Surrey and Borders Partnership NHS
NHS Foundation Trust

OPERATIONAL PLAN

2017/18 - 2018/19

NHSI Submission 23rd December 2016

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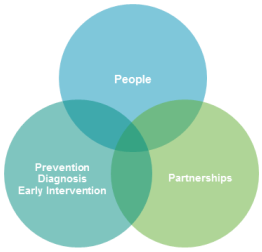
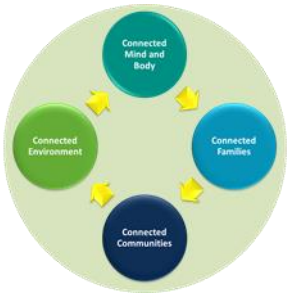
For a better life

OUR PLAN 2017/18 - 2018/19

1.0 Introduction

We are entering our 10th year as a NHS Foundation Trust. Our Strategy was reviewed and refreshed in summer 2015 by the Board. We are increasingly shifting to focus on prevention, diagnosis and early intervention. We aim to achieve for people **one plan** of care and support through our partnership working with others.



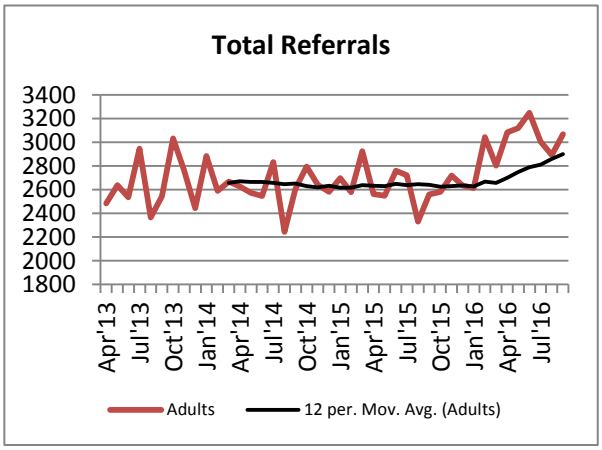


Each year our annual Operational Plan sets out how we will implement our Strategy over the next 1 – 5 years.

2.0 Our Approach to Activity Planning

2.1 Our Activity Plan (demand and capacity)

We continue to deliver our strategy to see more people year on year and to make best use of resources by focusing on earlier intervention, prevention and diagnosis and new models of care through system partnerships to do this. We have increased the number of people that we have seen by c.11% overall since 2012/13.



We expect this trend to continue. Over the same period our bed profile has reduced as we have consolidated services and reduced demand for inpatient care through developing alternative models of care; from a total of 489 beds in 2009/10 to 210 beds across our portfolio. We do not anticipate any further significant bed reductions over the next two years.

New ways of working implemented in 2016/17 to reduce demand for our beds and on other parts of the system e.g. A & E as part of our Crisis Concordat, Transforming Care and Vanguard work, include our:

- Implementation of our safe haven model across our catchment (joint with CCG)
- Implementing our Personality Disorder Strategy
- Acute Care Project Model Implementation
- Intensive Support Team for Older People (initial phase) and Integrated Care Teams for Older People
- Intensive Support Team and new assessment and treatment services for people with learning disabilities
- Accountable care service model for CAMHS delivery

Our progress in delivering interventions in partnership can be measured by the following indicators:-

- 2nd lowest number of inpatient beds (national benchmark)
- Reduction in A&E attendances by people using the Safe Haven - over 1,100 times where people did not go to A& E in 15/16
- High use of s136 vs. low use of police custody - Surrey (national benchmark)
- Increased access to IAPT services - from 4017 (2013/14) to 5048 (2015/16)
- Increased numbers of children seen in the new CAMHS "no wrong door" model

Our plans for 2017/18 - 2018/19 continue our drive to transform our services in line with our STPs' priorities. However we are seeing an increase in pressure in our teams and services as a result of the increased demand and acuity of people we are caring for and the increasingly evident impact of reduced funding for social care. This is reducing our flexibility and capacity to manage well fluctuations in demand, as reflected by the following:

- Increase in bed occupancy to 94% (national benchmark 94-95%)
- Increase in people requiring 1:1 nursing
- Increasing waiting times between assessment and treatment where capacity limited e.g. ASD, Art therapies

2.2 Planning assumptions and increased demand rates

Our activity assumptions for 2017/18 - 2018/19 have been developed with our multi-disciplinary teams and informed by our productivity work in 16/17, which triangulates with our finance and workforce assumptions. They are a central part of our contract negotiations with our health commissioners. They focus on:

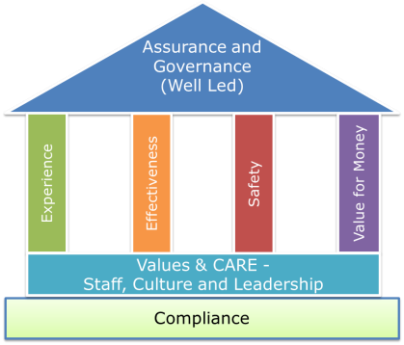
- Increased demand in line with increased referrals, e.g. CAMHS, Older People's services (7% growth) and in Working Age Adults (5%) in 2016/17.
- Investment to meet the expected Five Year Forward View priorities and Transforming Care
- Sustainable Transformation Footprint plans milestones
- Decommissioning of our Crisis House (beds) to support recurrent funding of Safe Havens

We have agreed our contract but there remain a number of unresolved issues to work through in the new calendar year on the competing priorities of investment to deliver the 5YFV versus growth in demand for current services.

3.0 Quality Planning

3.1 Our Approach to Quality Improvement

Our Quality House provides our framework for quality improvement:

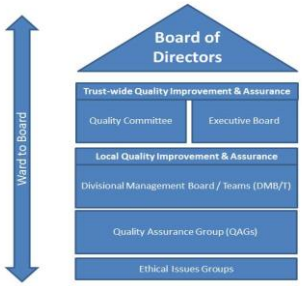


Our four Quality Ambitions are:-

- **Experience** – providing the best reported experience for people
- **Effectiveness** – outstanding care planning
- **Safety** – safest care, treatment and support for people
- **Value for money** - great value for money

Our quality improvement drive is led by our Director of Quality/Deputy Chief Executive (Nurse Director). Our Quality Improvement Plan (QIP) sets our quality improvement priorities based on the foundation of achieving compliance including a minimum CQC rating of GOOD across all of our dispersed health and social care services (currently we have an overall rating of Requires Improvement). It provides a road map to enable Divisions, services, teams and individuals to contribute to achieving our improvement priorities.

Our delivery of our QIP is underpinned by the Plan Do Study Act quality improvement methodology to build in evaluation and spread of what works well across our dispersed teams. Improvement is driven through key change programmes in each pillar, deploying a range of tools and techniques, checks and quality assurance including sharing lessons learnt from complaints and serious incidents. Quality improvement and learning is sustained and protected by assurance and good governance to ensure we are all focused on the same things through a two way process from front line services to our Trust Board and back. The key components of our quality governance infrastructure are illustrated below:-



Key assurance systems underpinning our governance infrastructure include:-

- Our early warning indicator system and Circles of Support
- Our Risk Register and DATIX reporting system and Clinical Risk Alerts
- Our daily surge and escalation system
- Our clinical audit plan and research and development programmes
- Our CQC Inspection action plans and project management arrangements
- Our programme of Board walkarounds

The metrics for each pillar of our Quality House are constructed to provide incremental continuous quality improvements that over time actualise our Values and Quality Ambitions.

We have invested in our Quality Directorate over the last 12 months to build capacity and capability to implement and sustain change. For example:-

- Improving Physical Healthcare - our dedicated nurse is now providing training, ongoing advice and support
- Person-centred care - our team of Observational Workers have been leading practice change and evaluating progress in the person-centred culture of our social care homes
- Mortality Surveillance - we have created additional capacity in our Clinical Risk and Safety team so that we save more lives by learning from doing more investigations and High Level Incident Reviews when people die or experience harm whilst in our care

Our progress on delivering our quality improvement plan and impact of our investment is monitored monthly through our Key Performance Indicator (KPI) dashboard which contains our clinical quality indicators and metrics for each building block of our Quality House. Our **KPIs** for the next two years are detailed in Appendix A.

3.2 Quality Improvement Plan 2017/18 - 2018/19

Our key **underpinning programmes** for driving delivery of our quality improvement plan, including CQUIN, are:

- safe CARE Our **improvement hub** with three key work-streams; Suicide prevention, Physical Health (inc. tissue viability) and Safe-wards/services (inc. safe staffing, infection prevention and control, falls).
- positive CARE Developing a culture where least restriction is practiced tackling three priorities: reduced restraint (no prone), reduction of unneeded PRN medication, reduction of choice (blanket restrictions).
- Using the Triangle of Care to get our involvement of carers right
- **Mortality Surveillance and Assurance Group** Helping us to save more lives through learning
- **Our clinical audit and R&D** programmes including the following national audits - Suicide and Homicide, the Prescribing Observatory for Mental Health (POMH-UK) and Young People's Mental Health

We will continue to improve the quality of our services by implementing our **Clinical Strategy**, and play our part in

the delivery of our three STPs, using innovative co-production, research and development with partners (our key **service plans** for doing this are set out in Section 6.0) to improve system-wide working on public sector transformation and new models of care including:-

- Seven-day hospital services - including our continued work through the Crisis Concordat to introduce a new Single Point of Access and aim to build on our existing Psychiatric Liaison services to achieve CORE24 standards (subject to commissioning negotiations); and our work as part of North East Hampshire and Farnham system Vanguard and Integrated Care Organisations (ICO) delivery
- Mental Health targets - building on our performance in meeting Early Intervention in Psychosis and IAPT (within Any Qualified Provider framework) targets
- Transforming Community Care - building on our Intensive Support Service model implementation

3.2.1 Care Quality Commission Action Plan

We have a dedicated **action plans** focused on delivering improvements in response to feedback from CQC through their inspections of our health and social care services in 2016 which resulted in our overall Requires Improvement rating.

Our improvement themes for our health services arising from these were:-

Visibility of Incidents and Complaints at our Board	**Incident management and learning lessons**	**Medicines Management, storage and recording**
Recording of Risk	**Consistency of training**	**Consistency of supervision and appraisal**
Updating Policies in line with national changes	**Single Sex Accommodation**	**Crisis Line response times**
Nurse Call Alarms		**Environment - confidentiality**

We will have completed 91% of our actions to address these issues by 31st December 2016.

Our improvement themes from our social care home inspections were:-

Individualised planning	**Activities**
Environments	**Completing our quality assurance action plans**

We will have completed all but 1 of the actions associated with these inspections by 31st December 2016. Redstone House is the latest of our homes to be re-inspected and achieved a GOOD rating (December 2016).

Our progress towards achieving a minimum of GOOD is reported to the Board in public each time we meet.

3.3 Quality Impact Assessment Process

We use a Programme Management Office (PMO) approach to support our development of our service change plans, including CIP projects, and to monitor their delivery. Within this framework, Directorates and Divisions develop their overall Plan and individual schemes, ensuring that clinicians have been closely involved as members of the multi-disciplinary directorate team. Review meetings of draft plans are held with senior leaders led by Chief

Finance Officer with the Director of Quality (Nurse Director) and Medical Director. A quality assurance checklist is completed for each project. The Checklist asks a series of questions to assess explicitly against the three core quality domains (safety, effectiveness and experience) alongside environment, use of resources, clinical strategy and outcomes, access and impact on stakeholders and evaluation metrics. These are reviewed and signed off by the Director of Quality / Deputy Chief Executive (Nurse Director) and Medical Director.

Service plans, including Cost Improvement Programmes, requiring significant change are subject to engagement and consultation (as necessary) with those directly affected including people who use services, carers and staff, and their representatives; and/or business case processes. They are supported by Equality Analysis. Each significant consultation and business cases is signed off by individually by the Executive Board before they proceed.

The planning and phasing of the overall Plan is reviewed and delivery is monitored by the Executive and Trust Boards. A project milestone dashboard supports this and enables tracking of projects and an opportunity to smooth potential cumulative impacts of schemes, and any delays or acceleration of priorities, throughout the year. Our progress on key projects is also reported to the Council of Governors.

3.4 Summary of Triangulation of Quality with Workforce and Finance

Our Quality House provides our framework for triangulating data. Our KPIs, developed through discussions between the Board and Council of Governors, use the framework of our Quality House pillars and focus on those areas of performance where we know we must succeed to deliver improvements. They are used by the Executive (monthly), Board and Council (each time they meet) to monitor our performance.

Our **KPIs** for the next two years are detailed in Appendix A.

In addition we have an early warning indicator dashboard and a daily surge and escalation system to provide operational oversight of any potential deterioration in services. Our Risk Register and Surge and Escalation indicators are reviewed weekly at our Safety Huddle. A Circle of Support, designed to gather targeted help and advice around any service experiencing difficulties, is initiated to help any team triggering above our early warning threshold to improve performance.

4.0 Our Approach to Workforce Planning

4.1 Our Workforce Strategy

Our Workforce Strategy is focused on continuing to enhance our culture, leadership, membership and equality, ensuring the consistent availability of excellent staff to meet future needs including driving increased productivity and effectiveness. It is shaped to deliver our ambition to be the best place to work as follows:

Key Themes

• Improve staff experience
  ○ Health and well-being and resilience
  ○ Culture of leadership at every level
  ○ Innovation through co-production, research and development and experimentation
  ○ Total reward approach to recruitment and retention e.g. incentives
  ○ Increased flexible career pathways and apprenticeships
• New models of care delivering earlier interventions, prevention and diagnosis distinguished by
  ○ Partnership delivery
  ○ Personalised, family and carer friendly services
  ○ No wrong door referral pathways
  ○ Single Points of Access
  ○ Seven day working
  ○ Consultation and experts within a care pathway
  ○ More integrated Technology providing care and support e.g. on-line therapy and apps, as well as tools to do our jobs well e.g. mobile and remote working

4.3 Impact on Workforce profile

The implementation of our transformation and improvement plans, our recruitment challenges, and meeting the increased demand arising from the acuity of people in our inpatient services requiring 1:1 nursing, will reshape our workforce. This will impact differentially on our staff groups as we try to ensure we have the optimal skill mix within our largely multi-disciplinary teams to offer quality services. The overall impact is across our current portfolio over the two years is currently anticipated to be a decrease in Whole Time Equivalents of 14.

4.3 Our Workforce Plan

Our strategy underpins our Plan each year which includes the following priorities for the next two years:

- **Recruitment and retention** – focusing on retention, total reward packages and incentives for hard to recruit/retain roles, apprenticeships, more flexible working, rotational schemes, supervision and appraisal
- **Reducing temporary workforce -** further reductions, supported by our e-rostering system and practice
- **Skills development** – implementing our programmes to support care pathway skills development e.g. autism, body and mind, positive behaviour and intensive support including our partnership with University and health partners, and to support agile innovation; the next phase of our leadership development programme
- **Systems and tools to do their jobs well -** Making sure our systems help us to manage our workforce well e.g. e-rostering, mobile working and SystmOne improvements, increasing digital dictation to support new models of care and further improve productivity through caseload management

- **Enhance Leadership capacity and capability** - Supporting the transformational change and mobilisation requirements for services and staff to ensure system improvement, including learning with STP colleagues. We have also redesigned our senior leadership team to create additional capacity and capability through the appointment of a new Chief Operating Officer (Board post).
- **Culture, Leadership and Morale –** including our CARE movement, designed by our staff, to help us do the right thing every time, our staff engagement mechanisms including Values conversations, our Talented Trust programme including career development portfolios and new appraisal co-design, and staff survey action plans, including staff health and well-being initiatives e.g. healthy menus, weight loss challenge

We continue to target reductions in our use of temporary staffing, particularly agency. Our Plan is therefore based on the principle of achieving 100% substantive employment with a minimal agency budget to reflect those occasions when such expenditure may be unavoidable. Our actions to meet our workforce needs and manage within our agency cap include the continued work of our **Temporary Workforce task group** and the following targeted priorities:

- monitoring hotspots and recovery plans including "golden key" additional controls for approvals
- making best use of our e-rostering systems and practice e.g. our proactive available staffing
- development of our Bank e.g. auto enrolment of new starters
- focus on retention and recruitment including incentives e.g. "golden hellos" and retention premiums, for hard to recruit to positions and speeding up our recruitment processes e.g. rolling recruitment
- workforce transformation including the creation of new roles - associated physician, therapy and nurse roles at Bands 6 and 4 and our apprenticeship roles and new nurse rotation scheme
- actively managing caseload allocation using the findings of our productivity work (Meridian)
- opportunities to collaborate further with STP partners e.g. on temporary staffing / bank arrangements
- our integrated education and development strategy e.g. commissioning additional places through our arrangements, with the LETB

4.4 Quality Assurance and Monitoring

Our plans' impact is monitored through our KPI dashboard, monitored by the Executive, Board and Council, and operationally through our daily surge and escalation reporting, e-rostering and safe staffing systems. All workforce CIPs are subject to our quality assurance process and triangulation outlined in Section 3.0 of this Plan.

5.0 Our Approach to Financial Planning

5.1 Financial Forecasts and Modelling

The key assumptions underpinning our Plan currently are:

- NHS net inflation at 0.1% from 2017/18 onwards
- Pay inflation consistent with the 2015/16 communication on pay restraint adjusted for the apprenticeship levy
- Efficiency (CIP) deflators reflecting our continuous stretching cost reduction targets
- Increased productivity across our services through implementing new models of care in partnership
- Recognition of increased demand in our services and investment from our commissioners in line with Five Year Forward View, Transforming Care (TCA) and local STP priorities e.g. liaison, recurrent funding for Safe Havens, and increased demand for our services
- Growth through our business development activity where we can add value to the system
- Recognition that we cannot meet our Control Total as a recurrent operating surplus - Our Control Total is £3.988m for 17/18 and £4.432m for 18/19. However, we can deliver the same total surplus over two years into the health economy, if we can include gains on disposal and STF funding, without having to make detrimental cuts to mental health services.

Our final settlement will be dependent upon the outcome of our negotiations with our commissioners. To date we still have unresolved differences between the funding available from our commissioners and the growth in demand for our services. Therefore our ability to contribute to our STP priorities through new models e.g. Core24 standards, will be limited and will probably depend on project money in the first year.

To optimise the potential of the next two years to make the stepped change necessary, the key priorities shaping our Financial Plan are:-

- £0.1m target surplus in 2017/18 and £0.1m 2018/19 subject to commissioners being able to increase funding for increased referrals
- Maintenance of a contingency of 1%
- Investment in transformation programmes to support productivity and strategic change
- The management of our capital plan to: prioritise essential expenditure; deliver the investment needed in our inpatient facilities to achieve required quality; deliver our disposals programme
- Success in negotiations - recognition of agreed priorities, demand growth and Control Total
- Maintenance of performance in Segment 2

The headlines of the proposed Financial Plan are provided in the tables which follow.

5.1.1 Income and Expenditure

Income & Expenditure	FOT	Projected	
(£000's)	2016/17	2017/18	2018/19
Income	158,734	160,546	161,026
EBITDA	8,649	8,187	8,270
Surplus / (Deficit) before Exceptional Items	1,060	103	104
Surplus / (Deficit) after Exceptional Items	3,701	1,606	5,014

5.2 Efficiency Savings 2017/18 - 201/19

Our Plan requires us to reduce expenditure by £7m and £4.4m respectively. We are working to ensure our 2017/18 and 2018/19 Cost Improvement Plans have full schemes, are clear and embedded within the budget to mitigate the risk against non-delivery.

CIP Target	17/18	18/19	Total
	£'000	£'000	£ '000
Total CIP Target	7,054	4,390	11,444

The key features of our plans to deliver efficiency and cost improvement over the next 1-2 years will be

- Implementation of our strategy to move to earlier intervention in partnership
- Trustwide focus on workforce redesign to deliver new ways of working
- Trustwide focus on temporary staffing expenditure reductions and rigorous establishment management
- Investment in transformation programmes to support productivity and strategic change - including explicit efficiency expectations on all priority transformation projects – notably 24/7 programme, iCARE, community hubs and single point of access

5.3 Capital Planning

Capital Plan	2017/18 Plan £m	2018/19 Plan £m	2019/20 Plan £m	2020/2021 Plan £m	2021/22 Plan £m	Total Plan £m
New Build	1.6	31.6	36.1	31.9	0.6	101.8
Environment	4.5	4.5	3.4	3.4	3.3	19.1
IT/IM	2.9	2.0	2.4	2.3	2.3	11.9
NBV of Disposals	2.5	4.7	4.7	4.7	4.7	21.3

Our capital plan over the next 1-5 years will need to invest in the following key priorities:-

- Progression of the business case for our 2nd Hospital serving North West and East and Mid Surrey, in line with STP, and investment in current facilities to improve quality pending this development; including joint planning in partnership with Ashford & St Peter's Hospitals NHS FT to maximise the value of our shared assets.
- Continued consolidation and quality improvement through our community hubs
- Further Investment in technology – e.g. to support mobile working, digital dictation and telehealth
- Continued investment in maintaining the quality of our environments and updating our ICT infrastructure
- Collaboration with our STP partners and Surrey County Council

We are confident our disposals plan will deliver our projected receipts over the next five years. Our Plan currently includes indicative figures for the investment we will need to realise our 2nd hospital. This reflects our latest estimates but will be subject to further testing through Outline Business Case and Full Business Case processes, in line with NHS capital guidance. We are currently exploring options to make available the further funding we will need including for example loan application. We anticipate that revenue consequences for this development will not impact until Year 4 (last quarter). They will be developed and refined through the design and modelling processes underpinning the business case development.

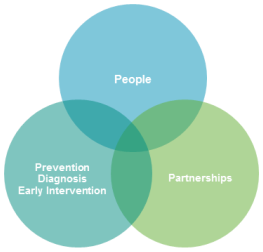
6.0 Link to the Emerging "Sustainability and Transformation Plan (STP)

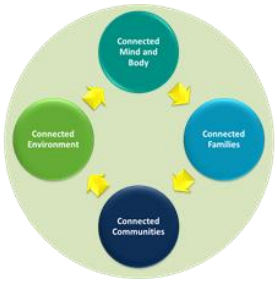
6.1 Sustainability and Transformation Plan Footprints

We are partners in the following three Sustainability and Transformation Plans: Surrey Heartlands STP; Frimley STP and East Surrey and Sussex STP (for our partnerships in East Surrey)

6.2 Our contribution to our STPs

Our contribution to our STPs is shaped by our Strategy.





We aim to achieve for people **one plan** of care and support, keeping them connected, through our partnership working with others. Our offer to the STPs is tailored to following of their priorities:-

Surrey Heartlands	Approach to integrate physical and mental health underpins plans • Mental Health, Prevention, Women & Children, Cancer, Cardiovascular, MSK, & Workforce transformation • Acute and out of hospital care, integrated care and primary care operating models • Urgent and Emergency Care • Citizen-led Health and Care approach • Heartlands Academy • Digital • One Public Estate • Back Office
Frimley	Building on learning from North East Hampshire and Farnham PACS Vanguard • Integrated Care Decision Making Hubs • GP Transformation • Prevention and self-care • Unwarranted variation • Social care support • Support workers • Shared Care Record • Integrated decision making hubs
Sussex and East Surrey (Central Sussex and East Surrey Alliance (place based plan)	• MCP and primary care strategy • Long term conditions • Complex patients • Urgent care and acute care • Integrating mental and physical health • Digital transformation • Engaging the public

Our offer is characterised by:-

- **Prevention and self-care and management** e.g. Recovery Colleges & Social Prescribing, Virtual Well Being Centres and Technology enabled care
- **Managing Crisis well, co-morbidity and frequent hospital visits** e.g. scaling up to achieve Core 24 Liaison services, Safe Haven expansion, Single Point of Access and Criminal Justice liaison, applied health psychology for long term conditions
- **Digital Transformation** e.g. our Innovation Test Bed (Technology Integrated Health Management for Dementia), Mental Capacity Act App, Virtual Therapies with Big White Wall and Kooth.com
- **Integrated Care Multi-disciplinary teams** e.g. managed Mental Health system operating model, Integrated Care Hubs and CAMHs partnership model
- **Workforce Development** e.g. compassionate leadership in Dementia Care in Care Homes, Training and consultation (acute workforce)

Our **key service plans** to deliver the priority system transformation programmes over the next two years are (subject to commissioning intentions):

- Progressing our 24/7 Programme to develop new hospital facilities for people in North West, East & Mid Surrey
- Delivering the Single Point of Access for people experiencing a mental health crisis as the next phase in our Crisis Concordat work
- Increasing access to Early Intervention, for all ages, Eating Disorders services and IAPT for long term conditions
- Enhancing liaison psychiatry to achieve 24/7 coverage for all acute hospitals
- Developing our portfolio of courses within our Recovery College and expanding access
- Continuing our programme to develop our Community Hubs
- Building on our Integrated Care Teams (linked to Integrated Care Organisations (ICO)) collaboration work and our Intensive Support Team for Older People
- Delivering our Technology Integrated Healthcare Management for Dementia test bed
- Further developing our residential social care services and practice and implementing our Intensive Support Team for People with learning disabilities
- Implementing our new collaborative Children's Community Services model in partnership with Central Surrey Health and First Community Health

7.0 Membership and Elections

7.1 Our Council of Governors Current Status and Elections

Our Council currently has two vacancies (as at 31st October 2016). We have held no elections during 2016/17 however new nominated Governors have joined us following Borough Council and Police Commissioner elections in May 2016. The majority of our Governors' 3 year Terms of Office will expire on 30th April 2017. Four Governors will not be eligible for re-election at this time due to reaching their 9 year maximum. Our campaign to attract new members to the role has commenced having appointed our election agent in October.

7.2 Governor Training and Development

The following training and development for Governors has been delivered since 1st April 2016:-

- Refresher / Update module delivered x2 sessions
- Induction - Understanding Foundation Trusts & Understanding our Performance modules + Individual
- Joint Board and Governor development - bespoke GovernWell facilitated learning from Mazars
- External courses attended by some Governors - NHS Providers Governor Focus Conference; GovernWell Membership module; GovernWell Accountability module.

The programme will be repeated next year following positive feedback.

7.3 Membership Recruitment

Our strategy is to achieve a targeted, active and involved membership of 7,000 by March 2017. We strive to make our membership representative of the community we serve. Our current membership is 6128. Currently, females and individuals whose race is not white British are over-represented when compared with the population of Surrey. We have delivered a diverse range of membership engagement and recruitment events across our catchment area over the last 12 months. Some examples include:-

- **Community events** e.g. March: Health and Wellbeing Event, Guildford; May: Get Moving, Walk 4 Life 2016, Cobham; Quarterly, FoCUS area groups; June: Sight for Surrey Information Day, Woking
- **Partner events** e.g. September: Surrey Domestic Abuse Summit with Surrey Chambers and Your Sanctuary, Horsley; BAME (Black and Asian Minority Ethnic) Youth, Mental Health Events with Surrey Minority Ethnic Forum and Surrey Faith Links, Redhill and Woking; October: Epsom Mental Health Week, Epsom
- **Member events** e.g. 8 March: General Wellbeing for People with a Disability, Chertsey; 17 May: Innovative services, Ewell; 21 July: Introducing Mindsight Surrey CAMHS, Chertsey; 14 September: SABP Member's Day, Farnham; 16 November: Supporting Carers, Aldershot

A similarly diverse programme is being developed, informed by feedback (most popular event in Ewell attended by 52 people), but with a focus on communities with protected characteristic status and areas newer to our services who are not yet well represented e.g. our communities in Barnet, Hounslow and Brighton.

Appendix A

Our Key Performance Indicators Dashboard

QIP	KPI Number	Ambition
EXPERIENCE	KPI 1	To retain the percentage of people, reported through Your Views Matter, who are satisfied with the services they received? (where 10 is extremely satisfied and 0 is not at all satisfied, we will include all people who scored 9 or 10)
	KPI 2	To retain the percentage of carers, reported through Your Views Matter, who are satisfied with the services they received? (where 10 is extremely satisfied and 0 is not at all satisfied, we will include all people who scored 9 or 10)
	KPI 3	To ensure that at least 70% of people identified as carers have had, or have been offered, a carers' assessment
	KPI 4	Percentage of staff with an up-to-date appraisal.
	KPI 5	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.
	KPI 6	Improving Access to Psychological Therapies: People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral.
	KPI 7	Improving Access to Psychological Therapies: People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral
EFFECTIVENESS	KPI 8	To retain or improve the percentage of people who are supported through "one person one plan"
	KPI 9	To achieve status as a non-smoking environment
	KPI 10	For the organisation to have a Total Communication strategy co-designed with our citizens
	KPI 11	Support our adherence to the Equality Act 2010 by improving the data collection of the protected characteristics of people who use our services.
	KPI 12	For all children and young people to demonstrate improved reported outcomes using their recovery star (modified)
SAFETY	KPI 13	Through the Safe Care programme demonstrate we are the safest, in relation to falls, crisis and contingency planning and risk assessment benchmarked against other mental health organisations.
	KPI 14	To reduce the number of patient safety incidents resulting in severe harm or death from the number in 2012/13. Total of 70.
	KPI 15	To reduce the number of incidents of violence and abuse (including discriminatory abuse) experienced by staff in the workplace
	KPI 16	Good retention of staff
VALUE FOR MONEY	KPI 17	To reduce agency spend as a % of total pay bill
	KPI 18	Finance and Use of Resources
STAFF SURVEY - ANNUAL	KPI 19	To have a response rate of 80% to the national staff survey
	KPI 20	To improve our staff satisfaction / Engagement rating

Our proposed indicators for the next two years are subject to final approval with Board and Council so that target thresholds can reflect actual achievement and set sufficient stretch and challenge. We set each indicator a target level of performance (percentage) for what we consider to be Inadequate, Requires Improvement, Good and Outstanding.