NCL. This service will be mobilised from April 2017;
- Developing a Female Psychiatric Intensive Care Unit (PICU), eliminating the need for out of area placements for these patients;
- Investing in mental health liaison services, scaling up 24/7 all-age liaison services to Emergency Departments and Acute Hospitals. NCL will be submitting a bid for central

funding in December 2016, which would enable Trust services to reach Core 24 standards; and
- Investing in a dementia-friendly NCL, supporting people to remain at home longer and ensuring dementia diagnosis rates remain at two thirds at least.

The ambition of the NCL Mental Health programme is to mitigate the need for an additional 129 beds by investing in more preventative, step up and step down care.

For the Trust, the priority in 2017/18 and 2018/19, to achieve these transformational ambitions, will be to:

- Roll out and fully establish Practice Based Mental Health services across Islington, which are currently provided in one-third of Islington practices, and fully integrate primary care based mental health services including our IAPT services and Team Around the Practice services (provided by Tavistock and Portman Trust) in Camden. Our modelling demonstrates, this will enable specialist teams to work more intensively with more complex patients, reducing the need to acute inpatient admissions;
- Develop a new Section 136 facility.
- Develop our acute liaison services at the Royal Free, University College London and Whittington hospitals to meet Core 24 standards.
- Establish a Female PICU facility.

Focusing on these priorities will enable us to achieve Mental Health Five Year Forward View targets including:

- IAPT access;
- Early intervention in Psychosis access;
- Acute liaison standards; and
- Dementia diagnosis rates

MEMBERSHIP AND ELECTIONS

Council of Governor Elections

Over the past few years, the Trust has introduced a number of new elements to its election cycle to help improve electoral performance. Some key initiatives are summarised below:

As a result, the Trust has become a high-performer in running successful nominations, with a consistently high ratio of candidates to contested seats and a relatively low number of uncontested elections. A persistent area of challenge for the Trust, however, has been low voter turnout. In 2017/18, this area will be targeted with support from the Governors' Membership Working Group and the Trust's electoral service provider, who will be asked to review our current approach and identify new opportunities to improve turnout.

Governor training and governor-member engagement

Training: In addition to providing an in-house induction programme, C&I encourages Governors to 1) attend the full range of NHS Providers' training courses, and 2) propose for consideration any additional training which they feel is required to perform their role.

Engagement: Facilitating engagement between Governors and members is a key area of focus within the Trust's membership strategy. Governors are encouraged to attend membership events to interact with their constituents and the Trust has taken a number of steps to improve member awareness around Governors, the work that they do, and how they can be contacted (most notably through the introduction of a 'Governor Annual Report'). Members are invited to provide feedback on the effectiveness of Governors in representing their and the public's interest through an Annual Members Survey' and the Trust works alongside the Membership Working Group to act on any findings.

Membership strategy and membership engagement

To support the delivery of its membership strategy, the Trust has developed a detailed implementation plan which is refreshed on an annual basis. The Trust is currently in the process of delivering its 2016/17 implementation plan and, once this is delivered, will obtain feedback from members on how this can be improved. It is anticipated that the focus of the 2017/18 plan will be similar to that of 2016/17 in that this will include the use of a Trust's tri-annual newspaper to advertise our regular expert talks, annual community 'fun day', 'become a governor' event, and Annual Members Meeting, as well as ad hoc events aimed at obtaining input from members on issues of strategic importance to the Trust e.g. changes relating to the St Pancras development and the local STP.