



Annual Plan Document for 2015/16

Black Country Partnership NHS Foundation Trust

Annual Plan for y/e 31 March 2016

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Approved on behalf of the Board of Directors by:

Name (Chair)	Joanne Newton
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1.0 Strategic Context

This plan refreshes the Trust's short term objectives over the coming year with regards to the delivery of specialist learning disabilities, mental health and children's services. Following submission of the 2014/15 planning documentation to Monitor, the Trust identified that the financial environment would remain challenging for the next five years and that, in a 'do nothing' scenario, it could face a potential financial shortfall of around c.£13m by 2019. In response, the Trust established a sustainability working group to review assumptions in the Long Term Financial Model (LTFM) and identify potential business opportunities to reduce risk to the quality of service from continued delivery of annual cost improvements at 4%. During 2014/15 a considerable amount of work has continued in progressing the resultant opportunities and service developments identified. In January 2015 the Trust commissioned an external consultancy to review and re-confirm its financial position, and this review confirmed three key on-going risks to financial sustainability:

1. Non achievement of income from planned service developments: In the five year forecast these made a £10.78m contribution to the Trust's financial position. During 2014/15 the Trust has had limited success with some of these developments primarily as a result of a worsened commissioning financial position and as a result of the non-award of tenders. Competitiveness with regards to tenders is a particular challenge and this has impacted the Trust both in terms of contracts being awarded to the incumbent provider (Birmingham 0-25) and in terms of losing out as a result of limited margins (School Health tender). At year-end 2014/15 £1.63m of the planned contribution is no longer deliverable, and a further £2.23m is subject to material risk.
2. Deliverability of cost improvement plans: Whilst historically the Trust has achieved in excess of the 4% CIPs target, the Board has agreed that this continued level of cash releasing saving would be difficult without risking an impact on the quality of services being delivered, particularly given the risks around estate, infrastructure and safer staffing levels; so whilst targets of 4% plans continue to be developed each year, a more prudent forecast is of 2% each year from 2016/17. If 4% plans were achieved it could potentially have a material impact on the Trust's sustainability, effectively removing the reliance on service developments until 2018/19, however this would very likely have a material impact on the quality of services.
3. Requirement for capital investment in estate and IT: there are significant improvements required to both enhance the basics of the IT infrastructure and to deliver new and innovative solutions to support service delivery. The condition of some Trust estate is poor and investment is needed to both bring it up to a good standard for service users, and to deliver some of the planned service developments. However investment in new or significantly altered facilities would impact negatively on the Trust's financial position until such services were established and generating revenue.

Based on this review Trust Board re-confirmed that under current plans there remains a potential significant risk to sustainability after 2018/19, and based on both performance during 2014/15 and anticipated pressures in 2015/16 this date could move forward. In line with this the Board commissioned an external review to build upon work already undertaken by the Trust, and test and refresh the strategic options to address the sustainability challenge, and 'close the gap'. This review resulted in the presentation of a set of recommended options which the Board considered and approved in March 2015. These options were broadly classified into categories which included options that were under the sole control of the Trust, and options that would require a fundamental structural change to the Trust (namely mergers and acquisitions). The latter require the Trust to 'recreate' its Strategic Plan, and planning for this has commenced with a view to commencing market testing by Q2. Deliverables resulting from the former have been included in this 'refresh' of the 2015/16 plan, as they primarily relate to service developments.

2014/15 progress against the service development plan can be summarised as follows:

Mental Health:

- **Lighthouse** opened offering support and guidance to people affected by dementia, their families, friends and carers.
- **Sandwell Community MH Strategy** – final stages of implementation with go 'live' in (early) 2015/16.
- **Police liaison and diversion** - NHS England funding secured. (Wave one rolled out 1st April 14 and wave two 7th April for 12 months in line with new custody block opening in Oldbury June 2015)
- **Better Care Fund (Wolves)** – Urgent, Planned, and Dementia Business Cases drafted. Psychiatric Liaison and Street Triage launched.
- **Wolverhampton Strategy Review** – plans developed and implementation phase commenced.

Learning Disabilities:

- **Forensic Pathway** – Delivery of estates plan to increase step down beds in train. Work continues to develop a single community forensic team across boroughs.
- **Healthy Lives pathway** – LD community 'core offer' service descriptions complete, and commissioners engaged. Workforce models under development.
- **Assessment and Treatment**
 - Urgent care - agreement to re-balance investment into community reached. 16 week pathway model used across all units.
 - Planned Care – work underway on 'pathway to independence'.

Trust-wide Enabling projects

- Phase one **agile working pilot** (corporate) complete.
- **Electronic Health Records** development has made significant progress in preparation for 2015/16 pilots.
- **Productivity Improvement** – scoping to develop programme commenced.
- **Service line management** – clinically led pilot projects in all clinical groups delivered to pilot use of SLM to support identification of service improvements.

Children, Young People and Families

- Final stages of **tender process**: Bham 0-25 /School Health.
- **Health Visitor Redesign** – Plan in progress, recruitment undertaken.
- **Additional Needs** - Business case completed, delivery anticipated from early 2015/16.
- **CAMHS** – Wolves CCG pilot Black Country survey to strengthen Tier 3+ and Tier 4. Aligning to BCPFT business cases (Tier 3 and Tier 4).

At the time of writing financial agreements have been made with all Trust Commissioners, however standard contract documentation has yet to be signed. 2015/16 contract negotiations have been particularly challenging including as a result of the financial difficulties experienced by Wolverhampton CCG. On the local health economy provider side, both FT and non-FT, there is a position of financial balance although the acute sector has been experiencing particular difficulties responding to the urgent care challenges. This in addition to the on-going financial challenges experienced by the social care sector pose significant risk to the Trust, and these risks are both exacerbated and mitigated by Better Care Fund developments. All NHS Commissioners locally continue to require the Trust to achieve at least the nationally-mandated 4% efficiency target, in the absence of a Payment by Results mechanism to reflect increased activity, this continues to result in an income reduction for the Trust. Headline 2015/16 commissioning priorities for the Trust include:

National

- Parity of Esteem between Mental Health and Physical Health
- Review of mental health inpatient care for children and adolescents
- Referral to Treatment targets for IAPT services
- Referral to Treatment targets for Early Intervention Services
- Implementation of Mental Health Patient Choice
- Implementation of Dementia Friendly Communities
- Review of Eating Disorder Services

Sandwell and West Birmingham CCG

- Ensure pathways for IAPT, crisis and acute admissions and psychiatric support to A&E operate efficiently, offer value for money and provide a good patient experience
- Explore and scope the potential for a local community personality disorder service and female PICU service.
- Explore the potential for a local neuro-developmental disorder service
- Improve the urgent care response to reduce the need for long stays in acute paediatric wards or Tier 4 admissions
- Review of eating disorder services
- Maximisation of the Memory Assessment Service
- Formal procurement for an Accountable Lead Provider for the pathway of primary care mental health services to incorporate all IAPT compliant services including counselling
- Piloting of alternative models of assessment and treatment in learning disability to reduce the need for high frequency observations and shorten the length of stay in inpatient beds
- Development of CAMHS services in line with the outcome of the Tier 3 and Tier 4 Black Country review

Wolverhampton CCG

- Delivery of the Winterbourne Concordat and delivery of the most cost-effective efficient specialist health services for adults with learning disabilities
- Implementation of the Joint Mental Health Strategy and Better Care Fund Programme.
- Development of an all-age diagnostic pathway and assessment provision, to assess people who may have a neurological conditions.
- Implementation of work programmes as outlined by the Joint Dementia Strategy
- Develop CAMHS services in line with the outcome of the Tier 3 and Tier 4 Black Country review

Walsall CCG

- To develop the forensic step down pathway in line with BCPFT's proposal for LD services in the Black Country.
- Develop CAMHS services in line with the outcome of the Tier 3 and Tier 4 Black Country review.

Dudley CCG

- Development of an integrated children's complex care service
- Commission appropriate pathways in Learning Disabilities to reduce the reliance on assessment and treatment services and facilitate the transition of clients to care in the least restrictive setting
- Develop CAMHS services in line with the outcome of the Tier 3 and Tier 4 Black Country review

NHS England

- Following the Child and Adolescent Mental Health Services Tier 4 review, it is expected that the recommendations to procure appropriate quality, access and capacity will be implemented
- Exploration and the tendering of Low Secure Services.

Dudley Public Health

- To continue to deliver the Health Visitor 'Call to Action' programme
- NHS England contract to fully novate to Dudley Public Health for Health Visiting in October 2015.

2.0 Delivery of the strategy

2.1 Five Year Forward View

- The Forward View has the potential to enhance development opportunities for the Trust particularly with regards to the ambition to achieve a genuine parity of esteem between mental and physical health by 2020.
- In line with the two recently announced local Vanguard pilots for new models of care, the Trust will be working closely with both Dudley CCG and Sandwell and West Birmingham (Vitality), in addition to the relevant partner agencies in each area to develop new integrated models of care.
- The Trust is fully engaged in the local Crisis Care Concordat, and significant progress has been made locally around systems resilience including through the provision of new Psychiatric Liaison and Street Triage services to positively impact against acute attendances and admissions. In addition the Trust is working jointly with commissioners to reduce reliance on inpatient care for people with learning disabilities in line with the Winterbourne View Concordat.
- In line with the Government's commitment to improve and further invest in services for Children and Young People with mental health needs, the Trust in conjunction with Wolves CCG (on behalf of the Black Country) is one of only 8 co-commissioning pilots with NHS England Specialist Commissioning and the only one for CAMHS Tier 3+ / Tier 4 services in the country. The Trust is well placed to develop services locally within the Black Country, reducing out of area placements, providing an additional income stream whilst also delivering efficiency savings for Commissioners.
- The Trust recognises that building resilience in children and young people reduces the demand on specialist services and therefore we plan to work with partners in developing a comprehensive systemic early intervention approach to children and young people's emotional wellbeing. We also plan to further develop in collaboration with our acute partners services for young people in crisis, in addition to considering the full pathway opportunities that may from the tendering for CAMHS Tier 4 inpatient provisions.
- Work is underway to plan and prepare for the introduction of access and waiting time standards in both IAPT and Early Intervention.
- The Trust continues to embed its Quality Strategy which seeks to respond to the Francis, Berwick and Keogh Reports.
- The Trusts workforce plan places significant emphasis on empowering staff through effective engagement and to support them through excellent leadership, support systems and training and development
- The Trust has prioritised the ongoing-development of an in-house Electronic Health Record to ensure accessibility and sharing of comprehensive patient records, reducing duplication and paper-reliance as key enablers of improved safety and patient outcomes.
- The Trust will also demonstrate a significant drive for improved productivity and efficiency through its 'Better Services, Better Care Initiative' in 2015/16 with a particular focus on maximising activity levels to protecting future income.

2.2 Service Development Plan

Key to the continuance of the Trust's operational and financial performance is the transformation of current Trust services. Transformational developments in this plan focus on the delivery of strategies over the next year. Our service development plan is designed to address both quality and cost improvement and is summarised in the following table:

Summary of Service Development Plans from 2015/16		Quality		Financial		Coverage					Anticipated operational date					
		Protect	Improve	CIP	Income	Dud	Sand	Wai	Wol	Regional	14/15	15/16	16/17			
DEVELOPMENT PLANS																
1. Mental Health Group		Detail												1	2	
1.1 Development of specialist dementia services (Lighthouse)	Commercial development of Lighthouse															
1.2 Wolves mental health BCF and MH strategy review	Delivery of Rubicon recommendations as aligned to Better Care Fund transformation for mental health planned and urgent care.															
1.3 Implementation of care clusters	Preparation for MH tariff															
1.4 Recovery College	Commercial development of Recovery College															
1.5 Wolves Better Care Fund - Dementia	Delivery of BCF transformation for dementia															
1.6 Police Liaison and Diversion Project	Project implementation underway															
1.7 Quayside relocation	Project implementation underway															
1.8 Development of MH 'Core Offer' model	Develop a core model across Wolves and Sandwell to realise benefits of TCS merger															
1.9 Memory Assessment Service (Sandwell)	Productivity improvement in line with commissioning intentions															
2. Learning Disabilities and Children, Young People and Families Group		Detail														
2.1 Whole system forensic pathway	Delivery of Forensic step down FBC, and development of community model.															
2.2 Assessment and treatment pathway	Core offer service model under development															
2.3 Low secure services (tender)	Tender for service should opportunity arise															
2.4 Neuro-developmental service	Explore potential for service in line with commissioning intentions															
2.5 Winterbourne Concordat	Delivery of the Winterbourne Concordat															
2.6 Additional Needs and Complex Care	Additional Needs, Continence, Speech and Language, CAU and MSK Business cases developed															
2.7 Development of 0-25 Service (Wolves)	Development of 0-25 services across care pathway															
2.8 Development of tier 3+ CAMHS services	Development of Tier 3+ CAMHS services - co-commissioning pilot with Wolves CGG, one of 8 national pilots															
2.9 Expand Tier 3 Eating Disorder Service	Development of black country wide tier 3 ED service															
2.10 Dudley CAMHS (tender)	Tender for service should opportunity arise															
2.11 CAMHS Tier 4 (Tender)	Tender for service should opportunity arise															
2.12 Early Intervention Model	Further development of joint model for EIS to enhance pathway															
2.13 MSK services	Further development of MSK services															
2.14 Health Visitor Call to Action programme	Continue programme delivery in line with commissioning intentions															
2.15 CAMHS Crisis	Establishment of young people's crisis support															
2.16 School Health (transition plan)	Transition of service (inc vacs and imms) to new provider															
3. Cross-cutting (Groups)		Detail														
3.1 Development of specialist women's services	Female PICU Mental health / learning disabilities dual diagnosis Complex and ongoing needs unit															
3.2 Multi-Disciplinary Placements Team	The Trust will develop a multi-disciplinary team to assess out of area assessment placements and placements in the private sector and develop co-ordinated packages of care that will ensure people are treated closer to home and in the right setting at lower cost															
3.3 Integrated Trust wide crisis response services to all ages and all specialities	The Trust will develop an integrated whole lifespan crisis response team for all specialities. The service will provide rapid and immediate intervention to provide support to people in crisis. This will make sure people access services as soon as possible to prevent issues escalating and will also reduce inappropriate admissions to acute sector / incidences resulting in police intervention.															
3.4 Allied Health Professionals Review	Review of clinical pathways, competencies and outcomes across the groups.															
3.5 Physical health therapy services	Development of physical health therapy services across boroughs															
4. Enabling		Detail														
4.1 Relocation of Corporate Services	Aligned to Quayside business case, Delta lease to be terminated Jul 16															
4.2 Agile working (phase two)	Agile working across corporate and clinical services															
4.3 Sustainability strategy development	Delivery of strategic options review outcome															
4.4 Electronic Health Record	Delivery of E.H.R across all clinical areas															
4.5 Enhance Research and development	Commercial development of R&D															
4.6 Better Services, Better Care Initiative	Delivery of a range of productivity improvement projects															
4.7 IT Technical Strategy Implementation	Delivery of IT Strategy															
4.8 Estates Strategy Implementation	Delivery of Estates Strategy inc Strategic Estates Partnership															
4.9 Trustwide Archiving and Storage Projects	Business case approved and Delivery underway															
4.10 Risk management system upgrade	Upgrade of Datix system															
4.11 Mobile Device Management Solution	Review, procure and implement MDM system															
4.12 Technical review of reporting tools	Clarizen, Qlikview and Datix															
4.13 Strengthen Business Intelligence	Enhance business intelligence capability and reporting.															
4.14 PAS review	Review of PAS system of choice															
4.15 Careers in Psychiatry	Delivery of Health Education West Midlands project															
4.16 Staff Support Service	Review opportunities to enhance services															
4.17 Development of New Roles	Review opportunities to develop new roles to address skills shortages and gaps (e.g. Nurse Consultant and Physicians Associate)															

The table below details the impact of those developments which are expected to generate new income for the organisation during 2015/16. The Trust expects part year effect net benefits of £0.2m and full year effect benefits to be £0.8m.

Division	Service Development	Commencement	2015/16 Plan			Full year effect		
			Income £m's	Expenditure £m's	Contribution £m's	Income £m's	Expenditure £m's	Contribution £m's
Mental Health	Liaison & Diversion	April 2015 Phase 2	0.569	(0.540)	0.029	0.834	(0.751)	0.083
Mental Health / Corporate	Sandwell Mental Health Community relocation	April 2015	0.000	(0.295)	(0.295)	0.000	(0.177)	(0.177)
Children, Young People & Families	Children, Young People & Families	September 2015	0.353	(0.269)	0.084	0.706	(0.538)	0.168
	Continence Services	Interim Service April - August 2015 Full Service September 2015	0.155	(0.079)	0.076	0.155	(0.079)	0.076
	Eating Disorders	Interim April - June 2015 Full Service September 2015	0.200	(0.182)	0.018	0.264	(0.228)	0.036
Learning Disabilities	Step Down Services	October 2015	0.666	(0.331)	0.335	1.117	(0.454)	0.663
			1.943	(1.696)	0.247	3.076	(2.227)	0.849

2.3 Productivity, Efficiency and Cost Improvement Programme

Transformational schemes are critical to the delivery of the level of savings required over 2015/16 and the cost improvement programme incorporates a significant proportion of these projects (approximately 65% of the plan). These schemes include the 'Better Services, Better Care Initiative' which is a productivity Improvement programme that the Trust is developing with an external partner and will build upon service line management projects delivered during 2014/15. This programme will review opportunities to deliver productivity benefits from a range of projects, with a particular focus on maximising activity levels to protect future income. The 'Better Services, Better Care Initiative' has a strong alignment to the ongoing strengthening of business intelligence processes (quality, risk, financial, workforce, activity and performance information) within the Trust and it is intended that during 2015/16 the Trust will continue to develop and embed a unified and consolidated approach to reporting and provision of key Trust information. Cost-control CIP schemes identified for 2015/16 primarily focus on effective staffing (approx. 55% of these schemes), reducing non-pay costs (approx. 32%) and optimising income generation opportunities (approx. 13%).

The Trust has a good track record of achieving the required level of savings from schemes, however to safeguard continued achievement, the Trust has enhanced the Project Management Office approach (PMO). There is a recognition that further opportunities for savings are diminishing, and this makes the CIP target more challenging. The table below (describing the schemes) contains a number of schemes that need further development, and these are therefore profiled to deliver savings later in the year. The PMO ensures that there are clear and measurable milestones aligned to each cost saving scheme within the programme, that every scheme has a project plan in place, with risks and quality impact identified. The review, challenge and assurance of the schemes are provided at a 'Star Chamber' forum which considers the potential impacts of the consolidation of all schemes on quality before presentation to the Board of Directors. Each project plan is managed using the Clarizen project management system, with key information being pulled from the system for reporting on achievement against plan. Such an approach has provided a structure to ensure there is a level of consistency, standardisation and monitoring in the reporting, giving the Board assurance.

The summarised CIP position included within the financial model is shown in the table below:

	2015/16 Plan £m's
Recurrent	3.639
Non-Recurrent	0.826
Total	4.465

Expenditure CIP as % of Operating Expenditure (excl PFI)	4.80%
% Recurrent	82%
% Non-Recurrent	18%

Schemes are individually identified, but continue to form part of 5 key programme themes:

- Workforce, Pay & Conditions
- Financial & Budgetary
- Infrastructure & Procurement
- Service Redesign & Transformation
- Productivity & Service Line Reporting

The following table shows the programmes for 2015/16, which are a mix of transformational and incremental initiatives:

Monitor Classification	Scheme	15/16 Non Recurring £m's	15/16 Recurring £m's	Total 15/16 Plans £m's
Financial & Budgetary	Accommodation recharge SMBC Social Workers		0.040	0.040
	Bank & Rostering (Nursing Bank & Agency)		0.123	0.123
	Health Visiting Non-Pay Savings		0.005	0.005
	Income Generation Schemes	0.020		0.020
	Medical Agency - Sandwell		0.006	0.006
	Medical Agency - Wolves		0.080	0.080
	Vacancy Management	0.609		0.609
Financial & Budgetary Total		0.629	0.254	0.883
Infrastructure & Procurement	Estates & Non Pay Contracts		0.361	0.361
	Medical Agency - Staff flow		0.089	0.089
	Procurement		0.129	0.129
	Procurement Interpreting		0.003	0.003
Infrastructure & Procurement Total		0.000	0.582	0.582
Productivity & Service Line Management	Productivity - Non Pay		0.036	0.036
	Productivity - Pay		0.324	0.324
	Service Line Management		0.503	0.503
	Training/SLA's	0.010		0.010
	Troubled Families	0.010		0.010
Productivity & Service Line Management Total		0.020	0.863	0.883
Service Redesign & Transformation	AHP Redesign		0.437	0.437
	CAU Redesign		0.025	0.025
	Corporate Service Review	0.105	0.547	0.652
	ECT Review		0.015	0.015
	Edward Street Review		0.050	0.050
	Health Visiting team skill mix		0.050	0.050
	MSK Service Design		0.010	0.010
	Psychology Physical Health Redesign- 2 Years		0.052	0.052
	Service Line Management		0.050	0.050
	Wolverhampton 0-25 Redesign		0.050	0.050
	Workforce Modelling Inpatients		0.139	0.139
	CAMHS Crisis Structure		0.040	0.040
	Dementia Review		0.067	0.067
Service Redesign & Transformation Total		0.105	1.532	1.637
Workforce, Pay and Conditions	Additional Medical Staffing Savings		0.219	0.219
	Admin Recharge DMBC		0.058	0.058
	Assessment and Treatment Workforce Development		0.030	0.030
	Buy back Annual Leave	0.072		0.072
	ED Sandwell & Wolves		0.014	0.014
	Forensic Pathway Workforce Development		0.030	0.030
	Pay Protection Removal		0.034	0.034
	Walsall Shift Payment		0.024	0.024
Workforce, Pay and Conditions Total		0.072	0.408	0.480
Grand Total		0.826	3.639	4.465

Additional costs required to deliver any schemes are offset against the planned savings, and so are not separately identified in the expenditure position.

The Trust has a good track record of achieving the required level of savings from schemes, however to support continued achievement, the Trust has enhanced the Project Management Office approach (PMO). There is a recognition that further opportunities for savings are diminishing, and this makes the CIP target more challenging. The table includes a number of schemes that need further development, and these are therefore profiled to deliver savings later in the year. The PMO approach has ensured that there are clear and measurable milestones aligned to each cost saving scheme within the programme, with every scheme having a project plan in place (with a level of detail that is aligned to its scale) which is signed off by the respective Group Manager and Clinical Director at a Group Level. Then further review, challenge and assurance is provided at a 'Star Chamber' forum which considers the potential impacts of the consolidation of all schemes on quality before presentation to the Board of Directors.

Each project plan is managed using the Clarizen project management system, with key information being pulled from the system for reporting to various committees on the achievement of the cost improvement programme. Such an approach has provided a structure to ensure there is a level of consistency, standardisation and monitoring in the reporting, giving the Board assurance.

2.4 Capital Programme

The Trust has made a number of improvements to better control expenditure, maximise working capital and improve financial reporting over 2014/15, and will continue to embed these changes to minimise waste and create a stable platform from which the Trust can assess its sustainability as it moves forward.

The 2014-16 plan identified the Trust's backlog liability of £3.4m relating to remedying 'significant' and 'high' defects associated with the physical condition, fire and statutory standards of the estate. During 2014/15, £2.4m was expended on remedying backlog maintenance and works to address clinical risk, which included funding to improve environmental issues in support of the PLACE assessments. A number of new developments were also completed during 2014/15, most notably the Gerry Simon Seclusion Suite and works commencing on site on the new Learning Disability Step Down Unit. During 2014/15 the Board of Directors identified the need to refresh the existing Infrastructure Strategy and as such the development of a new clinically-led Estate Strategy is in train. To aid this development, a seven-facet appraisal of the Trust owned estate (entitled 'Where are we now?') has been commissioned and will report back to Trust Board in early 2015/16. In addition, in line with the organisational sustainability and service development agenda the Board is in support of exploring opportunities that could be realised through the appointment of a Strategic Estates Partner (SEP) to support the delivery of its final Estates Strategy.

In line with the refresh of the Infrastructure Strategy the Board will also receive for approval an IT Strategy in early 2015/16 which will focus on ensuring a stable infrastructure from which to continue developments including the in-house Electronic Health Record, and the review of a fit for purpose Patient Administration System across the Trust. The programme will also appraise and procure additional electronic storage incorporating Disaster Recover for the Trust which will replace the existing Storage Area Network (SAN) and review Virtual Desktop technologies to strengthen the platform for Agile Working across the Trust. The Trust will continue its Windows 7 rollout and support the pilot implementation of Voice over Internet Protocol (VoIP). Mobile Device Management (MDM) technology options will also be appraised, ensuring the preferred solution is fully aligned with the agile working requirements in line with the introduction of the Electronic Health Record.

2.5 Resource Plan

The Trust recognises the scale of the challenge posed by the content of both its Annual and Strategic Plan and has the following measures in place to safeguard effective delivery:

- A strengthened Programme Management Office approach to ensure that there is robust planning, delivery, monitoring and assurance against the Trust's key strategic objectives.
- Increased capacity around project management through the Programme Management Office.
- Monthly reporting of progress against plan to the Trust's Business and Performance Committee, which receives exceptions and early warning of areas of risk to enable mitigating actions to take place.
- Engagement of external expertise to support key strategic objectives including the sustainability agenda, Better Services, Better Care Initiative and development and delivery of both Estate and IT Strategies.
- Some increase in resource to support delivery against Annual Plan objectives – see Appendix One for further information.

3.0 Plans for short-term resilience

3.1.1 Trust-wide Quality Priorities 2015/16

The Trust continues to embed the key projects and priorities described within its Quality Governance Strategy 2014-16 and associated Board Escalation Framework, both of which are underpinned by the following three elements of Quality;

- **Patient Safety** – reducing harm and protecting those most vulnerable
- **Clinical Effectiveness / patient outcomes** – care based on the best evidence
- **Quality of patient experience** – person centred and people treated as individuals

Building on these key considerations during 2015/16 are the following developments and regulatory changes:

- **Duty of Candour:** The trust has implemented this requirement to ensure that we are open and transparent with both people who use services, and other 'relevant persons' in relation to care and treatment, and that we follow specific requirements when things go wrong. The relevant policies and procedures for staff have been updated to reflect these changes and compliance is monitored weekly, supported by the Governance Assurance Unit.
- **Fit and Proper Person :** Through Board assurance and development processes the Trust will ensure that director-level responsibility for the quality and safety of care, are held by individual(s) who are fit and proper to carry out this important role.
- **New Care Certificate:** In line with [the Cavendish review](#) an in-house training programme is under development to ensure people and families experiencing care services have the confidence that all staff have consistent introductory skills, knowledge and behaviours to provide safe, high quality and compassionate care of the highest standards



- **Revalidation for all Nursing Staff:** A local task and finish group within the trust is leading on developing the systems and processes required to meet revalidation requirements for 2015/16.
- **Culture Change in the NHS:** The secretary of state commissioned an independent review called *Freedom to Speak Up* in order to provide independent advice and recommendations on creating a more open and honest reporting culture in the NHS. The report recommends 20 principles and actions which all organisations who provide NHS healthcare should implement. The trust is reviewing how to take this forward and has signed up to the RCN Cultural Alignment Programme and is engaging with experts in cultural change across organisations.
- **Safeguarding:** Working Together to Safeguard Children 2015 and new Social Care Act 2014; with the additional guidance on Mental Capacity and Deprivation Of Liberties guidance; changes to the reporting of Female Genital Mutilation within all our services; the recommendations following the Saville enquiry, the safeguarding strategy/vision and planning has to ensure BCPFT has strong supportive structures for the Divisions to ensure vulnerable adults and children at risk of significant harm are safe. The model to support implementation of the safeguarding strategy will be based on THINK FAMILY ideology as we service both adults and children and staff will be supported through effective safeguarding training which is in line with Intercollegiate document, as well as effective internal as well as multi-agency policies and procedures.

3.1.2 Group-level Quality Improvement Priorities for 2015/16

- **Mental Health – Reduction in the Number of Medicines Administration Errors:**



Medicines are a central component in the delivery of high quality healthcare for patients and their effective use contributes significantly to achieving successful outcomes for patients. The effective use of medicines is dependent on staff administering them correctly, the systems associated with the administration of medicines being of a high quality and staff that undertake this important task are suitably trained and work to the required standard. The number and complexity of prescriptions written in mental health trusts continues to increase and as administration of medicines is a high volume, high risk activity, it can sometimes, unfortunately go wrong.

The outcomes we want to achieve are:-

- ✓ To reduce the overall number of medicines administration errors.
- ✓ To minimise the potential of harm arising from a medicines administration error
- ✓ To improve reporting and learning to improve medication safety
- ✓ To review current medication policies to ensure they are clear for staff to follow
- ✓ To monitor trends to identify areas and issues that require remedial action more quickly
- ✓ To ensure staff are able to access training and information to improve their awareness and understanding of medicines management

- **Learning Disabilities – Reducing restrictive intervention in inpatient units**



The investigations into abuses at Winterbourne View Hospital showed that restrictive interventions have not always been used only as a last resort. In 2014, Department of Health issued new guidance *Positive and proactive care: reducing the need for restrictive interventions*. The guidance introduces positive behavioural support, an approach rooted in learning disabilities services, which promotes understanding the context and meaning of behaviour to inform the development of supportive environments, skills and care planning that can enhance a person's quality of life.

The outcomes we want to achieve are:-

- ✓ To ensure a behaviour support plan is in place when required/indicated for each patient
- ✓ To determine the level of compliance current behaviour support plans have against ten standards devised from the Department of Health guidance document
- ✓ To ensure best practice is applied for 'as required' medication (PRN medicines)
- ✓ To ensure that there is a standardised format in place for all behaviour support plans

• **Children, Young People and Families - Listen to and learn from regular user feedback across all services**

The NHS Constitution states that all healthcare providers should aspire to put patients at the heart of everything they do and actively encourage feedback from them and the public welcome it and use it to improve services. Many of the services within the Group are relatively new to Black Country Partnership so the need to obtain regular feedback is particularly important to ensure they are young people friendly and help to inform and shape decision making in the future.



The outcomes we want to achieve are:-

- ✓ To involve young people more in providing feedback on the services we provide
- ✓ To create opportunities for their voices to be heard in ways that they will respond to, so we can act upon their suggestions to improve services
- ✓ To ensure our services are young people friendly
- ✓ To enhance and increase patient choice for the services we provide to children and young people.

Of key risk to the Trust's quality priorities remain the on-going environmental issues across some areas of the estate, challenges experienced with current IT systems to provide accurate and integrated information, increased acuity and demand on services, and continued financial pressures resulting from contract negotiations. These risks are overseen and managed through the Trust's high level risk register and Board Assurance Framework.

3.2 Operational Requirements

3.2.1 Activity Plan and Bed Capacity

Whilst overall performance against planned activity for 2014/15 has been good, IAPT targets for patients entering treatment and moving to recovery has been a particular challenge for the Trust across both Wolverhampton and Sandwell localities during 2014/15. The Trust has worked closely on Remedial Action Plans with commissioners to address these challenges and improvements have been demonstrated in both areas, with Sandwell being the first to achieve both targets. In addition the mandatory inclusion of Learning Disability data into the Mental Health Minimum Data Set has resulted in an initial reduction in the percentage of completed ethnicity status in the dataset submissions, however Remedial Action Plans for this are now also in place.

The following table summarises the Trust's draft activity plan for the next year. Forecasts incorporate all modelled developments along with other anticipated changes to activity arising from operational issues.

Mental Health					
			2014/15 Annual Plan	2014/15 FOT (M11)	Proposed 2015/16 Annual Plan
Adult	Inpatient	Bed Days	35007	33736	34717
	Community & Outpatients	Contacts	121320	129363	129392

Older Adult	Inpatient	Bed Days	18195	17480	17895
	Community & Outpatients	Contacts	51779	43971	44322

Learning Disabilities					
			2014/15 Annual Plan	2014/15 FOT (M11)	Proposed 2015/16 Annual Plan
LD	Inpatient	Bed Days	18295	17189	19174
	Community & Outpatients	Contacts	36025	32862	33043

Children, Young People & Families					
			2014/15 Annual Plan	2014/15 FOT (M11)	Proposed 2015/16 Annual Plan
CYPF	Community	Contacts	106824	96028	95418
	CAMHS Community & Outpatients	Contacts	17854	15883	15883

- Bed numbers remain as planned in the 2014-16 documentation, with the slight anticipated increases resulting from the new planned forensic learning disability step down unit and the Gerry Simon seclusion suite.
- It should be noted that national benchmarking identifies that the Trust remains in the lowest quartile for mental health beds across Sandwell and Wolverhampton per 100,000 population. The pressure on beds nationally has also been experienced locally, and the Trust is identifying opportunities to improve efficiency in bed occupancy. There is however a strong alignment between this and the developing estates strategy (including in terms of single sex accommodation), and as such the risks around deliverability of the infrastructure challenges previously described risk constraining progress in this area.
- Through the contract negotiation process the Trust has secured additional non-recurring investment to continue with systems resilience developments for the Sandwell 'Oak' unit and CAMHS crisis, and in Wolverhampton are in the final stages of negotiating the systems resilience developments of Psychiatric Liaison and Street Triage. These developments have a positive impact on bed occupancy at the Trust and for local acute providers.

3.2.2 Workforce Plan

The developments, operational priorities and impact of quality initiatives have been modelled and the overall impact on workforce numbers is outlined in the following table.

Analysis of Workforce Numbers	Establishment Year Ending 2014/15	Establishment Year Ending 2015/16
Consultants	43.7	46.6
Junior Medical	68.9	67.0
Nurses and Health Visiting (incl Bank)	683.5	649.2
Sci, Tech & Ther (incl bank)	360.8	334.6
Other healthcare	319.3	305.7
Non-clinical staff	553.5	558.3
Total WTE	2029.7	1,961.4

The workforce numbers detailed above outline the predicted changes to the establishment over the coming year. The reduction in nursing is as a result of the transfer of school health nursing (following a tender process) out of the Trust. The reduction in other areas is taking into account planned service efficiencies and the increase in non-clinical staff reflects the need to increase resource to support strengthening of the infrastructure and deliver against the annual and strategic plan objectives.

3.2.3 Workforce Development Strategy

Our workforce is the key interface with service users, carers, families and the public and the quality of our staff is a key determinate of the quality of care the Trust delivers. Our focus is to empower our staff through effective engagement and to support them through excellent leadership, support systems and training and development. To realise this ambition the workforce strategy is the core of the Trust's goal of attracting, retaining and developing a capable and flexible workforce and then realising the elements of the quality strategy focused on clinical effectiveness.

Key achievements in 2014/15 include:

- Successful recruitment of over 40 apprentices into clinical and non-clinical roles, supporting the Trust to address the challenges of an ageing workforce, and establishing a workforce reflective of the community we serve.
- Increased numbers of BME staff employed within all levels of the organisation helping the trust to work towards its goal of having a workforce that is reflective of the population it serves.
- Development and launch of an Organisational Development strategy a range of OD and engagement interventions including:
 - 20/20 vision events to share and engage staff in the Trust's strategic priorities.
 - 'It's all about you' engagement events with different bands of clinical staff and the Director of Nursing, AHPs and Governance.
 - Implementation of Career Development sessions to support staff development within the Trust; and Enhancing the Patient Experience training to ensure a high quality of communication with patients.
 - Development and pilot of a new Leading for Excellence programme aimed at Band 7's and above to provide them with the skills to be the best leader they can be. Sessions include: Resilience; Leader as Coach; Negotiating and Influencing; Courageous Conversations; Successful Goal Setting and Engaging Teams.

- Introduction of quarterly Group awards to recognise and reward individuals and services.
- Introduction of a monthly 'team brief' system to enhance communication from the Board to all teams.

Key challenges and priorities for 2015/16 include:

- Our Staff survey has continued to improve in key areas we have focused on, but on a range of scores we are below average. Of particular concern and importance to the Trust is the need to significantly enhance staff engagement and develop a consistent culture in which the Trust's values are truly embedded. The range of engagement activities undertaken over the last year (described above) demonstrate progress with regards to this key agenda, however the Trust recognises that it needs to refresh its organisational development plan in light of feedback received from staff in this area.
- Continuing to focus on improving leadership and management competence to ensure the right levels of performance, staff engagement and delivery of quality care.
- Supporting the delivery of the RCN Cultural Alignment Programme with the aim of creating a more open and honest reporting culture.
- Addressing the challenges of an ageing workforce with over 2/3rd over 40, and 1/3rd of these being over 50.
- Reducing Sickness which continues to be consistently high, despite improvements in our approach, requiring increased use of bank and agency
- Continuing to build on our good work undertaken to support BME staff within the organisation, and to become an exemplar in Equality and Diversity practice
- To develop and embed integrated workforce systems to support and enable managers to undertake their roles and make informed decisions.

To address these will require the continued development of the right culture and leadership through the delivery of our key objectives

3.2.4 Information Technology

A planning exercise is currently underway to determine the level of capacity and skill mix required to meet demands on the IT service. Demands on the IT operational service will continue from a number of channels including customers for support, resource requirements for projects and delivering the IT strategy, in addition to ongoing infrastructure maintenance including hardware technology refresh and software including operating system upgrades.

Demands will be analysed through improved reporting, ensuring IT services can be effectively managed from the adoption of IT service management best practice. Whilst the existing helpdesk system will serve short term service management needs, a suitable IT best practice (ITIL) compliant solution is essential to enable IT service improvements to be delivered. This is in the proposed scope of the capital programme for 2015/16.

3.3 Financial Forecasts

3.3.1 2014/15 Outturn

The Trust's unaudited financial position for 2014/15 gives a Continuity of Services Risk Rating score of 3 which is lower than the planned rating of 4.

The risk rating has deteriorated due to unplanned increases in expenditure to address governance issues and explore options to determine the strategic plan for financial sustainability, as well as continued use of agency and interim staff to support capacity requirements.

3.3.2 Assumptions within Operational Annual Plan

The information within the plan outlined below highlights the assumptions and outputs from the Trusts one year financial model. The assumptions have been considered and assessed through Investment Committee, Business and Performance Committee and the Trust Board

3.3.3 Income

The Trust works closely with all its local commissioners including Wolverhampton CCG, Sandwell & West Birmingham CCG, Dudley CCG, Dudley Public Health and NHS England.

The values for the main contracts by Commissioner are shown in the table below (developments and income generation are not included within this table).

Contract (Contract values excluding developments and income generation)	2015/16 Value in Plan £m's	% of Trusts Income 15/16
Sandwell & West Birmingham CCG	32.3	34%
Wolverhampton CCG	28.2	29%
Dudley CCG	11.2	12%
National Commissioning Board (Gerry Simon, Liaison & Diversion & Health Visiting)	6.2	6%
Walsall CCG & MBC	3.7	4%
Spot Purchases (Ridge Hill, Pond Lane, Newton, Penrose, Suttons, PICU, Penn)	4.5	5%
Birmingham CCG	2.4	2%
Dudley Public Health	2.5	3%
Education & Training	2.6	3%
Other Contracts (individually less than 1% of income each)	2.5	2%
Various - Non Contract Activity	0.4	0%
	96.4	

3.3.3.1 2014/15 draft outturn compared to 2015/16 Plan for Income

The following table shows the income position included in the 2015/16 financial plan, with 2014/15 figures for comparative purposes:

Element	2014/15 Out Turn £m's	2015/16 Value in Plan £m's	% Movement
Baseline	100.7	96.4	(4.2%)
Service Development		1.9	
Revenue Generation CIP	0.3	0.1	(66.7%)
	101.0	98.4	(2.6%)

Income of £1.9m has been agreed for Service Developments (see section 2.2 above).

The revised 2015/16 submission is shown as a comparison to the 2014/15 draft outturn. The key variances in baseline income reflected in the plan relate to;

- Deflation of (£1.2m)
- Decommissioning of services leading to reduction in income of (£4m)
- Non-recurrent income received in 2014/15 (£1.3m)
- Impact of commissioner / activity changes resulting in additional income of £2.0m

3.3.3.2 2015/16 Plan for Income compared to 5 year plan submission

When comparing the revised 2015/16 submission against the 2015/16 element of the 5 year plan submitted in June 2014, income is greater than originally anticipated by a margin of £0.5m. The main components of the increase are;

- Loss of School Health service (£1.2m)
- Resilience funding £0.9m
- Electronic Health Record Funding £0.3m
- Safeguarding - additional investment £0.1m
- Service development - Continence services £0.1m
- Service development - Eating Disorders £0.3m

3.3.4 Expenditure

Given the timing of the submission of the annual plan, the unaudited accounts for 2014/15 have been used as the indicative 2014/15 out-turn.

3.3.4.1 2014/15 draft outturn compared to 2015/16 Plan for Expenditure

The following table reflects the expected costs in 2015/16 including the impact of inflation (see section 3.3.5), known adjustments identified through budget setting, service developments (see section 2.2) and cost improvement programmes (see section 2.3).

Element	2014/15 Out Turn £m's	2015/16 Value in Plan £m's	% Movement
Pay (inc Agency)	78.1	77.1	(1.3%)
Drugs	1.3	1.2	(7.7%)
Clinical Supplies	0.8	0.7	(12.5%)
Non-Clinical Supplies	16.2	14.7	(9.3%)
Impairment of Receivables	(0.2)	(0.2)	0.0%
PFI	0.3	0.3	0.0%
	96.5	93.8	(2.8%)

Impairment of receivables appears as a reduction in expenditure as it is based on the plans to invest in credit control, which should facilitate aged debt reduction. The revised 2015/16 submission is shown as a comparison to the 2014/15 draft outturn. The key variances in spend reflected in the plan relate to;

- Inflation of £1.1m
- Service Developments increase in expenditure of £1.7m
- Impact of commissioner / activity changes of £2.7m
- Cost Improvement Programmes (CIP) of (£4.5m)
- Decommissioning of services leading to reduction in expenditure of (£3.5m)

3.3.4.2 2015/16 Plan for Expenditure compared to 5 year plan submission

Element	2015/16 Value in Plan £m's	2015/16 Previous Plan £m's	Variance to Revised Submission £m's
Pay (inc Agency)	77.1	76.3	0.8
Drugs	1.2	1.3	(0.1)
Clinical Supplies	0.7	0.6	0.1
Non Clinical Supplies	14.7	13.1	1.6
Impairment of Receivables	(0.2)	(0.2)	0.0
PFI	0.3	0.3	0.0
	93.8	91.4	2.4

When comparing the revised 2015/16 submission against the 2015/16 element of the 5 year plan submitted in June 2014, expenditure is greater than originally anticipated by a margin of £2.4m. The main components of the increase are;

- Service developments of £0.6m; for which income has been adjusted by £0.4m
 - Continence services £0.1m
 - Eating Disorders £0.2m
 - Sandwell Mental Health Community relocation £0.3m
- Agency Staffing levels have increased by £0.9m as a result of reviewing 2014/15 spend and reflecting that in the service expectations for 2015/16.
- Investment within teams to enhance quality and sustainability £1.9m for which income has been adjusted by £0.4m
- Mental Health / Better Care Fund resilience scheme £0.3m of which income of £0.3m has been reflected within income
- Loss of School Health service not originally planned for (£1.3m)

The annual plan expenditure is based upon operational expectations for 2015/16, however the board is currently evaluating a number of strategic proposals to ensure on-going sustainability. It is anticipated that there will be some project cost associated with the evaluation process, but this has not been reflected within the annual plan as the amounts are as yet undetermined, and will vary dependent upon the approach adopted.

3.3.5 Inflation

The national guidance indicated that a net deflator of 1.9% should be applied to providers; however an additional investment of 0.35% should be applied for parity of esteem resulting in an overall deflator of 1.55%.

Income deflation has been modelled based on the Enhanced Tariff Option adopted by the Trust which is reflective of contract negotiations and results in a reduction of income of £1.2m. When comparing the reduction to all of the Trusts income it results in an overall 1.25% reduction.

Pay inflation has been modelled in line with the agreed agenda for change pay award and the increase in employer's contribution to pension.

Drugs, Clinical Supplies and Non-clinical Supplies inflation rate has been included at 2% which is based upon all services RPI annual rate as at January 2015.

The Trusts net financial pressure modelled is 2.44% which is 0.9% lower than Monitor's guidance of 3.34%. The two key areas creating the deviation in percentage are;

- The Trusts contribution towards the CNST scheme for 2015/16 is planned to marginally increase in line with the unallocated general inflation element. The services provided by the Trust sit outside the main CNST area of HRG's, maternity and A&E.
- Drug expenditure within the Trust is reducing year on year in line with change of operational processes and the appointment of a new supplier.

3.3.6 Capital Expenditure

The table below shows the Capital Expenditure plan for 2015/16 analysed across the main schemes identified. The capital plan of £4.2m for 2015/16 was recommended to the board. The previously submitted plan included capital expenditure of £5.7m, the reduction has been

through a detailed review by the Enabling Board to focus attention on core capital projects and affordability.

The Estates & ICT strategies are currently under review and the outcome of these are anticipated to identify a requirement for additional capital funding, particularly given the increasingly aged profile of the building stock and the lack of investment in technology over recent years. It is recognised that an increase in capital expenditure funded from within the Trust could impact the Risk Assessment Framework measures.

The annual plan does not include any provision for impairment of assets during the financial year. Upon reviewing historic trends it is common for an adjustment to be made at year end however the value of the adjustment fluctuates each year in conjunction with the type of capital work being undertaken and the impact on the current use value as opposed to market value.

	15/16
CAPITAL SCHEME	£m
Implementation Strategy - IM&T	1.5
Step Down Langley House	1.4
Quayside	0.4
Capital Improvement Schemes	0.9
TOTAL	4.2

Current plans do not assume the disposal of any assets over the twelve month period with additions being £4.2m over the year, offset by depreciation of £2.3m leading to a net increase of £1.9m before impairment. This results in the following fixed asset values being anticipated on the Statement of Financial Position (SoFP):

	15/16			
	Q1	Q2	Q3	Q4
	£m	£m	£m	£m
Fixed Asset Value	61.7	62.3	63.1	63.5

The profile of expenditure is in line with the anticipated scheme delivery dates.

3.3.7 Depreciation and PDC Dividend

The full year depreciation charge for 2015/16 is planned at £2.3m, an increase of £350k from the 2014/15 annual charge. This is due to the increased asset values arising from the capital spend, but also takes into consideration the phasing of those additions during the year (£2.3m of the planned capital spend is phased in the second half of the year).

The PDC dividend is planned on the basis of the average net asset values at 31st March 2015 and 31st March 2016 with a deduction made for the average cash balance over the financial year. It has increased by £0.2m to £1.7m in 2015/16 due to cash balances being lower than 2014/15 and continuing to reduce during the plan period.

3.3.8 Cash Balances

	14/15	15/16			
	Q4	Q1	Q2	Q3	Q4
	£m	£m	£m	£m	£m
Cash	7.9	8.4	7.2	7.4	6.6

The reduction in the cash balance over the twelve month period reflects capital expenditure outflows and anticipated movements in working capital; primarily reduction of accruals.

The cash balance above does not include any increase in loans, as it is assumed that any further funding requirements would need to be approved as part of any business case. The Trust is currently reviewing the submission of the IT and Estates Strategy which may lead to an application for PDC to support capital expenditure.

The 2014/15 out-turn cash position is £1.2m below plan for that period. The 2015/16 forecast out-turn cash position of £6.6m is £1.3m lower than the previously submitted plan. The reduction in cash reflects the increase in the expenditure plan.

3.3.9 Continuity of Service Risk Rating (CoSRR)

The CoSRR risk rating demonstrates that the Trust remains a going concern. The scores in the annual plan are shown below.

	15/16			
	Q1	Q2	Q3	Q4
Capital Service	2	2	3	3
Liquidity	2	2	2	2
CoSRR	2	2	3	3

3.3.10 Sensitivity analysis

The Trust has modelled downside scenarios on its financial plans, and further detail provided within the commercially sensitive appendices (not within this document). The overall plan can be described as stretching but deliverable with mitigations identified to offset any potential risks. The first two quarters of the year, indicate a CoSRR of 2, reflecting the profile of CIP plans being delivered. Although the overall CoSRR for the year is forecast at 3, there is little margin available before the score would drop to a 2. Close financial monitoring will be employed throughout the year, to facilitate remedial actions as required to deliver the plan.

4.0 Board declarations for sustainability and resilience

4.1 Declaration of sustainability

The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards over the period of this plan.	Confirmed
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- At the time of reporting the Board is able to declare a position of sustainability for the period of annual reporting only (2015/16).
- Following submission of the 2014/15 planning documentation to Monitor, the Trust identified that the financial environment would remain challenging for the next five years and that, in a 'do nothing' scenario, it could face a potential financial shortfall of around c.£13m by 2019.
- There are three key on-going risks to financial sustainability that require the Trust to recreate its strategic plan, namely;
 - Non achievement of income from planned service developments.
 - Deliverability of cost improvement plans: Whilst historically the Trust has achieved in excess of the 4% CIPs target, the Board has agreed that this continued level of cash releasing saving would be difficult without risking an impact on the quality of services being delivered, particularly given the risks around estate, infrastructure and safer staffing levels; so whilst targets of 4% plans continue to be developed each year, a more prudent forecast is of 2% each year from 2016/17.
 - Requirement for capital investment in estate and IT.
- If 4% CIP plans were achieved over the five year period it could potentially have a material impact on the Trust's sustainability, effectively removing the reliance on service developments until 2018/19, however this would very likely have a material impact on the quality of services.

4.2 Declaration of resilience

The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically resilient according to current regulatory standards over the period of this plan.	Confirmed
--	------------------

- At the time of reporting the Board is able to declare a position of resilience for the period of annual reporting only (2015/16).
- Following submission of the 2014/15 planning documentation to Monitor, the Trust identified that the financial environment would remain challenging for the next five years and that, in a 'do nothing' scenario, it could face a potential financial shortfall of around c.£13m by 2019.
- There are three key on-going risks to financial sustainability that require the Trust to recreate its strategic plan, namely;
 - Non achievement of income from planned service developments.
 - Deliverability of cost improvement plans.
 - Requirement for capital investment in estate and IT. There are significant improvements required to both enhance the basics of the IT infrastructure and to deliver new and innovative solutions to support service delivery. The condition of some Trust estate is poor and investment is needed to both bring it up to a good standard for service users, and to deliver some of the planned service developments. However investment in new or significantly altered facilities would impact negatively on the Trust's financial position until such services were established and generating revenue.